

Action Plan for Responding to Signs of Domestic Violence and Child Abuse

Introduction

Dutch Law (Dutch Reporting Code, dated 14th March 2013) requires organisations and independent professionals working in education to adhere to a code for reporting all forms of domestic violence and child abuse. This action plan has been developed with the support and advice of GGD Limburg (Limburg Public Health Services) and following the Model Reporting Code on Domestic Violence and Child Abuse produced by the Dutch Ministry of Health, Welfare and Sport.

This action plan applies to both the UWC Maastricht Primary and Secondary school.

Support and Advice

The following Designated Safeguarding Leads (DSL) can be contacted for advice and support on responding to signs or domestic violence and child abuse:

- Whole school – Kate Doyle, Deputy Head of College (DSL)
- Secondary – Simon Miller, Psychologist (deputy DSL)
- Primary – Tanya Surawski, Director of Primary School (Deputy DSL)

Action plan

Step 1: Identifying the signs

When a teacher or staff member identifies signs of domestic violence or child abuse, they are expected to:

- Identify and record the signs that corroborate or disprove suspicions;
- Record all instances of contact with the student concerning these signs plus any steps or decisions taken;
- Describe the signs as factually as possible;
- If you also record hypotheses or assumptions, state explicitly that this is their status;
- Add a follow-up note if a hypothesis or assumption is later corroborated or disproved;
- If you record information from third parties, always specify the source.

A form is available to support teachers and staff members in identifying and recording the signs.

A teacher or staff member who has identified signs of domestic violence or child abuse should immediately notify a person of contact.

If you observe signs of domestic violence or child abuse committed by a teacher/staff member you must inform a member of the Leadership Team immediately.

Step 2: Peer consultation and, if necessary, consultation with Veilig Thuis

The second step is consultation on the signs of violence or abuse.

The person of contact will arrange a care team meeting. The care team will always include a member of the Leadership Team and the Counsellor for the age group. The care team will discuss the signs and agree whether it is necessary to proceed to step 3.

A person of reference for the case will be assigned from the care team at its first meeting. It is the responsibility of the person of reference to ensure that any actions agreed at the meeting are completed. As long as information on the student has been rendered anonymous, the care team can consult and should seek advice from Veilig Thuis. Veilig Thuis can be contacted on 0800 2000. This is a national number available 24/7. You will be requested to give the name of the town the child lives in.

Step 3: Interview with the student/parents

Dutch Law requires the school to seek contact with the student concerned and/or parents of the student as soon as possible in order to discuss the signs of violence or abuse. In some cases, the interview will remove suspicion, in which case the next steps in the action plan will be unnecessary. If the interview does not remove suspicion, the next steps will be carried out.

The care team will nominate members to carry out the interview(s).

When a student is under 12 years of age, if possible, the parents should be present when the student is interviewed. However, if a student has disclosed information to a teacher/staff member, the teacher/staff member can talk to the student again to follow up before speaking to the parents.

From 12 to 16 years of age students and parents can be interviewed separately. Students over the age of 16 can choose for themselves.

Parents must be informed and will also usually be interviewed, whether or not it is suspected that they are involved.

The care team can dispense with the interview (for the time being):

- If an interview may endanger the safety of the student
- For fear of the suspected offender that is being interviewed may take it out on the student
- If the school has reason to believe that the parents will take the student out of school as a result of the interview and the school could lose contact with the student. In the interview the designated care team member(s) must:
 - Explain the purpose of the interview;
 - Discuss the signs of violence or abuse identified, that is, the facts recorded and observations made;
 - Invite the student to respond;
 - And only after this response, if necessary, interpret what he has seen and heard and what he has been told in response.

Advice on any aspect of step 3 can be sought from Veilig Thuis.

Please note that steps 1 – 3 may run concurrently.

Step 4: Assessing violence and child abuse

The care team will now have quite a lot of information: a description of the signs that have been recorded, the results of the interview and the information from its own meetings and discussions. The care team assesses all of this information.

The care team will assess the risk of domestic violence or child abuse as well as its nature and seriousness.

The care team may (providing the student information has been rendered anonymous) seek advice from Veilig Thuis.

Step 5: Reaching a decision

The care team will decide whether to organize assistance as a school or to file a report.

Organising assistance and tracking its effects

If the care team considers that the school can protect the student sufficiently against the risk of domestic violence or child abuse, it should provide or organize the necessary assistance. The care team should track the effects of this assistance and, if the violence continues or flares up again, the care team must file a report.

Filing a report

If the care team considers that it cannot protect the student sufficiently against the risk of domestic violence or child abuse, it should file a report so that the situation can be further investigated and action taken to protect the student and their family sufficiently.

Before filing a report the care team must discuss it with the student (if aged 12 and over) and/or with the parent (if the student is under 16). They must explain their intention to file a report and its purpose. If the student and/or the parents object to the report, the care team will discuss these objections with them, weigh the importance of these objections against the need to file the report in order to protect the student or other parties from violence and abuse.

When filing a report the care team should attach as much factual evidence as possible, and state clearly if the information that is reported (also) comes from third parties.

When drawing up the report the care team should consult Veilig Thuis about how the school can protect the student – within the limits of its normal duties – after the report has been filed.

The person of reference will file the report on behalf of the care team and the Head of College.

Emergencies

If the school identifies signs of violence that are so serious that a student or their family require immediate protection, a member of the Leadership Team should be contacted immediately and a call made to the Veilig Thuis and/or the police.

Responsibilities of the school in implementing the action plan and creating a safe working environment

The school will:

- Inform all staff members, students and parents about the action plan and its purpose;
- Offer all staff members adequate and regular training – starting with online training for Dutch speaking staff;
- Regularly evaluate the use of the action plan on the basis of case histories;
- Ensure that experts are available and consulted;
- Oversee the effects of the reporting code;
- Arrange support if students or parents hold staff members accountable – in or out of court – for the steps in action plan;

Following the action plan is not an individual choice but a matter of policy required by the public authorities in the Netherlands.

Students living outside of the Netherlands

If a day student is resident outside of the Netherlands a report will be made to the appropriate authorities in their home country.

Confidentiality

As a rule, teachers/staff members will seek the permission of a student to share information with a Person of Contact and/or the Care Team (if formed).

If the teacher/staff member believes that information given endangers the wellbeing and safety of a student they will contact a Person of Contact and/or the Care Team (if formed) even if permission is not granted to share the information. The teacher/staff member will inform the student of their decision to share the information. The care team will carefully consider whom it should provide with what information in order to address the situation effectively.

Filing and records

Records will be kept by the Counsellors and in accordance with their record keeping policy.

Definitions of Domestic Violence and Child Abuse

Domestic Violence is defined as the (threats of) violence, in any location, committed by a person in the victim's domestic circle, violence being defined as physical, sexual or psychological harm to the victims' personal integrity. The victim's domestic circle includes (former) partners, family members, relatives and housemates.

Child Abuse is defined as: any threatening or violent interaction of a physical, psychological or sexual nature with a child that the parents or other persons with whom the child is in a relationship of dependency or constraint impose actively or passively, causing or liable to cause serious harm to the child in the form of physical or psychological injury (including honour-based violence and female genital mutilation).

Other Relevant Dutch Legislation

The Dutch Reporting Code takes the following legislation also into account:

- The Personal Data Protection Act (AVG, 2018)
- The Youth Care Act
- The Social Support Act

Advice and Further information

Veilig Thuis can be contacted on 0800 2000/ 046-8506640. This first number is a national number which is available 24/7. You will be requested to give the name of the town you live in.

Veilig Thuis can also be contacted by email on: contact@veiligthuiszl.nl

The Veilig Thuis website provides further information on the services available

<http://www.vooreenveiligthuis.nl/veilig-thuis>

Kadera provides on its website digital signal maps on domestic violence and child abuse and is recommended by Veilig Thuis www.kadera.nl

Form to support the identification and recording of signs of domestic violence and child abuse

A form to support the identification and recording of signs of domestic violence and child abuse is available from the Counsellors (see below).

Last review: December 2017

Child Abuse and Neglect and Domestic Violence Staff Report Form

CONFIDENTIAL

Date	
Student involved:	
Staff member(s) reporting:	
Staff contact member (appointed in protocol):	<input type="checkbox"/> Kate Doyle <input type="checkbox"/> Simon Miller <input type="checkbox"/> Tanya Surawski

Describe the signs: Remember to differentiate between facts, interpretations and hypotheses.

Please tick or circle if you have observed any of the indicators mentioned below (Physical and behavioural indicators of child abuse and neglect).

Physical Indicators	Behavioural Indicators
Physical Abuse	
<u>Unexplained bruises</u>	<input type="checkbox"/> Wary of adult contact
<input type="checkbox"/> On face, lips, mouth	<input type="checkbox"/> Apprehensive when children cry
<input type="checkbox"/> On torso, back, buttocks, thighs	<input type="checkbox"/> Behavioural extremes: aggressive, withdrawal or overly compliant.
<input type="checkbox"/> In various stages of healing	<input type="checkbox"/> Afraid to go home
<input type="checkbox"/> Clustered, creating regular patterns	<input type="checkbox"/> Reports injury by parents
<input type="checkbox"/> Reflecting shape of articles used to inflict	<input type="checkbox"/> Exhibits anxiety about normal activities (e.g. napping, play time)
<input type="checkbox"/> On several different surface areas	<input type="checkbox"/> Complains of soreness or moves awkwardly
<input type="checkbox"/> Regularly appear after absence, weekend or vacation	<input type="checkbox"/> Destructive to self or others

<input type="checkbox"/> Human bite marks	<input type="checkbox"/> Early at school and stays late as if afraid to go home
<input type="checkbox"/> Bald spots	<input type="checkbox"/> Accident prone
<u>Unexplained Burns</u>	<input type="checkbox"/> Wears clothing that covers the body when not appropriate
<input type="checkbox"/> Cigars, cigarette burns, especially on soles, palms, back, or buttocks	<input type="checkbox"/> Chronic runaway (especially adolescents)
<input type="checkbox"/> Pattern	<input type="checkbox"/> Cannot tolerate physical contact or touch
<input type="checkbox"/> Rope burns	
<u>Unexplained fractures</u>	
<input type="checkbox"/> To skull, facial structure	

<input type="checkbox"/> In various stages of healing	
<input type="checkbox"/> Multiple fractures	
<u>Unexplained lacerations (deep cuts)</u>	
<input type="checkbox"/> To mouth, lips, gum, eyes	
<input type="checkbox"/> To external genitals	
Neglect	
<input type="checkbox"/> Consistent hunger	<input type="checkbox"/> Begging, stealing food
<input type="checkbox"/> Poor hygiene	<input type="checkbox"/> Constant fatigue, listlessness, or falling asleep
<input type="checkbox"/> Inappropriate dress	<input type="checkbox"/> States there is no caretaker at home
<input type="checkbox"/> Consistent lack of supervision	<input type="checkbox"/> Frequent school absence or tardiness
<input type="checkbox"/> Unattended physical problems or medical needs	<input type="checkbox"/> Destructive, pugnacious
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Irregular attendance
<input type="checkbox"/> Distended stomach	<input type="checkbox"/> Substance abuse
Emotional	
<input type="checkbox"/> Speech disorders	<input type="checkbox"/> Habit disorder (tics, sucking, biting, rocking, etc.)
<input type="checkbox"/> Lags in physical development	<input type="checkbox"/> Conduct disorders (antisocial, destructive, etc.)
<input type="checkbox"/> Failure to thrive (especially in infants)	<input type="checkbox"/> Heightened emotionality
<input type="checkbox"/> Ulcers	<input type="checkbox"/> Sleep disorders
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Inhibition of play
	<input type="checkbox"/> Behavioural extremes (compliant, passive, aggressive, demanding)
	<input type="checkbox"/> Overly adaptive behavior: inappropriately adult or inappropriately infantile.

	<input type="checkbox"/> Developmental lags (mental, emotional or behavioural)
	<input type="checkbox"/> Delinquent behaviour
	<input type="checkbox"/> Anorexia (especially in adolescents)
Sexual	
<input type="checkbox"/> Difficulty in walking or seating	<input type="checkbox"/> Unwilling to participate in certain physical activities
<input type="checkbox"/> Torn, stained or bloody underclothing	<input type="checkbox"/> Sudden drop in school performance
<input type="checkbox"/> Pain or itching in genital areas	<input type="checkbox"/> Withdrawal, fantasy or unusually infantile behavior
<input type="checkbox"/> Bruises or bleeding in external genitalia, vaginal or anal area	<input type="checkbox"/> Crying with no provocation
<input type="checkbox"/> Sexually transmitted/venereal disease	<input type="checkbox"/> Bizarre, sophisticated or unusual sexual behavior or knowledge
<input type="checkbox"/> Frequent urinary or yeast infections	<input type="checkbox"/> Anorexia (especially in adolescents)
<input type="checkbox"/> Frequent unexplained sore throats	<input type="checkbox"/> Sexually provocative
	<input type="checkbox"/> Poor peer relations
	<input type="checkbox"/> Reports sexual assault
	<input type="checkbox"/> Fear or seductiveness towards males
	<input type="checkbox"/> Suicide attempts (especially adolescents)
	<input type="checkbox"/> Chronic runaway
	<input type="checkbox"/> Early pregnancies
	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Other possible indicators observed:	

Have not observed any of the indicators mentioned.

Any additional information you wish to include:

Please describe steps taken:

If conversations regarding the incident or signs have taken place please describe who was present, where and when the conversation took place, and state clearly the conversations had. Remember to state what was said, not your interpretation of what was said.

People informed (please tick the box):

Staff person of Contact: Simon Miller (secondary), Tanya Surawsky (primary)

Head of Year Leadership: _____ Other: _____

Date:

Names Signatures:

Staff member(s) completing the report

Staff contact member