Model Reporting Code
Domestic Violence and Child Abuse

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

New version 2013
Model Reporting Code

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Translation of the revised Dutch version from 2013
Handicap van chronische ziekte?
Introduction

This document is a guide intended for staff in institutions, practices and other organisations charged with drawing up a code for reporting domestic violence and child abuse. It will enable you to tailor your own reporting code to suit your organisation’s needs. Part 4 of this guide consists of a model reporting code, giving you an idea of what a reporting code could look like.

Model Reporting Code

This guide consists of four parts:

• Part 1 describes the purpose, scope and functions of reporting codes.
• Part 2 describes the actions required of organisations adhering to the reporting code and their responsibilities.
• Part 3 provides background information on the duty of confidentiality and how it relates to the action plan.
• Part 4 consists of a model reporting code to help you draw up your own reporting code.
I. Purpose and functions of a reporting code and of the model code

1.1 Background

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

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

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

The police are not subject to the Mandatory Reporting Code Act

While the police are an important partner in tackling domestic violence and child abuse, they do not fall under the Mandatory Reporting Code Act. As stated in the explanatory memorandum to the Act, this is due to the specific position the police have with respect to those involved in domestic violence and child abuse. Even without a reporting code, the legal framework of the Police Act gives the police sufficient scope for identifying and reporting signs of domestic violence and child abuse.

This model reporting code will help you draw up a code for your own institution or organisation.

1.2 Functions of a reporting code

Organisations and independent professionals are required to adhere to a reporting code to help them deal with signs of domestic violence and child abuse. The reporting code includes an action plan, guiding professionals through all the steps in the process, from identifying the signs of violence or abuse to deciding whether to file a report. The steps make it clear to professionals what is expected of them when they identify signs of domestic violence or child abuse and how, given their duty of

1 In this model reporting code, the terms ‘organisation’ and ‘institution’ are used interchangeably to mean any institution, organisation or practice falling under the Mandatory Reporting Code Act.
confidentiality, they can reach a sound decision on whether to file a report. We expect these steps to help make the approach to domestic violence and child abuse more effective.

**Obligations of organisations and professionals**
Under the Mandatory Reporting Code Act it is compulsory for organisations to:
- have a reporting code that meets the statutory requirements, and
- promote awareness and use of the reporting code within the organisation.

Individual professionals within organisations that have a reporting code are expected to carry out the code’s action plan when they identify signs of domestic violence or child abuse. In investigations into individual cases, inspectors will determine whether the organisation has a reporting code and whether it has done enough to promote awareness and use of the code. The action taken by the professionals involved in the case will be reviewed against the action plan.

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

### 1.3 Purpose of the model reporting code
This guide is intended to help organisations and independent professionals draw up their own reporting codes, tailored to their specific situation. The model reporting code corresponds as closely as possible to the reporting codes and protocols developed in recent years by various professional groups in various fields. We therefore expect that it will fit in well with current practices.

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2. See the list of codes and protocols at the end of this guide.
3. Reporting codes already developed and implemented, such as the Royal Dutch Medical Association (KNMG) Reporting Code for Child Abuse and Domestic Violence 2012 for doctors, will continue to serve as a starting point for the professional groups concerned. The KNMG reporting code is intended for doctors, including general practitioners belonging to the National General Medical Practitioners’ Association (LHV).
**General terms**

In this guide, terms like ‘organisation’, ‘professional’ and ‘client’ are used very generally. The reporting codes drawn up by individual organisations should define these terms more specifically and describe in detail which professionals are expected to carry out which steps and who within an organisation or practice is ultimately responsible for deciding whether or not to file a report. Are all the teachers at a primary school, for instance, expected to take action, or only internal counsellors? And what role should the pupil support advisory team play in this? In hospitals, will only doctors carry out the steps, or will nurses also do so? And who is ultimately responsible for deciding whether or not to file a report? Which professionals should carry out which steps in the probation service or in prisons? The reporting codes of individual organisations must specify which staff members are to be consulted for advice and assistance in carrying out each step. An organisation may, for instance, have in-house specialists in domestic violence and child abuse.

NB: Under the Mandatory Reporting Code Act it is not compulsory to appoint a specialist in the field. However, a specialist can play a key role in helping the organisation’s staff and management to tackle domestic violence and child abuse and carry out the steps in the reporting code.

**Definitions of domestic violence and child abuse**

The model reporting code adheres to the definition of child abuse contained in the Youth Care Act and the forthcoming Youth Act. Child abuse also includes instances where children witness domestic violence between their parents or between other members of the household. Where domestic violence is concerned, it adheres to the definition contained in the Social Support Act. The definition also specifies forced marriage, honour-based violence, female genital mutilation, senior abuse and sexual violence as forms of domestic violence.

The relationship is decisive, not the location

The definitions of domestic violence and child abuse concern the relationship between the offender and the victim rather than the location where a violent act takes place. For example, violence between two partners who live at separate addresses is classed as domestic violence, and children witnessing violence between their parents, even if they live at separate addresses, falls under child abuse.

**Violence in healthcare and education relationships**

Violence committed by a professional against a client or pupil in a healthcare or education relationship is not covered by the reporting code. Such cases are subject to different legislation and require different action, involving the organisation’s management and official inspectors. It is mandatory for professionals in youth care and child care to report suspected cases of sexual abuse and other forms of violence. Education professionals are required to report suspected sexual offences against students aged under 18 years committed by a member of the school’s staff. New legislation is currently (September 2013) being prepared to make it mandatory for healthcare and social support professionals to report signs of violence between a professional and a client.

**Violence between clients or students**

Signs of possible violence between clients, such as residents of a care institution, residents of a family-based unit or students at a school, are not covered by the reporting code action plan. Staff should report these signs to their
supervisor or the management. 
NB: The reporting code does apply if there are signs of violence between partners residing in the same institution, such as married couples living in the same nursing home, family-based unit or other establishment.

*Clients as victims, witnesses and offenders*

Clients – that is, people with whom the professional has contact in a professional context – may not themselves be victims of domestic violence or child abuse. They may be suspected offenders or, especially if younger, witnesses to domestic violence or child abuse. The reporting code steps also apply in such cases.

*Domestic violence and child abuse involving cruelty to animals*

Where there is domestic violence or child abuse, pets are also often abused. There is a special alarm number, 144, for reporting animals in distress. The reporting code for veterinarians, which helps them identify signs of cruelty to animals, refers them to the Domestic Violence Advice and Support Centre (SHG) if they suspect domestic violence.

‘The model reporting code does not cover instances of domestic violence or child abuse committed by professionals themselves’.
II. The action plan

2.1 Introduction

The law sets a number of requirements for the content of the reporting code drawn up by an organisation. The most important of these is that the code must contain at least five steps. These five steps are described below.

Three initial observations

One-off contact

The action plan assumes that professionals and clients have regular contact with each other. But the situation in a GP’s surgery is different to that in a hospital’s A&E department or an out-of-hours GP service (for evenings and weekends), where contact is usually one-off, making it impossible to carry out all the steps in the action plan. To be prepared for such cases, the organisation’s reporting code must describe the steps to be taken when signs of violence or abuse are identified during a one-off contact. Ambulance services and A&E departments work with specific protocols, transferring cases if necessary after the initial contact to a GP, paediatrician, the Advice and Reporting Centre for Child Abuse and Neglect (AMK) or the Domestic Violence Advice and Support Centre.

Criminal-justice approach

If the suspicion arises that a serious offence has been committed, the steps to be taken should be coordinated (possibly via the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre) with any action that the police may take. Interviewing victims and witnesses can obstruct the production of evidence in criminal cases.
Register of At-Risk Juveniles

In cases of suspected child abuse, the professional carrying out the steps described in the reporting code will also consider whether to file a report with the Register of At-Risk Juveniles if the organisation is affiliated with the register. The register aims to bring professionals working with the same young people in contact with each other. A professional can file a report if he suspects a young person’s development is being threatened. The purpose is to enable organisations to work together to help young people and their families. Section 2a of the Youth Care Act confers a statutory right to report on professionals of an organisation that is party to a municipal or regional voluntary agreement for the Register of At-Risk Juveniles.

NB: the professional does not have to choose between filing a report with the register and carrying out the steps in the reporting code. Both actions are appropriate when child abuse is suspected because they can complement each other. For this reason, the order in council that accompanies the Mandatory Reporting Code Act states that organisations involved in the register must include the option to file a report with the register in their reporting code action plan.

2.2 The steps that professionals are expected to take

The steps in the process begin as soon as the professional identifies signs of violence. Identification itself has a separate place in the model reporting code, and is regarded as an important standard skill that professionals working for the organisation should have. It is not a step in the action plan, but a basic component of the professional’s interaction with clients, students and patients. The steps guide the professional through the procedure to be followed if he suspects domestic violence or child abuse.

Order in which steps should be carried out

The steps are described below in a certain sequence but it is not obligatory to carry them out in that order. It is important, though, for the professional to carry out every necessary step before filing a report. Sometimes, the professional will discuss certain signs with the client as soon as he identifies them. At other times, before speaking with the client he will first consult a colleague and the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre. Some steps may need to be carried out two or three times.

Specific forms of domestic violence and child abuse

The action plan outlines in general terms the steps to be carried out when signs of domestic violence or child abuse are identified. The steps need to be described in more detail in cases of specific types of violence or abuse, such as female genital mutilation, forced marriage, sexual violence and honour-based violence, because a different approach may be needed. In the case of female genital mutilation, the irreversibility of circumcision plays an important role, so rapid action may be called for and steps may need to be skipped. For instance, if it is known that a girl is due to visit family abroad and there are indications that she will be subjected to genital mutilation there. In the case of honour-based violence, a discussion on suspected abuse could present extra risks because the act of bringing misconduct or suspected misconduct to light plays a key role in this kind of violence.
For more information on how to deal with these specific forms of violence, please refer to the Position Paper Involving Youth Health Care on Preventing Female Genital Mutilation (Standpunt Preventie van Vrouwelijke Genitale Verminking door de Jeugdgezondheidszorg), published by the National Institute for Public Health and the Environment (RIVM), the procedural protocol for FGM in the case of minors (Handelingsprotocol VGV bij Minderjarigen), the Federation of Shelters’ manual for tackling honour-based violence (Handreiking Eergerelateerd Geweld) and the action plan for honour-based violence (Stappenplan Eergerelateerd Geweld) drawn up by Rotterdam-Rijnmond Municipal Health Services (GGD).

A reporting code may also address specific forms of domestic violence, such as senior abuse, parent abuse or sexual violence, if the organisation considers it important to draw professionals’ attention to these matters given the composition of its client base.

**Step 1: Identifying the signs**

When a professional identifies signs of domestic violence or child abuse, he is expected to first make a record of the signs, the conversations about them, the steps taken, and the decisions he has made. He should also record any information that contradicts the signs.

*When recording the signs, the professional should follow the codes and procedures of his own organisation.*

Many organisations keep a file on each client. In such cases, the professional should add to the file all the information about the signs of abuse and the steps he has carried out. If an organisation does not keep client files, its code must indicate how and where the professional is to record information about the signs and the steps he has carried out.

NB: Each step in the action plan is accompanied by a brief set of practical instructions to help the professional carry out the step properly.

The instructions for the first step explain how to record information carefully. They remind the professional to distinguish between facts and signs, to mention the status of hypotheses and assumptions, and to identify the source when recording information from a third party.

*Child check (Kindcheck)*

Sometimes a child is put at risk by their parents’ situation. They may, for example, have a heavy addiction, be seriously ill or suffer from severe depression. These parent-related signs can only be identified if the professional knows that his adult client has dependent children. The law therefore stipulates that a reporting code must include a ‘child check’ in the case of certain adult clients. This applies to clients who have a physical or mental condition or other personal circumstances that could threaten their dependent children’s safety or development.

The child check for these clients involves the professional asking or investigating whether the client has dependent children. If so, he will record the number of children and their ages. He should also note whether the client has sole responsibility for caring for the children or whether he shares this with his partner or others. A child check may be appropriate in cases involving adult mental health care, home care, social work, probation, out-of-hours GP services and emergency assistance.

Reporting code steps to carry out in the case of parent-related signs

If the professional is of the opinion that the
Domestic Violence Advice and Support Centre and Advice and Reporting Centre for Child Abuse and Neglect

Advice
At any step in the action plan, it is possible to contact the Domestic Violence Advice and Support Centre or the Advice and Reporting Centre for Child Abuse and Neglect, which is part of the Youth Care Office (until 2015). Both centres have extensive in-house expertise on the possible signs of domestic violence and child abuse. Their staff can also advise on the actions required and the conduct of interviews with clients about the signs.

When consulted for advice, neither centre will approach the client or third parties. They communicate their advice only to the professional seeking it.

NB: Advisory consultations are conducted on the basis of anonymous client information. You need not breach your duty of confidentiality to consult them. However, the contact details of the party requesting the advice can be recorded with its consent. This information could be useful if follow-up advice is required in the same case.

Filing a report
If, after carrying out the appropriate steps in the action plan, you decide to file a report, the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre will take over the investigation into the domestic violence or child abuse. These centres keep those who filed a report informed of the results of investigations and actions taken.

NB: When filing a report, you must provide client information, because the two centres cannot otherwise respond.

In cases involving domestic violence between adults, you should file your report with the Domestic Violence Advice and Support Centre, which can be reached on 0900 126 2626. In cases involving the abuse of children or minors, you should contact the Advice and Reporting Centre for Child Abuse and Neglect directly on 0900 123 1230.

If, when it receives a report of domestic violence, the Domestic Violence Advice and Support Centre establishes that minors have been involved as a victim or witness, it contacts the Advice and Reporting Centre for Child Abuse and Neglect to discuss a joint approach. If the Advice and Reporting Centre for Child Abuse and Neglect establishes that adults have been subjected to violence, it contacts the Domestic Violence Advice and Support Centre.

For more information about the two centres and their approaches, see the Procedural Protocol for Advice and Reporting Centres for Child Abuse and Neglect (June 2009) and the Procedural Protocol for Domestic Violence Advice and Support Centres (2013).

The two centres are scheduled to be merged in 2015 to create a single Advice and Reporting Centre for Domestic Violence and Child Abuse. The new centre will have the same tasks: providing advice, receiving reports, assessing whether action needs to be taken and helping all those involved find appropriate assistance.
client’s medical condition or personal circumstances pose a risk to the children’s safety or development, or if he is in doubt, he should carry out the steps in the reporting code. In this case, step 1 will involve recording the parent-related signs that give rise to doubt about the children’s safety or healthy development. In step 3 these signs are discussed with the client.

If the professional decides to report these signs in step 5, it is important for him to refrain from drawing conclusions about the children’s actual situation. He does not know the children and is unlikely to have even seen them. The professional can report, however, that the adult client’s physical or mental condition or personal circumstances threaten his children’s safety or development and that he considers it necessary for the Advice and Reporting Centre for Child Abuse and Neglect to further investigate the children’s actual situation.

Step 2: Peer consultation and, if necessary, consultation with the Advice and Reporting Centre for Child Abuse and Neglect, the Domestic Violence Advice and Support Centre or an injury specialist

The second step is consultation on the signs of violence or abuse. To interpret the signs he has recorded, the professional must consult an expert colleague, such as a specialist in domestic violence or child abuse within the organisation, the internal counsellor or the school’s pupil support and advisory team. As long as the information on the client has been rendered anonymous, the professional may also consult the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre. Where more clarity is needed on the nature and cause of an injury, a forensic physician can be called on for advice.

NB: In this guide, we have chosen to augment peer consultation, wherever necessary, with advice from the Advice and Reporting Centre for Child Abuse and Neglect, the Domestic Violence Advice and Support Centre or a forensic physician. The KNMG (Royal Dutch Medical Association) reporting code on child abuse requires doctors always to augment this second step (peer consultation) with advice from the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.

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

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

Step 3: Interview with the client

After peer consultation and possible consultation of the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre, the next step is an interview with the client. Since openness is fundamental to the professional’s approach to assisting clients, he must seek contact with the client (or the parents) as soon as possible in order to discuss the signs of
violence or abuse. In some cases, the interview will remove suspicion, in which case the next steps in the action plan will be unnecessary. If the interview does not remove suspicion, the next steps are to be carried out.

If a professional needs assistance at this stage, he should consult a colleague or a specialist within his organisation, or at the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.

In the interview with the client, the professional must:
• explain the purpose of the interview;
• discuss the signs of violence or abuse identified, that is, the facts established and the observations made;
• invite the client to respond;
• and only after this response, if necessary, interpret what he has seen and heard and what he has been told in response.

No interview with the client
The instructions on this step set out the types of situation in which the professional may dispense with an interview with the client. These include exceptional situations where there are clear indications that an interview might endanger the safety of one of the parties. A professional may decide (for the time being) not to discuss with a suspected offender his suspicions of sexual abuse or honour-based violence, for fear that the suspected offender might subsequently take it out on the victim.

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

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

NB: It may be important to speak to a child alone without the parents being present so that the child can express itself freely. In such cases, the professional must adhere to the rules that apply to his own sector. A teacher, for instance, can usually talk to a pupil without much ado. However, if a paediatrician wants to interview a 10-year-old child, he must first inform the parents. If the safety of the child, the professional, or other parties is at stake, he may, by way of exception, conduct an initial interview with the child without informing the parents in advance. The reasons for this decision must be carefully recorded in the client’s file.
Interviews with parents
If the client is a minor, the professional will usually interview the parents about the signs of violence or abuse. This is important whether or not the parents are the suspected offenders, because the parents must be informed about what is going on with their child, especially if they have parental responsibility.

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

NB: When deciding whether or not to interview the client in the case of specific forms of violence, such as honour-based violence, forced marriage and female genital mutilation, professionals are advised to always consult experts in advance to assess whether carrying out an interview at this stage would be appropriate given the safety risks.
**Step 4: Assessing violence and child abuse**

Once the professional has carried out the first three steps, he will have quite a lot of information: a description of the signs he has recorded, the results of the interviews with the client, and the advice of experts. In Step 4, the professional assesses all this information. This step requires the professional to assess the risk of domestic violence or child abuse as well as its nature and severity. If the organisation or professional group has a risk assessment instrument, the professional should use it.

If there is any doubt as to the risks, the nature and severity of the violence or the action to be taken, the professional should always seek advice from the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.

NB: Step 4 of this guide, assessing the nature and severity of the violence, is included in step 5 of the KNMG reporting code. The KNMG reporting code advises doctors, as an additional step and if necessary, to obtain information from other professionals working with the family. See step 4 and article 9 of the code: www.knmg.nl/publicaties.
Step 5: 
Reaching a decision: arranging assistance or reporting a case

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

Arranging assistance and monitoring its effects
If the professional is of the opinion that he and his organisation can protect the client sufficiently against the risk of domestic violence or child abuse, he should provide or arrange the necessary assistance. He should monitor the effects of this assistance and, if the violence continues or flares up again, file a report.

Filing a report
If the professional believes that he and his organisation cannot protect the client sufficiently against the risk of domestic violence or child abuse, he should file a report so that the situation can be further investigated and action taken to protect the client and his family sufficiently.

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

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

Contact with the client and/or the parent(s) about the report and the efforts necessary for obtaining consent for the report
Before the professional files a report, he must seek contact with the client to explain his intention to do so, the report’s importance to
the client and its purpose. The professional will then ask the client to respond. If the client objects to the report, the professional will discuss the objections with the client and look at how they can be overcome. If the client’s objections remain, the professional will make a judgment. He will weigh the importance of these objections against the need to file a report in order to protect the client or other parties from violence or abuse. In doing so, he will also take account of the nature and severity of the violence and the need to protect the client or other parties from it. For more information, see part 3 of this document.

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

Filing a report without having interviewed the client or the parents
The instructions for step 5 describe situations in which the professional may dispense with contact with the client and/or the parents concerning the report. These include situations where there are clear indications that conducting an interview might endanger the safety of one of the parties. The professional may also dispense with an interview if there are good reasons to believe that it would prompt the client to break contact with the professional.

What the AMK and SHG do when they receive a report
The Advice and Reporting Centre for Child Abuse and Neglect will follow up the report with an investigation. This involves interviewing the parents and professionals working with the child and family. On the basis of the findings of this investigation, the centre will decide what should happen next. In many cases, voluntary help will be offered, but the Advice and Reporting Centre for Child Abuse and Neglect can also decide to inform the Child Protection Board and the police or both, for example to lodge a criminal complaint or establish whether a temporary domestic exclusion order could be imposed the next time an incident occurs.

After receiving the report, the Advice and Support Centre also investigates the signs of violence if this is necessary to assess whether assistance needs to be arranged for those involved. As part of this process, the centre speaks to those involved and to the professionals who know the family. Where necessary it will help arrange assistance for the family members. The centre can also discuss the case with the police or in a case conference held by the community safety partnership to examine whether a temporary domestic exclusion order could be imposed the next time an incident occurs, or whether an assistance programme could be ordered under criminal law.

If minors are involved in domestic violence as perpetrators, victims or witnesses, the Advice and Support Centre always contacts the Advice and Reporting Centre for Child Abuse and Neglect so that they can investigate the case together and take concerted action.
When the report has been dealt with, the Advice and Reporting Centre for Child Abuse and Neglect and the Domestic Violence Advice and Support Centre inform the person who filed the report about the action they have taken in response.

Disclosure of the identity of those filing reports of child abuse

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

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

Action following the report

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

‘All in all, dealing with the duty of confidentiality is a balancing act between secrecy whenever possible and cautious disclosure whenever necessary.’
2.3 An organisation’s responsibilities

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

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

III. The duty of confidentiality, the reporting code and the right to report

3.1 Introduction

In this section, we provide some background information about the duty of confidentiality, the statutory right to report and the reporting code.

3.2 Definition and purpose of the duty of confidentiality

General duty of confidentiality

Any professional who provides individual clients with assistance, care, support or any other form of guidance has a duty of confidentiality. This duty requires the professional to withhold information about the client from third parties unless the client has given him consent to disclose it. The duty of confidentiality is intended to make the threshold for seeking assistance as low as possible and give the client the confidence to speak freely.

The duty of confidentiality applies to social workers, internal counsellors, elder-care workers, youth workers, healthcare professionals, childcare providers and playgroup leaders. It also applies to counsellors and social workers in the probation service and custodial institutions (especially for young offenders), even though the coercive nature of the criminal justice system will sometimes result in limited breaches of confidentiality.
The general duty of confidentiality referred to above is not specifically included in any legislation, but it is derived from the privacy provisions of the European Convention on Human Rights and Fundamental Freedoms (article 8) and the Dutch Constitution (article 10). These provisions are further supported by article 272 of the Criminal Code, which contains a ban on disclosing confidential information entrusted to professionals.

Specific duty of confidentiality
Some professional groups adhere to a specific duty of confidentiality that is regulated in special legislation. The duty of confidentiality of medical professionals, such as doctors and nurses, for instance, is laid down in section 88 of the Healthcare Professions Act and article 7:457 of the Civil Code. The duty of confidentiality of youth care professionals is laid down in article 53 of the Youth Care Act and that of confidential inspectors in education is laid down in section 6 of the Education Inspection Act.

Paradox of the duty of confidentiality
Compliance with confidentiality involves a certain paradox. Confidentiality is the instrument of choice for ensuring that people turn to professionals and are willing to speak openly about their concerns. It gives people the confidence that what they say will remain between them and the professional. But applying the duty of confidentiality too rigidly may mean that clients do not receive the assistance they urgently need because the professional concerned believes he may not intervene owing to his duty of confidentiality.

All in all, compliance with the duty of confidentiality is a balancing act between secrecy whenever possible and cautious disclosure whenever necessary. This guide aims to help the professional strike the right balance when dealing with signs of domestic violence or child abuse.

Asking for consent
When providing information from a client to a third party, as when filing a report with the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre, the professional must, as a rule, try to obtain the client’s consent. This guide outlines the procedure for doing so. If the client gives consent, a report can be filed. If the client refuses consent, despite the professional’s efforts, the professional should not give up but should reconsider the situation (see section 3.3).

NB1: The Personal Data Protection Act provides that clients aged 16 or over must give their consent for professionals to divulge information about them to third parties (whether or not in the form of a report). The Youth Care Act and the Medical Treatment Agreements Act give clients this right from the age of 12. But a report concerning a minor client who still lives at home must also be discussed with the parents. The report will usually contain information not only about the minor client but also about the parent(s).

NB2: The requirement to obtain consent may be waived if the safety of the client, the professional or other persons is at stake.
3.3 Conflict of duties

As old as the duty of confidentiality is the notion that this duty can obstruct the professional in the conduct of his work. Situations may arise in which the professional can only help the client by speaking out, but he may not do so owing to his duty of confidentiality. In such situations, the professional faces a conflict of duties: the duty to remain silent versus the duty to assist the client by discussing the case with a third party. This issue arises only in very serious situations in which the client can be assisted only by involving a third party.

In cases brought before professional disciplinary tribunals, it has been established that, if a professional faces a conflict of duties, he may speak about the client to a third party even without the client’s consent. A decision to breach the duty of confidentiality must of course be taken with the utmost caution. In most cases answering the following five questions will lead to a carefully considered decision:

- Can I protect the compelling interests of my client or his children through disclosure?
- Is there another way of achieving the same goal without breaching my duty of confidentiality?
- Why is it not possible to ask for or acquire the client’s consent to discuss his situation with someone who can help him?
- Are the client’s interests that I wish to serve through disclosure so compelling that they outweigh his interest in my remaining silent?
- If I decide to disclose information, whom should I provide with what information in order to address the violence or abuse effectively?

Position of the client

The position of the client plays an important role in decisions on whether to breach the duty of confidentiality. The professional will be more likely to break his silence on behalf of a client in a dependent position who is less able to act against violence or abuse. Such individuals are primarily children and young people. They may be clients or children of clients.

Adult clients can, as a rule, decide for themselves how they live their lives and whether they want assistance or other interventions. Self-determination is an important starting point in the provision of assistance to clients. But it is not absolute. There are cases where self-determination has to be compromised because the client is in a very serious situation, such as one involving domestic violence. Research has shown that victims can be so trapped by their situation that they are unable to escape on their own. The professional will first need to make every effort to obtain the client’s consent. But if the client refuses, the professional cannot simply resign himself to silence. He must weigh the seriousness of the client’s situation against the fact that the client will not permit him to file a report. If the professional concludes that the domestic violence is so serious that the client must be protected, he must file a report even without the client’s consent. He has concluded that the compelling interest of his duty of confidentiality is outweighed by the more compelling interest of protecting his client against serious and/or regular violence.
NB: Before a professional makes a decision, he must discuss the situation with an expert colleague and if necessary seek advice from the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre, (using client information that has been rendered anonymous).

Assessment of decisions to breach the duty of confidentiality
If a supervisory body is asked to express an opinion in retrospect on the actions of a professional, it will first assess the care the professional exercised in reaching the decision to breach his duty of confidentiality. It will examine factors such as:
- peer consultation;
- consultation with the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre;
- the existence of sufficient relevant facts or signs, carefully recorded;
- a careful and specific assessment of all the interests;
- the history of contact with the client about the report. In specific terms, a supervisory body will examine whether the professional, given his scope for action and his client’s circumstances, tried to obtain the client’s consent to file a report or, if this was impossible, informed the client of his intention to do so.

For decisions to be assessed in retrospect, it is essential to keep a careful record of all decisions to file a report concerning a client without first having obtained the client’s consent. The professional must record not only the filing of the report, but also the interests considered and the persons consulted prior to the decision.

3.4 Statutory right to report

Statutory right to report child abuse
When child abuse is suspected, the Youth Care Act (section 53, subsection 3) upholds the doctrine of the conflict of duties, which explicitly provides for a right to report. This entitles any professional with a duty of confidentiality or other duty of non-disclosure to report suspicions of child abuse to the Advice and Reporting Centre for Child Abuse and Neglect, if necessary without the child’s or parents’ consent. The right to report also includes the professional’s right, at the request of the Advice and Reporting Centre for Child Abuse and Neglect, to provide information about the child and/or his parents without their consent.

Statutory right to report domestic violence not involving minors
A similar right to report is stipulated in section 21d (3) of the Social Support Act for suspected domestic violence that does not involve minors. This right to report also consists of two parts: the right to report suspected domestic violence to the Domestic Violence Advice and Support Centre without the consent of those involved; and the right to disclose information about the family without its consent at the request of the Advice and Support Centre.

Definition of ‘without consent’
Legislation on the right to report uses the words ‘without consent’ to make it clear that this is a right to report conferred on professionals allowing them to file a report or disclose information on request without the consent of the client or parents of the client. In reference to the steps set out in the reporting code, ‘without consent’ certainly does not mean
without the client’s knowledge. As a rule, the professional should first discuss the signs with the client as well as his intention to report the case, giving the client sufficient opportunity to respond. Only then will the professional make a final decision on whether or not to file a report.4

Because the second statutory right to report (in cases of domestic violence) applies in cases involving adults only, the professional can be asked to make extra efforts to encourage those involved to accept the approach to ending the violence and to offer appropriate assistance. As a rule, adults have the right to self-determination, so the statutory right to report should only be exercised against the client’s wishes or without his knowledge as a last resort if it is the only way to end the violence and offer appropriate assistance.

NB: When the Youth Care Act is replaced by the new Youth Act in 2015, a combined statutory right to report for domestic violence and child abuse will most likely be incorporated into the Social Support Act.

4 In a number of decisions by regional medical disciplinary boards, the statutory right to report child abuse was interpreted as meaning that when discussing the signs and the intention to report with the client, the medical professional also had to make efforts to obtain consent to file the report. In May 2012 (LJN YG2392), the Medical Disciplinary Tribunal concluded that this requirement was not explicit. However, in the Tribunal’s opinion, before filing a report medical professionals must engage in an open discussion with the parents in which the parents are given the opportunity to express their views on the matter. The KNMG reporting code also requests doctors to engage in an open discussion but does not require them to explicitly ask during this session for consent to file a report.

Relationship between the duty of confidentiality, the statutory right to report and the reporting code

The relationship between the duty of confidentiality, the statutory right to report and the reporting code can be summarised as follows. The two statutory rights to report allow for the duty of confidentiality to be breached. They give professionals the right to file a report or disclose information despite the duty of confidentiality and without the client’s consent. The action plan describes how professionals with a duty of confidentiality should use these statutory rights to report.
Emergencies
If you identify signs of violence so serious that your client or his family require immediate protection, you should seek advice immediately from the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre. If they consider that immediate action is necessary, you can, at the same time, file a report so that the necessary action can be taken in the short term. In emergencies, you can also contact the Child Protection Board, the emergency service of the Youth Care Office, and/or the police.
IV. Model reporting code for responding to signs of domestic violence or child abuse

The competent authority of [name of the organisation for which the reporting code is being drawn up]

Considering

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

• that the professionals employed by [name of organisation] share this responsibility and are therefore expected, in all their dealings with clients, to be attentive to signs that may indicate domestic violence or child abuse and to respond effectively to these signs;

• that [name of organisation] wishes to draw up a reporting code so that the professionals it employs know what steps they are expected to take if they observe signs of domestic violence or child abuse;

• that, in this reporting code, [name of organisation] will also establish how it will assist the professionals it employs in carrying out these steps;

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

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

• that ‘professional’5 is defined as the professional employed by [organisation name] who provides the organisation’s clients with care, counselling, education or other forms of assistance;

5 See part IVb of this model for the tasks and responsibilities of the various professionals within the organisation.
that ‘client’ is defined as any person to whom the professional provides professional services.

Taking into account:

• the Personal Data Protection Act;
• the Youth Care Act, and the forthcoming Youth Act;
• the Social Support Act
  [other legislation relating to the organisation’s handling of personal information];
• the privacy rules of [name of organisation].

Adopts the following Domestic Violence and Child Abuse Reporting Code.

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

Reporting code in relation to the duty of confidentiality and the rights to report child abuse and the right to report domestic violence

The organisation’s reporting code must clearly describe the relationship between the duty of confidentiality, the statutory rights to report domestic violence and child abuse and the reporting code action plan. Section III of this guide or parts thereof can be used for this purpose.

For example:

The statutory rights to report domestic violence and child abuse give all professionals with a duty of confidentiality or other duty of non-disclosure the right to report suspected domestic violence or child abuse, even without the client’s consent. For legislation see section 53 (3) of the Youth Care Act and section 21d (3) of the Social Support Act. Both of these statutory rights to report allow for a breach of the duty of confidentiality by, for example, doctors, psychiatrists, nurses, social workers, psychologists, educationalists, midwives, youth care workers and probation officers. The action plan describes how professionals with a duty of confidentiality should use these statutory rights to report.
Step 1: Identifying the signs

Identify and record the signs that confirm or disprove suspicions of domestic violence or child abuse. In addition, record all instances of contact with the client concerning these signs plus any steps or decisions taken.

When identifying signs of domestic violence or child abuse, use a dedicated instrument for identifying abuse or domestic violence (if your organisation has one).

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 confirmed or disproved. If you record information from third parties, always specify the source.

Only record diagnoses if they are given by competent professionals.

Child check

Ask your client whether he has minors in his care in all cases in which his medical condition or other circumstances would pose a risk to the safety or development of any such children. If the client has dependent children, record in your file: the number of children and their ages; and whether the client shares care for the children with a partner, ex-partner or another adult.

Parent-related signs

If you have no contact with the client’s children yourself, record any signs of the parent’s physical or mental condition or other personal circumstances that could threaten their dependent children’s safety or development.

The steps set out in the reporting code also apply to these parent-related signs.

Signs of violence by a professional in a healthcare or education relationship

If there are signs that a professional may have committed violence against a client or student, report these to the supervisor or management in accordance with the in-house guidelines. In such cases, the action plan does not apply.

If you identify signs of serious violence, seek immediate advice from the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.
Signs of violence between clients or between students
Suspected acts of violence between clients, such as residents of a care institution, residents of a family-based unit or students at a school, are not covered by the reporting code action plan. You should report the signs to the supervisor or management.

There is one exception to this rule: the reporting code does apply if there are signs of violence between partners who are both clients of the institution, such as married couples or partners living together in the same nursing home, family-based unit or other establishment.

Advice on the risks of follow-up action for specific forms of violence
If your organisation has insufficient knowledge on how to deal with certain forms of violence, such as honour-based violence, forced marriage, sexual abuse or female genital mutilation, always consult the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre before taking further action. Their advice will also help you assess the safety risks involved.

Record the results of the peer consultation and the advice received in the client’s file.

Step 2:
Peer consultation and, if necessary, consultation with the Advice and Reporting Centre for Child Abuse and Neglect, the Domestic Violence Advice and Support Centre or an injury specialist

Discuss the signs with an expert colleague. If necessary, also consult the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre. Where more clarity is needed on the nature and cause of an injury, a forensic physician can be called on for advice.

In the medical sector in particular it can be important to consult an injury expert. If forensic expertise is needed in other sectors, the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre can be approached.

Emergencies
If you identify signs of violence so serious that your client or his family require immediate protection, you should seek advice immediately from the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre. If they consider immediate action necessary, you can, at the same time, file a report so that the necessary action can be taken in the short term. In emergencies, you can also contact the Child Protection Board, the crisis hotline of the Youth Care Office, and/or the police.

6 The KNMG reporting code for child abuse and domestic violence also advises doctors to always seek advice from the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.
Step 3: Interview with the client

Discuss the signs with the client. If you require assistance in preparing for or conducting the interview with the client, consult an expert colleague and/or the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.

1. Explain the purpose of the interview to the client.
2. Describe the facts you have recorded and the observations you have made.
3. Invite the client to respond.
4. If necessary, interpret what you have seen and heard and what you have been told in response, but only after the client has responded. In cases of female genital mutilation, you can use the Declaration against Female Genital Mutilation.

You may file a report without discussing the signs with the client only if:

• your own safety, that of your client, or that of a third party is at stake;
• if you have good reason to suppose that an interview would prompt the client to break contact with you and that this would prevent the client from being sufficiently protected from possible further violence.

[Recording text block if the organization is connected to the reference index risk youth]

Recording the case in the Register of At-Risk Juveniles

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

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

Step 4: Assess the nature and severity of the domestic violence or child abuse identified. If there is any doubt, consult with the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre again.

Having considered the signs, the advice obtained and the interview with the client, assess the risk of domestic violence or child abuse. In addition, assess the nature and severity of the domestic violence or child abuse identified.

When assessing the risk of domestic violence or child abuse, use a risk assessment instrument (if your organisation has one).

If in doubt, always consult with the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre again. They can help you assess the violence and risks and advise on any further action to be taken.
NB: In the KNMG reporting code for doctors, this step is combined with step 5. The KNMG reporting code advises doctors, as an additional step and if necessary, to obtain information from other professionals working with the family. See step 4 and article 9 of the code: www.knmg.nl/publicaties.

Step 5: Reaching a decision: arranging assistance yourself or filing a report

Arranging assistance and tracking its effects

In view of your assessment in step 4, if you think you can sufficiently protect your client and his family against the risk of domestic violence or child abuse:

- arrange the necessary assistance;
- track the effects of that assistance;
- file a report if you identify signs that the domestic violence or child abuse is continuing or has resumed.

Filing a report and discussing it with the client

If you cannot sufficiently protect your client from the risk of domestic violence or child abuse, or if you doubt whether you can do so:

- report your suspicions to the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre;
- include in your report as much factual evidence as possible, and state clearly if the information you are reporting (also) comes from third parties;
- when drawing up your report, consult with the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre about how you yourself can protect your client and his family from the risk of domestic violence or abuse – within the limits of your normal duties – after you have filed your report.

Before you file your report, discuss it with your client (if aged 12 or over) and/or with the parent (if the client is under 16).

- Explain your reasons for filing a report and the purpose of doing so.
- Ask the client explicitly for a response.
- If the client objects to the report, discuss with him how you can meet his objections.
- If you cannot do so, weigh the objections against the need to protect your client or a family member from violence or child abuse. In your assessment, take account of the nature and severity of the violence and the need to protect your client or his family from it.
- File a report if you believe that protecting the client or his family is the decisive factor.

You can dispense with contact with the client about the report:

- if your own safety, that of your client, or that of a third party is at stake;
- if you have good reason to believe that an interview would prompt the client to break contact with you.
IVb. Specifying who is responsible for carrying out steps and deciding whether to file a report

Responsibility for carrying out the steps listed in the reporting code:
Staff members who, with a view to their tasks and responsibilities, are expected to follow the steps in the reporting code. If necessary, a distinction can be made between staff who only carry out step 1 and those who carry out all the steps. You can also appoint staff who are not employed by the organisation. For example, a school can decide that the first step is to be taken by all teaching staff and that the school social workers carry out the rest.

If there are volunteers working in the organisation, you can specify what is expected from them and to whom they should report signs so that they can be followed up.

The person/persons who can be consulted as a specialist in domestic violence or child abuse?
Staff who can be consulted for advice and support when carrying out the steps specified in the reporting code.

Responsibility for deciding in step 5 whether or not to file a report:
[A staff member who, with a view to his tasks and responsibilities, is responsible for the decision on whether or not to file a report.
NB: This staff member must be named in step 5 as the person within the organisation who decides whether or not to arrange assistance or file a report].

IVc. Responsibilities of [name of organisation]
Under the Mandatory Reporting Code Act, the competent authority of [name of organisation] will:

• ensure that the organisation has a reporting code in place that meets the statutory requirements;
• ensure that the purpose and substance of the reporting code are well known within the organisation;
• regularly provide training and other forms of professional development so that professionals are able to acquire the appropriate skills and knowledge to identify domestic violence and child abuse, and carry out the steps described in the reporting code;
• include the reporting code in the induction programme for new staff;
• ensure that the right experts are available to assist professionals in identifying violence or abuse and taking the steps described in the reporting code;
• ensure that the reporting code fits in with other procedures within the organisation;
• regularly evaluate the reporting code and take any necessary action to promote awareness and use of the reporting code.

7 Under the Mandatory Reporting Code Act it is not compulsory to appoint a specialist in the field. However, a specialist can play a key role in helping the organisation’s staff and management to tackle domestic violence and child abuse and follow the steps in the reporting code.
Protocols, reporting codes and other documents used in preparing this model code

- Letter to the House of Representatives from the State Secretary of Health, Welfare and Sport, the Minister for Youth and Family and the Minister of Justice concerning mandatory reporting codes on domestic violence and child abuse (House of Representatives, 2008-2009 session, 28 345, no. 72, November 2008).
- Summary of reporting codes, Netherlands Youth Institute, Utrecht, 2008.
- Amsterdam Protocol on Child Abuse.
- Dutch Association of Doctors in Youth Health Care (AJN) interview protocol on female genital mutilation, 2005.\(^8\)
- Pharos action protocol on female genital mutilation, 2007.\(^9\)
- KNMG reporting code and action plan, September 2008.\(^10\)
- KNOV code for reporting child abuse, February 2007.\(^11\)
- Haaglanden ambulance services code for reporting child abuse, April 2009.
- SEH Medical Centre Haaglanden protocol for reporting child abuse, March 2009.
- Rotterdam domestic violence and child abuse reporting code.\(^12\)
- Sample protocols for reporting child abuse in primary and secondary schools, developed by the The Hague municipal health department, South Holland West public health department, and the JSO expertise centre.
- Zicht op de Rotterdamse Meldcode ("The City of Rotterdam Reporting Code"), an evaluation of Rotterdam’s domestic violence and child abuse code, K. Lünnemann, Verwey Jonker Institute, March 2009.

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8 For the latest version see the Standpunt Preventie Vrouwelijke Genitale Verminking door de Jeugdgezondheidszorg (Position on the prevention of female genital mutilation in Youth Health Care), RIVM, December 2010.
9 For the latest version see the Handelingsprotocol Vrouwelijke Genitale Verminking bij minderjarigen voor AMK (Action protocol on female genital mutilation in the case of minors for the AMK), Child Protection Board and police, June 2013.
10 For the latest version see the KNMG Meldcode Huiselijk Geweld en Kindermishandeling 2012 (KNMG domestic violence and child abuse reporting code), 2012.
11 For the latest version see the KNOV Meldcode Kindermishandeling en Huiselijk Geweld (KNOV domestic violence and child abuse reporting code), September 2011.
12 For the latest version see the Rotterdamse Meldcode Huiselijk Geweld en Kindermishandeling (Rotterdam domestic violence and child abuse reporting code), September 2011.