



Convention on the Rights of the Child

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Summary record of the 2005th (Chamber A) meeting

Held at the Palais Wilson, Geneva, on Wednesday, 27 May 2015, at 3 p.m.

Chairperson: Mr. Mezmur

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The meeting was called to order at 3.05 p.m.

Consideration of reports of States parties (continued)

Fourth periodic report of the Netherlands on the implementation of the Convention on the Rights of the Child (continued) (CRC/C/NLD/4; CRC/C/NLD/Q/4 and Add.1)

1. *At the invitation of the Chairperson, the delegation of the Netherlands took places at the Committee table.*

2. **Ms. Bourne-Gumbs** (Netherlands), responding to a question on the implementation of the Convention in St. Maarten, said that each country within the Kingdom of the Netherlands was autonomous but all were united under the Constitution in the application of certain principles and standards, including the Convention, for example through the Kingdom-wide Children's Rights Task Force. With regard to teenage pregnancy in St. Maarten, there had been a consistent decrease in numbers since 2010. Awareness-raising programmes were in place in all schools and communities. A campaign had also been launched by the HIV/AIDS Foundation, which provided free condoms and organized public information sessions. In respect of obesity, cooperation between relevant ministries had increased and a programme had been initiated to promote exercise and healthy meals in schools. The Government also subsidized sports foundations, had recently approved a sports policy framework, and supported a school swimming programme. The Ministry of Health disseminated information on breastfeeding to all health centres and promoted breastfeeding for the first six months of a child's life. After six months, mothers were advised on how to gradually introduce different foods into the child's diet.

3. **Ms. Berg** (Netherlands), referring to children's participation in policymaking, said that the Government regularly discussed matters pertaining to children's rights with the National Youth Council, which it also funded. In addition, the Government consulted with NGOs such as Defence for Children, and with the United Nations Children's Fund (UNICEF) and provided them with financial support too. Children were invited to relevant ministries in order to express their views regarding child policy. The Ministry of Health, Welfare and Sport needed to properly structure children's involvement in policymaking and was currently considering ways of doing so.

4. With regard to issues of family law, the Government believed that the best interests of children had to be safeguarded in procedures that affected them. Consequently, children aged 12 or over must be invited by the court to give their opinion on any case involving them, and children under 12 might be invited. Furthermore, a child always had the option of asking to have his or her opinion heard by a court and such children were in contact with the Child Protection Board throughout the proceedings. The Board was responsible for advising judges on which institution should be appointed the guardian of a child. Such institutions were always certified, were monitored by the Youth Care Inspectorate, and must act in the best interests of the child.

5. As to training for professionals on human rights policy and legislative development, she said that the Academy for Legislation gave classes on human rights. Courses were also offered by the police academy so that officers were able to adjust their questioning technique in accordance with the interviewee's vulnerability and level of development. More courts were now organizing their own human rights training for staff and the Convention was becoming more prominent in domestic case law, as illustrated by recent research from the Centre for Children's Rights in Amsterdam.

6. In order to prevent bullying in schools, a safety monitor assessed the social environment in schools every two years and under a national action plan schools were legally obliged to monitor bullying. A bill against bullying recently submitted to Parliament by the Minister of Education would require every school to have a social safety policy,

monitor the policy, and appoint a policy coordinator to whom parents and children could turn. The Government had a policy on homeschooling but did not promote the practice. The main reason for homeschooling in the Netherlands was religious conviction. Children who were homeschooled sat the same standard tests as all other children. The Minister of Education had sent a letter to Parliament detailing the measures taken to address the problem of falling pupil numbers, such as the merging of schools and student exchange programmes. A national task force had been set up to ensure access to education for all children.

7. The Government was indeed concerned by the increasing numbers of children receiving medication for attention deficit hyperactivity disorder (ADHD). The independent Health Council had recommended the introduction of a chain care model in which family doctors and schools worked together to organize proper care. As a result, a programme was to be put in place to reduce the use of medication for ADHD. A research programme had also been launched to establish effective interventions for controlling problematic behaviour in schools without the use of medication, as well as a course to help parents deal with children with behavioural problems. There were two private “baby box” initiatives but no babies had yet been left there. There were no known plans to set up more baby boxes. The Government believed that the practice was not a solution to the problem, so it had stepped up awareness-raising efforts and the support provided to women in that situation. Under current legislation, it was not possible to close baby boxes but if a child was abandoned there prosecution could be considered under article 237 of the Criminal Code. The advertising of artificial milk for children under the age of 6 months was prohibited in the Netherlands. The percentage of babies being breastfed for up to six months had increased in comparison to 2010. Government policy, based on the Global Strategy for Infant and Young Child Feeding, consisted of giving pregnant women full and easy access to information about breastfeeding from all health-care professionals. Ultimately, however, the Government supported women’s freedom to choose to breastfeed or not.

8. In respect of trafficking in young persons, prevention was an important part of the new Comprehensive Action Plan to deal with “loverboys”, which included plans to commission an educational film and develop teaching materials for children, parents and teachers on the issue of loverboys and the risks of social media. An evaluation of the Action Plan was due to take place soon. In addition, a media campaign had been launched to promote respectful interaction between young people and raise awareness of boundaries in sexual relationships. Furthermore, the Minister of Education, Culture and Science had established a social media campaign for boys aged 12–18, focusing on the influence of stereotypical images of men and women. The Centre for Crime Prevention and Safety had also produced a manual to address the issue of loverboys which had been distributed among young persons. Although the registered number of loverboy victims had increased in comparison to previous years, it was most likely due to increased awareness surrounding the subject.

9. With regard to migration, a new border screening procedure had been introduced for families with children arriving in the Netherlands in order to detect cases of child trafficking. Victims were housed in special shelters and could be issued with a residence permit. As for DNA testing, the age of the person to be tested was established by X-ray, which had been confirmed as a valid and reliable method in a recent study. In respect of family reunification and unaccompanied minors, if a parent applied to be reunited with his or her child, the child did not have to meet all of the general conditions usually required. If the other parent had died or his or her residence was unknown, that fact would be duly taken into account. Parents could also be reunited with their children under article 8 of the European Convention for the Protection of Human Rights and Fundamental Freedoms. Moreover, siblings could always join the child by applying after the parents had applied. If an unaccompanied minor’s application to stay in the Netherlands was rejected, he or she

would be obliged to leave the country unless no adequate housing was available in the country of origin, in which case the minor could stay in the Netherlands until the age of 18. As to whether the eight-day asylum procedure was too short, the Government believed that it was crucial for an asylum seeker, and particularly a child, to receive an answer as soon as possible. Current asylum procedures provided sufficient safeguards to ensure a fair and just assessment of an application and, if the applicant was unhappy with the decision, he or she could appeal to the courts.

10. She said that children under the age of 15 were permitted to work part-time, provided the work did not have a negative effect on their health. Those under 12 were not allowed to work as many hours as those aged 14 to 15, and the employment had to be approved and monitored by the Social Affairs and Employment Inspectorate. As to the regulation of businesses operating abroad, the Government had commissioned a study of corporate social responsibility, the results of which were expected soon. The Government had highlighted child labour as a problem area and the results of the analysis would lay the foundation for dialogue between the Government, civil society and Dutch businesses abroad, particularly in the retail, textile, and oil and gas industries. The aim would be to reach a corporate social responsibility agreement for high-risk sectors and the Government would work with individual companies if necessary.

11. On child sex tourism, she said that an awareness-raising campaign had been launched in collaboration with other European countries. Large posters were displayed in airports highlighting countries where such practices were prevalent. As for child pornography, most cases reported in 2014 had resulted in prosecution. The police had shifted their focus from the downloading of pornography to its production and distribution, and were making a real effort to identify victims in order to offer them support. The fact that more victims had been identified in 2014 than in 2013 did not mean that the problem was getting worse but that the scale of the problem was being grasped more fully. Regarding diversity of sexual orientation, she said that research into how the needs of LGBTI children and the issue of gender diversity were addressed had resulted in the financing of a web portal focusing on LGBTI issues, and the development of manuals and training programmes. As to intersex children, the taboo surrounding the subject made it difficult for them to be open about their condition, particularly if they were fearful of bullying. The Government agreed that unnecessary medical operations should be avoided but the issue should be debated as part of the current discussion among health-care professionals on quality of care. Furthermore, the Ministry of Health and the Ministry of Education were seeking to broaden the knowledge and acceptance of intersex conditions in health-care systems, and two research institutes in the Netherlands were preparing a document for all stakeholders — policymakers, parents and children, for example — containing recommendations on how to cope with intersex conditions.

12. All forms of sexual abuse were classed as criminal offences irrespective of whether they were committed in the public or the private sphere. If sexual abuse occurred within the family, the punishment could be increased by up to a third of the maximum penalty. In addition, the recommendations of the National Rapporteur on Trafficking in Human Beings, such as the improvement of data registration, were being implemented by the Government. Moreover, the definition of child abuse also referred to domestic violence, as children who witnessed it either directly or indirectly suffered serious consequences. A publication released a few years before had given examples of good practice, projects and cooperation agreements, although it now required updating. In respect of child euthanasia, specific provisions pertaining to minors were contained in the law on euthanasia.

13. The sale of children for the purposes of exploitation was already punishable under the Criminal Code, as were child trafficking, illegal adoption and commercial surrogate motherhood. With regard to juvenile justice, theoretically, a minor could be held in custody

for up to 16 days although that rarely occurred as the suspect was normally released or placed in pretrial detention. The number of juvenile offenders held in pretrial detention had decreased since 2010. When a pretrial detention order was issued, the courts were obliged to investigate whether it could be suspended and they could also decide on alternative locations for detention, such as the individual's home. Another option was for young offenders to be imprisoned only at night or at weekends in order not to interrupt their education; they could also participate in external educational programmes. As to DNA testing on minors, she said that the Government believed that the public interest — i.e., the identification of offenders — outweighed the private interest of minors. Moreover, the Dutch Supreme Court had ruled that national legislation on DNA testing did not violate the Convention.

14. In March 2013 the procedure for processing applications for certificates of conduct had been revised so that only the last two years of a young person's record would be taken into consideration by the authorities, and that had allowed more certificates to be issued. The revised procedure applied to all young people up to the age of 23, except if they had committed sexual offences or serious violent crimes. In practice, only a very small number of applications were turned down.

15. **The Chairperson**, speaking as a member of the Committee, asked whether the State party's assessment of the situation of migrant children was also used to determine their best interests.

16. **Mr. Nelson** asked whether the State party had conducted studies to identify the root causes of the high teen suicide rate and the high level of drug and alcohol dependency in the Netherlands and what measures it had taken to curb those phenomena. He also asked whether suicide awareness groups operated in the different parts of the Kingdom and which organizations were involved in preventing the spread of HIV/AIDS. He also wished to know what measures the State party had taken to reduce the number of children living on the streets.

17. He understood that it was left to the judge's discretion whether to try juvenile offenders aged between 16 and 17 as adults. He asked whether any other parties were involved in taking that decision and what criteria had to be met in order for a juvenile offender to be tried as an adult. Were the police obliged to notify the parents or guardians of juvenile offenders of their arrest and did juvenile offenders have to be accompanied by a parent or guardian during police interviews?

18. **Ms. Muhamad Shariff** said that the Committee had received reports that in 2014 around one in nine children were living in poverty and that there were disparities in the level of assistance provided to such children, depending on the municipality. The Committee also noted with concern that not all single parents could benefit equally from the special tax credit introduced to ease their financial burden, as the legislation governing the tax credit excluded single mothers who were not officially divorced and families where not all members had Dutch citizenship. She asked what measures the State party had taken to alleviate poverty and to guarantee all persons living in the country, especially children, an adequate standard of living.

19. **Ms. Sandberg** said that the information provided on the new system aimed at strengthening links between mainstream and special education in the State party's report did not specify how the different responsibilities in respect of the schooling of children with disabilities would be distributed, and that she would like to receive clarification on that matter. She asked whether there had been an increase in the number of children with disabilities attending school as a result of the introduction of the new system. She also wished to know what implications the decentralization of children's services under the Youth Act had for children with disabilities, particularly with regard to the early diagnosis

of disabilities, access to specialist expertise and support for children with complex or multiple disabilities. She would also like to know when the system of personal budgets would be abolished, as its continued existence delayed the payment of benefits to the parents of children with disabilities.

20. **Ms. Khazova** (Country Task Force) asked whether the guardian appointed by the courts for children victims of violence was a guardian *ad litem*; whether loveboys targeted young boys as well as young girls; whether the State party's anti-bullying initiatives also covered cyberbullying; and whether school curricula included a component on online etiquette.

21. **Mr. Croes** (Netherlands) said that the Government of Aruba had adopted a national action plan to promote breastfeeding whereby certain hospitals were designated as baby-friendly, new mothers and the public were provided with more information on breastfeeding, and legislation had been enacted to protect the practice. A study on the prevalence of breastfeeding would be conducted in 2016. The Pro Lechi Mama Foundation actively promoted breastfeeding in Aruba by means of awareness-raising campaigns and by supporting mothers who wished to breastfeed but lacked the required knowledge. The Foundation's work had led to a significant increase between 2002 and 2010 in the number of infants being exclusively breastfed up to the age of 6 months.

22. The Healthy School Steering Committee, which had been set up in 2011 by ministerial decree, had adopted a strategic health plan for schools for the period 2011–2016. A pilot project aimed at promoting a healthy lifestyle among students had been launched in a small number of primary schools. If the project proved successful, it would be rolled out to all primary schools and possibly to secondary schools.

23. During the period 2009–2014, a number of sexual and reproductive health programmes had been carried out in schools by government agencies and NGOs. However, those programmes were not yet part of the school curriculum. The White Yellow Cross was working with Catholic schools on the incorporation of a component on sexual and reproductive health into the school curriculum by the end of the school year 2014/15. The White Yellow Cross had appointed special case managers to monitor the progress of teenage mothers and a housing project for teenage mothers had recently been launched. Planned Parenthood Aruba ran campaigns to raise adolescents' awareness of the need to protect their sexual health and distributed condoms free of charge. A study on the sexual and reproductive health of adolescents in Aruba had been conducted in 2013, and the results would be published in the near future.

24. The Compulsory Education Act had entered into force in December 2012. The Act guaranteed all children in Aruba access to education, irrespective of their legal status. The Act covered all children aged between 4 and 16 living in Aruba. Government officials had been appointed to enforce the Act and a special centre had been set up to provide information to parents and teachers.

25. The White Yellow Cross had launched the "Strong Parenting" pilot project in 2011 in two neighbourhoods. The aim of the project was to identify families at particular risk of parenting problems and child abuse. As a preventive measure, White Yellow Cross staff made home visits after a child's birth and analysed the questionnaires filled in by parents during the visits. Families who were identified as being more likely to experience parenting problems received extra support from the White Yellow Cross or were referred to another organization. Over the period 2012–2015, the project had benefited more than 1,500 families in Aruba.

26. **Ms. Larmonie Cecilia** (Netherlands) said that, while the general public seemed to be more aware of the need for age-appropriate and gender-sensitive sexual and reproductive health education for adolescents in Curaçao, the Government was concerned at the high

pregnancy rate and the high number of abortions among teenage girls in the country. To remedy that situation, a pilot project to promote good sexual health among young people had been launched in several schools, a hotline had been set up to provide young people with information on sexual and reproductive health, and a book containing the most frequently asked questions about sexual health matters had been published. More and more primary and secondary schools were incorporating a component on sexual and reproductive health into their school curricula. The “Biba Amor” programme had been introduced in five secondary schools and covered different topics related to adolescent sexuality and reproductive health. The aim of the programme was to allow adolescents to make informed decisions about their sexual and reproductive health and to prevent unwanted pregnancies and the transmission of sexually transmitted infections and HIV/AIDS. The programme was currently being evaluated and, if appropriate, would be rolled out to more schools in the future. Moreover, the contraceptive pill and condoms were widely available at pharmacies. Condoms were also sold in vending machines and were often distributed free of charge. Family planning organizations also distributed contraceptives and provided guidance to those in need.

27. The school curriculum included a component on healthy lifestyles and physical education. Students also received age-appropriate teaching on sexuality and reproduction. A study would be conducted in 2015 for the purposes of gaining an insight into the general health of teenagers aged 13–17 and social risk factors affecting them. The Government of Curaçao also subsidized sporting activities and arranged for free transport to and from fixtures.

28. The procedure for diagnosing ADHD and ADD involved a social worker meeting with the child and the child’s parents, and with the child’s teacher if necessary, and observing the child’s behaviour at home and at school. The criteria set out in the Diagnostic and Statistical Manual of Mental Disorders were systematically referred to when making a diagnosis. Neuropsychological and intelligence testing could also be carried out if necessary. The medication prescribed for those conditions was either Concerta or Ritalin. The effectiveness of the medication was checked periodically and any side effects were recorded. If that medication proved to be ineffective, other approved medication could be prescribed. There were measures in place to prevent the “medicalization” of children with behavioural problems. There were also a number of government agencies and programmes that provided parents and teachers with guidance on how to deal with children with behavioural problems.

29. In Curaçao, there was an NGO that promoted breastfeeding and helped to train health-care professionals. Mothers in prison were allowed to have their infant aged up to 6 months with them for the purposes of breastfeeding. The Act regulating maternity leave also authorized mothers to extract milk and to breastfeed during working hours.

30. **Ms. Forbes-Vicento** (Netherlands) said that the revised Criminal Code had come into force in Curaçao in November 2011. It allowed judges to try juvenile offenders aged between 16 and 17 as adults if certain criteria were met. However, since its entry into force, the majority of young people aged between 16 and 17 who had committed serious crimes had been sentenced as juveniles and had been placed in juvenile detention centres when appropriate.

31. The police were required to notify the parents of juvenile offenders of their arrest and a parent or guardian had to be present during their police interview and any subsequent court proceedings. All juvenile offenders had the right to legal counsel.

32. Minors could be held in custody for a maximum of 10 days, after which the judge had to issue a pretrial detention order. The majority of the 60 children detained in 2014 had had their pretrial detention orders conditionally suspended. A new probation board had had

some success in helping reintegrate young repeat offenders into society and prevent recidivism. To minimize the numbers of minors held in pretrial detention, a preventive programme had also been launched to provide guidance to youths and their families and thus reduce reoffending rates.

The meeting was suspended at 4.45 p.m. and resumed at 5 p.m.

33. **Ms. Berg** (Netherlands) said that a new Inclusive Education Act had entered into force in August 2014 that aimed to ensure that all children had access to the best school environment for their needs. The hope was that children with developmental challenges, who required extra support or faced problems at home, would therefore receive tailored help and support based on their needs. Under the Act, schools had a duty of care to provide places for all children, including those with disabilities or special needs, and had to explore all avenues when determining whether or not they could meet a child's specific educational needs. In the event it could not, the school was legally obliged to find a place at another school nearby. Since the Act had only recently been adopted, no impact assessment or data was currently available.

34. In response to a question from **Ms. Sandberg** she said that, as far as possible, children with disabilities were taught in the mainstream education system.

35. Schools cooperated in an inclusive education network that was overseen by the Education Inspectorate. Under the Inclusive Education Act and the Youth Act, municipalities, educational institutions and youth care providers could arrange local, bespoke and comprehensive help and support for families, thereby creating a seamless and consistent approach to education and care. The overriding goals were to provide better support for the most vulnerable children; deliver individualized care without resorting to unnecessary medication, for example for children with ADHD; improve and speed up the identification of child abuse, escalation to the appropriate authorities and provision of care for the victim; promote continuity by designating a central point of contact and, wherever possible, using the same care providers; reduce interruptions to a child's education; and drive down the number of "stay-at-home" children and early school-leavers. For students with multiple severe disabilities, a wide-ranging and individualized education and care package could be offered under new long-term care legislation. The decentralization reforms had not altered the fact that children with disabilities who needed medical care could always see their family doctor, who in turn could refer them to specialists if necessary.

36. Under the Youth Act, responsibility for youth mental health care had been transferred to municipalities as of 1 January 2015. It was therefore up to municipalities to take action if waiting times were negatively affected. Currently, maximum waiting times were four weeks until the first appointment, a further four weeks for diagnosis and up to six weeks for treatment to begin following diagnosis. Outpatient mental health-care providers had to publish waiting times on their websites.

37. The revelations of widespread violence and sexual abuse of children in youth care institutions from 1945 to 2010 had been reported widely and had caused a great deal of anguish in the State party. The Government had apologized to the victims and paid compensation. A new commission had been set up to investigate the prevalence of non-sexual violence in such institutions and help determine whether new policies had had a positive impact. It was due to publish its findings in 2016.

38. Minors aged 16 or 17 who were tried under adult criminal law served their sentence in adult offenders' institutions. That was just one of the factors taken into account when determining whether or not to apply adult criminal law. The vast majority of minors prosecuted as adults had reached the age of majority before their sentences began and in 2013 no minors had been placed in adult facilities. Conversely, more than two hundred

18–22-year-olds had been tried under the new adolescent criminal law, which had entered into force on 1 April 2014, and were thus imprisoned in juvenile facilities. There was no evidence to suggest that any boys had been victims of loveboys; nevertheless, the existing policies and procedures would still apply and the Government recognized that the situation required continuous monitoring. Protection orders to remove children from the family home were a measure of last resort and were usually issued only after consultation with the parents and extended family. If the parents were uncooperative the Child Protection Board could request the consent of a judge.

39. **Ms. Khazova**, referring to the decentralization reforms, said that she wished to know whether a municipality with a shortage of foster families could place a child in emergency foster care in another municipality.

40. **Ms. Berg** (Netherlands) said that, as municipalities were responsible for sourcing rather than providing foster care, they hired regional organizations to provide care or find foster families. Thus, children could indeed be placed elsewhere in the event of a shortage of foster homes. Guardians were appointed by a judge, on the advice of the Child Protection Board, if the child's safety was at risk. A judge could also appoint an out-of-court mediator to facilitate dialogue between parents and promote the best interests of the child in complex situations, such as difficult divorces.

41. Reducing child poverty was a key government priority to ensure that all children could fully develop and participate in society. Various measures had been introduced, including increased financial support for one-parent families. Reforms to child allowances were intended to ensure that it was always more profitable to work than to live on welfare. Municipalities received additional funding — amounting in 2014 to around €70 million — to provide individualized support for children from the poorest families and thus aid their participation in society. Increasingly, municipalities were also providing “children's packages”, which included vouchers for clothing and sporting activities. Social and voluntary organizations also worked to reduce child poverty and increase participation with youth sports and cultural programmes. In 2013, 423,000 children had been at risk of falling below the poverty threshold, an increase of 48,000 on the previous year. Almost half of those children were from families living on social welfare benefits. One of the major reasons behind the increase had been the global economic crisis. The personal budget system had not been abolished; it was still considered to be a good solution that enabled people to take charge of and tailor their own care. However, the system was not without its problems and recent changes had been intended to crack down on the high levels of fraud in the system.

42. The minimum age for the consumption of alcohol had been raised from 16 to 18 in 2014. It was illegal for vendors, including supermarkets, to sell alcohol to minors and sanctions were imposed on those in breach of the rules. Young people were prohibited from drinking alcohol in public places and anyone under the age of 18 could be fined for doing so. Local governments were also obliged to establish local prevention and enforcement plans. Furthermore, there had been a concerted effort to shift societal attitudes towards young people drinking, smoking and taking drugs. Media advertising campaigns had been launched to raise awareness of the issue and alcohol advertisements could no longer be shown on television between 6 p.m. and 9 p.m. The Government was committed to improving care for children admitted to hospital with alcohol poisoning, and efforts were under way to improve schools' awareness-raising programmes.

43. In response to a question from **Mr. Nelson**, she said that the State party had statistical data on drug and alcohol abuse among children and adolescents and could forward it to the Committee at a later date.

44. Municipalities were responsible for providing shelter and social support for homeless people. Under-18s were eligible for care under the Youth Act but the vast majority of homeless people in the Netherlands were over 18 and were housed in emergency accommodation.

45. Under the Youth Act, the use of youth care, protection and rehabilitation was recorded for each juvenile, and anonymous results by municipality were published by Statistics Netherlands and subsequently analysed. The results from the first tranche of data were expected in July 2015. Data about living conditions, schooling, substance abuse and child abuse, among others, was also gathered by universities and research agencies and published in the Youth Monitor and online. The decision whether to prosecute minors under adult criminal law was made by the courts with advice from the Child Protection Board. Minors had the right to be accompanied by a lawyer or a counsellor or a parent during police interviews. Although they could choose which, it was obviously preferable that they be accompanied by a lawyer.

46. **Mr. Croes** (Netherlands) said that, given the time constraints, the State party would provide responses to the queries about children with HIV/AIDS and adolescent suicide rates to the Committee in writing.

47. **The Chairperson** said that the Committee would be grateful to receive the remaining responses in writing within 24 hours.

Initial report of the Netherlands on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/NLD/1; CRC/C/OPAC/NLD/Q/1 and Add.1)

48. **Mr. Madi** (Country Rapporteur for the Optional Protocol on the involvement of children in armed conflict) said that it was his understanding that, while the Netherlands had abolished compulsory military service, it was still possible for volunteers to enlist at the age of 17 as military cadets and that cadets used live ammunition during training exercises. The Committee condemned the use of live ammunition by any young person under the age of 18. He asked whether the cadets were subject to military criminal law, whether they had access to independent complaint mechanisms, whether they were free to leave at any time and whether they incurred a penalty for leaving before having completed their training.

49. He requested the State party to provide additional information on the awareness-raising activities carried out to ensure that all communities, and children and their families in particular, were adequately informed about the provisions of the Optional Protocol. He would also like information on the training on the Optional Protocol provided to professional groups, in particular members of the Armed Forces and peacekeeping forces. He enquired as to the minimum age of admission to the civilian institutions offering military courses to students enrolled in security and skills vocational programmes, the number of military courses offered and the duration of those vocational programmes.

50. The fact that the Dutch Criminal Code did not specifically criminalize the recruitment of children under the age of 18 by non-State armed groups and their participation in hostilities was a major cause for concern, particularly since a number of children recruited by such groups had already been stopped at the Dutch border. The Committee urged the State party to consider amending its Criminal Code to afford those children better protection. He requested additional information on the assistance provided to children returning to the Netherlands after having been involved in an armed conflict; on the mechanisms in place for the early identification of child refugees, asylum seekers or migrants who were at risk of being recruited or used in hostilities abroad; on the training received by police officers and social workers to enable them to identify those children; and on the steps taken to provide for their physical and psychological recovery and rehabilitation.

51. Noting that the Netherlands was a major arms exporter and that the criteria for approving the export of conventional arms set forth in the European Common Position governing control of exports of military technology and equipment did not expressly prohibit the trade and export of arms or the provision of military assistance to countries where children were involved or could be recruited or used in an armed conflict, he asked whether the State party planned to amend its legislation to introduce such a prohibition. He requested clarification on whether the State party could establish and exercise extraterritorial jurisdiction over all offences under the Optional Protocol and not just over international crimes. If so, in what specific circumstances could the Netherlands prosecute and punish the perpetrators of those offences?

52. Recalling that under article 1 (F) of the Convention relating to the Status of Refugees, the provisions of that Convention did not apply to any person who had committed or was suspected of having committed a crime against peace, a war crime or a crime against humanity, the Committee noted with concern that the State party also applied that article to asylum seekers and refugees aged between 15 and 18, who could well have served as child soldiers or been the victims of an armed conflict abroad. To apply article 1 (F) to those children amounted to a violation of their right to protection and assistance under the 1951 Convention.

53. **Ms. Aldoseri** asked whether the State party collected disaggregated data on the number of child asylum seekers, refugees and migrants who had been involved in an armed conflict abroad, and, if so, whether those data could be made available to the Committee. She also wished to know whether the Government availed itself of the assistance of external experts in collecting data and in identifying children who had been involved in an armed conflict.

54. **Ms. Berg** (Netherlands) said that, under article 205 of the Criminal Code, it was illegal to recruit Dutch or non-Dutch children for foreign military service or armed conflict, an offence that carried a maximum term of 4 years' imprisonment or an €80,000 fine.

55. For children at risk of becoming involved in jihad, or travelling to take part in jihad, family supervision or child protection orders could be issued, depending on the case and the level of risk. Under such orders, supervision and assistance could be provided to help parents prevent their children from joining the jihadist movement; for the most serious cases, the minor could be moved to a custodial facility.

56. **Mr. Coleman** (Netherlands) said that children fitting the child soldier profile might be identified during immigration or asylum procedures or following interviews or interaction with staff or guardians at shelters or reception facilities. All relevant staff received training on how to identify vulnerable groups and refer them to the appropriate services. Although there was no current data on the number of child soldiers identified, the figures were likely to be very low. The exclusion clause under article 1 (F) of the 1951 Convention relating to the Status of Refugees was not applied to anyone under the age of 15. For 15-to-18 year olds, each individual case was subject to rigorous screening and consideration of factors such as the age at enlistment, the duration of enlistment, the consequences of not enlisting and the traumatic events that the minor may have experienced. Accordingly, the exclusion was rarely applied.

57. **Ms. Khazova** thanked the delegation for an open and constructive dialogue. She was encouraged to see the progress made in the Caribbean part of the Netherlands in reducing violence against children and promoting healthy lifestyles and sex education. She called on the Government to seriously consider ratifying the Optional Protocol to the Convention on the Rights of the Child on a communications procedure.

58. **Ms. Bourne-Gumbs** (Netherlands) said that the input from the Committee had been constructive and the Netherlands would make every effort to implement the recommendations in the Committee's concluding observations.

The meeting rose at 6 p.m.