



European
Network

NATIONAL REPORT GUIDELINE

Country: Netherlands

Focal Point name, affiliation, contact data:

1) **Organisation/programme** (max 3000 characters)

- Do You conduct any programme(s) for the domestic violence perpetrators at the moment? If yes, please describe it/them briefly. If not, please explain why

Yes, we have developed three programmes, or modules, which can be taken by individuals or couples. Our first programme is always safety. The second program is about relationship skills and the third is about relationship patterns.

It depends on the problems, the possibilities en and the goals of the client(s) how the treatmentprogramm is composed.

Further more there is a program that we use in case of child abuse. That program is called Safe, Strong and On. It focuses on safety, empowering the parents/caretakers and how they can continu taking care of their child(ren) without using violence or other abusive behaviour.

- What type of (other) activities regarding preventing domestic violence have You conducted within last four years?

Teaching

Research in risk taxation as predictors of violence and high risk cases.

Working with several other organizations to prefend domestic violence from repeating bij attending meetings on a weekly bases.

- What would you define as your most significant success regarding violence prevention within the last four years?

The development of treatmentprogrammes and the development of Risk taxation,

- What would you define as the biggest obstacles/challenges regarding violence prevention in your organisation within the last four years?

2) **Country** (max 1800 characters)

- The overview of general situation in Your country regarding work with perpetrators (e.g. What has change in your country legislation within the last 4 years? Most important legal and policy measures implementation; In which way they helped?)

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There is a civil law, when there has been domestic violence and police is worried about recidivism, that the major of the town has the authority to give the perpetrator a house prohibition for minimal 10 days in which help can be arrangement for all the people involved. Both victim and perpetrator.

It is a trending topic. High on the agenda's of police and communities. More organizations started to work together and have weekly meetings to discuss the cases that got to know by the police in the past week and to check if treatment or other forms of social work are already involved or should be involved. Organisations are trying to be more outreaching.

- Do You know any other organisations/programmes in your country which deal with domestic violence prevention mostly by work with perpetrators? If yes please point them out

Altrecht Utrecht: Kade 17

Kairos Arnhem/Nijmegen:

Mutsaertstichting Maastricht:

Several offices of Parool Officers many

3) **Best practices** (max 1800 characters)

Point out the best practices in work with perpetrators existing in your organisation/country

Domestic violence is not a psychological disorder in itself, it's violent behavior, aimed at a person from the direct living environment, what psychological, sexual and/or physical in nature. Since a large heterogeneity exists amongst both the perpetrators and the victims, the nature of the dynamics and co-morbid disorders, there is not one evidence based treatment. At de Waag is we have developed a best practice treatment module, which takes this diversity into account. There is per client (system) a risk assessment done, which is supportive to the treatment, and taking into

account: share of both partners in the run-up to the domestic violence, co-morbid axis 1 disorders (substance abuse, PTSD, ASS, ADHD in particular), axis 2 disorders in both partners, severity and frequency of the violence, stable dynamic factors (floating point, but that takes time), acute dynamic factors (presence of weapons, recent relationship breakup, increased substance abuse). On the basis of the above factors is an individual case conceptualization made, taking into account the profile of the violent interaction (common couple violence, intimate terrorism, mutual violent control). Security and risk-management are always the first treatment goals, taking into account the level of motivation (or the lack of). If the security is sufficiently guaranteed, through teaching the client relaxation techniques and Time Out procedures other therapeutic goals such as relationship skills, psycho-education about healthy relationships, and cognitive influences of the abuse stimulating thoughts, can be introduced. The assessment of the phasing of the treatment of the individual pathology of both partners, is done per case.

In summary : There is no existing evidence based treatment for domestic violence. Best practice treatment by the Waag is based on individually developed conceptualisation, from a systemic point of view. The primary aim is to stop the violent behaviour. Risk enhancing co morbidity is treated in a second stage.

4) **Needs and recommendations** (max 1800 characters)

- What has to be done in regard to prevent domestic violence in your country (mostly regarding to work with perpetrators)?
- Point out the most urgent, most important and most promising tasks and steps that should be focused on

In Netherlands there are various partnerships between agencies dealing with domestic violence. There is cooperation between the police, the criminal justice and treatment system. There is also cooperation between different institutions dealing with (perpetrators) of domestic violence. Coordination as regards indication and assessment is open to improvement. Police often makes the trade off, treat or punish them, when they are involved in domestic violence.

Also, if is chosen for treatment/counseling, is the indication for one or the other, not always unambiguous. Improvement in the allocation to the different rescue capabilities, improved cooperation with police, are challenges existing.

Most important steps and promising tasks that should be focused on is how to recognize and treat the perpetrators with a high risk of being repeatedly violent or abusive by our chain partners who

usually remit their clients to our organization for treatment en for own workers to keep a sharp eye for risk taxation during treatment.

Also to keep an open mind for the interaction between man and women (or man/man, women/women) and how the violence takes place in the relationship and how both partners may have a role in this interaction.