



Protocol 'Child abuse and domestic violence'

The protocol includes consideration framework , the duty to report and how to deal with sexual inappropriate behaviour between children

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Introduction

When a childcare organisation is confronted with signs of child abuse in the home situation, a violent or sexual offence by a childcare employee or sexually inappropriate behaviour by children at the daycare centre, it is important to deal with this professionally. In compliance with current legislation, this protocol provides childcare organisations with guidance.

Since 1 July 2013, childcare organisations have been legally obliged to have a communication protocol (meldcode) for domestic violence and child abuse. From 1 January 2019, working with a consideration framework within communication protocol is also mandatory.

Since 1 July 2013, there is also an obligation to report specifically for childcare if an employee is suspected of a violent or sexual offence. This duty to report means that the management of the childcare organisation is obliged to consult with the confidential inspector of the Inspectorate of Education (vertrouwensinspecteur van het Ministerie van Onderwijs) in the event of indications of a violence or sex offence by an employee.

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Responsibilities in Childcare

It is important to clearly establish the responsibilities of the employees of childcare organisations concerning suspicions of child abuse, domestic violence and inappropriate behaviour. The responsibilities are:

- The **pedagogical employee** must be an expert in recognising and discussing signals that may indicate domestic violence and child abuse. Signalling means observing and interpreting indications in the child's behaviour and physical well-being, in the behaviour of the parents and in the family environment that may indicate domestic violence or child abuse. These signals must be submitted to the location manager as soon as they are identified. The pedagogic employee should also be alert to signals that indicate violent or sexual offences committed by a colleague or signals that indicate sexually inappropriate behaviour between children
- The **location manager** is the **attention officer** (*aandachtsfunctionaris*). The location manager has a central and advisory role in identifying and acting on suspicions of domestic violence and child abuse. The location manager is the attention officer for the relevant location(s). The attention officer must be an expert in identifying, signalling, acting and in the steps for reporting and responding to such events. The location manager must, therefore, have a solid understanding of the working method of the protocol and the agreements within the organisation. There is always consultation with the **regional manager** in case of signs or suspicion. The attention officer also has contact with external parties such as Veilig Thuis (Safe at Home). The **regional manager** has final responsibility for the report.
- The **indirect attention officer** (*indirecte aandachtsfunctionaris or iAF*) is responsible for developing, adapting and implementing the Protocol in the organisation. In addition, the indirect attention officer is responsible for securing documentation and process around the organisation-wide activities around the Protocol. The iAF is also accountable to the management and makes (improvement) proposals. Finally, the iAF is sparring partner and has an advisory role for the attention officers in the organisation and is external point of contact for possible cooperation partners.
- **The management team** bears ultimate responsibility for the implementation of this protocol. The management team is responsible for including the protocol in the care and/or safety policy and that it is in line with work processes within the organisation.
The management team ensures that employees within the organisation are aware of the protocol and can act accordingly.
The management team appoints the attention officer and mandates and empowers him/her to perform this function properly.
The management team is obliged to contact the confidential inspector of the Inspectorate of Education and also to report it if there is a real suspicion. In addition, the management plays a central role in the route inappropriate behaviour between children.

Management includes anyone who bears some form of (ultimate) responsibility: location managers, regional managers, regional directors, members of the board.

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Division of this protocol

This protocol is specifically tailored to the childcare sector and is intended for everyone working in it. Basically, each section in this protocol applies to different situations, although it may not always be immediately clear which part of this protocol should be used. After all, it may be that signs are observed involving a child, but it is not clear whether something is going on at home or whether, on the contrary, something has happened at the childcare centre. Therefore, *step 1 is always*: identifying signs. By referring to a single protocol, a lot of information is gathered in one place.

This protocol consists of the following three parts:

Part 1 Protocol domestic violence and child abuse including consideration framework.

Childcare organisations have been *legally obliged to have* a protocol for domestic violence and child abuse since 1 July 2013. From 1 January 2019, it is additionally *mandatory to work* with a consideration framework within the protocol.

Part 2. Obligation to report suspected violence or sex offences by an employee

Since 1 July 2013, there is also an *obligation to report* specifically for childcare if an employee is suspected of a violent or sex offence. This duty to report means that the **management** of childcare organisation is obliged to consult with the confidential inspector of the Education Inspectorate in case of indications of a violent or sex offence by an employee. If after this consultation the suspicion remains, the management also has an obligation to report it. **Employees** also have an obligation to report if the suspicion concerns the management itself. They also have the option of contacting the confidential inspector of the Education Inspectorate. Part 2 of this protocol deals in detail with the steps to take in the duty to report.

Part 3 Sexually inappropriate behaviour between children. It is important to deal with these suspicions in a careful manner. Children also develop sexually and certain behaviours are part of this development.

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Part 1. Protocol for domestic violence and child abuse in the home situation

1.1. Changes to the protocol

The legislation setting in the protocol has been amended since 2019. From that moment it was mandatory to work with an consideration framework. A **consideration framework** describes when, and based on which considerations, reporting suspected domestic violence and/or child abuse is considered necessary. The consideration framework also formulates when offering or organising assistance is (also) an option. The consideration framework is included in step 4 of the protocol. In step 5 of the protocol, a decision is then made based on the assessment made in step 4. The content of steps 1 to 3 of the protocol does not change.

1.2. Definition child abuse and domestic violence

Child abuse is any form of interaction of a physical, psychological or sexual nature that is threatening or violent to a minor, which is actively or passively imposed by the parents or other persons towards whom the minor is in a relationship of dependency or unfreedom, causing or threatening to cause serious harm to the minor in the form of physical or psychological injury. Characteristics of child abuse may include fear, helplessness, isolation, loneliness and loyalty.

Domestic violence is violence committed by someone in the victim's domestic or family circle. It includes physical and sexual assault, harassment and threats (whether or not through or accompanied by damage to property in and around the home).

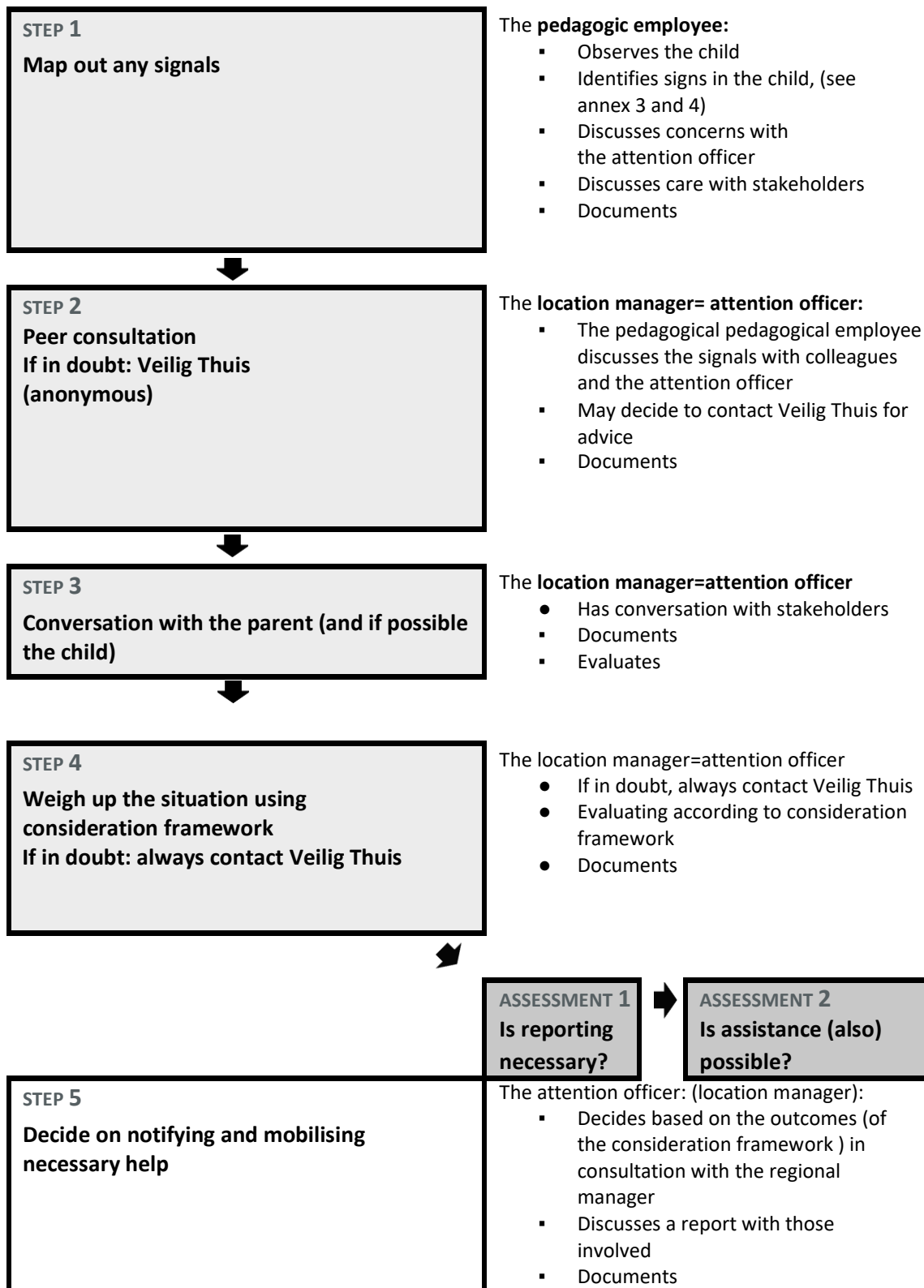
The combination of children and domestic violence *always* means child abuse. The course of action for domestic violence is the same as for child abuse or suspected child abuse.

Annex 1 lists the (definitions of) different forms of child abuse .

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2. The protocol for domestic violence and child abuse with consideration framework

The steps below are explained in the next section.



NB. [Veilig Thuis](#) can be contacted for (anonymous) advice at any time.

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2.1. The steps of the protocol and the consideration framework

The steps described are in a certain order, but this **order is not fixed** and may be different in practice. What matters is that at some point in the process, *all* steps have been completed before a decision is made to report or not. If during the process there are no more concerns, then the protocol can be *closed*. This is then also documented.

Step 1: Mapping signals

The pedagogical pedagogical employee identifies and records the signs that confirm or deny a suspicion of domestic violence or child abuse. The pedagogical pedagogical employee also records all communication about the signs. When signalling domestic violence or child abuse, the *signal lists* (appendices 3 and 4) and the observation list (appendix 5) can be used.

It is common to engage in conversation with the parent in this step:

- during pick-up and drop-off times;
- during a mentor meeting;
- at another scheduled time.

This mainly involves stating facts and things that stand out. In addition, the child can be observed in the group as well as the parent with the child during contact moments.

All signals should be collected, clarifying what concerns there are and whether these concerns are well-founded. The pedagogical pedagogical employee asks the designated officer to help substantiate the concerns.

It is important that the childcare organisation records everything properly. All data related to signalling and acting should be recorded in writing. Interview reports can be signed by those involved. These can be kept in the child file, which is kept in a locked cabinet or digitally (with password). This is due to the privacy-sensitive data collected. The [General Data Protection Regulation](#) is taken into account when processing this data.

Emergency situations

If signals indicate acute and severe violence that require immediate protection for the child or a family member, you can seek advice from Veilig Thuis immediately. If, based on the signals, they come to the conclusion there that immediate action is required, a report can be made in the same conversation so that the necessary actions can be set in motion at short notice to ensure the child's safety as much as possible. Moreover, in emergency situations, the Child Protection Council and/or the police can also be contacted for assistance.

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Step 2: Peer consultation and, if in doubt, Veilig Thuis

The pedagogical employee discusses the signs with the attention officer. Seeking advice from Veilig Thuis is recommended. The location manager contacts Veilig Thuis.

Consultation at Veilig Thuis

If the attention officer has any doubt whatsoever about the cause of the situation and/or possible unsafety in the child, advice can be sought from Veilig Thuis.

Veilig Thuis can:

- Make an initial assessment whether there are justified concerns about the situation;
- Make an initial assessment whether domestic violence or child abuse may have occurred.
- Get involved if there are concerns about domestic violence involving parents or adult housemates.

Consultation with care advice team

Before discussion in the care advice team, an intake interview with the parents and/or attention officer is conducted by the social work or another member of the care advice team. By continuously involving and consulting with the parent, the parent is more motivated to improve the situation and/or accept help.

Written consent is required **from the parent**. To discuss the child 'openly' (not anonymously) in the care advice team and with other external experts,

It is important that the attention officer records everything related to signalling and acting in writing in a child file. This child file is kept in a locked cabinet or digitally (with password). This is because of the privacy-sensitive data that is collected. When processing this data, the [General Data Protection Regulation](#) is taken into account.

Step 3: Conversation with the parent (and if possible with the child)

The pedagogical employee and/or the attention officer discusses the signals with the parents, and if possible with the child. During the preparation, the attention officer can request support from Veilig Thuis. In the preparation, it is important to consider the emotions of the parent(s) and child, such as anger, sadness and fear caused by powerlessness, loyalty, isolation and shame.

For the discussion with parents (and possibly the child), the following steps can be followed:

1. Explain to the parents (and possibly the child) the purpose of the conversation;
2. Describe the facts and observations made as factually as possible, avoiding value judgements or your own interpretation;
3. Invite parents to comment on this. Ask how parents perceive this. Handle emotions respectfully;
4. Only after this response, if necessary and if possible, come up with an interpretation of what was seen, heard and/or observed. Explain why you find the behaviour worrisome: what are the effects for the child;
5. Report the conversation and, if possible, have it signed by all involved.

In most cases, it is unclear what the reason is for the signs. Concerns can be clarified, invalidated or validated by informing parents and exchanging information about their child's development. Explicitly invite parents to express their views and ask about child-related issues in the home situation:

- Does the parent recognise the situation?

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- How does the child behave at home?
- How do parents respond?
- How is parenting going at home?
- How does the child respond to this?
- How has the child's development progressed so far?
- What do parents think of this?
- How do parents experience parenting and their role as parents?

If parents recognise the concerns, a start can be made to explore opportunities and solutions. Parents often need some encouragement first so that concerns about their child can be shared. It helps to give parents more information about the child's development and the effects on the child in the current situation. Ask how that makes the parents feel. Naming their emotions can increase the motivation to change. Always make it clear that you both have the same goal: the child's welfare. *If parents cannot be encouraged and continue to deny the concerns*, it is advisable to ask Veilig Thuis for advice and consider a report. Veilig Thuis can also be involved if there are concerns about domestic violence involving parents or adult housemates.

If it is decided to also speak to the child himself or herself, it is important that the child feels safe enough to have the conversation (Annex 6). **Consider whether having this conversation is in the child's interest.** Advice on this can also be sought from Veilig Thuis. **Never** promise confidentiality during such a conversation, but indicate that the signals will be seriously considered. It is important that the child is given space to tell his/her story and sees you are a good listener.

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Step 4: Evaluate the violence and if in doubt, always consult Veilig Thuis and Step 5: Deciding based on consideration framework.

The attention officer weighs the risk of domestic violence or child abuse based on the signals, the (external) advice obtained and the conversation with the parents. In addition, the nature and severity of domestic violence or child abuse are weighed on the basis of the consideration framework and whether or not in consultation with Veilig Thuis. To evaluate, it is important that the file describes and records the signals, conversations and steps that have already been taken. If in doubt about a suspicion of domestic violence or child abuse, it is mandatory to consult Veilig Thuis. Veilig Thuis can help carry out a risk assessment (estimation of risk factors) and can help determine whether it is wise to offer or organise help yourself or make a notification. If the evaluation concludes that there are *no* concerns (anymore), the Protocol can be closed in step 4. If the concerns persist, a decision is made in step 5, based on the consideration framework, whether reporting is necessary and whether it is possible to organise appropriate help.

The consideration framework

- *Consideration 1: Is reporting necessary?*
- *Consideration 2: Can you provide or organise appropriate and sufficient help yourself?*

It is important that both considerations are taken in this order. Using the consideration framework, the attention officer first asks whether reporting is necessary.

The attention officer then decides in cooperation with the **regional manager** whether offering help is among the possibilities. If reporting is necessary according to the consideration framework, the second question to consider is if it is possible to help and the conditions that must be met, which will be answered in consultation with Veilig Thuis.

NB. Pedagogical employees do not have a helping role. However, they can organise support around a family. This can be done through cooperation partners of the childcare organisation. They can also support parents by, for example, providing extra care for the children and, of course, they can offer children a safe environment. The childcare organisation is greatly valuable because they regularly see and have contact with children and parents.

Reporting standards: in what situations should employees report?

Employees *should report* to Veilig Thuis in the following situations:

Obligation 1:

In ALL circumstances/instances of cases of immediate or structural risk/danger and disclosure. (Disclosure is when you are asked for help by a victim, or directly told about a situation).

Obligation 2:

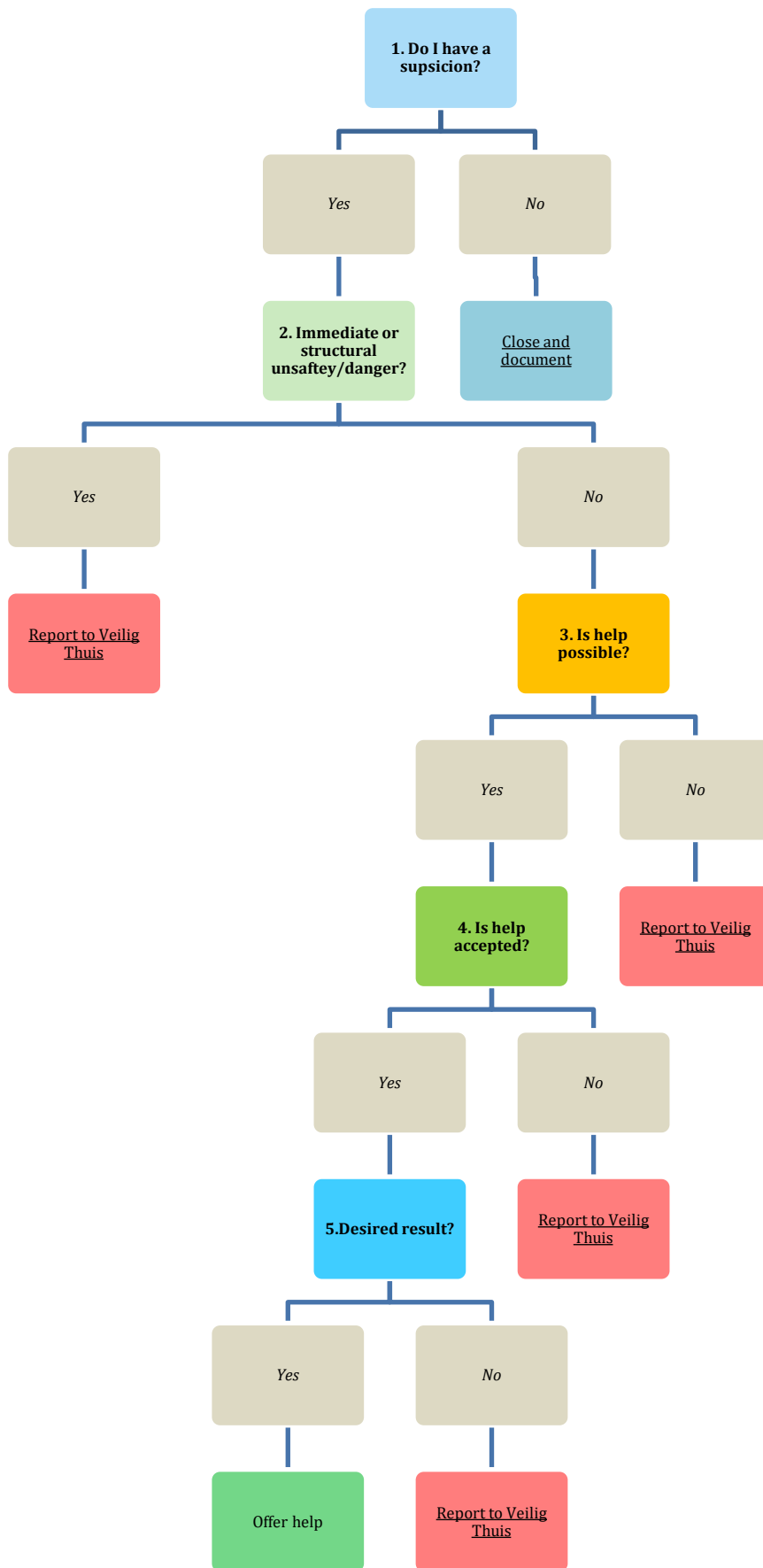
In all OTHER cases in which an employee thinks, based on his/her skills, responsibilities, professional limitations, he/she cannot offer or organise effective help for (risks of) abuse.

Obligation 3:

When an employee who offers or organises help for those involved to protect against abuse notices that the unsafe situation has not stopped or repeats itself.

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Consideration framework



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1. Based on steps 1 to 4 of the *Protocol*, do I suspect (the threat of) domestic violence and/or child abuse?

No: Close and record in file.

Yes: Continue with consideration 2

If the assessment is that there are no concerns about (a threat of) domestic violence or child abuse, the pedagogical employee concludes the completion of the protocol and records this conclusion in the child file. *A common situation is that there are concerns, but these concerns do not concern (a threat of) domestic violence or child abuse. For example, child problems have been observed in combination with the pedagogical powerlessness of parents, but without threatening the (emotional) safety of the child. Even then, the pedagogical employee concludes the protocol and notes this conclusion in the same file. Help can then be organised, offered and evaluated for the identified non-threatening problems.*

When, based on steps 1 to 4 of the Protocol, an employee suspects (the threat of) domestic violence and/or child abuse, the second consideration question follows.

obligation 1

2. Based on steps 1 to 4 of the *Protocol*, do I estimate acute and/or structural unsafety?

No: Continue with consideration 3

Yes: Report to Veilig Thuis. Considerations 3 to 5 are worked through with Veilig Thuis.

*Serious unsafe and/or harmful situations should **always** be reported to Veilig Thuis, even when a pedagogical employee assesses that he and the organisation can offer help. With this report, Veilig Thuis can combine past but also possible future signals of domestic violence among those involved.*

Obligation 2 and 3

3. Am I able to provide or organise effective help to avert threats of (future) domestic violence and/or child abuse?

In case of acute lack of safety and/or structural insecurity, this consideration is addressed with Veilig Thuis.

No: Reporting to Veilig Thuis

Yes: Continue with consideration 4

*For effective help around domestic violence and/or child abuse, **safety** is the main goal. Good help with domestic violence and/or child abuse focuses on all members of a (family) system: minors and adults, perpetrator(s) and victim(s). There is collaboration with everyone involved in creating, evaluating and implementing safety and assistance plans.*

4. Do those involved accept help to avert threats of (future) domestic violence and/or child abuse, and are they willing to engage in it?

No: Reporting to Veilig Thuis

Yes: Provide or organise help, continue with consideration 5.

In the case of acute lack of safety and/or structural insecurity, this consideration is addressed with Veilig Thuis.

Central to this consideration question are the capabilities of those involved to accept help in case of (impending) domestic violence and/or child abuse. The point is that those involved, all members of the (family) system, as well as the (wider) network of (informal) support figures, are willing and able to directly enter into the proposed help.

In the consideration framework, the fourth consideration question leads to a notification if help is withheld. At the start, it is often unclear how willing and able those involved are to engage. The reasons for accepting help may be diverse. Their motivation may be primarily intrinsic or extrinsic in nature. The capabilities of those involved and their networks also differ. Making safety and assistance agreements directly and in cooperation with those involved and other partners in the chain

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often clarifies the willingness and capabilities of those involved.

5. **Does the help lead to the necessary results regarding the safety and/or well-being (recovery) of all involved within the desired timeframe? In case of acute lack of safety and/or structural insecurity, this consideration is addressed with Veilig Thuis.**

No: (Re)report to Veilig Thuis.

Yes: Start helping with agreements on monitoring future (un)safety with stakeholders and cooperation partners.

Answering this balancing question leads to a report to Veilig Thuis if it is determined that help does not yield sufficient results: (the risk of) insecurity continues, insecurity repeats itself or help stagnates.

- So it concerns situations in which care providers offer help when there are concerns about unsafety and the help does not lead to the necessary results with regard to the safety and well-being of those involved (and/or the development of minors) within the desired timeframe*
- The problem turns out to be more serious or bigger than expected*
- Implementation of the safety and/or assistance plan is stalled.*

In order to carefully answer this last consideration question, it is necessary that within the assistance provided by staff, it is clearly agreed with those involved from the (family) system and with other social workers with whom they work, what goals and outcomes are being worked on.

How and by whom is it determined whether safety has been adequately achieved? How is safety monitored and over what period of time? When there is an acutely unsafe situation or structurally unsafe situation, it is important that, after reporting to Veilig Thuis, in the first place with Veilig Thuis has been clearly discussed and agreed what the deadline is (in days, weeks or months) within which specifically stated outcomes with regard to safety must be achieved.

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Elaboration of obligations in five consideration questions in step 4 of the protocol.

It is important to consider carefully **when the questions should be addressed with Veilig Thuis**. If there is an acute and/or structural lack of safety or disclosure, you should report to Veilig Thuis, and questions three to five should always be gone through with Veilig Thuis. If there is 'don't know', assume 'No'.

Definitions and examples of acute and structural lack of safety and disclosure in consultation with Veilig Thuis, the following definitions and examples have been drawn up. Below each definition are some practical examples from the childcare sector.

Acute lack of safety

Definition	A person is in immediate physical danger, their safety in the coming days is not guaranteed, and he or she needs immediate protection.
Notes	When weighing up signs of domestic violence and/or child abuse, a pedagogical employee first and foremost estimates whether a person involved is in acute (life) danger. This concerns the presence of physical or sexual violence (with or without injury) or, in the case of care-dependent children or (older) adults, the absence of the most basic care (including food, drink, clothing and shelter) but also, for example, the unnecessary administration of medication or performing unnecessary care.
Examples	<ul style="list-style-type: none"> ▪ Violently inflicted injury requiring medical treatment ▪ (Serious) injury with suspicion of being inflicted, or an attempt to do so ▪ Attempted strangulation ▪ Gun use ▪ Violence during pregnancy ▪ (Suspected) sexual abuse or sexual violence or sexual exploitation of children under 18 years of age ▪ Acute threat to kill themselves or a close person (including (former) partner, children or family member), cause serious injury or deprive them of their freedom (family drama, honour killings, female genital mutilation) ▪ Withholding care that acutely threatens health from - 9 months to +100 years, including withholding food ▪ If a parent/guardian fabricates/covers up (medical) complaints/disorders in a child, falsifies (medical) examination data concerning complaints and abnormalities existing in the child or selectively provides or actually causes (medical) complaints and abnormalities in the child in the context of an examination ▪ Acute unsafe situation exists or care is at risk of being lost due to suicide attempt, self-harm, acute psychiatric problem, intoxication by alcohol or drugs ▪ Emergency escape from home due to (threat of) domestic violence and/or child abuse.

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Examples of acute insecurity:

- A child at the out-of-school care centre is known to have parents who are divorced and that this separation is difficult. To the child, this is noticeable in behaviour: quiet, reserved sometimes anxious. This behaviour has clearly changed. One day, both parents are present at the day-care centre during drop-offs and the situation escalates. Father and mother get into an altercation that leads to a physical confrontation. This happens in front of their own child, as well as other children.
- In the morning, a child is brought in and you notice he is very quiet. Father has no time and does not come in but walks straight back to his car and leaves for work. The child starts crying and you notice that he doesn't want you to lift him. Normally, he always wants to be lifted so you notice this immediately. When you ask why you can't lift him he says 'ouch'. You lift his jumper and see an imprint of a belt buckle on his back.
- A child's parents are separated. On the day mother and their child are due to move out, father locks mother up while her baby is in care. Mother manages to free herself and collect her baby, but still just wants to return home because she is terribly embarrassed. We manage to persuade her to call family first and then the police so she can move safely.

Structural lack of safety

Definition	There is repetition or persistence of unsafe situations or violence.
Notes	A previous history of domestic violence or child abuse is the most important predictor of persistent lack of safety (perpetration and victimisation) in the future. In considering whether structural unsafety exists, information is needed on at least the following factors: recurrence of violence/lack of safety, parental signals and any child signals/signals of victims.
Examples	<ul style="list-style-type: none">• Minors who grow up with parents with such serious problems as a result of intellectual disability, substance addiction, or psychological problems that the child's physical and emotional safety is repeatedly and/or continuously threatened and the developmental possibilities of these minors are structurally restricted.• Similar situations with fragile elderly people and a carer.• Escalating forms of stalking in partner relationships.

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Examples of structural insecurity:

A parent regularly comes to pick up her children from day care with a smell of alcohol around her. Nothing is noticeable about the children in terms of behaviour, but it has already been noticed that they look untended, wears shoes that are too small and eats and drinks unhealthy. Enquiries reveal that sometimes there is no food in the house at all for the children.

You have noticed from a child for some time that he prefers to stay with you and really does not want to go home. When you ask why it he does not want to go home, he indicates that mum never has time for him and always has to eat alone. Mother is single and financially struggling. There are several debts and mother has to work every day to make ends meet.

So sometimes mother has to stand in for a colleague at the last minute and the child has to eat alone and sometimes go to bed alone. The child, however, is not yet at an age where it can properly care for itself and stay at home alone. Mother indicates that there really is no other way. After all, how else can she buy new clothes or toys. You have already discussed it with mother regularly, but she does not take it seriously in your opinion.

- A child in the toddler group is not yet potty-trained at three years and 10 months. Mother has contacted the consultation office about this earlier at the insistence of the pedagogical employees, but does not keep appointments because she is "busy with a move". The family is known at school as problematic, but the school has no further control over this, according to the internal supervisor (IB-er). Mother makes a chaotic impression. The IB-er indicates that she is "not getting through" to the mother. The primary school does not want to admit the toddler if the child is not potty-trained by age four. The child risks falling behind, which is not desirable given the home situation. There is another meeting with the mother and the childcare organisation's development counsellor to discuss that the mother should start toilet training with the help of the parent-child counsellor. If she fails to do so, Veilig Thuis will be contacted.
- At the preschool, a child with very difficult to handle and unsafe behaviour: hurting adults and other children for no apparent reason, climbing on benches and falling off, standing right in front of a child in the sandbox and sprinkling sand in the other child's eyes, etc. When this is discussed with the mother, she says nothing is wrong, and it is because the pedagogical staff are not strict enough. After many difficult conversations, she agrees to external support in the group, but she definitely does not want this to be included in the file, or transferred to the primary school when the child turns four. She also does not want to involve counselling or have the child examined further.

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Disclosure

Definition	Victims/ who of their own accord ask a pedagogical employee for help or speak out in the event of (possible) domestic violence and/or child abuse
Notes	When a victim, child or adult, on their own accord, asks a pedagogical employee for help with possible domestic violence and/or child abuse or expresses this without asking for help, it usually means that the (minor) victim is experiencing an acute crisis and fears for the safety and/or well-being of themselves or family members. Discussing the concerns expressed (by the victim) with insufficient preparation with the parent(s) may lead to (worsening) situations of acute or structural lack of safety. This explicitly also applies to specific forms of domestic violence such as (former) partner stalking, marital violence, honour-related violence and elder abuse. A professional standard to report in this case means careful coordination on follow-up actions between the pedagogical employee, Veilig Thuis and the victim.

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Examples of disclosure:

A toddler tells a story about an angry relative and that he was in pain. After further questioning, it turns out that he had been touching his penis and, according to the relative, this was very naughty. The relative therefore smeared sambal on it as punishment. The relative therefore smeared sambal on it as punishment.

Mother comes to the nursery with a black eye. She has a vague explanation that her husband accidentally hit her because he was startled: mother had accidentally stepped on the dog. Their toddler tells later that day that he saw father throw a brush at mother. This is discussed with mother. Mother agrees to have a discussion with her, with father and with a teaching assistant from the pre-school.

Offering/organising help is not good enough if the employee is within the (cooperation) capabilities of his/her organisation:

- Insufficient overview of (lack of) safety in the present
- Inability to gain insight into past unsafe events (including previous reports)
- Insufficient ability to provide appropriate and coherent help with safety as an outcome
- Observes that lack of safety does not stop or recur.

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3. Legal obligations

3.1. Professional confidentiality and legal right to report

General duty of confidentiality

Every pedagogical employee who provides individual clients³ (youth) assistance, care, support or any other form of guidance has a professional confidentiality. This also applies to pedagogical employee. This code of silence, as professional confidentiality is also called, obliges the pedagogical employee, in short, not to disclose information about children and parents to third parties unless there is consent. For childcare, this therefore *requires parental consent*. Professional confidentiality aims to make the threshold for accessing care as low as possible and to give the client the confidence to speak freely. Professional confidentiality or code of silence is an important condition for effective counselling. The relationship of trust is essential. Nevertheless, there may be situations where the problem is so serious that breaking professional confidentiality is necessary. This is the case with serious forms of domestic violence or child abuse, where those involved are unable or unwilling to cooperate themselves.

Legal right to report

Every pedagogical employee with a professional confidentiality or other code of silence has the legal right to report suspicions of child abuse or domestic violence, if necessary without the consent of (the parents of) their client, to Veilig Thuis. In addition, the right to report includes the right for the pedagogical employee, without the client's consent, to provide information about the person concerned at the request of Veilig Thuis. The rules on breaking professional confidentiality *apply to all situations in which a client is in a serious situation*.

For careful decision-making, it is necessary that the pedagogical employee discusses the situation, before making his decision, with an expert colleague and, if necessary, also seeks advice (based on anonymous client data) from Veilig Thuis. Furthermore, it is important that sufficient relevant facts or signals and careful collection of these facts and signals can be demonstrated, and that there has been a careful and concrete weighing up of interests.

Note: The legal right to report applies even if only adults are involved in domestic violence.

3.2. Responsibility

In the protocol, the organisation should record who in the organisation goes through the steps. Annex 7 shows who has which responsibilities within a childcare organisation. These responsibilities can be translated into the organisation. In addition, the organisation should lay down in the protocol who is ultimately responsible for the decision to report or not.

Annual consultation

The organisation should lay down in the protocol that the (indirect) attention officer(s) will consult with the management of the organisation at least once a year to consider, on the basis of a short written annual report by the (indirect) attention officer, how the implementation and functioning of the protocol can be promoted in the coming year and what share the management and other employees will have in this.

³This chapter refers to 'client(s)' because it concerns general legislation for the different sectors working with the protocol. For childcare, it concerns children and their parents.

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Consultation on employee training

In the annual consultation, as referred to above, the (indirect) attention officer in any case also advises on the way in which the management could give shape in the coming year to its responsibility under the law for training the employees who have to work with the protocol.

3.3.Documentation and confidentiality within the protocol

It is important that the childcare organisation records in writing all data related to signalling and acting. Within childcare organisations, agreements should be made on who is responsible for this. This applies to every step in the protocol. It is also important that data is treated confidentially. In case of signs that may indicate child abuse, it is advised to record this in the child file (see Annex 8). The child file is kept in a locked cabinet with a lock or digitally behind a password. Interview reports can be signed by those involved.

3.4.Expertise honour-based violence/female circumcision

Specific points of interest apply when honour-related violence is (suspected). For instance, you should always consult an expert in these cases, as the collective nature of this form of violence requires specific expertise. You can consult an expert on honour-related violence or Veilig Thuis.

In case of acute threats to safety, steps are accelerated, if necessary, within an hour. Consider (suspected) forced marriage, abandonment, and honour killings that threaten to take place in the (very) short term. Not intervening can lead to situations that are difficult or not reversible. In such cases, contact an honour-related violence officer in the police immediately.

3.5.Youth at Risk referral index

The referral index aims to bring staff from different organisations dealing with the same child into contact with each other if they both identify risks regarding, in short, a child's safe development towards adulthood. The aim is to arrive at a joint approach to the child's and his family's problems. The organisation must inform its employees of the reporting procedure for the Youth at Risk Referral Index. This only applies to organisations authorised to make a report in this system.

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4. After the notification

A notification is not an end point. If the childcare organisation makes a report, the attention officer also discusses this with his/her contact of Veilig Thuis. They discuss what he/she him/herself, after the report (within the limits of his/her usual duties) can do to protect and support the child or family members. The pedagogical employees involvement with the child and parents and possible family members does not stop after the notification. The pedagogical employee is expected to continue supporting and protecting the child to the extent of his/her capabilities.

Of course, this is done in consultation with Veilig Thuis in order to reach a common approach.

Veilig Thuis keeps the person who made the report informed of the investigation outcomes and the actions set in motion.

When there is (suspected) child abuse in the home situation of one of the childcare organisations children, this can also have an impact on (other) pedagogical employees and other children. It is important that the childcare organisation concerned pays attention to this, for example, in team meetings.

4.1. Internal evaluation

It is important to systematically evaluate the application of the protocol. This can be undertaken by the (indirect) attention officer, supervisor and/or management. It is recommended that the evaluation is carried out by someone other than the person who has been active in the process. If necessary, improvements in agreements and/or procedures are made.

Anonymised data relating to suspected child abuse are recorded. The management keeps this data at a central point. The data is recorded and kept in order, for example, to map how often suspicions of child abuse occur across the childcare organisation and how they are dealt with.

It is important that the childcare organisation records everything properly. All data related to signalling and acting should be recorded in writing.

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Part 2. Duty to report suspected violence or sex offences by an employee.

1. Introduction

Since July 2013, there has been a reporting **obligation** in childcare when there are indications of a violence or sex offence against a child by an employee. This duty to report means that the **management** must report it to [the confidential inspector of the Education Inspectorate](#). The confidential inspector consults with the management whether a report to the police is necessary. If so, the police investigate whether the employee committed the crime.

Employees must contact their **manager** in the event of evidence of a violent or sexual offence against a child by a colleague. If the employee suspects that the **management is guilty** of this, the employee must report it to the police (see 1.1.). Parents can also contact the confidential inspector with indications of violence against a child. It is up to the management to arrange whether one of them contacts the confidential inspector or whether a manager (e.g. a location manager or director) does so on his/her behalf.

1.1. Report by an employee about the management itself

If the employee has evidence that the management itself commits (or has committed) a violent or sexual offence and a child is a victim of this, the employee is **obliged to** report it to the police. He/she may consult with the confidential inspector of the Education Inspectorate in this regard. The confidential inspector can guide the employee in making a report. Tel number 0900-111 3 111.

1.2. Report by a parent about a pedagogical employee or supervisor

If a parent has indications that a pedagogical employee or supervisor is committing (or has committed) a violent or sexual offence and a child is a victim, the parent can contact the confidential inspector. In addition, the parent has the (standard) legal obligation to report to the police in case of reasonable suspicion of an offence.

The confidential inspector will advise the parent to contact a manager of the childcare institution. If it concerns the supervisor, the advice is to contact the management. Once the parent informs the childcare organisation, the **duty to report** arises for him/her.

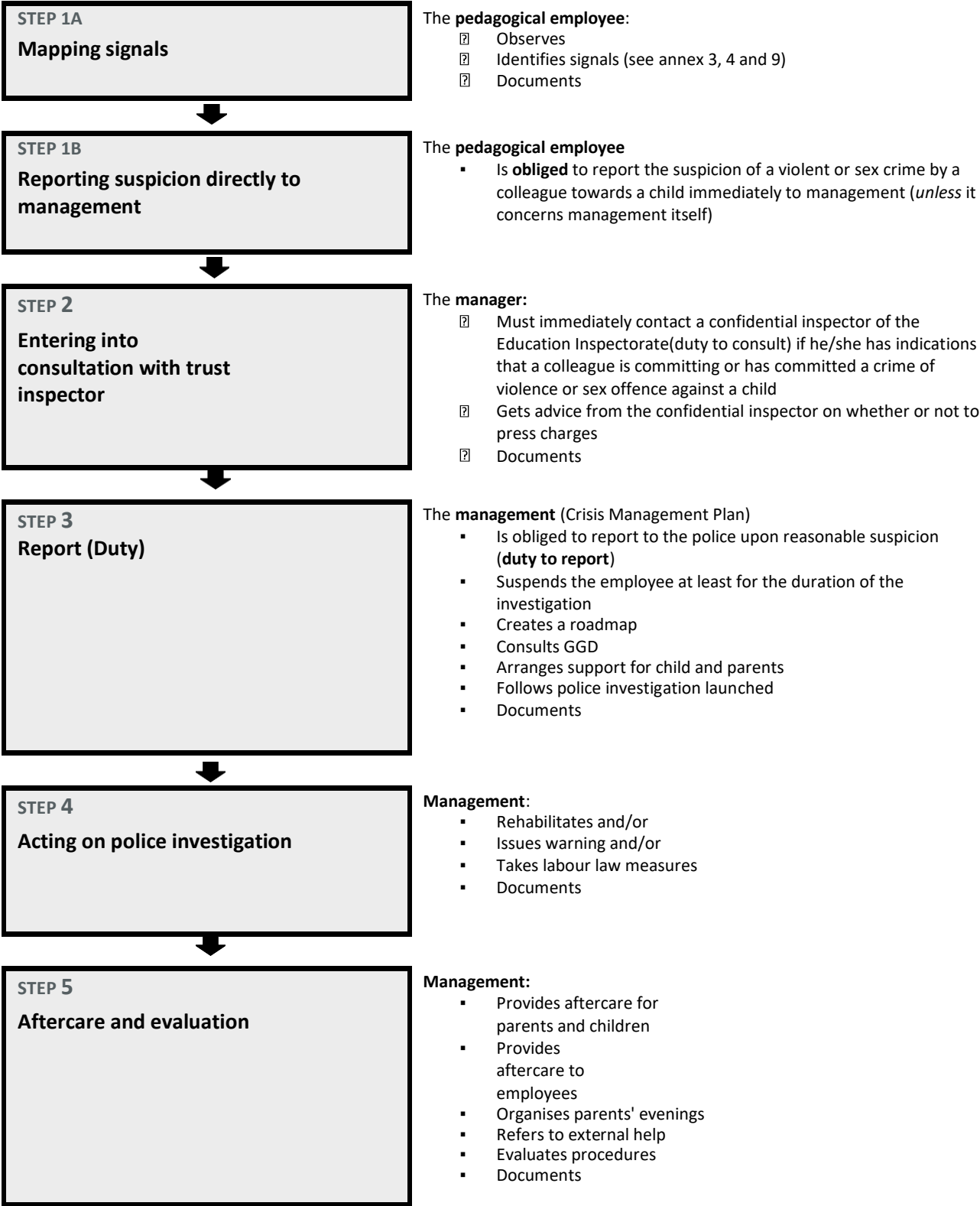
1.3. Reading guide

This section first discusses the step-by-step plan when there is a suspicion that an employee has committed a violent or sex crime against a child. In addition, preventive measures are discussed.

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2. Action plan when an employee suspects a violent or sexual offence

The steps below are explained in the next section.



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2.1. Explanation of the roadmap

Step 1A: Signalling

The pedagogical employee has picked up a suspicion or signal, or someone hints that something is not right in the relationship between the child and a colleague working within the childcare organisation.

The signalling pedagogical employee is more likely to identify undesirable behaviour by a colleague towards a child than to observe abuse immediately. Not in all cases where employees believe that a colleague is not treating children well is there a possible case of violence or sex offence. Nevertheless, these signs should not be ignored and must be investigated to see what the signals are indicating with the child.

The employee should always immediately inform the manager of his/her doubts and not weigh up the matter himself/herself.

Suspicious come in varying degrees. If the employee is faced with a suspicion about a colleague, the following actions should be taken:

- Consult the signal lists in annexes 3, 4 and 9
- Document observations
- Put the signal directly to management

Step 1B: Immediate reporting of suspected violence or sex offence against a child by management

If an employee suspects that a colleague within the childcare organisation is guilty of child abuse, the employee must report this immediately to the management. This step is carefully documented.

The action plan assumes that an employee reports possible suspicion of child abuse by a colleague directly to the management. In practice, the following persons may also make this report of suspected child abuse by a pedagogical employee:

a. Notification by the child

If the report of a violent or sex offence comes from a child, care and support for the child is the first concern. The pedagogical employee to whom the victim reports the complaint is **obliged** to report it to the management immediately. The latter announces that they will act discretely but do not promise confidentiality to the child. Besides Veilig Thuis, others are called in for help if necessary. The parents of the child concerned are informed. The parents are also offered refuge and support. Ensuring the child's sense of safety is the starting point of this action.

b. Notification by parent

If the report comes from parents, the report should always be taken seriously. Facts and observations will be checked with parents. The pedagogical employee will immediately pass on the report to the management. The parent may also contact a confidential inspector of the Education Inspectorate himself or herself if there is reasonable suspicion.

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c. *Third-party notification*

If the report comes from third parties, find out exactly what information the person(s) has/have and what it is based on. The employee passes the report on to the management.

Reporting management

A special situation concerns the case where suspicion concerns the conduct of the management itself. Indeed, in this situation, it is no longer possible to report higher up internally. In that case, the observing employee is **obliged** to report it to the police. The employee may consult the confidential inspector of the Education Inspectorate about this. The confidential inspector can guide the employee in making a report.

Step 2: Engage with the confidential inspector

The management is obliged to consult with a confidential inspector of the Education Inspectorate immediately.

The confidential inspector checks with the management whether there is reasonable suspicion and advises the management on reporting. If there is no reasonable suspicion, further investigation is not reasonable. The management will enter into talks with those involved to restore the possibly disturbed working environment. If the outcome is that there is a reasonable suspicion of a violent or sex offence, the management has an *obligation to report it*.

Management is responsible for recording in this step.

Duty to report for management

If the management files a report, the confidential inspector steps back. If the management refuses to file a report while the confidential inspector concludes that there is reasonable suspicion, the following **escalation steps** apply:

1. Education Inspectorate confidential inspector tries to persuade management
2. Education Inspectorate chief inspector tries to persuade board
3. Chief inspector of the Education Inspectorate liaises with the mayor (the municipal board) of the relevant municipality
4. The mayor will involve the (vice) police or initiate other activities from his powers.

NB. It is up to the management to arrange whether they contact the confidential inspector immediately or whether a supervisor or location manager does so on behalf of the holder.

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Step 3: File a police report

If, after consultation with the confidential inspector, it appears that there is reasonable suspicion of a violent or sex offence, the management has an **obligation to report**.

Of course, if this step is taken, there is still no 'guilt' of the employee about whom the suspicion has been raised: 'accused' does not equal 'guilty'.

In case of a real suspicion, in addition to making a report, the management will take the following measures:

- a. Suspends the employee at least for the duration of the investigation;
- b. Lays out a roadmap;
- c. Consults Veilig Thuis and/or local GGD;
- d. Arranges care and/or support for the child(ren) and parents.

a. Suspend the employee at least for the duration of the investigation

In case of a real suspicion of a possible vice crime or violence, the person concerned will be suspended for the duration of the investigation in any case.

The above also applies to a *volunteer* within the childcare facility.

b. Lay out a roadmap

The management, or whoever is entrusted with this task by order of the management, shall ensure a careful procedure and establish a roadmap (see Annex 10).

c. Consult Veilig Thuis and/or GGD

Veilig Thuis can advise and support the childcare organisation. The GGD can also be consulted. For addresses of the local GGD, see the social map in Annex 2.

d. Arranging care for child(ren) and parents

- An institution such as the GGD or Veilig Thuis can be consulted to support the child and parents. (The calamity team of) GGD specialises in guiding organisations in calamities. In consultation with parents and GGD and/or Veilig Thuis, it is considered whether care in the childcare organisation can be continued or whether another solution should be provided
- The childcare organisation informs the parents of the child concerned about the possibility of reporting it to the police
- The management keeps in touch, shows commitment and regularly informs parents about the progress of the investigation and other matters of interest to parents
- The parents of the remaining children should be informed. A choice may be made to take children elsewhere. Veilig Thuis may be called in for advice on dealing with the employees own children, for example.

After making a report, the police generally launches an investigation. The police conducts interviews with all those involved. The initiative to investigate lies with the police. Management should follow the police's investigation and not take any steps themselves that go against the police actions

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Step 4: Act on police investigation

The police investigation may lead to different outcomes. Depending on these outcomes, the management has several options for action.

Employee rehabilitation

Based on the investigation, the police may find that there is no reason to believe that a violent or sex crime was committed. The employee concerned, who was suspended or suspended for the duration of the investigation, will be reinstated in his position by the organisation's management. In such a situation, the interest of the employee and the public interest must be weighed, and it might be desirable, for example, to transfer the employee concerned within the childcare organisation. If, after the police's investigation, it appears that a complaint has been made on false grounds, the management may offer rehabilitation to the employee concerned. The management may also act against the person who made a false allegation. This may range from requiring an apology to suspension or cancellation of contract.

Issue warning

The management may decide to issue a written warning, stating that repetition of the undesirable behaviour will have legal consequences. That warning may then be included in the personnel file.

Legal measures

If the management establishes that, based on the police investigation, there is reason to believe that child abuse has occurred, the management takes measures within labour-law, such as dismissal for an urgent reason under Art. 677 and Art. 678 Book 7 of the Civil Code, or dissolution of the employment contract through the subdistrict court (Art. 685 Book 7 of the Civil Code).

In the case of a *volunteer*, the cooperation will be terminated with immediate effect.

All decisions are carefully considered and recorded by or on behalf of the management.

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Step 5: Provide aftercare and evaluation

The childcare organisation needs to provide aftercare for all those involved. It is also important to evaluate the steps taken to be able to act appropriately in possible future situations.

Aftercare

Aftercare for involved parents and their children can be provided through parents' evenings, inviting experts to these or specific referrals. The GGD can advise the childcare organisation in this. If necessary or if the children's parents consider it necessary, extra help can be provided for the children.

It is important to pay special attention to the psychological strain of the other employees following the above process. If there are witnesses among the employees, it is possible to discuss with them separately what is needed to process what happened. Feelings of anger, helplessness, sadness, shame and guilt may play a role for them. Other staff may also struggle with these feelings. This can be addressed in team meetings and individually where necessary.

If an incident occurs within a childcare organisation, it is likely that the media will also become aware of it. It is wise to carefully consider in advance how to deal with the press (see Annex 11). See BFNL Crisis management plan.

Evaluate

It is important to evaluate the whole process and the different steps. This is the responsibility of management. See BFNL Crisis management plan.

- Management evaluates with employees what happened and the procedures followed
- If necessary, the case will be discussed with other stakeholders
- If necessary, improvements in agreements and/or procedures are made
- Anonymised data relating to suspected child abuse will be documented. The management keeps this data at a central point.
- Stay alert for signs. There may be more victims.

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3. Preventive measures

Under the Childcare Act, it is a requirement for Daycare and After-school care that the risk of inappropriate behaviour by employees, trainee employees, interns, volunteers and other adults present is reduced as much as possible. The organisation can take various preventive measures to reduce the risk of inappropriate behaviour by a pedagogical employee:

Training: undesirable behaviour and signs of sexual abuse should be mentioned. Employees can be trained on this.

Screening staff: The recruitment and selection procedure for staff should be strictly implemented. Screening of staff by the employer should start with the application process. Does the employee have gaps in his/her CV? Does he/she have good references? Why did he/she leave his/her previous employer? These are all questions that need to be answered and assessed if a candidate is to move forward in a procedure.

Work transparently: inform parents during the intake interview that the protocol is being used. State clearly that there is an obligation to report any suspicions of a possible violent or sex offence by a colleague and that an action plan is in place if there is a suspicion of sexual transgression between children. Inform parents who they can contact within the organisation. This could be, for example, the attention officer.

Open culture: speaking to or questioning each other and consulting with supervisors about suspicions should be normal. The childcare organisation should schedule time for regular consultation, work supervision and peer review.

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Part 3. Sexual inappropriate behaviour between children

1. Introduction

Sexuality is an essential part of children's development into adulthood. Within the childcare organisation, themes such as intimacy and sexuality deserve professional attention. By properly addressing the subject of sexuality, the childcare organisation can not only contribute to children's development but also help *prevent inappropriate sexual incidents*.

First and foremost, children attending childcare need to be and feel physically safe, including in terms of sexuality. In addition, depending on their age and situation, they need support in their development in the area of intimacy and sexuality. What is considered 'normal' in terms of sexuality by children and staff alike is constantly changing. Media images play a much more important role in this than in the past.

Within the childcare organisation, it is important that staff have the knowledge and skills to guide children in their development and therefore also in their sexual development.

Staff often find it difficult to guide young children in their sexual development pedagogically. How do you make the topic discussible and how do you prevent sexually inappropriate behaviour? And, what should staff do and not do when they suspect sexually inappropriate behaviour in the group? If pedagogical employees know which factors within the group influence sexually inappropriate behaviour, they can respond to this to prevent undesirable behaviour.

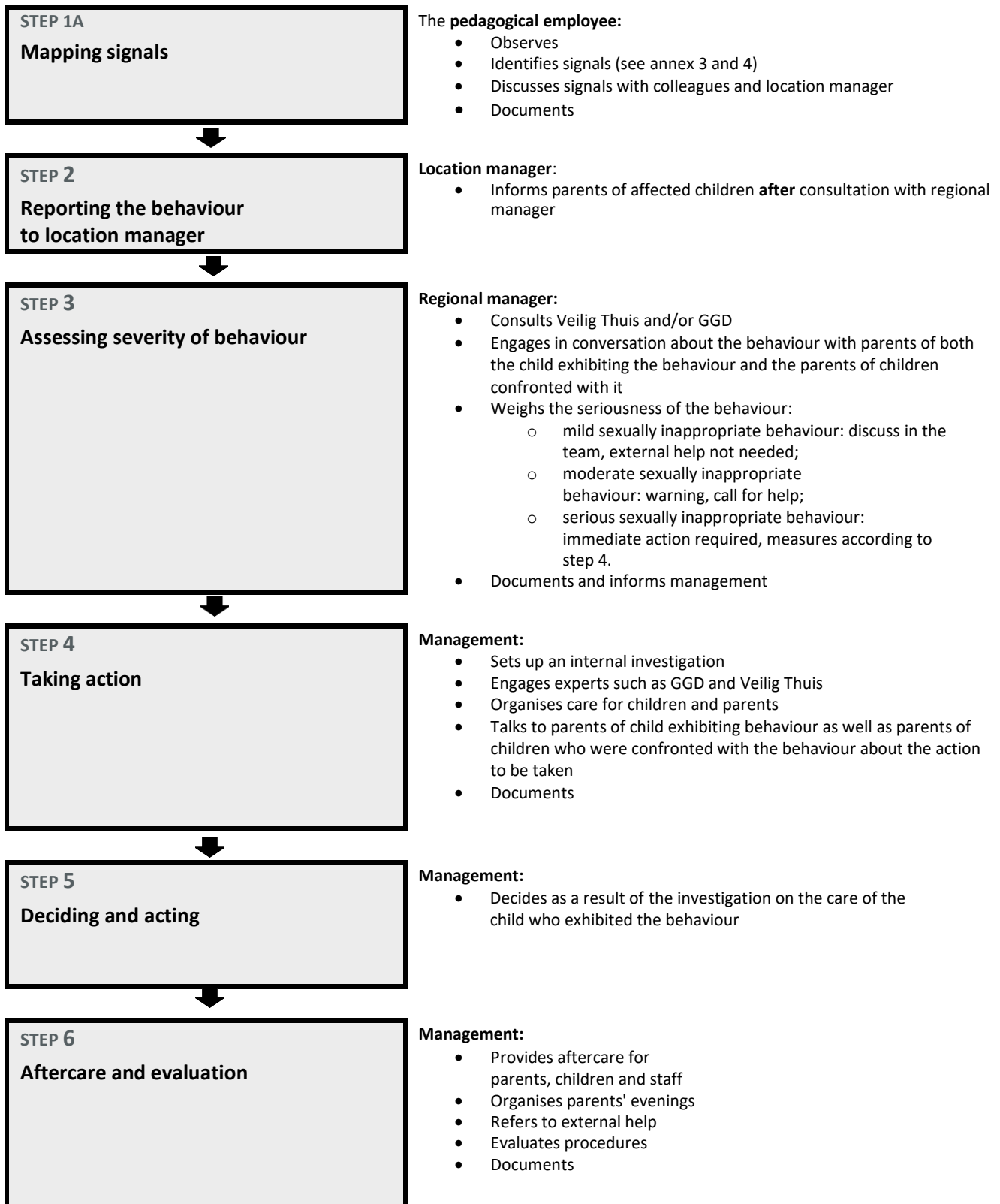
1.1. Reading guide

This section discusses what to do when sexually inappropriate behaviour between children is suspected. Attention is paid to children's sexual development and when behaviour is actually inappropriate. Preventive measures are also described.

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2. Steps for signs of sexually inappropriate behaviour between children

The steps below are explained in the next section.



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2.1. Explanation of steps

Step 1: Signalling

When there are signs that a child or several children have displayed sexually inappropriate behaviour and that another child has been confronted or victimised by it, it is important that these signs are identified and properly interpreted. Sometimes, something will be fairly obvious as an impermissible act, but more often it will be less obvious signals that cannot be interpreted directly.

It is important to take these signs seriously. Staff can explore what they notice in children with each other. A signal can be better assessed by discussing and exchanging views with colleagues. The following actions can help substantiate signals:

- Consult the signals list from the manual (see annexes 3 and 4)
- Discuss signs with colleagues and the location manager (also attention officer)

Record the possible signs (in the child file, see Annex 8). If the pedagogical employee then doubts or concludes that sexually inappropriate behaviour is taking place, it is important to report it to the location manager following step 2.

Step 2: Reporting the behaviour

If the pedagogical employee has signs that a child or several children have displayed sexually inappropriate behaviour and that another child has been confronted or victimised by this, it is important to report this to the location manager.

The parents of the children exhibiting or confronted with the behaviour should be informed.

The childcare organisation must register everything properly (in the child file). All data related to signalling and acting should be recorded in writing. Privacy laws should be observed in this regard.

Step 3: Assessing the severity of behaviour

The location and regional managers will consult with management and are responsible for an initial assessment of the situation presented. This will generally involve listening to the employee who reported the behaviour and any colleagues. Veilig Thuis, CJG, ZAT or the GGD may also be called in for this, this also reflects the seriousness of the behaviour..

When age-appropriate healthy behaviour is not observed, the severity of the behaviour is categorised. For all forms of sexually inappropriate behaviour, the parents of both the child exhibiting the behaviour and the child confronted with the behaviour should be informed. It is important to keep talking to parents throughout the process. In addition, looking at all forms you should consider whether the sexually inappropriate behaviour is a signal of underlying problems.

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Different degrees of inappropriate behaviour can be distinguished:

Slight sexually inappropriate behaviour can be seen as a necessary step in learning norms and values and will occur in many children at certain points in their development. The pedagogical employee must limit this behaviour, respond, and talk about it with parents.

Moderate sexually inappropriate behaviour is inadmissible; it is important to establish a clear prohibition. It should be explained to the child that this behaviour is not allowed and it should be explained why it is not allowed. The children involved can be observed in the group. It is important to communicate with the children and actively involve parents. The location manager consults with the area manager and with Veilig Thuis, a behavioural expert whether external assistance or advice is necessary.

Serious sexually inappropriate behaviour requires immediate intervention. Measures must be taken that can guarantee that the behaviour cannot happen again. The management should be informed in order to take further steps, also because the management is ultimately responsible for all internal and external communication. In case of serious sexually inappropriate behaviour, step 4 should be initiated. Also for this step, all signals and steps should be properly recorded in the child file.

Step 4: Taking action

The management decides what action to take when serious sexually inappropriate behaviour occurs.

The following measures can be applied:

- a. Launching an internal investigation. Working closely with expert organisations such as Veilig Thuis, the care advice team and the Public Health Service is important. In serious cases, it is recommended to form an investigation team that may include representatives of the childcare organisation and external experts. This investigation team can investigate the incident and advise the management on how to act. Establishing a roadmap can provide structure in conducting the investigation (see Annex 10).
- b. Arranging support for the child and parents.
- c. Offering apologies for failed supervision/unsafe situations by the childcare. This also emphasises that improvements within the childcare organisation will be explored to prevent possible recurrence.
- d. Offer care and professional help to all children and parents who have been involved in inappropriate sexual behaviour in any way. Emotional counselling of parents directly involved is necessary
- e. If a child has performed sexually inappropriate acts on another child, it is important to have conversations with both parties' parents and jointly reach solutions. Regard both parties of parents 'concerned parents' and look for a common interest. The childcare organisation represents the interests of all children. This may mean that the childcare organisation makes decisions that one of the two parties does not like. The childcare organisation may face the following dilemma: will a child leave childcare or not? Is this based on a decision by the childcare organisation or the parents (cancellation of placement agreement)? It is always important to inform the parents about the choice made and to substantiate it.
- f. Isolation of the child who exhibited the inappropriate behaviour.

The management will ensure a careful procedure and record this in the relevant child file.

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Step 5: Deciding and acting

The assessment of the incident and the advice from the internal investigation (if any) may lead to different outcomes. Depending on these outcomes, the management has several options for acting towards the child who has exhibited sexually inappropriate behaviour.

a. The child remains in the group

If the management establishes that, based on the investigation carried out, there is no reason to believe that the behaviour will be repeated or that the child's presence is threatening to other children, according to the parties involved, it can be decided, in consultation with the parents involved, to leave the child in the relevant group of the childcare organisation.

b. The child moves to another group or childcare organisation

The management can decide that it is in the interest of the child and/or the children confronted with the behaviour that the child is transferred to another group within the childcare organisation in question, to another location or a completely different childcare organisation. The holder/director can advise parents and possibly contact another childcare organisation. Parents can also conclude that their child will go to another location or childcare organisation.

c. Introducing help

With advice from Veilig Thuis and in consultation with the parents, assistance can be initiated for the child.

d. Reporting to Veilig Thuis

The regional manager reports to Veilig Thuis (per the protocol in part 1). This is because the child's behaviour may also indicate other problems.

Step 6: Provide aftercare and evaluation

It is recommended that staff be informed personally. In addition, all those involved can be informed about sexually inappropriate behaviour as soon as possible through a letter or a joint (parent) meeting. Management is responsible for aftercare and evaluation.

Information can be given on the concrete measures taken in relation to the child or children who were confronted with the behaviour. It can also indicate what concrete measures were taken regarding the child who displayed the behaviour and the further course of the investigation.

If an incident occurs at a childcare organisation, there is a chance that the media will also become aware of it. It is wise to consider in advance how this will be handled (see Annex 11).

It is important to evaluate the whole process and the different steps:

- The management evaluates with employees and any other stakeholders what happened and the procedures followed;
- If necessary, the case is also discussed with other (external) stakeholders;
- If necessary, improvements in agreements and/or procedures are made;
- Anonymised data relating to sexually inappropriate behaviour are recorded. These data are kept by the holder/management at a central point following applicable privacy laws.

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3. Child sexual development and inappropriate behaviour (also see policy document)

Every child goes through sexual development in their general development. At their own pace, when they are ready, they explore their own body and that of others. Babies need intimacy and a loving touch for healthy development. They are very sensory-minded. Skin-to-skin contact is important, and it is how they discover their bodies. As they get older, they discover differences between themselves and others and become curious about other children. While exploring their bodies, feelings of lust may also arise. This is a normal part of development. Out of curiosity, toddlers may ask questions about topics such as where babies come from and play innocent sexual games such as playing doctor. This is all part of sexual development. It is often a more loaded topic for adults than for children. So, the pedagogical employee must look at the child's behaviour from a 'child's perspective'. Does it belong to the development and age stage or not?

When two children play together, it is important to see if the play is by mutual consent. It is also important that the children are at more or less the same stage. If there is a big age difference between children, they are at different stages of development and, therefore, have different needs.

When two four-year-old children play 'doctor' together, they do so because they are both in the same phase: a phase where they are discovering their bodies and feelings. An older child, say ten years old, playing doctor with a child of, say, four, is too many years apart from the four-year-old child in his sexual development. A ten-year-old child has long passed that stage of discovery. He is at the beginning of puberty and experiences sexuality differently. 'Going too far' in that case is sexually inappropriate behaviour where the elder, through his emotional and physical superiority, instigates the other person to perform acts that he cannot refuse and/or where the other is not ready. Moreover, with such an age difference, there may also be manipulation in which the other person is forced to do something they do not want.

Children's sexual behaviour is generally accepted within certain limits. But those boundaries may be different for everyone. This depends on the values and norms of the pedagogical employee, the values and norms of the childcare organisation and/or the values and norms of the parents. Pedagogical employees within the childcare organisation must discuss this with each other and continue to do so.

Terminology and definition

Sexually inappropriate behaviour involves sexually directed attention expressed through non-verbal, verbal or physical behaviour, which can be both intentional and non-intentional. The behaviours are perceived as unwanted by the child subjected to them. There is usually a power imbalance between the children. The person undergoing it determines whether the behaviour is unwanted. This can vary from child to child. Sexual harassment involves behaviour characterised by one-sidedness, undesirability or coercion.

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When is sexual behaviour inappropriate?

When signalling inappropriate sexual behaviour, the pedagogical employee must trust their intuition: is this weird/what is going on with this child? Signal lists (appendices 3 and 4) and the observation list (appendix 5) can be used as an aid to identify the signals. Observing the child carefully is important and checking: why do I think this? What else do I see in this child? The next essential step is to discuss these signals with a colleague location manager (attention officer).

Even though sexual games or children's exploration of the body are part of normal sexual development in children, there are also limits to (sexualised) games between children. Any physical games where children hurt each other go too far, and this counts for all ages.

There are several criteria by which you can determine whether sexual behaviour is inappropriate. If one of these criteria is **not** met, sexually inappropriate behaviour may have occurred. These criteria are:

- 1. Criterion 1 consent:** for sexual contact to be considered healthy, both parties must have given their consent. But to give consent, one must be old, wise or informed enough to assess:
 - What exactly is going to or could happen;
 - What the consequences could be;
 - Whether it is customary within a particular group or in the given situation. Moreover, consent involves more than nodding yes to a simple request and should not be confused with not resisting.
- 2. Criterion 2 voluntariness:** healthy sexual contact is always voluntary. There should be no coercion, violence, manipulation, threats or peer pressure.
- 3. Criterion 3 equality:** for sexual contact to be considered healthy, there must be an equal relationship between the parties involved. This means there must be a certain balance between the two parties regarding age, knowledge, intelligence, prestige, power, life experience, level of development and status, among others.

Other criteria: development, context and self-respect

There are some other criteria by which you can determine whether sexual (tinged) behaviour is inappropriate. For example, sexually inappropriate behaviour occurs if the sexual behaviour is not appropriate to the context or if the behaviour shows little self-respect.

Examples: a child showing his penis in public or masturbating.

There is also the question of whether the behaviour is age- or developmentally appropriate. If it is not, then it is sexually inappropriate behaviour. Examples:

- An 8-year-old searching for porn on the internet;
- A 10-year-old having sexual intercourse with a 12-year-old.

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4. Preventive measures

Under the Childcare Act, daycare and after-school care are required to minimise the risk of inappropriate behaviour by children. Childcare organisations can take preventive measures that can reduce sexually inappropriate behaviour. It is important to develop a pedagogical vision on sexuality (see policy document).

Expertise on sexuality and child development: it is important to ensure adequate staff expertise on normal child sexual development and sexually inappropriate behaviour. Regularly put the topic of sexuality on the agenda. This way, the importance of this is indicated and sexuality is seen as a normal topic. This can be done, for instance, in team meetings, work consultations, child discussions and peer support.

Understanding the risk factors: organisations can make an inventory of risk factors: which factors potentially influence the risk of sexually inappropriate behaviour? The organisation can take measures to eliminate or limit the identified risks and adapt policies and practices accordingly.

Rules of conduct: the childcare organisation can make agreements on how the organisation wants staff and children to interact. This applies to children among themselves and to contact between pedagogical employees and children. It is important to implement these rules of conduct and keep them up to date. Not only pedagogical employees but also the children themselves must be involved in creating these rules of conduct. Rules could be visualised and hung in different places in the group.

Pedagogy: Attention to children's communication

Below are some examples of how to communicate with and by children about sexual behaviour. Involve parents in (discussions around) these topics:

- Set a good example yourself: set your own boundaries, respect those of others (including children) and react if someone crosses a boundary;
- Provide enough moments where an open conversation with children is possible and children feel free to raise something;
- Teach children the most common words for the genitals. Otherwise - if necessary - they will not be able to describe what they have experienced. Agree on this within the team;
- Teach children that only a few people can touch them naked. They should tell if someone else does;
- Teach children to say no and move away if someone touches them in a way they don't like. [This video](#) can be supportive;
- Help children understand/differentiate who they can and cannot trust. Talk to them about this and listen to their input;
- Discuss the difference between good and wrong secrets with children. Encourage children to share secrets that make them feel bad with someone they trust. Let children know that you are always available to talk and listen;
- Make use of booklets or games developed for children to discuss topics around sexuality, see: www.seksualiteit.nl.

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Internet use agreements: more and more children, both young and older, are using the internet. The following options can help in making agreements around internet use:

- Most importantly, talking to the children about the internet and what they do there;
- Providing the childcare organisation's own equipment that children can use to access the internet and not allowing children to use phones, iPads, etc. brought along;
- Set rules of conduct for internet use;
- Supervise internet use (set the computer with the screen facing the group);
- Install software that can block specific sites and track what happens on the devices;
- Organise a parents' evening on the subject.

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Sources consulted

- Basic document the consideration framework in the Reporting Code for domestic violence and child abuse, 2017
- Basic model Reporting Code for domestic violence and child abuse, version 2016
- Legislation (current)
- The Flag System, Movisie and Sensoa 2010
- Reporting code for domestic violence and child abuse for the childcare sector including accompanying manual, 2013
- Sample protocol from the [National Association of Attention Officers](#) (LVAK), 2018

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Annexes to parts 1, 2 and 3

Annex 1. The different types of child abuse and domestic violence

Child abuse occurs in all walks of life and in all age groups. Often several forms coincide.

Every form of abuse also involves psychological abuse. Failing to protect the child from being abused by the other parent is also abuse.

As many forms of domestic violence and child abuse as possible are detailed in this annex, including forms of sexual violence, genital mutilation and honour-related violence. Specific forms of violence require particular knowledge and skills from staff.

If this specific expertise is lacking, it is wise for the attention officer to call Veilig Thuis immediately when signs could indicate such a specific form of violence.

Below is a list of forms of child abuse and domestic violence.

Physical abuse

Parents injure the child or allow the child to be injured. (Other than as a result of an accident).

Examples of physical abuse:

- hitting, punching, kicking, deliberately dropping, burning, poisoning, and suffocation
- female circumcision: an operation on a girl's external genitalia (see below for a detailed description)
- Shaken baby syndrome: collection of signs and symptoms that result from a baby shaking violently

Physical neglect

Denying the child what they need for physical health and development. Parents are unable or unwilling to provide minimal care regarding physical needs.

Examples of physical neglect:

- not taking care of enough or appropriate food
- failure to provide clean, weather-appropriate, fitting clothing
- failure to provide suitable shelter
- not taking care of appropriate medical, dental and mental health care
- Not taking care of adequate hygiene
- failure to ensure the proper supervision.

Psychological abuse

Inflicting damage to the child's emotional and/or personality development. Examples of psychological abuse include:

- threatening or scolding a child as a systematic pattern of belittling and denigration
- scapegoating the child
- burdening a child with too much responsibility
- making demands that a child cannot meet
- exposing a child to extreme, unaccountable or inappropriate behaviour
- locking up or tying up the child as a means of punishment or control.

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Psychological neglect

Depriving the child of what it needs for mental health and development. Examples of psychological neglect include:

- not taking care of enough attention, respect, affection, love and contact
- not ensuring sufficient space for increasing autonomy
- failure to ensure regular school attendance, and withholding education
- exposure to domestic violence.

Sexual abuse

Having or attempting to have sexual contact with a child to satisfy the sexual feelings of the parent/carer or others and/or for monetary gain.

Examples of sexual abuse include:

- sexual assault and exploitation or allowing this to happen where there is no genital contact (e.g. inappropriate kissing, breast fondling)
- sexual assault and exploitation or allowing this to happen involving genital contact
- penetration by fingers, objects or penis
- show or record pornographic material.

Female genital mutilation (FGM)

Female genital mutilation, also known as female circumcision, is an operation on the external genital organs. The lightest form is a cut in the foreskin of the clitoris. The most mutilating form is infibulation or pharaonic circumcision, in which the entire clitoris, labia minora and part of the labia majora are removed. After suturing what is left of the labia majora, only a small opening remains for menstrual blood and urine.

Female genital mutilation is a traditional custom particularly prevalent in several African countries. The tradition there has sometimes become intertwined with Islamic and Christian religions. The procedure usually occurs on young girls; the exact age varies from country to country. All forms of female genital mutilation are punishable in the Netherlands. Residents of the Netherlands who have their daughters circumcised abroad also commit a criminal offence and can be prosecuted in the Netherlands.

Important: if FGM is suspected, the attention officer should contact Veilig Thuis immediately after consulting the regional manager.

Honour-related violence

Honour-related violence is mental or physical violence committed from a collective mindset in response to a violation of the honour of a man, woman or family.

Honour-related violence includes, for example, threats of honour killing, incitement to suicide, assault or mutilation, repudiation or threats thereof and forced marriages.

Honour killing is the most extreme form, as it involves killing the victim.

Important: if honour-related violence is suspected, the attention officer should contact Veilig Thuis immediately after consulting the regional manager.

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Annex 2. Social map

It is essential to adapt and fill in the social map as completely as possible with the organisations and agencies of the region where your childcare organisation is located and make this available in a visible place for all pedagogical employees.

BFNL social map is different for each municipality

Organisation : **Police emergency number (for emergencies)**
Phone number : 112

Organisation : **Veilig Thuis Safe at home (for emergency situations)**
Phone number : 0800-2000

Organisation : **Inspectorate's education**
Phone number : 0900 111 3 111
Email address : www.onderwijsinspectie.nl

Babilou Family Netherlands has locations in several municipalities. There is a social map for each municipality.

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Annex 3. Child abuse signal list 0 to 4-year-olds

If children are being mistreated, neglected and/or abused, there may be signs. Using a signals list can be useful, but it also provides a degree of false security. This is because most signals indicate something is wrong with the child. This could also be something other than child abuse (divorce, death of a family member, and so on). The more signals from this list that can be recognised in a child, the more likely it is that child abuse may have occurred.

A signals list is not intended to provide 'proof' of abuse. However, it is possible to substantiate a suspicion of abuse more as more signals from this list are observed. A well-argued suspicion is sufficient to take action.

This list is incomplete; other signals may not be listed here. Also, signals in this list may overlap with signals in the list of children aged 4 to 12 (Annex 4).

The signals mentioned in this list cover all forms of abuse. At the end of the list are some more signals specific to sexual abuse. It is important to include the whole context of the family situation to get a clear picture of what might be happening. Therefore, some signals from parents and family are also mentioned. In consultation with the attention officer and the regional manager, worrying signals can always be discussed with Veilig Thuis.

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1. Psychosocial signs

Developmental disorders

- Lagging behind in language, speech, motor, emotional and/or cognitive development
- Apparent retardation in intellectual development
- Regressive behaviour (developmental relapse)
- Not potty trained at an age that one could expect it

Relational problems

Relative to parents:

- Total submission to parents' wishes
- Strong dependent behaviour towards parents
- Indifference to parents
- Child is afraid of parents
- Child shows very different behaviour when parents are around

Relative to other adults:

- When picked up, the child keeps remarkably stiff
- Freezing on physical contact
- Everyone's friend
- Empty look in eyes and avoidance of eye contact
- Vigilant, suspicious

Relative to other children:

- Does not play with other children
- Is not liked by other children
- Suspicious
- Retreating into own fantasy world

Behavioural problems

- Sudden change in behaviour
- No or hardly any spontaneous play, no interest in play
- Erratic, nervous
- Depressed
- Anxious
- Passive, introverted, compliant, apathetic, lethargic
- Aggressive
- Hyperactive
- No laughing or crying
- Not showing feelings, even in physical pain
- Eating problems
- Sleep disorders
- Fatigue, lethargy

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2. Medical signs

Physical characteristics (specific to physical abuse)

- Bruising/stretch marks
- Scratches, bites or burns
- Bone fractures
- Scars

Feeding problems

- Malnutrition
- Feeding problems in babies
- Constantly changing food
- Lots of spitting
- Moderate growth despite sufficient amount of nutrition
- Refusing food
- Lagging behind in length growth

Care problems

- Poor hygiene
- Severe nappy rash
- Insufficient clothing
- Insufficient medical and dental care
- Many accidents due to inadequate supervision
- Repeated hospital admissions
- Recurrent diseases due to inadequate care
- Slow recovery due to inadequate care

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3. Characteristics parents/family

Parent-child relationship disorder

- Parent carries child as a 'postal package'
- Parent does not comfort child when crying
- Parent complains excessively about child
- Parent has unrealistic expectations towards the child
- Parent shows little interest in child

Signals parent

- Violence in own past
- Apathetic and (seemingly) indifferent
- Uncertain, nervous and tense
- Understating own emotions
- Negative self-image
- Constantly going to different doctors/hospitals ('shopping')
- Failing to honour agreements
- Child suddenly removed from childcare provider
- Reported to be almost unable to cope
- Psychiatric problems
- Addiction

Family characteristics

- 'Multi-problem' family
- Single parent
- Composition of family changes regularly
- Isolation
- Moving frequently
- Socio-economic problems: unemployment, poor housing, migration, et cetera
- Much illness in the family
- Family burden exceeds carrying capacity
- Violence is seen as a way to solve problems

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4. Signs specific to sexual abuse

Physical characteristics

- Injuries to genitalia
- Vaginal infections
- Itching at 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 man or woman in particular

Behavioural problems

Deviant sexual behaviour:

- Excessive and/or compulsive masturbation
- Fear of physical contact or, conversely, seeking sexualised physical contact
- Not age-appropriate sexual play
- Not age-appropriate knowledge of sexuality
- Fear of undressing
- Fear of lying on their back
- Negative body image: dissatisfaction with, anger at or shame of own body
- Scared when touched
- Wooden motor skills (lower body 'locked')
- No fun in movement play

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5. Signs specific to children who witness domestic violence

Behavioural problems

- Aggression: copying violent behaviour from father or mother (some children, with especially boys, copy their father's behaviour by beating their mother or younger siblings)
- Rebellion
- Fear
- Negative self-image
- Passivity and withdrawal
- Accusing himself
- Shyness

Problems in social behaviour and competence:

- Distrust of the environment
- Lack of social skills

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6. Signals specific to Paediatric Condition Falsification (PCF) and Factitious Disorder by Proxy (FDP)

Factitious Disorder by Proxy PCF (old term: Münchhausen syndrome by Proxy (MBPS)) is a severe form of child abuse. The person with this syndrome (often the mother), appears loving and concerned, very regularly seeks intensive medical help for a child, but is herself the one who deliberately makes the child sick. This by administering drugs or inflicting injuries or infections. PCF can take very drastic forms: about 10% of children exposed to PCF die from the effects of PCF. Paediatric Condition Falsification (PCF) is the main part of the diagnosis in the child. Factitious Disorder by Proxy (FDP) is the other part that relates to the abusive behaviour and intentions of parents. This is a conscious process that transitions into less conscious patterns over time. The main motive is to command attention and recognition from doctors and other professionals. The parent does this for themselves, in the role of being a perfect parent.

How to recognise PCF:

- Examination data does not match clinical picture
- Medical records of previous treatments are difficult to obtain
- Symptoms disappear when parent and child are separated
- A sibling has died or is also frequently ill
- The mother does not shy away from radical examinations or putting the child under anaesthesia and even insists on doing so
- Occurrences take place in the evenings and weekends calling on other doctors
- The following symptoms are presented: unconsciousness, insults, apnoea, diarrhoea, vomiting, fever, lethargy
- The child has a significant history of illness with ever-changing symptoms
- The mother works in healthcare or has very extensive medical knowledge
- Mother's story contains contradictions
- Changing doctors frequently

The distinction with maternal postnatal depression, cot death or children not growing well caused by something other than PCF is that in these cases, mothers are often grateful if they are relieved of caring for their child, while PCF mothers do not want to outsource that care.

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7. Signs from children who have encountered another child's sexually inappropriate behaviour

In addition to the signs below, the specific signs of sexual abuse (see section 4 of this annex) may indicate sexually inappropriate behaviour among children.

- The child has a fear of a particular child
- The child is consistently angry with another child
- The child comes back startled, scared or confused after being alone with another child or children
- The child consistently does not want to play with a particular child

8. Signs of children exhibiting sexually inappropriate behaviour towards other children

In addition to the signs below, the specific signs of sexual abuse (see section 4 of this annex) may indicate sexually inappropriate behaviour among children.

- The child creates a kind of isolation around the child (taking apart, isolating himself from the group)
- The child dominates or shows power over another child
- Frequent sexist expressions

9. Child pornography

'Production of child pornography' means the making of an image and/or recording on film, photograph or any other kind of information medium, of children under the age of 18, who are required to undergo, commit and/or tolerate sexual conduct.

Children who have been used to create child pornography may show signs that indicate sexual abuse. In addition, the child may show the following signs:

- Extreme fear of taking pictures
- Fear of shooting with video equipment

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Annex 4. Child abuse signal list 4- to 12-year-olds

If children are being mistreated, neglected and/or abused, there may be signs. Using a signals list can be useful, but it also provides a degree of false security. This is because most signals indicate something is wrong with the child. This could also be something other than child abuse (divorce, death of a family member, and so on). The more signals from this list that can be recognised in a child, the more likely it is that child abuse may have occurred.

A signals list is not intended to provide 'proof' of abuse. However, it is possible to substantiate a suspicion of abuse more as more signals from this list are observed. A well-argued suspicion is sufficient to take action.

This list is not exhaustive; there may be other signals that are not listed here. Also, signals in this list may overlap with signals in the list of children aged 0 to 4 years (see Annex 3).

The signals mentioned in this list cover all forms of abuse. To get a clear picture of what might be going on, it is important to include the whole family context. This is why several signals from parents and family are also mentioned. In consultation with the attention officer, worrying signals can always be discussed with Veilig Thuis.

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1. Psychosocial signs

Developmental disorders

- Lagging behind in language, speech, motor, emotional and/or cognitive development
- Apparent retardation in intellectual development
- Regressive behaviour (developmental relapse)
- Not potty trained

Relational problems

Relative to parents:

- Total submission to parents' wishes
- Strong dependent behaviour towards parents
- Indifference to parents
- Child is afraid of parents
- Child shows very different behaviour when parents are around

Relative to other adults

- Freezing on physical contact
- Everyone's friend
- Empty look in eyes and avoidance of eye contact
- Vigilant, suspicious

Relative to other children

- Does not play with other children
- Is not liked by other children
- Suspicious
- Retreating into own fantasy world

Behavioural problems

- Sudden change in behaviour
- Erratic, nervously tense
- Depressed
- Anxious
- Passive, introverted, compliant, apathetic, lethargic
- Aggressive
- Hyperactive
- Destructive
- No or hardly any spontaneous play, no interest in play
- Fatigue, lethargy
- Doesn't cry, doesn't laugh
- Not showing feelings, even in physical pain
- Feelings of guilt and shame
- Self-injurious behaviour
- Eating problems
- Anorexia/bulimia
- Sleep disorders
- Bedwetting/soiling pants

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2. Medical signals

Physical characteristics (specific to physical abuse)

- Bruising/stretch marks
- Scratches, bites or burns
- Bone fractures
- Scars

Caring problems (specific to neglect)

- Poor hygiene
- Insufficient clothing
- Insufficient medical and dental care
- Many accidents due to inadequate supervision
- Repeated hospital admissions
- Recurrent diseases due to inadequate care
- Slow recovery due to inadequate care

Other medical signals

- Malnutrition
- Lagging behind in length and growth
- Psychosomatic complaints (abdominal pain, nausea, headaches, etc.)

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3. Characteristics parents/family

Parent-child relationship disorder

- Parent does not comfort the child when crying
- Parent complains excessively about child
- Parent has unrealistic expectations towards the child
- Parent shows little interest in child

Signals parent

- Violence in own past
- Apathetic and (seemingly) indifferent
- Uncertain, nervous and tense
- Understating own emotions
- Negative self-image
- Constantly going to different doctors/hospitals ('shopping')
- Failing to honour agreements
- Child suddenly removed from childcare provider
- Reported to be almost unable to cope
- Psychiatric problems
- Addict

Family characteristics

- 'Multi-problem' family
- Single parenting
- Composition of family regularly changes
- Isolation
- Moving frequently
- Socio-economic problems: unemployment, poor housing, migration, etc.
- Much illness in the family
- Family burden exceeds carrying capacity
- Violence as a means to solve problems

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4. Signs specific to sexual abuse

Physical characteristics

- Injuries to genitalia
- Vaginal infections
- Itching at 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 man or woman in particular

Behavioural problems

Deviant sexual behaviour:

- Excessive and/or compulsive masturbation
- Fear of physical contact or, conversely, seeking sexualised physical contact
- Not age-appropriate sexual play
- Not age-appropriate knowledge of sexuality
- Fear of undressing
- Fear of lying on your back
- Negative body image: dissatisfaction with, anger at or shame of own body
- Scared when touched
- Deviant motor skills (lower body 'locked)

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5. Signs specific to children who witness domestic violence

Behavioural problems

- Aggression: copying violent behaviour from father or mother (some children, especially boys, copy their father's behaviour by hitting their mother or younger siblings)
- Rebellion
- Fear
- Negative self-image
- Passivity and withdrawal
- Accusing himself
- Shyness

Problems in social behaviour and competence:

- Distrust of the environment
- Lack of social skills

6. Signals specific to Pediatric Condition Falsification (PCF) and Factitious Disorder by Proxy (FDP)

Factitious Disorder by Proxy PCF (old term: Münchhausen syndrome by Proxy (MBPS)) is a severe form of child abuse. The person with this syndrome (often the mother), appears loving and concerned, very regularly seeks intensive medical help for a child, but is herself the one who deliberately makes the child sick. This by administering drugs inflicting injuries or infections. PCF can take very drastic forms: about 10% of children exposed to PCF die from the effects of PCF. Paediatric Condition Falsification (PCF) is the main part of the diagnosis in the child. Factitious Disorder by Proxy (FDP) is the other part that relates to the abusive behaviour and intentions of parents. This is a conscious process that transitions into less conscious patterns over time. The main motive is to command attention and recognition from doctors and other professionals. The parent does this for themselves, in the role of being a perfect parent.

How to recognise PCF:

- Examination data does not match clinical picture
- Medical records of previous treatments are challenging to obtain
- Symptoms disappear when parent and child are separated
- A sibling has died or is also frequently ill
- The mother does not shy away from radical examinations or putting the child under anaesthesia and even insists on doing so
- Occurrences take place in the evenings and weekends calling on other doctors
- The following symptoms are presented: unconsciousness, insults, apnoea, diarrhoea, vomiting, fever, lethargy
- The child has a significant history of illness with ever-changing symptoms
- The mother works in healthcare or has very extensive medical knowledge
- Mother's story contains minor contradictions
- Changing doctors frequently

The distinction from maternal postnatal depression, cot death or children not growing well caused by something other than PCF is that in these cases, mothers are often grateful if they are relieved of caring for their child, while PCF mothers do not want to outsource that care.

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7. Signs from children who have encountered another child's sexually inappropriate behaviour

In addition to the signs below, the specific signs of sexual abuse (see 4) may indicate sexually inappropriate behaviour among children.

- The child has fear of a particular child
- The child is consistently angry with another child
- The child comes back startled, scared or confused after being alone with another child or children
- The child consistently does not want to play with a particular child

8. Signs of children exhibiting sexually inappropriate behaviour towards other children

In addition to the signs below, the specific signs of sexual abuse (see 4) may indicate sexually inappropriate behaviour among children.

- The child creates a kind of isolation around the child (taking apart, isolating himself from the group)
- The child dominates or shows power over another child
- Frequent sexist expressions

9. Child pornography

'Production of child pornography' means the making of an image and/or recording on film, photograph or any other kind of information medium, of children under the age of 18, who are required to undergo, commit and/or tolerate sexual conduct.

Children who have been used to create child pornography may show signs of sexual abuse. In addition, the child may show the following signs:

- Extreme fear of taking pictures
- Fear of shooting with video equipment

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Annex 5. Observation list

This observation list can be a tool to identify signs better. The list is not exhaustive and merely should be used as a tool.

Questions on 'conspicuous behaviour of a child'

Child's name (possibly initials): _____

Boy/girl

Age: _____

1. Since when has the child shown conspicuous behaviour?

- last weeks
- last months
- since _____

2. The conspicuous behaviour consists of (more than one answer possible):

- (very) compliant behaviour
- lack of trust in others
- middle-aged, caring behaviour
- resistance, passive
- resistance, active
- aggressive
- anxious
- negative self-image
- fear of physical contact
- sexually challenging behaviour
- tense
- fearful of failure
- signals from the signal lists (see annex 3 and 4) _____

3. What is the relationship with siblings (more than one answer possible):

- pleasant
- no connection
- scared
- teasing
- aggressive towards younger children
- bossy
- being bullied
- bully sibling
- otherwise, namely _____

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4. How is the relationship with other children? (more than one answer possible):

- pleasant
- no connection
- scared
- teasing
- aggressive towards younger children
- bossy
- being bullied
- bullies other children
- otherwise, namely _____

5. How is the child's external care, such as clothing?

- generally well tended
- generally untended
- strongly fluctuating
- otherwise, namely _____

6. How is the relationship with the mother?

7. How is the relationship with the father?

8. How is the relationship with the staff?

9. How is the contact between parents and staff?

10. Are there any details about the family to report? If possible, please also mention the source.

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11. Has anything changed in the child's behaviour or situation recently?

12. What do you know about any siblings?

13. What do you think the problem is?

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Annex 6. Engaging with parents and children

Openness is an essential attitude in contacting parents. Therefore, in the three routes, seek contact with the parents concerned as soon as possible to discuss the signs. Sometimes, if domestic violence or child abuse is suspected, talking to the parents will clear up the suspicion. In that case, the next steps in the route are not necessary. However, it is important to report this in the child file. The following steps are taken if the conversation does not remove the concerns. If a pedagogical employee needs support during a conversation, they can also ask for advice from an attention officer. Advice can also be sought from Veilig Thuis.

Conversation with children

Even if a child is still young, it is important that the pedagogical employee starts the conversation with the child, unless this is not possible because the child is too young or it is too stressful. In consultation with the location manager, the pedagogical employee decides whether a conversation is useful and possible. Veilig Thuis can also be asked for advice in this respect.

In certain situations, speaking to a child about the signs alone for a while may be important, without the parents being present. As a basic principle, parents will be informed about this in advance. In connection with the child's safety, the pedagogical employee or others, the decision may be made to have an initial discussion with the child without informing the parents in advance. The attention officer should know that such a meeting is taking place. This can be recorded in writing in the child file.

Tips for the interview

- determine the purpose of the interview in advance
- conduct the conversation with an open mind
- connect to what the child is currently doing, e.g. play, a drawing or crafts
- sit at the same eye level as the child and choose a quiet moment
- support and put the child at ease
- use short sentences
- ask interested and involved questions, but do not fill in the story for the child
- start with open-ended questions (What happened/ did something happen? When did it happen? Why?) and alternate with closed questions (Did you fall? Are you in pain? Did you cry? Did you like or dislike it?)
- do not ask further if the child is unwilling or unable to say anything
- maintain the child's pace, not everything needs to be discussed in one conversation
- do not let the child notice that you are startled by the story
- do not attack the parents (or other persons important to the child), in connection with loyalties
- indicate that you cannot keep secret what the child tells you. Explain that you will work with others to see how you can best help. Explain to the child that you will inform them of every step you take. The child should never be given responsibility in choosing which steps to take
- tell the child that they are very clever for explaining it all so well
- pay close attention to the child's non-verbal signals during the conversation
- do not ask "why" questions
- stop the conversation when the child's attention is gone.

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Tackling child abuse is a matter for adults

The purpose of a conversation with a child is to support and allow the child to express feelings and thoughts. The purpose of a conversation is *not* to explore the situation through the child. The child is the victim and may end up in an unsafe situation or start struggling with loyalty to the parent as a result. The pedagogical employee must be aware of a child's strong loyalty towards his/her parents. When talking to the child, the pedagogical employee should never attack the parents, even if they have done horrible things. The child will generally no longer trust anyone who condemns his parents. However, the child's feelings can be expressed or confirmed.

If sexual abuse is suspected, be cautious when talking to the child about possible future evidence. Be particularly careful about asking closed questions. This may, in fact, put words in the child's mouth. The conversation does not aim to provide evidence of sexual abuse. Leave that to an injury expert and seek advice from Veilig Thuis.

If there are suspicions of possible violence or sex offence by a colleague, a competent expert must hear the child. The childcare organisation should act per the steps in route 2 'Route for signals of possible violence or sex offence by a colleague'.

Never promise secrecy

It is important never to promise confidentiality to a child in advance. Many children are initially only willing to say something if promised not to tell anyone else. If this promise is made, the pedagogical employee faces a major dilemma if the child tells him he is being mistreated: he must either damage the child's trust or become complicit in maintaining a harmful situation. The pedagogical employee who promises a child confidentiality for fear that the child will otherwise remain silent must be aware of the consequences of this promise.

If a pedagogical employee does not want to promise confidentiality, he/she can promise the child that he/she will not take any steps without telling the child beforehand.

Conversation with parent(s) and/or caregiver(s)

A conversation about the signs will normally be held with the parents. This is important not only if the parents may be involved in the domestic violence or abuse, but also if this is not the case. Parents should be informed about what is going on with their child.

The conversation with the parent involves the pedagogical employee and/or the attention officer:

- explaining the purpose of the conversation;
- discusses the signs, i.e. the facts he/she has established and the observations he/she has made;
- invites the parent to respond to it;
- interprets the parent's response and checks this with the parent.

The employee and/or attention officer should be prevented from raising their own opinions or interpretations of facts.

A conversation with (one of) the parents may be omitted in connection with the safety of the child or that of others. For example, if the pedagogical employee has reason to believe that he/she will then lose sight of the child because the parents will take the child away from the childcare organisation or will no longer bring the child or that the violence will escalate. Always discuss this with the attention officer, who is also the location manager. It is important to record this in the child file as well.

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Annex 7. Responsibilities within the organisation in relation to the protocol

To enable employees to identify domestic violence and child abuse in a safe working environment and to be able to take the steps of the protocol, Babilou Family NL (BFNL) childcare ensures that:

The management/the board:

- incorporates the protocol in the childcare organisation's health and safety policy;
- appoints a attention officer;
- incorporates the promotion of expertise in the training plan;
- offers regular training and other forms of expertise to staff so that they develop and also maintain sufficient knowledge and skills for identifying domestic violence and child abuse and for taking the steps of the protocol;
- align the protocol and associated routes with the working processes within the childcare organisation;
- ensures that sufficient experts are available internally and externally to support staff in identifying and taking the steps of the protocol. Within BFNL, there are attention officers at location level and an indirect attention officer at organisational level;
- regularly evaluates the functioning of the protocol and, if necessary, initiates actions to optimise its application;
- publicises within the childcare organisation and among parents the purpose and content of the protocol;
- makes agreements on how BFNL childcare will support its employees if they are called to account by parents in or out of court for the way they apply the protocol;
- agrees on how BFNL childcare will scale up responsibility if signalling and referral for a child stagnates;
- bears ultimate responsibility for the implementation of the protocol and any reporting;
- invests in training for prospective professionals: provides knowledge and skills on recognising and dealing with suspected sexual abuse, covering the development of children's sexuality and discussing their own norms and values;
- invests in in-service training of employees in the childcare organisation (staff/management and employees): provides knowledge and skills on recognising and dealing with a suspicion of sexual abuse, covering the development of children's sexuality and discussing their own norms and values;
- invests in an open approach culture within the childcare organisation: ensures an open culture in which reflection on standards and values, working methods and actions takes place in a professional manner;
- invests in a good 'care structure' within childcare organisations: confidential counsellors, confidentiality committee (if applicable), structural agenda-setting, in-service and refresher training, etc.

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The location manager appointed as an attention officer:

- functions as an enquiry point within the childcare organisation for general information on (the protocol) child abuse and inappropriate behaviour;
- recognises signs that may indicate child abuse or domestic violence;
- has knowledge of the steps according to the protocol;
- establishes tasks of each person (who does what when) and describes them in the protocol;
- completes the social map in the protocol;
- participates in the care advice team (if available);
- implement of the protocol to the work processes;
- implement of the protocol to the care structure;
- documents cooperation agreements with chain partners;
- coordinates the implementation of the protocol in cases of suspected domestic violence and/or child abuse;
- watches over the child's safety when making decisions;
- contacts Veilig Thuis for advice or notification if necessary;
- evaluates the steps taken with stakeholders;
- oversees careful handling of the privacy of the family concerned;
- oversees file creation and reporting;
- consults with the regional manager when there are signs and/or suspicions.

The regional manager is ultimately responsible for the report.

The employee

- recognises signs that may indicate child abuse or domestic violence;
- consults with the location manager who is also the attention officer in case of concern about a child based on observed signs that may indicate child abuse or domestic violence;
- carries out appointments resulting from the consultation with the location manager, such as observation or a meeting with the parent(s);
- discusses the results of these steps taken with the location manager.

The management/the board, and the employees are *not* responsible for:

- determining whether or not child abuse or domestic violence has occurred;
- providing professional help to parent or child (counselling).

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Annex 8. The child dossier

A child dossier may contain the following information:

- date, place, situation and other attendees
- observations of the child
- signals that make clear which concerns are seen and heard
- any signs confirming or negating a suspicion of sexually inappropriate behaviour
- contacts about the signals
- data that will be provided, to whom and the reason for doing so
- steps taken
- what has been undertaken to obtain consent if the parent does not consent to data sharing
- decisions taken
- follow-up notes on the progression.

Describe the signals as factually as possible:

- assumptions are also recorded, state explicitly that they are assumptions. Make a follow-up note if a hypothesis or assumption is later confirmed or disproved
- state the source if third-party information is recorded
- record diagnoses only if they have been made by a pedagogical employee trained in them.

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Appendix 9. Signs that may indicate possible violence or sex offences by an employee/colleague

When an employee suspects a violent or sexual offence *by an employee/colleague*, the employee is obliged to report it to management.

This annex consists of 2 parts:

1. Unwanted manners
2. Signs regarding sexual abuse by a colleague/employee.

Undesirable behaviour and these signals can also indicate other behaviour. It is therefore important to also consult the signals lists (Annex 3 and 4) to arrive at clear substantiation.

1. Unwanted manners

An employee may have a nonplussed feeling about another colleague's behaviour. These will often relate to undesirable manners. Unwanted manners manifest themselves in verbal, physical or other non-verbal behaviour. This behaviour can be either intentional or unintentional, but the person confronted with it experiences it as undesirable and unpleasant.

Undesirable behaviour includes acts of all forms of **discrimination, aggression, sexual harassment, bullying and harassment** (described below). It also includes combinations of these behaviours and other forms of undesirable behaviour that are an extension of or similar to the behaviours described below.

Sexual harassment

Sexual harassment means unwelcome sexual advances, requests for sexual favours or other verbal, non-verbal or physical behaviour.

Examples of verbal sexual harassment:

- forms of address: e.g. renaming Alexia to Asexia
- addressing children with "Hey sweetie!"
- sexual ambiguities
- inviting sexual contact
- making sexual jokes
- telling stories about sexual achievements
- making sexual comments about someone's appearance

Examples of physical sexual harassment:

- groping
- forcing kissing, cuddling, caressing, sexual intercourse
- fondling or touching genitals above or below the clothes
- undress

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Examples of non-verbal sexual harassment:

- staring, peeking, ogling
- eyeballing someone
- giving sexually oriented gifts
- confrontation with child pornography
- filming or photographing the child (partially) exposed
- making obscene gestures
- sending or giving someone sexually charged images/letters/messages.

Aggression and violence

Aggression and violence are spoken of when the child is psychologically and/or physically, verbally or non-verbally harassed, threatened or attacked. There are four forms of aggression and violence:

1. Verbal: swearing, shouting, harassing and insulting
2. Non-verbal: pressing against someone, holding them, deliberately pulling them towards you
3. Psychological: harassment, pressuring, threatening with physical violence and irritation
4. Physical: kicking, hitting, biting, grabbing and pinching

Discrimination

Discrimination means any unjustified distinction, exclusion, restriction or preference which has as its purpose or may have as its effect the nullification or impairment of the recognition, enjoyment or exercise on an equal footing of human rights in the work- or study-related situation, as well as any verbal, visual or written expression. This includes inadmissible views about discrimination against people, deliberate insults or hurtful actions towards others on the basis of their religion, philosophy of life, political affiliation, cultural background/origin, gender, sexual orientation or any other grounds.

Bullying and harassment

Bullying and harassment refers to behaviour that involves systematically, over an extended period of time, psychologically or physically humiliating, hurting or otherwise harassing a person.

2. Signs regarding sexual abuse by a colleague/employee

- strong dependence of a child on a pedagogical employee
- pedagogical employee creates a kind of isolation around the child (e.g. taking the child aside without a clear reason or report)
- frequent sexist utterances
- tense atmosphere in the centre
- child is scared, tense, when a specific pedagogical employee is on duty or whenever dealing with the specific pedagogical employee
- extremely competitive with children/colleagues for the suspect's attention

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Annex 10. Creating a roadmap

It is advised that the childcare organisation draws up a script when incidents occur in the organisation where there are suspicions of a possible violence or sex offence by a colleague. This also applies when there is serious sexually inappropriate behaviour between children. This roadmap records, from the first moment of reporting, how one has acted and who has been informed at what time and about what.

A roadmap consists of a record of a number of action points:

- description of the incident
- description of the measures towards the employee concerned (suspension)
- contact with police
- expert consultation
- inform the 'other' parents
- activities with children
- dealing with the press
- new notifications
- completion
- aftercare
- removal of crisis situation

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Annex 11. Dealing with the media

If an incident occurs within a childcare organisation, chances are that the media will also become aware of it. It is wise to carefully consider in advance how to deal with the press. In addition to the points of attention below, the GGD can also offer support in this regard.

Some concerns when dealing with the press:

- consider whether to take a passive or active stance. Informing the press yourself may prevent worse and more or less keep control in your own hands
- designate a permanent, preferably trained person to liaise with the press. In doing so, consider whether a person from outside the team (e.g. an external adviser or a board member) would be preferable as they will be a bit further away from the issue
- think carefully about the message: what do we want to say/not say and how do we formulate it briefly and concretely?
- select: who do we speak to and who do we not?
- note conditions: e.g. questions in advance on paper, agreements on viewing and being allowed to correct text before publication
- when will the press be informed? In any case, not before staff, parents and children are properly informed
- what is our interest and that of (direct) stakeholders in responding to questions from the press? What is desirable, and what is needed?
- be open within limits: tell the truth, limited to the factual core. Do not name names, do not take shortcuts
- provide a breathing space: do not respond immediately e.g. a live broadcast, see questions in advance, call back (or have them called back), appointment later in the day
- never have contact with the press alone: prepare the message together with others, take someone along or have someone listen in, evaluate together.

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