

GOVERNOR DE GRAAFF SCHOOL  
ROAD TO LYNCH #5  
ST. EUSTATIUS, DUTCH CARIBBEAN

**protocol**

**Domestic Violence and Child Abuse  
Governor de Graaff school**



The school has used the publication of:

Education, Culture and Welfare Department of the Municipality of The Hague (JGZ and GVO) GGD Zuid-Holland West (GVO and JGZ)  
S&O foundation for parenting support, Prevention Child Abuse Haaglanden  
Edited and adapted by Public Health St. Eustatius for local use on St. Eustatius

***If she as a child***

*If she didn't always have to be so quiet as a child*

*she might have sung the highest song today if she didn't always  
have to be alone as a child, she might have found someone long  
ago today.*

*If she hadn't always had to be so scared as a child*

*she might have dared to love someone today if she hadn't always  
seen such a mess as a child she might have built castles today.*

*If she had known the warmth of summer as a child, she would  
never have lost that warmth in her winter*

*if she had known the warmth of a nest as a child, it wouldn't  
have frozen like this in her entire life.*

*If she hadn't been so old as a child, she would have sung a  
children's song today. If she could have been just a child as a  
child, she would have started again as a child today.*

*Liselore Gerritsen*

*(From: October Child, 1984)*

## *Preface*

For this protocol, we as a school have used the protocol 'Suspected child abuse' for teachers in primary education. This protocol is an adaptation of the work of MATW Zwartendijk-Schats and AHM van der Schot. It has been adapted to the situation on St. Eustatius.

On St. Eustatius we do not yet have hard figures about child abuse. We know from various qualitative studies and conversations with parents and grandparents that corporal punishment is part of the accepted parenting style. The consensus on the island is that corporal punishment has no negative impact on the psyche of children. Rather, it is a means of forming good productive citizens.

Article 19 of the International Convention on the Rights of the Child states that the child has the right to protection against all forms of physical and mental abuse and neglect, both within and outside the family. In the Caribbean, corporal punishment for children is the rule rather than the exception. One could get the impression that children are all abused here in the Caribbean. This is not the case. The use of corporal punishment is embedded in Stavian culture. This does not mean that we as Primary Education have to agree with this. We will have to monitor our students and intervene as soon as necessary.

This protocol describes how to act in case of suspicion of any form of child abuse. The intention is that primary schools act in an unambiguous manner and that everyone in the chain knows what to expect from each other. It forces the players to think every step of the way and check whether they are acting carefully.

**Commented [1]:** is being overhauled

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### ***DEFINITION OF CHILD ABUSE AND DOMESTIC VIOLENCE***

Child abuse is

- any form of, for the minor, threatening or violent interaction of a physical, psychological or sexual nature,
- - which, actively or passively, impose on the parents or other persons towards whom the minor is in a dependent relationship
- - as a result of which serious damage is or threatens to be caused to the minor in the form of physical injury or psychological disorders.

This includes neglect and withholding of essential assistance, medical care and education. (Youth Care Act 2000)

Research has shown that witnessing violence between educators (domestic violence) is so damaging to a child's development that "a suspicion of child abuse" is justified here. The protocol also serves as a guideline for this problem.

### ***FORMS OF CHILD ABUSE AND DOMESTIC VIOLENCE***

**- physical abuse:**

the child is beaten, kicked, pinched, burned and the like;

**– psychological abuse:**

the child is rejected, terrorized, incited to deviant and/or anti-social behaviour, bullied, harassed, belittled; extremely high demands are placed on the child, a correct form of education is withheld;

**– witnessing domestic violence:**

children growing up in a violent family feel the tension, hear the cries, see the injuries, want to jump in between and can suffer serious psychological damage as a result;

**– sexual abuse:**

the child is forced to engage in sexual acts, to perform sexual acts, to witness the sexual acts of others, or to watch pornographic material;

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**– physical neglect:**

the child is deprived of (medical) care and/or safety, the child is not given sufficient food and clothing;

**– psychological neglect:**

the child is mentally neglected, isolated, ignored; nurturing is withheld and there is never attention or time for the child.

Often several forms of child abuse occur at the same time.

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**STEP PLAN FOR A “SUSPECT OF CHILD ABUSE OR HOUSEHOLD VIOLENCE” FOR  
TEACHERS AT GOVERNOR DE GRAAFF SCHOOL**

**SUSPECT**                    **Phase 1: the teacher has a suspicion**

- • observe
- • research into substantiation
- • sharing care

**CONSULTATION**            **Phase 2: the teacher discusses his substantiated suspicion in a consultation group**

- • discuss information
- • (possibly) additional data
- • action plan

**PLAN OF APPROACH**    **Phase 3: implementing the plan of approach**

- • consult (CJG)
- • talk to the parents
- • research youth doctor
- • home visit
- • enable school counselor
- • discussing the results

**DECIDE**                    **Phase 4: decision**

- • get help going
- • report to (CJG)

only report in crisis situations to:

- the police or
- the Child Protection Board

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**EVALUATION**      **Phase 5: evaluate**

- the consultation group evaluates and adjusts if necessary

**AFTER CARE**      **Phase 6: aftercare**

- keep following the child
- convene a consultation group if necessary

*NB Any person retains the opportunity and responsibility at any time to contact the (CJG), for consultation or reporting*



**PHASE 1: THE TEACHER HAS A SUSPECT**

The source of the suspicion of child abuse may be:

- a. you have a suspicion;
- b. someone (for example, another child) tells you a disturbing story about a child in your class;
- c. a child confides in you about their own situation.

**Ad a/b If you have a suspicion, or someone else tells you a worrying story about a child in your class, then**

- **observe** the child very closely for a number of days, paying attention to striking behavior or unexplained physical abnormalities (see appendix 2: list of signals);
- **write** down what signals you notice in the student. These will be your personal notes (see observation points in Appendix 1);
- **consult** with people who can provide you with **information**, such as a colleague, another teacher who knows the child or the family, or the teacher who has a brother or sister in the class, the contact person at the school, the JGZ employee (nurse or youth doctor) or the school social worker. You can also ask another teacher to observe;
  - you continue to build a relationship of **trust** with the child;
  - you determine a **time limit** for this phase (maximum one month).

**Ad c If a child confides in you, then**

- **listen** calmly to what the child has to say and do not react emotionally or panicked. You take the child seriously;
  - **write** down what the child has said. These will be your personal notes;
  - see further a/b.

At the end of this phase you decide:

**1. The suspicion is wrong**

There is another reason for the observed behavior.

**2. There is no confirmation of the suspicion**

You continue to accurately record what the child notices or what you are told.  
After two months, review your notes.

**3. You have doubts and/or you find confirmation of your suspicion**

This is introduced in the consultation group (phase 2).

***Recommendations phase 1: the teacher has a suspicion***

- *Accept child abuse as one of the many possible causes of a child's unexplained/conspicuous behavior. Try to get the picture more complete at this stage. Don't play a cop: it's not the teacher's job to do detective work for the culprit. Assume the signal emitted by the child or by a third party. Continue to carefully monitor (the behavior of) the child, that is, observe and note what you see and hear, but avoid an exceptional position for the child.*
- *If a child confides in you, never promise the child absolute secrecy. Promise that you will not take the next step without discussing it with the child. Support the child in the fact that he has told his secret (see also appendix 3: Attitude towards the concerned pupil).*
- *The starting point for your commitment remains the care that you, together with the parents, have for the child.*
- *Be careful with the privacy of the child and of the parents.*
- *Don't rush to work. If you want to achieve something, you must act slowly and carefully. Involve others in good time and not only when it 'cannot be any longer' for you: then you have been busy yourself for too long and you are not giving others the time to go to work quietly.*
- *Trust your intuition and don't keep it to yourself: talk about it with the IGO and the management*

**PHASE 2: THE TEACHER DISCUSSES HIS SUSPENDED SUSPECTS IN A CONSULTATION GROUP**

- • You, the teacher, convene the following persons (= consultation group):
  - the school management
  - the IGO'er
  - Social Support Unit
  - CJG
  - ECE
- • One person is responsible for **coordination** and **progress**; preferably this is not the teacher.
- • You can use an observation form (see appendix 1).
- • The consultation group examines what information is available about this child; this is also recorded.
- • The coordinator also pays attention to the **time** and sets a **time limit** for this phase.

**does not have confirmation of the suspicion** at the end of this phase, then:

- you and the CJG employee remain alert;
- you continue to build a relationship of trust with the child;
- you and the CJG employee note in their agenda that they will meet again after a certain period about the behavior or physical condition of the child.

If there is a **reasonable suspicion** of child abuse, the consultation group will draw **up an action plan** (phase 3).

***Recommendations phase 2: the teacher discusses his substantiated suspicion in a consultation group***

- • *As soon as the case is discussed within the care team, you share the responsibility. It is therefore very important to always consult before any action is taken.*
- • **Privacy**  
*When personal notes have been made, it is important to store them properly, preferably without a name. These notes will be destroyed again as soon as possible.*
- • *The school's task with regard to child abuse is to identify and raise the issue with the parents and with the responsible authorities.  
The school is **not** responsible for the change of the situation or for the assistance.*

**PHASE 3: IMPLEMENTING THE PLAN OF APPROACH**

In phase 2 it was decided on an **action plan**. Possible steps are:

- a a meeting with the parents;
- b the pediatrician calls the child for an examination;
- c a home visit by a youth nurse or school social worker;
- d enabling an ECE;

Discuss the results of a/me in the consultation **group**

**Ad a A conversation with the parents**

- consultation within the consultation group to determine which person can best speak to the parents;
- prepare the meeting well in the consultation group (see recommendations);
- after the meeting, discuss further steps in the consultation group.

**Ad b The pediatrician calls the child for an examination**

- the pediatrician can call a child for an examination after the school has discussed the concerns with the parents;
- the youth doctor examines the pupil and speaks with the parents;
- the results are submitted to the consultation group insofar as they relate to the suspicion of child abuse, taking into account the privacy of the child.

**Ad c A home visit**

- someone from CJG or Unit Social Support can visit the family at home;
- the home visit is reported in the consultation group.

**Ad d Enabling ECE**

- ECE tries to find out whether there are cognitive or emotional problems;
- the results are submitted to the consultation group.

**Ad e Discuss results**

- analysis of the observations;
- collecting factual information;
- picture of the child's care situation;
- load/carrying capacity of the parents.

**Recommendations phase 3: the implementation of the action plan**

- *If the child has spoken to you, do not talk to the parents without informing the child. Depending on the age, you can agree with the child what you will and will not discuss with the parents.*
- *Before you start the conversation with the parents, determine what the purpose of your conversation is. For example, check whether the parents recognize your concerns. Sharing your concern with the parents is often the best way forward: stick to what concrete behavior you see in the child, do parents recognize their child's signals in the home situation? Do not discuss your suspicions, ask open questions and say that you are looking for the cause/the reason for the unusual behavior for the child. Agree on what follow-up actions will be taken, e.g. the teacher will discuss this with the internal counselor within the school (see appendix 4).*
- *Talking to the parents can have many consequences. For example, during a conversation some of the suspicions may turn out to be wrong. Some parents also feel helped if you appear to share their concern and have discussed the problems. But your suspicion can also be confirmed. Substantiating your suspicion and sharing your concerns in the consultation group are the next steps.*
- *Parents may view the conversation as evidence of their child's indiscretion and your meddling. For points of attention, see appendix 4: conversation with the parents.*
- *Home visits offer good opportunities to observe the interaction between parents and children.*
- *Make sure that parents only have to deal with 1 or at most 2 people from your school, given the relationship of trust that must be established.*
- *Obviously, the child in question needs support and help. See who can best support the child.*

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The assessment of the results will have to lead to a **decision**:

**1. There is no child abuse:** no further action is taken (see phase 6);

**2. There is doubt about (the suspicion of) child abuse:**

it is now possible to decide on an extra observation period. It is preferable to agree on what will be observed and for how long (see phase 6);

**3. There is a well-founded suspicion or certainty about child abuse:** see phase 4.

**PHASE 4: THE DECISION**

- **Help to parents**

If parents recognize the problem and want to cooperate in changing their situation, the consultation group can offer help or refer further.

- **Report to CJG**

If the suspicion is well-founded and the concern about the child continues, the only option is to report it. The director, the CJG employee or the teacher can do this. Because the CJG is part of the consultation group, they can always advise on this. As a result, the decision to report can be a formality. Nevertheless, it is necessary that the decision to report is clearly documented within the consultation group.

- After the report, the responsibility for initiating assistance also lies with the CJG. This is voluntary assistance. If that fails, while the situation remains serious, the CJG will call in the Guardianship Council. The reporter will be informed of this.
- Only in a crisis situation/life-threatening situation for the child can you report directly to the police and via the CJG to the Guardianship Council. (A report to the Council cannot be made anonymously.)

**Recommendations phase 4: Decision**

- *If parents want help themselves, the parents will generally be referred to CJG.*
- *Sometimes in a case one has to wait for a favorable moment to intervene or to set something in motion.*
- *It is possible to report to the police if one wishes to report a crime because it concerns a criminal offence. This cannot be done anonymously. The police are investigating and start a criminal investigation*

**Commented [2]:** Agree together how we can cover this properly.



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**PHASE 5: THE EVALUATION**

- • The consultation group evaluates what has happened and the procedures that have been followed;
- • If necessary, the case is also discussed with other parties involved;
- • If necessary, improvements are made to agreements and/or procedures;
- • Decide what information will be recorded in the student file. Parents have the right to inspect the child file.

***Recommendations phase 5: evaluation***

- • *Record in writing how work was done. (steps, actions, decisions).*
- • *It is important to plan an interim evaluation meeting with those directly involved at predetermined times.*

**PHASE 6: THE AFTER CARE**

*Student/parents:*

- • Regardless of the chosen path, the teacher continues to closely monitor the child's behavior for at least four months after evaluation;
- • Continue to support the child;
- • If there is reason to do so, the teacher calls the consultation group together again (phase 2);
- • In case of permanent doubt, the CJG is reported;
- • If it turns out that the suspicion was unfounded, the work notes can be destroyed and the file regarding this child can be closed.

*Involved teacher/consultation group:*

- • The concerns surrounding a student may have triggered all kinds of doubts and feelings in the teacher/care team. It is important that aftercare is also available for them. This can be done with anyone else in the consultation group, but possibly also

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with a psychologist.

***Recommendations phase 6: aftercare***

- • *Be open to support to deal with your own powerlessness and disappointments if it unexpectedly turns out that the assistance is not going the way you expected.*
- • *The importance of providing support to the child should not be underestimated. Many people who were mistreated or abused in their childhood survived because other adults took care of them.*
- • *Every employee has the right to a safe workplace. The employer must create the conditions for this (Working Conditions Act).*

***Observation points***

***Questions about 'striking behavior of a student'***

Student number: boy girl

Age/Group:

teacher:

1. Since when does the child show remarkable behavior?
2. Has the child's behavior or situation changed recently?
3. The conspicuous behavior consists of (see also Appendix 2):
4. What is the relationship like with fellow students?
5. How is the child's grooming, such as clothing and the like?
6. What is the relationship with female/male teachers?
7. How is the contact between the school and the parents?
8. Are there any details about the family to report? If possible, also state the source.
9. What do you know about any brothers and sisters?
10. Are there any noticeable changes in school results?

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According to the Personal Records Act, parents have the right to inspect and correct their child's file. That is why data in the file should be described carefully and as objectively as possible. Personal work notes are not part of the file and are not available for inspection by parents. It is therefore important to handle these work notes very carefully. Do not name it. Destroy them as soon as possible.

***Signals list child abuse (4-12 years)***

***Preface***

When children are mistreated, neglected and/or abused, they can send out signals. The use of a list of signals can be useful, but it also offers a certain degree of false certainty. Most signals are stress indicators, which indicate that something is wrong with the child. This can also be something other than child abuse (divorce, death of a relative, etc.). The more signals from this list a child shows, the greater the chance that child abuse could be involved.

It is not the intention to provide 'proof' of the abuse on the basis of a list of signals. It is possible, however, to substantiate a suspicion of abuse as more signals are identified from this list. A well-argued suspicion is enough to take action!

***1. Physical Signs***

- sleep deprivation
- headache, (lower) abdominal pain
- stroking/bruising
- look poorly groomed
- venereal disease
- itching or infection in the vagina and anus
- urinary tract infections
- lose weight or gain weight
- pain in thighs, pinched thighs
- wooden body movement
- not toilet trained (urine/faeces)
- pregnancy
- injury

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- lagging behind in language, speech, motor, emotional and/or cognitive development

**2. Behavioral Signals**

- gloomy, listless, introverted
- eating problems
- sleep disorders
- frightened when touched
- hyperactive
- aggressive
- sudden change in behavior (quieter, extra pressure, tough)
- clinging or keeping an abnormal distance
- isolation from peers
- self-destructive behavior (e.g. pulling out hair, talking about wanting to die, suicide attempt)
- memory and concentration disorders
- decline in learning performance
- overzealous
- adapt to everyone's expectations, no own initiative
- extremely caring and responsible behavior
- reacting intellectually, not showing feelings (old-fashioned behavior)
- sexualized (“seduced”) behaviour, use of language with a sexual tinge
- remarkably large knowledge about sexuality (not age appropriate)
- stories or dreams about sexual abuse, sometimes in drawings
- no spontaneous movement play
- difficulty undressing for gym class or not participating in gym

- skipping school, running away from home
- stealing, arson
- addiction to alcohol or drugs

### ***3. Characteristics of parents/family***

- parent does not comfort child when crying
- parent complains excessively about the child, shows little interest
- parent has unrealistic expectations of the child
- parent has been abused or has psychiatric or addiction problems
- parent goes to other doctors/hospitals ('shopping')
- parent does not keep appointments
- suddenly pick up a child from school
- indicate that they can hardly handle it anymore
- 'multi-problem' family
- parent who stands alone
- regularly changing family composition
- isolation
- often move
- socio-economic problems: unemployment, poor housing, migration, etc.
- a lot of illness in the family

Violence is seen as a means to solve problems

### ***4. Signs Specific to Children Witnessing Domestic Violence***

- aggression: copying violent behavior from father (some youngsters, especially

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boys copy their father's behavior by beating their mother or younger siblings)

- alcohol or drug use
- rebellion, anxiety, depression
- negative self-image
- passivity and withdrawal, shyness
- self-blame
- suicidality
- social isolation: trying to keep home situation secret while connecting with peers (without taking them home)
- lack of social skills



***A professional attitude towards the student/family involved***

The primary job of a teacher is to teach. In addition, the teacher is responsible for the well-being of the students. A clean, safe and good school climate increases the job satisfaction of the student and the teacher.

Unfortunately, students can sometimes end up in a crisis themselves or in the home situation. This can be due to, for example, a parent's alcohol problem, the divorce of the parents, a serious accident of a family member, being beaten or witnessing domestic violence. Students then count on support from the school.

The supervising teacher must therefore guard against too much involvement. To be able to give good help, a balance is needed between distance and proximity. Enough distance to be able to take a step back to oversee what's going on. Teachers are not professional counselors. Precisely for this reason, a certain professionalism is required in order to support the pupil.

Key concepts here are: transparency, recognition, understanding, daring and expertise.

Transparency means that you have a certain degree of openness. Your thinking, feeling and acting must match. Transparency does not mean that you must always be held accountable for your actions. You must, however, be prepared to explain your intentions and interventions, while respecting the right to privacy.

*Recognition* means that you are willing to accept the learner as they are. This also means you get the answer from the student respects your questions. Points of attention here are:

- listen calmly to what the child has to say;
- take the child seriously, do not doubt his/her story;
- support the child in the fact that he/she has told his/her secret.

*Understanding* involves the ability to empathize with the student's feelings and to see his behavior in the light of his circumstances. You feel feelings, but don't make them your own (distance/closeness). Points of attention:

- strengthen the child's self-confidence by giving it attention and confidence and praising it for positive behavior and work;
  - offer the child opportunities to continue to express himself: by talking, drawing or writing;
- the child may display excessive behaviour; be aware of this and also set limits; consult with third parties if you need to.

Crisis management requires *courage* to act decisively. A student in crisis tends to lose touch with reality and his environment. You have to resolutely enter into contact and actively bring the student back and keep it in the here and now. During a conversation you have to dare to ask questions. Points of attention here are:

- do not promise absolute secrecy, but do promise that you will not do anything without the child's knowledge;
- say you want to help; you don't need to know immediately what needs to be done;
- be clear and consistent;
- avoid too great an exceptional position for the child;
- check whether the situation at school is safe;
- maintain the course of events in the classroom, thus offering the child stability.

You must know the limits of your own ability (*skill*), know what you are not capable of.

Regular contact and consultation with colleagues for intervision, consultation and advice is important to test your actions (= consultation with third parties).

In all phases of personal crisis, powerlessness plays a crucial role. When you can and dare to accept your own impotence, you can really help a student.

General points of interest:

- the teacher's contact with the parents will continue to focus mainly on the pupil's functioning at school;
  - be careful with the privacy of the child and parents;
- the most important thing is that the child feels supported by you and has the confidence that there is a way to stop the abuse.

*(source: adapted from: balance, crisis counseling of students. Series of school practice student counseling KPC/EPN 1998)*

### **CONVERSATION WITH THE PARENTS**

In the protocol “Suspected child abuse for teachers in primary education”, the discussion with parents occurs in phase 3, e.g. in the implementation of the action plan. So all that has preceded it. As a teacher, you have put into words your own observations, listed the facts, you have had consultations in a consultation group, a plan of action has been drawn up and now it is up to you to address the concerns about this child, to share with the parents through one or more conversations.

In many cases you have discussed with the child that you will discuss with the parents what the child has discussed with you. If the child has difficulty with this, this may be a reason to first set aside some time to talk a few more times with the child about this.

The purpose of a conversation is to share with the parents the concerns about what has been observed in the child, in behavior or concrete physical phenomena.

Starting points here are:

- discuss what you see in the child, do not discuss your suspicions;
- assume that parents want the best for their children and that's what you want too: there's your common denominator.

You do not have to raise a question of guilt; you call on the care of the parents for their child and you are an important person to whom parents entrust their child five days a week. This sharing of concerns is a process and requires a process-based approach.

Steps in a process-based approach:

#### **1. Considerations for the Conversation:**

- do you have the conversation with the parent(s) alone or together with the IGO and/or the director
- explicitly invite both parents together: do you present this choice to one parent or leave it to the parents. The child can also have an advisory voice in this.

#### **2. Express concern for the child:**

- I have now seen your child .... times/months/in class. I'm concerned about a few things I'd like to discuss with you. Do you like this?

#### **3. Discuss the signals one by one.**

- describe the signal in concrete phenomena/observable behaviour: “I noticed that your child does not want to undress for gym class”, “Your child often imitates sexual acts with the dolls in the doll corner and he/she does this as follows ...”and then you fill in a number of concrete observations.
- ask whether this signal is recognized: “Have you ever noticed this? .... Does this ever happen at home?”, “How long has this been the case? .....In what situations does this happen?”
- ask if parents have any idea where this is coming from: “Do you have any idea where this is coming from? What do you think?”
- if necessary, express your concern about this signal: “I am concerned that your child does/has this.”

#### **4. Parents share the care**

#### **5. Parents take over**

##### **share concerns**

You cannot share concerns with parents if they are not the concerns of both parties. It can take quite some time to get to this point. When parents absolutely cannot (yet) perceive what you have observed, it is of the utmost importance to dwell on this part and not move on to the next step. In such a case, for example, you can ask parents to observe the child for a while and see if they still observe the behavior you mentioned as a teacher. You can talk about it again at your next appointment. Another possibility is to ask if the parent(s) would like to attend a morning in class. As long as parents absolutely cannot (can) see/perceive what you have just discussed, sharing the care is not an issue.

##### **Emotions**

Emotions can play a major role in this phase. For example, parents can get angry; parents may feel inadequate and guilty about this; parents may be ashamed of the behavior of their child you describe, eg when you have described masturbation behavior in class or sexual behavior in the doll corner.

Parents can react/deal with their emotions in very different ways. That is why it is always wise to explicitly ask for the parents' reaction, eg with: “I see/understand/imagine that I am taking you by surprise; I can imagine that it is difficult for you, that I have come with this now; how is this for you?”

For example, when parents get angry, one way to deal with this anger/aggression is to verbalize the perceived anger and express one's own fear of their anger: "I see that you are angry, and I find that difficult, it makes me insecure”.

When you as a teacher are emotionally involved, when you are personally touched by what you have seen and/or heard from the child, it is good to indicate this, to put this into words, that it affects you personally. As

long as the emotions prevail, there is no opportunity to give the parents concrete, business-like information. Let alone go to the next step. Only when the emotions have been given a place is there an opportunity to provide the parents with concrete, business-like information.

#### **Request clarification**

At each step it is important to ask what the parents think about it, whether they recognize what has been said. Also ask if something is not completely clear. "What exactly do you mean by that? I understand correctly that you say that...".

Several conversations may therefore be necessary before you, as a teacher, are on the same page with the parents regarding the observation of the symptoms you have identified, the behavior of their child.

Sharing the care and taking over the care are the next steps that the parents have to take. It is of great importance to follow what has been observed over a longer period of time and to keep it in a logbook, in which the agreements made are also noted and kept up to date. When you have reached this phase, the parents are an important support in the further search for a possible cause of their child's worrisome behavior and parents can also indicate and think along about the further help they think they need.

*Source: Lecture Mrs. J. vd Berg, youth doctor at the Department of Youth Health Care, OCW Department, Municipality of The Hague.*

### **Information about CJG**

**Goal organization (work motto, mission,) small historical story.  
Contact details**

#### **Introduction:**

The Center for Youth and Family is a youth care organization and is part of the Youth Care and Family Supervision organization in the Caribbean Netherlands (JGCN).

We are committed to improving the safety and development of children aged 0 to 18 years on Saba and St. Eustatius. This is in line with the International Convention on the Rights of the Child.

We provide care from a multidisciplinary team. The help is based on a plan that has been drawn up in consultation with the parents/carers and that is in line with the development, background and problems of the child.

We believe that children should grow up within the family as much as possible and that parents are primarily responsible for themselves. We focus on strengthening the family's own strength.

#### **Objectives of the CJG**

1. Supporting parents and their children in parenting and providing information to prevent parenting problems in the future.
2. To provide children, young people and their parents/carers with tools to create safety and development from their own strength.
3. If parents/carers are unable to create safety and development opportunities for children themselves, the CJG can take over a child under supervision or guardianship after an investigation by the Guardianship Council and a decision by the Juvenile Court.
4. Guiding young people who have come into contact with the law to prevent recidivism and positive reintegration into society.

#### **How do we work?**

- The Youth Work offers low-threshold (age-oriented) activities and training in which people work on being together and social skills.
- In the case of voluntary outpatient care, information and advice about parenting is offered to parents and professionals.
- Measures imposed by the court, on the advice of the Guardianship Council, are implemented through the (family) guardianship processes, such as under supervision (OTS), guardianship measure and custodial placement.
- We also offer mediation between (divorced) parents or other family members, which we call mediation. This is about reaching clear agreements in the interest of the family.

### *Information about the Guardianship Council*

#### **The Guardianship Council**

The Guardianship Council executes tasks enshrined in the law to safeguard the interests of minors and protect them when their development is at risk. The Guardianship Council is a government organization and is part of the judicial chain. The Guardianship Council acts as the central authority to promote and enforce all Children's Rights enshrined in the Convention of the Rights of the Child.

#### **Our Vision:**

To protect children and their welfare.

#### **Our Mission:**

To work in close cooperation with all relevant entities so that every child can live in a safe environment thus enabling the child to develop physically mentally and morally in an optimal manner.

#### **Our Tasks:**

Are enshrined in the Civil Code and Criminal Procedure Code. The Guardianship Council carry out these tasks in the "civil" and "penal" field, relating to minors. All our tasks are in connection to the Children's Rights.

#### **The Civil tasks are:**

Advising Protective Measure such as an OTS (protective custody), Matters concerning child support, Matters concerning Custody and authority of parents, Matters concerning Separation and Visitation arrangements for parents and Adoption.

#### **Penal tasks are:**

Intervening when youngsters commit an offence.

#### **Child Support Department**

Parents have the obligation to support their children financially. Once the father and mother do not share the same home, child support must be arranged. The Child Support Department executes the Court's decision regarding child support such as; Collection and payments of Child Support monthly, Assistance in requesting a Court decision to receive child support, Intermediates and executes attachments to obtain child support payments or executes measures of force determined by law to obtain payment of child support.

#### **Social Investigation Department**

A child protection measure always governs the parent's authority. This is why a profound and objective investigation must be conducted to determine whether the child is in danger and what measures must be taken. The department investigates in cases with the nature of: Custody or authority of the parent, Denial of paternity, Visitation Arrangements, Child abuse, Child neglect and Adoption.

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**Youth and Justice Department:**

Each youngster from 12 to 17,5 years of age that comes in contact with the Law and is taken into preventives custody is reported to the Guardianship Council. This department is responsible for investigation in order to advise the public Prosecutor or Judge on the circumstances in the development of the young person. 1. Activity includes early intervention; this involves contact with the youngsters from the moment they are taken into custody to advise the Prosecutor on the impact of detention. 2. Education; an investigation is carried out to advise the Public Prosecutor's Office and Court on the areas the youngster needs educating. An execution of alternative punishments can be mandated and/or Juvenile Probation Service which is a mandatory guidance and Alternative Punishment (HALT) which is enforced to avoid an investigation by the public Prosecutor's Office.

The Guardianship Council gives advice to Court on various aspects in order to safeguard the interest and rights of the child and to protect the child so it can continue developing in a healthy way.



**Literature overview**

**Booklist/background information**

**Adriaenssens, P.**

My child is scared (and so am I). Education for resilience - Tielt, Lannoo nv, 1998, ISBN 90-209-3120-2

**Baartman, H.**

Education can be very rewarding. About causes of child abuse, care and prevention Utrecht, SWO, 1996, 256 pp., ISBN 90-6665-218-7

Book on the causes of physical abuse and neglect. With a focus on care practice and primary prevention. In this regard, the risk factors are discussed.

**Baeten, P., Geurts, E.**

To the shadow of the violence. Children who witness violence between their parents. NIZW 2002, Utrecht. ISBN 90-5050-936-3

This book portrays the children who witness violence between their parents. It highlights the background and nature of the problem and describes what it means for children to witness violence. Guidelines are given for identifying these children and advice is given for assistance.

**Doef, S. van der**

Little people big feelings. Children and their sexuality

Amsterdam, De Brink, Ploegsma bv, 1994, ISBN 90-216-7161-1

**Imbens, A., Jonker**

Religion and incest – Amersfoort, An Dekker, 1991, 269 pp., ISBN 90-5017-094-8

On the basis of interviews, incest within religious environments and the connection with religious experience are discussed. Attention is also paid to the guidance of women and children as victims.

**Hoorens-Maas, R., Naafs, M.**

A school to trust. Educational Partners Nederland BV, Houten, 1997, ISBN 90 402 00572

**Killen, K.**

The abused child. Child abuse and lack of care.

Rotterdam, Ad Donker, 1999. 403 pp., ISBN 90-6100-461-6

**Lamers- Winkelman, F.**

A Workbook for Parents of Sexually Abused Children - Amsterdam, SWP, 20 pp., ISBN 90-6665-347-7

**Marsten, S.**

Give your child confidence - ISBN 90-215-2563-1

**Rensen, B.**

Child abuse: damaged for life – Utrecht, Bruna, 1990, 192 pp., ISBN 90-229-7928-8

Attention to the forms, backgrounds, consequences, identification, diagnosis, treatment and prevention of child abuse. Examples from the practice of the author (youth doctor) clarify the whole.

**Schreurs-Dijkstra, MC**

About thresholds. The most frequently asked questions about child abuse – The Hague, VKM, 1995, 40 pp., ISBN 907-548-19-4

Booklet with answers to the 25 most frequently asked questions about child abuse. Examples from practice are provided between the questions.

**Wolzak, A.**

Child abuse - identifying and acting - Utrecht, NIZW Publisher, ISBN 90-5050-797-2

Basic information for people who work with children and suspect child abuse. Description of backgrounds, nature, causes and consequences. Signals, action plan, points for attention for conversations with child and parents. Information about AMK and how to improve its own institutional policy.

**Zandijk-van Harten, T. and L. Haarsma**

Beyond borders. Child abuse in immigrant families – Amsterdam, VU Publishers, 1996, 63 pp., ISBN 90-5383-489-3

Views on child abuse and the specific backgrounds and risk factors within immigrant families. Also a guide to tackling child abuse within these families.

***Books for children and young people***

**Delfos, M.**

Sanne – Westbroek, Harlekijn Publishers, 1993, 35 pp., ISBN 90-6386-106-0

Therapeutic reading story. Sanne is mistreated by her mother. She makes up all kinds of friends who help and comfort her. She thinks she's always wrong.

From 4 years.

**Delfos, M.**

Don't touch me! - Westbroek, Harlekijn, 1995, 31 pp., ISBN 90-638-6115-X

Therapeutic reading story. There is a version for girls and one for boys. The main character is sexually abused by a stepfather. The school doctor notices something during examination.

From 8 to 12 years.

**Doef, S. van der**

are you on me too? Ploegsma 1995 - ISBN 90-216-1498-7

A book about sex for young children (7 to 11 years old) In word and image, this book explains to children what the (physical) difference is between boys and girls. It becomes clear what sex exactly means.

**Doef, S. van der**

I love you (for toddlers and preschoolers) Ploegsma 1997 - ISBN 90-216-1150-3

Preschoolers have a great interest in birth and sexuality. Parents and educators often find it difficult to talk about this. This information book answers the many questions of young children.

**Dorrestijn, H.**

Nettles and other stories about child abuse Amsterdam,  
Bert Bakker, 1995, 98 pp., ISBN 90-351-1449-3

His childhood experiences motivated the author to write a book with stories and poems about child abuse.

From 10 years.

**Elias, b.**

The master is a treasure – Amsterdam/Leuven, Infodok, 1991, 73 pp., ISBN 90-6565-455-0

Bram is beaten by his father. When he comes to school with a swollen eye, the teacher wants to know the best. After much hesitation, Bram tells about the situation at home.

From 8 years.

**Glansbeek, J.**

Aunt Pech and the unlucky birds – Amsterdam/Antwerp, Piramide, 1994, 55 pp., ISBN 90-254-0741-2  
Aunt Pech, an elderly owl, protects animals with her wings and comforting words that are mistreated by their parents. A symbolic story about what you can do after abuse.

From 8 years.

**Grootel, L. van**

Nina Regenboog - Haarlem, Holland, 1998m 126 pp, ISBN 90-2510-792-4

Hester learns that her friend Nina is hiding a secret she doesn't want to talk about. Hester is concerned. Finally, she finds out why Nina behaves differently from the other children: she is being abused at home.

From 12 years.

**Hindman, J., T. Novak (ill.)**

A catchy book for small and for adults

Groningen, Publisher Reco Multi Media, 1998, ISBN 90-764-5701-8

A very comically illustrated book that describes all kinds of aspects of sexuality, including sexual abuse. The main aim is to increase the resilience of children. The book strikes a nice balance between pleasant and unpleasant sexual experiences and between humor and respect.

**Mol, S. van**

Then the water turns red – Hasselt, Clavis, 1994, 92 pp., ISBN 90-6822-299-6

Tom, age 12, gets along well with an older neighbor boy, but he also wants things from him that Tom doesn't. In his new neighborhood he is lured by a man who takes strange pictures of him. A street

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worker helps Tom.

From 11 years.

**Steggink, D**

Kamil, the green chameleon.

Amsterdam, BV Publisher SWP, 2003. ISBN 90 6665 500 3, NUR 847.

Kamil, the green chameleon, has a blue father and a yellow mother. His parents are increasingly arguing with each other about their different colors. Kamil goes through these quarrels and gets confused by all his different feelings. He doesn't know what to do. Until Kamil becomes a big green chameleon

encounter .....

***RELEVANT SITES***

[www.kindermistreatment.nl](http://www.kindermistreatment.nl)

[www.sexualkindermisgedrag.nl](http://www.sexualkindermisgedrag.nl)

[www.sexualgeweld.nl](http://www.sexualgeweld.nl)

[www.huiselijkgeweld.nl](http://www.huiselijkgeweld.nl)

[www.stopkindermistreatment.nl](http://www.stopkindermistreatment.nl)