



National Rapporteur on Trafficking in  
Human Beings and Sexual Violence  
against Children

# On solid ground

*Tackling sexual violence against children in the Netherlands*



## Colophon

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## Foreword

Children have the right to protection against all forms of sexual violence – protection that must be constant and which is the responsibility of everyone who comes into contact with them. The statistics demonstrate the urgency of the matter. Two in every ten boys and four in every ten girls are victims, and every year an estimated 62,000 children are first-time victims of criminal sexual violence. This can take the form of ‘hands-off’ forms of sexual violence, such as unwanted exposure to sexual parts (both online and offline), but can also involve undesired physical contact by another person: being kissed against your wishes, unwanted manual or oral sex and, for one in twenty girls, unwanted sexual intercourse.

The first reaction is that this is impermissible; it has to stop. But it is an illusion to think that children can be protected entirely from becoming victims of sexual violence. Rather than chasing that illusion, which is by definition vague, our efforts would be better devoted to looking for specific ways of improving the measures taken to combat sexual violence against children.

This report is about the efforts I have made to accomplish that. The metaphor that I have used is a funnel, which can be seen in [Figure 1.1](#). At the top of the funnel is the estimated number of victims of sexual violence: 62,000. And, as happens with a funnel, the number steadily declines until we finally reach the figure of around 6,000 victims who have actually received help. For offenders, the nature, scale and approach only become apparent lower down, although here too we see the funnel tapering. At every step in the funnel, decisions are taken – sometimes by the victims themselves, or those close to them, sometimes by government bodies. I have surveyed those decisions, which together form the existing approach to combating sexual violence against children, and there is certainly room for improvement.

The first step is to gain insight into the phenomenon. Who are the offenders? Who are the victims? Where do the greatest risks lie? What myths can and must be dispelled? And what happens from the moment that a victim tells her story or from the moment that a possible offender is identified? To gain that insight, registration is essential. Some agencies, such as the Child Abuse Counselling and Reporting Centres, register a great deal of information. Although the registration is not entirely consistent, the data they supply are nevertheless a rich source of information. Other agencies do not register sufficient information. A thorough and consistent registration is the subject of my first recommendation

Sexual abuse often leaves no sign of physical injury. It is difficult for professionals to ascertain for certain whether parents, other members of the family or fellow professionals have been guilty of sexual violence. There have been a number of prominent cases where the accused was ultimately acquitted. Should that be a reason not to act? Not to report? To discourage people from making a complaint.? If we look at the prevalence of the offence in relation to the number of acquittals, I do not consider that an option.

This is what the decisions described in the funnel are about. The benchmark is: were they taken on the basis of adequate information, was there sufficient expertise and was the decision taken in the correct manner? In short, were they taken on good grounds? Here, too, I have made some recommendations.

Sexual violence against children is about victims and offenders. It is not only the number of victims that is relevant, but also the number of offenders. Prevention should be targeted not only at possible victims (guarding their boundaries), but also at possible offenders (respecting boundaries). My recommendations concerning learning more about the prevalence of sexual violence and about prevention therefore relate to both victims and offenders.

A quarter of the offenders are minors, and while a great deal of sexual violence occurs in domestic circles, a growing proportion takes place online. Some offenders are paedophiles, many are not. If we cling to a stereotypical profile of an offender – the paedophile swimming teacher or the dirty old man in the park – we fail to see a lot of what is happening in reality. If we ignore reality, we will be unwilling to believe that that nice father with a good job could be abusing his daughter, and the dentist, lawyer or bank director who downloads child pornography will scarcely be punished because he has so much to lose. And that has to change.

Because if we are to provide children who have been victims of sexual violence with the help they are entitled to and want to prevent offenders from committing the offence again, specific measures have to be taken to achieve that objective: no more, never again, as the title of Chapter 7 puts it. Some of my recommendations also address this point.


A lot is being done well. At many levels and within many organizations, expert and committed professionals are endeavouring to tackle sexual violence against children as effectively as possible. But there is also a lot that needs to be done better. The funnel indicates where the thresholds are too high and where changes in the decision-making process can improve efforts to tackle sexual violence against children.

This is my first report as National rapporteur on sexual violence against children. The emphasis is on quantitative data: the first requirement is a clear overview, which is the basis for my recommendations. This report is only a start: there are many other areas that require further research. I am therefore pleased that my position as National Rapporteur has been embedded in law, thus guaranteeing that this subject will continue to receive the attention it deserves.

This report could not have been produced without the data provided by the following organizations: the Center for Child and Family Studies at the University of Leiden, Youth Care Netherlands, the Netherlands Institute for Forensic Psychiatry and Psychology, the Netherlands Care Authority, the organizations for child and youth care that were consulted, the Child Care and Protection Board, the probation services, Rutgers WPF, the former police regions of Holland-Midden and Zuid-Holland-Zuid and the Research and Documentation Centre, all of whom contributed to the unique data presented in this report. I am very grateful to them for their assistance.

I am proud of my staff for all of their efforts in writing this report. It is their endeavour and dedication that have made it what it is. My thanks also go to all of the interns who strengthened my office during this period.

Corinne Dettmeijer-Vermeulen,  
*National Rapporteur on trafficking in human beings and sexual violence against children*

- 
- 1 Introduction: decisions depicted
  - 2 The phenomenon
  - 3 Identification
  - 4 Reporting
  - 5 Investigations
  - 6 Prosecution and trial
  - 7 No more, not again
  - 8 Prevention
  - 9 Conclusions and recommendations: on solid ground

## VICTIMS

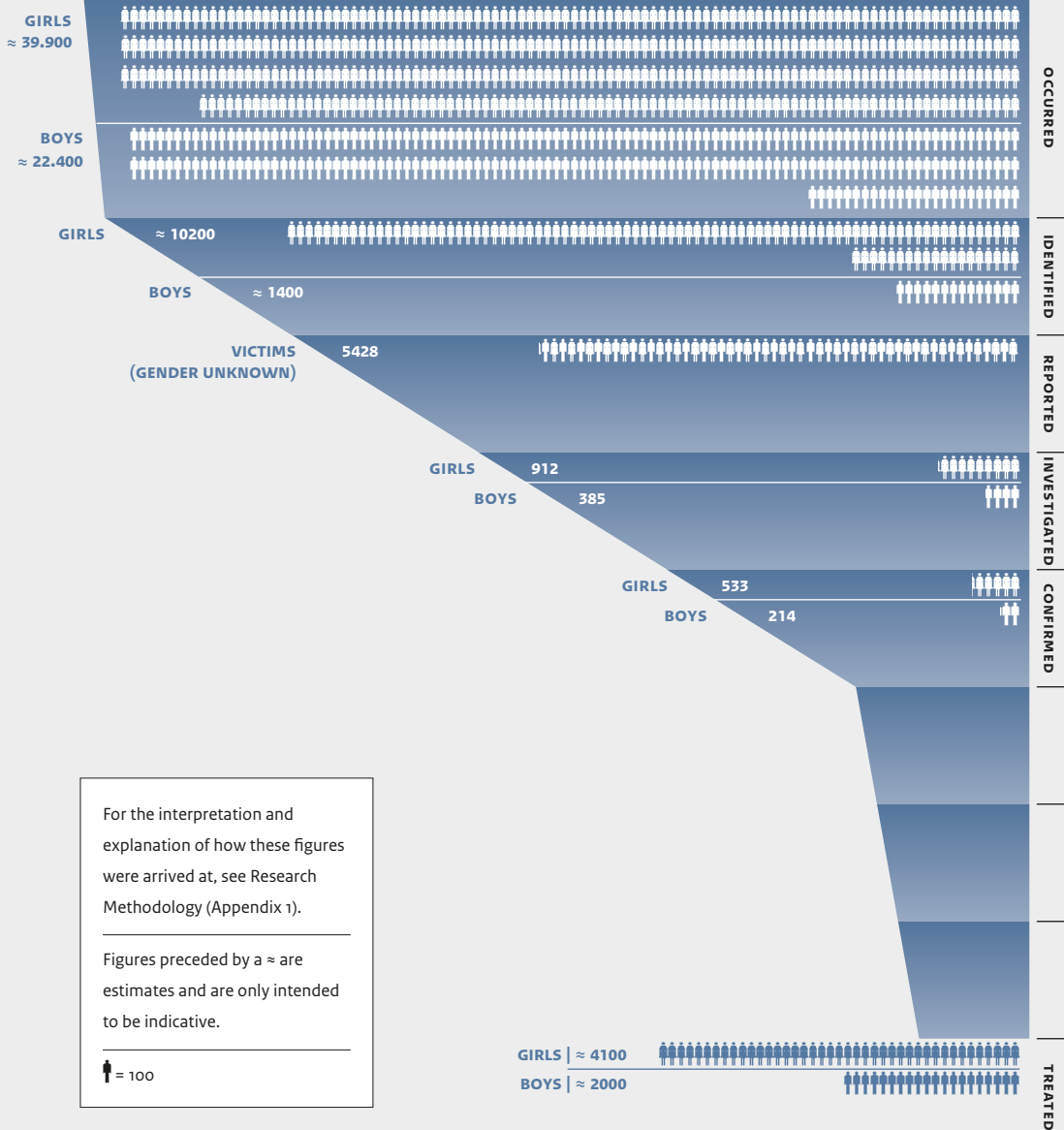
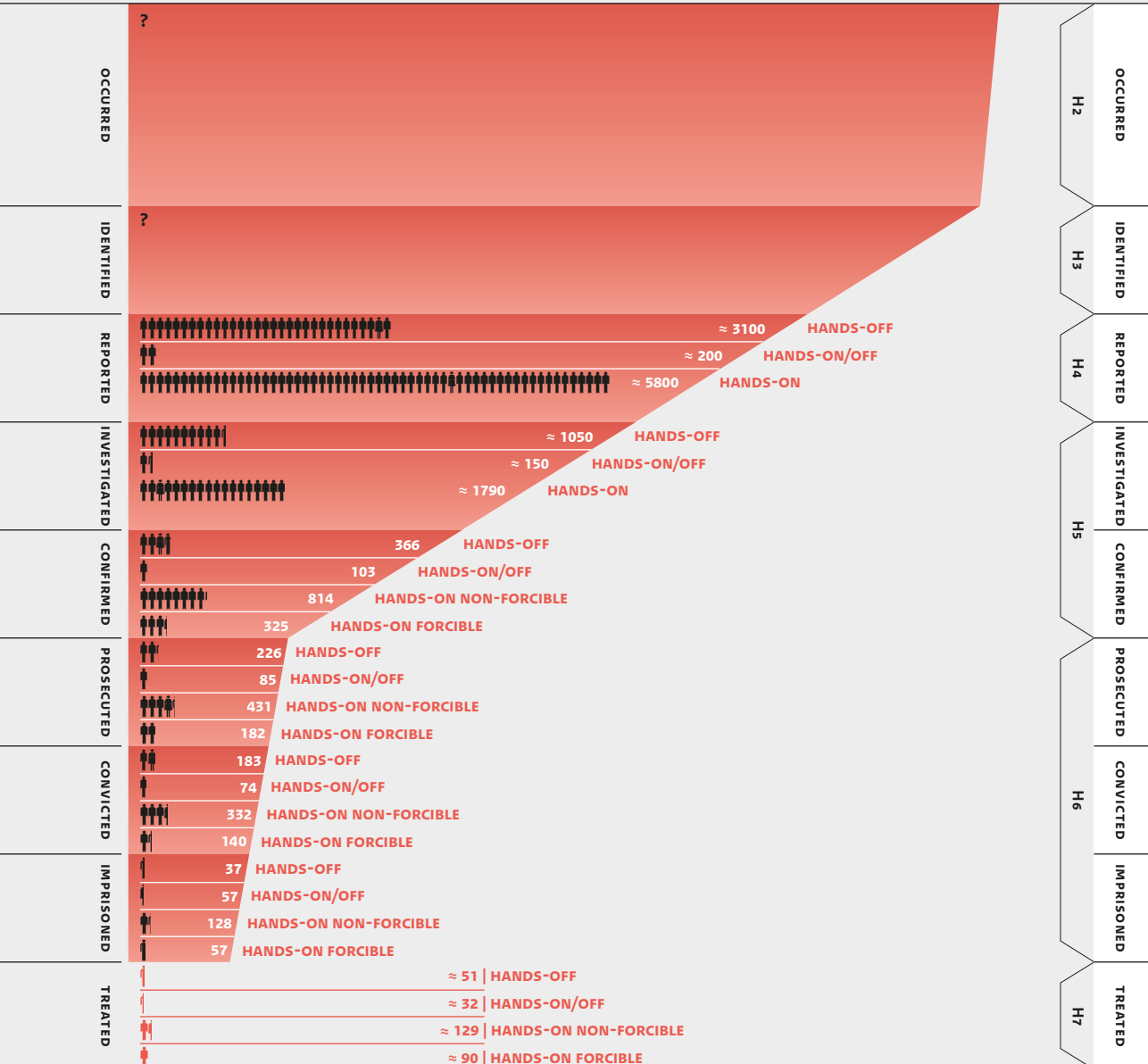


Figure 1.1 The funnel

OFFENDERS



## 1.1 The eight decisions

This report is about making decisions. [Figure 1.1](#) shows two halves of a funnel – a funnel because from the start to the end of the process (from the top to the bottom) the number of victims and offenders declines. We start with around 65,000 new victims each year and end with approximately 6,100 victims who receive professional help. We start, a little lower in the funnel, with around 7,300 possible offenders who are reported to the police and end with 300 convicted perpetrators receiving treatment. At each step in the funnel there is a selection process; in other words, a decision has to be made. Accordingly, the funnel, the number of cases at each step, steadily becomes narrower. This report centres on the following eight key decisions relating to sexual violence:

- to disclose/not disclose the sexual violence that has been committed against you or to identify/not identify sexual violence that has been committed against another person ([Chapter 3](#));
- to report/not report the sexual violence that has been committed against you or another person to a government agency ([Chapter 4](#));
- to investigate/not investigate a case of sexual violence that has been reported ([Chapter 5](#));
- to confirm/not confirm the case of sexual violence that has been investigated ([Chapter 5](#));
- to prosecute/not prosecute the ‘confirmed’ case of sexual violence ([Chapter 6](#));
- to convict/not convict suspects who have been prosecuted ([Chapter 6](#));
- to imprison/not imprison persons who have been convicted ([Chapter 6](#));
- to provide/not provide treatment for victims, to provide/not provide treatment for perpetrators or place them under supervision ([Chapter 7](#)).

These choices are important: not every child that regularly wets its pants is a victim, not every victim needs professional help, not every suspect is guilty and not every guilty person deserves the same sentence. But it is also important for those decisions to be made correctly: on solid grounds.

The recurring question in this report is: how is this particular decision made? Who will proceed to the next stage in the process? Who will not? On what basis is the selection made? How rigorous is the selection?

In short, is it a good decision?

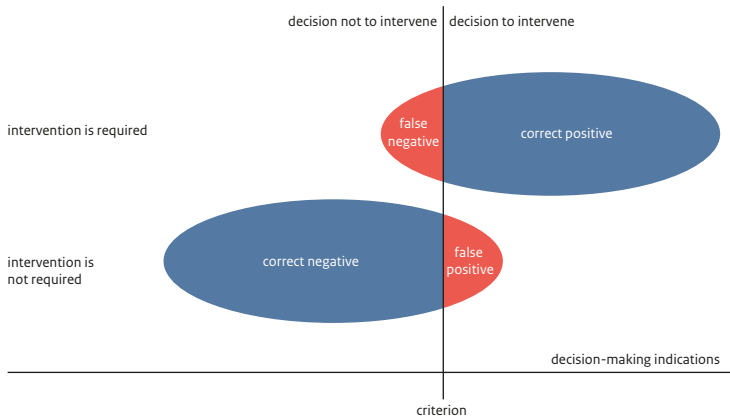
## 1.2 Decisions on solid grounds

But what is a good decision?

Using an example, this section describes how the eight decisions listed above have been analysed in this report. Employees of the Child Abuse Counselling and Reporting Centre (*Advies- en Meldpunt Kindermishandeling, AMK*) have to establish whether reported suspicions of sexual violence are well founded.

There are two types of reports: those where the suspicions are well founded (there was sexual abuse) and where, ideally, further action should be taken, and reports where there was no sexual abuse and where, ideally, there should be no intervention. However, it is difficult for the AMK employees to make

a precise distinction between the two groups. They have to rely on a number of indications to determine whether a report is well founded. The average well-founded report will contain more indications than an unfounded report, but there is an overlap between the two categories — there is uncertainty. This is illustrated in Figure 1.2.



**Figure 1.2 Decisions**

There are two classes of reports: one class where the suspicions are well founded and intervention is required, and another where the suspicions are unfounded and intervention is therefore not required. The decision-maker does not know which category a report falls into; he or she only knows how many indications there are to support a decision. On average, the indications will be stronger in the category of well-founded reports (which lies further to the right), but there is some overlap. The best that an employee can do, therefore, is establish a criterion (a threshold), above which he or she will decide to intervene. The vertical line represents that threshold.

The best that AMK employees can do is establish a threshold: decide to intervene in cases where the indications score above that threshold and not to intervene in cases where they don't (the vertical line in Figure 1.2).

This results in four categories of outcomes:

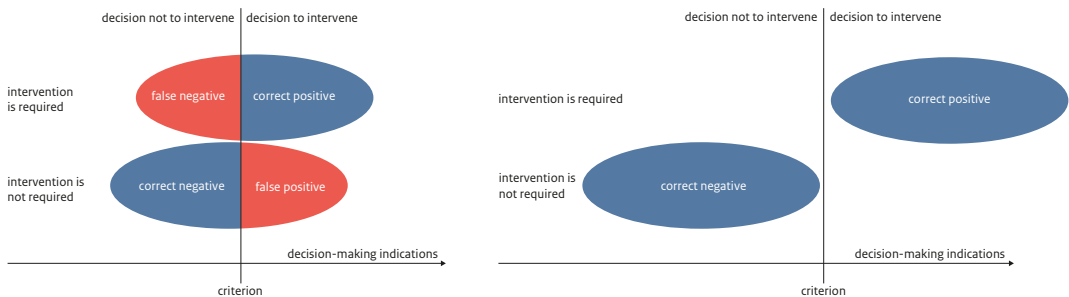
- Correct intervention: intervention is necessary and the decision is made to intervene (correct positive).
- Correct non-intervention: intervention is not necessary and the decision is made not to intervene (correct negative).
- Incorrect intervention: intervention is not necessary but the decision is made to intervene (false positive).
- Incorrect non-intervention: intervention is necessary but the decision is made not to intervene (false negative).

Correct positives and correct negatives are desirable outcomes; false positives and false negatives are undesirable. But an undesirable outcome does not imply a bad decision: if there is an overlap in the indications displayed by the groups, they can never be perfectly separated from each other. Figure 1.2

illustrates this: a decision-making threshold that only produces desirable outcomes (in other words, only correct positives and correct negatives) is impossible under those circumstances.

So what makes a decision a ‘good’ decision? First and foremost, the more informative the indications (in this particular case, the signs of sexual violence) that are used to make a decision, the better the grounds on which a decision can be made and the easier it is to make a distinction between the two categories (intervention is necessary vs. intervention is not necessary). If the indications are uninformative for the decision to be made, the categories cannot be distinguished from each other (see Figure 1.3). There will then always be a great many undesirable outcomes. For example, an AMK employee who tries to distinguish abused from non-abused children solely on the basis of bed-wetting would not get very far, since it is a relatively uninformative indication. On the other hand, if the groups are clearly distinguishable on the basis of the indications (or signs) used to make the decision, the number of undesirable outcomes could be very small. In the first place, therefore, a good decision is one where the information used minimizes the overlap between the two groups to be distinguished. The indications must therefore be as informative as possible in relation to the decision that has to be made.

In the decisions discussed in this report, it will seldom be possible to make a perfect distinction. The decision maker will often not possess the necessary information (for example, in most investigations by the AMK into reports of incest, the full details of precisely what happened will never emerge). Sometimes the information does not exist at all (for example, it is impossible to know whether or not a perpetrator will repeat an offence at the time that question is being investigated). This means that there will always be undesirable outcomes (false positives and/or negatives), but this does not imply that the decision itself was wrong.



**Figure 1.3 Decisions on the grounds of good information**

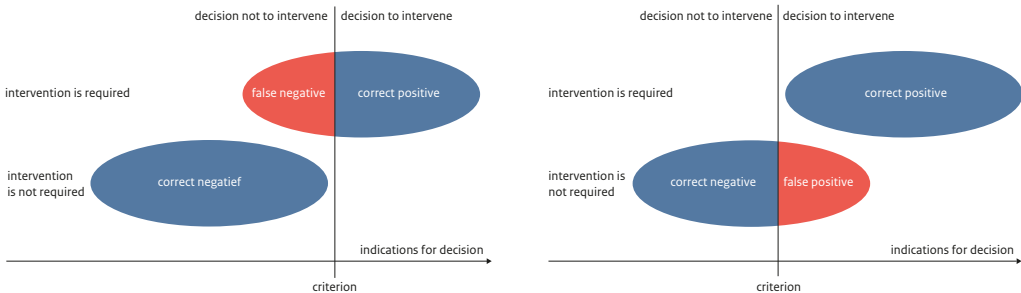
If the information used (decision-making indications) does not provide a clear basis for distinguishing between cases where intervention is required and where it is not, the decision cannot be made properly (left). In an ideal situation, the categories would be almost perfectly distinguishable, and consequently totally separable (right), a situation that arises very rarely in practice.

The second aspect is the threshold that is adopted, the vertical line in the figures. Assuming that there will almost inevitably be some undesirable outcomes (incorrect interventions or incorrect non-interventions), there are various criteria that can be adopted for establishing this threshold (see also Figure 1.4):



- **Neutral:** where the fewest possible cases are handled ‘wrongly’, whereby wrongly intervening and wrongly not intervening weigh equally heavily. In the AMK example, this would mean that equal weight is attached to failing to identify an abused child and wrongly investigating innocent parents.
- **Conservative:** where action is only taken if the decision maker is very confident of being correct. In that case the number of false positives (incorrect intervention) will be kept to a minimum, but it means that more cases will be missed. This approach is exemplified by the saying, ‘It is better for a hundred guilty persons to go free than to convict a single innocent person’. The term ‘reluctance to act’ is another example of a conservative criterion. In the AMK example, it would mean that the AMK would avoid wrongly investigating parents at all costs.
- **Liberal:** where action is taken as soon as there is any indication for it. In this case, the aim is to minimize the number of false negatives (cases where the decision not to intervene is taken wrongly), with the result that the number of false positives (cases in which it is wrongly decided to intervene) increases. This approach is exemplified by the expression ‘better safe than sorry’. In the AMK example, it would mean that every suspicion is investigated just to be on the safe side.

The threshold that should be adopted differs according to the type of decision, and the choice is not an easy one.



**Figure 1.4 Decision-making criteria**

The threshold adopted by a decision maker in deciding whether to intervene can be high or low. With a conservative criterion (to the left), the number of false positives is minimized, but that is at the expense of a higher number of false negatives. With a liberal criterion (to the right), the opposite applies: there are no false negatives, but consequently there are a great many false positives.

### Conclusion

To maximize the number of good decisions and to limit the total number of mistakes, therefore, it is important for the decision to be based on the best possible information: information that allows the clearest possible distinction to be made between cases where an intervention is necessary and where it is not. The decision maker can then use the threshold that has been adopted to assign greater weight to one type of mistake than another: is it worse to ‘miss’ cases or is it worse to wrongly ‘include’ cases? The criterion that should be used differs according to the step in the funnel. In short, a decision is a good one if (a) the information on which it is based is optimal and (b) the appropriate criterion is adopted.

In other words, the fact that a decision can have undesirable outcomes does not in itself say anything about the quality of the underlying selection process.

This analysis forms the basis of the discussion of the funnel. This report analyses the information on which the eight decisions listed above are based in practice and the criteria that are adopted, and whether both aspects of the decision-making process work properly.

### 1.3 Structure of the report

[Chapter 2](#) describes the situation at the mouth of the funnel, starting with the question of what precisely sexual violence against children is. Where possible, a uniform, legal, approach to the term is adopted in this report, although, as will also be discussed, that has its limitations. Secondly, there is a discussion of the actual input into the funnel: the prevalence of sexual violence against children in our society. This will be based on an analysis of earlier studies into its prevalence, supplemented by previously unpublished data. [Chapter 2](#) also describes the individuals concerned: the victims and the perpetrators. Who are they? Is every perpetrator a paedophile, for example? The dramatic consequences of sexual violence for victims will also be addressed. This chapter presents previously unpublished data from the Public Prosecution Service (PPS), the probation organizations, the Child Care and Protection Board (Raad voor de Kinderbescherming, RvdK), the Netherlands Institute of Forensic Psychiatry and Psychology (Nederlands Instituut voor Forensische Psychiatrie en Psychologie, NIFP) and the DBC Information System, which contains details about all the medical care (including mental care) provided in the Netherlands.

[Chapter 3](#) describes the first step in the funnel: the identification of sexual violence. The selection process at this stage is already quite rigorous: it appears to be very difficult for victims to disclose what has been done to them. The chapter includes data from the national Child Helpline (De Kindertelefoon), for illustrative purposes. Because it is very difficult for bystanders to recognize that a child has suffered sexual violence, there is a significant risk that sexual violence is not known to anyone beyond the victim and the offender themselves, and therefore there is a danger that no intervention will take place at all (decision 1). That risk can already be seen in [Figure 1.1](#), where the number of victims falls substantially between 'occurred' and 'identified'.

[Chapter 4](#) describes the stage where a person decides to approach an agency (usually the AMK and/or the police) to report sexual abuse committed against themselves or another person (decision 2). The result of this step is a report that in principle the agency concerned can use to start an investigation. This chapter presents national data from the AMK and from the former Hollands-Midden police region. [Chapters 3](#) and [4](#) describe decisions that can, in theory, be made by every citizen in a wide variety of situations. Once a report has been made to an agency with a public task, the government becomes directly involved and is therefore responsible for most of the activities described from [Chapter 5](#) onwards.

[Chapter 5](#) describes two decisions made by the AMK and the police. Not every report is or can be investigated. A notifier must first make a complaint to the police if the report is to be investigated, but there appear to be significant obstacles to filing a complaint. The first selection discussed in this chapter, therefore, is the choice of reports that will be (or can be) investigated (decision 3). The second aspect discussed is of course the outcome of the investigations that are conducted. The question then is: in what cases does the investigation demonstrate the need for intervention (for the AMK to seek the help

of social services or for the police to forward a case to the PPS, for example)? The investigation itself naturally forms the basis for the decision to proceed to the next stage (decision 4). Data from the AMK are also used here, as well as data from two former police regions.

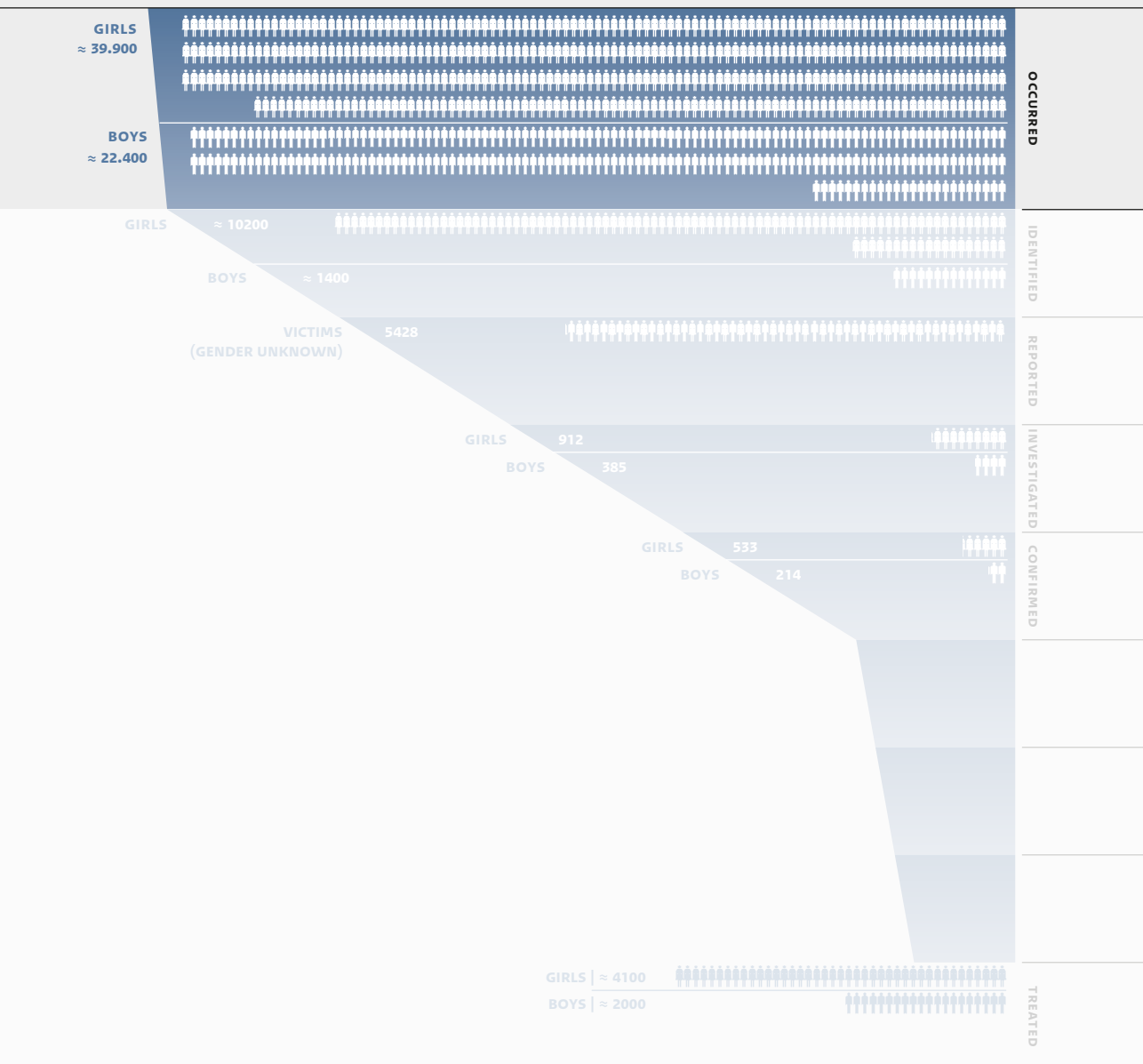
**Chapter 6** covers the prosecution and trial of suspects. First, which suspects are prosecuted and which are not (decision 5)? Second, which suspects who are prosecuted are convicted (decision 6)? And what sentences do they receive? The analysis will show that 'lock them all up' is not the current approach (decision 7). This chapter presents data on prosecution and trial from the PPS, as well as data about the recommendations made to the PPS by the RvdK, the three probation organizations and the NIFP. None of these data have been published previously.

**Chapter 7** describes what comes next (decision 8): for victims, the violence has been disclosed and reported. Do they then receive the help they need? The chapter contains new information about mental health care, youth and parenting organizations (Jeugd- en Opvoedhulporganisaties, hereinafter referred to as J&O organisations) and the RvdK. Offenders have been convicted and sentenced. For which offenders are interventions ordered to prevent them from reverting back to their harmful behaviour? Data about supervision and forensic mental health care provides the answers.

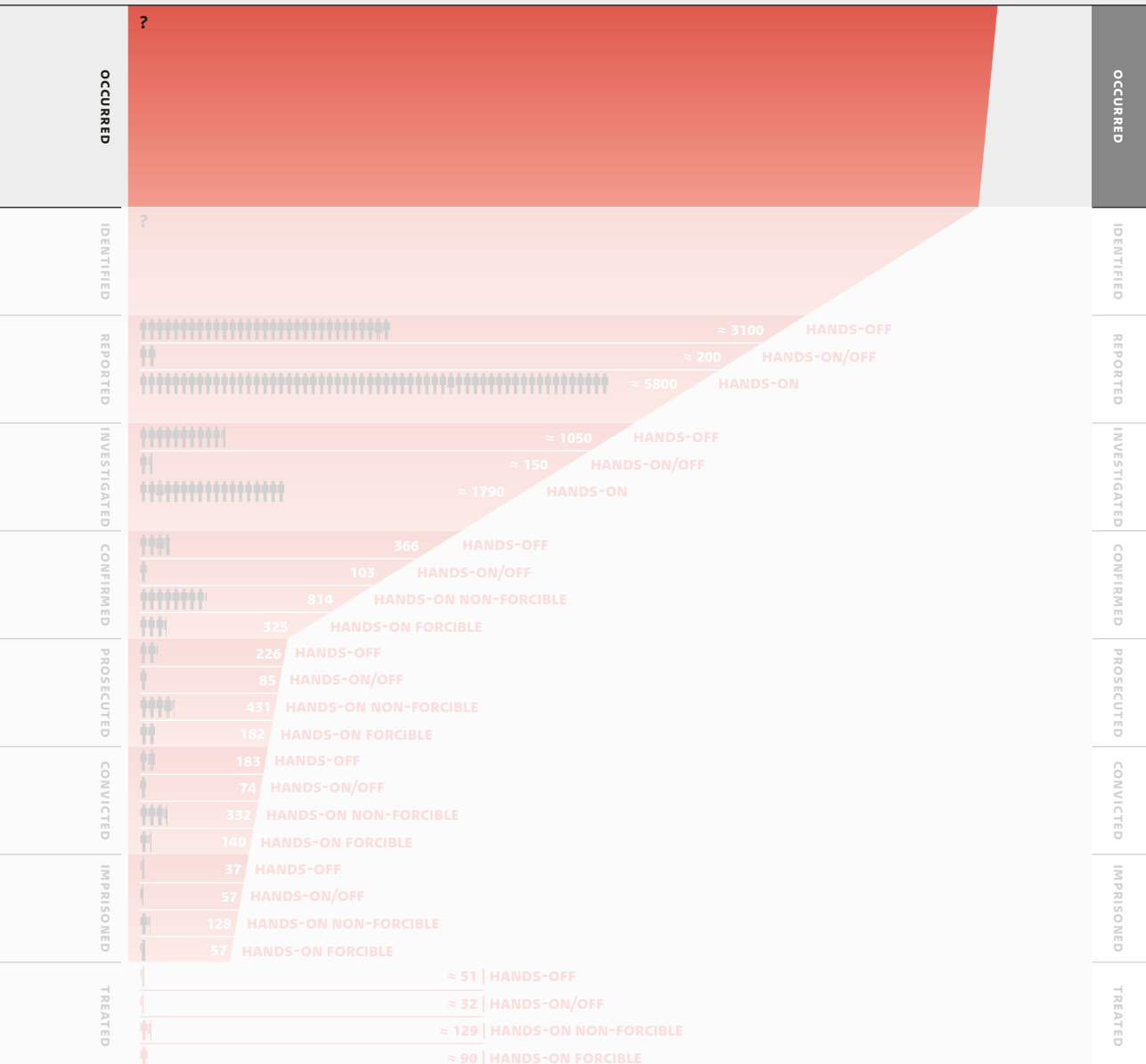
**Chapter 8** makes a slight detour. Up to now the report has been about what happens when a child has suffered sexual violence. But what if we could prevent it? Put a lid on the funnel? Prevention is difficult (who should it be targeted at? How do you measure the effects?), but essential. As shown in **Chapter 2**, more than half of all perpetrators have no previous criminal record. Merely preventing known offenders from continuing their practices is not enough. **Chapter 8** discusses current approaches to prevention, and their shortcomings. For example, our approach to prevention appears to make victims responsible for what has happened to them, while those who are actually responsible – the perpetrators – seem to be regarded as a sort of natural phenomenon. This chapter also contains new data, taken from the DBC Information System, about voluntary mental treatment for paedophiles, since that is also a form of prevention.

It will be found that with some decisions both the grounds and the criterion adopted are correct, with others it was impossible to determine (which in itself raises some questions), and that sometimes there was a problem with the information on which the decision was based or with the threshold adopted for the decision, and sometimes even with both. **Chapter 9** summarizes these analyses and presents the ensuing recommendations.

## VICTIMS



OFFENDERS



*“Swimming teacher arrested for sexual assault”<sup>1</sup>*

*‘Man suspected of abuse’<sup>2</sup>*

*‘Girls (15/16) victims of gang rape’<sup>3</sup>*

Newspaper headlines like these appear every week. They spark emotional reactions and speculation about what has happened and who was involved. Here are just a few of the reactions to the newspaper report ‘Girls (15/16) victims of gang rape’: ‘some girls really are naïve’, ‘this is another case of asking for it ...’, ‘I have a suspicion about the offender’s background with offences of this type.’

But what is sexual violence against children, precisely? This chapter provides some building blocks for answering that question. As shown in §2.1, ‘sexual violence’ is a broad term that can be viewed from both a psychological and a legal perspective. Without wishing to detract from the victim’s perception, wherever possible this report adopts the legal perspective, which is objectifiable and therefore provides a more solid footing for the discussion.

In §2.2, previously unpublished data from three major studies of the prevalence of sexual abuse in the Netherlands are analysed to provide an insight into how often sexual violence against children occurs. For example, roughly a third of 17- and 18-year-olds have experienced some form of sexual violence at some point in time. The question of who these victims are is discussed in §2.3, which also looks at the factors that increase the risk of a person becoming a victim.

The children who become victims of sexual violence, whose sexual integrity is violated, are not responsible for what is done to them. They are not ‘asking for it’. On the contrary, they are entitled to protection and to help in overcoming the consequences of the violence they have suffered. After all, as discussed in §2.4, sexual violence usually has an enormous impact on the rest of the victim’s life, and that can be reflected in medical, psychological and/or sexual problems. The primary responsibility lies with the offenders, but who are they? Do we know? And are all offenders paedophiles? The characteristics of offenders are discussed in §2.5, which shows how diverse they are. That knowledge is important because it can help to dispel myths and associated behaviour. Parents often warn their children about strange men who tempt children to go with them with sweets, for example, but incidents of that type are rare. There is no single type of offender – there are many types and they come in various shapes and sizes.

In short, there is no single form of sexual violence; every act is different, every victim is different and every offender is different.

1 Nu.nl, ‘Zwemleraar uit Utrecht aangehouden voor ontucht’, 12 March 2014.

2 Nu.nl, ‘Man verdacht van misbruik 300 jonge meisjes via internet’, 9 October 2013.

3 PowNed, ‘Meisjes (15/16) slachtoffer groepsverkrachting’, 14 February 2014.

## 2.1 The phenomenon and the legal definition

With sexual violence<sup>4</sup> one often thinks of serious physical abuse of young children by an adult, as in the Amsterdam vice case.<sup>5</sup> However, it is also often committed by a victim's peer (see also §2.5). For example, a 17-year-old girl who is forced by her boyfriend to engage in sexual acts is a victim of sexual violence. Victims are also created online, as in the case of a boy who voluntarily sends a naked photo of himself to his girlfriend but whose photo is then circulated on the Internet without his consent. Technological developments are also leading to new forms of violence and facilitating the spread of sexual violence across borders.<sup>6</sup> Cases of sexual violence against children often involve a relationship of dependency between the victim and the perpetrator, particularly when the abuse is committed by an adult and there is a wide gap between their ages.

Various classifications can be used to describe the phenomenon, such as the distinction between hands-on and hands-off sexual violence.<sup>7</sup> Hands-on abuse involves physical sexual contact between the offender and victim, for example rape and sexual assault. Hands-off violence is characterized by the absence of physical contact between the perpetrator and the victim. In this context, one could think of grooming (which is defined here as making an appointment via Internet for a physical meeting with the aim of abusing the victim) and watching child pornography. Although sexual violence against children is usually associated with physical violence in the real world, the focus is steadily shifting to the vulnerability of children online. The recent media attention for several major sex offence cases illustrates this. The case of Frank R. from Cuijk, who is suspected of persuading hundreds of girls to perform sexual acts in front of the webcam on chat sites, is one example.<sup>8</sup>

The next section defines sexual violence from a psychological and a legal perspective. Wherever possible, the legal perspective is adopted in this report, with sex offences being divided into four categories. The legal framework is discussed in §2.1.2, together with reflections on a number of gaps in the legislation relating to offences against public morals.

### 2.1.1 Definitions

Sexual violence against children is so diverse and so changeable (due to developments in the digital world, for example) that it is difficult to formulate an all-embracing definition. Moreover, the phenomenon can be approached from various perspectives and, consequently, the same act can be interpreted in different ways. For example, many people would regard an adult who makes sexual approaches to minors in a chatroom as guilty of a form of sexual violence. Legally speaking, however, he is not committing a criminal offence and this behaviour cannot be categorized as such (see also §2.1.2).

4 There are many definitions of the terms 'sexual violence' and 'sexual abuse'. Since no clear distinction can be made between the two terms, both are used in this report.

5 For a detailed description of this case, see *National Rapporteur on Trafficking in Human Beings (2011)*, §3.7.5.

6 For example, in cases of child pornography and grooming with an international dimension.

7 *National Rapporteur on Trafficking in Human Beings (2011)*, pp. 42-43.

8 NOS, 'Zedenzaak Cuijk: 15 aangiften' (Cuijk sex case: 15 reports), 14 November 2013. See also the reports in the media on the case of Michel S., the suspect in a similar case involving 400 underaged victims: Trouw, 'Kinderporno, maar geen grooming' (Child porn, but no grooming), 11 January 2014.

It is impossible to give a definition that would encompass every conceivable form of sexual violence. A great deal depends on the context in which an action takes place. For example, a parent washing an infant's genitals is not considered to be committing sexual violence, but if the same parent is still performing the same ritual ten years later, now with his 13-year-old daughter, it will be seen by many people as a form of sexually transgressive behaviour. Where does one draw the line in this case? In other words, sexual violence can be context dependent.<sup>9</sup>

#### *Psychological perspective*

In other words, it is not easy to say what behaviour constitutes sexual violence against children or to define it. First and foremost, sexual violence can be approached from various disciplines.<sup>10</sup> For example, the psychological perspective is based on the personal behaviour of the perpetrator and the victim and on their interaction.<sup>11</sup> Because the social services focus on helping children and their families, people working in the sector prefer to employ a broad definition of sexual violence;<sup>12</sup> in principle, any form of sexual conduct regarded by the person experiencing it as undesirable or involuntary is treated as sexual violence.<sup>13</sup> The key to this definition, therefore, is the subjective perception of the victim. From the psychological perspective, there is no requirement that the act must be punishable in law. For example, it is possible for a girl who is sexually harassed verbally to be a victim from a psychological perspective, although in legal terms it is questionable whether there was any criminal offence.

#### *Legal perspective*

Whereas the psychological perspective is based on the victim's perception, from a legal perspective, sexual violence is a form of criminal conduct that is defined on the basis of criteria external to the victim.<sup>14</sup> The point of departure is the definition of offences in the Dutch Criminal Code (DCC). This means that, from a legal perspective, the decisive factor is not whether a victim actually feels that he or she is a victim; the legislature and the courts determine who is or is not a victim. A 15-year-old girl who has a sexual relationship with a 40-year-old man is the victim of a sex offence from a legal perspective, even if she does not regard herself as a victim. Age plays an important role in legal terms: a girl who is groomed by an adult the day before her sixteenth birthday is a victim; if the grooming takes place one day later, she is suddenly no longer a victim because the age limit for the offence of grooming is sixteen. What is regarded as sexual violence against children from a legal perspective can also change because of developments in society. Child pornography, for example, was not a crime before 1986<sup>15</sup> and grooming has only been a criminal offence since 1 January 2010.

9 Haugaard (2000), p. 1036.

10 MOVISIE (2009)

11 One definition of sexual violence from a psychological perspective is: 'Any interaction in which a person [...] is forced to undergo or perform sexual acts. Force covers any situation in which the victim does not have the feeling of being able to refuse or of being able to extricate him- or herself from the situation. Force can range from psychological pressure or blackmail to physical violence.' See Boland et al. (1991).

12 Haugaard (2000), p. 1037.

13 One definition used by the social services is: 'Any form of sexual behaviour or sexual approach in a verbal, non-verbal or physical sense, intentional or unintentional, that is experienced by the person experiencing it as undesirable or forced; and/or that takes place in a situation of unequal power, and/or other acts or behaviours that are punishable under the criminal code'. Verbal presentation by K. van den Boogaard, Medilex conference on sexual abuse of and by intellectually disabled persons, 26 March 2013.

14 MOVISIE (2009).

15 [National Rapporteur on Trafficking in Human Beings \(2011\)](#), §1.2.



### Categories

In this report, the legal perspective has been adopted wherever possible. The basis of this perspective is the action of the suspect, which provides a more uniform method of establishing whether there has been sexual violence than if the victim's experience is taken as the point of departure. With this approach, it is also easier to compare the data in this report, for example in terms of the entry into, progression through and exit from the law-enforcement chain. Title XIV of the DCC devoted to serious offences against public morals contains no fewer than eighteen offences of which children can be the victims.<sup>16</sup> In order to compare different types of offences within the various steps that victims and offenders can follow in the funnel, the thirteen most relevant offences were studied.<sup>17</sup> They have been divided into four categories: (1) hands-off, (2) hands-on/off, (3) hands-on non-forcible and (4) hands-on forcible.

### Categories of offence

- Hands-off: this category includes all offences that do not involve physical contact between the perpetrator and the victim. The main offence is child pornography (Article 240b DCC), but grooming (Article 248e DCC), corruption of a person under the age of 16 (Article 248d DCC), attending a pornographic performance involving the participation of a minor (Article 248c DCC), and procuring an indecent act involving a person under the age of 18 (Article 250 DCC) are also hands-off offences.
- Hands-on/off: this category refers to suspects and perpetrators who have committed or are suspected of committing both a hands-off and a hands-on offence.
- Hands-on non-forcible: this category embraces all sex offences where there has been physical sexual contact between the offender and victim, and where force<sup>18</sup> is not an element of the offence and therefore does not have to be proved. This relates to various forms of sexual assault (Articles 244, 245, 247, 248a, 248b and 249(1) DCC), including sexual penetration of a child under the age of 12 (Article 244 DCC) and having recourse to child prostitution (Article 248b DCC).
- Hands-on forcible: this category covers rape (Article 242 DCC) and indecent assault (Article 246 DCC), offences that require proof of coercion of the victim for a conviction. Most of the suspects and perpetrators in this category, as covered in this report (see §2.5 and Chapters 6 and 7), are minors.<sup>19</sup>

16 The definitions of some of these offences are specifically tailored to underage victims.

17 The offence of sexual penetration of a person who is unconscious, physically unable to resist or suffering from a mental disorder or mental disease (Article 243 DCC) was not included in the analysis because it became clear from a sample of cases on [www.rechtspraak.nl](http://www.rechtspraak.nl) that most victims of offences against Article 243 DCC were adults. The offences of outraging public decency (Article 239 DCC), child pornography (Article 240 DCC) and showing injurious materials to children under the age of sixteen (Article 240a DCC) were not included in the analysis because they do not necessarily involve sexual acts and these offences are not by definition sexual in nature. Finally, human trafficking (Article 273f DCC) was not included in the analysis because this offence is addressed in detail in the National Rapporteur's reports on human trafficking.

18 The means of coercion are violence or other act and the threat of violence or other act.

19 Because it does not follow from the definitions of these two offences whether they concern underage or adult victims, a sample of cases was investigated to discover how often they involved underage victims. It was found that the victims were almost always minors with underage suspects, but almost never with adult suspects. For that reason, all underage suspects are included in this category and adult suspects are only included if there was also another offence of indecency. Consequently, underage suspects are over-represented in this category. For a detailed description of the sample, see §6.1.

Where possible in this report, the suspects and perpetrators are divided into these four categories.<sup>20</sup> The data presented in the report cannot always be analysed solely from a purely legal perspective. This applies for the data on victims, for example, because the subjective perception of the victim also plays a role.

### 2.1.2 The protection of children in the Dutch Criminal Code<sup>21</sup>

The Title on Serious Offences against Public Morals in the Dutch Criminal Code (see [Appendix 2](#)) is intended to protect everyone against involuntary sex. Forced sex – rape and indecent assault – with both minors and adults is a criminal offence. Because of their vulnerable position, children receive special protection, even if no force is used. The age of sexual majority in the Netherlands is sixteen. In principle, therefore, voluntary sexual contact with a child aged sixteen or over is not an offence.<sup>22</sup> In principle, voluntary sexual contact with a child under the age of sixteen is punishable, unless the element of indecency is absent.<sup>23</sup> Indecency refers to sexual acts that are contrary to prevailing socio-ethical standards,<sup>24</sup> so what does or does not constitute indecent assault can change over time. Sexual acts with a child under the age of twelve are always indecent, but the situation is more complex with respect to children between the ages of twelve and sixteen: in general, voluntary sexual contact between young people, which is appropriate to their age, is not indecent. What sexual contact is appropriate to the ages of the individuals concerned is open to discussion, however, so the boundary between what does and does not constitute indecent assault cannot always be clearly drawn.

The legal framework governing sexual violence is not cast in stone, but is always changing. If we compare the current legislation on serious offences against public morals with the legislation from a few decades ago, what stands out is that far more sexually transgressive behaviour has been criminalized today. It is hard to imagine now that child pornography was not an offence before 1986, or that until 1991 many sex offences could only be committed against women, or that crimes such as grooming and corruption of a minor (causing a child to witness sexual activities, which frequently occurs via the webcam) have only offences since 2010. Over time, therefore, the criminal law has given the police and PPS greater powers to protect children. However, it remains important to closely monitor new developments, in the area of digital technologies for example, so that they can be anticipated in the criminal law if necessary.

#### 2.1.2.1 Limitations of criminal law

The Dutch Criminal Code affords a large degree of protection to children by criminalizing a wide range of acts. This is reflected particularly in the fact that the age of minority is objectified and that even conduct that a minor might regard as desirable has been criminalized. More and more provisions have been added to the Title on Serious Offences against Public Morals over the years, and the implementation of in-

20 All of the suspects and perpetrators in the data of the PPS, the Child Care and Protection Board, the Dutch Probation Service, the Netherlands Institute of Forensic Psychiatry and Psychology and the DBC Information System are classified in accordance with the four categories.

21 For a very detailed description of the Title on Serious Offences against Public Morals and its historic development, see Wiarda (2012).

22 The age limit for some sex offences is eighteen, however. They are child pornography (Article 240b DCC), inducing a minor to perform indecent acts (Article 248a DCC), having recourse to child prostitution (Article 248b DCC), attending the performance of indecent acts by a minor (Article 248c DCC) and indecent assault with the abuse of a position of authority or trust (Article 249(1) DCC).

23 Wiarda (2012), p. 17.

24 Wiarda (2012), p. 17.

ternational and European legislation has impelled further expansion of its content.<sup>25</sup> As a consequence, the structure of that chapter in the criminal code is not entirely logical and research into the desirability of amending and simplifying the Title on Serious Offences against Public Morals is currently underway.<sup>26</sup> The following section briefly reflects on some of the shortcomings of the existing provisions.

#### *Ages*

The term 'sexual violence against children' does not actually appear in the Dutch Criminal Code, but some of the offences in the Title on Serious Offences against Public Morals relate specifically to underage victims. Because the age of sexual majority is sixteen, children under that age receive additional protection under criminal law. For some offences, however, the age limit is eighteen. With respect to child pornography and having recourse to child prostitution, for example, older children who have already reached the age of sexual majority also receive more protection than adults. The Title on Serious Offences against Public Morals contains five age categories for minors: 0-12, 0-16, 12-16, 16-18 and 0-18. These varying age categories can make the Title as a whole appear inconsistent. For example, consensual sex between a 50-year-old man and a girl aged sixteen is not an offence, but it is an offence for a 16-year-old girl to send a naked photo of herself to a boyfriend of her own age under Article 240b DCC (distributing child pornography).

In many cases, the differences in the age limits in this section of the criminal code are totally defensible. Social developments can cause age limits to be revised upwards or downwards. Until 1988, for example, the age of sexual majority, which is now sixteen, was twenty-one.<sup>27</sup> On the other hand, in 2002 the age limit in the provision concerning child pornography was raised from sixteen to eighteen.

However, with the addition of new provisions, inconsistencies have appeared. For example, the maximum sentence for a father who indecently assaults his 15-year-old daughter is eight years' imprisonment (Article 247 in conjunction with Article 248(2) DCC) or six years (Article 249(1) DCC). Both provisions make the same conduct a crime, the difference being that the age limit is sixteen under Article 247 DCC and eighteen under Article 249(1) DCC. This creates an illogical contradiction with respect to children under the age of sixteen.

25 The implementation of the Lanzarote Convention in 2010 led to expansion of the Title on Serious Offences against Public Morals with provisions such as Articles 248d and 248e DCC. The recent implementation of Directive 2011/93/EU has led to the insertion of a new Article 248f DCC: 'Any person who by an act of violence or any other act or by threat of violence or threat of any other act, intentionally arranges or encourages the sexual abuse of a person whom he knows or has reasonable cause to suspect has not yet reached the age of eighteen years, by a third party, shall be liable to a term of imprisonment not exceeding ten years or a fine of the fifth category'.

26 The study was carried out by the University of Groningen for the Ministry of Justice's Research and Documentation Centre (Wetenschappelijke Onderzoek- en Documentatie Centrum, WODC). The results are expected in the autumn of 2014. See: <http://www.wodc.nl/onderzoeksdatabase/2392-interne-consistentie-wsr-titel-xiv.aspx?cp=44&cs=6779>, consulted on 31 March 2014.

27 Act of 1 July 1987, Bulletin of Acts, Orders and Decrees. 334.

*Production of child pornography*

The maximum sentence for unqualified<sup>28</sup> possession or production of child pornography is imprisonment for four years. But the production of child pornography usually involves physical sexual violence,<sup>29</sup> implying that the person who producing it has abused the victim, for example by raping the child or inducing the child to perform sexual acts. The maximum sentence for rape is twelve years' imprisonment. When a child is raped for the purposes of a pornographic film, rape has to be charged as a separate offence, in addition to the production of child pornography, in order to arrive at a maximum sentence of more than four years. In other words, the fact that in this case the production of child pornography already implies rape is not reflected in the maximum sentence, which is four years' imprisonment, the same as for possession. The absence of a distinction between production and possession in the definition of the offence means that the seriousness of the physical abuse of the victim that frequently accompanies the production of pornography is not adequately reflected. Since violence is inherent to the production of child pornography in almost every case, the necessity of charging another offence to arrive at an appropriately severe sentence seems laboured. It would therefore be better if there were different maximum sentences for the various acts associated with child pornography.

*Sexual chats*

Sexual contact between an adult and a child usually does not arise from one moment to the next. It is often preceded by a lengthy process, during which the adult prepares the child for the eventual sexual acts.<sup>30</sup> Increasingly, the Internet is the medium used in this process. Because an adult can easily assume the guise of an underage peer of the child online, it is often easier to manipulate the victim online than offline. An adult who sends pornographic images to the child during this process, displays himself naked via the webcam, or persuades the child to perform sexual acts with him- or herself in front of the webcam is committing a crime. The same applies when the adult proposes a meeting with the aim of having sex with the child or making pornographic images of the child (grooming).<sup>31</sup> To be punishable, however, the adult is required to have performed specific acts to arrange that meeting, such as buying a train ticket for the child.

Those additional steps are not taken in every case. Sometimes parents or the police can intervene in time and the situation goes no further than sexually explicit chatting. However, there might already have been a serious intrusion in the personal world of the child. The child is drawn into a world that he or she is not ready for. While repeated and intrusive sexual chatting and being approached online can harm the child, it is not a criminal offence. This is a possible case of a discrepancy between victimization in a social and a legal sense: the child feels she is a victim of sexual violence, and a large section of society regards it as abuse, but legally speaking, no crime has been committed. An amendment of the law to fill this gap, by making sexual chatting with a child a criminal offence, would therefore seem appropriate.

28 This means there are no aggravating circumstances.

29 An exception is the production of virtual child pornography and the situation where a minor voluntarily makes pornographic images of him- or herself, for example within a relationship with a peer.

30 In the international literature, this phase is known as 'grooming', whereby a distinction is made between online grooming and offline grooming. Because the offence in Article 248e DCC is called grooming, in this report 'grooming' only refers to this offence and not to other (offline) forms of grooming.

31 Article 248e DCC.

*Internet stings*

Grooming is only a criminal offence with respect to children under the age of sixteen. It is difficult to prove that an offence has been committed during the grooming phase, since it usually only emerges when the meeting proposed by the suspect has already resulted in sexual contact with the child and the grooming has already escalated to hands-on abuse. To prevent children being approached on the Internet for sexual purposes, until the middle of 2013 the police experimented with the use of decoys in Internet stings, operations in which investigating officers posed as teenagers and then intervened when they were approached by an adult in a chatroom. The court of appeal in The Hague outlawed this method of investigation in a judgment on 25 June 2013, however.<sup>32</sup>

*Judgment of The Hague Court of Appeal in the case of the Internet sting*

In this case, a 35-year-old man was arrested on suspicion of grooming. Although the suspect believed that he had suggested a meeting with a 13-year-old boy for the purpose of committing indecent acts, in reality he had been in contact with a detective posing as a 13-year-old boy using MSN. The legal issue the court had to consider was whether the definition of the offence in Article 248e DCC was met if the intended victim had in reality already reached the age of sixteen, or whether it was sufficient that the suspect had intended to make an appointment with a child under the age of sixteen for the purpose of having sexual contact with him.

The court ruled that for a criminal act within the meaning of Article 248e DCC, there was a requirement in law that the intended victim of that offence had not yet reached the age of sixteen. 'In that context, the suspect's intention with regard to the victim's age was not decisive,' the court ruled.

Since that ruling by the court of appeal in The Hague, it has no longer been possible to use decoys in an investigation, because for the offence of grooming there has to be a victim who is actually younger than sixteen. The Minister of Security and Justice regards this situation as undesirable and has proposed an amendment to the law. In the draft bill Computer Crime III,<sup>33</sup> the provisions on grooming (Article 248e DCC) and corruption of a minor have been expanded. If the bill is passed, a person who wrongly believes he is dealing with a child below the age of sixteen will also be committing a crime. Although such an expansion is desirable from the perspective of investigations, it is important to state explicitly in the explanatory memorandum to the law that this method of investigation cannot be used by citizens, such as self-styled 'paedophile hunters' who surf chatrooms posing as minors in order to unmask paedosexuals. Giving them free rein would be a dangerous development, since the monopoly in conducting investigations lies with the police and should remain with them.

*An offence requiring a complaint*

As explained earlier, the use of force is not a requirement for most sex offences committed against children. However, the absence of force can mean that the victim does not perceive him- or herself as a victim. In such a case, the child is a victim in legal terms, but is not at that moment a victim from a psychological perspective. This is particularly a factor among adolescent children who are developing sexually at the time when, according to the letter of the law, they are victims of a sex offence. There is

<sup>32</sup> ECLI:NL:GHDHA:2013:2302.

<sup>33</sup> The bill (full title: 'Amendment of the Criminal Code and the Code of Criminal Procedure in connection with improving and strengthening the investigation and prosecution of computer crime (Computer Crime III)') was sent to the Council of State for its advice at the beginning of 2014.

little chance of such a victim making a complaint. It is even possible that the parents of the victim will make a complaint against the express wishes of the victim. Until 1 October 2002, some sex offences<sup>34</sup> would only be prosecuted if a complaint was filed by the victim or his or her legal representative. This requirement has not been in effect since that date. However, there is now an obligation to hear the victim in relation to offences under Articles 245, 247, 248a, 248d and 248e DCC, which means that the PPS must give the minor the opportunity to express his or her opinion about the offence (and therefore whether it should be prosecuted).<sup>35</sup> Nevertheless, the PPS can still prosecute, even against the wishes of the victim. If there is sufficient evidence of the criminal offence, the public prosecutor will weigh all of the interests concerned in deciding whether to prosecute, including the risk that the suspect will repeat the offence and create new victims. The victim's absolute insistence that the suspect should not be prosecuted is another factor that will be taken into account. The dilemma that can then arise is whether the wishes of the victim should prevail or whether one should opt for an ex officio prosecution in order to prevent possible future victims. This issue is arising increasingly often due to a number of major cases involving online sex offences (see also §5.2.1.4).

#### *The Cuijk case*

In the Cuijk case, in which the suspect, Frank R., was suspected of inducing more than 300 victims to perform sexual acts via the webcam, among other things, the police identified around 100 victims, who were interviewed by officers from the vice squad. At the time of writing, eighteen of them had made complaints. Many victims refused to file a complaint because they wanted to close the chapter and did not want to rake up the details again. Although there was proof (in the form of film material), this could create a dilemma for the PPS with respect to these victims.

### 2.1.3 Conclusion

As this section has shown, it is difficult to formulate an all-embracing definition of sexual violence against children because the phenomenon can be approached from different perspectives, such as psychological and legal, which do not mesh seamlessly in every situation. This can create friction between a person's sense of being a victim but not being one in legal terms, and vice versa. The question is how the legislature can address this conflict. This section has made a number of suggestions in that regard.

34 Wiarda (2012), p. 35: these are sex offences that were not involuntary or where there was no specific dependency between the child and the perpetrator.

35 Cleiren & Verpalen (2012), art. 245, note 7.

## 2.2 How often does sexual violence against children occur?

How many children are victims of sexual violence? Which children face an increased risk of becoming a victim? Equally important is the question of how many offenders there are, and precisely who they are. The answers to these questions yield the numbers at the top of the funnel, which form the starting point of this report, as well as the point of departure for efforts to combat sexual violence against children.

There have been various studies that gave some indication of the extent to which victimization occurs, but no clear picture has emerged of the number of offenders. And the studies that do relate to offenders<sup>36</sup> do not generally inquire into the age of the victim. As a result, perpetrators of sexual violence against children cannot be distinguished from perpetrators of sexual violence against adults.<sup>37</sup> This section is therefore devoted solely to the prevalence of victimization.

### *Prevalence, current prevalence and incidence*

The extent to which children are victims of sexual violence can be denoted by the victim prevalence, the current victim prevalence and the victim incidence (further referred to as ‘prevalence’, ‘current prevalence’ and ‘incidence’).<sup>38</sup> Prevalence refers to victimization throughout one’s life. In research studies, respondents are asked whether they have ever suffered sexual violence. Current prevalence, on the other hand, relates to the experience of victimization within a recent period, usually within the last year. Current prevalence is similar to incidence, but is not identical because the experiences of victims in the past year (current prevalence) are by no means always the respondents’ first experience as a victim. They are therefore not new victims per se, which is a requirement for measuring incidence.

The measurement of prevalence is discussed in §2.2.1. The following section (§2.2.2) contains a review of the statistics, which are taken from previously unpublished data in three major studies on prevalence in the Netherlands (the nationwide prevalence study of child maltreatment [Nationale Prevalentiestudie Mishandeling van Kinderen en Jeugdigen], the population survey of sexual health in the Netherlands [Bevolkingsonderzoek Seksuele Gezondheid in Nederland] and the study Sex under the age of 25 (Seks onder je 25e)). Roughly a third of seventeen- and eighteen-year-olds have suffered some form of sexual violence at some time (§2.2.2.2), mainly the less extreme hands-on forms (such as being kissed against your will or being touched sexually) or less extreme hands-off forms (such as being unwillingly exposed to another person’s genitals/masturbation). However, roughly one in ten girls have experienced unwanted manual sex during their childhood, and between 5% and 10% have had unwanted oral sex or intercourse at least once. Girls are victims of practically every form of sexual violence more often than boys (§2.2.2.3), but the gap is smaller when it comes to hands-off sexual violence. Furthermore, the girls and the boys frequently did not perceive their experiences of sexual violence as such. That applies even

36 Such as the population survey *Seksuele Gezondheid in Nederland* by de Haas (2012) and the study *Seks onder je 25<sup>e</sup>* by De Graaf, et al. (2012). In these studies, respondents were asked about the methods of pressure they used in a sexual context. But they were not asked whether that pressure had actually led to sexually transgressive behaviour – and hence to actually perpetrating an offence.

37 In addition, research into offenders – in contrast to research into victims – requires a sample of respondents of all ages, since perpetrators can be both minors and adults.

38 This section only looks at the prevalence and the current prevalence, but the incidence is calculated in [Figure 1.1](#).

more often for boys than for girls. Current prevalence is discussed in §2.2.3, where it is shown that older children face a greater risk of suffering sexual violence than younger children.

*Is the number of child victims declining?*

The number of children that are victims of sexual violence appears to be declining at the international level.

*An international trend of declining prevalence?*

In the United States, there has been a decline in the prevalence of sexual violence against minors in recent decades.<sup>39</sup> For example, the National Crime Victimization Survey reported a decline of 52% in the number of victims who had experienced sexual violence (sexual assault) among 12- to 17-year-olds between 1993 and 2005. And a comparison of the Developmental Victimization Survey in 2003 and the National Study of Children's Exposure to Violence in 2008 (both based on the Juvenile Victimization Questionnaire) shows that the percentage of children between the ages of two and seventeen who are victims of sexual violence (sexual assault) each year had declined from 3.3% to 2.0%. The downward trend therefore continued at least until the mid-2000s, albeit at a slower pace than in the 1990s. The impression that emerges from the various studies based on self-reporting is confirmed by the decline in sexual offences registered by various official agencies in the United States.<sup>40</sup> It also seems that similar conclusions are cautiously being drawn in some other countries. In 1998, according to national household surveys, 6.8% of children and young people in the United Kingdom had been forced to engage in sexual activities before the age of 16; in 2009 the figure had dropped to 5%.<sup>41</sup>

Whether this downward trend also applies in the Netherlands is uncertain. In the 1990s, the number of registered sex offences showed an increase rather than a decline.<sup>42</sup> Although there does seem to have been a decline in the 2000s,<sup>43</sup> this might have been due to reasons other than an actual decline in sexual violence against children. The observed decline in registered sex offences is not yet supported by data from prevalence studies based on self-reporting. No significant differences were found in the measured prevalence of victims of sexual violence against children in the survey of students in the nationwide prevalence study of child maltreatment in 2010<sup>44</sup> (compared with its precursor in 2005/2006<sup>45</sup>), in the

39 Finkelhor et al. (2010)

40 For example, data from the National Child Abuse and Neglect Data System show a decline of 62% in sexual abuse of children between 1992 and 2012, but there was an increase of 2.1% between 2011 and 2012. It is uncertain what precisely this signifies (presentation entitled 'Child Maltreatment Epidemiology: New Developments & Recent Developments in International Epidemiology' by David Finkelhor, San Diego International Conference on Child and Family Maltreatment, 29 January 2014).

41 Radford, et al. (2011), pp. 14 and 113.

42 Brouwers & Smit (2005), p. 40.

43 Eggen & Kessels (2013), p. 92; Leuw, Bijl & Daalder (2004), p. 54.

44 Alink, et al. (2011), p. 113: there does in fact seem to be a significant difference between 2010 and 2006 in terms of experiences of sexual abuse within the family in the previous year (nine per 1,000 children in 2006 versus 22 per 1,000 children in 2010); (Alink, et al. (2011), p. 116).

45 Lamers-Winkelmann, et al. (2007).



population survey of sexual health in the Netherlands in 2011<sup>46</sup> (compared with its precursors in 2006<sup>47</sup> and 2009<sup>48</sup>) or in the study Sex under the age of 25 in 2012<sup>49</sup> (compared with its precursor in 2005<sup>50</sup>).

### 2.2.1 How do you measure victim prevalence?

Throughout the world, research is conducted into the victim prevalence of sexual violence against children. In a recent international meta-analysis of records published between 1982 and 2008, the prevalence of sexual violence against children worldwide was estimated at 12.7%, when it is based on self-reporting.<sup>51</sup> There is a consensus that sexual violence against children has always occurred and occurs everywhere, but not about its extent. For example, according to the meta-analysis, the reported prevalence in the 217 publications that were studied ranged from 0.1% to 71.0%. Why this discrepancy?

#### *Retrospective self-reporting or the suspicions of informants?*

A first explanation is related to the type of study. There are generally two methods used to measure prevalence: research based on retrospective self-reporting and informant studies. With self-reporting, respondents are asked about their own personal experiences as victims of sexual violence in the past. The response therefore depends on the memory, the interpretation and the honesty of the respondents. For example, respondents will not recall everything – events that took place when they were still very young, for example – or they might not wish to reveal everything (under-reporting). On the other hand, they can also ‘invent’ experiences or interpret them differently (over-reporting). It is generally assumed that under-reporting is more likely than over-reporting in the case of self-reporting.<sup>52</sup> In informant studies, bystanders (professionals, such as teachers, or non-professionals, such as neighbours) are asked about their suspicions of sexual violence against children in their environment. The question is how accurate suspicions of sexual violence can be since the phenomenon is often barely visible (see §3.2 on identification of sexual violence). Therefore, in all probability there is a far greater underestimation of the prevalence in informant studies than with self-reporting. They also always produce lower prevalence figures than the studies based on self-reporting. In the meta-analysis cited earlier, the worldwide prevalence was estimated at 0.4% on the basis of informant studies, while the estimate on the basis of self-reporting was 12.7%.<sup>53</sup> In other words, the prevalence in informant studies is smaller by more than a factor of 30. Although informant studies are often regarded as prevalence studies, they do not in fact measure the actual occurrence of victimization.<sup>54</sup> Their value lies in providing important insights into the degree to which victimization is identified by third parties and so, in line with the structure of this report, they belong in the next step in the funnel: the identification of sexual violence. Accordingly, the findings from a Dutch informant study are discussed in the next chapter (§3.2).

46 De Haas (2012), p. 144.

47 Bakker, et al. (2006)

48 Bakker, et al. (2009)

49 De Graaf, et al. (2012)

50 De Graaf, et al. (2005), p. 129.

51 Stoltenborgh, et al. (2011)

52 Finkelhor (1994)

53 Stoltenborgh, et al. (2011)

54 Informant studies do provide more insight into victimization among children who cannot be asked themselves, for example because they are too young.

*Differences in self-reporting*

For statistics about prevalence, it is therefore necessary to rely on self-reporting, but even then the figures vary enormously. This is due mainly to differences in the definition of sexual violence against children. Does it include or exclude hands-off sexual violence? Does it include or exclude sexual violence committed by peers? Does it include or exclude the experiences of victims at the ages of sixteen and seventeen? And so on. Logically, broader definitions generally result in higher prevalence figures than narrower definitions. The other explanations for differences in measured prevalence based on self-reporting are mainly methodological in nature.<sup>55</sup> For example, like the size of the sample, the response rate and the research instrument (printed questionnaires versus online questionnaires versus interviews, for example), the composition/representativeness of the sample has an impact on the measured prevalence. The operationalization of the definition also seems to be relevant. In other words, how respondents are asked about victimization of sexual violence. Both the number of questions that are devoted to the subject – where the more questions that are asked, the higher the prevalence figure generally is<sup>56</sup> – and how they are asked (more subjective or more objective) play a role.

**2.2.2 The prevalence of victimization**

This section discusses previously unpublished data from three recent studies on prevalence in the Netherlands that were based on self-reporting by respondents from large representative samples. The objectives of all three studies were associated with ‘measuring victimization of sexual violence against children’, but were slightly different, with the result that both the definitions used (see [Table 2.2](#)) and the methodologies applied (see [Table 2.1](#)) are not ideal for that purpose. Nevertheless, all three studies provide relevant data that, taken together, give a good impression of the prevalence of victims of sexual violence against children in the Netherlands. They are:

- the nationwide prevalence study of child maltreatment in 2010 (hereinafter referred to as NPM-S-2010),<sup>57</sup> the main aim of which was to gain an insight into the prevalence of different types of child abuse in the Netherlands;
- the population survey of sexual health in the Netherlands in 2011 (hereinafter referred to as BO-SGG-2011),<sup>58</sup> and specifically the section relating to sexually transgressive behaviour, the main objective of which was to give an impression of sexual and reproductive health in the Netherlands;
- the study Sex under the age of 25 in 2012 (hereinafter referred to as: SOJ25-GO-2012),<sup>59</sup> specifically the section relating to transgressive behaviour, the main objective of which was to provide insight into the sexual health of young people between the ages of 12 and 25 in the Netherlands in 2012.

As explained in the previous subsection ([§2.2.1](#)), the methodology of a prevalence study affects the measured prevalence. Without information about the methodology, the results of different studies cannot be compared. [Table 2.1](#) therefore presents the methodological source data from the three prevalence studies. The number of respondents in the relevant subgroup is also shown at the bottom of the table. Data based on these subgroups are better suited to answering the research question addressed in this section (‘How frequently does sexual violence against children occur?’) than the data based on the total samples. This is explained in more detail in [§2.2.2.2](#) (‘The measured prevalence’).

55 Stoltenborgh, et al. (2011)

56 Finkelhor (1994)

57 Alink, et al. (2014); Alink, et al. (2011)

58 De Haas (2012)

59 De Graaf, et al. (2012)

Table 2.1 Source data from the three prevalence studies

	<b>NPM-S-2010</b>	<b>BO-SGG-2011</b>	<b>SOJ25-GO-2012</b>
<b>Representativeness of sample</b>	Young Dutch persons in the first four years of secondary school	Dutch population	Young Dutch persons between the ages of 12 and 24
<b>Number of respondents</b>	More than 1,900 respondents	More than 8,000 respondents	Almost 8,000 respondents
<b>Age range of respondents</b>	11 to 17	15 to 70	12 to 24
<b>Method of recruitment of respondents</b>	Through schools	Via an online research panel	Via schools and via the Municipal Personal Records Databases of various municipalities
<b>Data collection period</b>	November 2010 – January 2011	September 2011	During 2012
<b>Research instrument</b>	Hard copy 'Questionnaire on Upsetting and Unpleasant Experiences'	Online questionnaire	Digital questionnaire
<b>Number of relevant questions</b>	Eight out of a total of 114 questions	The subject of sexually transgressive behaviour was one of the six priority areas in the study and therefore a large number of questions were devoted to it	Sexually transgressive behaviour was one of the subjects of the study and therefore a large number of questions were devoted to it
<b>Number of respondents in the relevant subgroup</b>	365 respondents aged 15	323 respondents aged 17 or 18	1,272 respondents aged 17 or 18

Source: Alink, et al. (2011), De Graaf, et al. (2012), De Haas (2012)

### 2.2.2.1 The definitions

The three studies used different definitions of sexual violence. In BO-SGG-2011 and SOJ25-GO-2012, a single, separate question was asked to measure the subjective sense of victimization<sup>60</sup> – in other words, whether the respondents perceived themselves as victims – an interpretation that could differ from one respondent to another. Table 2.2 shows the more objective definitions of sexual violence used in the three prevalence studies. Definitions shown in the same row fall under the same – or at least a somewhat similar – definition (subjective, hands-on, hands-on and/or hands-off and hands-on and/or hands-off limited).

60 Following an introduction discussing what sexual violence is, the BO-SGG-2011 study asked: 'Have you ever experienced sexual violence in your life?' (De Haas (2012), p. 138). In SOJ25-GO-2012, a single question was asked about experiences of forced sex (De Graaf, et al. (2012), p. 118).

Table 2.2 The definitions of sexual violence in the three prevalence studies

NPM-S-2010	BO-SGG-2011	SOJ25-GO-2012
<b>Subjective</b>	<b>Subjective</b>	<b>Subjective</b>
-	A single question	A single question
<b>Hands-on</b>	<b>Hands-on</b>	<b>Hands-on</b>
-	Respondent's unwilling experience of: 1) kissing 2) sexual touching 3) manual sex 4) intercourse 5) oral sex 6) anal sex	Respondent's unwilling experience of: 1) kissing 2) sexual touching 3) manual sex 4) intercourse 5) oral sex 6) anal sex
<b>Hands-on and/or hands-off</b>	<b>Hands-on and/or hands-off</b>	<b>Hands-on and/or hands-off</b>
-	Respondent's unwilling experience of one of the six forms of hands-on sexual violence and/or: 1) being exposed to another person's genitals 2) being confronted with masturbation by another person 3) being spied upon 4) being confronted with pornography 5) the production of sexual images of the respondent 6) the dissemination of sexual images of the respondent	-
<b>Hands-on and/or hands-off limited</b>	<b>Hands-on and/or hands-off limited</b>	<b>Hands-on and/or hands-off limited</b>
1) sexual abuse by a minor, inside or outside the family <sup>61</sup> 2) sex with an adult, inside or outside the family <sup>62</sup> 3) being forced by a minor or adult to touch/look at genitals or allow genitals to be touched/looked at <sup>63</sup>	Respondent's unwilling experience of one of the six forms of hands-on sexual violence and/or: 1) being confronted with another person's genitals 2) being confronted with masturbation by another person 3) being spied upon	-

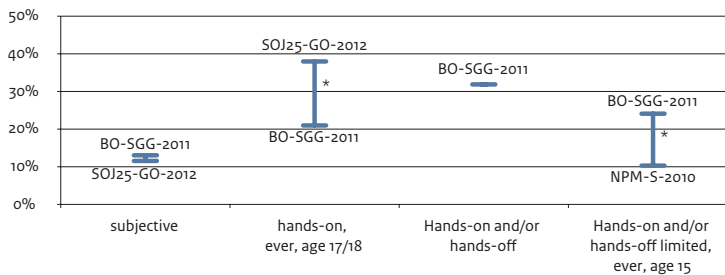
Source: Alink, et al. (2011), De Graaf, et al. (2012), De Haas (2012)

The last of these definitions (hands-on and/or hands-off limited) is derived from the definition of hands-on and/or hands-off in the sense that it embraces three rather than six forms of hands-off sexual violence. The definition of hands-on and/or hands-off (the six hands-on forms and the six hands-off forms)<sup>64</sup> in BO-SGG-2011 (shaded area) contains almost all forms of sexual violence covered in this report (see §2.1).

#### 2.2.2.2 The measured prevalence

To measure the prevalence of victimization during childhood, the data for respondents who have just reached the age of eighteen are particularly important, since younger respondents who have not experienced sexual violence could still become victims before they reach the age of eighteen (under-reporting) and reported victimization among older respondents could also relate to sexual violence during adulthood (over-reporting). For this reason, the average is taken of the prevalence among 17-year-olds and the prevalence among 18-year-olds. This was not possible for the data from the NPM-S-2010 study because the sample consisted of children in the first four years of secondary school (roughly between the ages of twelve and sixteen, which would include the 16-year-olds who had stayed back a year or children in the fourth year who had turned sixteen in the first few months of the school year). It was therefore decided to select the data on 15-year-olds, although it means the figures will be lower than might be expected.

Figure 2.1 shows the extent of the differences in the measured prevalence for each definition (subjective, hands-on, hands-on and/or hands-off, hands-on and/or hands-off limited) and between comparable studies.



**Figure 2.1 Measured victim prevalence, by definition and by study**

Source: Data requested and received from BO-SGG-2011 (De Haas, 2012), SOJ25-GO-2012 (De Graaf, et al., 2012) and NPM-S-2010 (Alink, et al., 2014)

It can be seen from Figure 2.1 that the measured victim prevalence differs according to the definition used; subjective versus hands-on versus hands-on and/or hands-off. When respondents were asked

- 61 What each respondent understands by 'sexual abuse' can differ. This question is therefore fairly subjective
- 62 What each respondent understands by 'sex' can differ. This question is therefore fairly subjective. In addition, 'sex with an adult outside the family' does not necessarily imply victimization; it can also be consensual sex with an adult partner.
- 63 This question is phrased more objectively (with less room for personal interpretation by the respondent). Being forced to touch genitals or allow your genitals to be touched is hands-on sexual violence, while being forced to look at genitals or allow your genitals to be looked at is hands-off sexual violence.
- 64 In the BO-SGG-2011 study, there were questions about eleven hands-off forms of sexual violence in all. The six forms presented here are the forms relating to criminal hands-off acts.

about their subjective experiences of sexual violence, the prevalence was lower (11.6%<sup>65</sup> to 13.1%<sup>66</sup>) than when they were asked about their experiences of events that were more specifically described. In other words, many children and youths do not experience objective situations of sexual violence (hands-on or hands-off) as such (see also §2.1.1 on the difference between the psychological and legal perspectives).

Even when the definitions used are similar, the measured victim prevalence can differ between studies. The definition of hands-on in the BO-SGG-2011 study is the same as the definition in the SOJ25-GO-2012 study (see Table 2.2). But the measured victim prevalence differs substantially: 22.0% versus 38.2%.<sup>67</sup> This is probably due to the fact that the respondents were recruited differently for the two studies. Whereas they were recruited from an online panel for the BO-SGG-2011 study, for SOJ25-GO-2012 the respondents were recruited via schools and a random sample from Municipal Basic Records Databases (see Table 2.1).<sup>68</sup> The sample for SOJ25-GO-2012 is therefore probably more representative of all seventeen- and eighteen-year-old girls and boys in the Netherlands.

The measured prevalence for seventeen- and eighteen-year-olds according to the definition that corresponds closest to the definition used in this report (the hands-on and/or hands-off definition in the BO-SGG-2011 study, see Table 2.2) is 31.9%,<sup>69, 70</sup> so roughly a third had at some time been a victim of at least one of the six forms of hands-on sexual violence or one of the six forms of hands-off sexual violence. Figures 2.2 and 2.3 show the forms of violence involved with respect to girls (40.9%<sup>71</sup> have been a victim at some time in their life) and boys (22.9%<sup>72</sup> have been a victim at some time in their life). Because respondents were also asked about the six hands-on forms in SOJ25-GO-2012, the results of that study are also incorporated in Figure 2.2.

65 The 95% reliability interval of SOJ25-GO-2012 subjective is [9.9, 13.4].

66 The 95% reliability interval of BO-SGG-2011 subjective is [9.8, 17.2].

67 This is a significant difference (as shown by the asterisk in the figure), since the 95% reliability interval of BO-SGG-2011 hands-on [16.9, 25.7] does not overlap with the 95% reliability interval of SOJ25-GO-2012 hands-on [35.4, 40.7].

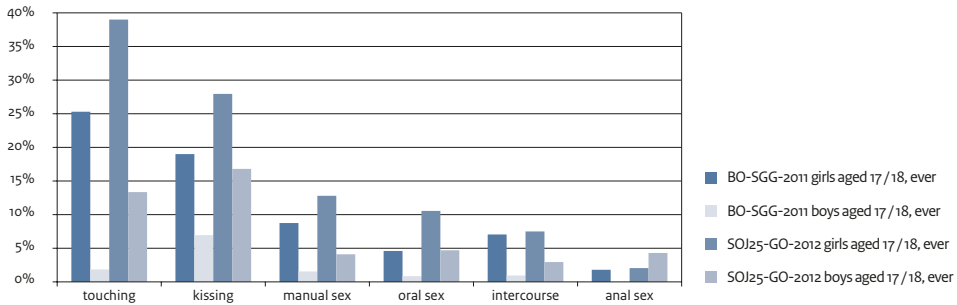
68 De Graaf, et al. (2012), pp. 2-5; Wijzen & de Haas (2012), p. 84; de Haas (2012), p. 144.

69 The 95% reliability interval of BO-SGG-2011 hands-on and/or hands-off is [27.0, 37.1].

70 This is therefore the basis for the calculation of the number of victims, as described in Chapter 1. For the explanation of this calculation, see Appendix 1.11.1.

71 The 95% reliability interval of BO-SGG-2011 hands-on and/or hands-off girls is [34.4, 47.8].

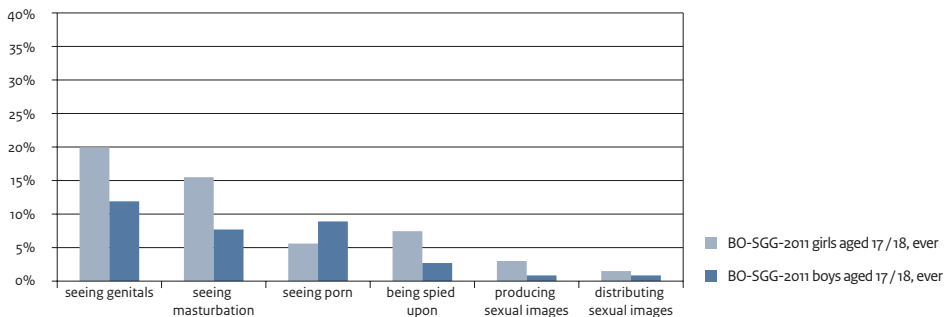
72 The 95% reliability interval of BO-SGG-2011 hands-on and/or hands-off boys is [16.3, 31.2].



**Figure 2.2 Measured victim prevalence, by hands-on form and gender**

Source: Data requested and received from BO-SGG-2011 (De Haas, 2012) and SOJ25-GO-2012 (De Graaf, et al., 2012)

For both girls and boys, hands-on sexual violence generally involves less extreme forms: being touched sexually or kissed against their will. Nevertheless, roughly one in ten girls has experienced unwanted manual sex (jerking off or fingering), and between 5% and 10% of girls have experienced unwanted oral sex or intercourse.



**Figure 2.3 Measured victim prevalence, by hands-off form and gender**

Source: Data requested and received from BO-SGG-2011 (De Haas, 2012) and SOJ25-GO-2012 (De Graaf, et al., 2012)

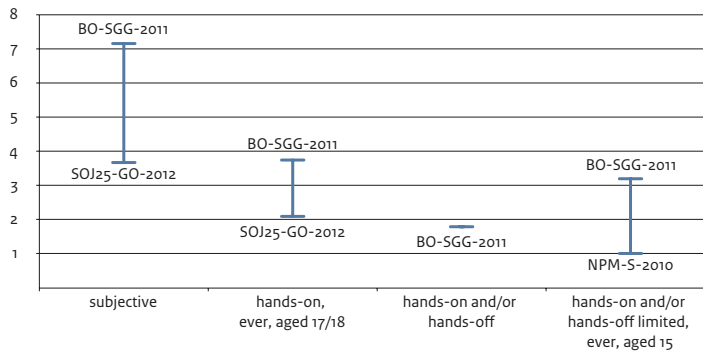
Hands-off sexual violence mainly involves indecency and only exceptionally the production<sup>73</sup> or distribution of pornographic images of the girls and boys. Girls are victims of almost all forms of sexual violence (hands-on and hands-off) more often than boys, with the exception of unwanted anal sex and

73 The production of child pornography can be accompanied by hands-on sexual violence.

unwanted exposure to pornography. The difference between girls and boys is smaller when it comes to hands-off forms.<sup>74</sup>

### 2.2.2.3 Differences between girls and boys

Figure 2.4 gives an impression of the ratio of the victimization of girls to the victimization of boys. The vertical axis shows how many girls are victims in relation to every boy. For example, according to the subjective definition in the BO-SGG-2011 study, more than seven times more girls than boys are victims of sexual violence.



**Figure 2.4 Ratio of victim prevalence among girls to victim prevalence among boys**

Source: Data requested and received from BO-SGG-2011 (De Haas, 2012), SOJ25-GO-2012 (De Graaf, et al., 2012) and NPM-S-2010 (Alink, et al., 2014)

The biggest difference between boys and girls emerges when they are asked about subjective victimization. According to the BO-SGG-2011 study, in this context the ratio of girls to boys is more than seven to one. According to the same study, however, the ratio is less than four to one with the hands-on definition and less than two to one with the hands-on and/or hands-off definition. SOJ25-GO-2012 portrays a similar picture, so boys who have experienced sexual violence – based on an objective definition – are even less inclined to regard themselves as victims than girls. This could be a factor in the finding that disclosure by boys occurs less frequently – even in relative terms – than disclosure by girls (see §3.1.2).

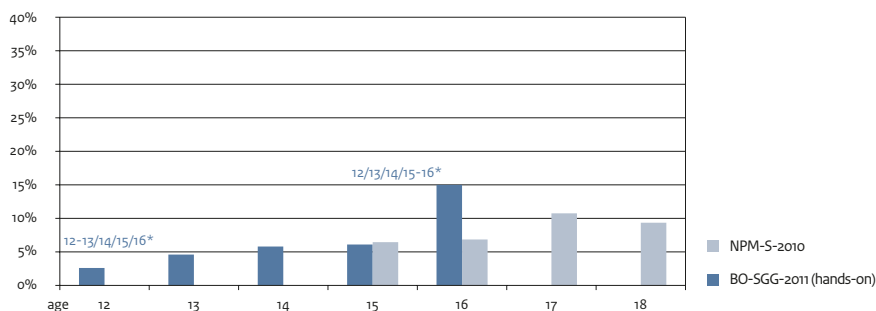
74 The difference between girls and boys is significant with respect to hands-on (girls (33.1%) – boys (8.9%): 24.3%), since the 95% reliability interval of BO-SGG-2011 hands-on girls [27.0, 39.8] does not overlap with the 95% reliability interval of BO-SGG-2011 hands-on boys [5.0, 15.3]. This difference between girls and boys also exists with respect to hands-on and/or hands-off, since the 95% reliability interval of BO-SGG-2011 hands-on and/or hands-off girls [34.4, 47.8] does not overlap with the 95% reliability interval of BO-SGG-2011 hands-on and/or hands-off boys [16.3, 31.2]. But this difference does then appear smaller: the difference between girls (40.9%) – boys (22.9%): 18.0% (compared with a difference of 24.3% for hands-on). If one looks at victimization of exclusively hands-off forms of sexual violence (hands-on and/or off minus hands-on, thus also exclusive of hands-off sexual violence when there is also hands-on sexual violence), there is in fact no longer any difference between girls (7.8%) and boys (14.1%) ( $X^2: 2.51$ ; df: 1;  $p > 0.05$ ). Therefore, there is an interaction effect between the factors hands-on (with or without the combination with hands-off) and exclusively hands-off (within subject variables) and gender (between subject variables) on the measured prevalence ( $F: 21.42$ ; df: 1;  $p < 0.01$ ).



What also emerges is that the difference between girls and boys is smaller when hands-off sexual violence is involved. According to BO-SGG-2011, the ratio of girls to boys in terms of exclusively hands-on sexual violence is almost four to one, while the ratio is less than two to one with respect to both hands-on and hands-off forms. The comparison between Figures 2.2 and 2.3 created the same impression. Finally, it is noteworthy that the NPM-S-2010 study found no significant differences between the victim prevalence for girls and the victim prevalence for boys: the ratio there was one to one.

### 2.2.3 The current prevalence of victimization

In the BO-SGG-2011 and NPM-S-2010 studies, respondents were also asked about victimization in the preceding year; in other words, the current prevalence (see the [box text](#) at the beginning of §2.2). Compared with the prevalence (victimization in the course of one's life), the fallibility of recall plays a less significant role here. In other words, under-reporting will be less of a factor (see §2.2.1). Figure 2.5 presents the measured current prevalence by age for the two studies. For the BO-SGG-2011 study, it could only be measured for the hands-on definition because it was unclear whether any of the six hands-off forms had been experienced in the past year.<sup>75</sup> Therefore, in terms of the definition, the two studies are not comparable in relation to current prevalence (see [Table 2.2](#)).



**Figure 2.5 Measured current victim prevalence by age**

Source: Data requested and received from BO-SGG-2011 (De Haas, 2012) and NPM-S-2010 (Alink, et al., 2014)

The NPM-S-2010 study shows that the percentage of children that are victims increases with age. The current prevalence among 12-year-olds (2.6%) is lower than the current prevalence among older respondents. And the current prevalence among 16-year-olds (15.0%) is higher than among younger respondents.<sup>76</sup> The fact that voluntary sex with a partner who has already reached the age of eighteen is defined as victimization is very probably a factor in this (see [Table 2.2](#): 'sex with an adult, inside or outside the family'). The older the respondents are, the more often this will be the case. This partially explains the peak that can be seen among 16-year-olds. Nevertheless, the BO-SGG-2011 study (in which voluntary sex with an adult partner is not defined as victimization, see [Table 2.2](#)) also shows that hands-on sexual violence seems to increase as respondents become older. The 16- and 17-year-olds, for whom the Dutch

75 This is because the six hands-off forms are a selection from the total of eleven hands-off forms investigated in the BO-SGG-2011 study.

76  $X^2: 32.21; df: 4; p < 0.01$  (Alink et al., 2014).

legislation on offences against public morals provides less protection than for younger children (see §2.1.2.1), actually seem to face the greatest risk of sexual violence – a risk that does not in fact recede in early adulthood (up to the age of 25).<sup>77</sup>

### 2.2.4 Conclusion

‘How often does sexual violence against children occur?’ The question is easier to ask than to answer conclusively. As far as possible, an attempt has been made to provide an answer in this section on the basis of previously unpublished data from three recent studies on prevalence in the Netherlands (the nationwide prevalence study of child maltreatment, the population survey of sexual health in the Netherlands and the study Sex under the age of 25). Since the research questions in those studies were – logically – not precisely the same as the question investigated in this section, the definitions and the methodologies applied are not entirely ideal for our purposes. In order to generate better data about victims, and any data at all about offenders, future editions of these prevalence studies should be modified accordingly. Nevertheless, it is already possible to give an indication of the number of victims: roughly one in three children suffers a form of sexual violence during childhood. Often it is one of the less extreme hands-on (being sexually touched against your will, for example) or hands-off (indecent, for example) forms. However, one in ten girls has had manual sex against her will at least once during childhood, and 5% to 10% have experienced unwanted oral sex or intercourse. Girls appear to be victims more often than boys (40.9% compared to 22.9%), and the risk of victimization appears to increase with age and even continue into early adulthood. It is therefore important for policies in the area of preventing/tackling sexual violence to be targeted not only at children, but also at the high-risk group of older children and young adults.

## 2.3 Who are the victims?

Now that we have an idea of how many victims there are, we also want to know who they are. Everyone can be a victim of sexual violence, regardless of age, gender or level of education. Nevertheless, there are factors that increase the risk of experiencing sexual violence. It is clear from §2.2 that victims are more frequently girls and more frequently older children. But these are not the only risk factors. This section discusses a number of risk factors at the level of the child itself and the parents and within families. For example, children with a disability, children from single-parent families and children with parents with problems arising from alcohol and drug use face a heightened risk of becoming a victim. There are also factors outside the immediate family that can increase the risks for children. A number of these risky environments have been in the news recently. Examples include crèches, swimming pools, youth care facilities and foster homes, but there are many more environments where children face an above-average risk of falling victim to sexual violence unless oversight improves.

Risk factors are based on research into known victims. If a variable is found to occur significantly more often among victims of sexual violence than in the general population, it is regarded as a risk factor. But what does this mean? There is no simple answer to that. The problem with risk factors is that cause and effect are sometimes difficult to distinguish. Nevertheless, in one way or another, these factors play

77 De Haas (2012), p. 141. It was not without reason that the periodic SOJ25-GO-2012 study related to this age group and the Y-SAV (Youth Sexual Aggression and Victimization) project, which was financed by the European Union and completed in 2013, was carried out (see <http://ysav.rutgerswpf.org/>).

a role in (the occurrence of) sexual violence. Recognizing risk factors can therefore help in identifying children who face a significant risk of becoming victims of sexual violence.<sup>78</sup> Measures to prevent sexual violence could then be targeted more specifically at groups that are at risk (see [Chapter 8](#)). At the same time, it is not a single risk factor that leads to a person experiencing or not experiencing sexual violence; it is always a combination of factors.

#### *Risk factors at the level of the child*

Research shows that children with a disability (physical and/or intellectual)<sup>79</sup> have a greater chance of becoming a victim of sexual violence (see [§8.2.1](#)) than children without a disability. The increased likelihood of experiencing sexual violence also applies for children with a lower level of intelligence.<sup>80</sup> As previously mentioned, gender is also a factor: girls are more often victims in general, and more often victims of sexual violence within the family, than boys.<sup>81</sup> Homosexual and bisexual (post-) adolescent boys say more often than heterosexual boys that they have been forced to have sex, have had a sexual experience against their will or have been pressured into having sex.<sup>82</sup> Finally, children who have already suffered a sexual trauma face an increased risk of future sexual violence (revictimization).<sup>83</sup>

#### *Lack of communication skills*

In addition to these socio-demographic characteristics, poor communication between young people themselves can result in unwanted sexual acts or sexual violence. During adolescence, young people are not always capable of clearly expressing what they want (there is often a discrepancy between verbal and non-verbal behaviour<sup>84</sup>) or of picking up non-verbal cues.<sup>85</sup> Uncertainty or fear of the consequences of establishing boundaries is often a cause of miscommunication.<sup>86</sup>

#### *Risk factors at the level of the parent and family*

Not only child-related factors increase a person's risk of becoming a victim of sexual violence, but also family relationships. Sexual violence within a family can be an expression of a dysfunctional family,<sup>87</sup> where the violence can be defined as a symptom of serious family pathology.<sup>88</sup> Communication pro-

78 Black, Heyman & Smits Slep (2001), p. 209.

79 Van Berlo, et al. (2011), p. 179; Slotboom et al. (2012), p. 42.

80 Black, Heyman & Smits Slep (2001), p. 214.

81 Slotboom, et al. (2012), p. 41.

82 De Graaf, et al. (2012), p. 43.

83 Slotboom, et al. (2012), p. 42; Black, Heyman & Smits Slep (2001), p. 215.

84 An example of a discrepancy between verbal and non-verbal behaviour that could lead to a form of sexual violence might be an adolescent girl who does not dare to say 'no' when her boyfriend wants sex. If the girl says 'yes' but sends non-verbal signals that she does not want sex (such as being withdrawn or taciturn), there is a discrepancy between her verbal and non-verbal behaviour. If the boy only listens to what she says and does not pick up the non-verbal signals, the couple will very probably have sex. The sexual experience might then be experienced afterwards as unwanted or as rape.

85 Meeting organized by RutgersWPF and SOA Aids NL to provide information for primary and secondary teachers about relationship and sex education, 13 February 2013.

86 Cense, et al. (2012), pp. 207 and 208.

87 Ten Berge, et al. (2012), p. 26

88 Pollmann (2012), p. 39.

blems, social isolation and a lack of emotional attachment and flexibility in the family often play a role.<sup>89</sup> Parental factors and the composition of the family also have an impact.

With regard to the composition of the family, the presence of a stepfather in the house is a risk factor,<sup>90</sup> as is the fact that a child is living with one rather than both parents.<sup>91</sup> The proportion of victims that grow up in single-parent families is significantly higher than what one would expect on the basis of the total percentage of children that are raised in single-parent families in the Netherlands.<sup>92</sup> Household income and the level of education in the family also play a role.<sup>93</sup> Victims are relatively more often from a family in which both parents are unemployed<sup>94</sup> and/or have a very low level of education.<sup>95</sup>

Children with parents who argue a lot,<sup>96</sup> parents with alcohol or drug-abuse problems or parents who display criminal behaviour<sup>97</sup> face an increased risk of experiencing sexual violence. Children who feel less attachment to their parents,<sup>98</sup> whose mother is ill or absent<sup>99</sup> or who have a poor relationship with a parent, particularly if it is the relationship between the mother and the daughter,<sup>100</sup> also face a greater risk. Children who are alienated from or in conflict with their parents are particularly vulnerable to becoming victims of online sexual violence.<sup>101</sup>

As mentioned previously, cause and effect are sometimes difficult to distinguish with risk factors. What does it mean that children with a poor parent-child relationship face a greater risk of experiencing sexual violence? One possibility is that such a child is particularly vulnerable to being abused because, for example, he or she is looking for attention and affection from others.

#### *Cause?*

*'I have felt alone all my life. I was always looking for attention. I was already seeking that attention from boys in the neighbourhood from a young age. Boys who abused me, who sexually abused me from the age of thirteen. [...] I didn't think about it. Just as long as I received attention.'*<sup>102</sup>

Another possibility is that because the victim is already being abused by either a family member or someone outside the family, he or she develops behavioural problems (see §2.4), which lead to a poor parent-child relationship.

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- 89 Ten Berge, et al. (2012), p. 26.  
 90 Slotboom, et al. (2012), p. 43; Fergusson, Lynskey & Horwood (1996), p. 1359.  
 91 Slotboom, et al. (2012), p. 43; Finkelhor (1993), p. 68.  
 92 Alink, et al. (2011), p. 72.  
 93 Black, Heyman & Smits Slep (2001), p. 223  
 94 Alink, et al (2011), p. 70.  
 95 Alink, et al. (2011), p. 68.  
 96 Finkelhor (1993), p. 69; Fergusson, Lynskey & Horwood (1996), p. 1359.  
 97 Fergusson, Lynskey & Horwood (1996), p. 1360.  
 98 Fergusson, Lynskey & Horwood (1996), p. 1359.  
 99 Finkelhor (1993), p. 68  
 100 Black, Heyman & Smits Slep (2001), p. 225.  
 101 Wolak, et al. (2008), p. 123.  
 102 Van der Wiele & de Ruiter (2011), p. 191.

*Consequence?*

'At 11, I was a very quiet, studious child who read books fast - I was precociously bright. But from that age my grades slipped and slipped. I was abused when I was 11, by a friend of my parents. I became unhappy. "You were always moody," my mother says.'<sup>103</sup>

If the abuse only comes to light or is discovered years later (see [Chapter 3](#)), cause and effect are particularly difficult to distinguish. In short, interpreting the cause and effect of risk factors can be difficult.

*Risky environments*

There are numerous environments in which children face an increased risk of victimization, mainly environments where they are dependent on an adult. In many cases, the offender is a family member, a friend of the family or another acquaintance (see, for example, [§4.2.2.2](#)). When sexual violence occurs outside the family, it is often in environments where an offender has easy access to children (see [§8.2.2](#)). Examples include childcare facilities, the boarding schools formerly run by the Roman Catholic church, youth care institutions and foster homes – the domains covered by the inquiries carried out by the Gunning,<sup>104</sup> Deetman,<sup>105</sup> and Samson<sup>106</sup> committees. However, wherever people are working with children or where children are close by, an analysis of potential risks should be made and not just in those environments where sexual violence has been committed on a large scale and which have been investigated to explore 'how it could have happened'.<sup>107</sup> Only by recognizing and analysing high-risk environments can adequate preventive measures be taken (see [§8.2.2](#)).

*Hands-off sexual violence*

The Internet can also be a risky environment, since children can become victims of sexual violence online. This will often be hands-off sexual violence (see [§2.1](#)). Children can take the initiative themselves, for example by visiting sites or chatrooms of a sexual nature, out of curiosity. But they can also be approached, even via platforms that are not intended for that purpose. With adolescents among each other, this can be seen as part of their sexual development and healthy curiosity, but the outcome can be very different. If young people send each other sexually explicit photos of themselves, intended only for the recipient, it is not necessarily a problem. The situation is different, however, if those images are circulated online. The person portrayed is then the victim of child pornography.

103 The Guardian, 'I suffered sexual abuse. I refuse to be ashamed any more', 14 May 2013.

104 Commissie Gunning (2011).

105 Deetman, et al. (2011).

106 Commissie Samson (2012)

107 National Rapporteur on Trafficking in Human Beings (2011).

*Child pornography*

The Hotline combating Child Pornography on the Internet (Meldpunt Kinderporno) is dedicated to combating the spread of images of sexual violence against children on and via the Internet. The Hotline analyses child pornography that is openly distributed online;<sup>108</sup> it does not have any information about child pornography that is distributed through encrypted or anonymous sections of the Internet, such as the Tor network.

The Hotline analysed 11,565 reports it received in 2012 that were classified as child pornography. In 76% of the cases, the child pornography featured girls, and in 15% of the cases, only boys.<sup>109</sup> The reports related mainly to child pornography featuring pre-pubescent children. In 79% of the 11,565 reports, the children concerned were between the ages of four and twelve. Only 13% of the cases involved pubescent and post-pubescent children (aged between twelve and eighteen).<sup>110</sup> It is possible that pubescent and post-pubescent children are under-represented in the Hotline's analysis, since it is difficult to estimate from appearances whether a person has reached the age of eighteen. After all, Article 240b(1) DCC provides that a sexual image is child pornography if the victim has apparently not yet reached the age of eighteen.

Other risky phenomena can also occur in the online environment. Anyone can assume a false identity online and sexual experiments can then take on an entirely different connotation. Frank R., the suspect in the Cuijk case referred to in §2.1.2.1, for example, had posed as a younger boy, deceiving more than 300 victims whom he persuaded to perform sexual acts in front of the webcam, thus making many of them victims of hands-off sexual violence. Young people also run the risk that any sexually explicit photos and videos that they have made of themselves and placed on the Internet (on social network sites, for example) will be copied, uploaded and published on sites that offer sexually explicit images of young people.<sup>111</sup>

## 2.4 The effects of sexual violence on victims

The media frequently report on sexual violence against children, often with the focus on the prosecution and trial of offenders, as is apparent from the following newspaper headlines: 'Sentence demanded: three years' imprisonment for abuse of daughter', 'Webcam case before the court', 'Man sentenced to 2½ years in jail for abuse of stepdaughter'. After reporting on the trial, however, media attention generally falls off. But what happens with the victims? Does the case also end for them?

The answer is a very definite 'no'. For victims, the consequences of sexual violence do not end with the trial of the perpetrator, but can continue to have an impact well into adulthood, which is not reported by the media. An understanding of the effects of sexual violence on the well-being of victims is crucial – it

108 [http://www.meldpunt-kinderporno.nl/dropdownmenu\\_\\_criteria.htm](http://www.meldpunt-kinderporno.nl/dropdownmenu__criteria.htm), consulted 7 February 2014.

109 In 7% of the cases there were both boys and girls, and in 2% of the cases, the gender could not be determined.

110 Meldpunt Kinderporno op het Internet (2013), pp. 8 and 9.

111 Internet Watch Foundation (2012), p. 19: according to research by the British Internet Watch Foundation, over 88% of the more than 12,000 self-made sexually explicit photos of young people between the ages of thirteen and twenty are copied, uploaded and published on other sites.

can increase the possibilities for identifying abuse (see §3.2) and facilitate more effective strategies for providing help for victims (§7.1). This section provides insight into this aspect.

The short- and medium-term consequences of sexual violence are discussed in §2.4.1 on the basis of unique data from the Diagnosis Treatment Combination Information System (DBC Information System). This is the database used by care providers. The data show the disorders that underage victims who receive treatment from the youth mental health service suffer from. Although the data reveal that a large proportion of victims do not suffer from a disorder, naturally that does not mean that they do not have any problems. The consequences for victims who were not (yet) suffering from a disorder were reviewed by means of literature research. The effects of sexual violence may depend on the age of the victim at the time of the abuse. In §2.4.2, there is a discussion of long-term medical, psychological and sexual problems. The information in this section is based on research among adults who were abused in childhood, which clearly shows that sexual violence can have an impact throughout a victim's life. Finally, §2.4.3 contains a review of the factors that can help to protect victims from experiencing detrimental effects, such as resilience, learned coping strategies and support from the victim's social network.

## 2.4.1 Short- and medium-term consequences

### *Trauma-related complaints and disorders*

A trauma is an emotional injury caused by experiencing a shocking event,<sup>112</sup> such as sexual violence. The chance of developing trauma-related complaints is greater with chronic exposure to repeated abuse than with a single case of sexual violence.<sup>113</sup> Trauma-related complaints disrupt the day-to-day functioning of victims and can include reliving the event (often constantly), heightened irritability and increased guardedness. Victims can also 'fall apart' in a psychological sense, in other words suffer from dissociation, a condition where the individual is temporarily unable to access certain ideas, emotions, perceptions and memories. The transition from complaints to a disorder is a gradual process<sup>114</sup> that can occur if the trauma-related complaints are very serious or continue for a lengthy period. There are various trauma-related disorders, such as traumatic stress disorder,<sup>115</sup> acute stress disorder,<sup>116</sup> (complex) post-traumatic stress

112 'Trauma bij volwassenen', Altrecht, [http://www.altrecht.nl/ggz/53028/Trauma\\_bij\\_volwassenen](http://www.altrecht.nl/ggz/53028/Trauma_bij_volwassenen), consulted on 5 February 2014.

113 Lindauer & Boer (2012), p. 11.

114 Lindauer & Boer (2012), p. 35.

115 Traumatic stress disorder can only be diagnosed in children under the age of four, <http://www.dbcspelregels.nl/ggz/typeren/typeren-dbc-what/diagnoseclassificatie/diagnose-bij-kinder-en-jeugdpsychiatrie/>, consulted on 26 February 2014.

116 An acute stress disorder encompasses the reliving of the event, inability to feel positive emotions, avoidance of particular persons or places and/or difficulty sleeping. An acute stress disorder lasts up to four weeks. American Psychiatric Association (2013), pp. 281 and 282.

disorder (PTSD)<sup>117</sup> and dissociative disorders.<sup>118</sup> The literature shows that PTSD is a frequently occurring disorder among victims of sexual violence.<sup>119</sup> The National Rapporteur's own research, based on data from the DBC Information System, shows that victims who receive treatment within the youth mental health service do not suffer from PTSD very often – 6% of the 688 victims covered by the study had PTSD.

Children are treated by the youth mental health service in accordance with a Diagnostic Treatment Combination (DBC). A DBC is 'the package of care with all the information about the treatment that a patient receives for a particular complaint.' Care providers submit DBCs to the DBC Information System in order to bill the health insurer or the patient for the treatment.<sup>120</sup> While the information system contains a great many DBCs, it does not contain the full details of the care provided.<sup>121</sup> Data for 688 underage victims who were treated between 2008 and 2012 were analysed.<sup>122</sup> These were individuals who were registered in the information system under the diagnosis 'Sexual abuse of a child: The reason for care lies with the victim'.<sup>123, 124</sup> Further enquiries to youth mental health care workers revealed that this classification is often applied if the abuse is the core of the problem and if it can be discussed with the parties concerned, including the parents.<sup>125</sup> Victims who were registered under a different principal diagnosis (for example, a disorder they had developed as a result of the abuse) were not included in the analysis, which means that some victims are perhaps not covered in this section<sup>126</sup> and that far more victims of sexual violence may have been treated for PTSD by the youth mental health care service than is shown by the DBC data. That is the case, for example, if that disorder was registered as the principal diagnosis rather than the classification 'Sexual abuse of a child: The reason for care lies with the victim'. Other possible explanations are that the care providers do not properly identify trauma-related disorders<sup>127</sup> or that PTSD occurs less often than believed when the abuse is the core of the problem (which does not rule out the possibility that victims could still have trauma-related complaints).

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- 117 Symptoms of PTSD include reliving the experience, nightmares, avoidance and hyperactivity. They often appear within three months of the trauma, but might only become apparent months or years later. American Psychiatric Association (2013), pp. 271-277.
- 118 A dissociative disorder often develops after a situation of extreme stress during childhood – a frightening situation that is usually not consciously experienced. A person with a dissociative disorder is separated from ideas, feelings and recollections for a certain period. [http://www.altrecht.nl/ggz/53014/Dissociatieve\\_stoornissen](http://www.altrecht.nl/ggz/53014/Dissociatieve_stoornissen), consulted on 2 December 2013.
- 119 Walsh, et al. (2012), p. 940; Elklit & Christiansen (2010), p 1480; McLeer, et al. (1998).
- 120 'De DBC-systematiek', DBC-onderhoud, <http://www.dbconderhoud.nl/the-dbc-systematiek/menu-id-84>, consulted on 2 February 2014.
- 121 Written information from the Dutch Healthcare Authority (*Nederlands Zorgautoriteit*, NZa), 15 April 2014.
- 122 The system used to deliver DBCs to the DBC Information System means that the data for 2012 are not yet complete.
- 123 The victims with an alternative principal diagnosis connected with sexual abuse are included in the dataset if the ancillary diagnosis was 'the reason for care lies with the victim'.
- 124 A reservation about the DBC data is that the codes relating to sexual abuse (in principle, one for victims and one for perpetrators) are very probably used inconsistently by mental health institutions. Consequently, it was sometimes difficult to make the distinction between perpetrator and victim and therefore there is very probably under-reporting of the number of victims in the youth mental health service presented in this chapter (see [Appendix 1.10.1](#) research methodology).
- 125 Written information from Polikliniek HKJC, Top Referent Trauma Centrum, 31 March 2014; written information from Stichting De Jutters, 30 March 2014.
- 126 See the appendix on the research methodology for more information about the data.
- 127 For more information about identification, see [§3.2](#).

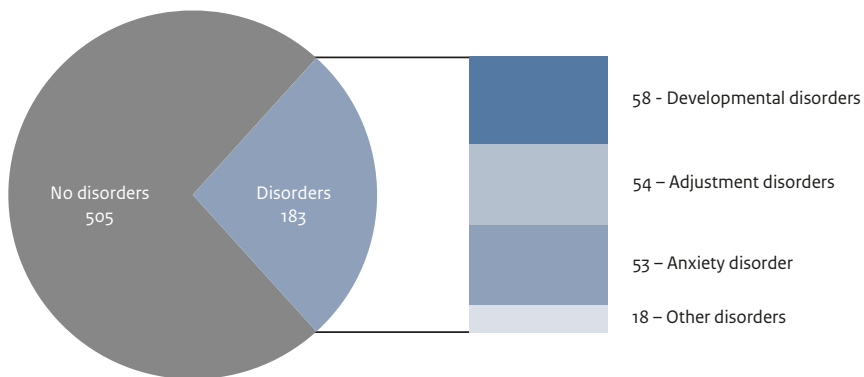


### Other non-trauma-related disorders

As discussed above, the transition from complaints to a disorder occurs gradually. This applies not only for disorders arising from trauma-related complaints but also for other disorders. It seems that the majority (73%) of victims experience serious complaints that have not yet evolved into a disorder. The remaining 27% have developed a disorder, primarily a developmental, adjustment and/or an anxiety disorder (Figure 2.6). The anxiety disorders in the data are mainly trauma-related.

**Figure 2.6 The disorders<sup>128</sup> that victims develop (N = 688)**

Source: DBC Information System 2008-2012



It is not surprising that these are three frequently occurring disorders. Developmental disorders encompass learning, behavioural and attachment disorders and, according to the literature, victims suffer from problems with concentration and behaviour – including dysfunctional sexual behaviour – and have difficulty forming attachments.<sup>129, 130</sup> If these problems do not disappear over time, one can speak of a disorder. The same applies for adjustment disorder, which occurs as a reaction to stress caused by major changes in one's life (positive or negative). It often encompasses a wide variety of symptoms that cannot be labelled with any other name, and it is clear from the literature that victims can experience a very wide range of problems (§2.4.1.1). Since this disorder involves a variety of symptoms and cannot be clearly defined, it has been excluded from reimbursement by health insurers since January 2012.

128 Only the following clusters of disorders were analysed on the basis of the literature: developmental disorders, adjustment disorders, substance-related disorders, mood disorders, anxiety disorders, dissociative disorders, sexual dysfunction (as part of the sexual disorder), eating disorders and impulse-control disorders.

129 Problems with forming attachments can arise both as a result of sexual violence and as a result of the stress reactions of parents. Lindauer & Boer (2012), p. 14.

130 Lindauer & Boer (2012), pp. 15 and 27; Gezondheidsraad (2011), p. 56.

*Problems after online sexual violence*

When visual material of the abuse is produced, children can suffer a second form of victimization,<sup>131</sup> consisting of suffering the consequences of being an object of child pornography.<sup>132</sup> The result can be feelings of powerlessness, helplessness, shame and fear.<sup>133</sup> Child pornography does not disappear from the Internet and that realization hampers the recovery process of victims; they can never entirely put the traumatic event behind them, as the following text shows.

*The price of a stolen childhood*

‘For Nicole, knowing that her photos were circulating was an unrelenting burden. It was hard to concentrate at school and hard to forge new friendships [...]. Late that spring, Nicole got a series of messages on MySpace from a man who said he had been looking for her for five years. He asked “Want me to come and visit u?”. When Nicole blocked him, he wrote to one of her friends on MySpace, telling her that Nicole was a “porn star” – and sending two images. “That’s when I fully realized what it meant for these pictures to be out there,” Nicole said. “I couldn’t get away from it, not really. I started getting paranoid and having nightmares.”<sup>134</sup>

2.4.1.1 *Age-specific consequences*

The victim’s age at the time of the sexual violence plays an important role in the consequences he or she suffers.<sup>135</sup> Knowledge about these age-specific consequences – and how they are expressed – lays the foundation for the identification of victims of different ages (§3.2). These consequences are discussed in this section, which covers problems and complaints, not disorders, and provides an insight into the problems that may have been experienced by the 505 victims in the previous section who had not (yet) developed a disorder.<sup>136</sup>

*Babies, infants and toddlers*

Stress-related reactions that babies can experience include stopping eating or not eating enough, sleeping badly, scarcely responding to parents or appearing anxious.<sup>137</sup> The stress system in babies who have been chronically abused does not relax,<sup>138</sup> and the continued release of the stress hormone cortisol can be harmful to the development of the brain.<sup>139</sup>

131 There has been little research into the consequences for victims of child pornography as an extra dimension of victimization from sexual violence. For more information about the impact of child pornography on victims, see [National Rapporteur on Trafficking in Human Beings \(2011\) §1.4.3](#).

132 [National Rapporteur on Trafficking in Human Beings \(2011\)](#).

133 Von Weiler, Haardt- Becker & Schulte (2010), p. 218.

134 New York Times, ‘The price of a stolen childhood’, 21 January 2013.

135 Lindauer & Boer (2012), p. 13.

136 These 505 victims cannot be broken down by age group here. In the DBC Information System, the age at the time of treatment is registered, not the age at the time of the abuse.

137 Lindauer & Boer (2012), pp. 13 and 21.

138 Lindauer & Boer (2012), p. 22.

139 Verbal presentation by W. Bezemer during the course on public morals legislation, offenders and victims at the Training and Study Centre for the Judiciary (SSR), 12 February 2013.

### Neurological changes

The environment can have a major influence on the development of young children's brains. Traumatization in early childhood can cause the brain's development to stagnate and/or cause changes in its structure, volume and function. These changes explain why young victims can also have problems controlling emotions and stress and lack cognitive skills such as the capacity to learn.<sup>140</sup> However, changes in the brain can also be a survival mechanism during periods of persistent sexual violence. Behaviours that enable the victim to survive the abuse include switching off one's feelings or being mistrustful.<sup>141</sup> When the victim is in a safe environment, however, the learned cognitions and behaviours are no longer desirable and the victim needs a lot of help to change these behaviours.<sup>142</sup>

Sexual violence that occurs during infancy can cause the child to regress into behaviour appropriate to a younger age or strengthen the child's fear of being separated from his or her parents.<sup>143</sup> Toddlers often suffer the same effects as infants and can also become more irritable and more withdrawn as a result of sexual violence.<sup>144</sup>

The Academic Medical Centre and municipal health service in Amsterdam are conducting research into the identification and the consequences of sexual violence among very young victims. It is the first longitudinal study into the abuse of very young children and will generate more knowledge about the consequences for very young children in the short, medium and long term, among other things. The study is also investigating the effects of victimization from child pornography on the children and parents.<sup>145</sup> It is important for this research to continue in order to gather the necessary knowledge.<sup>146</sup>

### Schoolchildren

Of the total number of victims treated by the youth mental health service between 2008 and 2012, 22% (N = 248) had problems at school.<sup>147</sup> One explanation for this is that children can suffer from problems with concentration even from primary school age, which can affect their results at school. Schoolchildren – both at primary school age and during puberty – also have a better understanding than younger children of what is happening.<sup>148</sup> Consequently, they can often feel responsible for the sexual violence and suffer persistent feelings of guilt.<sup>149</sup> The stress reactions of adolescents of secondary school age are very similar to those of adults, including nightmares, anxiety, avoidance and a sense of guilt. In some cases, adolescents use alcohol and/or drugs as a form of self-medication to reduce stress reactions.<sup>150</sup>

140 Anda, et al. (2006); Dawson, Ashman & Carver (2000); Glaser (2000)

141 Verbal information from the Polikliniek HKJC, Top Referent Trauma Centrum, 8 May 2013.

142 Verbal information from the Polikliniek HKJC, Top Referent Trauma Centrum, 8 May 2013.

143 Lindauer & Boer (2012), p. 13.

144 Lindauer & Boer (2012), pp. 13 and 14.

145 Lindauer, et al. (2013), p. 10.

146 Funding for this research is guaranteed up to the end of 2017.

147 DBC Information System.

148 Lindauer & Boer (2012), p. 15.

149 Lindauer & Boer (2012), pp. 15 and 22.

150 Lindauer & Boer (2012), pp. 16 and 23.

Because the schoolchild often understands what is happening better than younger children,<sup>151</sup> problems of loyalty can arise if the sexual violence is occurring within the home. Children are by nature loyal to their parents, but there can be problems if either or both of the parents are committing the sexual violence.<sup>152</sup> Problems can also arise in terms of loyalty towards the non-abusive parent who is aware of the abuse but does nothing to protect the child.<sup>153</sup> Accordingly, DBC data show that almost a fifth of victims (17%) experience problems in the relationship with their parents.

#### *Consequences for the family*

If a child has experienced sexual violence, it affects the entire family. In addition to the victim, the other members of the family can also suffer psychological problems as a result of the sexual violence. The parents of one of Robert M.'s victims provided a glimpse of the effect the violence had on their own well-being:

'[...] we were still in shock, were hyper-sensitive and extremely emotional[...] We wanted to be stronger and more resolute, so that we could be there for [...].'

'Perhaps there are people that are able to cope without treatment. That is difficult to say, but it was healing for us.'<sup>154</sup>

If the perpetrator of the sexual violence is a member of the family, the family can fall apart. For example, think of the mother whose loyalty is divided and does not know whether she should believe her child who says that her stepfather has abused her or believe her husband.<sup>155</sup> The family can also fall apart for logistical reasons, for example if the perpetrator receives a temporary restraining order or is placed in preventive custody<sup>156</sup> or if the victim is removed from the home.<sup>157</sup>

### **2.4.2 Long-term consequences**

Experiencing sexual violence in childhood can have an impact on the victim's entire life, with lasting medical, psychological and/or sexual problems – which highlights the importance of providing help at an early stage, as described later in §7.1.

151 Lindauer & Boer (2012), p. 15.

152 Verbal presentation by M. Heestermans during the Medilex congress on sexual abuse of and by persons with intellectual disabilities, 26 March 2013.

153 Verbal information from Stichting De Jutters, 28 May 2013.

154 Quotes from the interview 'Ouders vertellen over de hulp die zij en hun kind kregen'. Tijdschrift Kindermishandeling, October 2013, [http://www.tijdschritkindermishandeling.nl/nl/magazine?&\\_suid=1380710355641011120420442630246#magazine/6066/732942/interview\\_ouders.html](http://www.tijdschritkindermishandeling.nl/nl/magazine?&_suid=1380710355641011120420442630246#magazine/6066/732942/interview_ouders.html), consulted on 1 November 2013.

155 Verbal presentation by M. Heestermans during the Medilex congress on sexual abuse of and by persons with intellectual disabilities, 26 March 2013.

156 The Temporary Restraining Order Act [*Wet Tijdelijk Huisverbod*].

157 Berliner & Conte (1995), p. 372.

Long-term medical problems experienced by victims include sleeping disorders, gynaecological problems (see text box below) and pulmonary diseases. Psychological problems include anxiety disorders, including PTSD, depression and eating disorders. Examples of sexual problems are having unsafe sex and having sex with multiple partners.<sup>158</sup>

#### *Gynaecological problems*

'I'm in a good place in my life. [...] Then I got some news that hit me like a ton of bricks: because of the things [sexual abuse] that my nanny Waldina did to me – using objects like forks, spoons, knives and lighters to torture and control me – I may not be able to conceive a child. If I do conceive, there is a question about my ability to carry a child to term. Not only did Waldina steal my childhood, she may have stolen the promise of childhood for another.'<sup>159</sup>

In addition to medical, psychological and/or sexual problems, it can be difficult for victims with a history of sexual violence to break out of the 'circle of violence'. For example, they might become victims of sexual violence later in life (revictimization).<sup>160</sup> Revictimization occurs when victims have difficulty in establishing and maintaining boundaries<sup>161</sup> or in estimating danger.<sup>162</sup> The circle of violence can also mean that they later commit sexual violence against children themselves (see §8.2.1).<sup>163</sup>

#### *Causality*

It cannot be established with certainty whether the experience of sexual violence is the direct cause of the consequences described above.<sup>164</sup> When various forms of child abuse (see §5.1) or traumatic events have taken place, it is difficult to ascertain which consequences can be attributed to specific events.

### 2.4.3 Protective factors

Although a great many victims experience problems of various types, there are also victims who possess sufficient protective mechanisms to enable them to avoid most, if not all, negative consequences.<sup>165</sup> Protective factors include the individual's resilience, learned coping strategies (the way in which a person deals with problems and stress) and the support the victim receives from his or her social network.<sup>166</sup>

158 A meta-review of the reported problems of victims who suffered sexual violence during childhood and are now adults by the WODC showed that the problems they experienced were mainly of a medical, psychological and/or sexual nature. Nagtegaal (2012), p. 54.

159 The Huffington Post, 'Sawubona: We see you', 7 April 2014.

160 De Haas, et al. (2012); Nagtegaal (2012), pp 46-47; Arata (2002); Messman & Long (1996).

161 Meeuwse (2013), p. 93: when boundaries are never accepted, it sometimes feels better not to set any boundaries at all.

162 Arata (2002), p. 150.

163 Nagtegaal (2012), pp. 46-48.

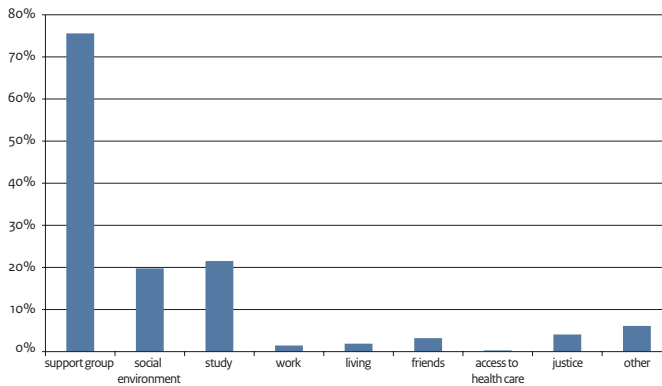
164 Deetman, et al. (2011), p. 429.

165 Gezondheidsraad (2011), p. 37; Kendall-Tackett, Williams & Finkelhor (1993), pp. 169-170.

166 These factors are not the same as limiting the consequences of sexual violence with help and treatment. For more information about the effect of professional help, see §7.1.

Resilience, or powers of recovery, is a personal factor that helps to determine the extent of the damage suffered by an individual.<sup>167</sup> It is a dynamic process of adjustment after experiencing a negative event.<sup>168</sup> The degree to which a person is able to apply appropriate coping strategies also influences the extent of the consequences.<sup>169</sup> There is no single suitable coping strategy; every individual deals with problems and stress in his or her own particular way. Finally, support for victims from their social environment is very important for containing the negative consequences of sexual violence. Victims can cope better with the trauma if they are believed and are listened to (see §3.1).<sup>170</sup>

Despite the importance of support for victims, they do not always receive it. As Figure 2.7 shows, 76% (N = 520) experience problems in the primary support group – the family – and 20% (N = 136) experience problems connected with their social environment. Inadequate support is one of those problems. These problems have such a major impact on this group of victims that they affect the diagnosis, treatment and/or prognosis of disorders.<sup>171</sup>



**Figure 2.7 Percentage of patients with problems that affect treatment**

Source: DBC Information System 2008-2012.

Apart from resilience, learned coping strategies and support from the social environment, little research has been conducted in the factors that determine why children do or do not suffer problems after experiencing sexual violence.<sup>172</sup> A connection is often made between the seriousness of the consequences and the seriousness of the sexual violence, but the implications of a traumatic event do not depend solely

167 Gezondheidsraad (2011), p. 37.

168 Luthar, Cicchetti & Becker (2000), p. 543.

169 Cohen, Mannarino & Deblinger (2008), p. 21.

170 Falconer, Hodge & Culver (1999), p. 173.

171 These problems are registered on axis IV.

172 Ten Berge, et al. (2012), p. 31: academic research into factors that offer protection against the consequences of child abuse is still in its infancy.

on its seriousness. The individual child's reaction to that event<sup>173</sup> and the reaction of the people close to the child also determine the extent to which the event is felt to be traumatic.<sup>174</sup>

Wherever possible, the longitudinal study into the consequences of sexual violence on very young victims (referred to earlier) will also explore protective factors. This study will generate more knowledge about which children and parents are more or less protected against the emergence of psychological problems.<sup>175</sup> The findings from this study could perhaps lead to methods to strengthen these protective factors, for example in primary and/or secondary prevention programmes.<sup>176</sup>

#### 2.4.4 Conclusion

This section focused on how victims fare after experiencing sexual violence. Many victims continue to suffer problems after the abuse ends. That much is clear. As the DBC data show, victims can suffer complaints that are so serious that they require treatment by the youth mental health service. However, not all victims of sexual violence are registered as such by the youth mental health service, so it is difficult to give a precise figure for the prevalence of problems and disorders. Adequate registration of the fact that a child was a victim (by the care provider, for example) is therefore essential for gaining a clearer insight into this aspect.

This section has shown that some victims suffer fewer problems because they receive sufficient support from their social environment, for example, or possess sufficient resilience, but the size of this group is not known. There is still very little insight into why children do or do not experience problems after suffering sexual violence. The Academic Medical Centre and the municipal health service in Amsterdam are endeavouring to answer this question, among others, as part of the longitudinal study into the consequences of sexual violence for very young victims. It is important for this study to continue. The results will, among other things, indicate ways of strengthening protective factors within primary and/or secondary programmes for the prevention of sexual violence as discussed later in [Chapter 8](#).

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173 Cohen, Mannarino & Deblinger (2008), p. 21.

174 Finkelhor & Browne (1985), pp. 531-533: children can feel betrayed by the non-abusive family members if they are unable or unwilling to protect the child against sexual violence or will not believe the child when the sexual violence is discussed. A child can also feel particularly stigmatized when the environment reacts with shock, hysteria or incredulity to the child's disclosure, or lays the blame for the sexual violence with the child. These reactions can harm the child's self-image. For more information about the phenomenon of disclosure, see [§3.1](#).

175 Lindauer, et al. (2013), p. 10.

176 For more information about the prevention of sexual violence, see [Chapter 8](#).

## 2.5 And who are the perpetrators?

The image of the perpetrator of sexual violence against children used to be that of a loner, an older man, who preys on any children in his vicinity – the man luring children with sweets.

A number of notorious cases have altered the stereotypical image of the perpetrator: it is now the man who works with children – the swimming instructor, the teacher, the crèche assistant.

However, there is no one type of offender – there are many types, and they come in many shapes and sizes. As this section shows, more than half of the suspects have never previously committed a crime, a quarter are minors, more than a quarter have an intellectual impairment, but a substantial proportion have above-average intelligence. To find the best way of tackling sexual violence, it is important to know who actually commits the offence.

The information in this section is based partly on the data from this report and partly on the academic literature, and is arranged according to the four categories of sex offences described in §2.1.2 (hands-off, hands-on/off, hands-on non-forcible, hands on forcible). A portrait of perpetrators of these four categories of offence is sketched in §2.5.1 to 2.5.4. For example, hands-off offenders are the oldest, hands-on/off offenders are most often paedophiles, female offenders are most likely to be hands-on non-forcible offenders, and hands-on forcible offenders are most often generalists. The pressing question, ‘is every offender a paedophile?’ is answered in §2.5.

### *Personal characteristics of suspects*

The data used in our analysis immediately need to be nuanced. They concern suspects, and while not all suspects are ultimately found to be offenders and not all offenders will ever become suspects, it was decided to use data about suspects because they are the group of known possible offenders that appears highest in the funnel (albeit still not very high), and therefore come the closest to the group of ‘all offenders’ that this section is essentially about.

### *Criminal history*

In the literature about both young offenders and adult offenders, a distinction is made between sex offenders who follow a specific pattern of sex crimes and offenders who commit sex offences as part of a broader pattern of anti-social behaviour. A large group of perpetrators are also first offenders, individuals who have no record of prior delinquent behaviour.<sup>177, 178, 179</sup> This distinction can also be found in the data for Dutch suspects – both minors (Child Care and Protection Board) and adults (probation reports) – of sexual violence against children. The Child Care and Protection Board (*Raad voor de Kinderbescherming*, RvdK) advises the PPS in all criminal cases involving underage suspects, while the three probation organizations (Probation Service Netherlands (*Reclassering Nederland*)), the Salvation Army and the Foundation for the Rehabilitation and Probation of Drug-addicted Offenders (*Stichting Verslavingsreclassering*, SVG) provide advice on request in cases involving adult suspects (see §6.2). Information about the criminal history of suspects was obtained from the records kept by the RvdK and Probation Service Netherlands and used for our data-driven analysis, which searched for an underlying structure. Offenders

177 Koeck, van Beek & de Doncker (2002), pp. 52-62.

178 Leuw, Bijl & Daalder (2004).

179 Van Wijk, Schoenmakers & Kerkhof-van Holsteijn (2012), pp.19-29.



could be divided into distinct groups: three for the probation organizations or four for the RvdK, which correspond with the literature (for a further explanation and the results, see the research methodology in [Appendix 1](#)).<sup>180</sup>

- First offenders: persons with no earlier pattern of offences, sex-related or other. Half of both the underage and adult suspects fall into this category.
- Specialists: persons with a pattern of more previous sex offences than offences of other kinds. This group represents a substantial minority of both underage and adult suspects.
- Generalists: persons with a pattern of far more offences of other types than sex offences. This group represents a smaller minority among both minors and adults.
- Starting generalists: this is an additional category only for underage offenders, encompassing offenders who have never previously committed a sex offence but have committed a small number of crimes of other kinds.

An important message that immediately emerges from this analysis is that more than half of all suspects had never previously been known to the authorities and another substantial proportion had been known but not in connection with sex offences. This means that, however important it might be, focusing solely on reducing recidivism among known sex offenders is pretty futile. However difficult, prevention is essential (see [Chapter 8](#)).

Another important conclusion is that there are very different types of offenders, who probably require varying responses: a person who is suspected of a sex offence for the first time after eleven previous cases for other types of offences will benefit from different interventions than a person who repeatedly comes into contact with the PPS in connection with sex offences and rarely for other types of offences. These different patterns of criminal behaviour are not equally represented in the separate categories of sex offenders in this report (see below).

#### *Academic literature*

A lot of international research has been conducted into the characteristics of perpetrators of sexual violence, and a number of meta-analyses of this literature have been published recently. These are studies that provide a statistical summary of different studies into the same subject, in the process combining data about a large number of perpetrators from a wide variety of different studies. A meta-analysis provides a better picture of the underlying patterns, filtering out the noise that is the result of variations in methodology.

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180 Mulder (2010).

### 2.5.1 Hands-off perpetrators

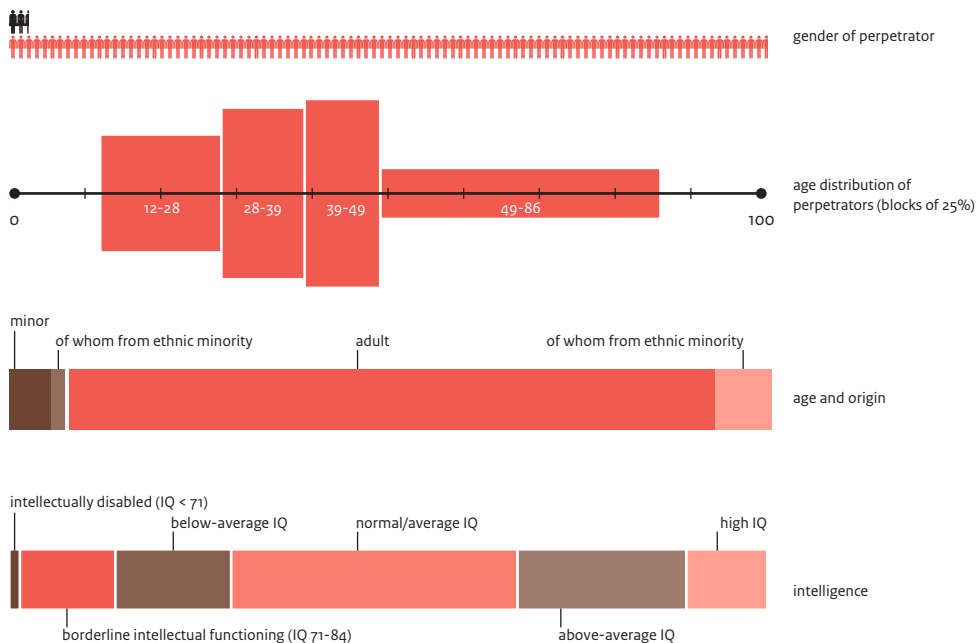


Figure 2.8 Hands-off perpetrators<sup>181</sup>

Source: Data from PPS, RvdK and the three probation organizations 2008-2012

Of the hands-off suspects, 97% are suspected of at least watching child pornography (§6.1). Hands-off suspects are relatively more often women than suspects of hands-on forcible offences,<sup>182</sup> are older than suspects in every other category,<sup>183</sup> and have an intellectual impairment less often than perpetrators of both types of hands-on offences.<sup>184</sup> Among adults, hands-off offenders are most often native Dutch in relative terms.<sup>185</sup> Suspects of hands-off offences are more often first offenders: among adults this is more often than the three other categories,<sup>186</sup> and among minors it is more often than the perpetrators of hands-on forcible offences.<sup>187</sup> The *modus operandi* of perpetrators of hands-off offences are described at length in the National Rapporteur's report on child pornography.<sup>188</sup>

#### 2.5.1.1 ...and on the basis of research

A very recent meta-analysis compared users of child pornography with hands-on/off perpetrators and hands-on

181 The limits of the 25%-blocks (quartiles) in figures 2.8-2.11 appear to overlap (12-28, 28-39 etc.) in the figures. This is due to the fact that the quartiles end within an age year. For example, the first two quartiles in Figure 2.8 in fact comprise 12,44 to 28,46 and 28,47 to 39,13. That is, 25% of perpetrators in this category are 28,46 years or younger, and 25% are aged between 28,47 and 39,13.

182 Main effect:  $F: 7.7; df_1: 3; df_2: 8019; p < 0.001$ . Hands-off vs. hands-on forcible:  $p: 0.003$ .

183 Main effect:  $F: 665.6; df_1: 3; df_2: 8007; p < 0.000$ . Hands-off vs. other categories: all  $p < 0.001$ .

184 Main effect:  $F: 17.0; df_1: 3; df_2: 1575; p < 0.001$ . Hands-off vs. hands-on non-forcible and vs. hands-on forcible: both  $p < 0.001$ .

185 Main effect:  $F: 27.4; df_1: 3; df_2: 2338; p < 0.001$ . Hands-off vs. hands-on non-forcible:  $p < 0.001$ .

186 Main effect:  $\chi^2: 92; df: 6; p < 0.001$ . Hands-off vs. other categories: all  $p < 0.001$ .

187 Main effect:  $\chi^2: 70; df: 9; p < 0.001$ . Hands-off vs. hands-on forcible:  $p: 0.003$ .

188 National Rapporteur on Trafficking in Human Beings (2011).

perpetrators (of all sex offences, not only against children).<sup>189</sup> Another recent meta-analysis compared online offenders with offline offenders and with the general population (on the basis of standard groups).<sup>190</sup>

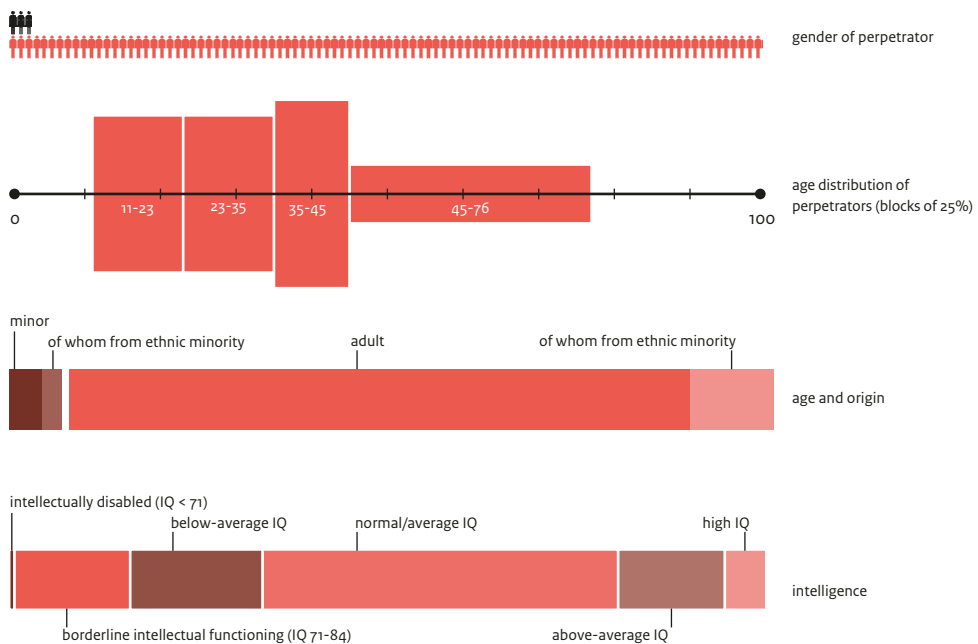
#### ...compared with hands-on offenders

In terms of demographic features, these meta-analyses show users of child pornography as being younger (contrary to what the above data show), better educated and wealthier.<sup>191</sup> Online abusers are also 'whiter'<sup>192</sup> than offline (hands-on) abusers.<sup>193</sup> Users of child pornography have more empathy with victims (which possibly prevents them from committing hands-on offences), but do have sexually deviant preferences more often (for similar Dutch data, see §2.5.5).<sup>194, 195</sup>

#### ...compared with the general population

Perpetrators of online sexual violence were physically assaulted in their youth and sexually abused more often than men in the population as a whole. They are also younger and whiter. In addition, they are more often single and unemployed, but do not differ in terms of level of education.<sup>196</sup>

### 2.5.2 Hands-on/off perpetrators



**Figure 2.9** Hands-on/off perpetrators

Source: Data from PPS, RvdK and the three probation organizations 2008-2012

189 Babchishin, Hanson & Vanzuylen (2014).

190 Babchishin, Hanson & Hermann (2011).

191 Babchishin, Hanson & Vanzuylen (2014).

192 This is the term used in the America/Canadian literature and society.

193 Babchishin, Hanson & Hermann (2011).

194 Babchishin, Hanson & Vanzuylen (2014).

195 Babchishin, Hanson & Hermann (2011).

196 Babchishin, Hanson & Hermann (2011).

Adult hands-on/off suspects are more often generalists than hands-off and hands-on non-forcible suspects,<sup>197</sup> while underage hands-on/off suspects are more often specialists than all other categories of offenders.<sup>198</sup> Hands-on/off suspects have an intellectual impairment less often than hands-on suspects.<sup>199</sup>

### 2.5.2.1 ...and on the basis of research

#### *... compared with hands-off offenders*

Hands-on/off perpetrators have a sexual preference for children more often than downloaders of child pornography (see also §2.5.5) and also have access to children more often. They also have fewer inhibitions about breaking the law: they have committed more previous violent offences, are more often unemployed and more often have drug-related problems. However, they are subject to negative social influences less often than hands-off perpetrators. Hands-on/off perpetrators and hands-off perpetrators are similar in terms of relationships, but not in the area of sexuality. Compared with hands-off offenders, hands-on/off offenders have no-strings-attached sex more often, have greater problems with sexual regulation and are more often homosexual or bisexual. Lastly, hands-on/off abusers have more often had a troubled childhood.<sup>200</sup>

#### *... compared with hands-on offenders*

Hands-on/off offenders are better educated and whiter than hands-on offenders. They are more often paedophiles (as in the Dutch data, see §2.5.5). They have less access to children, but do have more cognitive distortions (rationalizations of criminal behaviour, such as 'children also want sex'). These two groups do not differ from each other in terms of indicators of antisocial tendencies, although hands-on/off perpetrators are more likely to lack empathy. The two groups barely differ as regards relationships and sexuality.<sup>201</sup>

### 2.5.3 Hands-on non-forcible perpetrators

Like hands-off perpetrators, perpetrators of hands-on non-forcible offences are relatively more often women (but still not very often).<sup>202</sup> Adult hands-on non-forcible perpetrators are more often generalists than hands-off perpetrators, but not as often as other categories of perpetrators.<sup>203</sup> Suspects of hands-on non-forcible offences are more often first offenders than suspects of hands-on forcible offences.<sup>204</sup>

197 Main effect:  $\chi^2$ : 92; df: 6;  $p < 0.001$ . Hands-on/off – hands-off:  $p < 0.001$ ; hands-on/off – hands-on non-forcible:  $p: 0.003$ .

198 Main effect:  $\chi^2$ : 70; df: 9;  $p < 0.001$ . Hands-on/off vs. hands-off:  $p: 0.008$ ; vs. hands-on non-forcible:  $p: 0.035$ ; vs. hands-on forcible:  $p: 0.042$ .

199 Main effect:  $F: 17.0$ ;  $df_1: 3$ ,  $df_2: 1575$ ;  $p < 0.001$ . Hands-on/off vs. hands-on non-forcible:  $p: 0.003$ , vs. hands-on forcible:  $p < 0.001$ .

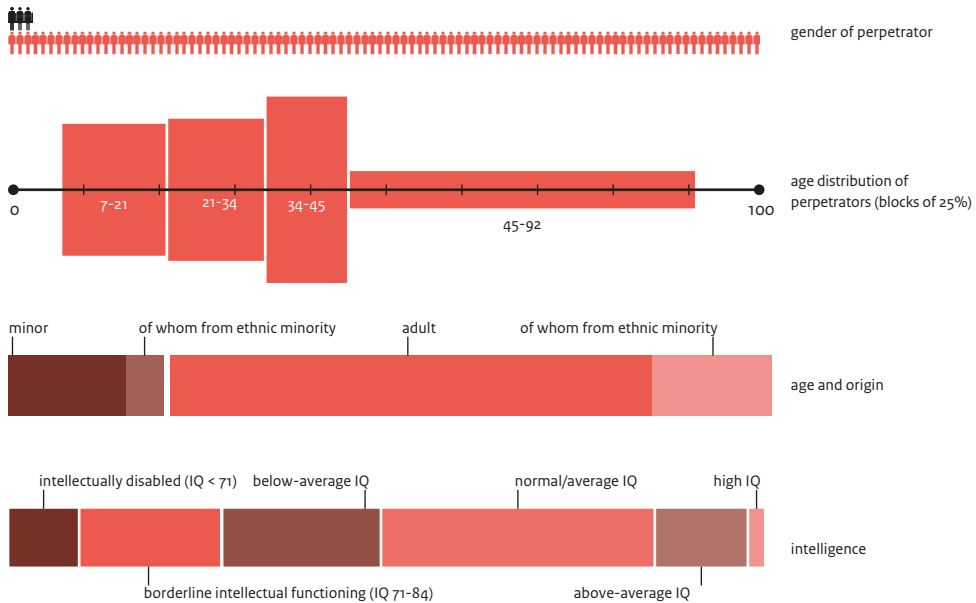
200 Babchishin, Hanson & Vanzuylen (2014).

201 Babchishin, Hanson & Vanzuylen (2014)

202 Main effect:  $F: 7.7$ ;  $df_1: 3$ ;  $df_2: 8019$ ;  $p < 0.001$ . Hands-on non-forcible vs. hands-on forcible:  $< 0.000$ .

203 Main effect:  $\chi^2$ : 92; df: 6;  $p < 0.001$ . Hands-on forcible - hands-off:  $p < 0.001$ ; Hands-on forcible – hands-on non-forcible:  $p < 0.001$ . Hands-on/off – hands-off:  $p < 0.001$ ; hands-on/off – hands-on non-forcible:  $p: 0.003$ . Hands-on non-forcible – hands-off:  $p < 0.001$ .

204  $p < 0.001$ .



**Figure 2.10 Hands-on non-forcible perpetrators**

Source: Data from PPS, RvdK and the three probation organizations 2008-2012

### *The gradual process of creating a victim*

Non-forcible sexual abuse (see §2.1.2) is often not something that occurs from one day to the next. Certainly in the case of long-term abuse and/or abuse of a child known to the perpetrator, the perpetrator often pursues a gradual approach.<sup>205</sup> The victim is very slowly manipulated into stretching his or her boundaries a little bit further each time. For example, a perpetrator might first establish a friendship with a child, which then becomes increasingly ‘special’ to the child (and can also create a certain distance from the parents), the contact can then assume a sexual charge with risqué jokes and by frequent touching or ‘roughhousing’ with the child. The boundaries can be stretched a little bit at a time, with contact gradually becoming sexualized. This not only makes it more likely that the child will ultimately allow the abuse, but also that it will no longer dare to talk about it: the child will, wrongly, feel jointly responsible (see also §3.1).<sup>206</sup>

This type of perpetrator does not just manipulate the victim: to gain access to children, especially younger children, they also manipulate the people close to them. For example, calculating offenders will first select a victim who appears vulnerable, possibly because the parents do not seem very involved, and will then become friendly with the parents in order to be allowed to babysit (see also §2.3). Perpetrators who work with children in a professional capacity, and commit their crimes in

205 The international term for this gradual process of recruiting a victim is ‘grooming’. To avoid confusion with the use of the term in the relevant article of the Dutch criminal code (which has a slightly different meaning), the term is avoided here.

206 McAlinden (2006)

that environment, can also arrange to be left alone and undisturbed with children and establish a position of authority that makes it difficult to ask questions.<sup>207</sup>

### 2.5.3.1 ... and on the basis of research

Perpetrators of hands-on sex offences have been compared with both hands-off and hands-on/off offenders in earlier sections. Since the National Rapporteur's own sample survey (§6.1) shows that most adults who commit sexual violence against children fall into the hands-on non-forcible category, findings about what are referred to in the international literature as 'sex offenders against children' are understood here to fall into this category. They are compared below with perpetrators of sexual violence against adults, with perpetrators of non-sexual offences and with the general population (standard groups).

#### *... compared with perpetrators of hands-on forcible offences against adult victims*

These two categories of sex offenders correspond in most respects, although sex offenders whose victims are adults more often display externalizing behaviour (aggression, drug abuse, personality disorders).<sup>208</sup> Child abusers were themselves more often abused when they were young.<sup>209</sup>

#### *... compared with non-sex offenders*

Hands-on abusers have more often been assaulted, both physically and sexually, when they were young.<sup>210</sup> They are less likely to have an unstable lifestyle or anti-social tendencies, but do have problems in the social sphere more often (poor social skills, loneliness, difficulty with intimate relationships). They have more problems of a sexual nature (externalizing sexual behaviour, a high sex drive and deviant sexual interests) and more often have cognitive disruptions.<sup>211</sup>

#### *... compared with the general population*

Hands-on abusers differ in many respects from non-offenders. They have been assaulted (physically and sexually) more often and come more often from socially weak families. They have more problems in many aspects of externalizing behaviour (criminal behaviour, aggression, hostility, drug abuse, personality disorders, paranoia and anti-social tendencies), as well as in the area of internalizing behaviour (anxiety, depression and low self-esteem, for example). They also have greater social problems: they have weaker social skills, are more often lonely, have problems with intimate relationships and lack secure attachment. However, they do not differ from the general population in terms of empathy. In the area of sex, they are more likely to have deviant interests, although there is no evidence that they more often have a preference for children (however, this could be due to the small number of studies that have measured this variable among non-abusers).<sup>212</sup>

#### *... compared with each other*

In a very recent meta-analysis, which has not yet been published, perpetrators of incest were compared with abusers of children from outside the family. It showed that perpetrators of incest have fewer sexually deviant interests and display fewer antisocial traits. However, they were abused or neglected more

207 McAlinden (2006)

208 Whitaker, et al. (2008)

209 Jespersen, Lumiere & Seto (2009)

210 Jespersen, Lumiere & Seto (2009)

211 Whitaker, et al. (2008)

212 Whitaker, et al. (2008)

often when they were young and have a weaker bond with their parents. On most variables, however, there were no differences.<sup>213</sup> In another unpublished study (an Austrian study of case files rather than a meta-analysis), offenders who worked with children were compared with both perpetrators of incest and abusers of victims outside the family.<sup>214</sup> Offenders who worked with children were better educated than both other groups. They were found to be the same age when they committed their first offence, but older at the time of conviction – in other words, they were able to continue for longer. They therefore also created more victims, and their victims were more often exclusively male. Abusers who had worked with children were most often paedophiles, and least often anti-social.

#### 2.5.4 Hands-on forcible offenders

Hands-on forcible offenders are relatively most often men.<sup>215</sup> They are also the youngest group:<sup>216</sup> 75% are minors. This can be explained by the fact that this category is mainly composed of offenders whose victims are peers (as indicated by the National Rapporteur's own sample survey): the victims of adults in this category are adults and the victims of minors are minors. Adult perpetrators of hands-on forcible offences are therefore generally not included in this report (for a description of the sample survey and the findings, see §6.1). Among both minors and adults, the suspects in hands-on forcible cases are relatively most often from ethnic minorities.<sup>217, 218</sup> In general, perpetrators of hands-on forcible offences have an intellectual impairment more often than any other offenders,<sup>219</sup> and are most often generalists,<sup>220</sup> although minors suspected of hands-on forcible offences are more often specialists than hands-off offenders<sup>221</sup> and starting generalists more often than perpetrators of non-forcible offences.<sup>222</sup>

##### 2.5.4.1 ... and on the basis of research

As figure 2.11 shows, most of the perpetrators in this category are minors. The literature discussed below therefore relates to underage sex offenders.<sup>223</sup>

##### *...compared with underage hands-on non-forcible offenders*

Minors who abuse their peers, who make up most of this category, differ from minors who abuse younger children (who are mainly in the category hands-on non-forcible) and are more similar to young non-sex offenders.<sup>224</sup> They are more often disobedient, insensitive and have anti-social tendencies, and are less often

213 McPhail, et al. (2013)

214 Turner, et al. (2014)

215 Main effect:  $F: 7.7$ ;  $df_1: 3$ ;  $df_2: 8019$ ;  $p < 0.001$ . Hands-on forcible vs. hands-on non-forcible:  $p < 0.001$ . Hands-on forcible vs. hands-off:  $p: 0.003$ .

216 Main effect:  $F: 665.6$ ;  $df_1: 3$ ;  $df_2: 8007$ ;  $p < 0.000$ . Hands-on forcible vs. other categories: all  $p < 0.001$ .

217 Adults: Main effect:  $F: 27.4$ ;  $df_1: 3$ ;  $df_2: 2338$ ;  $p < 0.001$ . hands-on forcible – all other categories:  $p < 0.001$ .

218 Minors: Main effect:  $F: 15.0$ ;  $df_1: 3$ ;  $df_2: 1578$ ;  $p < 0.001$ . Hands-on forcible – hands-on non-forcible:  $p < 0.001$ ; hands-on forcible – hands-off:  $p: 0.013$ .

219 Main effect:  $F: 6.2$ ;  $df_1: 3$ ;  $df_2: 614$ ;  $p < 0.001$ . Hands-on forcible vs. hands-on/off:  $p: 0.020$ , vs. hands-on non-forcible:  $p: 0.010$ .

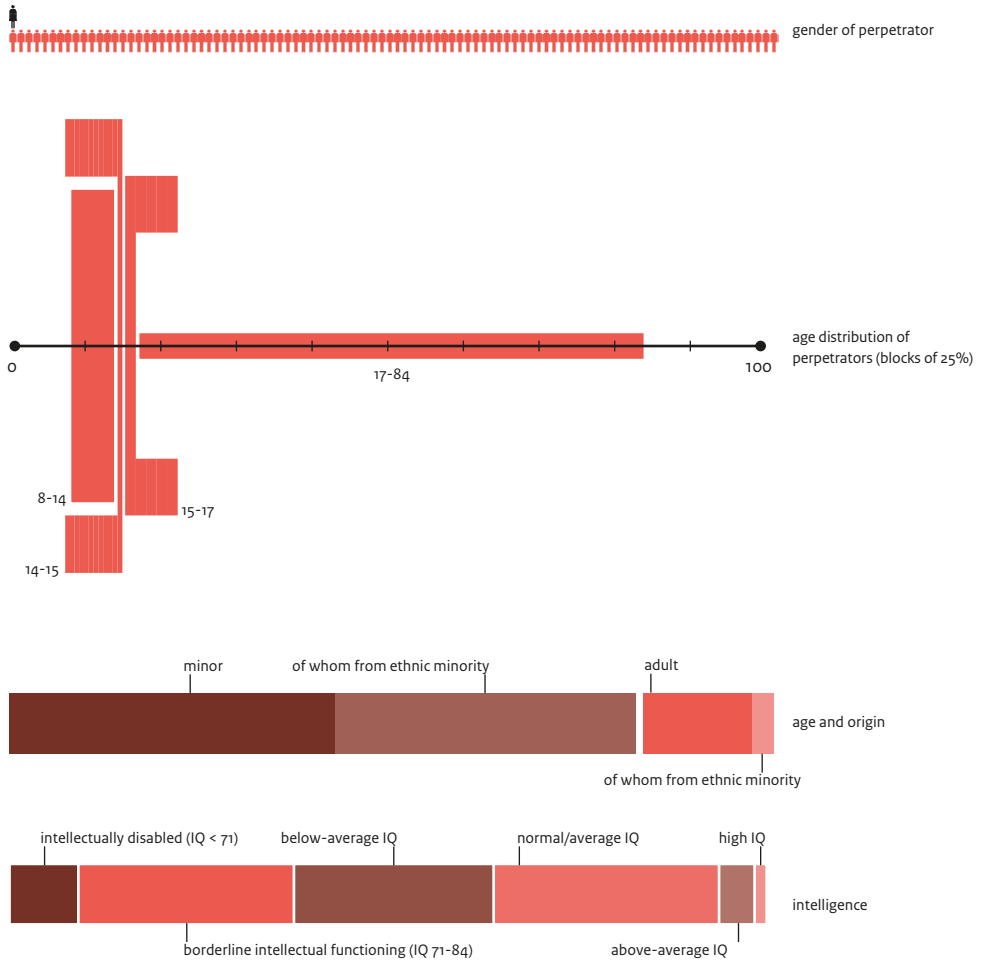
220 Adults: Main effect:  $\chi^2: 92$ ;  $df: 6$ ;  $p < 0.001$ . Hands-on forcible – hands-off:  $p < 0.001$ ; Hands-on forcible – hands-on non-forcible:  $p < 0.001$ . Minors: main effect:  $\chi^2: 70$ ;  $df: 9$ ;  $p < 0.001$ . Hands-on forcible vs. hands-on non-forcible and hands-on forcible vs. hands-off: both  $p < 0.001$ . Minors:  $\chi^2: 70$ ;  $df: 9$ ;  $p < 0.001$ .

221  $p: 0.028$ .

222  $p: 0.001$ .

223 Van Wijk, Schoenmakers & Kerkhof-van Holsteijn (2012)

224 Malin, Saleh & Grudzinskas (2014)



**Figure 2.11 Hands-on forcible perpetrators**

Source: Data from PPS, RvdK and the three probation organizations 2008-2012

anxious, over-adjusted or withdrawn.<sup>225</sup> Research in the Netherlands has shown that underage suspects of forcible hands-on offences are more often from ethnic minorities (as was the case in the data discussed above).<sup>226</sup> In other research, also in the Netherlands, underage child abusers were found to have more serious internalizing behavioural problems and to have committed more serious offences than the abusers of peers.<sup>227</sup>

### 2.5.5 Are all offenders paedophiles?

No. Paedophilia is a stable sexual preference for children. It is one of the so-called 'paraphilias' or sexual preferences that differ from what is regarded as normal. Other paraphilias are exhibitionism and necro-

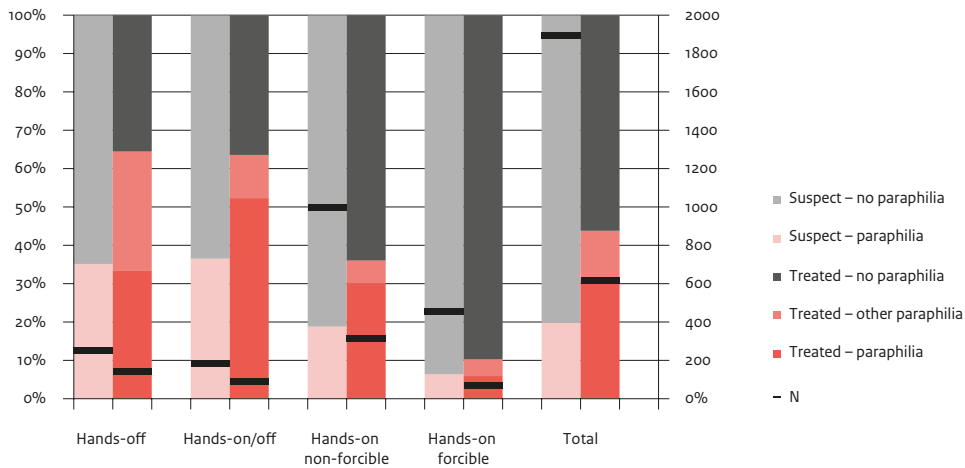
225 Glowacz & Born (2013)

226 Van Wijk, et al. (2007)

227 't Hart- Kerkhoffs, et al. (2009)



philia. As shown in §7.2.1.2, 20% of suspects who undergo a personality assessment are found to have deviant sexual preferences, including preferences other than paedophilia; in other words, 80% do not have deviant sexual preferences. The figure of 20% is probably not an accurate measure since the public prosecutor is more likely to request a personality assessment if a suspect displays signs of sexually deviant interests. Figure 2.12 shows the percentage of individuals with a paraphilia among the suspects (left-hand columns) or convicted persons receiving treatment (right-hand columns). The first thing that is clearly evident is that the percentage is higher in the group of persons being treated (44%) than in the group of suspects (20%):<sup>228</sup> persons with a paraphilia are more often ordered to receive treatment (see also §7.2.1.2).



**Figure 2.12 Paedophilia and other paraphilias**

The percentage of suspects (left-hand columns) or persons who have received treatment (right-hand columns) with a paraphilia, by category. For the convicted persons receiving treatment, persons with a paraphilia can be further broken down into persons with paedophilia and persons with other paraphilias. The black lines represent the absolute numbers (right-hand axis) the percentages refer to.

Source: NIFP 2008-2012 and DBC Information System 2010-2012

But what the figure shows most clearly is that the prevalence of sexually deviant interests differs between categories of sex offenders.<sup>229, 230</sup> The prevalence of paraphilias is lowest among perpetrators of hands-on forcible offences<sup>231</sup> and highest for perpetrators in the categories hands-off and hands-on/off offences, where there is no difference.<sup>232, 233</sup>

228 Wald  $\chi^2$ : 12.4; df: 1;  $p < 0.001$ .

229 Wald  $\chi^2$ : 55.3; df: 3;  $p < 0.001$ ; for an explanation of the term 'prevalence', see §2.2.

230 The differences between categories do not change between the stage of suspicion and that of treatment, so although the overall percentage of persons with a paraphilia rises it does so equally for all categories. Interaction phase\*category: Wald  $\chi^2$ : 0.1; df: 3;  $p < 0.990$ .

231 All  $p < 0.001$ .

232 Hands-off – hands-on/off: 0.892.

233 Hands-off – hands-on non-forcible:  $p = 0.001$ ; Hands-on/off – hands-on forcible:  $p < 0.001$ .

The prevalence of the specific paraphilia, paedophilia, is only known for convicted persons who receive treatment. Here, too, there is a difference between the categories of offenders.<sup>234</sup> The prevalence of paedophilia is lowest among perpetrators in the category hands-on forcible offences.<sup>235</sup> However, in contrast to the numbers for all paraphilias, the prevalence of paedophilia is highest for hands-on/off offenders.<sup>236</sup> Although the proportion of persons with some form of paraphilia is the same in the categories hands-off and hands-on/off, those hands-on/off offenders who receive treatment are relatively more often paedophiles. In other words, hands-off offenders receiving treatment tend to have paraphilias other than paedophilia relatively more often. These findings correspond with the international scientific literature (see §2.5.1).

In short, far from all offenders are paedophiles. Twenty percent of the suspects about whom a psychological report is produced have a deviant sexual preference (including preferences other than paedophilia). Perpetrators of hands-on forcible offences are least likely to be paedophiles, while hands-on/off perpetrators are the most likely. Hands-off offenders most often have other deviant sexual preferences. What's more, not all paedophiles are offenders (see also §8.2.1.1).<sup>237</sup>

### 2.5.6 Conclusion: why?

In an influential theory about why sexual violence occurs, the following factors are all mentioned as possible explanations:<sup>238</sup>

- biological factors;
- cultural factors;
- social factors;
- individual learned behaviour;
- psychological characteristics.

This theory is strongly grounded in general neurobiological theories of human behaviour, and therefore, like those theories states that human behaviour, and therefore sexually deviant behaviour, can arise in various ways. In other words, there are many explanations for sexual violence.

For example, there is the influence of early development on later behaviour. Paraphilias are connected with the prenatal development of the brain, and various forms of insecure attachment at a young age are connected with different types of sexual offences. Perpetrators of sexual violence also appear to have more often been a victim of maltreatment, both sexual and otherwise. But bad experiences in the past do not entirely explain delinquent behaviour, so there are many other factors involved, such as genetic predisposition and current social circumstances.

The diversity of possible causes is also apparent from the data about offenders presented earlier: hands-on and hands-on/off offenders display a high degree of sexual deviance, which probably also contributes to the delinquent behaviour. Hands-on and hands-on/off offenders also have less access to children but greater access to the Internet, which might explain why they search online. Perpetrators of incest are less

234 Wald  $\chi^2$ : 27.5; df: 3;  $p < 0.001$ .

235 All  $p < 0.001$ .

236 Hands-on/off – hands-off:  $p = 0.039$ ; Hands-on/off – hands-on non-forcible:  $p = 0.015$ .

237 For an example, see <http://www.virped.org/>, consulted on 18 April 2014.

238 Ward & Beech (2006)

sexually deviant and less anti-social than other offenders, but they still violate the taboo on incest. Perhaps it is a case of ‘opportunity makes the thief’: their own children are relatively easy prey. Perpetrators of hands-on forcible offences, on the other hand, are seldom sexually deviant but do display a broader pattern of anti-social behaviour. In their case, general aggression would be a more likely explanation of their criminal behaviour.

In other words, there is no single explanation for sexual violence, just as there is no single class of offender. This section showed that the four categories of offenders discussed in this report differ from each other not only in, by definition, the offences they commit, but also in age, gender, ethnicity, criminal history, intellectual capacity and numerous other characteristics. It is not just the man in the playground or the man in the crèche, but also the man behind his computer, the man who is a father, the youth who is particularly violent and, very occasionally, a woman.

## 2.6 The phenomenon depicted

‘What precisely is sexual violence against children?’ The phenomenon can clearly be approached from various perspectives, for example from psychological and legal viewpoints. This can cause friction between the feeling of being a victim but not being one in a legal sense, and vice versa. This arises, for example, with various forms of online sexual violence – a discrepancy that is also relevant for the legislature and could be a reason to amend the chapter of the Dutch Criminal Code on offences against decency.

Every year an estimated 62,300 victims enter the funnel (see [Figure 1.1](#)), but what does that figure actually say? Roughly one in three children experiences a form of sexual violence during childhood. It is often one of the less serious forms of hands-on (being touched sexually against your will, for example) or hands-off (for example, indecency) offence. Nevertheless, one in ten girls has had manual sex at least once against their will during childhood, and 5% to 10% have experienced unwanted oral sex or intercourse. Girls (40.9%) appear to be victims more often than boys (22.9%). And the risk of victimization appears to increase as children become older, even continuing into early adulthood. It is therefore important for policies in the area of preventing and tackling sexual violence to be targeted not only at children, but also at the high-risk group of older children and young adults.

Who are the victims and what does experiencing sexual violence mean for a child? Why do some children regard themselves as victims of sexual violence while others do not? There is no definitive answer to that. However, this chapter described some groups at risk and situations that could influence a child’s vulnerability to becoming a victim. The consequences can also differ greatly. Although many victims experience multiple problems, sometimes until well into adulthood, there is also a certain group of victims that experience fewer problems, perhaps because they receive sufficient support from their social environment, for example, or possess sufficient resilience. The size of that group is not known and there is very little information about why children do or do not suffer problems after experiencing sexual violence. There is no single type of victim; every victim is different.

The same applies for offenders: every offender is different. This diversity also extends to the possible reasons they become offenders: perpetrators of hands-off and hands-on/off offences display a high degree of sexual deviance, which is probably one of the causes of their delinquent behaviour. Hands-off and hands-on/off offenders also have less access to children but greater access to the Internet, which could

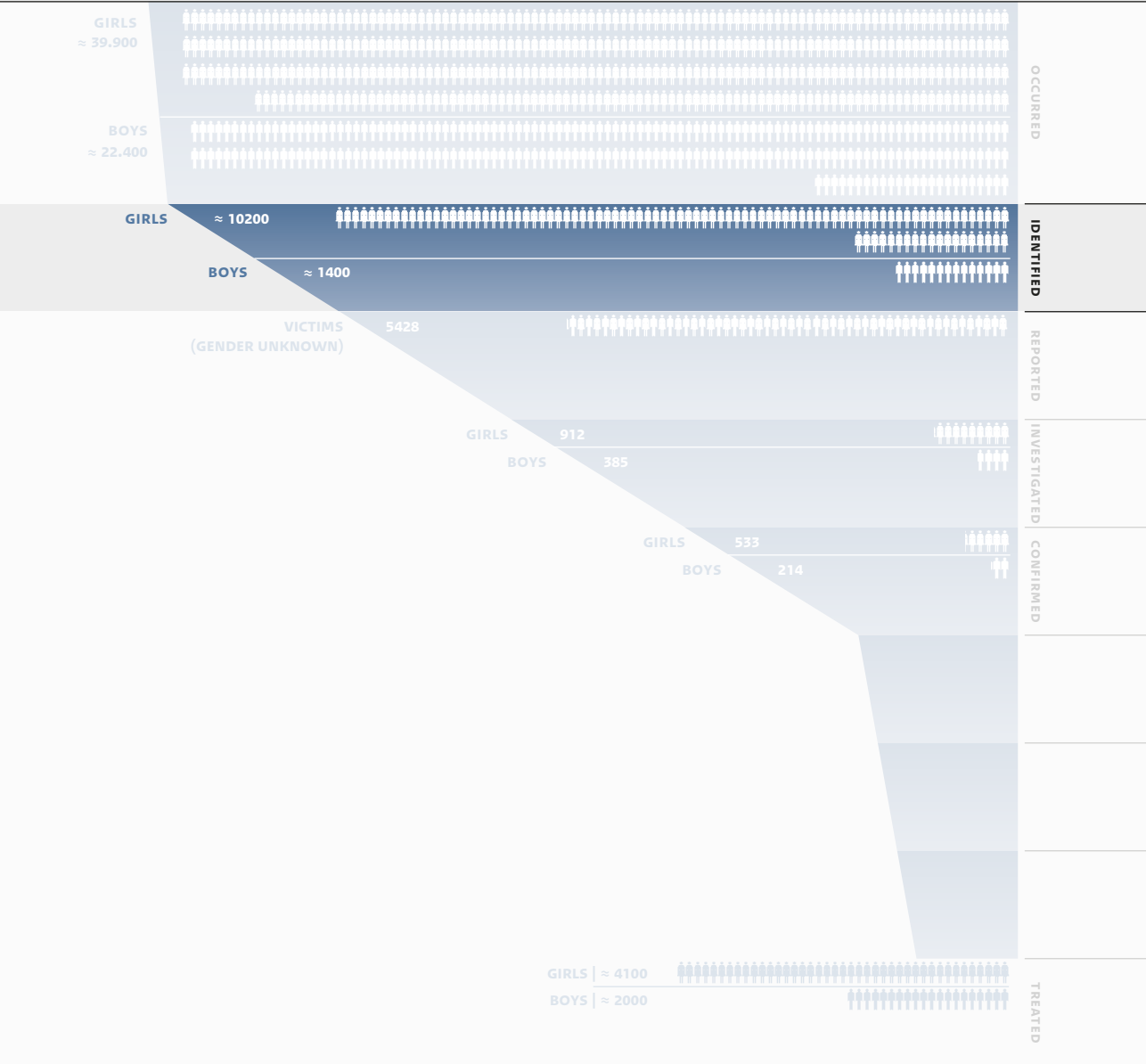
explain why they search online. Perpetrators of incest are less sexually deviant and less anti-social than other offenders, but still violate the taboo on incest. Perhaps it is a case of opportunity: their own children are relatively easy prey. Perpetrators of hands-on forcible offences, on the other hand, are seldom sexually deviant but do display a wider pattern of anti-social behaviour. General aggression is therefore a more likely explanation of their delinquent behaviour. In other words, there is no single explanation for sexual violence, just as there is no single type of offender.

Knowing the diversity of guises in which sexual violence can occur is important, but to be able to help victims and prosecute offenders it must also actually be seen. The next chapter discusses the question of how sexual violence can be recognized.

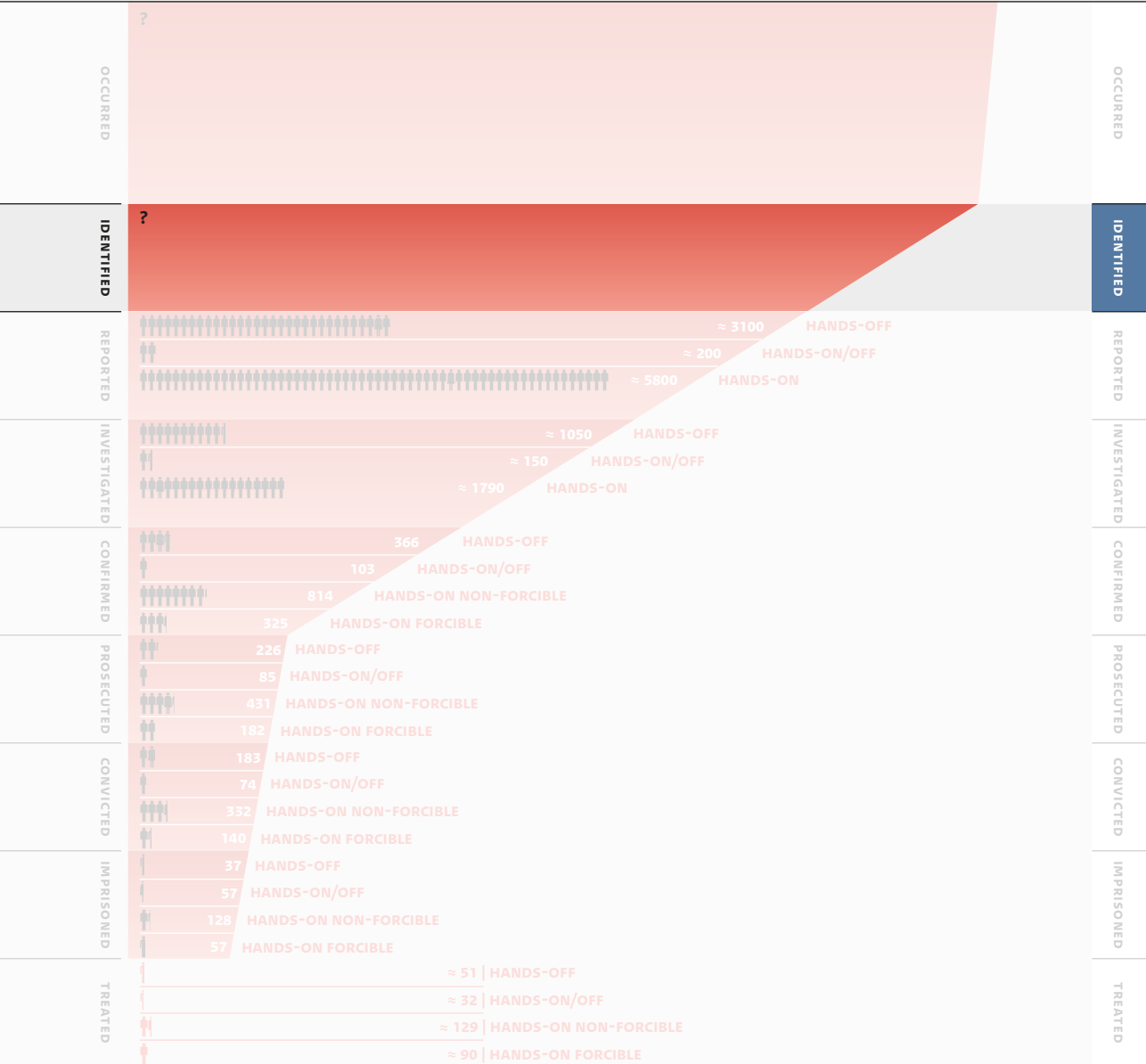


# 3 Identification

## VICTIMS



OFFENDERS



A twelve-year-old girl tells her mother that her cousin has been fondling her. A fifteen-year-old boy tells his best friend that he was forced by a girlfriend on a chat site to masturbate in front of a webcam. These victims reveal the sexual violence themselves (disclosure). With other victims, the sexual violence is discovered by others (identification). For example, a neighbour notices that the girl next door shrinks back when another neighbour embraces her, or a father notices that his son is suddenly starting to wet his bed again.

The passage through the funnel starts with disclosure and identification. Children have to be recognized as (possible) victims of sexual violence before any further steps can be taken. But disclosure and identification do not occur automatically. Every year, there are an estimated 62,300 victims, but only an estimated 11,600 children are recognized as victims (see Figure 1.1). The following quote encapsulates the key to the problem:

*“I remember grade ten through twelve. I would be terrified to go home. I would stay until the doors closed at school and the teachers always wondered why are you staying here so late, why don’t you go home? I don’t want to go home.”<sup>1</sup>*

In a nutshell, many victims do not tell anyone what has happened to them and many outsiders do not pick up the signs of abuse, which are often unclear. This chapter describes why recognizing victims is difficult and offers suggestions for resolving some of the problems, at least partially. Why victims do or do not talk about abuse is addressed in §3.1, as well as the question of whether there are ways of increasing the willingness to disclose it. The central question in §3.2 is why it is difficult for outsiders to identify sexual abuse.

Recognizing sexual violence is important because it is the only way in which victims can be helped, perpetrators can be tried and the creation of new victims can be prevented.

### 3.1 Disclosure

It is not easy for a child that has suffered sexual violence to talk about it. The fact of experiencing sexual violence during childhood is often only disclosed years later, if ever.<sup>2</sup> This section describes why victims do or do not talk about the abuse and whether others can influence that decision.

The methods of disclosure are described in §3.1.1, and the reasons why victims do not necessarily talk about the abuse are discussed in §3.1.2. Young children often do not possess the cognitive skills required to consciously disclose sexual violence, for example.<sup>3</sup> Among this group, the abuse is usually identified by third parties (§3.2) rather than being revealed by the victims themselves. Furthermore, there are groups of victims that have particular difficulty in talking about sexual violence and will not automatically disclose it – this refers mainly to boys, children with a disability and children from certain ethnic backgrounds.

1 Alaggia (2004), p. 1218.

2 London, et al. (2005), p. 203; Alaggia (2004), p. 1214; Crisma, et al. (2004), p. 1036.

3 Nagel, Putnam & Noll (1997), p. 138.



Children can disclose abuse to a number of different persons and agencies, which means that there are no complete data about the total number of victims who disclose abuse. The data that are available come from the national Child Helpline (Kindertelefoon), which has, since 2009, received between 5,500 and 6,600 calls a year from children wishing to discuss some form of sexual violence anonymously. As these figures reveal, although children do not automatically disclose the abuse, they do have a need to talk about it. In order to provide them with the help and support they need, the cloak of anonymity must be lifted from victims. Parents, educational institutions and the social services all have a role to play in this. How they can increase the willingness of victims to disclose abuse is discussed in §3.1.3. Finally, in §3.1.4 a number of publicity campaigns designed to provide victims with advice about how to talk about the abuse and where they can turn to for help are discussed.

### 3.1.1 The process of disclosure

There are three phases in the process of disclosure,<sup>4</sup> which is dynamic and circular in nature.<sup>5</sup> The victim goes through these phases every time he or she wants or needs to tell someone about their history of sexual violence.

The first phase precedes the actual disclosure and is referred to as the pre-disclosure phase. During this stage of the process, the sexual violence is consciously kept secret ('active withholding'). Some victims will never disclose sexual violence, while others will weigh the pros and cons of disclosure during this phase (see § 3.1.2).<sup>6</sup> In general, victims will speak out about the sexual violence if the following conditions are met:

- The person the victim wants to tell his or her story to can be trusted and is able to instil a sense of security in the victim.<sup>7</sup>
- The victim is confident that the person's reaction will be supportive.<sup>8</sup>
- A suitable opportunity arises to discuss the sexual violence, also referred to as 'joint context' (see box text).<sup>9</sup>

#### *Joint context*

Joint context is often not consciously created but depends on the circumstances. Take the example of a mother and a daughter who both enjoy dramas and watch a film in this genre on television every Monday evening. One evening, as the drama unfolds, it becomes clear that the father has been raping his daughter for years. The mother denounces what is happening in the film and says that no parent should ever be allowed to do something like that to his or her child. The daughter, who is being abused by her father, feels strengthened in her belief that what her father is doing to her is wrong and that the violence must end. Because the film has provided a pretext to discuss the subject of incest and the mother has denounced it, joint context has been created and finally, after years, the daughter dares to disclose that she is also a victim of incest.

4 Staller & Nelson-Gardell (2005), p. 1426.

5 McElvaney, Greene & Hogan (2012), p. 1169.

6 McElvaney, Greene & Hogan (2012), p. 1162.

7 Faulconer, Hodge & Culver (1999), p. 170.

8 Faulconer, Hodge & Culver (1999), p. 170.

9 Jensen, et al. (2005), p. 1409.

During the second phase, the actual disclosure takes place. Disclosure can occur directly or indirectly. When a victim says, 'I have been raped', it is a direct form of disclosure, but not every victim tells explicitly what has happened. Victims will sometimes only give hints. If the people close to them do not actively respond to these hints, the sexual violence remains secret (see text box).<sup>10</sup>

*Indirect form of disclosure*

A girl who has been abused by her stepfather between the ages of four and fourteen described this indirect form of disclosure in these terms: 'Sometimes when I was talking to me Mam I was trying to sort of leave hints and stuff but I was just so embarrassed about what was going on and it was really just the thought of saying anything was embarrassing and felt really like ashamed [...].'<sup>11</sup>

The third phase commences after the actual disclosure and is known as the post-disclosure phase. During this phase, the consequences of the disclosure become apparent. These consequences are connected with the extent to which friends and family provide support for the victim and the further steps that can be taken. Victims want to be listened to when they talk about the abuse and they want to be believed and protected by those close to them.<sup>12</sup> This is also confirmed by the data from the Child Helpline.<sup>13</sup> Children call the Helpline for various reasons, for example for support, advice, information or to be referred to an agency that can help them (see §7.1), but mainly for support – for someone to listen to them. This was the case on 70% of the 6,584 occasions<sup>14</sup> that the Helpline was contacted about a form of sexual violence in 2012.<sup>15</sup>

Support from the victim's social network is very important since it offers protection against the negative consequences of sexual violence (see §2.4.3). Victims who receive support from their social network will be better able to cope with the trauma than victims who do not.<sup>16</sup> Because of the circular nature of disclosure, a positive reaction from the social network could also encourage the victim to tell the story again – to the police, for example.

10 Disclosure and identification then go hand-in-hand. For more information about identification, see §3.2.

11 Allnock & Miller (2013), p. 30.

12 Crisma, et al. (2004), p. 1045.

13 The Child Helpline is an organization that runs a hotline that children and young people (between the ages of eight and eighteen) can contact by phone or via a chat line to discuss a problem in confidence. The children can receive advice, information and assistance and can, if necessary, be referred to the Youth Care Agency, [www.kindertelefoon.nl](http://www.kindertelefoon.nl), consulted on 9 January 2014.

14 The number of contacts is not the same as the number of unique children that called the Child Helpline, since some children might have contacted the Helpline several times in a year.

15 Child Helpline database, 2012.

16 Faulconer, Hodge & Culver (1999), p. 173.

### Comments by family and friends of victims

Since 2011, more than 2,000 victims of sexual violence have been photographed for Project Unbreakable. The photos show victims holding up a piece of paper with remarks made by the perpetrator of the crime against them.<sup>17</sup> Photos have also been made of victims with statements made by their family and friends.<sup>18</sup> The following quotes illustrate how people close to the victim may respond to the disclosure of sexual violence.

- *Why are you crying? You get yourself so worked up over nothing* – My family. The abuse began at age four and lasted for years.
- *Are you sure he didn't think it was okay since you've slept together before?* – My friends when I told them a friend had drugged and raped me.
- *Don't tell anyone, he might go to jail* – Mom.
- *It's your fault. You should have said something. You have caused us all so much grief and pain* – My mom.

Sometimes, victims retract their disclosure of sexual violence out of fear<sup>19</sup> – fear of more negative reactions from those around them, fear that the victim will no longer be able to exercise any control over who is aware of the sexual violence<sup>20</sup> or of the following steps that will be taken.<sup>21</sup> After all, the disclosure of sexual violence can initiate a process involving the social services and/or law enforcement agencies (Chapters 4 to 7), with the possibility of the victim being removed from the home<sup>22</sup> or the (alleged) offender being barred from entering the home.<sup>23</sup> There is a chance that victims who regard these steps as very frightening or unwelcome will retract their disclosure<sup>24</sup> and deny the sexual violence.

### 3.1.2 Factors that influence disclosure

Victims can benefit from disclosure. Victims might disclose the abuse if they want to put an end to the violence, have an opportunity to talk about it, or want to receive help.<sup>25</sup> Despite these benefits, however, victims will not automatically disclose the abuse. Frequently mentioned reasons for not disclosing sexual violence are connected with a lack of understanding of what the sexual violence means,<sup>26</sup> denial,<sup>27</sup>

17 <http://projectunbreakable.tumblr.com/>, consulted on 17 December 2013.

18 BuzzFeed, '11 Quotes said to sexual assault survivors by their family members', 9 January 2014.

19 London, et al. (2005), p. 217; Bradley & Wood (1996), p. 887.

20 Leventhal, Murphy & Asnes (2010), p. 292.

21 Leventhal, Murphy & Asnes (2010), p. 292.

22 Berliner & Conte (1995), p. 372.

23 The alleged perpetrator can be temporarily barred from the home by the local mayor under the Temporary Restraining Order Act in the event of domestic violence or child -abuse. In this way, help can be arranged for both the perpetrator and the other family members. For more information about the Temporary Restraining Order Act, see [http://wetten.overheid.nl/BWBR0024649/geldigheidsdatum\\_31-07-2013](http://wetten.overheid.nl/BWBR0024649/geldigheidsdatum_31-07-2013), consulted on 31 July 2013.

24 A disclosure can be retracted both within the victim's social circle and before official agencies such as the AMK and the Child Care and Protection Board or during a police interview. A disclosure is sometimes retracted during a police interview when the perpetrator is an acquaintance. Hershkowitz, et al., 2007, p. 119. See §5.2.1.5 for more information about the conduct of interviews with minors.

25 Berliner & Conte (1995), p. 382.

26 Sjoberg & Lindblad (2002), p. 314.

27 Leander (2010), p. 201.

shame, guilt,<sup>28</sup> fear of negative reactions,<sup>29</sup> the absence of a person to confide in,<sup>30</sup> protection of family members,<sup>31</sup> ambivalent feelings towards the perpetrator<sup>32</sup> and/or threats by the perpetrator.<sup>33</sup>

#### *Genital response*

Shame and guilt are frequently mentioned as reasons for keeping sexual violence secret. There are various factors that contribute to the extent of these feelings. Genital response is one of them. This response involves the circulation of blood in the genitals (swollen inner- and outer labia (an ‘airbag’) in women and an erection in men), vaginal lubrication and orgasm. Genital response is widely believed to be the same as sexual arousal. Victims of sexual violence who have had a genital response often feel ashamed of the abuse and often feel guilty because ‘after all, they also enjoyed it’. Nothing is further from the truth. Genital response is not the same as sexual response (sexual arousal). Genital response occurs automatically with sexual stimuli, even when the stimuli are sexually threatening. Apart from sexual arousal, fear also causes a genital response by causing all the blood vessels in the body to open: it is therefore not surprising that the vessels around the vulva and around the penis are also open.<sup>34</sup>

In addition to these considerations, various other factors at the level of the child and the environment are connected with disclosure. The victim’s age, gender, level of cognitive functioning and ethnicity also contribute to the likelihood of a person disclosing sexual violence, as do the relationship between the victim and the perpetrator and the seriousness of the sexual violence.

#### *Age*

Children who consciously disclose sexual violence are often the slightly older, school-going children.<sup>35</sup> The data from the Child Helpline show that children in secondary school (between the ages of twelve and eighteen) talk about sexual violence more often than children in primary school (between the ages of eight and eleven) (see [Figure 3.1](#)).

In contrast to young children, older children possess the cognitive skills to consciously disclose sexual violence. When children decide to talk about the abuse, older children first confide in friends more often than in parents.<sup>36</sup>

28 Alaggia (2004), p. 1219.

29 Goodman-Brown et al. (2003), p. 526.

30 Allnock & Miller (2013), p. 24.

31 Jensen, et al. (2005), p. 1408.

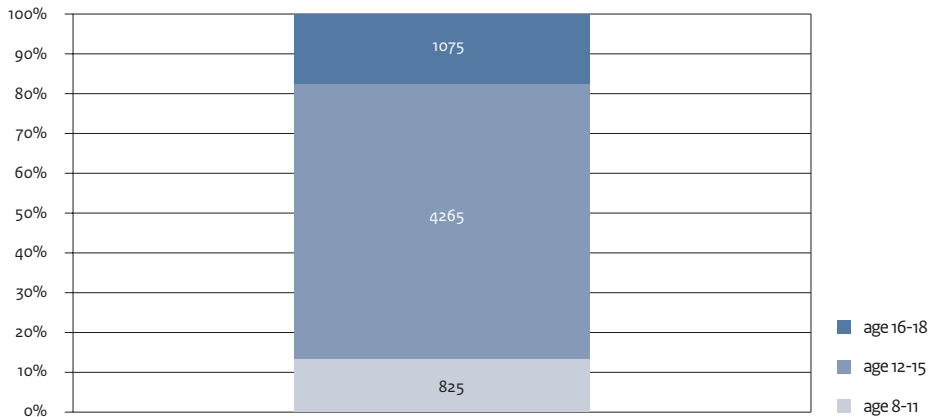
32 Paine & Hansen (2002), p. 283.

33 Paine & Hansen (2002), p. 277.

34 Laan, Everaerd & Evers (1995), pp. 479-483; information from E. Laan during the presentation ‘Sexual problems and other complaints after sexual violence’, November 2013.

35 Campis, Hebden-Curtis & Demaso (1993), p. 922.

36 Priebe & Syedin (2008), p. 1104; Crisma, et al. (2004), p. 1041.



**Figure 3.1** Age distribution of children who contacted the Child Helpline in 2012 (N = 6,584)

Source: Child Helpline database 2012

### Gender

Boys are victims of sexual violence less often than girls (see §2.2), and are less inclined than girls to disclose that they have been victimized<sup>37</sup> because of a fear of the reactions of those close to them. Boys are often afraid of not being taken seriously (when the perpetrator is female) or that their family and friends will suspect them of being homosexual (when the perpetrator is male).<sup>38</sup> Even anonymously, boys are relatively less willing to talk about abuse than girls. Girls contact the Child Helpline more often (87.8%) than boys (12.2%), which might also be because boys see themselves as victims less often than girls and therefore feel less need to talk about the abuse (§2.2.2.3).

### Intellectual disability

Victims with an intellectual disability do not always know what sexual violence involves,<sup>39</sup> but often do realize that what is happening is wrong.<sup>40</sup> For this group, the feeling of fear and a sense of bewilderment can be reasons for not disclosing the violence directly.<sup>41</sup> This group also has problems with talking about sexual violence later on. For example, in some cases it has been found that young people with an intellectual disability are unable to relate their sexual problems to earlier negative sexual experiences. The sexual violence they experienced is therefore often left undiscussed when they are receiving help.<sup>42</sup>

37 Stoltenborgh et al. (2011), pp. 87 and 89.

38 Rafauf (2013), p. 168; Priebe & Syedin (2008), p. 1105.

39 Verbal information from the Sexology Polyclinic for Children with a low IQ [Polikliniek seksuologie voor kinderen met een laag IQ], 22 April 2013.

40 Van Berlo, et al. (2011), p. 152.

41 Van Berlo, et al. (2011), p. 183.

42 Van Berlo, et al. (2011), p. 183.

*Ethnic minorities*

Victims from various ethnic minorities in the Netherlands have difficulty with disclosure.<sup>43</sup> According to as yet unpublished research into the sexual abuse of youths from a non-Western background, children of Turkish, Moroccan, Antillean and Surinamese origin will not or are reluctant to disclose sexual violence. Reasons why they will not disclose victimization are fear of damaging the family's honour, being married off to the perpetrator or being sent back to their country of origin.<sup>44</sup> Only a handful of victims with a non-Dutch background (out of a total of 500 reactions)<sup>45</sup> responded to the appeal by the Samson committee to speak out about sexual violence in institutions or foster families. This is a remarkably small number, since research shows that ethnicity has no influence on the prevalence of sexual violence.<sup>46</sup>

*Close communities*

Religious communities can be very close-knit. Research conducted within the closed orthodox protestant culture has shown that disclosure appears particularly difficult for victims in such a community. They are unwilling to 'air their dirty laundry in public'<sup>47</sup> for fear of the reactions of the other members of the community. By disclosing the sexual violence, they run the risk of 'bringing shame on themselves (and the family)'. Within such closed communities, it is often assumed that public officials could not commit sexual violence,<sup>48</sup> and in some cases, the victim is blamed for the disruption of the family.<sup>49</sup> The disclosure of sexual violence can lead to the perpetrator, and sometimes even the victim, being shunned.<sup>50</sup> It is likely that these obstacles to disclosure also apply to other close-knit communities, regardless of religion.

*Relationship to the offender and the seriousness of the violence.*

Victims disclose sexual violence less often if the perpetrator is an acquaintance.<sup>51</sup> We also see this in the reports made to the police (see §4.2.2.3). Victims are readier to report sexual violence committed by a stranger than by an acquaintance.

The literature shows that the nature of the sexual violence also plays a role.<sup>52</sup> Long-term, repeated and serious abuse is reportedly disclosed less often.<sup>53</sup> In other words, the more serious forms of sexual vio-

43 The inability to discuss sexual violence among ethnic minorities prompted a number of local projects, whose objectives included encouraging discussion of the subject. Examples include the project 'Information for and about ethnic girls and women' of VSK Help after sexual abuse [Stichting VSK Hulp na seksueel misbruik] and the programme to combat sexual violence organized by the Alliance of Moroccans in the Netherlands [Samenwerkingsverband van Marokkaanse Nederlanders] in Utrecht.

44 Presentation by P. Okur during the theme competence 'Dealing with sexuality', 17 June 2013; presentation by P. Okur during the conference 'Sexual violence among Dutch youths with a non-Western background', 29 November 2013.

45 Commissie Samson, 'Fourth public report of the Samson Committee', 22 June 2011; De Volkskrant, 'Misbruik bij allochtoon nog altijd taboe' (Abuse still taboo among ethnic minorities), 21 March 2011.

46 Bakker, et al. (2009), p.17.

47 Groenwold (2013), p. 50 and 51.

48 Groenwold (2013), p. 50 and 51.

49 Groenwold (2013), p. 50 and 51.

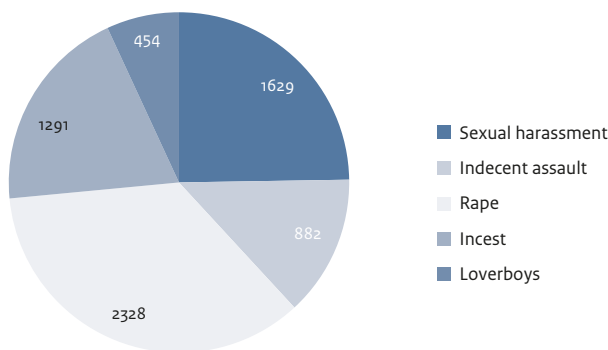
50 Bakker & Felten (2012), pp. 27-28.

51 Bicanic, et al. (2014), p. 37; Priebe & Syedin (2008), p. 1105; Paine & Hansen (2002), p. 276; Hershkowitz, Lanes & Lamb (2007), 118; Smith et al. (2000), p. 283; Goodman- Brown et al. (2003), p. 527.

52 Bicanic et al. (2014), p. 36.

53 Priebe & Syedin (2008), p. 1105; Hershkowitz, Lanes & Lamb (2007), p. 118; Paine & Hansen (2002), p. 276.

lence occur less often (see §2.2.2.2), but victims are then also less inclined to disclose it. This probably applies for disclosure to a confidant, but children appear to be less reluctant to disclose serious forms of abuse when they can talk about it anonymously, since it appears that the Child Helpline is actually contacted more often in relation to the more serious forms of violence (such as rape, incest and loverboys), than about the less extreme forms (such as sexual harassment) (see Figure 3.2). A reservation that needs to be made here is that the Child Helpline can only register one reason why it has been contacted, even though children can frequently be experiencing more than one problem or form of child abuse (see §5.1 for a discussion of polyvictimization based on the data from the Child Abuse Counselling and Reporting Centres (Advies- en Meldpunt Kindermishandeling, AMK). As a result, the number of contacts registered by the Child Helpline under the 'milder' forms of sexual violence could be smaller than the actual number of contacts about them.



**Figure 3.2** Distribution of the forms of sexual violence registered in relation to contacts with the Child Helpline (2012)

Source: Child Helpline database 2012

### 3.1.3 Increasing the willingness to disclose

Children who contact the Child Helpline can tell their story anonymously, but as long as they remain anonymous, the prospect of the violence ending or of their receiving help remains a remote prospect. Often, victims cannot take that step out of anonymity themselves. Some already need support at this stage to help them even talk about the traumatic events. Both family members and professionals can play an important role in promoting disclosure.

#### *The role of the family*

If they receive sex education from their parents,<sup>54</sup> adolescents could be encouraged to seek social support if they experience sexually inappropriate behaviour.<sup>55</sup> They will also seek social support sooner if there is a climate of trust in the family, a climate in which children feel able to discuss anything. A suitable opportunity for discussing sexual violence can also help a child to confide in a parent or guardian.<sup>56</sup>

54 Bajema (2001), p. 67: sex education by parents relating to procreation, menstruation, Aids, contraception, homosexuality and heterosexuality, sex, love and relationships.

55 Bajema (2001), p. 115.

56 Jensen, et al. (2005), p. 1409.

However, victims do not automatically receive social support from parents. As shown by the data in §2.4.2, 76% of victims who receive treatment within the youth mental health service experience problems within the family.

### *The role of professionals*

Sex education as a preventive measure is discussed in Chapter 8. In addition to its preventive function, sex education at school can also help to create an atmosphere in which children dare to disclose sexual violence.<sup>57</sup> It is important to make a distinction in this context between sexual violence that occurs within the family and outside the family. Children might not be able to make the link between information and/or training they receive to strengthen their assertiveness and sexual violence that is occurring in the home if the abuse has become 'normal'.<sup>58</sup> Although one way of increasing the willingness to disclose sexual violence is by explicitly mentioning unsafe situations in the home, including incest, during educational programmes,<sup>59</sup> the subject is not explicitly mentioned in the curriculum for the sex education programmes discussed in Chapter 8. Greater attention could be devoted to the subject in the future.

Social workers can also encourage disclosure if sexual violence is not already apparent from the outset.<sup>60</sup> In that case, promoting disclosure will often be linked to the identification of victims (see §3.2) because social workers can continue asking questions if there are any signs. According to social workers in the youth mental health service<sup>61</sup> and the youth and parenting (Jeugd- en Opvoedhulp, hereinafter J&O) organizations,<sup>62</sup> it is possible to ask directly about incidents or a history of sexual violence. Experience shows that children are generally relieved when someone asks them directly about it: they want to talk about it, but not if they have to take the initiative themselves.<sup>63</sup> On the other hand, asking directly about experiences of sexual violence could be counterproductive in the following situations:

- If children who have been victims do not yet feel safe enough to disclose the sexual violence, they might initially deny it. They might be afraid of not being believed if they do later dare to talk about the abuse.<sup>64</sup> The possibility then exists that it will no longer be possible to raise the subject of the abuse in the social worker-victim relationship.
- If a social worker asks directly about experiences of sexual violence but is not in a position to undertake any further action if it emerges that the client has indeed been a victim.<sup>65</sup>
- If asking about experiences with sexual violence will hamper later investigations (see text box).

57 Daro (1994), p. 214.

58 Allnock & Miller (2013), p. 13; verbal information from VSK Help after sexual abuse [Stichting 'hulp na seksueel misbruik'], 28 February 2013.

59 Allnock & Miller (2013), p. 33: victims of sexual violence often follow a process of coming to the realization that sexual violence is not normal. This process involves the contextualization of their own experiences with new information about family and intimate relationships. Sex education helps in this contextualization.

60 References to help include assistance provided by social workers or a J&O organization, as well as treatment provided by the mental health service.

61 Verbal information from Stichting de Jutters, 28 May 2013.

62 Written information from Juzt, 9 December 2013; Entrea, 6 January 2014; Lindenhorst-Almata, 20 January 2014; Triade, 22 January 2014; Elker, 30 January 2014; Vitree, 3 March 2014.

63 Verbal information from Stichting de Jutters, 28 May 2013.

64 Written information from STEK Jeugdhulp, 5 May 2014.

65 In this case, the effect is to reopen the cesspool of the abuse for victims without providing an adequate response to help the victim process the traumatic event(s). Presentation by T. Lagro-Janssen during the symposium 'Diagnostics and assistance in the event of sexual abuse', 8 October 2013.



### *Disclosure and potential investigations*

The social services, on the one hand, and the police and the Public Prosecution Service (PPS), on the other, are seeking different results in addressing sexual violence against children. The priority for the social services is to guarantee the welfare of victims. Discovering (a history of) sexual violence is necessary in order to provide adequate help (see Chapter 7). The police and PPS are conscious of the victim's interests, but their priority is to discover the truth and investigate and prosecute suspects (see Chapters 5 and 6).

If disclosure occurs while a victim is receiving help, the victim or the parents will perhaps want to make a complaint to the police at a later date. The successful prosecution of a suspect depends in part on how the individual social worker has questioned the victim and whether a report has been made of the interview in which the disclosure was made. In general, social workers do not make a verbatim record of the disclosure (see also §5.2.1.5), which can make it difficult for the police and PPS to establish whether the social worker asked leading or closed questions about experiences of sexual violence. The objectives of both the social services and the police and PPS can be accomplished, provided social workers are aware that how questions are phrased can affect the reliability of a witness statement.<sup>66,67</sup>

### **3.1.4 Publicity campaigns to promote disclosure**

The government can promote disclosure of sexual violence by funding publicity campaigns. Campaigns in the Netherlands have been dedicated mainly to improving the ability of outsiders to identify child abuse and increasing their willingness to report it, but very little attention has been devoted to sexual violence as a specific form of child abuse (see §3.2.5). To promote disclosure through publicity campaigns, the following aspects need to be addressed:

- Increasing knowledge about the phenomenon of sexual violence among the general public: victims of sexual violence are not always believed and supported, for example when the person who is confided in cannot believe that the accused is capable of abusing a child. There is a need for increased public awareness that anyone can be a victim of sexual violence and that anyone can be a perpetrator.
- The willingness of victims to disclose sexual violence must be stimulated. Publicity campaigns are mainly targeted at third parties and provide few tools for victims themselves.

Two publicity campaigns in other countries could serve as models for promoting the willingness of victims to disclose sexual violence (see text box).

#### *Examples of publicity campaigns*

In 2010 and 2011, a media campaign entitled 'Talking helps' with two television adverts was organized in Germany. In the adverts, a young girl and a young boy are shown growing to adulthood. A perpetrator (only his upper body is visible) has placed a large hand over the victims' faces. There is fear, revulsion and desperation in the eyes of the victims. Only as adults are they capable of freeing themselves from the perpetrator's power and removing the hand. The subtitle of this campaign was 'Break the silence and you break the power of the perpetrator'. In this way, victims of sexual violence were called on to speak out.<sup>68</sup> An evaluation showed that the campaign had genuinely contributed

66 When the victim, or the parents, want to make a complaint about sexual violence.

67 For more information about help and possible investigations, see Chapter 5.

68 <http://www.sprechen-hilft.de/>, consulted on 10 May 2013.

to breaking the silence. Whereas fifteen victims were reporting sexual violence every day before the start of the campaign, the number rose to 87 during the campaign. Several months after the end of the campaign, three times as many victims were still reporting than in the period before it started.<sup>69</sup>

In May 2013, the ANAR Foundation, a Spanish organization against domestic violence, launched a poster campaign. Using a special printing technique, the posters contained two adverts in one, so that different images could be seen when the poster was looked at from different angles. One image was for adults with the message, 'Sometimes child abuse is only visible to the child suffering it'. The other image was targeted at children shorter than 1 metre 30, with the message, 'If someone hurts you, call us. We will help you'. In this way, the advertising campaign reached children directly, even when they were accompanied on the street by the parent/person who was hurting them.<sup>70</sup> The poster that was visible for children showed an image of a victim of physical violence. If the campaign proves effective, it might be extended to sexual violence.

### 3.1.5 Conclusion

The focus of this section was on the question of why victims do or do not talk about sexual violence and whether others can influence their decision. There are various reasons for disclosing or not disclosing the violence. Reasons for disclosing it include the fact that the abuse has stopped and that the victim is receiving help and support. Reasons for not disclosing it include shame, guilt, fear of negative reactions, the absence of someone to confide in, ambivalent feelings towards the perpetrator and/or threats by the perpetrator. In addition, boys, children with a disability and victims from some ethnic backgrounds face additional obstacles when it comes to talking about abuse. For victims, the reasons for remaining silent usually outweigh the reasons for breaking the silence, since experiences of sexual violence during childhood are often only disclosed years later, if ever.

In order to provide victims with the help and support they need, it is important that others know that sexual violence has occurred. The family, teachers, victim help organizations and the government can influence whether or not victims are able or willing to talk about the abuse. For example, attention to unsafe situations in the home in sex education programmes could encourage victims to talk about abuse by a family member. In addition, social workers could ask directly about experiences of sexual violence; children will often be willing to talk about it provided the social worker raises the subject, but the social worker must then know how to deal with the information. Finally, the willingness of victims to disclose sexual violence could be encouraged with the help of publicity campaigns. It is important that victims then receive information about what they can do to talk about sexual violence and that others receive information about what they can do with suspicions of sexual violence (§3.2).

## 3.2 Identification of sexual violence

Particularly when a child does not dare to talk to anyone else about the abuse they have suffered, alert individuals close to the child can make the difference and prevent the victim being left alone with his or her fear, sadness, anger or conflicting emotions. These persons can play a crucial role, for example

69 Die Bundesregierung- Beauftragte Kindesmissbrauch (2012), p. 5.

70 NRC, 'Deze poster bevat een geheime boodschap voor kinderen' (This poster contains a secret message for children), 7 May 2013.

by removing the victim from the unsafe situation, providing help, reporting the situation to an AMK or reporting the case to the police. However, their suspicions first have to be aroused on the basis of signals they have picked up. Here, we refer to the identification of sexual violence if outsiders recognize signs of sexual violence and are able to formulate a suspicion on the grounds of those signs.<sup>71</sup> These can be persons within the victim's private network or relevant professionals. To recognize sexual violence, it is important that they are able to spot and interpret the signs.

This section demonstrates that although there are a great variety of signs of sexual violence, identifying it is not a straightforward matter. First, in sections §3.2.1 and §3.2.2 there is a brief discussion of the various signals that victims and perpetrators of sexual violence can send. The focus in §3.2.3 is on the extent to which sexual violence against children is identified, while §3.2.4 explains why identification of sexual violence is (or can be) difficult and ways in which identification could be improved. Various developments designed to improve the recognition of sexual violence are discussed in section §3.2.4, followed by a brief review of the relevant instruments employed to improve identification in §3.2.5. In §3.2.6 there is a discussion of the identification of sexual violence in three specific sectors: health care, education and youth and foster care.

### 3.2.1 Signs from victims

Both hands-on and hands-off sexual violence can have far-reaching consequences for underage victims (see §2.4). Victims suffering from these medical, psychological and sexual consequences can also send specific signals to people around them. Signs that can raise a suspicion that a child is a victim of sexual violence include the child's behaviour or sexual knowledge, remarks they make,<sup>72</sup> physical injuries and/or sickness.<sup>73</sup>

In addition to physical injuries or physical complaints and consequences,<sup>74</sup> underage victims can also display a range of (internalizing and externalizing) behavioural symptoms.<sup>75</sup>

Many of these signs are open to a variety of interpretations and can also suggest problems other than sexual violence. It is possible for a child who has not been sexually abused to display similar problematic or deviant behaviour, perhaps because he or she has been abused in some other way, for example, has problems of a different type or because he or she has adopted certain signals such as anxiety or language

71 Lamers-Winkelmann (1995), p. 26.

72 Including (indirect) disclosure, see §3.1.

73 Brilleslijper-Kater (2005); Lamers-Winkelmann (1995), p. 27.

74 For example, genital or anal wounds, vaginal infections and discharge, irritation or infection around the vagina or anus, haematomas (localized swelling that is filled with blood), pain in the upper legs, pain when walking or sitting, problems with urinating, urinary tract infection (recurring or otherwise), oral complaints due to oro-genital contact, sexually transmitted diseases, pregnancy. Wagenaar-Fischer, Heerdink-Obenhuijsen & de Wilde (2010), pp. 129-130.

75 For example, walking with the legs pressed together, experiencing sleeping and/or eating problems, bed-wetting, mood changes, negative body image, difficulty handling friendships, limited capacity to express affection, fear of particular persons, severe dependent behaviour or aversion towards particular persons, physical contact or places and/or situations – possibly accompanied by physical reactions, absent-mindedness during a physical examination, regressing into earlier behaviour, age-inappropriate sexual behaviour (as a result of disrupted sexual-social competences), age-inappropriate sexual knowledge, an increased chance of early and/or problematic puberty, sexually problematic and/or transgressive behaviour, prostitution. Wagenaar-Fischer, Heerdink-Obenhuijsen & de Wilde (2010), pp. 130-133; Brilleslijper-Kater (2005); Lamers-Winkelmann (1995), pp. 27-40.

use from a parent who was him- or herself once abused<sup>76</sup> (the effects of sexual abuse can spill over to succeeding generations).<sup>77</sup> It is therefore essential to remain alert to signs from the child concerned that both confirm and refute suspicions of sexual violence, and it is equally important to remain alert to signs from the child's environment.

Signs could indicate hands-on sexual violence, but possibly also hands-off online sexual violence, such as sexting, online grooming or webcam sex (see §2.1). As already mentioned in §2.4.1, victims of such online sexual violence can experience further negative consequences because the violence may have been recorded and distributed. It is also possible for children who were victims of online sexual violence to display specific online behaviour.<sup>78</sup> Signs that might suggest this include conducting conversation of a sexual nature with strangers on the internet,<sup>79</sup> the sudden avoidance or particularly intensive use of the internet, less restrained conduct online than offline and/or creating an online profile with personal and intimate information.<sup>80</sup>

Signs in the form of behavioural problems can ensue from underlying psychological problems and/or a psychological disorder resulting from being a victim of sexual violence (see also §2.4.1). If the child is found to have behavioural problems, it is important for the person who sees them to recognize the possibility of psychological problems or a disorder. Only then can it be established whether they actually exist, whether it is possible to discover what might be causing them and then, if necessary, to provide adequate psychological help (see §7.1).<sup>81</sup>

### 3.2.2 Signs from offenders

Sexual violence against children assumes many forms (§2.1) and is carried out by an equally wide variety of perpetrators (§2.5). It is therefore difficult to recognize possible offenders. However, particularly when the behaviour continues for a long time, there are signs that could raise suspicions about the perpetrator. With long-term sexual abuse of a child, in particular, an important element is the slow process of establishing contact with the child, and with those close to him or her, in order to facilitate the abuse (see §2.5.3).<sup>82</sup> This process is often subtle, and is specifically designed to avoid detection, but there can still be signs.

In the case of repeated hands-on abuse (particularly in the hands-on non-forcible category as defined in §2.1), it might become noticeable that an adult is establishing a special relationship with a child. Perpetrators might show little respect for the privacy, autonomy and boundaries of children, might involve children in a relationship that is inappropriate for their age, for example by sharing problems or making sexual innuendoes or frequently creating opportunities to be alone with the child.<sup>83</sup> Children who are being abused might display a dependency on the perpetrator, or might actually avoid the perpetrator. The perpetrator might display noticeably more attention to one child than others. This sort of behaviour

76 Brilleslijper-Kater (2005); Verbal information from AMK Flevoland, 15 July 2013.

77 Trickett, Noll & Putnam (2011); Kwako, et al. (2010).

78 Nyman (2008), pp. 40-41.

79 Nyman (2008), pp. 40-41.

80 Kerstens & De Graaf (2012), p. 167.

81 Verbal information from the Taskforce on Effective Trauma Treatment for Child and Family [*Taskforce Effectieve Trauma-behandeling voor Kind en Gezin*], Utrecht, 9 September 2013.

82 This process is referred to in the international literature as 'grooming', which has no direct translation in Dutch. The term is not used here in order to avoid confusion with the 'grooming' article in the Dutch Criminal Code (Article 248 DCC).

83 See [www.stopitnow.org/behaviors\\_watch\\_adult\\_with\\_children](http://www.stopitnow.org/behaviors_watch_adult_with_children), consulted on 14 April 2014.

can be even more noticeable in an institutional setting.<sup>84</sup> If the perpetrator is in an intimate relationship with an adult, the abuse may be accompanied by a deterioration in that relationship, particularly in terms of their sexual relations.<sup>85</sup> These signs can also be relevant for interpreting the behaviour of an adolescent when he or she is around younger children.<sup>86</sup>

Witnessing the behaviour of an offender is more difficult for outsiders with hands-off abuse, such as watching child pornography. One possible sign is that he might spend a great deal of time on the computer and/or is secretive about how he is spending his time.<sup>87</sup> After all, there can be a relationship between hands-off online sexual violence and problematic internet use.<sup>88</sup> Nevertheless, it will be difficult, if not impossible, for many people close to offenders to identify them on the basis of their search behaviour on the internet. The anonymity of offenders on both the open and the closed internet is increasingly easy to guarantee with the rapid advances being made in technological applications.<sup>89</sup> However, offenders can be identified when child pornography (content) is found and reported, and the IP addresses of offenders can then be traced during an investigation. There is more on this subject in §4.2.1 and §5.2.1.6.<sup>90</sup>

### 3.2.3 Number of identifications is small

Before someone can report a suspected situation of sexual violence to the competent authorities, such as the AMK or the police (see Chapter 4), they first have to recognize the signs. In principle, victims, offenders or situations of sexual violence can be recognized by three groups of individuals: by the offenders or the victims, respectively (see §3.1), by persons in the private network of the victim or the offender (family members, friends or neighbours, for instance), or by the professionals involved.<sup>91</sup> A crucial question is how often these groups identify sexual violence in the Netherlands. Another question is how this number relates to the prevalence of sexual violence. The number of underage victims identified by bystanders is far smaller than the number of cases in which children appear to be victims (for the figures on prevalence, see §2.2).<sup>92</sup>

On the basis of so-called informant studies, an estimate can be made of the extent to which sexual violence is recognized by bystanders. It is difficult to establish how often people in the private circle of the victim or the offender pick up signs and form a suspicion of sexual violence. There are no precise figures with respect to this specific group in the Netherlands.<sup>93</sup> A possible indication that this group has been identifying sexual violence more frequently is the 25% increase in the number of requests for advice that the AMKs received in the period between 2008 and 2012 (see §4.1.2).<sup>94</sup> An indicator that applies specifically to the identification of offenders is the number of requests for advice to the Stop it Now! helpline from acquaintances of a potential offender; in the year following the creation of the helpline in April 2012, these requests accounted

84 Tazelaar & Bodestaf (2013)

85 Van Wijk (2011)

86 See [www.stopitnow.org/signs\\_child\\_adolescent\\_risk\\_harm\\_child](http://www.stopitnow.org/signs_child_adolescent_risk_harm_child), consulted on 14 April 2014.

87 Van Wijk (2011)

88 National Rapporteur on Trafficking in Human Beings (2011).

89 National Rapporteur on Trafficking in Human Beings (2011).

90 And of course National Rapporteur on Trafficking in Human Beings (2011)

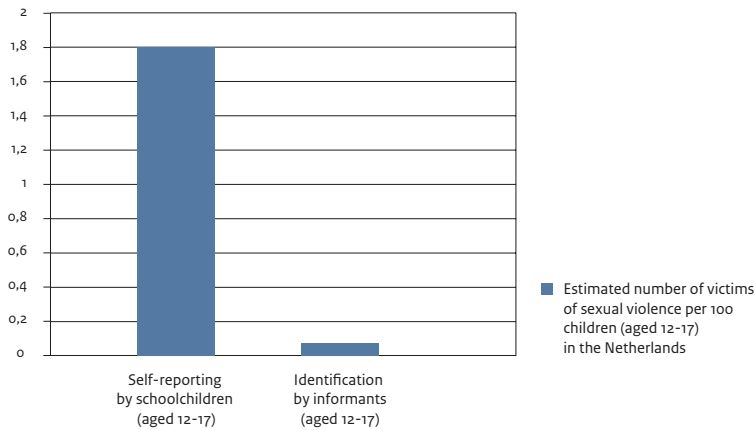
91 National Rapporteur on Trafficking in Human Beings (2011).

92 Stoltenborgh, et al. (2011)

93 Alink, et al. (2011), pp. 147-148. More is known about the number of reports made by this group to agencies, see §4.1 and §4.2.

94 B: 0.06; Wald X<sup>2</sup> (year): 54.24; df: 1; p < 0.01.

for 72 of the 130 calls to the helpline (55%, see §8.2.1.1). More information is available about the identification of sexual violence by professionals. Compared with other forms of child abuse, sexual violence appears to be identified relatively infrequently by professionals.<sup>95</sup> The nationwide prevalence study of child maltreatment (NPM-2010<sup>96</sup>) in 2010 and the inquiry into sexual abuse in residential youth and foster care institutions by the Samson Committee confirmed that professionals identify sexual violence significantly less often than it is reported by children themselves.<sup>97</sup> However, the fact that the number of requests made by professionals to the AMK for advice relating to sexual abuse had risen by 11.8% could be an indication that professionals were identifying cases more often in the period 2008-2012 (an increase that is the result of a sharp increase in the number of requests for advice from the health care sector, see §4.1.2).<sup>98</sup>



**Figure 3.3** Estimated percentage of victims in the Netherlands (current prevalence in 2010)

Source: Alink, et al. (2011); Euser, et al. (2013)

Figure 3.3 above shows the (far too large) discrepancy between the extent to which sexual abuse is reported by children themselves and the extent to which it is identified by professionals. The respective statistics are discussed below.

The estimated percentage of children aged between twelve and seventeen who said in 2010 that they had been victims of sexual abuse was 1.8%,<sup>99</sup> which contrasts sharply with the prevalence figures reported in §2.2. Firstly, this is due to the fact that the figure shows the current prevalence in 2010 rather than the lifetime prevalence. A second reason is that a stricter definition of sexual violence is used here: it refers only to intra-familial hands-on and hands-off sexual abuse (incest) committed by an adult, which involves being forced to look at or touch genitals by an adult within the family or having sex with an adult within the

95 Alink, et al. (2011), p. 56.

96 Alink, et al. (2011)

97 Commissie Samson (2012), pp. 47 and 57; Alink, et al. (2012a); Alink, et al. (2012b); Alink, et al. (2011)

98 B: 0.03; Wald X<sup>2</sup> (year): 13.71; df: 1; p < 0.01.

99 Estimate of the current prevalence (per 100 children) in 2010, on the basis of a sample survey of schoolchildren (from twelve to eighteen years of age) in the first to fourth classes of secondary school in the Netherlands (Alink, et al. 2011, pp. 116, 122-124).

family.<sup>100</sup> It is noteworthy that, even with this limited definition, one in fifty children in the Netherlands aged between twelve and seventeen said they had been victims of incest committed by an adult in 2010.

This stricter definition of sexual abuse is used to enable the figure of 1.8% to be compared with the current prevalence figure for 2010 that emerged from a sample survey of professionals and which gives an estimate of the extent to which professionals identified sexual abuse that occurred in 2010.<sup>101</sup> Roughly 0.07% of children (aged between twelve and seventeen) are identified as victims of sexual abuse by professionals in the Netherlands.<sup>102</sup> In 2010, this figure of 0.07% represents just 4% of the estimated number of children (between the ages of twelve and seventeen) that personally said they had been victims of sexual abuse in 2010 (the figure of 1.8% mentioned above).

### 3.2.4 Identification is difficult

Ideally, people close to the child should notice the signs of sexual violence as early as possible in order to stop it and provide help, since prompt intervention by social workers can be essential, particularly for children (see also [Chapter 2](#) and [Chapter 7](#)). However, as discussed above, the signs indicating a situation of sexual violence can often be difficult for third parties to recognize or interpret. There are a number of reasons for this. For example, the child and/or the perpetrator concerned might not convey any signs that would create a suspicion of sexual abuse, the signs might equally suggest sexual violence or totally different problems, or the persons in the victim's circle might be unable to interpret the signs properly (due to a lack of knowledge or sensitivity or for some other reason). Uncertainty about the cause of particular signs can mean that multiple signs are necessary before a person comes to suspect sexual violence. Obstacles to early identification can occur at two levels: first at the level of the victim or the perpetrator, and secondly at the level of the potential identifier and his or her context (hereinafter referred to as 'contextual factors').

#### *Factors associated with the victim and the perpetrator that hamper identification*

Sexual violence might not be identified because there are no apparent signs connected with the victim or perpetrator or because what signs there are cannot be directly linked to sexual violence. For example, it can be more difficult to form a suspicion of sexual violence if the victims are very young or have an intellectual disability, because they are not capable of properly describing their complaints or the reasons for them.<sup>103</sup> In addition, many of the signs transmitted by victims (mentioned in [§3.2.1](#)) are not specifically inherent to victims of sexual violence; as already mentioned, there may be other causes of particular symptoms.<sup>104</sup>

<sup>100</sup> Alink, et al. (2011), pp. 122-124.

<sup>101</sup> Alink, et al. (2011), pp. 122-124.

<sup>102</sup> Estimate of the current prevalence in 2010 (per 100 children from twelve to seventeen years of age), on the basis of a sample survey of professionals working in/for primary and secondary education, women's shelters, crèches/ kindergartens/child minders, the police, general practitioners (GPs), child abuse officers (*aandachtsfunctionarissen kindermishandeling*), children's health clinics, AMKs and the Child Care and Protection Board (Alink, et al. 2011, pp. 29-31, 45-49 and 59). The number of identifications by informants derived from the sample was extrapolated to make an estimate of the current prevalence figure for sexual abuse that occurred in the Netherlands in 2010 (Alink, et al. 2011, pp. 55-57). This specific figure for sexual abuse of the population of children between the ages of twelve and seventeen is reported in Euser, et al. (2013), p. 226.

<sup>103</sup> With respect to children with an intellectual disability, see Alink, et al. (2012b), p. 118; Hershkowitz, Lamb & Horowitz (2007), p. 118.

<sup>104</sup> Friedrich, et al. (2001), p. 45.

As mentioned above, a victim can be identified on the basis of physical signs and on the basis of deviant behaviour (sexual and general). However, identifying sexual violence on the basis of physical signs is difficult with children. Sexual violence often leaves no physical traces.<sup>105</sup> And if it does, for example as a result of penetration, the physical damage disappears more quickly in pre-pubescent children than among adolescents, teenagers and adults. The chance of finding physical evidence quickly declines after 24 hours in pre-pubescent children, and after 72 hours in adolescents.<sup>106</sup> In order to discover evidence of sexual violence through a physical examination, the examination therefore has to be carried out shortly after the event. Even then, the chance of identifying sexual violence against children during a medical examination (on the basis of clinical signs) is relatively small.<sup>107</sup> International research has shown, for example, that in relatively few cases (14%) where the child has initially disclosed the victimization, or even where it has later been proved in a court of law, have there been abnormal physical findings that pointed specifically to sexual violence.<sup>108</sup>

It can also be difficult to identify sexual violence on the basis of the child's social and/or sexual behaviour, since victims can display normal social and sexual behaviour appropriate to their age. Although underage victims are more likely to display increased and/or transgressive sexual behaviour, a significant share of the population of sexually abused children display no notable increase in problematic sexual behaviour.<sup>109</sup> However, it can happen that underage victims display no characteristic behaviour in a social environment in which they feel safe and only display anxiety in the specific social environment in which the abuse is occurring or has occurred. They can also deny or conceal the sexual violence,<sup>110</sup> even when it has been recorded visually.<sup>111</sup> See also § 3.1.

Finally, the offender can prevent sexual violence from being identified, first by exerting pressure or manipulating the victim to prevent him or her from disclosing it (see §2.5.3),<sup>112</sup> and secondly, by influencing (manipulating, misleading or lying to) potential identifiers so that they fail to pick up signs or interpret them in such a way that they do not become suspicious (see §2.5.3).<sup>113</sup> Finally, the offender can hide pornographic material on which the abuse is recorded.<sup>114</sup>

#### *Contextual factors that hamper identification*

If victims and perpetrators of sexual violence do transmit signals (implicit or explicit), these signals can still be missed by persons close to them. Obstacles to the identification of sexual violence by family members, friends or acquaintances can include the following:<sup>115</sup>

- Personal, religious or cultural norms, assumptions and rituals that make talking about sex, sexuality and sexual violence difficult or unusual, or make outsiders less sensitive to possible victimization;

105 Kellogg (2005), p. 509.

106 Van de Putte (2013), p. 214.

107 Van de Putte (2013), p.167; Gilbert, et al. (2009), p. 169.

108 Van de Putte (2013), p.167; Heger, et al. (2002); Adams, et al. (1994)

109 Kellogg (2005), p. 507.

110 Sorenson & Snow (1991), p. 9.

111 Quayle, Loof & Palmer (2008), p. 48; Sjöberg & Lindblad (2002), p. 313.

112 McAlinden (2006).

113 Van Wijk (2011); McAlinden (2006).

114 *National Rapporteur on Trafficking in Human Beings* (2011); 't Hart- Kerkhofs, et al. (2009).

115 Flåm & Haugstvedt (2013), p. 634.



- Parents' and friends' lack of knowledge about sex, sexuality and sexual violence or the signs thereof, including a lack of insight into the online sexual behaviour of children;
- Misinterpretation of signals;
- An inability or unwillingness to believe the signs transmitted by the victim and/or perpetrator and/or the situation in which the sexual violence could have taken place;
- Being influenced by the offender.

There are two further factors that apply specifically for professionals, which can make it difficult for them to identify underage victims (similar to the factors that can cause professionals to be less willing to report, see §4.1.3). First, members of certain professional groups may have difficulty recognizing specific signs of sexual violence against children. For example, physical signs can be even more difficult for school teachers to interpret than for paediatricians. And it is not easy for professionals in the (juvenile) health care sector to establish a relationship of trust with the client or to pick up signs of deviant behaviour during a relatively brief consultation. In addition, lack of experience on the part of the professional in interpreting the (sexual) behaviour of children, assessing the behaviour of parents and identifying sexual violence can also hamper prompt recognition.<sup>116</sup>

Disclosure and identification are both interactive processes between the victims and the people around them. Without sensitivity on the part of persons in their environment, the victim can remain isolated.<sup>117</sup> To increase the chance of people in the child's private circle or professionals identifying sexual violence (including that occurring online), they must have knowledge about the normal and abnormal sexual and developmental behaviour of children,<sup>118</sup> and be open to the possibility that sexual violence has occurred.<sup>119</sup> This can be stimulated by providing information and training in sexuality, sexual development and signs of sexual violence.

As this section has shown, the identification of sexual violence is accompanied by a great deal of uncertainty. For a variety of reasons, neither victims nor perpetrators will readily admit that sexual violence has occurred, which can make it difficult for people around them to confirm any suspicions they may have (justified or otherwise). However, people can also be seeing ghosts and wrongly suspect that sexual violence has occurred (a false positive, see [Chapter 1](#)). For example, notorious sex offence cases can feed fears and prompt greater alertness in identifying victims and perpetrators, making people more easily inclined to suspect sexual abuse if their child has suddenly started wetting the bed or if their child starts to cry when left behind with the male crèche employee, for example. Accordingly, the fear of the possibility of sexual violence occurring can in itself create the suspicion that sexual violence has taken place. As understandable as the fear might sometimes be, however, proper identification of sexual violence calls for outsiders to be both alert and to reflect critically so that suspicions can be properly substantiated.

Nevertheless, it still seems that many signs of sexual violence are not spotted. Wrongly, the idea of sexual violence is then not considered (false negatives), both the victim and the perpetrator remain unseen and the abuse can possibly continue. Given the substantial discrepancy between the number of children who say they have been victims of sexual violence and the far smaller extent to which sexual violence is

116 Verbal information from AMK Amsterdam, 29 January 2013, and AMK Flevoland, 15 July 2013.

117 Flâm & Haugstvedt (2013)

118 Kellogg (2005), p.507.

119 Flâm & Haugstvedt (2013)

identified by professionals (Figure 3.3), it seems legitimate to conclude that sexual violence is still too often wrongly not identified.

### 3.2.5 Better identification

In this section, some specific measures and initiatives that have recently been adopted in the Netherlands or are being implemented to improve the identification of sexual violence (and other forms of child abuse) are discussed. By virtue of the International Convention on the Rights of the Child, the government has a duty to develop coherent policies to combat child abuse. In this context, in addition to promoting prevention, shelter and treatment, the government is also responsible for measures to improve the identification of child abuse.<sup>120</sup> The approach to the identification of sexual abuse is currently laid down in the government-wide policy against violence in relationships of dependency,<sup>121</sup> and, more specifically, in the action plan entitled 'Children Safe', which covers the period 2012 to 2016 and which falls under the responsibility of the State Secretary for Health, Welfare and Sport and the Minister of Security and Justice. To stimulate the implementation of the action plan and monitor its implementation, the Minister and State Secretary established the Task Force on Child Abuse and Sexual Abuse in 2012 (see also §8.1.2.1).<sup>122</sup>

#### *The Youth Act*

From 2015, municipalities will be assigned an important role in combating sexual violence against children. Their tasks have been greatly expanded with the introduction of legislation such as the Youth Act. In addition to their responsibility for youth care and preventive health care, from 1 January 2015 the municipalities will also be responsible for youth welfare, child protection and juvenile probation services. The Youth Act provides that municipal policy must be geared in part to the early detection of problems relating to the raising and development of children, psychological problems and disorders.<sup>123</sup> Despite the spending cuts and changes that will take place in the youth sector concomitant with the introduction of the Youth Act and the associated cuts in municipal budgets,<sup>124</sup> it is important that both municipalities and implementing organizations (education, health care, youth care) make structural investments in efforts to improve the identification of sexual violence. For more information about the Youth Act, see §7.1.4.1 and §8.3.

#### *Publicity campaigns*

First and foremost, the identification of sexual violence can be enhanced by informing the public, which the national government endeavours to do with publicity campaigns about the phenomenon of child abuse. Examples are the campaigns Aanpak Kindermishandeling [Tackling child abuse] in 2008 and Kindermishandeling: wat kan ik doen? [Child abuse: What can I do?] in 2009, campaigns designed to in-

120 *Parliamentary Documents II* 2011/12, 31 015, no. 66, p. 11.

121 *Parliamentary Documents II* 2013/14, 33 750, no. 80, p. 2.

122 The National Rapporteur is an independent observer of this taskforce.

123 Article 2.1 (a) Youth Act.

124 *Parliamentary Documents II* 2013/14, 31 839, no. 350; *Parliamentary Documents* 2013/14, 31 839, no. 330. See also the reports of the Youth System Reforms Transition Committee [*Transitiecommissie Stelselherziening Jeugd*], and the letter from the National Rapporteur to the Senate Committee for Health, Welfare and Sport of 20 December 2013 (see the website of the National Rapporteur, [www.nationaalrapporteur.nl/actueel/kamerbrieven/](http://www.nationaalrapporteur.nl/actueel/kamerbrieven/), *Brieven Consultatie Jeugdwet* [Letters in the consultation procedure on the Youth Act, in Dutch]).

crease public awareness of signs of child abuse.<sup>125</sup> The campaign Voor een veilig huis [Safe at Home] will run from 2012 until 2015 with a view to spurring people affected by domestic violence and child abuse to seek advice and help sooner.<sup>126</sup> These campaigns have not been devoted specifically to sexual violence, however. The emphasis in the radio and television commercials is also more on what people can do if they detect signs of child abuse than on ways of actually improving the identification of sexual violence. Consequently, it is unlikely that the campaigns have given the general public a better insight into signs of possible sexual violence. See also §3.1.4 for the role of publicity campaigns in promoting disclosure.

#### *The reporting code for domestic violence and child abuse*

To improve the identification of sexual violence and other forms of child abuse and so ensure that victims can receive help more promptly, the government has introduced a mandatory reporting code for domestic violence and child abuse (hereinafter referred to as ‘the reporting code’).<sup>127</sup> Since 1 July 2013, the reporting code has applied to the following sectors: health care and juvenile health care (including mental health care and long-term care), education, day care, social support, youth care, and criminal justice,<sup>128</sup> and describes the steps that professionals should take if they encounter signs that lead them to suspect sexual violence. There has been a reporting code for the health care sector (including juvenile health care) since 2002,<sup>129</sup> but since the introduction of the statutory reporting code, far more professionals in the Netherlands have been using a reporting code.

The introduction of the reporting code should not only enhance the reporting of sexual violence in the aforementioned sectors (see Chapter 4) but could also increase the attention devoted to identifying sexual violence. Organizations should offer regular training in the use of the reporting code in order to enable professionals to better identify sexual violence. In this way, professionals can develop the knowledge and skills needed to identify cases and take appropriate action.<sup>130</sup> A central element of the reporting code is that professionals should consult colleagues if they observe signs and/or have suspicions of sexual violence and are unsure how to interpret the signs. This step is also intended to improve identification, since discussing a difficult subject like sexual violence in day-to-day practice will help to create a culture in which signs can be better recognized and interpreted. Finally, the reporting code can also help to remove potential obstacles to contacting the AMK for advice (see also §4.1).

125 The Dutch government’s website, see [www.rijksoverheid.nl/nieuws/2008/12/29/start-campagne-aanpak-kindermishandeling.html](http://www.rijksoverheid.nl/nieuws/2008/12/29/start-campagne-aanpak-kindermishandeling.html) and [www.rijksoverheid.nl/nieuws/2009/03/23/start-campagne-kindermishandeling-wat-kan-ik-doen.html](http://www.rijksoverheid.nl/nieuws/2009/03/23/start-campagne-kindermishandeling-wat-kan-ik-doen.html), consulted on 2 April 2014.

126 The Dutch government’s website, see [www.vooreenveiligthuis.nl](http://www.vooreenveiligthuis.nl), consulted on 2 April 2014.

127 *Parliamentary Documents II*, 33 062, no. 3, p. 4, *Bulletin of Acts, Orders and Decrees* 19 April 2013, no. 142; *Bulletin of Acts, Orders and Decrees*. 16 July 2013, no. 324. See also [www.rijksoverheid.nl/onderwerpen/kindermishandeling/aanpak-kindermishandeling](http://www.rijksoverheid.nl/onderwerpen/kindermishandeling/aanpak-kindermishandeling). In fact, it took a long time to draft such a reporting code for the relevant domains. The former Ministry of Welfare, Health and Culture had already established the Sexual Abuse of Young People Committee to draw up guidelines ‘for action to be taken when there is a suspicion of sexual abuse’ in 1990. However, the committee failed to draft a protocol that could be used for the various professional groups. Commissie Samson (2012), p. 43.

128 The law establishing the reporting code also applies for independent professionals who fall under the Individual Healthcare Professions Act (Articles 3 and 34) (see also Ministerie van Volksgezondheid, Welzijn en Sport (2013), p. 4). With the introduction of the Youth Act, youth care will fall into the new domain of ‘youth welfare’ (see also Article 1. Youth Act).

129 Van de Putte (2013), p. 4.

130 Ministerie van Volksgezondheid, Welzijn en Sport (2013), p. 37.

The reporting code describes five steps that professionals should take if they have a suspicion of violence or neglect. Organizations and independent professionals are obliged to draw up their own reporting code based on the following five basic steps:

- Step 1: Identifying the signs (including a ‘child check’);
- Step 2: Consultation with peers and, if necessary, the AMK, the Domestic Violence Advice and Support Centre (Steunpunten Huiselijk Geweld, SHG) or an expert in determining the nature of injuries;
- Step 3: Interviewing the client;
- Step 4: Assessing the nature and severity of the abuse (if necessary with the help of a risk-assessment instrument and, if necessary, again in consultation with the AMK or SHG);
- Step 5: Reaching a decision: arranging help or filing a report.

As they follow the step-by-step plan in the reporting code, professionals must record any signs of child abuse in the client’s file or, if there is no file, in an alternative manner.<sup>131</sup> The implementation of the reporting code not only creates opportunities for improvements in the identification and reporting of sexual violence, but in time it will also make it possible to gain a better insight into the extent to which professionals identify sexual violence. To make the improvements with regard to identification of sexual violence discussed in this chapter, it is important for professionals and implementing organizations in the various youth care and welfare sectors to register (in a uniform manner) the incidents that are identified, since the collection and processing of policy-relevant information is essential for the formulation and improvement of effective policies in relation to sexual violence against children.<sup>132</sup>

#### *The child abuse officer*

Step 2 of the reporting code provides that professionals should consult with peers to discuss any signs that have been observed and to interpret them.<sup>133</sup> This implies that there must be expertise in the field of sexual violence within the organization.<sup>134</sup> This expertise can be created and safeguarded by appointing a specialist in child abuse (known as a child abuse officer, or *aandachtsfunctionaris kindermishandeling* in Dutch),<sup>135</sup> whose role would be to advise on policy development and to coordinate the implementation of the steps in the reporting code if there is a suspicion of sexual violence.<sup>136</sup> In addition, this official can serve as a sounding board for the other professionals in the organization, contributing knowledge that is connected with his or her professional background and additional training and experience.<sup>137</sup>

Since the establishment of a national network of consultants on the reporting code for child abuse, the National Association of Child Abuse Officers (*Landelijke Vakgroep Aandachtsfunctionarissen Kindermishandeling*, LVAK), in 2012, 326 child abuse officers have been registered in the Netherlands.<sup>138</sup> Since February 2014, registration is linked to mandatory attendance at an annual training day, mak-

131 Ministerie van Volksgezondheid, Welzijn en Sport (2013), p. 10.

132 See also the letter from the National Rapporteur to the Senate Committee for Health, Welfare and Sport about the Youth Act of 20 December 2013. Available at [www.nationaalrapporteur.nl/actueel/kamerbrieven/](http://www.nationaalrapporteur.nl/actueel/kamerbrieven/). (in Dutch)

133 Ministerie van Volksgezondheid, Welzijn en Sport (2013)

134 Ministerie van Volksgezondheid, Welzijn en Sport (2013); LVAK 2013, see [www.lvak.nl](http://www.lvak.nl).

135 Ministerie van Volksgezondheid, Welzijn en Sport (2013), p. 15.

136 LVAK 2013, see [www.lvak.nl](http://www.lvak.nl).

137 Written information from Maasstad Hospital, 18 April 2014.

138 From 1 January 2014; written information from LVAK, 17 January 2014.

ing registration a useful instrument for safeguarding the knowledge and expertise of the officers and promoting the identification of sexual violence within organizations.

#### *The 'child check'*

Organizations in the six aforementioned sectors to which the reporting code applies must also take additional measures to promote the use of the reporting code.<sup>139</sup> One of them is implementing the so-called 'child check', an investigation of whether the client has one or more children who depend on his or her care. This child check must be carried out if the physical or mental condition of the individual concerned or other circumstances (for example, an addiction or psychiatric disorder) could constitute a risk to the safety or development of any such children. If it is found that there are children, the professional must follow the steps described in the reporting code, whereupon it may be decided to report the situation to the AMK<sup>140</sup> (for the procedure for reporting and conducting additional research, see [Chapter 4](#) and [Chapter 5](#)).<sup>141</sup>

#### *Promoting expertise: professional training and permanent education*

Identifying victims of sexual violence calls for experience and expertise on the part of the professional, as well as an open culture within the organization that allows the subject to be discussed. Permanent education is an important instrument in promoting the identification of sexual violence. It is particularly important for professionals who regularly come into contact with children during their work to have sufficient knowledge of sexuality and the sexual development of children to enable them to recognize signs of sexual violence (and other forms of child abuse) and to know how to act if they observe those signs.<sup>142</sup> Training for future professionals could be provided during the initial professional training, and with regular extra training as part of the system of permanent education for professionals.

The subject of domestic violence and child abuse, including sexual violence, is not yet a permanent component of the curriculum of the relevant professional courses. The topic of children's sexual health is covered in many courses in the context of general health, but should be taught specifically in relation to sexual violence and its prevention more often.<sup>143</sup> 'Media education' is another important subject that requires attention in training for professionals<sup>144</sup> because, for the identification of online sexual violence, it is important that professionals, like parents, possess sufficient digital knowledge to advise children and discuss with them the possibilities and risks of the internet and other media (see also [§8.1.1](#)). The Minister of Education, Culture and Science and the State Secretary for Health, Welfare and

139 *Bulletin of Acts, Orders and Decrees*. 16 July 2013, no. 324. See also the Dutch government's website, [www.rijks-overheid.nl/onderwerpen/huiselijkgeweld/hulp-bieden/meldcode?ns\\_campaign=Thema-familie\\_jeugd\\_en\\_gezin&ro\\_adgrp=Huiselijk\\_geweld\\_hulp\\_bieden\\_meldcode&ns\\_mchannel=sea&ns\\_source=google&ns\\_linkname=%2Bmeldcode%20%2Bhuiselijk%20%2Bgeweld&ns\\_fee](http://www.rijks-overheid.nl/onderwerpen/huiselijkgeweld/hulp-bieden/meldcode?ns_campaign=Thema-familie_jeugd_en_gezin&ro_adgrp=Huiselijk_geweld_hulp_bieden_meldcode&ns_mchannel=sea&ns_source=google&ns_linkname=%2Bmeldcode%20%2Bhuiselijk%20%2Bgeweld&ns_fee), consulted on 6 January 2014.

140 Ministerie van Volksgezondheid, Welzijn en Sport (2013), p.15.

141 This child check is based on the 'Hague parent protocol' that was developed in the medical sector in 2008 (*Bulletin of Acts, Orders and Decrees*. 16 July 2013, no. 324, pp. 13-14). Research by Diderich, et al. (2013) showed that the introduction of this protocol led to a very sharp increase the number of reports to the AMK from hospital emergency departments.

142 See also the recommendations of the Commissie Samson (2012) with respect to increasing professionalism in the youth care sector.

143 Van Beek, et al. (2013), pp. 42-43.

144 Duimel & Meijering (2013): the qualitative study by the Netherlands Youth Institute (NJI) showed that the pedagogical courses surveyed were generally still looking for the ways to incorporate media education into the curriculum.

Sport are planning to integrate the subject of child abuse as a permanent component of the curriculum for health care, social and pedagogic programmes (at MBO, HBO, and university level), including specific attention to normal and abnormal sexual development and to sexual violence.<sup>145</sup> Initiatives had already been taken<sup>146</sup> to incorporate these subjects in the curricula of programmes in medicine<sup>147</sup> and training courses for youth workers.<sup>148</sup>

Training in professional education alone is not enough, however. Permanent education and additional training are very important to enable professionals to maintain their basic knowledge and apply it.<sup>149</sup> To improve the identification of abnormal sexual development and of sexual violence, the subject must be a constant element of permanent education and training and of periodic intervision sessions and work meetings. The use of experts with practical experience can help in this.<sup>150</sup> For various professional groups in youth care (such as doctors, psychologists, orthopedagogical consultants and social workers), regular post-qualification education and training is or will be made a condition for registration in a professional register.<sup>151</sup> There are various organizations that provide training for professionals with regard to sexual violence against children, including the National Training Centre for Child Abuse (Landelijk Opleidingscentrum Kindermishandeling, LOCK)<sup>152</sup> and the National Trainers Group against Child Abuse (Landelijk Trainersgroep Aanpak Kindermishandeling, LTAK).<sup>153</sup> The online learning environment 'The Next Page' provides interactive digital training modules ('e-learning') for various sectors and professional groups focusing on, among other things, the identification of child abuse and the reporting code.<sup>154</sup> Given the fact that children are active online at an increasingly young age and the internet is increasingly an integral part of their daily lives (and therefore of their sexual development),<sup>155</sup> the courses on sexual violence that are provided should also devote attention to identifying risky behaviour and victimization online; however, at present there is no specific training programme on this subject for professionals.

#### *Instruments for identification*

As mentioned earlier, it is not always easy for persons around the child to interpret signs of sexual violence, but there are instruments that can help in identifying sexual violence and estimating the risk that

145 *Parliamentary Documents II* 2012/13, 33 400-XVI, no. 157; *Parliamentary Documents II* 2013/14, 33 750-XVI, no. 80.

146 *Parliamentary Documents II* 2012/13-XVI, no. 157.

147 Van der Linden & Brinkhorst (2012).

148 Kleine & Beijer (2013)A; Kleine & Beijer (2013).

149 Rfauf (2013), p. 175; Commissie Samson (2012); verbal information from Medisch Centrum Haaglanden, STEK Jeugdhulp, Bureau Jeugdzorg Agglomeratie Amsterdam, AMK Flevoland and the Health Care Inspectorate, among others.

150 Jeugdzorg Nederland (2013), p. 30.

151 *Parliamentary Documents II* 2013/14, 33 619, no. 7. See also the websites of CIBG, NIP, NVO, BAMw.

152 The training programme includes courses on Diagnostics in the event of a suspicion of sexual abuse, Sexually transgressive behaviour and Sexuality in the living group. LOCK website, see [www.landelijkopleidingscentrumkindermishandeling.nl/opleidingsaanbod.html](http://www.landelijkopleidingscentrumkindermishandeling.nl/opleidingsaanbod.html), consulted on 6 January 2014.

153 LTAK website, see [www.ltak.nl](http://www.ltak.nl), consulted on 23 January 2014. See also the various databases on the website [seksueelgeweld.info](http://seksueelgeweld.info), [www.seksueelgeweld.info/beleid\\_seksueel\\_geweld/partnership/toolkit/deskundigheid-hulpverlening](http://www.seksueelgeweld.info/beleid_seksueel_geweld/partnership/toolkit/deskundigheid-hulpverlening), consulted on 24 March 2014.

154 Website of The Next Page, [www.thenextpage.nl](http://www.thenextpage.nl), consulted on 22 April 2014. E-learning seems to contribute to identification by professionals in the short term. Research by Van Smeekens, et al. (2011) shows that the use of e-learning by nurses in emergency departments has a positive effect on the identification of child abuse (in simulated situations).

155 Holloway, Green & Livingstone (2013); Nikken (2013)

sexual abuse has occurred and could possibly still be occurring, or that can evaluate the behaviour of children, including their sexual behaviour. Anyone who uses these instruments is better able to substantiate suspicions of maltreatment, abuse or other types of problems, as well as their subsequent decisions.<sup>156</sup>

One instrument specifically relating to the sexual behaviour of children is the 'flag system', which addresses sexuality and can be used by parents, teachers and group leaders, as well as social workers. The aim of the flag system is to prevent sexually transgressive behaviour amongst and against children up to the age of eighteen.<sup>157</sup> With the system, the sexual behaviour of a child can be classified on the basis of six criteria<sup>158</sup> to determine the extent to which the behaviour is acceptable or unacceptable (there are four categories: acceptable behaviour and slightly, seriously or grievously transgressive behaviour).<sup>159</sup> The purpose of the flag system is to enhance the competence of anyone who deals with children by providing indications for an appropriate reaction to each type of behaviour.<sup>160</sup> It is intended to help make an accurate assessment of age-appropriate or inappropriate sexual behaviour, as well as a better assessment of sexually transgressive behaviour, to facilitate discussion of sexuality and sexual behaviour with children and to facilitate pedagogically appropriate action.<sup>161</sup> The flag system has a theoretical basis and has not been validated in practice.<sup>162</sup>

The assessment instruments for child abuse currently used by professionals in health care and youth care (including the offices of the Youth Care Agency (Bureau Jeugdzorg, hereinafter BJZ) and the AMKs) are:<sup>163</sup>

- The Child Abuse Risk Evaluation – Netherlands (CARE-NL);
- The California Family Risk Assessment (CFRA);
- The Light Instrument Risk Assessment of Child Safety – Youth Care (Licht Instrument Risicotaxatie Kindveiligheid – Jeugdzorg, LIRIK-JZ);
- Research, Risk Assessment and Decision Making by AMKs (Onderzoek, Risicotaxatie en Besluitvorming, ORBA);
- The Delta Safety List (Delta Veiligheidslijst);
- The Sputovamo-R.

These instruments are used to assess child abuse, particularly within the family, but are only tailored to sexual violence to a limited extent,<sup>164</sup> and they have either not been validated in the Netherlands or

156 Prinsen, et al. (2012), pp. 68-69; De Ruiter, Hildebrand & Van der Hoorn (2012); Wagenaar-Fischer, Heerdink-Obenhuijsen & De Wilde (2010), p. 45.

157 Repetur & Doornink (2011), p.10.

158 Frans & Franck (2010), pp. 17-18: does the behaviour involve mutual consent, voluntariness, equality, age- or development-appropriateness, context-appropriateness and self-respect?

159 Frans & Franck (2010), p. 33.

160 Frans & Franck (2010), p. 48.

161 Repetur & Doornink (2011), p.6; written information from Movisie, 24 April 2014.

162 Over the next four years Movisie will conduct a study into the impact of the flag system and it will be further developed for residential youth care (compulsory ('Youth Care Plus') as well as voluntary). Verbal and written information from Movisie, 27 August 2013 and 24 April 2014.

163 Ten Berge (2008). See also the NJi's database, <http://www.nji.nl/nl/Kennis/Databanken/Databank-Instrumenten-Richtlijnen>.

164 Written information from the NJi, 11 April 2014.



validated only after limited research (CARE-NL).<sup>165</sup> In response to the recommendations of the Committee on the Prevention of Sexual Abuse in Youth Care (Commissie Voorkomen Seksueel Misbruik in de Jeugdzorg), the Netherlands Youth Institute (Nederlands Jeugdinstituut, hereinafter NJi) is developing and evaluating an instrument for sexual abuse for the Ministry of Health, Welfare and Sport, the purpose of which is to measure both the risk that a young person will be a victim of sexual abuse and the chance that he or she will display sexually transgressive behaviour.<sup>166</sup>

### 3.2.6 Identification in specific sectors

This section contains a discussion of developments in the identification of sexual violence in three specific sectors: health care, education and youth and foster care.

#### *Identification in the health care sector*

Health care is an important domain for identifying sexual violence and one in which growing attention has been devoted to the identification of child abuse in the last few decades. In 2002, the Royal Dutch Medical Association (Koninklijke Nederlandsche Maatschappij tot Bevordering der Geneeskunst, KNMG) adopted a reporting code for child maltreatment, which was amended in 2008 to give doctors clearer guidelines on the relationship between the reporting of child abuse and professional confidentiality.<sup>167</sup> Nevertheless, the Health Care Inspectorate (Inspectie voor de Gezondheidszorg, IGZ) observed in 2013 that insufficient progress had been made in implementing the reporting code and providing training in its use in some sectors of the health care domain.<sup>168</sup> General practitioners (GPs) are an important professional group in terms of identifying sexual violence. In view of the gatekeeper function that GPs perform in the context of regular health care, youth care (see the Youth Act) and mental health care,<sup>169</sup> it is important for members of this professional group to properly identify child maltreatment, including sexual violence, and to cooperate with the AMK. This is particularly true for GP group practices, where more children are seen on average than in regular GP practices: 28% compared with 7%.<sup>170</sup> In 2010, the IGZ conducted research into the conditions for sound identification of child abuse at the 121 GP group practices in the Netherlands. The study showed that no group practice met the prescribed standards: screening instruments were not always used, employees were not adequately trained, effective agreements had not been made about cooperation with the AMK and records were not kept of indications or suspicions of child abuse.<sup>171</sup> The greater attention devoted to identification since then seems to have borne fruit.<sup>172</sup> All of the GP group practices (now 122) now meet the conditions for proper identification of child abuse.<sup>173</sup> However, it is not known how many underage victims of sexual violence are actually seen and identified by doctors at the clinics.

165 Van de Putte (2013), p. 400; De Ruiter, Hildebrand & Van der Hoorn (2012); NJi's database, <http://www.nji.nl/nl/Kennis/Databanken/Databank-Instrumenten-en-Richtlijnen>, consulted on 28 January 2014.

166 Written information from the NJi, 14 April 2014.

167 Van de Putte (2013), p. 4; Dutch government's website, see <http://www.rijksoverheid.nl/nieuws/2008/09/04/nieuwemeldcode-voor-43-000-artsen-spreken-tenzij.html>, consulted on 17 February 2014.

168 Inspectie voor de Gezondheidszorg (2013)

169 *Parliamentary Documents II* 2011/12, 25 424, no. 183.

170 Van de Putte (2013), p. 403.

171 Inspectie voor de Gezondheidszorg (2010), pp. 15-16.

172 Inspectie voor de Gezondheidszorg (2012), p. 17.

173 Written information from the Inspectie voor de Gezondheidszorg, 27 August 2013.



Juvenile health care is another important sector in terms of identifying sexual violence. No fewer than 95% of parents and children use the services of children's health clinics, the Centres for Youth and Family (Centra voor Jeugd en Gezin, CJG) and the school doctor.<sup>174</sup> The identification and estimation of the risk of child abuse are regarded as a key task of the juvenile health care institutions.<sup>175</sup> The guidelines 'Sexual development 0-19' can help with early identification of age-inappropriate sexual behaviour, which could be a sign of sexual violence.<sup>176</sup>

Hospitals have been endeavouring to improve the identification of victims and the cooperation with other organizations with respect to child maltreatment.<sup>177</sup> In 2013, a number of professional groups drew up the 'field standard for child maltreatment and domestic violence for hospitals'.<sup>178</sup> In the same year, the IGZ incorporated this standard in its regular supervision of hospitals.<sup>179</sup> Identification in hospitals has improved with the introduction of the identification protocol, structured procedures for identification, training and the establishment of multidisciplinary teams to tackle child abuse.<sup>180</sup> For information about the increase in the number of requests for advice and reports from the health care sector to the AMK, see §4.1.

Although physical injury is often difficult to discern in young victims of sexual violence (§3.2.4), the use of experts in the field of interpreting physical injuries (step 2 in the reporting code) and of (social) paediatricians can be important for promptly confirming or refuting signs of sexual violence against children. Professionals, including the consultant or treating paediatricians in hospitals, must be aware of the possibilities that exist to call in medical, psychological and forensic assistance.<sup>181</sup> In addition, it is not only the police and PPS, but also individuals in the victim's immediate circle and professionals in sectors such as juvenile mental health care and regular health care, who can request the assistance of forensic experts in the form of a consultation, a review of the case file or an examination for physical injury in the event of suspicions of sexual violence.<sup>182</sup> The umbrella organisation for the youth care sector Jeugdzorg Nederland, the medical sector, the PPS, the police and the Child Care and Protection Board (Raad voor de Kinderbescherming, hereinafter RvdK) have produced a 'flowchart' for the relevant sectors,<sup>183</sup> a map with contact details of forensic-medical experts in the region that professionals in the medical and

174 Van de Putte (2013), p. 398; Burgmeijer & van Geenhuizen (1997).

175 Wagenaar-Fischer, Heerdink-Obenhuijsen & de Wilde (2010), pp. 14 and 43.

176 Maris, et al. (2014).

177 Van de Putte (2013), p. 400.

178 Nederlands Vereniging voor Spoedeisende Hulp Artsen (2013).

179 Website of the IGZ, see [http://www.igz.nl/actueel/nieuws/nieuwe\\_veldnorm\\_kindermishandeling\\_en\\_huiselijk\\_geweld\\_voor\\_ziekenhuizen.aspx?sgURI=tcm%3A294-47477-4&nodeJump=3](http://www.igz.nl/actueel/nieuws/nieuwe_veldnorm_kindermishandeling_en_huiselijk_geweld_voor_ziekenhuizen.aspx?sgURI=tcm%3A294-47477-4&nodeJump=3), consulted on 3 March 2013.

180 Van de Putte (2013), p. 400.

181 Van de Putte (2013), p. 8: See §7.1 for information about the Sexual Assault Centres.

182 For example, from the Forensic Polyclinic for Child Maltreatment (*Forensische Polikliniek Kindermishandeling*, FPKM) and the Netherlands Forensic Institute (*Nederlands Forensische Instituut*, NFI). The FPKM also has a nationwide mobile team that it can use if the child is unable to travel, 'Mobiele teams tegen kindermishandeling', 7 June 2013. FPKM website, <http://www.polikindermishandeling.nl/dienstverlening>, consulted on 17 February 2014. In addition, the groups of experts in the children's hospitals in Amsterdam, Utrecht and Rotterdam are collaborating with the NFI to create a National Centre of Expertise in Child Maltreatment (*Landelijk Expertisecentrum Kindermishandeling*, LECK), which will provide support in diagnosing child abuse. Website [huiselijkgeweld.nl](http://www.huiselijkgeweld.nl), see [http://www.huiselijkgeweld.nl/nieuws/2014/070214\\_landelijke-expertise-centrum-kindermishandeling-dit-jaar-van-start](http://www.huiselijkgeweld.nl/nieuws/2014/070214_landelijke-expertise-centrum-kindermishandeling-dit-jaar-van-start), consulted on 17 February 2014.

183 *Parliamentary Documents II* 2013/14, 33 750 XVI, no. 80. p. 2; Taskforce kindermishandeling en seksueel misbruik (2013), pp. 42-43.

youth care sectors can call on if they have suspicions of sexual violence or encounter other problems. For more information about referrals to forensic paediatric expertise by the police and PPS, see §5.2.1.5.

#### *Identification in the education sector*

The education sector is another important environment where sexual violence can be identified. Teachers have frequent contact with children over a longer period and are therefore in a position to observe a change in their behaviour. Most schools in primary, secondary, vocational and special needs education have multidisciplinary teams (support teams) that provide care and support for students, teachers and parents. These teams help to identify and deal with problems faced by students or in their families at an early stage. Teachers can receive support from internal and external experts if they suspect that there is or has been sexual violence, and the situation has to be discussed with the parents.<sup>184</sup> The support teams are usually also in contact with the local CJG (see also §7.1.2.2) or a district team.

In general, the education sector seems to appreciate the advisory function of the AMK.<sup>185</sup> In addition to providing advice, AMKs offer training to schools to help to improve identification.<sup>186</sup> Training of current and future teachers and the appointment of child abuse officers could further improve the identification of sexual violence in the sector. With permanent contact persons and investment in improving communication and chain cooperation with the help of a support team, educational institutions and the AMK could contact one another sooner in the identification phase.<sup>187</sup> Feedback from the AMK about the outcome of its decisions could also have a positive effect in encouraging institutions to continue contacting it with suspicions of sexual violence.<sup>188</sup>

#### *Identification in youth and foster care*

The increased public attention to sexual violence against children is partly grounded in the findings of the Deetman and Samson committees that investigated reports of sexual abuse in (Catholic) youth institutions and foster families. Given the vulnerable nature of the target group, adequate identification of sexual violence is particularly important in youth and foster care facilities (hereinafter referred to as 'youth care', which is now falling under the domain of youth welfare). It should be noted here that it is not only identification of sexual violence that has taken place in youth care institutions and foster families that is important, but also recognition of sexual violence during the needs assessment by the

184 Standard agreement on care and advice teams in the education sector 2008, p.2: [http://www.zat.nl/zat/download/Convenant\\_ZAT.pdf](http://www.zat.nl/zat/download/Convenant_ZAT.pdf), consulted on 30 July 2013; written information from NCOJ, 28 April 2014.

185 National Professional Group of Counsellors in Education (*Landelijk Beroepsgroep voor Begeleiders in het Onderwijs*, LBBO), *Als een kind thuis niet veilig is ... wat doet de school dan?* [If a child is not safe at home ... what does the school do?], in: *Beter Begeleiden Digitaal*, December 2013. See <http://www.lbbo.nl/beter-begeleiden-digitaal/bbd-december>. Conference, Opportunities and obstacles in relation to reporting to the AMK by the education sector [Kansen en belemmeringen bij melden bij het AMK vanuit het onderwijs], Utrecht, 19 November 2013.

186 Verbal information from AMK Gelderland, 5 June 2013.

187 The AMK Flevoland and the AMK Amsterdam, among others, have already experimented with this, verbal information from AMK Flevoland, 19 November 2013; written information from AMK Amsterdam, 29 April 2014; LBBO, *Als een kind thuis niet veilig is ... wat doet de school dan?*, in: *Beter Begeleiden Digitaal*, December 2013. See [www.lbbo.nl/beter-begeleiden-digitaal/bbd-december](http://www.lbbo.nl/beter-begeleiden-digitaal/bbd-december).

188 Meeting on 'Opportunities and obstacles in relation to reporting to the AMK by the education sector', Utrecht, 19 November 2013.

BJZ,<sup>189</sup> identification of sexual violence that occurs in other domains during interventions by the youth care services or sexual violence that has occurred prior to those interventions.<sup>190</sup>

In response to the findings of the Samson Committee, Jeugdzorg Nederland drew up the Quality Framework for the Prevention of Sexual Abuse in Youth Care, which sets out measures designed to improve prevention, identification and efforts to combat sexual abuse of children in the youth care sector and will be monitored by an eponymous committee.<sup>191</sup> Youth care organizations must undertake to adopt these measures before they can join the sector's umbrella organisation, Jeugdzorg Nederland. (They are not legally obliged to sign up to the quality framework.) In April 2013, the bill on the professionalization of youth care was sent to the Lower House of Parliament. It requires youth care organizations to employ registered youth workers and behavioural scientists. Interestingly enough, the duty to register only applies to youth care professionals with a third-level education and not for professionals with a secondary vocational education (MBO) diploma. Part of the added value of registration lies in the mandatory regular post-qualification training for the professional.

Within the youth care sector, the following initiatives have been taken that could help to improve identification of sexual violence:<sup>192</sup>

- Jeugdzorg Nederland and the Netherlands Association of Universities of Applied Sciences (Vereniging Hogescholen)<sup>193</sup> have developed a specific qualification in 'sexual development, sexual risk behaviour and sexual abuse' which the universities of applied sciences (HBO) will incorporate in their curricula and internships. At secondary vocational education (MBO) level, this subject is only covered as part of the internship (see also the subsection Identification in education).
- In team meetings and meetings with clients and parents, as well as in their permanent education programmes, youth care organizations must devote attention to the sexual development of children, transgressive behaviour and sexual abuse.
- Youth care organizations (J&O organizations and the BJZ) must adopt a standard method for raising and discussing sexual development and sexually transgressive behaviour and offer a programme of sex education for young people.
- When a youth care organization transfers a client to another organization, the client's profile and the risk assessment must contain information about any problems with his or her sexual development and any prior history of transgressive behaviour and/or sexual abuse. The Nji is developing an instrument for assessing the risk of sexual abuse (see §3.2.5).
- Youth care organizations must draw up guidelines for internal and external multidisciplinary case meetings if there is a suspicion of sexual abuse or if a case has been identified. Agreements on the external meetings must be made with the relevant partners in the chain.

189 Van Julsingha (2010), pp. 35-36: the identification of sexual abuse during the BJZ's intake and acceptance procedure is a reason for critical intervention (i.e. immediate intervention and a follow-up interview within 24 hours).

190 Rus (2013).

191 Jeugdzorg Nederland (2013), pp. 3-4: the Quality Framework is intended for all youth care organizations and therefore encompasses a wider domain than that focused on by the Samson Committee, namely mandatory residential youth care and foster care.

192 Jeugdzorg Nederland (2013), pp. 10-21.

193 Originally known as the Council for Universities of Applied Sciences (*HBO-Raad*).

- Youth care organizations must register signs of sexually transgressive behaviour and sexual abuse so that the signs of sexual abuse can be properly evaluated within the organization and together with chain partners.

With the implementation of the quality framework within the youth care sector, the identification of victims of sexual violence should receive permanent attention. A sample survey carried out among four J&O organizations<sup>194</sup> showed that almost 2% of clients who received some form of youth care during 2011 and/or 2012 were identified as victims of sexual violence during the help programme (see also §7.1.1.2 and Appendix 1.9). Via the umbrella organisation, Jeugdzorg Nederland, a questionnaire was sent to fifty J&O organizations (see Appendix 1.9); 26 organizations responded. The picture that emerged from the survey was that many of these 26 organizations were using the initiatives referred to above to improve the identification of sexual violence. Twenty organizations (77%) spontaneously mentioned that they had implemented (or were implementing) one or more of the actions in the quality framework specifically to improve identification. The measure mentioned most frequently by the organizations to improve identification of sexual violence was to increase their expertise (thirteen organizations, 50%).

In addition to the initiatives ensuing from the quality framework, some organizations also mentioned the implementation of the flag system<sup>195</sup> (ten organizations, 38%) and the appointment of a child abuse officer<sup>196</sup> or establishment of a working group (six organizations, 23%). In light of the steps currently being taken in the youth care sector to improve the identification of sexual violence, it is legitimate to expect that the percentage mentioned at the beginning of this paragraph will rise in the coming years. With the introduction of the Youth Act and the ensuing responsibility for municipalities to arrange youth care, it is important for this subject to be placed on the agenda of all the municipalities and organizations and to remain there.<sup>197</sup>

### 3.2.7 Conclusion

Hands-on and hands-off sexual violence can be identified if third parties recognize the signs of sexual violence and are able to formulate a suspicion on the grounds of those signs. There are various types of signs that could suggest sexual violence (relating to both victims and offenders, as well as images of children of a pornographic nature). However, identification still seems difficult in practice: for example, only a fraction of the estimated number of victims of sexual abuse (in this case, incest committed by an adult in 2010) were identified by outsiders (professionals). The reasons for this can be found both at the level of the victim or the offender and at the level of third parties.

Various developments have been set in motion in recent years to improve identification of child abuse. It is important that these developments continue and that sexual violence receives specific attention. Public information campaigns specifically devoted to sexual violence, attention to sexual violence in the use of the reporting code and the associated training, the development and nurturing of expertise within implementing organizations and municipalities, the further development of specific instruments

194 Combination of Jeugdzorg, Elker, Jeugdformat and Trivium Lindenhof, N = 974.

195 See §3.2.5.

196 See the text box 'The child abuse officer' in §3.2.5.

197 See also Regional Approach to the Safe at Home Programme (2013), a vision document on domestic violence and child maltreatment distributed to municipalities, which contains tips on policies to tackle sexual violence from the Partnership to Tackle Sexual Violence (PASG).

for identifying sexual violence – in short structurally incorporating the theme of sexuality and sexual violence in work, education, public information and policy – is necessary to further enhance identification. The use of the reporting code could also provide insight into the extent to which sexual violence is identified over time and provide material to improve the policies of national governments, municipalities and implementing organizations.

### 3.3 Decisions depicted

Sexual violence against children has to be recognized if victims are to be helped, perpetrators tried and new victims avoided. The central issue in this chapter was the moment of the decision ‘to identify/not identify sexual violence’ (see §1.1). This can take two forms:

- the disclosure of sexual violence by victims (disclosure, §3.1);
- the formulation of a suspicion of sexual violence by third parties (identification, §3.2).

The process of disclosure and identification has been described in the preceding subsections (§3.1.5 and §3.2.7, respectively). In the conclusions to those subsections the problems and how they can be adequately addressed were briefly summarized. This section describes the actual moments when victims decide to disclose abuse and when third parties identify sexual violence. As described in §1.3, such a decision is a good one if (a) the information on which it is based is optimal and (b) the criterion for the decision (strict or liberal) is appropriate to the desired outcome.

Victims already possess sufficient information, since they have experienced the sexual violence themselves. But as was clearly shown in §3.1, there are very substantial obstacles that deter them from speaking out. In §3.2, however, it was also found that other people are often not capable of recognizing victims and offenders. This can be due to the quantity or the quality of the information (signs) that is available and is picked up by third parties and the way in which it is then interpreted (the ‘criterion’ they adopt). Figures 3.4 and 3.5 illustrate how sexual violence can be recognized through disclosure and through identification in diagrammatic form.

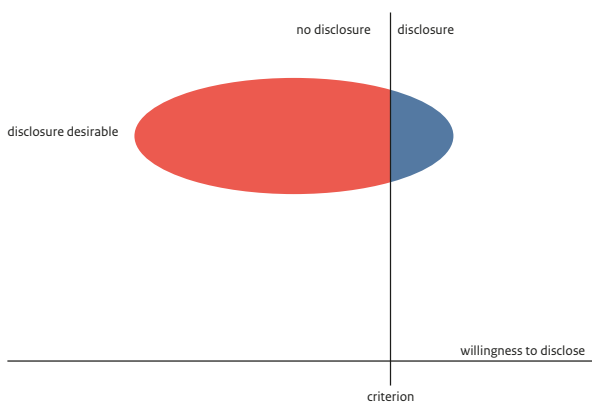


Figure 3.4 Decisions relating to disclosure

With regard to disclosure (Figure 3.4), there is no reason to assume that there are victims who should not talk about the abuse, regardless of whether or not they consider themselves to be victims. In other words, the group ‘disclosure undesired’ does not exist. This does not mean that everyone should always talk about the abuse. But it does mean that every victim must at least have the opportunity to do so. As shown in §3.1, disclosure often only occurs years after the event – if ever. There are many factors that make disclosure difficult, such as fear, shame or guilt on the part of the victim. This is represented by the vertical line, the criterion (or threshold). The majority of victims do not cross that threshold and that threshold should be lower, in which case the line would move to the left. This would mean that more victims experience fewer obstacles to disclosing the sexual violence. Parents, professionals and the government can all play a role in achieving this, for example by parents giving children the chance to discuss anything with them, social workers daring to ask children directly about experiences of sexual violence and the government organizing publicity campaigns that provide victims with guidance on where they can turn for help.

Third parties frequently do not possess enough clear information to form a well-founded suspicion of sexual violence. This can mean that they believe that sexual violence is occurring when it is not (Figure 3.5: ‘false alarm’). On the other hand, too often signs are not picked up even though there has been sexual violence. The sexual violence then goes unnoticed. As demonstrated in §3.2, there are still too many instances where sexual violence is not correctly identified (in Figure 3.5: ‘noticed’). In the first place, this might be due to the absence of clear indications, which means the bystander has too little information, for example where the physical injury caused by the abuse has disappeared, if there is no obvious change in the victim’s behaviour, or where a change in his or her behaviour could also indicate other problems. Secondly, the cause of the failure to identify sexual violence might lie with the bystanders themselves (they are not properly ‘equipped’ to recognize sexual violence due to a lack of expertise, knowledge or sensitivity): for example, they do not know enough about the sexual development of children, the sexual behaviour of children or the signs of sexual violence. These factors that hamper the recognition of the signs (see also §3.2.4) make it difficult for third parties to distinguish victims from non-victims. (Figure 3.5: from the third party’s perspective, there is an overlap between the two groups). Even when someone has recognized the signs, there can still be a normative threshold (Figure 3.5: the ‘criterion’) before a person can formulate a suspicion of sexual violence and thus actually identify it: how much weight should the person attach to the signs, is the person willing to believe them?

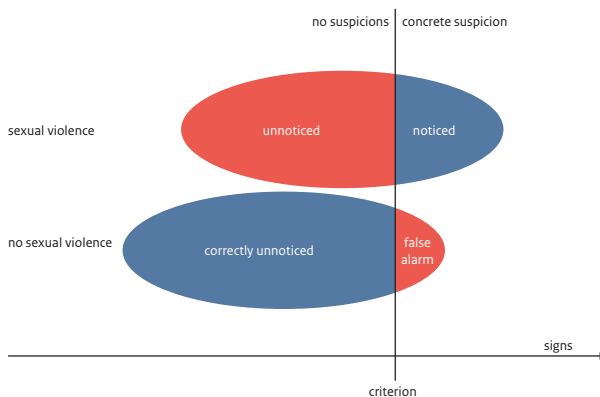


Figure 3.5 Decisions relating to identification

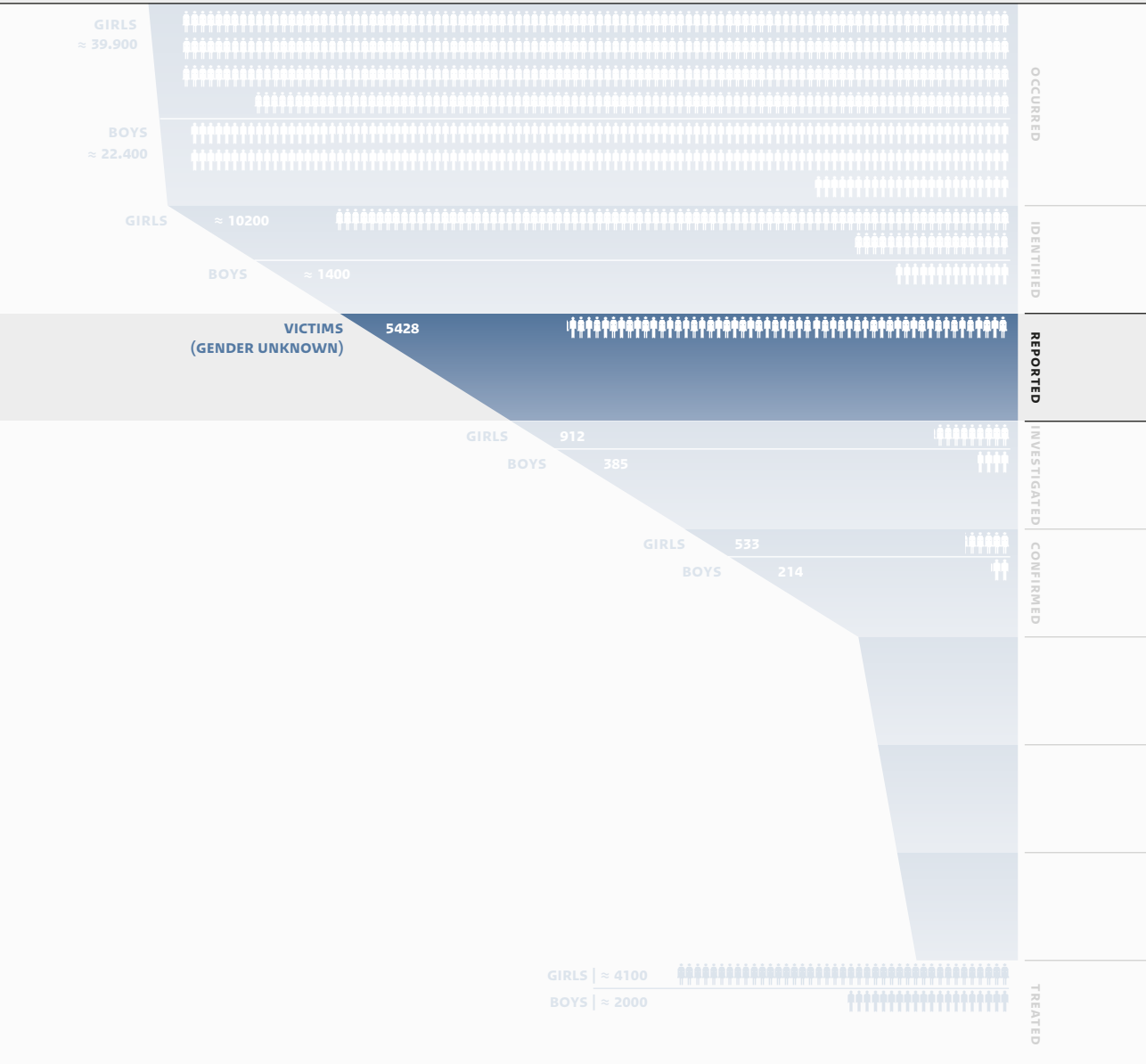
Too few cases of sexual violence are identified: signs are apparently not being picked up properly or, if they are, they are not properly understood and believed (Figure 3.5: the largest part of the group 'sexual violence' scores lower than the criterion). What can help to improve identification? First, it is essential to increase familiarity with the signs of sexual violence so that they can be recognized sooner. The government can help in this. Publicity campaigns can increase the general public's awareness of the signs of sexual violence. It is also important that specialist knowledge of sexuality and sexual violence among professionals and in implementing organizations is constantly kept up to date and that they consult outside experts where necessary. Effective instruments for identifying sexual violence also need to be developed and used. The threshold for identification should also be lowered: people must have the courage to believe that sexual violence can occur in their own environment. If people have more faith in their knowledge in this area (see above), this obstacle to expressing suspicions of sexual violence is also likely to diminish. Public information, training and permanent attention on the work floor to sexuality and sexual violence can help in this. Finally, it could also promote disclosure, since identification essentially involves a form of interaction between the identifier and the victim. A better-equipped individual receives more information from a presumed victim and is then better able to clearly assess that information.

By recognizing signs better and lowering the threshold for identification, the chance of a person being incorrectly seen as a victim or a perpetrator or of remaining unnoticed will decline. The passage through the funnel starts with the recognition of sexual violence. Once it has been identified, it is then important that adequate steps are taken immediately, in the interests of the victim, family members, society and the offender: the situation of abuse can be ended, help can be sought and and/or the perpetrator can be prosecuted. For this to happen, it is important for the situation to be reported to the appropriate agencies, and that is the subject covered in [Chapter 4](#).

# 4

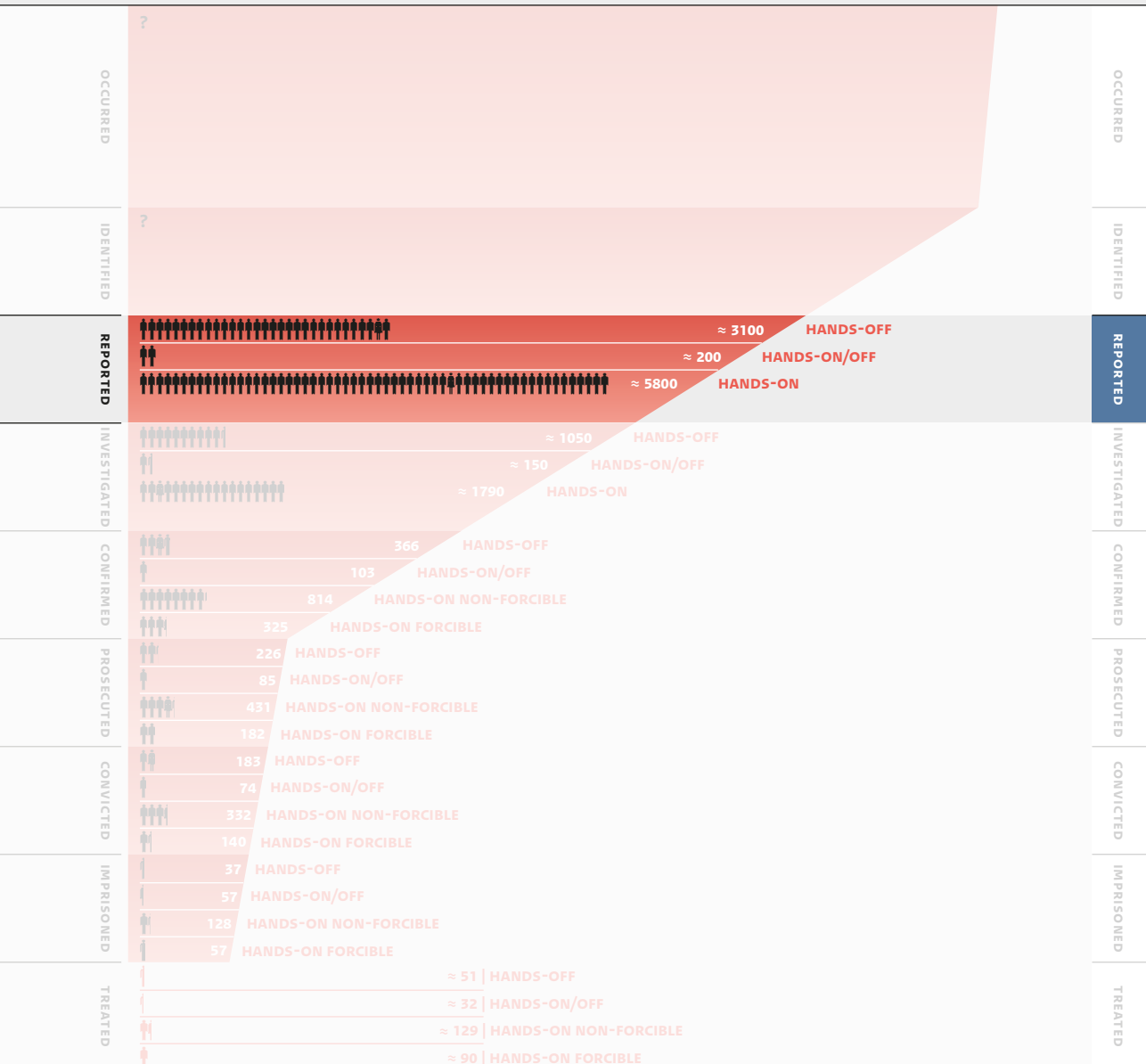
## Reporting

### VICTIMS





OFFENDERS



When a case of sexual violence is recognized, it is important for it to be reported for further investigation to the competent authorities, such as the Child Abuse Counselling and Reporting Centre (Advies- en Meldpunt Kindermishandeling, AMK) or the police. Reporting a possible situation of sexual violence is a necessary first step in ensuring that both the (suspected) victim and the (suspected) offender<sup>1</sup> are known to the relevant government agencies. Whereas recognizing sexual violence can be regarded as a personal and/or interactive process, in which signs are observed and a suspicion is formed (Chapter 3), reporting, as discussed in this chapter, is regarded as an external and agency-oriented step, where the victim or a concerned person, or perhaps even the offender, contacts an agency for consultation and/or to inform it about the situation of abuse. If the relevant agency then accepts the report for investigation, the responsibility for taking further action (arranging assistance, initiating measures to protect the child or investigating and prosecuting an offence) lies with the government. But can it be taken for granted that sexual violence will be reported to government agencies?

The central decision discussed in this chapter is the following:

- whether to report sexual violence committed against you or another person to a government agency.

How often is sexual violence reported, and to which agencies? What forms of sexual violence are reported? Who are the persons who make a report? Are they more often victims and/or their parents, or are they professionals? On the basis of what information do they make a report? And what criterion do they adopt? In short, is the decision whether or not to report made on solid grounds?

Reports to the AMK are discussed in §4.1. The individuals who contact the AMK can do so for different purposes. They might want to share their feelings, suspicions or the signs they have observed and be seeking advice about what steps they can take (advice or consultation). The report might also be so worrying that the AMK will decide to launch an investigation (see Chapter 5). Based on an analysis of data from the AMK for the period 2008-2012, this section provides information about the number of reports of sexual violence that are received. The discussion includes a review of the factors that persuade people to make a report and the obstacles that might prevent them from doing so, as well as the steps the government is taking and could take to remove those obstacles.

Reports to the police are discussed in §4.2; this refers to the first contact a person has with the police to report a suspicion of sexual violence. In the absence of national data, to answer the questions posed above, data from the former police region Hollands-Midden were analysed. The analysis shows that most reports relate to hands-on sex offences. And whereas most reports to the AMK are from professionals, most reports to the police are made by parents or by victims themselves. This section also discusses the relationship between the victim and the accused and the length of time that elapses between the occurrence and the reporting of an offence, an important factor with regard to preserving evidence.

In addition to the AMK and the police, sexual violence against children can also be reported to other agencies, as discussed in §4.3. These bodies include the Hotline combating Child Pornography on the Internet (Meldpunt Kinderporno op Internet), Helpwanted.nl and the Child Sex Tourism Reporting Centre (Meldpunt Kindersekstoerisme).

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<sup>1</sup> Hereinafter: 'victim' and 'perpetrator'.

This chapter concerns reports made to any of these agencies. In many cases, the report does not mark the end of progress through the funnel, but the initiation of further steps. Those succeeding steps are discussed in [Chapter 5](#).

## 4.1 Reports to the AMK

The tasks of the AMK are set out in Article 11 of the Youth Care Act (which was replaced by the Youth Act with effect from 1 January 2015). Children, parents, acquaintances and professionals (hereinafter referred to as: notifiers) report suspicions of child abuse (including sexual abuse) to the AMK. In this report, any contact with the AMK to discuss a situation of possible child abuse is regarded as a report. Reports to the AMK can lead to one of three results: one-off advice (hereinafter, 'advice'), repeated advice (hereinafter, 'consultation') or the transfer of authority to the AMK, which then conducts a further investigation into the report (hereinafter, 'investigation').<sup>2</sup>

It should become clear during the initial contact between a notifier and the AMK whether advice or a consultation will be sufficient or whether an investigation is needed. At this meeting, the actions that the notifier could personally take to address the (suspected) situation of assault or abuse are assessed. If it is found that there are further steps that the notifier can take and the report is assigned the status of advice or consultation, the AMK offers assistance in dealing with the situation.<sup>3</sup> If a situation is serious, one-off advice is converted into a consultation, in which case the AMK official contacts the notifier at a later date (in principle, within two weeks) to discuss what further steps can be taken.<sup>4</sup> In the case of both advice and consultation, the notifier retains responsibility for dealing with the situation of abuse. Depending on the nature of the situation and the possibilities the notifier has of dealing with it, the AMK might advise the notifier to delegate responsibility to it and allow the AMK to conduct an investigation.<sup>5</sup> Instituting an investigation may have been the notifier's intention from the outset, but it is also possible that approaching the AMK has helped the notifier to overcome an obstacle. By conducting an investigation, the AMK decides whether there is any form of child abuse (or a threat thereof) and/or underlying problems, and what further steps are needed to safeguard the child's safety and welfare. In contrast to reports designed to seek advice or a consultation, with a report leading to an investigation, the AMK is responsible for dealing with the situation of abuse. This investigation process is explained in more detail in [§5.1](#).

The reports that the AMK receives which contain suspicions of sexual abuse are discussed in [§4.1](#). The AMK data that has been studied shows that reports of sexual abuse lead relatively often to a consultation and relatively infrequently to an investigation. To discover why this might be the case, first of all the reasons given by people for reporting sexual abuse to the AMK and what obstacles they might face

2 The AMK only regards the latter category as a report. In this report, however, contacts leading to advice, consultation and investigation are all regarded as reports since all three involve a person approaching an agency (see the introduction to this chapter).

3 Baeten (2009), p. 11.

4 Baeten (2009), p. 12.

5 Baeten (2009), p. 11. Besides this 'scaling up' of a request for advice or consultation to an investigation, however, reports made for the purposes of an investigation can also be 'scaled down' to advice or consultation, for example if a report contains too few concrete signs to support a decision that there is a 'reasonable suspicion' of child abuse (Baeten 2009, p. 17).

are examined in §4.1.1, followed by a discussion of trends in the number of reports of sexual abuse in §4.1.2. In the period 2008-2012, there was an increase in the number of reports that led to advice or a consultation, but the number of reports leading to investigations declined. What were the reasons for this? In §4.1.3, there is a description of the principal groups of notifiers, and §4.1.4 then describes which notifiers report which groups of (possible) victims. The conclusion follows in §4.1.5.

#### 4.1.1 Reasons for and obstacles to reporting

The investigation of the number of reports is based in the AMK data for the period 2008-2012. Of all cases in which advice or a consultation was given about situations that included sexual abuse (compared with advice and consultation exclusively about other forms of child abuse), there were a relatively larger number of consultations.<sup>6</sup> At the same time, however, relatively few of the reports of situations that included sexual abuse led to investigations.<sup>7</sup> There are two possible explanations for this, both of which probably apply. Because of the complexity of suspected situations of sexual abuse – for example, because of the sensitive nature of the subject of sex and sexual abuse, the absence of clear signs and the potentially radical consequences of reporting – there is often more need for a consultation than one-off advice (on the part of both the notifier and the AMK).<sup>8</sup> But at the same time, and for the same reasons, a consultation may be chosen in preference to the more intensive instrument of an investigation – by the notifier or by the AMK. It seems that in the case of sexual abuse, both the notifier and the AMK are – rightly or wrongly – more reluctant to make or accept a report requesting an investigation.

Identifying sexual violence is almost always accompanied by doubts about how the signs should be interpreted. Whereas notifiers are more inclined to base their decision to report on uncertainty, non-notifiers do not dare to report in the absence of convincing signs (such as visible physical injury or disclosure by the child).<sup>9</sup> The reasons given for reporting and the obstacles to reporting for private individuals and for professionals are discussed below. What prompts the decision to report and what leads to the decision not to report? The obstacles to reporting are largely similar to the obstacles that can prevent identification (see §3.2.4). There are therefore similarities between the process of identifying and the process of then acting appropriately – i.e. reporting – and in some situations they are in fact difficult to distinguish. Because the AMK itself also influences the type of report (for advice, a consultation or an investigation), the reasons for AMK employees to steer a report of sexual abuse in the direction of advice, consultation or investigation, and the obstacles they face in making their decision, are also discussed in this subsection.

6 The percentage of consultations (34%) in relation to all cases in which advice or consultation was provided about situations including sexual abuse in 2008 and 2009 is greater than the percentage of consultations (24%) amongst all advice and consultations exclusively about other forms of child abuse in 2008 and 2009, since the 95% reliability interval of the difference [9.5%, 11.8%] does not contain the value zero.

7 The percentage of investigations (25%) in relation to all reports (for advice or consultation or for investigation) about situations including sexual abuse in the period 2008-2012 is smaller than the percentage of investigations (30%) amongst all reports (for both advice or consultation and for investigation) exclusively about other forms of child abuse in the period 2008-2012, since the 95% reliability interval of the difference [-7.0%, -5.9%] does not contain the value zero.

8 Verbal information from AMK Gelderland, 5 June 2013; written information from AMK Flevoland, 30 April 2014.

9 Baartman (2013); Bunting, Lazenbat & Wallace (2010), p. 192; Crenshaw, Crenshaw & Lichtenberg (1995).

### Private individuals

A survey of the general Dutch population (N = 831) by Motivaction in 2010 highlighted the reasons why individuals contact the AMK and the obstacles they can face.<sup>10</sup> The most important reasons given for reporting were a desire to help the child, the conviction that reporting the situation was useful and a sense of responsibility towards the child. Respondents seemed more inclined to report if it could be done anonymously.<sup>11</sup> For private individuals, this is possible in the case of a report designed to seek advice or a consultation.<sup>12</sup> In the case of a report seeking an investigation, anonymity is only possible with respect to the family that is the subject of the report, and in principle not towards the AMK.<sup>13</sup> These reasons for reporting are countered by some serious obstacles to reporting: doubts about the interpretation of signs and the fear of making an incorrect report,<sup>14</sup> fear of the potentially radical consequences of a report and ignorance of the existing possibilities to report (not only a lack of awareness that reports can be made to the AMK, but also ignorance of its advisory and consultative function and the possibility to make a report anonymously).

### Professionals

The reasons given by professionals for reporting or not reporting are roughly the same. Reasons for contacting the AMK might be to seek more assurance in the event of doubt and/or unwillingness to act, a sense of moral and professional ethical duty to end a situation of abuse, to safeguard the child's welfare and to arrange help. However, professionals also encounter obstacles. Anonymity with respect to the family is more difficult for a professional than for people who are not professionally involved with the family. It is only possible if revealing the professional's identity would form a threat to the child or the members of his or her family, the notifier or an informant or an employee of the notifier, or if it could impair the relationship of trust with the family.<sup>15</sup> On the basis of international literature reviews, there are at least three distinct factors that could prevent a case being reported in this context.<sup>16</sup>

- The nature of the (suspected) child abuse. As mentioned in [Chapter 3](#), obtaining explicit evidence of sexual abuse is relatively difficult, so notifiers are less certain about their suspicions. This has a negative impact on willingness to report.<sup>17</sup> In addition, even for professionals sexuality and sexual abuse can be sensitive subjects that are difficult to discuss.
- Organizational factors and expertise.<sup>18</sup> The absence of possibilities in training courses and institutions to increase the expertise of professionals with regard to identifying sexual abuse and reporting procedures.
- The professional's personal characteristics. For example, a fear of incorrectly reporting a case, a fear of negative consequences for the child and/or for the professional personally, or a fear of disrupting

<sup>10</sup> [National Rapporteur on Trafficking in Human Beings \(2011\)](#); Van der Lelij & Ruysenaars (2010)

<sup>11</sup> Van der Lelij & Ruysenaars (2010).

<sup>12</sup> Baeten (2009), pp. 11 and 13: in principle, requests for consultation are always registered in the name of the person making the request, unless that person expressly objects.

<sup>13</sup> Baeten (2009), pp. 13, 15 and 16.

<sup>14</sup> Van der Lelij & Ruysenaars (2010), p. 21: 'Contacting the AMK is possibly seen not so much as a way of gaining certainty, but more as a useful way of helping once there is certainty.'

<sup>15</sup> Article 55 Youth Care Act (Implementation) Decree, Baeten (2009), pp. 15-16.

<sup>16</sup> In [§3.2.4](#) similar obstacles for professionals are described in relation to the identification of sexual violence. The obstacles to identifying sexual violence that exist for certain professional groups can have an impact on the level of reporting by that professional group.

<sup>17</sup> Bunting, Lazenbat & Wallace (2010), pp. 196-197.

<sup>18</sup> Baartman (2013); Bunting, Lazenbat & Wallace (2010), p. 191.

the relationship of trust and the communication with the child, the offender and/or other members of the family.<sup>19</sup>

Professionals can be useful for AMK investigations not only as notifiers, but also as informants (see also §5.1.1.1). In practice, the obstacles they face in that capacity are the same. For example, professionals are uncertain whether they need the consent of their clients to share information with the AMK and feel a need to know what is done with their report or the information they provide. Professionals also want to be able to discuss a case with a fellow expert in the AMK, and some struggle with their dual role of treating the client and acting as informant for the AMK.<sup>20</sup>

#### *Duty to report, reporting code and right to report*

When is a professional actually permitted, or required, to report? If there is a duty to report, the professional is required to report any suspicion or finding of child abuse to an official body. This duty to report only applies if a child is being abused by a professional: in that case, the situation must always be reported to the relevant inspectorate.<sup>21</sup> This duty to report is slightly different from the duty laid down in the statutory reporting code that applies for the (juvenile) health care, education, social work, youth care and justice sectors (see also §3.2.5). The reporting code does not require professionals to report signs of abuse to the AMK, but does oblige them to follow a step-by-step plan by which they can decide for themselves whether the AMK needs to be contacted. A professional who cannot personally offer sufficient protection must report the child to the AMK.<sup>22</sup> Finally, professional groups bound by professional confidentiality also have a right to report.<sup>23</sup> Professional confidentiality means that the professional may not provide information about his or her client to others without the client's consent.<sup>24</sup> Nevertheless, it might be in the interests of the client or his or her children to share confidential information with a third party, for example in the event of suspicions of child abuse. A right to report means that professionals governed by the rules of professional confidentiality can also report suspicions of child abuse to the AMK or the Child Care and Protection Board (Raad voor de Kinderbescherming, RvdK) even without the consent of the individual concerned.<sup>25</sup> Professionals in sectors such as health care, however, still adhere to the obligation of the care provider to 'endeavour to secure the consent of the patient for the exchange of information'.<sup>26</sup> In practice, professionals still regularly encounter obstacles to sharing informa-

19 Gilbert, et al. (2009), pp. 168 and 177.

20 Janssen (2013), p. 4; Meeting on 'Opportunities and obstacles in relation to reporting to the AMK by the education sector', Utrecht 19 November 2013.

21 The Dutch government's website, see <http://www.rijksoverheid.nl/onderwerpen/huiselijk-geweld/hulp-bieden/meldcode> (consulted on 21 January 2014).

22 National Rapporteur on Trafficking in Human Beings (2011).

23 Article 53(3) Youth Care Act; Article 1: 240 Dutch Civil Code.

24 On the basis of Article 8 of the European Convention on Human Rights, Article 10 of the Municipalities Act, Article 272 of the Dutch Criminal Code, and for specific professions, Article 88 of the Individual Health Care Professions Act (BIG), Article 7:457 of the Dutch Civil Code, Article 53 of the Youth Care Act and Article 6 of the Supervision of Education Act.

25 The Dutch government's website, see <http://www.rijksoverheid.nl/onderwerpen/huiselijk-geweld/hulp-bieden/meldcode> (consulted on 3 January 2014).

26 Website of the Royal Dutch Medical Association (KNMG), see <http://knmg.artsennet.nl/Nieuws/Nieuwsarchief/Nieuwsbericht/Invoering-Wet-verplichtemeldcode-kindcheck.htm> (consulted on 3 January 2014).

tion about clients in the event of suspicions of child abuse.<sup>27</sup> To counter this, in 2013, by extension to the statutory reporting code, agreements were made to improve the sharing of information between, on the one hand, professionals in the health care and mental health care sectors and, on the other, the offices of the Youth Care Agency (Bureau Jeugdzorg, BJZ), the AMK and the RvdK.<sup>28</sup>

The initiatives that have been taken to increase the chance of identifying sexual abuse are mentioned in §3.2.5. They could also help to remove the aforementioned obstacles and thus increase the willingness of professionals to report sexual abuse. In the first place, they involve increasing awareness and knowledge about when (what signs?) they should act by organising publicity campaigns and training, so that the subjects of sex, sexual development and sexual violence are easier to discuss and lead to less uncertainty.<sup>29</sup> Secondly, greater knowledge and certainty is required about how to act by means of publicity campaigns about the role of the AMK,<sup>30</sup> clear information from the AMK to potential notifiers and continuous training for professionals in the use of the reporting code in order to remove fears about reporting and ignorance about the possibilities of reporting.<sup>31</sup> Reporting by professionals could also be improved by organizing regular multidisciplinary meetings (both internal and external) and intervention and by appointing a child abuse officer within the organization. It is important that managers can and do offer sufficient possibilities for this within organizations.

#### AMK employees

Not only the notifier, but the AMK itself can influence the nature of a report, since the AMK plays a role in guiding a report towards advice, a consultation or an investigation. In cases of sexual abuse, reports appear to lead to investigations less frequently than in cases of other forms of child abuse. This suggests that, besides the notifiers, AMK employees also encounter obstacles in steering a report of sexual abuse in the direction of an investigation. These obstacles could be the same as those that notifiers face in deciding whether to contact the AMK (the absence of clear signs, which means there is no persuasive evidence to form a reasonable suspicion of child abuse, for example).

AMK employees argue that sexual abuse is a form of child abuse that, to be addressed, requires their expertise and experience.<sup>32</sup> Promoting expertise in the area of sexual abuse helps to ensure that reported signs of abuse are assessed accurately, and it is important for this expertise to be available within the organization. Initiatives in this regard differ from one AMK to another; they are not standard practice nationwide. For example, one AMK is developing a system of weekly discussions of cases with the vice unit of

27 If the relevant professional group has a disciplinary regime, the tribunal will also take into account whether a violation of professional secrecy occurred in the interests of protecting the child. See also the text box 'Requirement of consent' in §7.1.1.1.

28 Janssen (2013): the Model Cooperation Agreements on Information Exchange in connection with combating child abuse between the (mental) health care sector and the AMK, the BJZ and the RvdK.

29 Bunting, Lazenbat & Wallace (2010), p. 192; Webster, O'Toole & Lucal (2005).

30 And in the very near future, the AMHK, see later in this section.

31 Before the reporting code entered into force, research by Bureau Veldkamp in 2012 showed that 45% of the professionals in the Netherlands were not fully aware of how to act in response to a suspicion of child abuse (Baartman, 2013). It was also found that the number of professionals who were working in a sector with a sector-specific reporting code was steadily declining. Earlier research had shown, however, that after identifying (possible) child abuse, professionals undertook action more often if they did use a reporting code. Doeven (2008), p. 28.

32 Verbal information from AMK Flevoland, 15 June 2013; AMK Amsterdam, 29 January 2013.

the police,<sup>33</sup> some have internal theme groups and some have experts who can provide a sounding board for their colleagues, who can go to them with questions about signs of sexual abuse and how to identify them, as well as about cultural differences, children with intellectual disabilities or problems relating to divorce (see text box).<sup>34</sup> Employees are also given the opportunity to specialize by following courses and attending internal workshops.<sup>35</sup> Team leaders try to assign experienced employees to cases involving sexual abuse or to assist inexperienced employees who are handling these cases, although this is not always possible because of the generally heavy workload the AMK faces.<sup>36</sup> Therefore, although the AMKs that were consulted do devote specific attention to sexual abuse, the national figures still indicate a possible reluctance to further investigate reports of sexual abuse, which is, by definition, a complex subject. Every AMK should continue to devote and, where necessary, further intensify their specific attention to sexual abuse in order to attain a standard level of expertise in relation to sexual abuse throughout the country.

#### *Hostile divorces*

A paediatric and forensic doctor and a nurse from the Kind in de Knel [Troubled Child] working group at the VU Medical Centre in Amsterdam: 'We do not encounter sexual abuse very often, although we regularly receive requests to screen children for sexual abuse. It often turns out to be connected with a hostile divorce where one parent wants to deny custody to the other. What is easier than to accuse your former partner of sexual abuse?'<sup>37</sup>

During divorces where the former partners are engaged in an angry and/or long-drawn-out (legal) conflict and lose sight of each other's interests and those of the children (nowadays known as a 'hostile' divorce<sup>38</sup>), there are times when one partner will accuse the other of sexual abuse, which may or may not have occurred. Sexual abuse can be a cause or an effect of problems in the relationship between the parents and lead to a divorce (and thus to a correct accusation). Wrongful accusations can be divided into accusations based on genuine suspicions and intentionally false accusations (which are often an indication of psychopathic behaviour).<sup>39</sup>

How often do problems in the relationship between parents play a role in reports to the AMK requesting an investigation of sexual abuse? According to the figures, not so often. Out of the total of 5,593 families that were reported to the AMK for an investigation into sexual abuse in the period 2008-2012, 'problematic divorce' was registered as the most serious problem within the family concerned<sup>40</sup> at the end of the investigation in only 9% of cases. In 3% of cases, the most serious problem lay in the 'relationship between former partners' or the 'relationship between parents'. In total, therefore, the most serious problem in the family was registered as relating to the relationship between the parents (who were still together, going through a divorce or already separated) in 12% of cases. This figure is a minimum, however, since problems in the relationship can frequently also be accompanied by other, more serious forms of family problems.

33 Written information from AMK Flevoland, 30 April 2014.

34 Verbal information from AMK Gelderland, 5 June 2013; AMK Amsterdam, 29 January 2013.

35 AMK Haaglanden and Zuid-Holland, 8 April 2013.

36 Verbal information from AMK Amsterdam, 29 January 2013.

37 GGD Amsterdam (2014), p. 2

38 De Kinderombudsman (2014), p. 16.

39 Salter, San Diego International Conference on Child and Family Maltreatment, 30 January 2014.

40 KITS Registratie Werkgroep (AMK's KITS Registration Working Group) (2006).



AMKs are aware that reports of sexual abuse can arise from problems in the relationship between former partners. The AMKs in the Haaglanden and Zuid-Holland regions, for example, ask the parent making the report to do so in writing and to inform the accused parent.<sup>41</sup> The AMK in Flevoland asks the parent to make an open report and complete a report form.<sup>42</sup> If it finds signs of a hostile divorce in a report requesting an investigation of sexual abuse, the ‘risk moments’ during divorce proceedings are identified and taken into account in the AMK’s investigation.<sup>43</sup>

Accusations of sexual abuse made against a partner or former partner can lead to reports that are difficult for the AMK to investigate. A possible risk is that in these situations the AMK will too quickly dismiss the report of sexual abuse as defamation and, for that reason, wrongly fail to investigate it properly. But it is the AMK’s task to assess as carefully as possible whether there has been sexual abuse and to what extent accusations are legitimate.<sup>44</sup> In addition, by definition a hostile divorce has a problematic impact on the child and can in itself be seen as a situation of child abuse.<sup>45</sup> It is therefore important for the AMK to investigate the situation and request the help of the social services if necessary.

#### The AMHK

This section shows that it is essential to guarantee that specific expertise in the area of sexual abuse is available in every AMK for dealing with reports of sexual abuse. From 2015, the AMK and the Domestic Violence Support Service (Steunpunt Huiselijk Geweld, SHG) will be merged to form the Child Abuse and Domestic Violence Counselling and Reporting Centre (Advies- en Meldpunt Huiselijk Geweld en Kinder mishandeling, AMHK).<sup>46</sup> Municipalities will be responsible for the functioning of the individual AMHK centres. At the time of writing, the preparations were still underway for the creation of the AMHKs. It is important for the expertise relating to sexual abuse to be safeguarded and/or further developed in the future AMHKs. In her reaction during the public consultation on the bills for the Youth Act and the associated implementing decree, the National Rapporteur referred to the importance of establishing uniform procedures and methods of registration for the future AMHKs.<sup>47</sup> It is also important for the nationwide AMHKs to remain recognizable and accessible. Provided the expertise of the existing staff of the AMKs and the SHG remains available within the AMHKs and every AMHK makes clear agreements on cooperation with chain partners at policy and operational level, the merger of the two organizations creates opportunities for an integrated approach to sexual violence within the domain of domestic violence and child abuse.

41 Verbal information from AMK Haaglanden and Zuid-Holland, 8 April 2013.

42 Written information from AMK Flevoland, 30 April 2014.

43 These are the milestones in the divorce process that can all give rise to new accusations, for example the moment when the ex finds a new partner or has another child. Verbal information from AMK Flevoland, 15 July 2013.

44 A reservation to be made here is that the AMK does not conduct a fact-finding investigation in the sense of a police investigation, and therefore does not have to address the question of guilt, see also §5.1.3.

45 De Kinderombudsman (2014), pp. 14-15. See also the website of the Taskforce on Child Abuse and Sexual Abuse, <http://www.taskforcekinderenveilig.nl/themas/strafrecht-en-hulpverlening-samen-sterk/373/vechtscheidingen-uit-dehoudgreep.html>, consulted on 2 May 2014.

46 Articles 12a-12q Social Support Act.

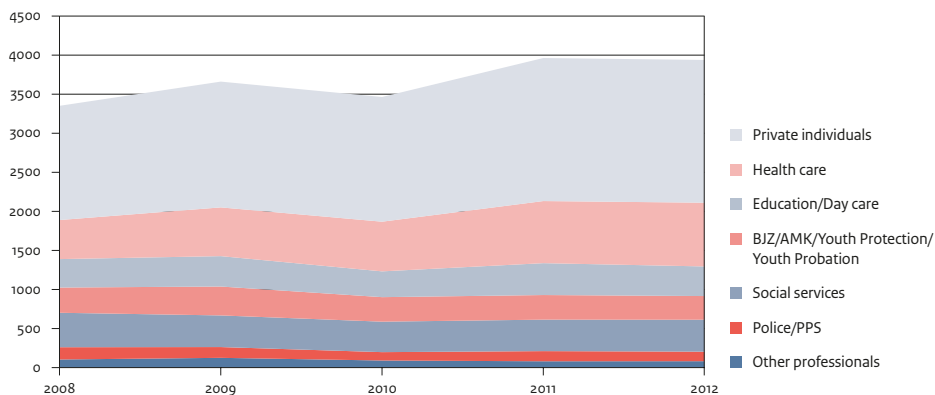
47 Where it is recommended that the AMHKs should at least register the various forms of domestic violence, child abuse, sexual violence and (domestic) human trafficking. Reaction of the National Rapporteur in the public consultation on the Youth Act (Implementation) Decree of 20 December 2013 (see [www.nationaalrapporteur.nl/actueel/kamerbrieven/](http://www.nationaalrapporteur.nl/actueel/kamerbrieven/)).

#### 4.1.2 (Trends in) the number of reports

In the period 2008-2012, the AMK received a total of 24,488 reports that included sexual abuse of children, including 18,377 reports with requests for advice or a consultation (75%)<sup>48</sup> and 6,111 requesting an investigation (25%).<sup>49,50</sup> Notifiers are therefore more inclined to request advice or a consultation than to delegate responsibility to the AMK in the event of a suspicion of sexual abuse. Or vice versa, in the event of a suspicion of sexual abuse, the AMK is more inclined to offer a consultation than to undertake an investigation of the report. In principle the same applies for reports of other forms of child abuse, but it applies to an even greater extent for sexual abuse (see §4.1.1).

##### *The number of reports seeking advice or a consultation*

Figure 4.1 shows the number of reports made each year to the AMK seeking advice or a consultation about suspicions of sexual (or other) abuse, broken down by the type of notifier (private individuals or one of the six groups of professionals). As mentioned earlier, there were 18,377 requests for advice/consultation in five years (2008-2012); in other words, an average of just over 3,600 requests for advice/consultation a year.



**Figure 4.1** Number of reports to the AMK seeking advice or a consultation, by notifier and by year

Source: AMK databases 2008-2012

Figure 4.1 shows that the annual number of reports seeking advice or consultation about suspicions of sexual abuse rose in the period 2008-2012 (from 3,351 to 3,938; an increase of 18%).<sup>51</sup> There was an increase in the number of reports both by private individuals (from 1,462 to 1,827; an increase of 25%)<sup>52</sup> and by professionals (from 1,889 to 2,111; an increase of 12%)<sup>53</sup>. The latter increase was attributable to a larger number

48 The number of cases registered by the AMK in which advice or consultation was provided represents practically all of the reports requesting advice or a consultation. If more than one notifier contacts the AMK for advice/consultation about the same child/family, the case is almost always registered as multiple cases of advice/consultation.

49 These are 5,593 registered investigations. If more than one notifier contacts the AMK for an investigation concerning the same child /family, the reports are always linked and registered as a single investigation.

50 AMK databases 2008-2012.

51 B: 0.04; Wald  $X^2$  (year): 59.23; df: 1;  $p < 0.01$ .

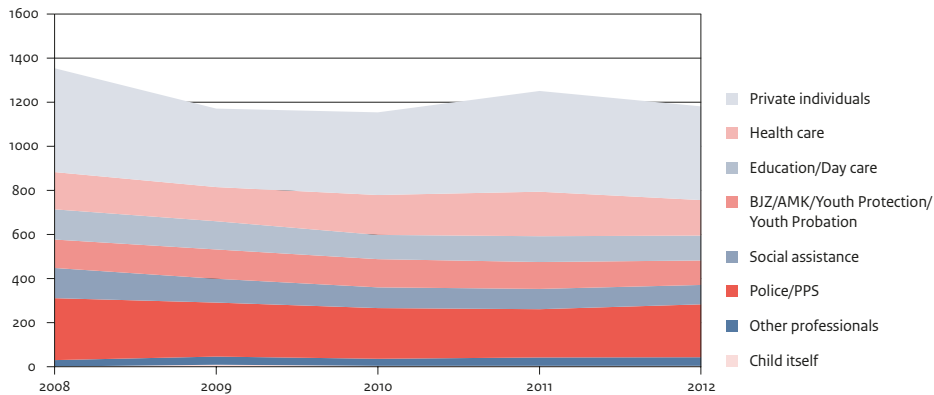
52 B: 0.06; Wald  $X^2$  (year): 54.24; df: 1;  $p < 0.01$ .

53 B: 0.03; Wald  $X^2$  (year): 13.71; df: 1;  $p < 0.01$ .

of reports from the health care sector (from 500 to 816; an increase of 63%).<sup>54</sup> Reports from the police and the PPS and the category 'other professionals' declined<sup>55</sup> but, in view of the small number of notifiers in these two groups, this had less effect on the total number of reports requesting advice or consultation.

#### The number of reports seeking an investigation

Figure 4.2 shows the annual number of reports to the AMK seeking an investigation of sexual (or other) abuse, broken down by the type of notifier (private individuals or one of the six groups of professionals). These are reports seeking an investigation where there were suspicions of sexual abuse either at the outset of the investigation or at its conclusion. The total number of reports seeking an investigation in the period 2008-2012 was 6,111, or an average of just over 1,200 reports a year.



**Figure 4.2** Number of reports to the AMK seeking an investigation, by notifier and by year

Source: AMK databases 2008-2012

The annual number of reports seeking an investigation into sexual abuse declined in the period 2008-2012 (from 1,354 to 1,181, a decline of 13%).<sup>56</sup> This was due to a fall in the number of reports from professionals (from 855 to 721; a decline of 16%),<sup>57</sup> which is attributable to a smaller number of reports from the social services (down from 137 to 88; a decline of 36%)<sup>58</sup> and from the police/PPS (down from 281 to 240; a decline of 15%)<sup>59</sup>.

It is noticeable that the number of reports seeking advice or a consultation in response to suspicions of sexual abuse has risen and that the number of reports seeking an investigation has declined. Looking at the trend in the total number of reports (both those seeking advice or a consultation and those seeking an investigation), the number has risen (from 4,705 reports in 2008 to 5,119 in 2012; an increase of

54 B: 0.12; Wald  $X^2$  (year): 95.05; df: 1;  $p < 0.01$ .

55 Police: from 157 in 2008 to 122 in 2012 – a decline of 22% (B: -0.06; Wald  $X^2$  (year): 4.64; df: 1;  $p < 0.05$ ). Other professionals: from 104 in 2008 to 82 in 2012 – a decline of 21% (B: -0.09; Wald  $X^2$  (year): 7.99; df: 1;  $p < 0.01$ ).

56 B: -0.02; Wald  $X^2$  (year): 5.79; df: 1;  $p < 0.05$ .

57 B: -0.03; Wald  $X^2$  (year): 9.51; df: 1;  $p < 0.01$ .

58 B: -0.11; Wald  $X^2$  (year): 12.45; df: 1;  $p < 0.01$ .

59 B: -0.04; Wald  $X^2$  (year): 4.80; df: 1;  $p < 0.05$ .

9%).<sup>60</sup> This is due to an increase in the number of reports seeking advice or a consultation, which is a positive sign since it could indicate that more people are contacting the AMK with suspicions of sexual abuse – perhaps because people are identifying sexual abuse more often and/or because they more often feel the need to contact the AMK for advice or a consultation about their suspicions. At the same time, the decline in the number of reports seeking an investigation can be seen as less positive since it could indicate an increase in the number of cases where notifiers provide information that is unbelievable or impossible to substantiate (due to the increasing absence of valid reasons for a suspicion of sexual abuse) and/or a growing reluctance on the part of the notifier to demand an investigation and on the part of the AMK to conduct one.

### 4.1.3 The notifiers

Two more things stand out when [Figure 4.2](#) and [Figure 4.1](#) are compared. The first is the difference between the percentage of reports seeking advice or a consultation from private individuals (45% on average, or almost half) and the percentage of reports seeking an investigation from private individuals or the children themselves (an average of 34%, a third). In other words, when private individuals contact the AMK, a report is more likely to receive the status of advice or consultation than when professionals do so. This might imply that the signs that these persons report during the first meeting with the AMK do not provide sufficient grounds for an investigation. Another explanation might be that private individuals are even more inclined than professionals to request advice or a consultation than actually delegate responsibility to the AMK. It is possible that doubts about the interpretation of the indications and/or the deterrent effect of the potentially radical consequences of a report seeking an investigation are factors in this. As [§4.1.1](#) shows, these are in any case obstacles to even contacting the AMK – for advice/consultation or for an investigation.

The second noteworthy point is that the police and PPS only account for a small proportion (4% on average) of reports seeking advice or a consultation, but they account for a substantial proportion (20% on average) of reports seeking an investigation. Accordingly, the police are the largest professional group in terms of reporting to the AMK for an investigation – even though the number of reports from the police/PPS seeking an investigation declined in the period 2008-2012 (see [Figure 4.2](#)). The police/PPS are consequently the only group of notifiers that file reports for an investigation more frequently than for advice or a consultation (also in absolute terms). This is not illogical: most reports from the police involve cases in which the person making the report to the police has already provided clear signs or has made a formal complaint. The report to the police and/or the police investigation might have made it clear that the child and/or the family need help. In these cases, the police call in the AMK to investigate what further steps (assistance and/or protection) need to be taken. To improve the cooperation between them, the BJZ (under which the AMKs fall) and the police signed a covenant on ‘prompt identification and referral’ in 2006, which entered into force in 2007. The background was the observation that the police, when children are found in a worrying or unsafe situation, were not always able to refer them for adequate assistance. The aim of the covenant therefore was to improve the channelling of reports of children needing care from the police to the BJZ/AMK and the involvement of the social services.<sup>61</sup> See also [§4.2.2.4](#) and [§5.1.5](#) for more information about the cooperation with the AMK and the police.

60 B: 0.03; Wald  $X^2$  (year): 29.89; df: 1;  $p < 0.01$ .

61 Jeugdzorg Nederland, Politie & Openbaar Ministerie (2011), p. 1, see also the website of Jeugdzorg Nederland <http://aanpak12min.jeugdzorgnederland.nl/politie.html>, consulted on 1 May 2014.

After the police/PPS, health care professionals<sup>62</sup> are the largest group of notifiers (advice/consultation: 18%; investigation: 14%). Hospitals and general practitioner (GP) group practices have devoted growing attention to identifying child abuse in recent years (see §3.2.5) and this appears to be bearing fruit since the number of times they contacted the AMK for advice or a consultation rose in the period 2008-2012 (see Figure 4.1). The social services (advice/consultation: 11%; investigation: 8%)<sup>63</sup> and the group 'BJZ/AMK<sup>64</sup>/Youth Protection/Youth Probation (advice/consultation: 9%; investigation: 10%)<sup>65</sup> are two other important groups of notifiers. The number of reports requesting an investigation from the social services is declining, however (see Figure 4.2). But even when a victim (or offender) is already receiving assistance from the social services, further investigation by the AMK can sometimes be crucial to learn more about the safety of the child or of other children in the family. The AMK can provide more persuasive evidence of the facts than social workers because its independence places it in a better position to carry out an investigation, to persuade family members to make a report or a complaint, or even to make a report to the police (see §4.2.2.4).

Finally, the number of reports from notifiers in education/child care is similar (advice/consultation: 10%; investigation: 10%) to that of the two aforementioned groups of notifiers. As shown in §3.2.6, education is a potentially important domain for identifying sexual abuse. There is, however, room for improvement in the cooperation between primary and secondary schools and AMKs.<sup>66</sup> It is still uncertain to what extent the AMK and educational institutions can help one another and how and to what extent the reporting code is adopted within the education system. The possibilities for improving identification of sexual violence in the education sector and the communication between education institutions and the AMK that were suggested in §3.2.6 could help to remove these obstacles.

#### 4.1.4 Who reports which victims?

This subsection reviews which groups of notifiers (private and professional) report which groups of children to the AMK as suspected victims of sexual abuse. In the case of reports seeking advice or a consultation, the personal details of the child and family concerned do not have to be registered in the AMK database.<sup>67</sup> The main purpose of the AMK's advisory and consultancy function is to assist the notifier.

62 These are 3,371 reports seeking advice or a consultation, mainly from hospitals (41%), GPs (34%) and JGZ/CJG/GGD (24%), and 868 reports seeking an investigation, mainly from hospitals (51%), GPs (35%) and JGZ/CJG/GGD (14%).

63 These are 2,050 reports seeking advice or a consultation, mainly from the mental health service (GGZ) (36%), general social support services (AMW) (28%), care for physically and mentally and disabled children (LVB) (14%) and youth and foster care institutions (10%), and 519 reports seeking an investigation, mainly from the GGZ (34%), AMW (24%), LVB (18%) and youth and foster care institutions (6%).

64 Jeugdzorg Nederland (2013), p. 5: the AMK itself can make a report seeking an investigation if it is found that the situation has not improved after an earlier investigation has been closed and a new investigation is required or when a case is transferred to another AMK because a family has moved. An AMK can ask all the other AMKs for information if a family has moved to an unknown destination.

65 These are 1,628 reports seeking advice or a consultation, mainly from BJZ (82%), AMK (9%) and youth protection and probation institutions (9%), and 623 reports seeking an investigation, mainly from AMK (51%) and BJZ (45%).

66 A number of bottlenecks/problems that arise within the education sector in relation to reporting to the AMK are uncertainty about the procedure for reporting and about the possibilities that exist for reporting anonymously, the question of what actually constitutes signs of child abuse /sexual violence, and the question of whether teachers have to report under their own name (Meeting on 'Opportunities and obstacles in relation to reporting to the AMK by the education sector', Utrecht, 19 November 2013).

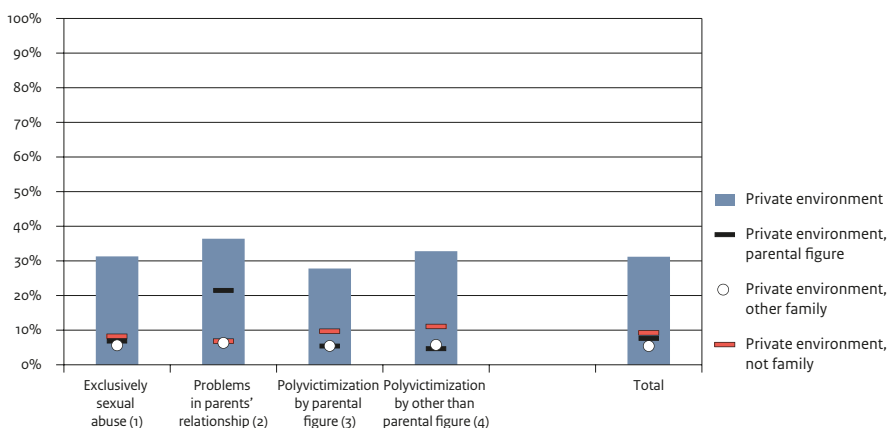
67 Baeten (2009), p. 12.

As regards reports seeking an investigation, the responsibility for following up the reports lies with the AMK, and the registration of the child and family is therefore inevitable. The 6,111 reports seeking an investigation in the period 2008-2012 related to 6,789 children, regarding whom there were suspicions of sexual abuse, either initially on the part of the notifier and/or on the part of the AMK employee on conclusion of the AMK investigation. These 6,789 children were divided into four distinct groups by means of statistical cluster analysis (for a more detailed description of these four groups, see §5.1.2):

- children who were probably only sexually abused (N = 2,349, hereinafter: 'only sexual abuse' (group 1))
- children whose parents had problems in their relationship (N = 814, hereinafter: 'parents with relationship problems' (group 2))
- children who were probably also abused in other ways and where a parental figure was identified as the perpetrator (N = 2,057, hereinafter: 'polyvictimization by a parental figure' (group 3))
- children who were probably also abused in other ways and where a parental figure was not identified as the perpetrator (N = 1,569, hereinafter: polyvictimization by other than a parental figure (group 4))

For each group of children, Figure 4.3 shows which private individuals made a report seeking an investigation. The bars show the percentage of children in each group and in the total that were reported by notifiers in their private environment (31% in all).<sup>68</sup> Within these bars, the sub-groups of notifiers (parental figures, other family members and non-family members) are denoted with stripes and circles. Since there might be more than one notifier in the child's private network, the sub-groups of notifiers cannot be aggregated. Stripes indicate significant differences between the four different groups of children and circles indicate that there was no significant difference. The same breakdown is made for professional notifiers in Figure 4.4.

#### Notifiers in the private environment



**Figure 4.3** Notifiers in the private environment broken down by the four groups of children reported for an investigation

Source: AMK databases 2008-2012

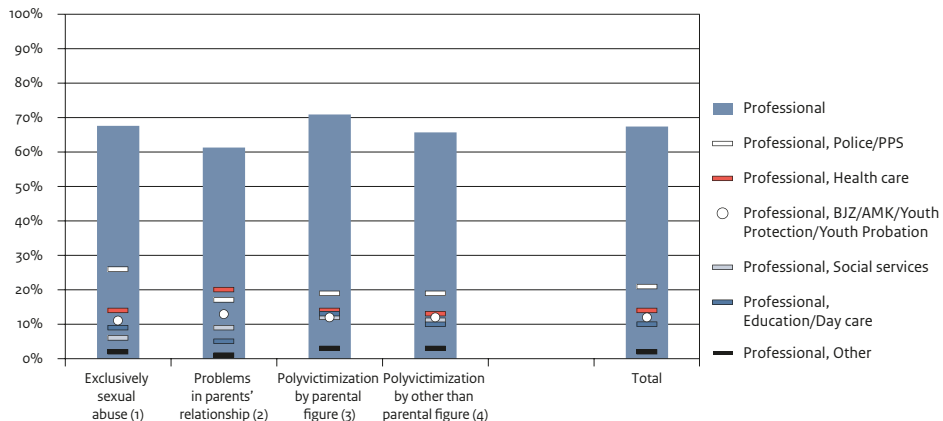
68 This is probably equivalent to 34% of reports from the private environment seeking an investigation, see §4.1.3. Whereas this 34% is measured at the report level, the 31% is measured at the level of the child.

A child that is suspected of being sexually abused almost never contacts the AMK personally (as shown in Figure 4.2). Only 21 (practically 0%) of the 6,789 children reported the abuse themselves.

Relatively speaking, parental figures (biological parents, adoptive parents, foster parents and step parents) report children in the group 'parents with relationship problems' (group 2: 21%) (see also the text box about hostile divorces in §4.1.1) far more often than children in the other three groups. They also report more children from the group 'only sexual abuse' (group 1: 7%) than children in the group 'polyvictimization by other than a parental figure' (group 4: 5%).<sup>69</sup> On average, other family members report 6% of all children.

Notifiers from the child's private circle who are not family members (friends or acquaintances of the family or neighbours, for example) report children in the group 'polyvictimization by other than parental figure' (11%) relatively more often than children in the group 'only sexual abuse' (group 1: 8%) or children whose parents have relationship problems (group 2: 7%).<sup>70</sup>

### Professionals



**Figure 4.4 Notifiers (professionals) broken down by the four groups of children reported for an investigation**

Source: AMK databases 2008-2012

The police/PPS are relatively more aware of children who suffer only sexual abuse (26%) than children in the other three groups.<sup>71</sup> Health care professionals report children of parents with relationship problems more often (20%).<sup>72</sup> Social workers contact the AMK relatively more frequently in cases of polyvictimization (by a parental figure: 12%; by other than a parental figure: 11%) than in cases of solely sexual abuse

69 F: 87.46; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 2 - group 1'}) < 0.01$ ;  $p(\text{difference 'group 2 - group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 - group 4'}) < 0.01$ ;  $p(\text{difference 'group 1 - group 4'}) < 0.05$ .

70 F: 4.82; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 4 - group 1'}) < 0.05$ ;  $p(\text{difference 'group 4 - group 2'}) < 0.01$ .

71 F: 17.52; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 - group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 - group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 - group 4'}) < 0.01$ .

72 F: 8.23; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 2 - group 1'}) < 0.01$ ;  $p(\text{difference 'group 2 - group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 - group 4'}) < 0.01$ .

(6%).<sup>73</sup> And, finally, professionals in education/day care report more children from the group ‘polyvictimization by parental figure’ (13%) and fewer children of parents with relationship problems (5%).<sup>74</sup>

#### 4.1.5 Conclusion

Well-intentioned concern about a threatening situation for a child is usually the reason for reporting suspicions of sexual abuse to the AMK. Often, however, this concern does not lead to a report. Potential notifiers can face a number of obstacles: uncertainty about the signs and their own suspicions, a lack of knowledge, fear of the consequences of reporting and a lack of competence to take action (unfamiliarity with the procedures).

Compared with reports of other forms of child abuse, when people who suspect sexual abuse contact the AMK, these contacts lead relatively often to a consultation and relatively infrequently to an investigation. Why do some reports lead to an investigation and others not? The aforementioned obstacles relating to reporting to the AMK probably also apply to reports specifically seeking an investigation. The threshold for seeking advice or a consultation is lower for the notifier. Because of the complexity of sexual abuse cases, the AMK is more inclined to offer notifiers a consultation (in order to monitor the situation for longer) than to offer advice. On the other hand, the AMK might be less inclined to steer a report towards an investigation for the same reason. Sexual abuse in domestic circles is a clear example of a form of child abuse that requires thorough investigation – not by a professional who is involved, but by an independent expert with the authority to persevere, such as the AMK. For possible victims, it is essential for those around them to be able and willing to report sexual abuse for the purposes of investigation by the AMK and for the AMK to encourage this with public information and to pursue that course when handling the report.

The total number of reports to the AMK increased in the period 2008-2012. This is attributable to an increase in the number of consultations and cases in which advice was given, since the number of reports seeking an investigation actually declined. Hypotheses for the cause of the increase in the number of reports handled with advice or a consultation are an increase in the level of identification of sexual abuse and/or in the need to seek advice from the AMK. Possible reasons for the smaller number of investigations could be a decline in the number of reports that provided sufficient grounds for the AMK to start an investigation, a greater reluctance on the part of the AMK to start an investigation on the basis of a report or an increase in the number of notifiers who were regarded as being capable of dealing with the situation of abuse themselves.

Reporting sexual abuse to the AMK can lead to the involvement of child protection and social services or to a criminal investigation and a prosecution. The report then has to be made to the police. Sexual abuse is a criminal offence, which means that reporting it to the police should always be considered. This is discussed in more detail in §4.2.

73 F: 16.30; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ .

74 F: 16.58; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 3 – group 1'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.05$ ;  $p(\text{difference 'group 2 – group 1'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ .



## 4.2 Reporting to the police

Few cases of sexual violence are reported to the police. Most reports that are made to the police concern hands-on offences, and often the victim and the accused are acquainted. On average, a victim who knows the accused waits longer before reporting an offence than if it is committed by a stranger, and the report is usually made by the parents of the victim or by the victim personally. In only a small proportion of cases is the report made by the AMK.

When the victim, or someone in the private circle of an underage victim, decides to inform the police, this initial contact is referred to as a report. The report can be made by telephone or in person. Because sex offences are handled by qualified vice detectives,<sup>75</sup> the police officer who receives the report offers to make an appointment with the notifier for a preliminary interview with two vice detectives. If it is an urgent situation of sexual violence, this preliminary interview can usually proceed as soon as the report is made. In most cases, however, the situation is not urgent and the preliminary interview is scheduled for several days later.

The process after the report has been made is described in [Chapter 5](#), where the preliminary interview and the formal complaint are discussed in detail. The notifier is not always offered a preliminary interview; if it is clear from the report that there is no criminal offence involved or if the offence is already barred from prosecution by the statute of limitations, there is usually no preliminary interview, although in such cases the notifier is sometimes given advice or referred to a social worker. In some cases, the notifier is offered a preliminary interview but declines it, in which case there is only a report.

### 4.2.1 Number of reports of sexual violence made to the police

When a child is a victim of sexual violence, it seems logical that this would be reported to the police, but it is not known how many of these cases are reported to the police.

Research by Statistics Netherlands (Centraal Bureau voor de Statistiek, CBS) shows, however, that the vast majority of sex offences<sup>76</sup> are not reported to the police. According to the CBS's Integrated Safety Monitor 2012, only 35% of all offences in the Netherlands in 2011 were reported to the police.<sup>77</sup> This percentage is a good deal lower with respect to sexual offences, namely 9%.<sup>78</sup> Frequently mentioned reasons given for not reporting an offence to the police are that it is not very important (28%), the situation has been resolved (19%) or it is not a matter for the police (16%).<sup>79</sup>

In its study, the CBS makes no distinction between sex offences committed against children and against adults. It is therefore not known what percentage of cases of sexual violence against children is reported. On the one hand, sexual violence against children may occur less often than the 9% of cases reported

75 The term 'qualified vice detective' applies if the detective meets both the quality standards (passes the assessment of competence for the relevant competence profile) and the operational standards (is involved in investigating sex offences for at least 24 hours of each working week). Source: Instructions on sex offences, *Government Gazette* .2010, 19123, p. 2.

76 The CBS study makes no distinction between sex offences committed against adults and against children.

77 Centraal Bureau voor de Statistiek (2012), p. 82.

78 Centraal Bureau voor de Statistiek (2012), p. 83.

79 Centraal Bureau voor de Statistiek (2012), p. 154.

to the police, in view of the automatic position of dependence of minors because of their age. Furthermore, very young victims are not capable of verbally describing the abuse, making it more difficult to discover what happened than with older victims. In contrast to adults, minors can also be victims of online sexual violence such as grooming<sup>80</sup>, corruption<sup>81</sup> and child pornography.<sup>82</sup> It seems as though these offences are seldom reported to the police by victims or their parents. A case that illustrates this is the Cuijk case,<sup>83</sup> in which Frank R. was suspected of inducing more than 300 girls to perform sexual acts in front of the webcam over a period of eight years. Some of them also suffered physical abuse. When the case came to light, it emerged that only three of the 300 victims were known to have reported the matter to the police.

On the other hand, it is possible that suspicions of sexual violence against children are actually reported more often to the police than in the case of adult victims. Because of the enormous media attention to the Amsterdam vice case, for example, parents are more alert to possible signs of sexual abuse of their children, and seem more inclined to report to the police in the event of doubt. There is also a great public intolerance towards sex offences in which children are the victims. It is conceivable that whereas an adult victim of a flasher might dismiss it as 'not very serious', the incident would be reported to the police if the same flasher exposed himself in a playground.

#### 4.2.2 Research into reports of sexual violence to the police

It was not possible to filter out reports of sexual violence against children from the police registration system. The police classify<sup>84</sup> the many manifestations of sexual violence against children (see also §2.1) in different ways and numerous classifications can relate to both adults and underage victims. There are also no definitions of the classifications, so there can be inconsistencies in the labelling of reports. There are also major differences between regions in the way in which reports are registered.

To gain a clear insight into the nature and scale of reports to the police concerning sexual violence against children, the National Rapporteur conducted research in the former<sup>85</sup> Hollands-Midden police region. This region was chosen because at the time of the study it was the only region where separate records were kept from the initial report of all sex offences each year. The research covered reports of sex offences in this register that involved (possible) sexual violence against children over the period 2011-2012.

80 Article 248e DCC

81 Article 248d DCC

82 Article 240b DCC

83 *Algemeen Dagblad*, 'Slachtoffers weigeren massaal aangifte te doen in zedenzaak Cuijk' (Majority of victims refuse to come forward in the Cuijk sex case), 22 January 2014.

84 Examples of classifications used by the police are: sexual assault, rape, indecent assault, other sex offences, child pornography, indecent exposure.

85 With the creation of the National Police on 1 January 2013, the former division into police regions changed. Since that date, the former Hollands-Midden police region no longer formally exists. Because the study by the National Rapporteur related to the period 2011-2012, however, this report still refers to that police region.

In that period, 1,577 reports of sex offences were registered in the Hollands-Midden region.<sup>86</sup> For the study, every report of a sex offence relating to one or more underage victims was selected by hand and analysed. In the process, the dataset was designed in such a way as to produce a list of all reports of sex offences involving underage victims at the level of reported victim.<sup>87</sup> When the selection had been made, 880 of the reports were found to relate to underage victims.<sup>88</sup> More than half (56%) of all reports of sex offences to the Hollands-Midden police therefore concerned sexual violence against children.

The discussion of the results of the study in this chapter and in [Chapter 5](#) is always based on the content of the reports as presented in the police datasets. The children to whom the reports relate are referred to as victims in these chapters, and the individuals who had committed the offences, according to the notifiers, are referred to as ‘the accused’ (see also [§5.2.1.2](#)).

#### 4.2.2.1 Nature of the reports

As explained in [§2.1](#), sexual violence against children can assume a wide variety of forms. To gain an insight into the nature of the reports that were studied, they were broken down into four main categories:<sup>89</sup> (1) Hands-on sexual violence involving penetration,<sup>90</sup> (2) Hands-on sexual violence without penetration,<sup>91</sup> (3) Hands-off digital sexual violence,<sup>92</sup> and (4) Hands-off analogue sexual violence<sup>93</sup>. There were also cases involving a combination of two or more of these categories. The breakdown into these categories is based entirely on the information that was provided by the notifier to the police and then registered in the police database that was analysed. The study did not investigate whether what the notifier had told the police had actually occurred.

<sup>86</sup> The total was 754 reports of sex offences in 2011, and 823 in 2012.

<sup>87</sup> This means that every reported victim is counted as a separate report in the study. For example, when a mother reported the sexual abuse of her two children, for the purposes of the study the report was divided into two separate reports, one for each child. And vice versa, when there was more than one report concerning the same victim and the report involved the same facts, they were merged to form a single report.

<sup>88</sup> In both 2011 and 2012, 440 of the reports of sex offences related to minors.

<sup>89</sup> This breakdown of categories of offence differs from the classification in [Chapter 6](#) of this report because the reports are not registered by the police according to the number of the article in the law, so the classification used in [Chapter 6](#) could not be applied to reports made to the police.

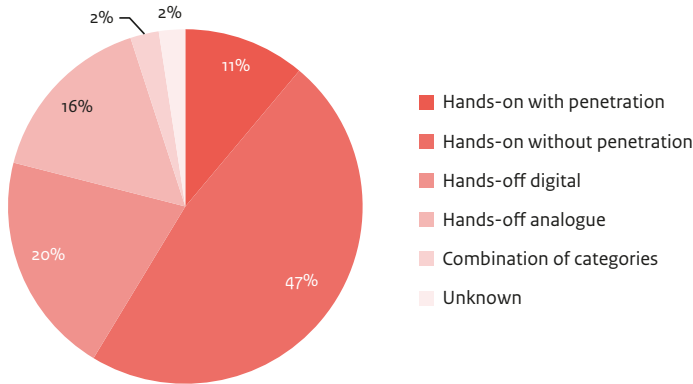
<sup>90</sup> This category covers all forms of vaginal and anal penetration, and reports of oral-genital penetration. The category does not include French kissing. In addition to reports explicitly stating that there was penetration and reports in which the word ‘rape’ appeared, it was also decided to include the description ‘had sex with’ under this category. Attempted rape also falls into category 1.

<sup>91</sup> This category embraces a variety of hands-on acts such as indecent assault and French kissing. The phrases ‘committed indecent assault with’ and ‘suspicions of sexual abuse’ also fall into this category.

<sup>92</sup> This refers to sexual violence where there is no physical sexual contact between the accused and the victim, but where there is a digital component. Examples are possession and distribution of child pornography, grooming and corruption of a minor.

<sup>93</sup> This category covers sexual acts in the real physical world where there is no physical sexual contact between the accused and the victim. Offences in this category that were commonly mentioned in the reports were indecent exposure, verbal harassment, making indecent propositions, etc.

The pie chart below shows the breakdown of the reports by category of offence. What stands out is that hands-on offences not involving penetration account for almost half of all the reports. Together, hands-off offences account for 36% of the reports.



**Figure 4.5 Nature of the reports to Hollands-Midden police 2011-2012**

Source: Hollands-Midden police 2011-2012

#### *Hands-on offences*

A large majority of all reports (61%,  $N = 537^{94}$ ) related to hands-on offences, and a large majority of the reports of hands-on offences (82%,  $N = 438$ ) did not involve penetration. In 91% of the reports in which the notifier said there had been penetration, the victim was between twelve and eighteen years of age at the time of the reported offence.

#### *Hands-off digital*

Roughly a fifth ( $N = 179$ ) of all reports fell into the hands-off digital category.

The reports falling into this category can be broken down into many sub-categories. Three-quarters (75%,  $N = 134$ ) of all reports in this category can be classified as child pornography. Most involved the possession or distribution of child pornography, but 30% ( $N = 40$ ) involved the personal production of pornography, where the underage victim, under coercion or otherwise, had made a pornographic image or film of him- or herself. Another notable finding is that one in six of the reports concerning child pornography (16%,  $N = 21$ ) also contained a report of a hands-on sex offence.

Of all the reports in the category hands-off digital ( $N = 179$ ), 11% ( $N = 19$ ) fall under the classification 'sexual chats'. Sexual chats between an adult and a minor are not presently an offence under the Dutch Criminal Code (see §2.1). Nevertheless, parents and young people do report such chats. Other reports

94 This category also includes the reports which involved a combination of a hands-on offence and a hands-off offence.

that fall into the hands-off digital category are corruption of a minor<sup>95</sup> (3%), grooming<sup>96</sup> (2%) and showing pornographic images to a child below the age of 16<sup>97</sup>(2%).

#### *Why are there so few reports of grooming?*

Of all the reports made to the Hollands-Midden police, only one in 2011 and three in 2012 concerned grooming. Together, these reports constitute just 1% of all reports of offences involving sexual violence against children. Thanks to some major vice cases, grooming has recently been in the news a lot.<sup>98</sup> The media have been quick to regard making approaches to minors in a sexual manner via the Internet as grooming. In legal terms, however, the situation is more complicated; for the purposes of criminal law, it is only grooming when a physical meeting is proposed with the intention of performing sexual acts or producing child pornography and specific acts are undertaken to have this meeting. The police database contained a number of reports of sexual chats. In those cases, there was not yet any question of grooming. On the other hand, there were reports of hands-on abuse, where the victim and the accused knew each other via the Internet. If the sexual abuse has already taken place, the report will have concerned the latter. In other words, there is only grooming within the meaning of the criminal law at a very specific moment in time; namely, the moment that the sexual chats have led to an appointment for an actual physical encounter that the accused has undertaken steps to attend. It is therefore not surprising that there are very few reports of grooming in the database of sex offences of the former Hollands-Midden police region – on the one hand, because many chats do not go that far and, on the other, because in other cases the grooming has already led to other sex offences.

#### *Hands-off analogue*

In the former Hollands-Midden police region, 16% (N = 141) of all reports fell into the category of hands-off analogue. Almost a third of the reports in this category involved the offence of indecent exposure (32%, N = 45). Other acts that were reported and classified as ‘hands-off analogue’ were sexual intimidation and children being addressed in a sexual manner. Reports of children being ‘harassed’, without any further specification, were also included in this category.

#### *Other reports*

Three percent of the reports involved a combination of different sex offences, such as when the victim was sexually abused and images of that abuse were then distributed.

Finally, 2% of the reports contained so little specific information that it was impossible to decide how the report should be classified in the police database. For example, there were 15 reports about persons who had (or might have) committed a sex offence in the past and who were now in contact with a child,

95 ‘Corruption of a minor’ is the intentional exposure, for sexual purposes, of a child under the age of sixteen to sexual activities, Article 248d DCC. Corruption of a minor usually takes place via a webcam.

96 ‘Grooming’ is the intentional proposal, through information and communication technologies, of an adult to meet a child under the age of sixteen, for the purpose of committing indecent acts or producing child pornography, Article 248e DCC.

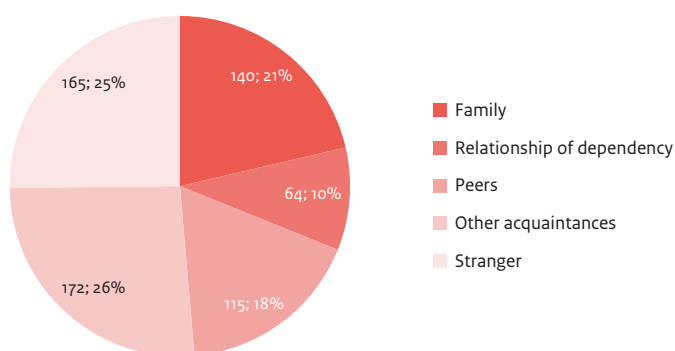
97 Article 240a DCC.

98 For example, the Fresno case in The Hague: ‘Verdachte webcamseks met meisjes niet welkom in Brielle’ (Suspect of webcam sex with girls not welcome in Brielle), *Algemeen Dagblad*, 7 July 2013, and the case of Frank R. in Cuijk: ‘Zedenzaak Cuijk: 15 aangiften’ (Cuijk sex case: 15 reports), *NOS*, 14 November 2013.

giving rise to concerns about the possibility that the earlier offence might be repeated. Five other reports related to children who displayed signs of a form of sexual abuse but with no clear indication of whether they had actually been abused and, if so, what type of abuse had occurred.

#### 4.2.2.2 Relationship between victim and accused

In most reports, the notifier identified the perpetrator of the offence that was being reported. In the Directive on the Investigation and Prosecution of Sexual Abuse, a distinction is made between situations where the victim knows the accused and situations involving sexual violence by a stranger. In the former case, 'in general it will be a situation where "reflection" is possible or necessary,' according to the Instructions. 'In the case of sexual abuse where the notifier and suspect do not know each other (an "unfamiliar suspect"), the investigation and establishment of the identity of the suspect will receive more priority.'<sup>99</sup>



**Figure 4.6 Relationship between reported victims and the accused**

Source: Hollands-Midden police, 2011-2012

In 656 of the reports, the relationship between the victim and the accused was known.<sup>100</sup> In three-quarters of these reports, the accused was known to the victim, and was often a member of the family (21%) or a 'peer' of the victim (18%), such as a classmate or friend. In 10% of the reports, there was a non-familial relationship of dependency with the accused, where the accused was a teacher,<sup>101</sup> an employer<sup>102</sup> or an employee of a crèche,<sup>103</sup> for example. More than a quarter of the reports involved some other acquaintance of the victim, such as a friend<sup>104</sup> or an online contact,<sup>105</sup> and a quarter of the reports concerned a total stranger.

<sup>99</sup> *Government Gazette* 2010, 19123, pp. 1 and 3.

<sup>100</sup> The reports relating exclusively to possession or distribution of child pornography with victims unknown to the accused (N = 82) are not counted in this context because there was no information about the victims in these reports. In addition, in 142 reports it was not possible to determine from the descriptions in them whether or not the victim and accused knew each other. These reports were therefore also not counted.

<sup>101</sup> 4%, N = 27.

<sup>102</sup> 2%, N = 10.

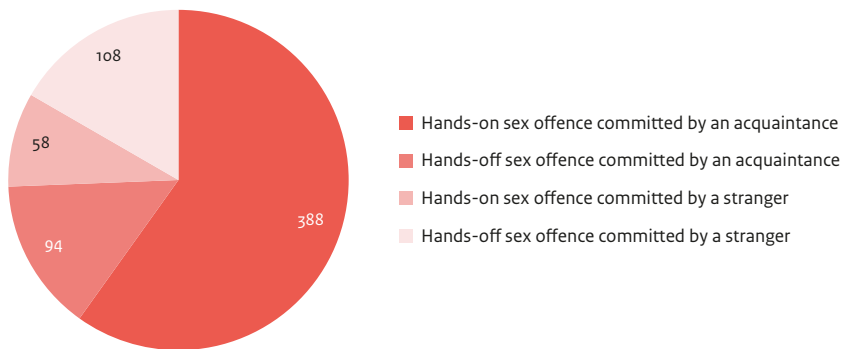
<sup>103</sup> 1%, N = 9.

<sup>104</sup> 7%, N = 49.

<sup>105</sup> 5%, N = 36.

### Relationship between victim and accused and the nature of the offence

As reported in the previous section, the victim and the accused knew each other in three-quarters of the cases. However, if we make the connection between this fact and the nature of the offences that were reported ( $N = 648$ ), major differences are apparent.<sup>106</sup> In the case of reports of hands-on offences, for example, the person accused of the offence was an acquaintance of the victim in no fewer than 87% ( $N = 388$ ) of cases. The situation was totally different with respect to hands-off offences: according to the notifiers, these were committed by an acquaintance in 47% ( $N = 94$ ) of cases. On the basis of the substance of the reports, it can be concluded that in the Hollands-Midden region, hands-on sex offences were almost always committed by an acquaintance of the victim, while hands-off offences were committed more often by strangers than by acquaintances. This is not surprising, since offenders can assume a different identity more easily when recruiting victims online, so that it is not clear to victims who they are dealing with. For the commission of hands-on sex offences, victims are usually approached in the analogue world and therefore generally know who the perpetrator is.



**Figure 4.7** Relationship between victim and accused and the nature of the reported sex offence

Source: Hollands-Midden police, 2011-2012

#### 4.2.2.3 Interval between offence and report

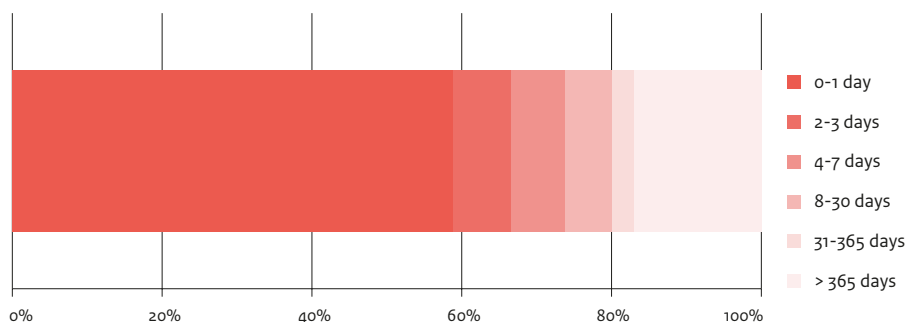
In general, the sooner an offence is reported to the police, the greater the chance that evidence will be found and the case can be solved. It is particularly important in the case of hands-on sexual abuse to report within 72 hours because there is a significant chance that any traces and injuries will have disappeared after this period (see also §5.2.1.5).

The study looked at the interval between the (alleged) offence and the moment it was first reported to the police. For half of the reports ( $N = 442$ ), it was possible to discover how much time had elapsed between the offence and the report.<sup>107</sup> The average period before the incident was reported to the police was 102 days.<sup>108</sup>

<sup>106</sup>  $\chi^2: 119.45; df: 1; p < 0.01$ .

<sup>107</sup> Of these 442 reports, the precise interval in days between the offence and the report was known in 380 cases.

<sup>108</sup>  $N = 380; SD: 608.80$  days.



**Figure 4.8** Interval between the offence and the initial report

Source: Hollands-Midden police, 2011-2012

As Figure 4.8 shows, 59% (N = 260) of the notifiers reported within a day of the offence taking place, while 17% (N = 75) waited for longer than a year before going to the police. Some cases had already been barred from prosecution by the statute of limitations by the time the report was made.

#### *Offences are reported sooner when the accused is a stranger*

As shown above, six in ten reports related to an offence that had been committed no earlier than the previous day. However, if we look at the time it took to report an offence in relation to the nature of the offence and the question of whether the accused was an acquaintance of the victim or a stranger, there are differences. For example, it appears that when an alleged hands-on sex offence is committed by an acquaintance of the victim, the incident is reported to the police less often (36%) within a day than if it is a hands-off sex offence and/or an offence committed by a person who is unknown to the victim (82%).<sup>109</sup>

The average period that elapsed between a hands-on offence committed by an acquaintance of the victim and the report was almost eight months,<sup>110</sup> while the average period for hands-off sex offences and/or offences committed by a stranger was less than ten days.<sup>111</sup> Apparently, therefore, victims take longer to consider whether to inform the police if they have been victims of a hands-on offence and if the accused is known to them. This corresponds with what is known about disclosure from the literature (see also §3.1), for example that disclosure is more difficult when it involves intra-familial violence.

In such cases, victims are less inclined to disclose the sexual violence. One can imagine that those victims who do disclose it will think longer before doing so than victims who have no ties with the accused. In 16% of the reports of hands-on offences committed by an acquaintance, it was actually more than a year before the victim went to the police.<sup>112</sup>

Reasons commonly given to the police by victims who have waited a long time before reporting an offence are a desire to avoid social risks such as family conflicts, not to damage the close bond that

109  $\chi^2: 73.37; df: 1; p: 0.00.$

110 N = 115; M: 211.35 days; SD: 911.74 days.

111 N = 176; M: 8.39 days; SD: 83.22 days. t: -2,38; df: 115,24; p: 0.02.

112 With hands-off offences and/or where the accused was a stranger, only 1% waited longer than a year before reporting to the police. This difference is significant:  $\chi^2: 38,41; df: 1; p: 0.00.$

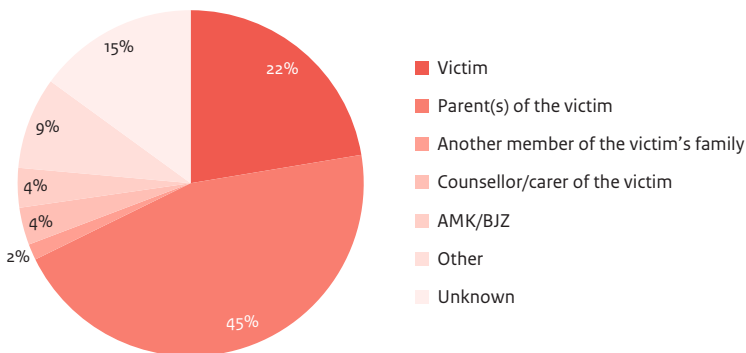


nevertheless exists with the accused, to avoid spoiling an important forthcoming family celebration or wedding, conflicts of loyalty, and the fact that the victim initially blamed him- or herself.<sup>113</sup>

Waiting a long time before reporting a hands-on sex offence has negative consequences for the investigation, since evidence will often have disappeared and the recollection of events becomes steadily vaguer as time passes.

#### 4.2.2.4 Who were the notifiers?

Who reported sexual violence against children? As the figure below shows, it was reported most often by one or both parents of the victim (45%). It was also frequently the underage victims themselves who went to the police (22%). In general, the older the victim, the more often he or she reported the offence, while with young victims it was more often the parents or someone close to the victim who disclosed it.<sup>114</sup>



**Figure 4.9 Notifiers of sexual violence against children**

Source: Hollands-Midden police, 2011-2012

A small number, specifically 4%, of all reports were made by the AMK or the BIZ. As far is known, the reports by the AMK and the BIZ (N = 29) solely concerned hands-on offences. However, it is increasingly common in the Hollands-Midden police region for parents to make the report themselves, but to do so at the urging of the AMK.<sup>115</sup> Accordingly, although the report is not made by the AMK, the outcome is the same (the report is made).

#### Reports from the AMK<sup>116</sup>

In the Hollands-Midden police region, therefore, few reports came directly from the AMK. It is not known what percentage of reports of sexual violence to the police at the national level come from the AMK, although the impression of the police at the national level is that they receive few reports from the AMK, and that the AMK only makes a report to the police if a case is serious and there is clear evidence. Cases have therefore sometimes been left unreported by the AMK for a long time.<sup>117</sup> Many vice detectives

113 Verbal information from the national expert group on sex offences, 31 January 2014.

114  $t: -13.33; df: 436.68; p < 0.01$ .

115 Verbal information from the head of the vice squad in the former Hollands-Midden police region, 31 January 2014.

116 See also §5.1.1.2 and §5.1.3.

117 Verbal information at a meeting of the national expert group on sex offences, 31 January 2014.

take the view that the threshold for the AMK to make a report to the police should be lower and that reports should also be made sooner.<sup>118</sup>

Multidisciplinary partnerships have been established in every region, in which the police, the AMK and the social services, including the BJZ and the youth mental health service meet to report and discuss cases.<sup>119</sup> The partnerships are an attempt to lower the threshold for reporting.

The ‘Protocol on the reporting of child abuse by the Youth Care Agency to the police and the public prosecution service’<sup>120</sup> sets out the agreements on cooperation with respect to the reporting of serious suspicions of child abuse by the BJZ and the AMK to the police and applies in every region of the country (see also §5.1.2). The protocol serves two purposes: to promote an effective and carefully coordinated approach and to increase the willingness of the BJZ to report to the police.<sup>121</sup> Although the basic principle is that with every report of child abuse, the employees of the BJZ/AMK should consider whether to notify the police,<sup>122</sup> in the view of some police regions this is only done in very clear cases.<sup>123</sup> The ‘Protocol on action by the Child Abuse Counselling and Reporting Centre’ provides that the law enforcement agencies must be informed ‘if it is in the interests of the child and no other course is open to the AMK to serve that interest’.<sup>124</sup> The protocol does not say precisely what constitutes the child’s interest or what factors should be considered. In practice, the child’s interest appears to be an important factor in the AMK decision not to report to the police. For example, the AMK sometimes argues that help for the child has to be put off – sometimes for a lengthy period – to avoid disrupting the criminal investigation.<sup>125</sup> In addition, some AMK investigators take the view that filing a complaint has little added value if the abuse has already stopped and the perpetrator and the victim are receiving treatment.<sup>126</sup>

#### *Pilot project with the AMK and the police in Gelderland*

Because, despite the protocol on cooperation, the AMK Gelderland was making few reports of child abuse (including sexual violence) to the police, in May 2013 a pilot project was launched in that region.<sup>127</sup> During the period of the project, two youth coordinators from the police visited the AMK every week to enquire about the reports the AMK had received during that week and to attend the intake meeting. As part of the project, the police investigated whether any of the members of the families that had been reported to the AMK were known to the police, which proved to be the case in more than 70% of the cases.

118 Verbal information at a meeting of the national expert group on sex offences, 31 January 2014.

119 The precise composition differs from one region to another, and even the name of the multidisciplinary teams differs. Examples are the two- and multi-track teams (TMT) in Amsterdam, the Sexual Violence Scenario Teams in the province of Noord-Brabant and the Juvenile Prevention Team in Rotterdam. See also §7.1.2.2.

120 Jeugdzorg Nederland, Politie & Openbaar Ministerie (2011).

121 Jeugdzorg Nederland, Politie & Openbaar Ministerie (2011), p. 2.

122 Jeugdzorg Nederland, Politie & Openbaar Ministerie (2011), p. 6.

123 Symposium on Sexual Violence against Children organized by the Nationaal Rapporteur, 12 April 2013.

124 Baeten (2009), p. 22.

125 Symposium on Sexual Violence against Children organized by the National Rapporteur, 12 April 2013.

126 Symposium on Sexual Violence against Children organized by the National Rapporteur, 12 April 2013.

127 The information in this text box is based on information received by telephone from the AMK Gelderland, 13 January 2014.

Although the pilot project has not generated more complaints, it did, according to the AMK and the police, lead to more careful consideration of cases where the police might have a role to play. In addition, there was closer contact between the police and the staff of the AMK. There were frequent meetings about cases, at which the options in terms of the criminal law and for the social services were considered jointly. In a number of cases, this led to close practical cooperation. The project also created greater mutual understanding about the work of the two agencies and the associated dilemmas they face. The pilot project will be transformed into a standardized, province-wide partnership between the police and the AMK.

It is important for the AMK and BJZ to share any information they have about the possibility that sexual violence has been committed against a child – not only to protect the child, but also to prevent future victims. A report to the police does not even have to result in a formal complaint; the police can provide advice to the notifier without starting a criminal procedure. It is possible that the police also have information about the victim or the accused, which, combined with the information known to the AMK employee, could help to form a clearer picture of the situation and of the possible risks for the child in question. A carefully considered decision about what further steps should be taken can only be made if this information is shared. A criminal investigation is one possibility, but not necessarily the only solution.

#### 4.2.3 Conclusion

Only a small proportion of sexual violence against children is reported to the police. The research by the National Rapporteur into reports of sexual violence made to the former Hollands-Midden police region showed that the majority of reports related to forms of hands-on sexual abuse. More than half of the reports of hands-off sexual abuse related to digital forms of abuse, such as child pornography.

Looking at the relationship between the victim and the person who is accused of committing the offence, it was found that in three-quarters of the reports the victim and accused knew each other. The accused was often a family member or a peer of the victim. Hands-on offences in the Hollands-Midden region were almost always committed by an acquaintance of the victim, according to the notifiers, while, according to them, hands-off sex offences were committed more often by strangers.

Almost six in ten notifiers filed the report within a day of the offence. However, in the case of hands-on offences committed by an acquaintance of the victim it was an average of almost eight months before the victim went to the police. Waiting a long time to make a report means that evidence can disappear and the chance of a successful investigation recedes. Hands-off sex offences and hands-on offences committed by a stranger were reported a lot sooner, within ten days on average.

It was generally parents who made a report on behalf of the victim. Only 4% of the reports to the Hollands-Midden police came from the AMK or BJZ. There is also an impression that few reports are filed by the AMK nationwide. Although, on paper, the cooperation between the AMK and the police is properly regulated, in practice the AMK does not always feel that reporting a case to the police is in the child's interest. As a result, information is not shared. It is important for any information that the AMK or BJZ has about a possible case of sexual violence against a child to be shared, not only to protect the child, but also to prevent future victims. Only when information from the social services and the police is combined can an informed decision be made about what further steps need to be taken.

### 4.3 Reporting to other agencies

Apart from the AMK and the police, cases of sexual violence against children can also be reported to other agencies. Victims, notifiers and offenders (including potential offenders) can either go to these agencies for advice about what they can do or can make a report so that the agencies themselves can carry out an investigation and take further steps. This section discusses the work of the Hotline combating Child Pornography on the Internet, Helpwanted.nl and the Child Sex Tourism Reporting Centre, as well as various government inspectorates<sup>128</sup> and the Reference Index for Youth at Risk. There are also various reporting centres for sexual violence in specific domains or sectors, such as the reporting centres of religious organizations<sup>129</sup> and of the sports federation NOC\*NSF.<sup>130</sup> There is also the help desk of M. (Meld Misdaad Anoniem), which is not concerned specifically with sexual violence, but where individuals with suspicions of sexual violence can report anonymously.

Young people in youth or foster care, juvenile custodial institutions or in education can bring complaints about sexually transgressive behaviour or sexual violence to an external independent confidential counsellor, the confidential complaints inspectors of the IvhO or an independent complaints committee of the relevant organization.<sup>131</sup>

#### *Helplines*

Other organizations that should be mentioned in this section are the Sexual Abuse Helpline, the Child Helpline and Stop it Now! They provide advice and can refer clients to other agencies for further help. The Sexual Abuse Helpline was established in 2012 and is intended specifically for victims of recent sexual violence or sexual violence that occurred during their youth and who do not know where to turn to discuss their problems.<sup>132</sup> The idea of a national reporting centre arose from the work of the Deetman and Samson committees, which observed, on the basis of the experiences with their own temporary reporting centres, that victims of (earlier) sexual violence were often unaware of where they could turn for effective help.<sup>133</sup> Victims, witnesses and individuals with suspicions of abuse can contact the Sexual Abuse Helpline. If they request help or want to make a report, the helpline can refer them to the AMK (in the case of an underage victim), the

128 The Inspectorate of Education (IvhO), the Health Care Inspectorate (IGZ), the Youth Care Inspectorate (IJZ) and the Inspectorate of Security & Justice (IV&J).

129 Such as the Reporting Centre on Sexual Abuse in the Catholic Church, the Reporting Centre on sexual abuse in ecclesiastical relations, the Reporting Centre on Sexual Abuse in Pastoral Relations and the Reporting Centre on Sexual Abuse in Jewish Institutions.

130 Website of NOC\*NSF, see <http://nocnsf.nl/cms/showpage.aspx?id=1506>, consulted on 31 January 2014.

131 Article 57 Youth Care Act, Article 7 Juvenile Custodial Institutions Act.

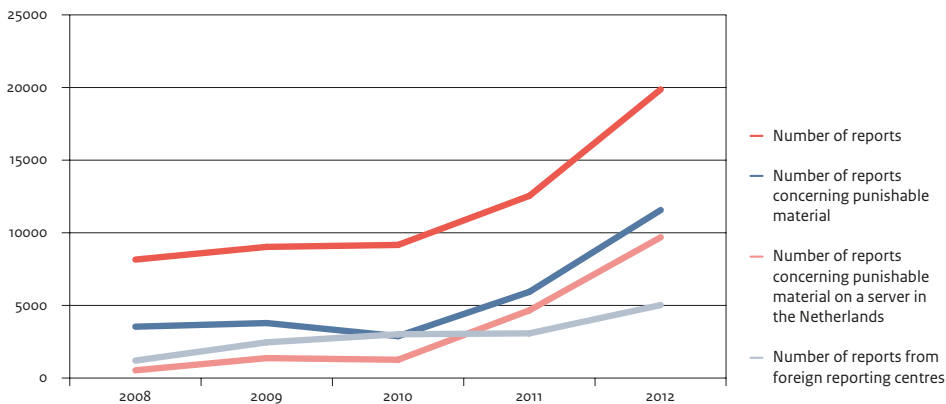
132 The Sexual Abuse Helpline is a partnership between Victim Support Netherlands (*Slachtofferhulp Nederland*), the AMKs, the SHGs, IGZ, IJZ, the Reporting Centre on Sexual Abuse in the Catholic Church, three organizations for victims of sexual abuse (Nederland Heelt, Stichting KLOKK, Stichting SKIP), the Ministry of Health, Welfare and Sport and the Ministry of Security and Justice. The helpline is hosted by Victim Support Netherlands. The website of the Sexual Abuse Helpline is accessible at <http://www.hulplijjnseksueelmisbruik.nl>.

133 Reaction of the Samson and Deetman committees to the establishment of a national Sexual Abuse Helpline, press release of 4 October 2012.

police or to agencies that can provide other types of help or services.<sup>134</sup> Children can call the Child Helpline or contact it via a chatroom for a sympathetic ear, advice and, if necessary, a referral to another agency for further social assistance via the 'Active Referral' procedure (see also §3.1, and for the availability of help for victims, §7.1.1.1). Finally, the Stop it Now! Helpline, a joint project of the Hotline combating Child Pornography on the Internet and De Waag, the forensic polyclinic for sex offenders, was established in 2012. Stop it Now! provides support or referral for preventive treatment for persons who feel an inclination towards child pornography or are struggling with sexual feelings for children, or for people close to these persons.<sup>135</sup> See §8.2 for more information about this helpline.

### 4.3.1 The Hotline combating Child Pornography on the Internet

Reports of child pornography can be submitted to the Hotline combating Child Pornography on the Internet (Meldpunt Kinderporno op Internet, hereinafter 'the Hotline').<sup>136</sup> The reports come from Internet users and from foreign hotlines in the worldwide INHOPE network.<sup>137</sup> The foundation that runs the Hotline also operates the helplines Helpwanted.nl, the Child Sex Tourism Reporting Centre and Stop it Now! (§8.2.1.1). The Hotline was established in 1995 and is financed by the Ministries of Security and Justice and Health, Welfare and Sport, the European Commission (European Safer Internet Programme) and INHOPE, as well as a number of sponsors from the ICT sector. At operational level, the Hotline works with the police and the international hotlines that are affiliated to INHOPE. Once



**Figure 4.10 Reports to the Hotline combating Child Pornography on the Internet**

Source: *Hotline combating Child Pornography on the Internet 2009-2012* and written information from the *Hotline combating Child Pornography on the Internet*, 13 February 2014

134 From the time of the foundation of the helpline until 31 January 2014, 1,345 of the 1,651 contacts related specifically to sexual violence (with both minors and adults as victims). On only five occasions was the contact with children (aged between twelve and seventeen), who had all contacted the helpline through their parents after they had been abused in a youth care institution. Written information from Victim Support Netherlands, 26 February 2014.

135 Meldpunt Kinderporno op het Internet (2013), p. 13.

136 See also *National Rapporteur on Trafficking in Human Beings* (2011).

137 INHOPE is the international umbrella organization that supports the 46 child pornography reporting centres in 40 countries and has been managing the database since 2010. See <http://inhope.org/gns/home.aspx>.

the material that has been reported has been classified as child pornography, in consultation with the police, its source is investigated. If it was distributed from the Netherlands, the Hotline informs the police. If it comes from another country, the hotline in that country is informed, or the Dutch police are informed if the country concerned does not have a hotline.<sup>138</sup> On receipt of the information, the police decide what steps will need to be taken to trace the offenders to prosecute them and to identify and free any victims (see §5.2).

#### *Trends in the number and nature of the reports*

The Hotline has observed a number of trends in the nature and volume of the reports of child pornography that it has received in recent years. The number of non-unique reports received by the Hotline is rising (see [Figure 4.10](#)), probably because of the increased use of the internet, the larger number of international hotlines in the INHOPE network, the increased volume and concentration<sup>139</sup> of child pornography that is being found and the greater familiarity with the Hotline.<sup>140</sup> The majority of the reports (in 2012, 58% of the total) concern material that is legally punishable (actually classified as child pornography pursuant to Article 240b DCC). Some other reported material (13% in 2012) could not be traced or was found to be non-criminal material (in 2012, 15% adult pornography, 2% child nudism and 2% child erotica).<sup>141</sup> The abused victims in the images are more often girls than boys (in 2012, 76% girls, 15% boys, 7% both, 2% unknown) and, to an increasing extent, they are pre-pubescent children aged between four and twelve (in 2012, 6% aged 0-4, 79% aged 4-12, 13% aged 12-18, 2% not known). The vast majority of the content that is reported comes from websites. The Hotline observes that the reported child pornography is increasingly found on hidden websites that can be visited via apparently regular websites (adult pornography) using specific routes.<sup>142</sup> It also observes that upload services, which clients can use to exchange large files (increasingly video material) anonymously on Internet forums, are increasingly used to distribute and download child pornography.<sup>143</sup>

#### *Helpwanted.nl and the Report button*

Helpwanted.nl is a helpline that people can contact anonymously if they have experienced unwanted sexual experiences on the Internet, such as sexting, chat sessions of a sexual nature or abuse via the webcam. Young people can contact the helpline using a registration form and can hold chat sessions at prescribed times on working days via the chat application of the Child Helpline (with the possibility of being put through to an employee at the Child Helpline). Parents can also contact the site for advice about their child's unwanted sexual experiences on the Internet.<sup>144</sup>

[Figure 4.11](#) shows the number of reports that might have been related to sexual abuse and/or exposure to child pornography in the period from 2008 to 2012.

138 Meldpunt Kinderporno op het Internet (2013), p. 17.

139 Meldpunt Kinderporno op het Internet (2012), p. 13.

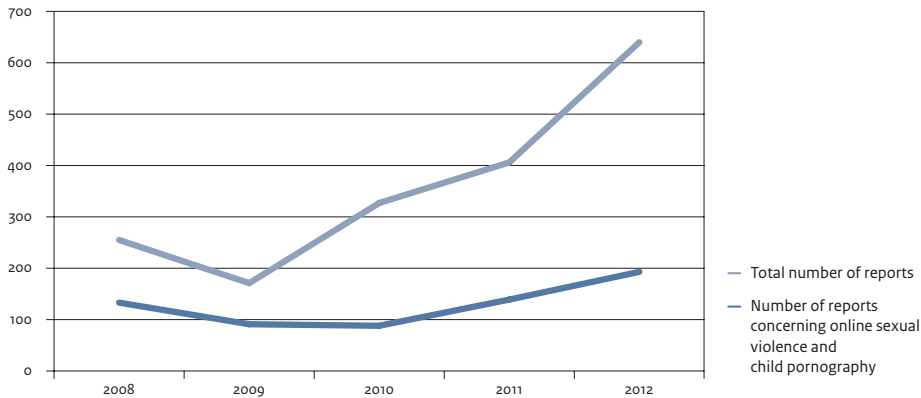
140 [National Rapporteur on Trafficking in Human Beings \(2011\)](#).

141 Meldpunt Kinderporno op het Internet (2013), p. 7.

142 Meldpunt Kinderporno op het Internet (2013), p. 9.

143 Meldpunt Kinderporno op het Internet (2012), pp. 13 and 17.

144 Meldpunt Kinderporno op het Internet (2013), pp. 10-11.



**Figure 4.11 Reports to Helpwanted.nl**

Source: Hotline combating Child Pornography on the Internet 2009–2012 and written information from the Hotline combating Child Pornography on the Internet, 14 February 2014

The website [Meldknop.nl](http://Meldknop.nl) was launched in 2012 by an alliance of the reporting centre, Digibewust, the Child Helpline, [vraagthedepolitie.nl](http://vraagthedepolitie.nl), [Meldpunt Discriminatie Internet and Pestweb](http://Meldpunt Discriminatie Internet and Pestweb). Via this website, young people can receive advice about problems they are experiencing online. They can also download a button from the website that is then constantly visible on the Internet browser so that young people can immediately report any negative experiences on the Internet.

#### Child Sex Tourism Reporting Centre

Since 2010, the Child Sex Tourism Reporting Centre has also provided a facility for reporting suspicions of child sex tourism or that a person is planning to travel abroad for the purpose of abusing children.<sup>145</sup> Child sex tourism is the commission of or any form of cooperation with sexual violence against children in another country, whether or not in exchange for the promise of money or goods to the victim. Child sex tourism can involve hands-on or hands-off (online) sexual violence against children, including child prostitution.<sup>146</sup> Reports are assessed by the reporting centre and the information is passed on to the police in the Netherlands or the other country.<sup>147</sup> The number of reports of child sex tourism received by the reporting centre between 2010 and 2012 was:<sup>148</sup>

- 2010: 28
- 2011: 12
- 2012: 36

In addition to this online reporting centre, anyone who is aware of indications of child sex tourism can also report them to the local authorities in the other country, to reporting centres or NGOs (such as

<sup>145</sup> Meldpunt Kinderporno op het Internet (2013); see also <http://meldkindersekstoerisme.nl>.

<sup>146</sup> *Nationaal Rapporteur Mensenhandel en Seksueel Geweld tegen Kinderen* (2013), p. 6. For an English summary of this report, see *National rapporteur on trafficking in human beings and sexual violence against children* (2013a).

<sup>147</sup> Website of the Child Sex Tourism Reporting Centre, see [http://meldkindersekstoerisme.nl/over\\_ons.htm](http://meldkindersekstoerisme.nl/over_ons.htm), consulted on 20 February 2014.

<sup>148</sup> Meldpunt Kinderporno op het Internet (2012); Meldpunt Kinderporno op het Internet (2013); written information from the Child Pornography on the Internet Reporting Centre, 16 April 2014.

ECPAT or Action Pour Les Enfants<sup>149</sup>), to the relevant tour operator, to the relevant Dutch embassy or consulate or, after returning to the Netherlands, to the police or the Royal Dutch Marechaussee or to M.<sup>150</sup>

### 4.3.2 Government inspectorates

In the education, youth care, health care and justice sectors, the relevant inspectorates<sup>151</sup> monitor whether the organizations are registering so-called ‘incidents’ and ‘calamities’. An incident is an event related to the regular provision of care and can in principle be dealt with by the organization itself. Incidents should be registered by the institutions and should be regularly analysed with a view to making improvements.<sup>152</sup> Information about incidents can be requested by the inspectorates or can be reported in the institution’s annual report on quality assurance. The Youth Care Inspectorate (IJZ) defines a calamity as an event that ‘has occurred during the involvement of an institution and has had or could have, unexpectedly and unintentionally, fatal or severely harmful consequences for a young person, or for another person as a result of the actions of a young person.’ Experiencing or committing sexual violence should not occur in the regular provision of care and is therefore regarded as a calamity by the IJZ.<sup>153</sup> Calamities must be reported to the inspectorates (IGZ, IJZ, IvhO).<sup>154</sup> When a calamity is reported to the IJZ or IGZ, the inspectorate takes charge of the investigation, determines who will carry it out and which parties will be involved in it, or carries out the investigation itself.<sup>155</sup>

#### *Youth Care Inspectorate (IJZ)*

Since 2011, calamities have been a priority for the IJZ.<sup>156</sup> The data from the IJZ shows that in youth and foster care (and juvenile custodial institutions), growing attention has been devoted to reporting calamities involving sexual violence. In 2011 and 2012, the IJZ observed an increase in the number of reports of suspicions of sexually transgressive behaviour: 33 reports (out of a total of 94 calamities) in 2011 and 67 reports (out of a total of 130 reports of calamities) in 2012.<sup>157</sup> In most cases, this sexually transgressive behaviour was

149 *Nationaal Rapporteur Mensenhandel en Seksueel Geweld tegen Kinderen (2013)*, pp. 10 and 23. For an English summary of this report, see *National rapporteur on trafficking in human beings and sexual violence against children (2013a)*.

150 Website of the Child Sex Tourism Reporting Centre, see <http://www.meldkinderseksuoerisme.nl/faq/>, consulted on 20 February 2014.

151 Respectively, the Education Inspectorate (*Inspectie voor het Onderwijs, IvhO*), Youth Care Inspectorate (*Inspectie Jeugdzorg, IJZ*, which also receives reports of calamities from juvenile custodial institutions) and the Health Care Inspectorate (*Inspectie voor de Gezondheidszorg, IGZ*). Together with the inspectorates of the Ministry of Security and Justice (Inspectorate V&J) and the Ministry of Social Affairs and Employment (Inspectorate SZW), they form the Joint Inspectorate for Youth (*Samenwerkend Toezicht Jeugd, STJ*), see <http://www.jeugdinspecties.nl/organisatie/organisatie/>, consulted on 21 February 2014.

152 *Inspectie Jeugdzorg (2013)*, p. 7.

153 The Care Institutions Quality Act (*Kwaliteitswet zorginstellingen*) adopts a slightly different definition of a calamity: ‘[...] an unintended or unexpected event, relating to the quality of the care, that has led to the death or has had serious harmful consequences for a patient or client of the institution.’ Sexual abuse involving a patient or client or a care provider in the institution, is defined separately as an event that the care provider is obliged to report to the inspectorate.

154 Article 4a(1) (a) and (b) Care Institutions Quality Act, Ministry of Health, Welfare and Sport 2004, *Bulletin of Acts, Orders and Decrees*. 1 July 1999, no. 313.

155 *Inspectie Jeugdzorg (2012)*, p. 23; *Inspectie Jeugdzorg (2013)*, pp. 32-33, *IGZ (2013)*.

156 *Inspectie Jeugdzorg (2011)*, p. 35.

157 *Inspectie Jeugdzorg (2013)*, pp. 34-35.



believed to have been committed by young people themselves – ten reports in 2011 and 28 reports in 2012.<sup>158</sup> Public attention to the subject of sexual violence<sup>159</sup> and the training provided in recognizing sexually transgressive behaviour might perhaps have contributed to the increase in the number of reports to the IJZ.

#### *Health Care Inspectorate (IGZ)*

The health care sector has also devoted greater efforts to improving the identification of sexual violence against children (see §3.2.6). The Care Institutions Quality Act explicitly states that care providers are obliged to promptly report cases of sexual abuse to the IGZ.<sup>160</sup> It is not known how often the IGZ receives reports of cases of sexual violence involving underage victims that relate to the quality of care, however. The IGZ registers reports of sexual violence by care sector, but does not break them down by age.<sup>161</sup>

#### *Education Inspectorate (IvhO)*

In the education sector, problems connected with sexual intimidation and sexual abuse in or around the school can be reported to the confidential inspectors of the IvhO. Employees of educational institutions are obliged to report and make a complaint with respect to any (suspected) cases of sexual abuse between a teacher and an underage pupil.<sup>162</sup> The IvhO receives around a hundred reports of sexual abuse every year.<sup>163</sup>

### 4.3.3 Reference Index for Youths at Risk

To enhance the cooperation amongst professionals, the ‘Reference Index for Youths at Risk’ (*Verwijsindex Risicojongeren*, VIR) was established to provide access to information about the situation of young persons.<sup>164</sup> This can help to improve the organization of help for victims of sexual violence and prevent situations where professionals are working at cross purposes.<sup>165</sup> Professionals can consult the VIR to discover whether a particular child is already known to other professionals and/or organizations. The system does not mention the nature of the report concerning the child; the entry contains the young person’s Citizen Service Number, the details of the agency that made the report and the date of the report.<sup>166</sup> Like the Youth Care Act, the Youth Act provides that the ‘notifying authority’<sup>167</sup> can enter a young person in the online register if he or she has a ‘reasonable suspicion’ ‘that the necessary conditions for the child’s healthy and safe development to adulthood are actually threatened’.<sup>168</sup> It must be

158 In the other reports, the (suspected) perpetrators were foster parents (9 in 2011; 14 in 2012), a parent/guardian (3 in 2011; 12 in 2012), a stranger (3 in 2011; 8 in 2012), a care provider (8 in 2011; 5 in 2012). *Inspectie Jeugdzorg* (2013), p. 36.

159 *Inspectie Jeugdzorg* (2013), pp.34-36.

160 Article 4a(1) (a) and (b) Care Institutions Quality Act.

161 Verbal information from IGZ, 12 March 2013; written information from IGZ, 2 May 2014.

162 *Bulletin of Acts, Orders and Decrees*. 1 July 1999, no. 313.

163 From 2009 to 2012 inclusive, the IvhO received, respectively, 118, 81, 121 and 96 unique reports of sexual abuse (those cases where there was a suspicion of a criminal offence, committed by an employee or by a student during school hours or under school supervision). During this period, the IvhO also received, respectively, 294, 250, 320 and 272 reports of sexual intimidation. Written information from the IvhO, 22 August 2013.

164 A person up to the age of 23.

165 The Dutch government’s website, see [www.rijksoverheid.nl/onderwerpen/jeugdzorg/vraag-en-antwoord/what-is-de-verwijsindexrisicojongeren-vir.html](http://www.rijksoverheid.nl/onderwerpen/jeugdzorg/vraag-en-antwoord/what-is-de-verwijsindexrisicojongeren-vir.html), consulted on 15 April 2014.

166 The Dutch government’s website, see <http://www.rijksoverheid.nl/onderwerpen/jeugdzorg/vraag-en-antwoord/what-is-deverwijsindex-risicojongeren-vir.html>, consulted on 20 March 2014.

167 Working in the domains of youth care, juvenile health care, health care, education, social support, work and income, or the police and justice. See Article 7.1.1.2 Youth Act.

168 Art. 7.1.4.1 Youth Act.

a situation that is currently having a harmful or detrimental effect on the child's development and/or threatens the child's development (in other words, could impair or damage the child in the future). And in both cases, the notifier must have a legitimate suspicion that the child's development is being or will be impaired or harmed.<sup>169</sup>

#### 4.4 Decisions depicted

When the victim discloses sexual violence or when third parties have a suspicion of the occurrence of sexual violence (Chapter 3), they may decide to report the situation for further investigation. Chapter 4 has focused on reports to the AMK or to the police; once the report is made, responsibility shifts from the notifier to the government. The key decision dealt with in this chapter was as follows:

- whether to report sexual violence that has been committed against yourself or another person to a government agency.

As described in §1.3, such a decision is good if (a) it is based on the best possible information and (b) the criterion used to make the decision (strict or liberal) is appropriate.

A suspicion of sexual violence arises at the moment the victim personally discloses his or her story or the situation is identified by a person close to the victim. This suspicion constitutes the information on which the decision to report is based. It can be difficult for persons close to the victim to distinguish cases of sexual violence from cases in which there is no sexual violence (Figure 4.12: the groups 'sexual violence' and 'no sexual violence' overlap from the perspective of the (potential) notifier). This is understandable, since signs can be wrongly interpreted as indications of abuse or could suggest alternative problems (see §3.2). To discover what is actually happening, further investigation is often necessary. Investigating whether suspicions are well-founded and whether sexual violence has actually occurred is not a matter for the notifier, but for the AMK and the police.

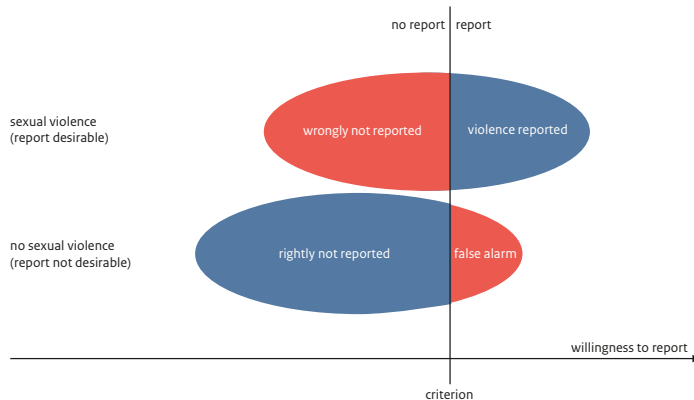


Figure 4.12 Decisions relating to reporting

169 Website Handreiking Meldingen [Guidelines on Reporting], see <http://www.handreikingmelden.nl/web/over>, consulted on 20 March 2014.

### *Reporting to the AMK*

Situations of sexual violence that are reported to the AMK generally concern sexual abuse in domestic circles. Every year, more than 5,000 children are reported as suspected victims of sexual abuse (see [Figure 1.1](#)). Because victims of sexual violence can also be reported to other agencies, this figure has to be regarded as a minimum. Nevertheless, the conclusion is that only a small proportion of the estimated number of children who are victims of sexual violence in the Netherlands are reported to the AMK.

What information does a person need to report a situation of sexual abuse to the AMK? First of all, information about the nature of the abuse: what are the indications of sexual abuse and are they sufficient to support a suspicion of sexual abuse? At this stage, knowledge about the nature of the situation, the notifier's personal considerations and the options available for dealing with the situation constitute the information on which a person bases his or her decision on whether or not to make a report to the AMK. In addition, the necessary information extends to the actual process of reporting. For example, do notifiers know the procedure for reporting, the type of report they want to make, what information they can and must provide to the AMK and what the possible consequences of reporting are?

Are people capable of making a report of sexual violence to the AMK on the basis of adequate and accurate information? Not always. As described in [§4.1.1](#), people who are worried about a child can still be uncertain about the aforementioned points and may therefore feel that the information they possess is not sufficiently sound to make a report. The fact that reports of sexual abuse lead to a consultation (repeated advice) relatively more often than reports of other forms of child abuse could be explained in part by the fact that the notifiers regard the suspected situation of abuse and the process of reporting it as more than usually complex (in part, because, as described below, the AMK can also influence this).

Nevertheless, the number of people approaching the AMK about sexual abuse is growing. Given the rise in the number of reports of sexual abuse in the period 2008-2012 (as a result of the larger number of cases in which advice or a consultation was offered) and the fact that there is no indication that the number of victims in the Netherlands has risen (see [§2.2](#)), the threshold for people to contact the AMK seems to be lower. The figures suggest that the criterion adopted by people in deciding whether or not to contact the AMK has become more liberal ([Figure 4.12](#): shifting to the left).

### *The acceptance of reports by the AMK*

Once a person has decided to contact the AMK, the question is what type of report will be made: to seek one-off advice, a consultation or an investigation? Notifiers might already have a preference on the basis of their own information and considerations, but it is the AMK that decides what status the report is given when it receives it. An important factor in that decision is the information provided to the AMK by the notifier: does it provide sufficient grounds for the AMK to launch an investigation?

The criterion the AMK adopts in deciding whether to opt for advice or a consultation can be described as liberal with respect to situations of sexual abuse – reports of sexual abuse lead relatively more frequently to a consultation than reports of other forms of child abuse. Particularly in these often complex cases, the AMK wants to monitor the situation and therefore remain in contact with the notifier.

However, the decline in the number of reports of sexual abuse that lead to an investigation could indicate that the AMK adopts a stricter criterion for accepting a report seeking an investigation. Explanations could be that the AMK feels that people are able to deal with the situation of abuse themselves

in a growing number of cases (and therefore follows up the report with a consultation rather than an investigation) or that there are no sufficiently substantive grounds for proceeding with an investigation on the basis of the information it has received.

The fact that the AMK is less inclined to investigate reports of situations of sexual abuse than situations involving other forms of abuse could suggest that a relatively large number of notifiers provide the AMK with insufficient information or that the AMK is relatively strict in assessing the information that is provided. Both factors could lead the AMK to conclude relatively frequently that there are insufficient grounds for further investigation. The AMK should not necessarily treat every report of suspected abuse as worthy of investigation. If advice or a consultation will prompt a search for the appropriate assistance and/or the involvement of the police sooner, that is preferable to starting an investigation. However, this relative reluctance on the part of the AMK to investigate cases of sexual abuse should not lead to it uncovering cases of sexual abuse relatively less often, and that is an aspect that deserves more attention in the future.

#### *Reporting to the police*

Only a small proportion of the abuse of children is reported to the police. The CBS's Integrated Security Monitor 2012 (see §4.2.1) showed that only 9% of all sex offences are reported to the police. The percentage of cases of sexual violence against children that are reported is not known because the monitor does not break down the figures according to the age of the victim. On the basis of the figures presented in this chapter, it is estimated that the police receive around 9,100 reports of sexual violence against children every year (see Figure 1.1).

One of the central questions in §4.2 was: who reports suspicions of sexual violence to the police, and when? This and other questions were answered on the basis of the Rapporteur's own research in the (former) police region of Hollands-Midden, in which the emphasis was on reports made by victims themselves or by one of their parents and reports from the AMK. As Figure 4.12 showed, the threshold for reporting to the police is high. Factors that ultimately largely determine whether victims, parents and professionals report to the police are what they know for certain and their compass in deciding whether to act on that information.

As mentioned earlier, persons close to the victim are not always capable of accurately distinguishing cases of sexual violence from cases in which there was no sexual violence on the basis of their own information (Figure 4.12: the groups overlap).

In addition, these individuals adopt a certain criterion for deciding whether or not to report. Victims, their parents and AMK employees employ a conservative criterion – although they have suspicions that sexual violence has occurred, the threshold for actually making a report to the police is high for them. For example, victims hesitate longer about making a report of sexual violence if they know the person concerned. If the person is someone in their immediate circle, reasons for this include wanting to avoid family rows, conflicts of loyalty and the fact that they initially blame themselves (§4.2.2.3).

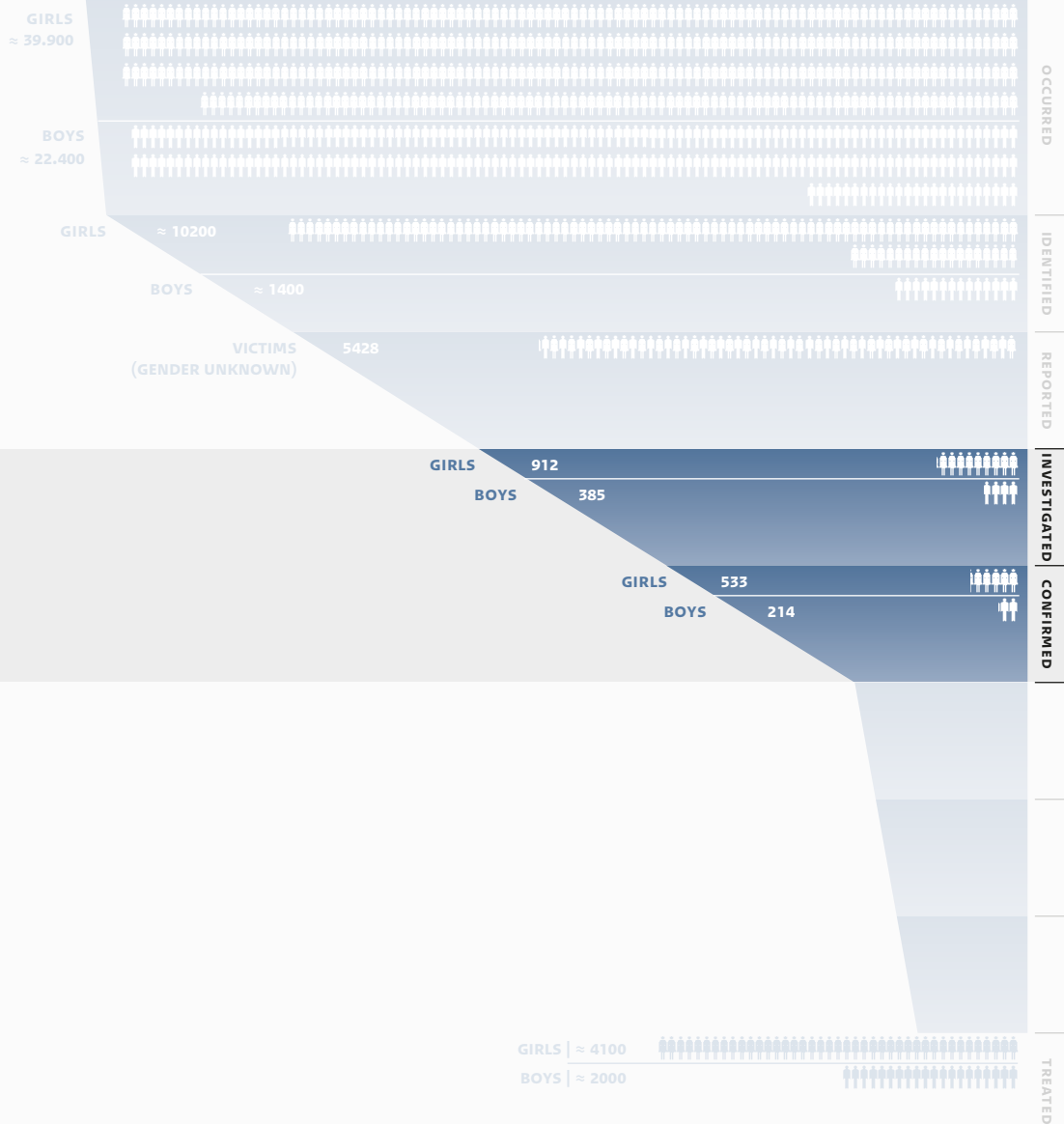
Only a small proportion of the reports to the police come from the AMK. The criterion adopted by AMK employees in deciding whether to make a report is whether it is 'in the interests of the child'. Reasons for not reporting include (a) help for the victim will have to be put on hold for too long in order to avoid disrupting the investigation and (b) the abuse has stopped and the offender and the victim are receiving

treatment. It is unclear when the child's interests do prompt the AMK to report to the police (§4.2.2.4). In view of the impression that exists at the national level that very few reports to the police come from the AMK or the BJZ, it seems that these agencies are relatively reluctant to report. Accordingly, the criterion on which the decision to report is based is conservative.

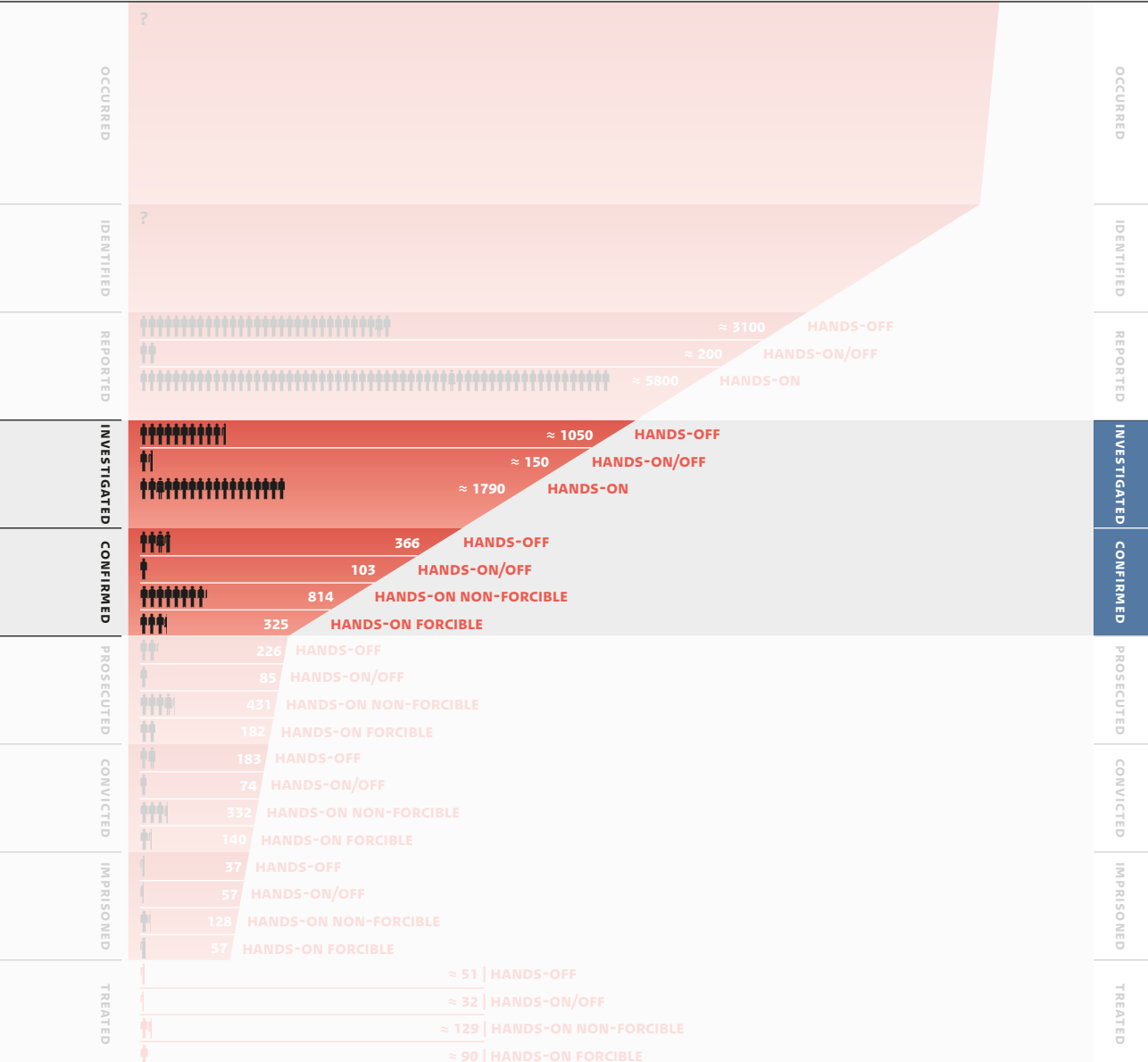
The point of departure in this chapter is that a suspicion of sexual violence against a child must be reported to the police. The threshold for reporting suspicions must be as low as possible, and the criterion should be liberal rather than conservative (the vertical line in [Figure 4.12](#) should move to the left). The objective is to minimize the number of cases of sexual violence that are not reported. With a liberal criterion, more cases of sexual violence will be reported, although adopting a liberal criterion also means that more cases will be reported that are found not to have involved sexual violence (false alarms). This is a legitimate risk, since it is not for the notifier to confirm or refute suspicions of sexual violence but a task for the police after conducting an investigation.

# 5 Investigations

## VICTIMS



**OFFENDERS**



The previous chapter ended with a report being made to the competent authorities, in particular the Child Abuse Counselling and Reporting Centre (Advies- en Meldpunt Kindermishandeling, AMK) or the police. The central decision reviewed in that chapter was whether or not to report a situation of sexual violence. This chapter discusses what follows when the AMK and the police receive a report and examines two more of the decisions that need to be made in the funnel:

- whether or not to investigate the sexual violence that has been reported;
- whether or not to confirm the case of sexual violence that has been investigated.

In §5.1, there is a description of how the AMK conducts an investigation and a review of the AMK's findings following reports of sexual abuse (or reports of other forms of child maltreatment whereby suspicions of sexual abuse have arisen during the investigation). On the basis of data from the AMK's sixteen centres for the period 2008-2012, the AMK's protocol and additional information from AMK employees, an analysis is made of how the AMK arrives at the two aforementioned decisions. The analysis further identifies the principal groups of children who are reported to the AMK and what happens to them when the AMK has completed its investigation. Are they referred for help and, if so, what type of assistance do they receive (and is it on a voluntary or a mandatory basis)?

Investigations by the police into sexual violence against children are discussed in §5.2. Where possible, quantitative details about various steps in the funnel are presented on the basis of the Rapporteur's own research into reports made in the former police regions of Hollands-Midden and Zuid-Holland-Zuid. As this section shows, various obstacles have to be overcome before an investigation is actually launched. The first step is the preliminary interview, during which the notifier briefly explains what has happened and is given practical information, such as how to file a complaint. The research shows that only three in ten persons who make a report file a formal complaint following the preliminary interview. In principle, no investigation will be launched without a formal complaint. The majority of cases that do not proceed beyond the investigations segment of the funnel therefore end with this first decision, 'whether or not to investigate the sexual violence that is reported' (see [Figure 1.1](#)). How is this possible? Is this decision made on solid grounds? And if the report does lead to an investigation, what happens next? What information can provide a basis for confirming sexual violence? How many investigations ultimately lead to a file being forwarded to the Public Prosecution Service (PPS)?

This chapter shows the importance of an investigation for determining the situation in which the suspected sexual violence occurred. It can confirm (or rebut) the victimization and lead to further steps being taken, which can include the victim being referred for help on the basis of the AMK investigation ([Chapter 7](#)) or the report of the police investigation being sent to the PPS for the prosecution of the suspect ([Chapter 6](#)).

## 5.1 AMK investigations

In all, the AMK has to make three separate decisions that are relevant to the funnel model used in this report. The first decision, as mentioned above, is whether or not to investigate a report of sexual abuse. That decision has already been discussed in §4.1. On the basis of the notifier's intentions and the options he or she has, as well as the nature of the report, the AMK decides whether it should provide advice, arrange a consultation or conduct an investigation. This section describes the process by which the AMK makes this decision, as well as the process that is followed from the moment the AMK accepts a



report for investigation. The various stages of the investigation are reviewed in §5.1.1: the intake and the multidisciplinary consultation, the preliminary investigation if there is one, and the investigation itself.

In §5.1.2, the personal and family characteristics of the children who were reported for an investigation into sexual abuse (among other things) in the period 2008-2012 are discussed on the basis of data from the AMK. In this context, four distinct groups of children can be distinguished. Based on its investigation, the AMK has to make two further decisions: (1) whether sexual abuse (and/or another form of abuse) has occurred and (2) what further steps are considered necessary, such as referring the case to the Youth Care Agency (Bureau Jeugdzorg, BJZ) for help on a voluntary basis or to the Child Care and Protection Board (Raad voor de Kinderbescherming, RvdK) for mandatory help. These two steps in the funnel are discussed in relation to the four groups of children in §5.1.3.

### 5.1.1 The different stages of an investigation

Whereas §4.1 described why a person does or does not report to the AMK and when a report is dealt with by providing advice or a consultation or when it is accepted for investigation, this subsection describes the procedure followed by the AMK when it has received a report. The procedure is explained on the basis of the AMK's operating protocol (which is based on the statutory duties of the AMK as laid down in the Youth Care Act) and information from AMK employees. As will become apparent, sexual abuse is a complex form of child maltreatment for the AMK to investigate, which requires specific expertise within the AMK, close coordination with the police, consultation with external experts where necessary, and a search for the truth.

#### 5.1.1.1 Intake and consultation with colleagues

The AMK must decide within five days of receiving a report whether it qualifies for an investigation, or whether it should be forwarded to the BJZ (for assistance on a voluntary basis) or the RvdK (for a mandatory programme of help) or to the police for a further criminal investigation. This intake procedure marks the first occasion when the AMK has to make a decision. The question it has to consider is whether the information in the report raises a valid suspicion of sexual abuse. It is therefore also important that, when a report is received, the statement of the facts compiled by the AMK employee is as objective as possible. The documentation of the report must be stripped of any subjective interpretations on the part of the notifier or, if they are included, must be accompanied by an explanation of what they are based on.<sup>1</sup> The AMK then carries out an initial risk assessment to determine the urgency of the threat to the child and to other family members (see also §3.2.5). At a meeting of at least two AMK employees, a decision is then made as to whether the report should be further investigated and assessed. In complex cases, a multidisciplinary meeting is held between a social worker, a 'confidential doctor' (or medical referee) who has been appointed to deal with child abuse and/or a behavioural expert.<sup>2</sup> A confidential doctor always attends the meeting when there are suspicions of sexual abuse.<sup>3</sup>

- 1 Verbal information from AMK Amsterdam, 29 January 2013. See also the recommendation of the Children's Ombudsman in §5.1.1.2.
- 2 Baeten (2009), pp. 7, 17. Verbal information from AMK Haaglanden and Zuid-Holland, 8 April 2013: the views of the behavioural expert differs from one AMK to another. Some AMK's only have social workers and medical counsellors; the behavioural expert then works with the BJZ, for example, and is contacted when necessary. Verbal information from AMK Flevoland, 15 July 2013.
- 3 Written information from AMK Haaglanden and Zuid-Holland, 22 April 2014.

If the initial information provided by the notifier provides no evidence of either child abuse or a risk of abuse, the AMK does not launch an investigation and the notifier must be informed of that decision. If at this stage the AMK sees no risk of child abuse but finds that there are other problems, it refers the case to the family's GP or the BJZ. If there is a reasonable suspicion of maltreatment or abuse, the AMK does launch an investigation and assesses the urgency of the situation.<sup>4</sup> If the situation is acutely threatening, the AMK may decide to forward the report directly to the RvdK (see §5.1.3 and §7.1.1.3) and/or the police (see §4.2.2.4 and §5.1.3). In that case, the AMK does not carry out its own investigation.<sup>5</sup>

#### 5.1.1.2 The (preliminary) investigation

The AMK investigation is designed to answer a number of questions. It has to assess, in the following order, whether there is or might be some form of child abuse, what the underlying (family) problem is, what further steps are needed (investigation, diagnosis, support, assistance, child protection), to what extent the family members comprehend the situation and require and desire help, whether the parents are able and willing to accept responsibility for the child's safety and, finally, what needs to be done to prevent any possible recurrence.<sup>6</sup> On the basis of the investigation, the AMK determines, within a maximum of thirteen weeks, what further action will be taken: referral to the social services, a report to the RvdK or to the police, or a decision to take no further action (apart from handling the report and providing feedback to the relevant family members and the notifier).<sup>7</sup> The AMK therefore performs a pivotal function in the chain by forming the link between the members of the public and the professionals who report sexual violence against children and the process of assistance, protection and law enforcement that can be followed by both victims and offenders.

In principle, both the child who has been reported and his or her parents are approached directly when the investigation starts. Cooperation with the parents is necessary because it is they who will usually have to make take steps to address the problems. Nevertheless, the AMK might decide to start with a preliminary investigation without the involvement of the family. It has the statutory authority to conduct an investigation for four weeks without informing the family,<sup>8</sup> in which case, other relevant agencies such as the child's school, the family's GP and the juvenile health care services, are asked for information about the child and family concerned. If there is a suspicion of sexual abuse, the AMK investigates whether the police have already started an investigation and whether they have additional information about the family (see also the text box below).<sup>9</sup> Because the AMK's aim is to involve the parents in the investigation as soon as possible, it tries to avoid conducting a preliminary investigation.

#### *Coordination with the police*

Regular consultation with the police even before the AMK starts an investigation is not only useful for gathering information, it is also necessary to prevent an AMK investigation from affecting an

4 The urgency of the case determines the maximum period for the start of the investigation (crisis = immediate investigation; high+ = within 1-2 days; high = within a week; medium = waiting lists; low = waiting list and no priority). Verbal information from AMK Flevoland, 15 July 2013.

5 Baeten (2009), pp. 15-16.

6 Baeten (2009), p. 21.

7 Baeten (2009), pp. 7 and 21.

8 Article 54 Youth Care Act.

9 Verbal information from AMK Amsterdam, 29 January 2013, AMK Flevoland, 15 July 2013; written information from Hollands-Midden police, 28 April 2014. Not all AMKs use the police as standard informants however. Verbal information from AMK Haaglanden and Zuid-Holland, 8 April 2013; AMK Gelderland, 5 June 2013.

ongoing police investigation. When the AMK contacts the police, it is not the same as making a report and is not registered as such by the police.<sup>10</sup> In practice, the extent and the form of cooperation between the AMK and the police differ from one region to another. Although various AMKs say they have excellent contacts with the police,<sup>11</sup> the differences between the AMK and the police in terms of their culture and interests can form a barrier to cooperation between them, for example if the AMK investigation – and hence the provision of help – has to be delayed in the interests of a criminal investigation.<sup>12</sup> These differences can lead to misunderstandings regarding their respective methods and decision-making process.<sup>13</sup> The employees of both organizations also often have to work under enormous pressure, which can have a negative impact on their cooperation. For more information about cooperation with the police, see also §4.2.2.4 and §5.1.3.

As soon as it is decided to conduct an investigation, the AMK first contacts the child and the parents and can arrange both announced and unannounced home visits.<sup>14</sup> The AMK's protocol provides that individual interviews will be conducted with children from the age of six upwards.<sup>15</sup> In practice, younger children are also interviewed and their behaviour is observed.<sup>16</sup> For the interviews with children under the age of six, the AMK uses a behavioural expert. During the investigation, the AMK uses a standard set of questions,<sup>17</sup> together with case-specific questions. AMK employees also enquire into the online behaviour of the child and the parents, for example by studying public messages posted by the child or the parents on social media.<sup>18</sup>

### Consent

An investigation by the AMK into the family situation often has a severe impact on the family and its intervention regularly raises opposition among family members. Parents, for example, are afraid

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- 10 Written information from Hollands-Midden police, 28 April 2014.
- 11 Verbal information from AMK Amsterdam, 29 January 2013, AMK Flevoland, 5 June 2013.
- 12 Symposium on Sexual Violence against Children organised by the National Rapporteur, 12 April 2013.
- 13 Verbal information from AMK Gelderland, 12 January 2014. In §4.2.2.4 there is a description of how a pilot project has been launched by the AMK and the police in Gelderland to improve mutual cooperation and information exchange in this respect.
- 14 Baeten (2009), p. 23.
- 15 Baeten (2009), p. 23.
- 16 Kok (2011), pp. 14-15 and 26; verbal information AMK Flevoland, 15 July 2013: during interviews with children the 'Three Houses Method' (Signs of Safety) is also often used, in which children are asked to draw what they feel is wrong at home, what is going well at home and what the child's ideal home situation would be. The drawings can lead to further interviews with the child, parents and other stakeholders.
- 17 The AMK Amsterdam uses the following standard questions: How is the child's health, growth, and cognitive, socio-emotional and sexual development? Are there behavioural problems? Is there fearful, oppositional, depressive or aggressive behaviour? Are there problems for the phase of life? Extra questions up to the age of seven: Are there problems or deficiencies in psychomotor and linguistic development? If so, is the situation at home the cause of this? How does the child spend the day (in a crèche or at school)? Can the child cope with the divorce of the parents (where relevant)? Can the child have contact with both parents? Are there psychiatric problems or suspicions of such problems? Are the social services engaged with the family? What is the aim and nature of the help? Is the existing help adequate to resolve the problems in a way that will improve the situation for the reported children? What additional help or coordination of help might be needed? Written information from AMK Amsterdam, 8 February 2013.
- 18 Verbal information from AMK Haaglanden and Zuid-Holland, 8 April 2013, AMK Amsterdam, 29 January 2013.

that the AMK is intent on removing the children from the home. The AMK tries to overcome this opposition in its communication with the family, but also has to be open about the reason for its intervention.<sup>19</sup> Parents do not always want to cooperate and give their consent for the investigation. The AMK does not require their consent, but if the parents have not given their consent, the AMK must inform them that the investigation will go ahead without it. It might also be necessary to have contact with the child without the parents' knowledge, which, depending on the child's age, is permitted subject to certain conditions.<sup>20</sup>

If AMK employees observe indications from the child, the parents or other family members, or otherwise develop a suspicion that sexual violence has occurred, they continue the questioning.<sup>21</sup> According to AMK employees, however, it can be difficult to pick up objective indications of sexual abuse,<sup>22</sup> particularly in cases of long-term (chronic) sexual abuse in domestic circles (in contrast to a recent rape by a stranger, for example).<sup>23</sup> Quite apart from the frequent absence of physical evidence, the perpetrator and the victim might have a complex emotional relationship, and the victim might feel a conflict of loyalty or a sense of shame, making disclosure and/or identification more difficult (see also [Chapter 3](#)). This might explain why, as the figures show, the AMK accepts relatively few reports of sexual abuse for investigation compared with the number of reports of other forms of child abuse that it investigates ([§4.1](#)). Identifying sexual abuse and the subsequent questioning of individual is a complex process that, according to AMK employees, calls for experience and specialist knowledge. A number of AMKs that were consulted try to address this, for example, by assigning experienced employees to cases of sexual abuse and/or by providing extra supervision for young employees dealing with such cases (see also [§4.1.1](#)).<sup>24</sup>

In this context, it is important that all AMKs constantly maintain both substantive expertise in the area of sexuality, sexual development and sexual abuse and technical skills such as interrogation and interviewing techniques (the exchange of knowledge between AMKs and agencies such as the police could be useful in that regard). In addition, it is important for AMKs to have prompt access to external experts and that their expertise, such as forensic paediatric expertise, is also available if necessary (on a regional basis). If there are suspicions of physical child abuse, the AMKs' medical counsellors on child abuse are sometimes able to physically examine the child and assess physical injuries,<sup>25</sup> but where there are suspicions of recent sexual abuse, specific forensic paediatric expertise is required to assess physical injuries around the genitals. For more information, see [§5.2.1.5](#).

#### *Finding the truth*

The factual underpinning of the decisions made by the AMK must be as strong as possible, precisely because the AMK is treading on very complex ground where opinions, facts, signs and interpretations sometimes totally contradict one another. On the basis of information from their interviews with those involved, AMK investigators endeavour to acquire the most reliable possible impression of the child's

19 Verbal information from AMK Flevoland, 15 July 2013.

20 Baeten (2009), pp. 24 and 38.

21 Verbal information from AMK Flevoland, 15 July 2013, AMK Amsterdam, 29 January 2013.

22 Verbal information from AMK Amsterdam, 29 January 2013, AMK Flevoland, 15 July 2013, AMK Gelderland, 5 June 2013.

23 Verbal information from AMK Amsterdam, 29 January 2013.

24 Verbal information from AMK Amsterdam, 29 January 2013, AMK Flevoland, 15 July 2013, AMK Gelderland, 5 June 2013.

25 Written information AMK Haaglanden and Zuid-Holland, 22 April 2014.

safety, problems in the family and changes in the child's behaviour.<sup>26</sup> A clear view of these aspects is required for the AMK to properly assess them in light of the risk factors of sexual abuse and other forms of child maltreatment and so make the right decision about any further steps to be taken. In its investigation, the AMK is not seeking to discover the facts in the criminal sense as the police do (collecting actual evidence for a prosecution); but finding the truth is also relevant in the civil-law context, for example under the law on youth protection.<sup>27</sup> Precisely because the AMK is the first step in the youth-protection chain, in which the relevant organizations must be able to rely on each other's information and where the children's courts must ultimately be able to make very radical decisions on the basis of a well-documented and substantiated narrative of the facts, finding the truth is certainly part of the AMK's core task under its statutory powers of investigation. It must also be able to underpin the decisions it makes on the basis of its investigation. To this end, it is important for the AMK to clearly distinguish signs, opinions and facts and register them. Following a study of a small number of files, the Children's Ombudsman has made a number of recommendations for improving the compilation of case files to ensure that the AMK's decisions (and those of other organizations in the child-protection chain) are based on the most reliable possible assessment of the situation:<sup>28</sup>

- separate facts from opinions in the file;
- apply the principle of hearing both sides and always include the arguments of both sides in the file;
- describe situations as specifically as possible, without speculative formulations;
- have informants approve the reported information;
- weigh the negative and protective factors in the situation in which the child is being raised and present them in a manner that is comprehensible for readers, and draw the ensuing conclusions;
- attach the complete reports of external experts to the file, rather than interpreting and summarizing them.

#### *Information exchange*

To acquire information, the AMK, like the BJZ and the RvdK, depends in part on cooperation with other professionals. Professionals who are bound by rules of confidentiality do not automatically make a report or provide information about their clients to the AMK. In practice, these professionals face various obstacles to providing information (see §4.1.1). The effective and low-threshold transfer of information is very important for the quality of an AMK investigation and that calls for good (regional) agreements on cooperation between organizations. The obstacles that professionals face in relation to sharing information with the AMK can be reduced by improving and institutionalizing the communication between them and the AMK. One way of enhancing the cooperation and mutual trust could be by establishing permanent contact persons in the AMK for each sector or professional group (in a number of AMKs, the medical counsellor on child abuse is already the permanent contact person for one or more hospitals). Occasional regional meetings on specific themes and case meetings attended by the AMK, the RvdK, the police, the school and the relevant social services could also contribute to improving the liaison between

26 The AMK may decide during the investigation to speak to the (suspected) perpetrator, for example about the possibilities of providing help and legal assistance. The AMK does this in order to end the abuse or to prevent its recurrence. Baeten (2009), p. 24.

27 Huijjer (2014).

28 De Kinderombudsman (2013), pp. 95-96.

the AMK and other professionals.<sup>29</sup> Finally, improvements in the exchange of information will also have a positive impact on the future willingness of professionals to report.<sup>30</sup>

### 5.1.2 Who does the AMK investigate?

As mentioned in §4.1.2, there were 24,488 reports of sexual abuse to the AMK in the period 2008-2012, of which 6,111 (25%) were reports seeking an investigation. These latter reports concerned 5,593 unique families,<sup>31</sup> and hence investigations,<sup>32</sup> in which there were suspicions of sexual abuse involving 6,789 children<sup>33</sup> – at the start of the AMK investigation (suspected by the notifier)<sup>34</sup> and/or at the conclusion of the AMK investigation (suspected by the AMK employee).<sup>35</sup> This subsection is about those 6,789 children.<sup>36</sup>

The AMK registers a wealth of information about the children or families that it investigates, which makes it possible, on the basis of the AMK databases, to paint a picture of children who are or might be sexually abused. However, as will be seen in this subsection, registration of the information is not always consistent. It is of course more difficult to register information consistently at a national level when the records are so extensive. Nevertheless, that should be the aim, particularly in the case of the AMK, which generates unique information in the course of an investigation. This would ultimately benefit efforts to address the problem.

#### 5.1.2.1 Characteristics of the children and their families

This subsection reviews a range of information about victims in general, answering questions such as the following: How many of the children concerned have a physical or a mental disability? and Are the children also (possible) victims of other forms of maltreatment and, if so, what form? Family problems are also discussed here: Are these families where problems in the relationship between the parents give cause for concern? or Are they so-called ‘multi-problem families’?

##### *Personal characteristics*

There are more girls (70%) than boys (30%) among the 6,789 children, and their average age is 8.9 years.<sup>37</sup> The youngest children are below the age of one and the oldest are seventeen. One in twenty of the children has a physical and/or mental disability.

29 Successful structures for consultation are the so-called Two- and Multi-Track Team Meetings in Amsterdam and the Scenario Team Meetings in Noord-Brabant. See §7.1.2.2.

30 Meeting on the subject of ‘Opportunities and obstacles in relation to reporting to the AMK from education’, Utrecht, 19 November 2013.

31 Occasionally, different notifiers contact the AMK about the same child or family or about different children from the same family.

32 The AMK conducts an investigation into the family, so the number of investigations is counted at the level of the family.

33 For 6,902 children, there were suspicions of sexual abuse there was at the start or at the end of the AMK investigation. Of these 6,902 children, 6,789 were under the age of 18. The other 113 children are older or their age was not known, so they have not been included in this analysis.

34 At the start of the AMK investigation there were suspicions of sexual abuse involving 6,373 of the 6,789 children.

35 At the conclusion of the AMK investigation there were suspicions of sexual abuse involving 3,682 of the 6,789 children. There was no suspicion of sexual abuse at the start of the investigation with respect to 416 of these children.

36 For the research methodology, see Appendix 1.3.

37 N = 6,789; SD: 4.5 years.

### Child abuse

In addition to (possible) sexual abuse, at the conclusion of the AMK investigation, 63% of the children were found to have experienced one or more other forms of maltreatment (1.7 other forms, on average),<sup>38</sup> mainly paedagogical neglect (55% of the children who had also experienced another form of abuse), affective neglect (25%), psychological violence (18%) and witnessing domestic violence (18%). Other forms of maltreatment suffered to a lesser extent were physical abuse (13%) and physical neglect (10%). In addition to these six forms, there was a further undefined category of 'other child maltreatment'.<sup>39</sup>

#### *Inconsistencies in the registration by the AMK, observed cases of 'other child maltreatment'*

The category 'other child maltreatment' is not a miscellaneous group of less common forms of abuse. It is a specific category of child maltreatment as registered by the AMK. However, it is not clear precisely what this category involves. According to the national agreements on registration by the AMK, this category should not be used:<sup>40</sup> nevertheless, that not only seems to happen regularly, it is in fact the second largest category of other forms of child maltreatment that is registered. It accounted for a third (34%) of the children who were found to be victims of at least one other form of child maltreatment at the conclusion of an AMK investigation.

With 41% of the children, a parental figure (biological parent, adoptive parent, foster parent or step parent) was regarded as the perpetrator of a form of child abuse (at the conclusion of the AMK investigation). In the other cases, either someone else (another family member, for example) was registered as the perpetrator or none of the persons involved in the case was regarded as a perpetrator (where there was no perpetrator, where the perpetrator was someone other than all the registered persons involved or where the perpetrator was unknown). In addition to being victims, the children were occasionally (in 6% of the cases) also regarded as perpetrators of a form of abuse of another child within the family (at the conclusion of the AMK investigation).

#### *Characteristics of families*

On average, the children lived in a family with 2.4 children (including themselves);<sup>41</sup> 79% of the children were from ethnically Dutch families.<sup>42</sup> In §2.3, it was reported that children from single-parent families face an increased risk of sexual violence. The over-representation of broken families – only 36% of the children were living at home with both biological parents at the conclusion of the AMK investigation – corresponds with that finding. The other children were living in single-parent families (36%), in blended families (14%) or in 'other living situations' (14%). The latter category is a catch-all of less common living situations.<sup>43</sup>

38 N = 6,789; SD: 1.0 other form.

39 Munchausen syndrome by proxy and female genital mutilation practically never occurred (both are rounded off to 0%) and are therefore disregarded.

40 KITS Registration Working Group (2006).

41 N = 6,789; SD: 1.3 children.

42 The AMK registers the 'cultural background of the family'.

43 These are mainly the following categories in the AMK registration: other forms of cohabitation, co-parenthood, residential and foster care and very occasionally, adoptive parents, single person with or without children, homeless and married/cohabiting possibly with children.



### *Family problems*

Many of the children lived in families with problems, according to the AMK employee (at the conclusion of the AMK investigation), which was also mentioned as a risk factor in §2.3. That applies for 87% of the children; for the others, it was either not the case or it was not known. Although there is often more than one type of family problem, only the most serious is registered,<sup>44</sup> the most common being multi-problem families (19%),<sup>45</sup> problems in the relationship between the parents (12%),<sup>46</sup> paedagogical incapability (11%) and serious personal problems of at least one of the parents (10%, for example manic depression, borderline personality disorder, etc.). Less commonly registered as the most serious problem were psychological problems of the child (7%), violence in the family (5%) and 'other' (2%).<sup>47</sup> In addition to these seven types of problems, there is another, further undefined, category called 'other disruptive factors'.

#### *Inconsistencies in the AMK registration; the family problem 'other disruptive factors'*

'Other disruptive factor' is one of the categories of family problems registered by the AMK. It is not precisely clear what this type of problem entails, however. One example given is serious truancy from school by a child in the absence of any information about the underlying family problem.<sup>48</sup> According to the national agreements on registration by the AMK, this category should not be used at the conclusion of an AMK investigation, since more specific information about family problems should be known by that time.<sup>49</sup> Nevertheless, this category is regularly used and is in fact the most frequently registered type of family problem at the conclusion of an AMK investigation (used in relation to almost a quarter (23%) of all children).

#### 5.1.2.2 Four different groups of children

The 6,789 children were broken down into different groups according to three parameters and by means of a statistical cluster analysis.<sup>50</sup> These three parameters provide information about the family dynamic in which the children find themselves:

- Abuse other than sexual abuse: There is either at least one form of child abuse other than sexual abuse observed by the AMK employee during the investigation or no other form is observed.
- Relationship between parents (as the most serious family problem): according to the AMK employee at the conclusion of the AMK investigation, there are either problems in the relationship between the parents (involving the relationship between parents, a divorce, or between former partners) or there are no problems in the relationship.

44 KITS Registratie Werkgroep (2006), p. 4. It is not possible to conclude that the less frequently registered types of family problems actually occur less often – they merely appear less often as the *most serious* family problem.

45 A characteristic of a multi-problem family is that it faces various problems in a number of areas (such as child rearing, maintaining a household and the relationship between the (former) partners). This type of family often has difficulty accepting help.

46 This concerns the combination of the following three categories in the AMK registration: relationship between parents, divorce problems and relationship between former partners.

47 This is a residual category of four types of family problems that occur very occasionally: addiction (alcohol, drugs or other), material problems, refugee status and risky pregnancy.

48 KITS Registratie Werkgroep (2006), p. 5.

49 KITS Registratie Werkgroep (2006), p. 5.

50 For the research methodology see [Appendix 1.3](#).



- Parental figure as perpetrator: Either a parental figure (biological parent, adoptive parent, foster parent or step parent) is regarded by the AMK employee (at the conclusion of the AMK investigation) as the perpetrator of at least one other form of child abuse or no parental figure is regarded as the perpetrator.

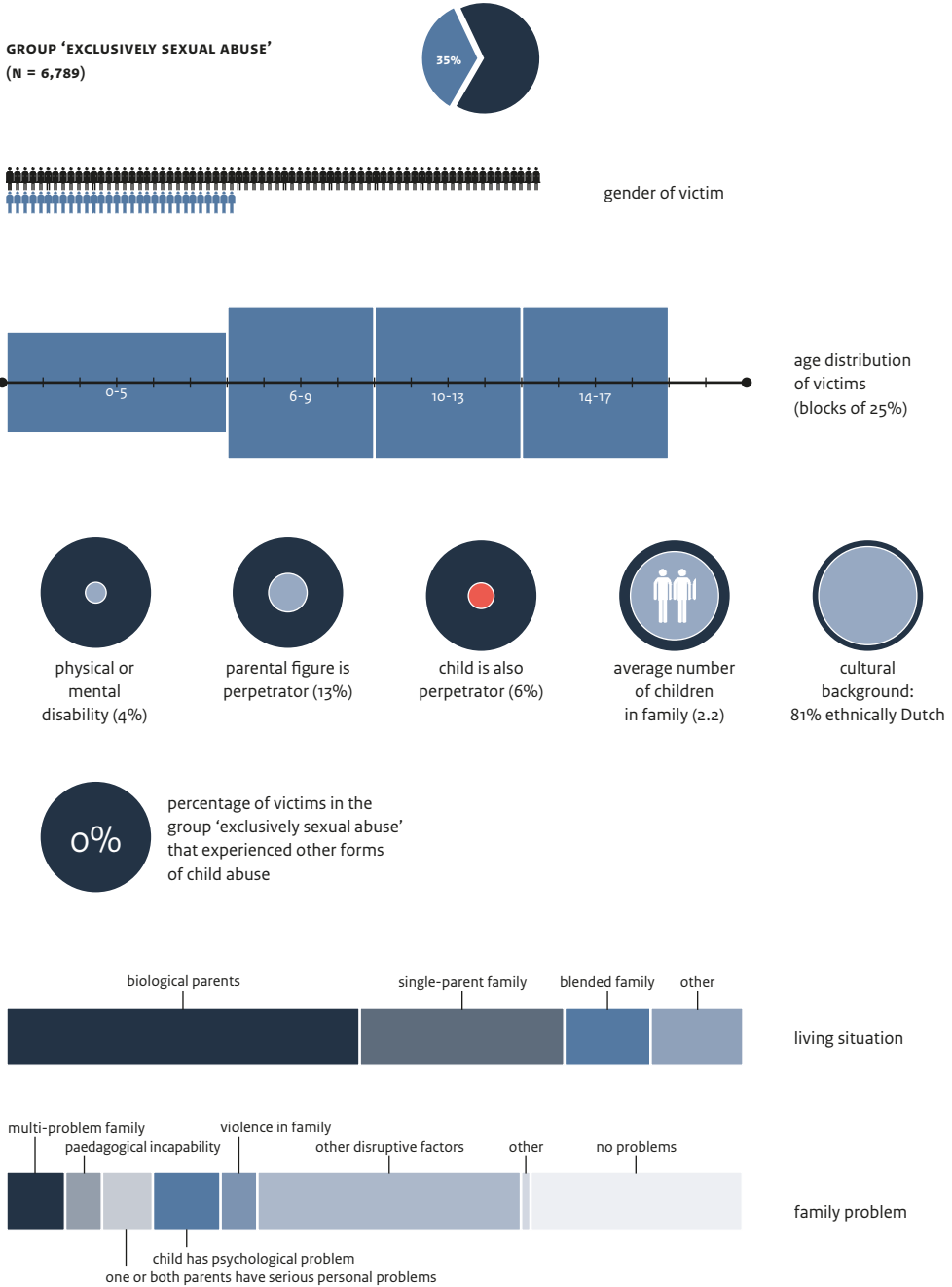
This yielded a breakdown of the children into the following four groups, where, in regard to the three parameters, there are the fewest possible differences between the children within the same group but the greatest possible difference between children in the different groups.<sup>51</sup>

- 1) The group of children that were probably only sexually abused (hereinafter, 'exclusively sexual abuse', N = 2,349; 35%). In other words, the AMK employee had found no other form of child abuse at the conclusion of the investigation. In this group, problems in the relationship between parents were never the most serious family problem and a parental figure was regarded as the perpetrator in relation to 13% of the children (see also [Figure 5.1](#)).
- 2) The group of children whose parents had relationship problems (hereinafter, 'problems in parents' relationship', N = 814; 12%). In other words, at the conclusion of the investigation the AMK employee had found that a troubled relationship between the parents was the most serious family problem. Other forms of child maltreatment were usually encountered in this group (76%) and a parental figure was regarded as the perpetrator in roughly half of the cases (51%) (see also [Figure 5.2](#)).
- 3) The group of children that were abused in other ways, in addition to sexual abuse, and where a parental figure was the perpetrator (hereinafter, 'polyvictimization by parental figure', N = 2,057; 30%). In other words, at the conclusion of the investigation the AMK employee found that there had been at least one other form of child maltreatment and a parental figure was regarded as the perpetrator. In this group, problems in the relationship between the parents were never the most serious family problem (see also [Figure 5.3](#)).
- 4) The group of children that were abused in other ways, in addition to the sexual abuse, and where the perpetrator was not a parental figure (hereinafter, 'polyvictimization by other than parental figure', N = 1,569; 23%). In other words, at the conclusion of the investigation the AMK employee found that there had been at least one other form of child maltreatment and did not regard a parental figure as the perpetrator. In this group, problems in the relationship between the parents was never the most serious family problem (see also [Figure 5.4](#)).

In the following subsections (§5.1.2.3 to §5.1.2.6), the personal and family characteristics of each group of children are described and the most striking differences between the groups are highlighted. The results of the statistical analysis showing the differences are presented in the description of the research method ([Appendix 1.3](#)).

<sup>51</sup> The cluster quality of the four groups is sound (silhouette measure of cohesion and separation is 0.8).

5.1.2.3 Group 1 'exclusively sexual abuse'



**Figure 5.1** Group 1 'exclusively sexual abuse'

Source: AMK databases 2008-2012

By definition, children in the group ‘exclusively sexual abuse’ are not victims of other forms of abuse. However, in addition to being suspected victims of sexual abuse, they are relatively frequently themselves also perpetrators of a form of abuse of another child in the family (more often than children whose parents have problems in their relationship).

The families in this category are more often ethnically Dutch than those in the group ‘polyvictimization by parental figure’. In half of the cases, the children in this group were living at home with both biological parents, which is a higher percentage than in the other groups. At the same time, these children experience family problems least often (although still in 72% of cases). The most commonly registered family problem (more often than with other groups) is the further undefined category ‘other disruptive factors’. Furthermore, the child having a psychological problem is more often the most serious family problem in this group than in the group ‘polyvictimization by parental figure’.

5.1.2.4 Group 2 'problems in parents' relationship'

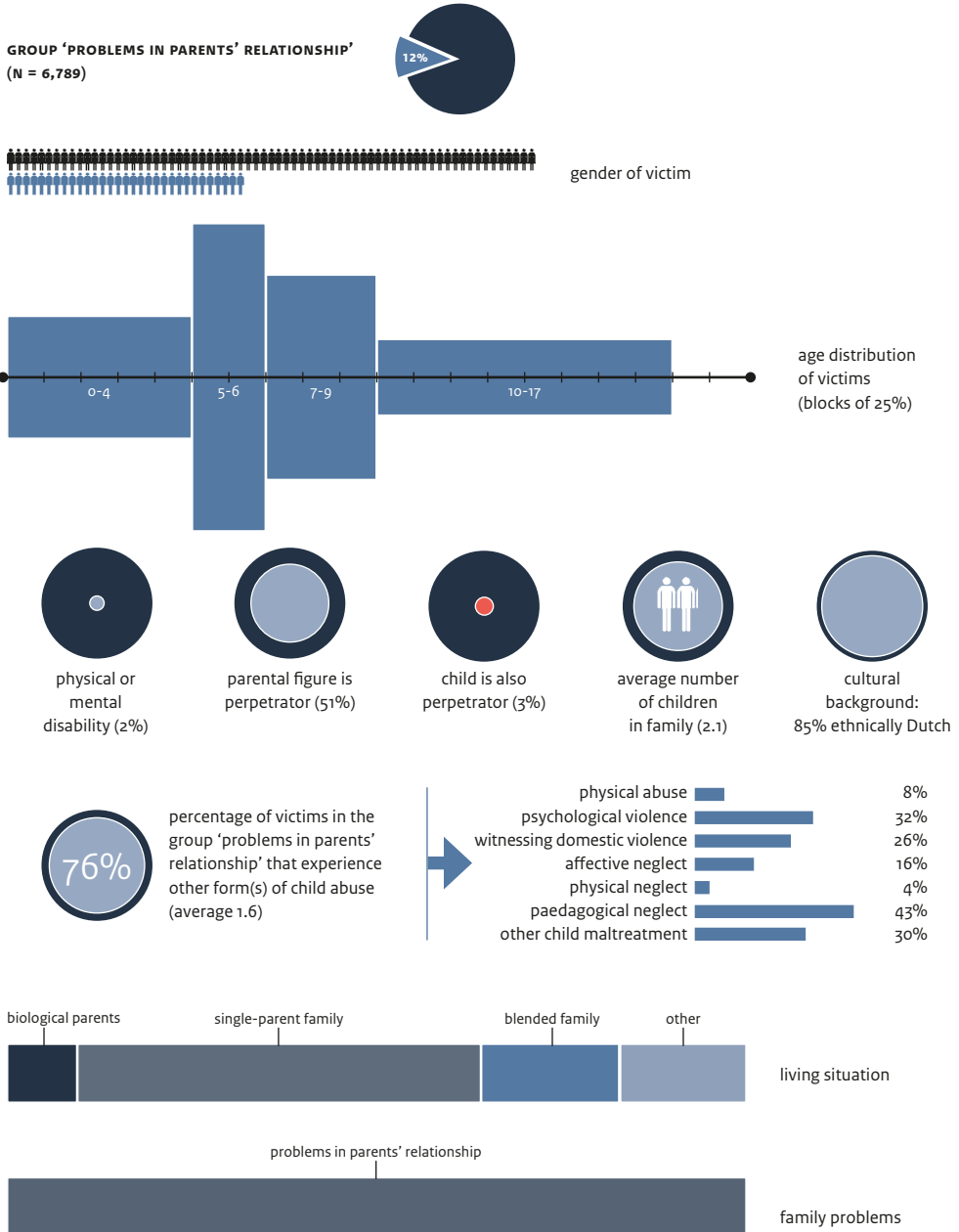


Figure 5.2 Group 2 'problems in parents' relationship

Source: AMK databases 2008-2012

The children whose parents have relationship problems are, on average, the youngest and least often have a disability (physical or mental). Three-quarters also experience other forms of child maltreatment, which is mainly paedagogical neglect, psychological violence and witnessing domestic violence. They suffer psychological violence more often than the children in the other groups where there is polyvictimization and they witness domestic violence more often than children in the group 'polyvictimization by other than parental figure'. This seems logical; parents who are fighting one another (see §4.1.1, the text box about hostile divorces) often lose sight of the child's interests, which could be seen as a form of paedagogical neglect. At the same time, the child might feel that he or she has to choose between the parents (conflict of loyalty), which could, in some cases, be regarded as a form of psychological violence. And if the conflict between the parents assumes physical forms, for example, the child might witness domestic violence. It is therefore not surprising that, in addition to sexual abuse, these three forms of maltreatment are most prevalent with respect to the group of children whose parents have relationship problems.

These children come from the smallest families, which are more often ethnically Dutch than the families of the children in the group 'polyvictimization by parental figure' and the group 'polyvictimization by other than parental figure'. The children in this group live least often at home with both biological parents. By definition, there are family problems in this group of children, namely problems in the relationship between the parents.

5.1.2.5 Group 3 'polyvictimization by parental figure'

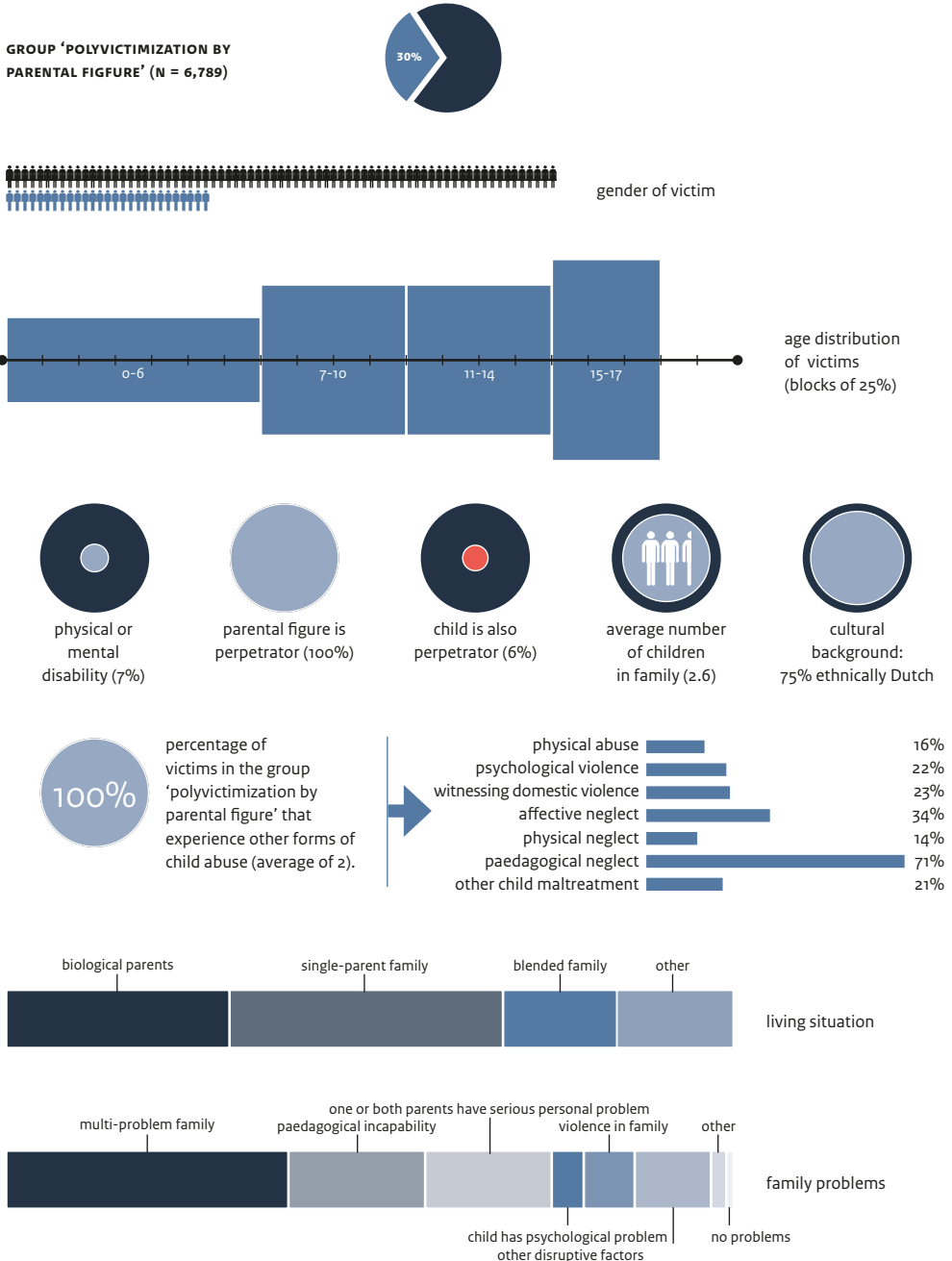


Figure 5.3 Group 3 'polyvictimization by parental figure'

Source: AMK databases 2008-2012

The children in the group 'polyvictimization by parental figure' are, on average, the oldest. They have a physical or mental disability more often than the children in the groups 'exclusively sexual abuse' and 'problems in parents' relationship'. All of the children in this group are, by definition, also victims of other forms of child maltreatment. On average, they experience the greatest number of other forms of abuse per child. They are victims of paedagogical neglect and affective neglect more often than other children who also experience other forms of child maltreatment (three-quarters of the children in the group 'problems in parents' relationship' and all of the children in the group 'polyvictimization by other than parental figure'). They also witness domestic violence and are victims of psychological violence more often than children in the group 'polyvictimization by other than parental figure', but are less often victims of psychological violence than the children whose parents have problems in their relationship. Physical abuse and physical neglect occurs less often among children in this group, but still more often than among children in the other two groups. These children are also perpetrators of a form of abuse against another child in the family more often than the children whose parents have relationship problems.

On average, the children in this group live with the largest number of other children in a family. Most are from ethnically Dutch families, but still fewer than in the group 'exclusively sexual abuse' and the children whose parents have relationship problems. Roughly a third of the children live at home with both biological parents. This is more than among the children whose parents have relationship problems, but fewer than among the other two groups of children. Furthermore, in this group there are almost always – and therefore most often – family problems other than problems in the parents' relationship. With the exception of 'child has psychological problems' and 'other disruptive factors', every type of family problem occurs most frequently in this group. These are therefore mainly children who live in so-called multi-problem families, children whose parents are unable to provide effective parenting and children whose parents suffer from serious personal problems. It is rare for violence in the family to be the most serious family problem, but it is still most common in this group of children.

5.1.2.6 Group 4 'polyvictimization by other than parental figure'

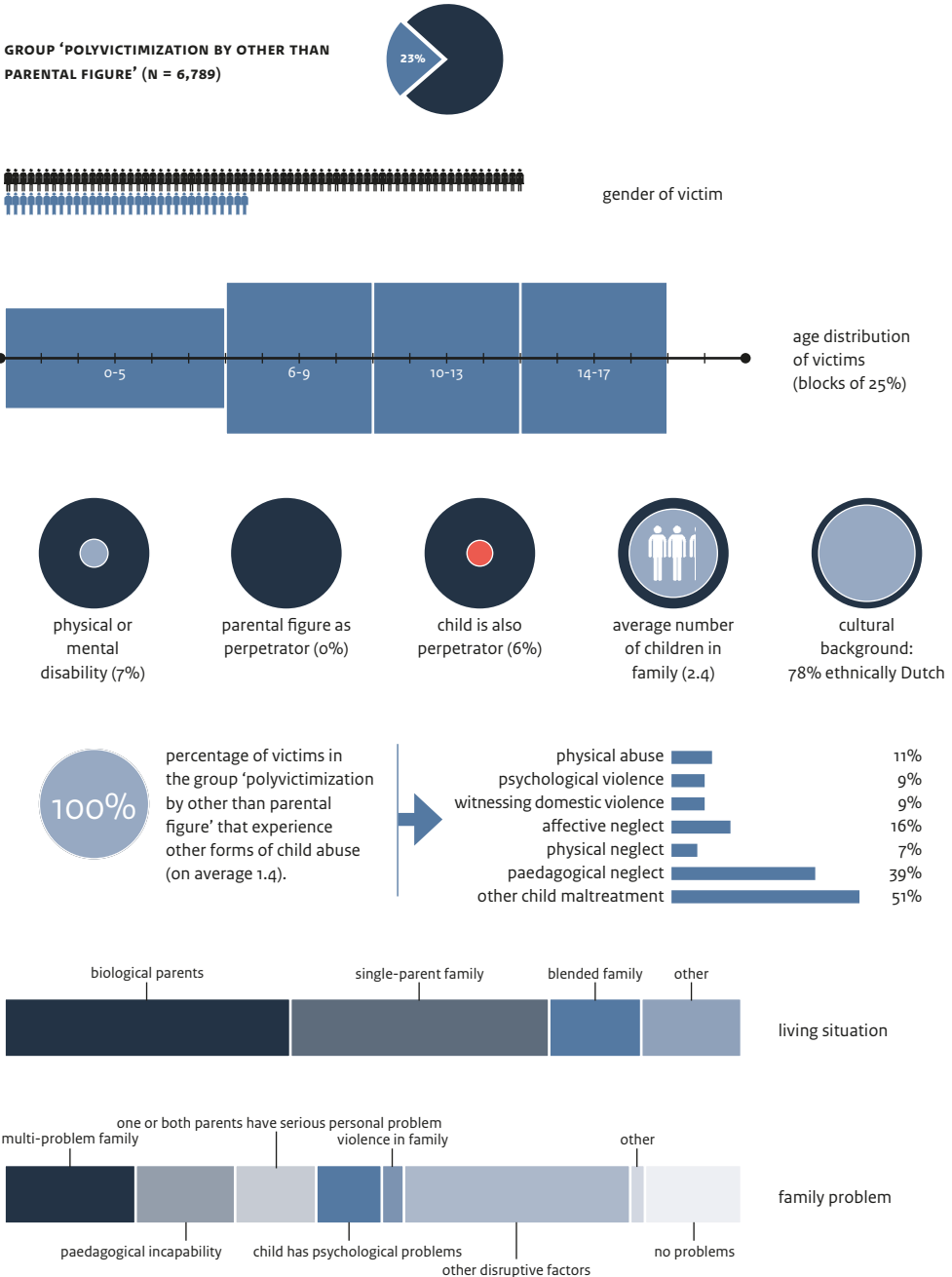


Figure 5.4 Group 4 'polyvictimization by other than parental figure'

Source: AMK databases 2008-2012



Relatively speaking, there are slightly more often boys in the group ‘polyvictimization by other than parental figure’ than in the group ‘polyvictimization by parental figure’. Like the children in the group ‘polyvictimization by parental figure’, more of them have a physical or mental disability. By definition, these children are also the victims of another form of maltreatment, the most frequently registered form of abuse being the further undefined ‘other child maltreatment’, although it is also often pedagogical neglect (although less than among children in the group ‘polyvictimization by parental figure’).

On average, the families of these children are relatively large, but slightly smaller than the families in the group ‘polyvictimization by parental figure’. They are mainly ethnically Dutch families, but less often than in the groups ‘exclusively sexual abuse’ and ‘problems in parents’ relationship’ – as also applies for the group ‘polyvictimization by parental figure’. The children live at home with both biological parents more often than the children whose parents have relationship problems and the children in the group ‘polyvictimization by parental figure’ (but less often than the children in the group ‘exclusively sexual abuse’). There are family problems affecting 87% of the children, the most common registered most serious family problem being the further undefined ‘other disruptive factors’. The children in this group also live relatively frequently in multi-problem families, but less often than children in the group ‘polyvictimization by parental figure’.

### 5.1.3 Assessment and completion of the AMK investigation

At the conclusion of the investigation, the AMK decides whether there is or has been sexual abuse. It also assesses whether and, if so, what further steps are needed to guarantee the child’s safety. These further steps can consist of referral to social services, referral to or notification of the RvdK and/or a report or complaint to the police. If further steps are taken, in principle the AMK closes the case and the agency to which the AMK has referred it assumes responsibility for the safety of the child and the family.<sup>52</sup>

#### *AMK decision to refer case to the social services*

If the AMK finds that there are problems in the family (or outside the family but with consequences for the family) that they cannot resolve themselves and the parents have requested or are willing to accept help, its aim is to provide help on a voluntary basis. The AMK does not provide help itself, but advises the BJZ about the help that should be offered. The process of guiding children (and their parents) to the appropriate assistance is discussed in §7.1.1. If the AMK decides that assistance is necessary but the parents are not amenable to voluntary assistance, the AMK can explain to them that they can be compelled to accept help by means of a child-protection order.

#### *AMK decision to refer case to the RvdK*

The AMK transfers a case of sexual abuse to the RvdK if it decides that the option of issuing a child-protection order should be considered.<sup>53</sup> The RvdK then starts its own investigation, whereupon it decides whether or not to ask the children’s court for a protection order (see §7.1.1.3 for more information about the RvdK’s protection investigation).<sup>54</sup>

52 Baeten (2009), p. 7.

53 Article 56, Youth Care Act Implementation Decree.

54 AMK website, <http://www.amk-nederland.nl/over-amk/#the-amk-onderzoekt>, consulted on 22 October 2013.

*AMK decision to refer case to the police*

In addition to the interventions designed to arrange help for the child and family, the AMK sometimes also refers cases to the police. If the AMK's investigation shows that the seriousness of the offences or the safety of the child or of other children gives cause to notify the police, the AMK is legally obliged to do so (which is a step further than the consultation between the AMK and police described in §5.1.1.2).<sup>55</sup> The AMK must at least consider reporting every case that specifically involves sexual abuse.<sup>56</sup> As emerged in §4.2.2.4, however, only 4% of all reports of sexual violence against children to the former Hollands-Midden police region in 2011-2012 were made by the AMK or BJZ. One reason for this could be that the AMK encourages the victim or the parents to make a report to the police themselves. Since this will not always happen in a situation of abuse by a parental figure, it is then up to the AMK to report it. However, the AMK sometimes deliberately chooses not to notify the police (for example, when help has to be put on hold in order to avoid obstructing a criminal investigation or when the abuse has already ended and the offender and victim are receiving treatment). To increase the willingness of the AMK/BJZ to report to the police, the 'Protocol on the reporting of child abuse by Youth Care Agencies to the Police and Public Prosecution Service'<sup>57</sup> was drawn up. As a result, the AMK can also decide not to file a complaint but instead to make a report. It is then up to the police to decide whether to launch an ex officio investigation (i.e., an investigation not based on a formal complaint). However, the number of ex officio investigations conducted by the police into sexual violence against children seems to be small (see §5.2.1.4 for more information about ex officio investigations).

*AMK request for feedback*

Several months after the AMK has concluded an investigation, the investigation is reviewed. The AMK then contacts one or more of the informants and enquires about the situation in the family. If there are signs of persistent/recurring problems, maltreatment or abuse, the AMK reopens the case itself (in which case, the AMK itself is the notifier). An ex officio AMK report is not exceptional (see §4.1.3; the AMK was the notifier of 51% of the 623 reports for investigation of sexual abuse in 2008-2012 from the category of notifiers, 'BJZ/AMK/youth protection and probation' – which represents 5% of the total number of reports seeking an investigation).<sup>58</sup>

**5.1.3.1 Assessment and completion of the AMK investigation into the four groups of children**

The AMK registers the situation at the conclusion of its investigation. These records provide insight into the following steps that the AMK considered necessary in terms of providing help (yes or no, voluntary or mandatory). The analysis of the AMK's data for the period 2008-2012, the national agreements on registration by the AMK,<sup>59</sup> the AMK protocol<sup>60</sup> and information provided verbally by various AMK employees<sup>61</sup> show that the exclusive categories that can be registered in this context are interpreted differently and are therefore applied differently. In other words, registration in this context is far from consistent.

55 Article 11 (1)(d) Youth Care Act; Baeten (2009), p. 30; Jeugdzorg Nederland, Politie & Openbaar Ministerie (2011), p. 2.

56 Baeten (2009), p. 30: sexual abuse is regarded, together with serious physical injury, female genital mutilation and Munchausen syndrome by proxy, as such a serious offence that this consideration must always be made in these cases.

57 Jeugdzorg Nederland, Politie & Openbaar Ministerie (2011).

58 Verbal information from AMK Haaglanden and Zuid-Holland, 8 April 2013.

59 KITS Registratie Werkgroep (2006).

60 Baeten (2009).

61 AMK Flevoland, AMK Haaglanden and Zuid-Holland.

*Inconsistencies in registration by the AMK: 'situation at conclusion'*

For example, the national agreements on registration by the AMK<sup>62</sup> provide that the option 'transfer' will be selected as the 'situation at conclusion' if the AMK does not conduct an investigation of its own, but reports concerns about the family to the social services that are already working with the family. However, the AMK protocol<sup>63</sup> states that the category is 'referral and transfer' when the AMK has directly intervened with the family concerned and passes on specific information – including its own opinion. The transfer should then also correspond with the problems that have been identified during the investigation and assessment phase, and should end the abuse. In other words, this implies that, in the case of transfer, there should have been a prior AMK investigation – a view that is supported by information provided verbally by various AMK employees.<sup>64</sup> The analysed data also show that for 3,399 (98%) of the 3,480 children with respect to whom 'transferred' was registered as the 'situation at conclusion', a finding of a form of child maltreatment was also registered at the conclusion of the investigation – which leads to the assumption that the AMK did conduct an investigation. The same inconsistency also applies for 99% of the cases where the registered situation at the conclusion was 'referred to the RvdK' (N = 175).

Another example is that, according to the national agreements on registration by the AMK,<sup>65</sup> registering 'abuse not confirmed' as the 'situation at conclusion' means that after the investigation the abuse could not be confirmed but also not refuted, and in that case the same form of child maltreatment must be registered under the nature of the maltreatment at the conclusion of the investigation as at the start. Nevertheless, for 299 (23%) of the 1,275 children for whom 'abuse not confirmed' was registered, no form of child abuse at the conclusion of the investigation was registered. This same inconsistency also applies for 11% of the cases where the registered situation at conclusion was 'abuse ended' (N = 568). The national agreements on registration by the AMK<sup>66</sup> also provide that 'no abuse' as the situation at conclusion should only be registered if there is no abuse and it was therefore manifestly a 'false alarm' (see Figure 4.12). Nevertheless, for 126 (23%) of the 545 children for whom 'no abuse' or 'no abuse, but concerns' was registered, a form of child maltreatment was registered at the conclusion of the investigation.

These inconsistencies make it difficult to form a clear impression of what the AMK investigation has revealed. For this reason, the interpretation of the nine<sup>67</sup> categories used to denote the situation at the conclusion of the AMK investigation have to be treated with caution. They have therefore been consolidated into three main categories that correspond with the follow-up steps described above (§5.1.3) – with the exception of the further step of reporting to the police (which cannot be explicitly retrieved from the AMK register):

- No follow-up in the social work circuit is considered necessary (hereinafter, 'no intervention'),<sup>68</sup> in which case, the situation observed by the AMK employee is not regarded as serious enough to require the intervention of the social services.

62 KITS Registratie Werkgroep (2006), p. 8.

63 Baeten (2009), p. 18, 31.

64 AMK Flevoland, AMK Haaglanden and Zuid-Holland.

65 KITS Registratie Werkgroep (2006), p. 8.

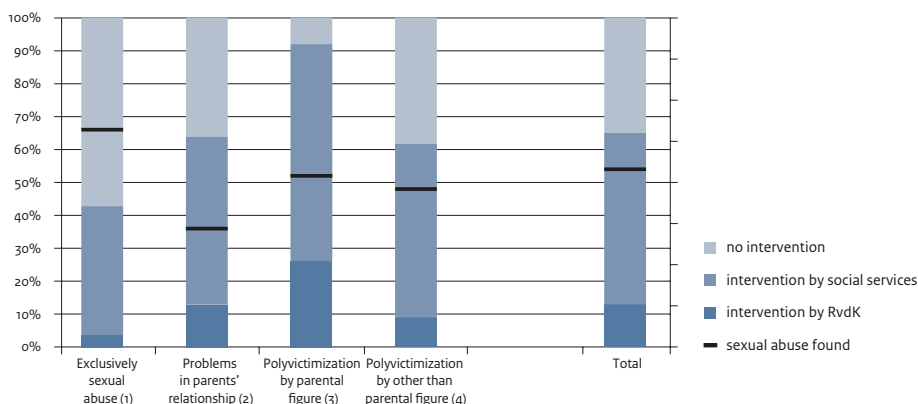
66 KITS Registratie Werkgroep (2006), p. 7.

67 There are actually eleven categories, but 'unknown' and 'left for an unknown destination' seldom occur (both rounded off to 0%) and are therefore disregarded.

68 These are four of the nine original categories of 'situations at conclusion': maltreatment not confirmed (N = 1,275), maltreatment ended (N = 568), no maltreatment (N = 533) and no maltreatment, but concern (N = 12).

- The case will be transferred to the social services (hereinafter, 'intervention by social services'),<sup>69</sup> which means that the situation observed by the AMK employee calls for intervention by the social services on a voluntary basis.
- The case will be reported or notified to the RvdK (hereinafter, 'intervention by RvdK'),<sup>70</sup> meaning that the situation of child abuse observed by the AMK employee is so serious/problematic that mandatory intervention is deemed necessary.

These three main categories of 'situations at conclusion' provide an insight into the follow-up to AMK investigations, but do not show whether sexual abuse actually occurred. After all, it is possible that intervention by the social services is felt to be necessary even though no form of child maltreatment (sexual or any other form of abuse) has been found. And vice versa, it is also possible that a form of child maltreatment (sexual or any other form of abuse) is found to have occurred, but no further action by the social services is regarded as necessary. In addition to the 'situation at conclusion', the analysis also investigated whether sexual abuse as a form of child maltreatment had been found at the conclusion of the AMK investigations. In Figure 5.5, the percentage of cases where sexual abuse was found is shown for each group of children and for the total, as well as the following steps that were regarded as necessary.



**Figure 5.5** The four groups of children; observed sexual abuse and further steps

Source: AMK databases 2008-2012

#### *Finding of sexual abuse*

Roughly half of all children (54%) were found to have experienced sexual abuse. This is least often the case (36%) in the group of children whose parents had problems in their relationship. A possible explanation for this is that so-called hostile divorces are difficult for the AMK to investigate, with the risk that in these cases the AMK too readily dismisses a report of sexual abuse as slander (see the text box on hostile divorces in §4.1.1). The AMK finds sexual abuse more often in the two groups of children who suffer polyvictimization, namely in half of all cases (group 3: 52%, group 4: 48%), and most often among

69 These are two of the nine original categories of 'situations at conclusion': transferred (N = 3.480) and referred elsewhere (GVI-BJZ-MEE-GGZ, etc.) (N = 20).

70 These are three of the nine original categories of 'situations at conclusion': referral to RvdK by AMK (N = 574), report by RvdK to another agency (N = 116) and referred to the RvdK (N = 177).

the children in the group ‘exclusively sexual abuse’ (66%).<sup>71</sup> This is perhaps partially due to the fact that the police/PPS is the largest subgroup of notifiers of children in this latter group (the police/PPS account for 26% of the children in this group reported to the AMK, see Figure 4.4 in §4.1.4). Reports from the police/PPS probably include more cases in which there are clear signs of sexual abuse (see also §4.1.3).

#### Further steps<sup>72</sup>

Further action by the social services was deemed necessary in relation to roughly two-thirds of all children (65%). They usually became involved on a voluntary basis (52%); in 13% of cases the RvdK was asked to intervene.

An intervention was almost always felt to be necessary for children in the group ‘polyvictimization by parental figure’. Only in 8% of these cases was it not felt to be necessary, which is far less often than with the other three groups of children. The social services were asked to intervene in 66% of cases and the RvdK in 26% (both intervened more often than with the other groups). It is not surprising that intervention is almost always required with this group of children. As noted in the previous subsections, this group is the most problematic because the children in this group experience more forms of child abuse per child and there are almost always family problems (see Figure 5.3 in §5.1.2.5).

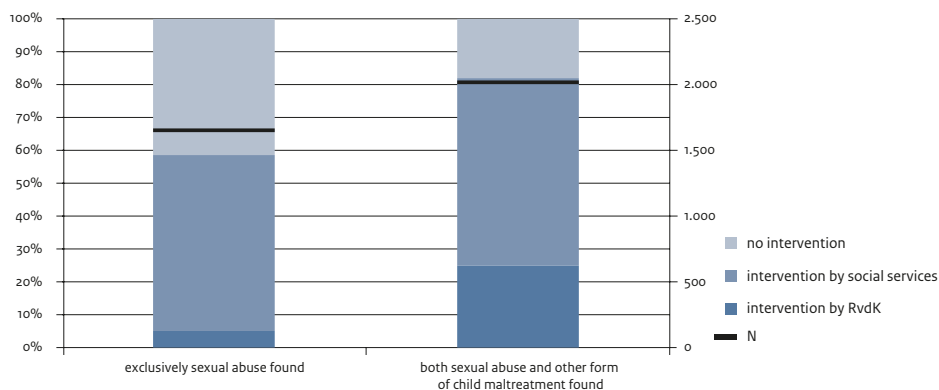
Although the percentage of children found to have experienced sexual abuse differs between the group of children whose parents have relationship problems and the group ‘polyvictimization by other than parental figure’ (36% versus 48%, see above), the further steps that the AMK regards as necessary are largely consistent. Intervention is usually felt to be necessary for both groups (for 64% and 62% of the children, respectively). In both groups, the majority of the children are transferred to the social services (51% and 53%, respectively). In the group of children whose parents have relationship problems, the RvdK is notified slightly more often (13% versus 9%).

Finally, we come to the children in the group ‘exclusively sexual abuse’, with respect to whom there is usually (57%) – and more often than with the other three groups – no intervention. And if an intervention is felt to be necessary, it is almost always help on a voluntary basis (39% – less often than in the other groups), and only occasionally is the case referred to the RvdK (4% – less often than in the other groups). It might appear strange that precisely for this group of children, among whom sexual abuse is found most often, further action up in the domain of the social services is least often felt to be necessary. In the other three groups, however, in the cases where sexual abuse is not found, other forms of child abuse are frequently observed (in 100% of cases in groups 3 and 4).

71 F: 91.58; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ .

72 F(no intervention): 453.45; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ . F(intervention social services): F: 104.92; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ . F(intervention RvdK): 184.90; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.05$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .

If we then consider only the children with respect to whom sexual abuse in any case has been found (in other words, the 66% in group 1, the 36% in group 2, the 52% in group 3 and the 48% in group 4, see [Figure 5.5](#)), the following picture emerges. When another form of child maltreatment is observed in addition to sexual abuse, the decision is made to intervene significantly more often than when only sexual abuse is found. This applies both for the involvement of the social services on a voluntary basis (57% for both sexual abuse and another form of child abuse compared with 53% for sexual abuse alone), and for referral to the RvdK (25% for both sexual abuse and another form of child abuse compared with 5% for exclusively sexual abuse).<sup>73</sup> This discrepancy is illustrated in [Figure 5.6](#).



**Figure 5.6 Further steps taken after finding of sexual abuse alone and sexual abuse and other maltreatment**

Source: AMK databases 2008-2012

This leads to the conclusion that in cases exclusively involving sexual abuse the AMK displays greater reluctance to call in the social services than in cases where another form of child abuse is also found. This might be explained by the fact that in the case of polyvictimization – where in addition to sexual abuse there is also another form of maltreatment – help is probably felt to be even more necessary than in the case of sexual abuse alone. But this might not be the sole explanation. According to information received verbally from AMK employees, sexual abuse is admitted/confirmed less often than many other forms of child abuse (such as paedagogical neglect) by the family itself (the child, the parents) (see also [§3.1](#) on disclosure).<sup>74</sup> Consequently, the family is willing to accept help less often. Employees of the AMK then have to be very certain of the situation and confident of the signs they have picked up (see [§3.2](#)) before calling in the RvdK. Accordingly, this only happens occasionally in cases of exclusively sexual abuse (5%). The finding from the research into investigations by the RvdK that they almost never relate solely to sexual abuse – but always to a combination of sexual abuse and other forms of child maltreatment – supports this impression (see [§7.1.1.3](#)).

73  $\chi^2$ (no intervention): 238.10; df: 1;  $p < 0.01$ .  $\chi^2$ (intervention social services): 4.18; df: 1;  $p < 0.05$ .  $\chi^2$ (intervention Childcare and Welfare Board): 262.36; df: 1;  $p < 0.01$ .

74 Verbal information from AMK Flevoland, 5 July 2013.

If the reluctance to call in the social services for exclusively sexual abuse is indeed sometimes due to the fact that the family provides no confirmation, there is a risk that help will wrongly be withheld from children who have been or are being sexually abused.

#### 5.1.4 Conclusion

After a report is received and during the subsequent (multidisciplinary) team meeting, the AMK decides whether the report will be accepted for further investigation. In §4.1, it was found that the AMK investigates relatively few reports of sexual abuse compared with other forms of child abuse.

In light of its statutory tasks, it is important for the AMK to endeavour to discover the truth as far as it can. After all, the decision on what further steps should be taken has to be based on the soundest possible grounds. With respect to sexual abuse, in particular, this can be an extremely complex process. It is therefore important for the AMK to have expertise in the areas of sexuality and recognizing sexual abuse.

In the period 2008-2012, the AMK investigated the cases of 6,789 children who were possible victims of sexual abuse (based on the report it received or its findings during the investigation). Using a cluster analysis, these children were divided into four groups: children who were (possibly) only sexually abused, children whose parents have problems in their relationship, children who were (possibly) victims of more than one form of child abuse (including sexual abuse) where the perpetrator was a parental figure, and finally, children who were (possibly) victims of more than one form of child abuse (possibly also including sexual abuse) where the perpetrator was a person other than a parental figure. The children in the group 'polyvictimization by parental figure' were found to experience the most problems. For example, this group experienced the most other forms of child abuse per child and there were almost always family problems (they were relatively often from multi-problem families, for example).

At the conclusion of its investigation, the AMK decides whether there is or has been sexual abuse. Roughly half of all children (54%) were found to have experienced sexual abuse. This was least often the case among children whose parents had relationship problems (36%) and most often among children in the group 'exclusively sexual abuse' (66%).

The AMK also decides whether and, if so, what further steps are needed to guarantee the child's safety. According to the AMK data, the decisions about the follow-up steps can be divided into the following: no intervention, intervention by the social services on a voluntary basis and referral to the RvdK for mandatory intervention. Intervention was found to be necessary for 65% of the children. Not surprisingly, this was almost always the case – and hence most often – with children in the most problematic group ('polyvictimization by parental figure'). It was also found that in cases of exclusively sexual abuse the AMK is more circumspect about calling in the social services than in cases where there are also other forms of child abuse. This might be explained by the fact that in the case of polyvictimization – where in addition to sexual abuse there is also other maltreatment – help is regarded as even more necessary than in the case of exclusively sexual abuse. But it could also be due to the fact that sexual abuse is confirmed less often than many other forms of child abuse by the family itself. If so, there is a risk that children who are or have been sexually abused will be wrongly deprived of the help they need.

With the wealth of data registered by the AMK, it has been possible to render a portrait of the children who have (possibly) been sexually abused and have been investigated by the AMK. However, it was also found that the information is not always registered consistently. Naturally, it is more difficult to register information consistently at the national level when the records are so extensive, but nevertheless, it is important to endeavour to do so – especially for the AMK, whose investigations generate unique information, and in the future, the Child Abuse and Domestic Violence Counselling and Reporting Centre (Advies- en Meldpunt Huiselijk Geweld en Kindermishandeling, AMHK) (see §4.1.1). This will ultimately benefit efforts to address the problem.

## 5.2 Police investigations

The previous subsection was concerned with investigations by the AMK, but the notifier can also opt to report to the police, and this subsection describes that process.

If a notifier has suspicions of sexual violence and reports them to the police, the responsibility for taking further action shifts from the notifier to the government, in this case the police. In principle, there are four steps that the police can take in response to a report:<sup>75</sup>

- They register the report but undertake no further action (because there is no criminal offence or because the notifier does not wish to take the matter beyond making the report, for example).
- They immediately refer the notifier internally (to the neighbourhood police officer, for example) or externally (to a social worker, for example) (if, for instance, the reported offence is already barred from prosecution by the statute of limitations).
- They make an appointment for a preliminary interview with the victim if the situation is not urgent (if the report concerns abuse in the past, for example).
- They take immediate action (when, for example, a suspect has been arrested and evidence has to be secured or if the child is still in the abusive situation and has to be protected).

In the first two cases, after registering the report or referring the notifier the police do not take any further action. These reports therefore do not lead to an investigation, and neither the victim nor the accused enter the law-enforcement process. With the two latter options, the police proceed with the handling of the report and it is these reports that are the subject of this chapter. The research into reports of sex offences in the former<sup>76</sup> Hollands-Midden police region shows that in three-quarters<sup>77</sup> of cases further steps are taken in response to a report.

A report can be followed up with a preliminary interview and a formal complaint. The research shows that a preliminary interview is conducted with more than seven out of ten persons who report sexual violence, but only three in ten of those preliminary interviews ultimately leads to a complaint. In prin-

<sup>75</sup> Politie (2014), p. 6.

<sup>76</sup> With the creation of the National Police as of 1 January 2013, the original division into police regions changed. The Hollands-Midden police region formally no longer exists. Because the investigation by the National Rapporteur relates to the period 2011-2012, the former police region is still referred to here.

<sup>77</sup> 798 reports regarding a form of sexual violence against children (which do not include reports of child pornography) were made to the Hollands-Midden region in the period 2011-2012. Of these, 205 notifiers (26%) pulled out after the reporting phase.



ciple, once a complaint is made, a criminal investigation will be launched. That may ultimately lead to the case file being sent to the PPS, which occurred in 55% of cases where a complaint was made. This section describes the various steps in the process from the preliminary interview to the forwarding of a file to the PPS – in short, the investigation section of the funnel. The analysis of the reports of sexual violence against children in two former police regions covers the types of reports that proceed through the various stages of the process, as well as the reports that are not dealt with any further, and the reasons why. In that context, connections are made with the nature of the reports and the degree to which the victim and accused know each other. For example, the research shows that victims wait longer before going to the police, and then also file a complaint less often, when they know the accused than when the suspected perpetrator is a stranger. It also shows that victims of hands-off offences almost never make a complaint. These connections will be substantiated in quantitative and qualitative terms in the following subsections.

### 5.2.1 The investigation of reports of sex offences to the police

As described in §4.2.2, the National Rapporteur conducted research into reports of sexual violence against children in the former Hollands-Midden police region. This chapter also incorporates data from the former Zuid-Holland-Zuid police region.<sup>78</sup> The aim of the research was to form an impression of the nature and scale of sex offences against underage victims, as well as providing insight into the segment of the funnel relating to the investigation of sexual violence against children. The rest of this chapter describes the results of this research, supplemented with qualitative information. The data in this chapter relate to those cases that were followed up after the initial report, which means that they were followed by a preliminary interview and/or a complaint, as well as all reports concerning child pornography.<sup>79</sup>

#### 5.2.1.1 Characteristics of the victims<sup>80</sup>

As described above (§5.2), three-quarters of the persons who reported sexual violence against children to the police in the Hollands-Midden region followed through with the report. If the reports to the former Zuid-Holland-Zuid region that were followed up are added, the victim population comes to 743.<sup>81</sup> Almost four in five of the reported victims (79%) were girls. Only 13% of the victims were boys; in 8% of the cases the victim's gender could not be ascertained from the dataset.

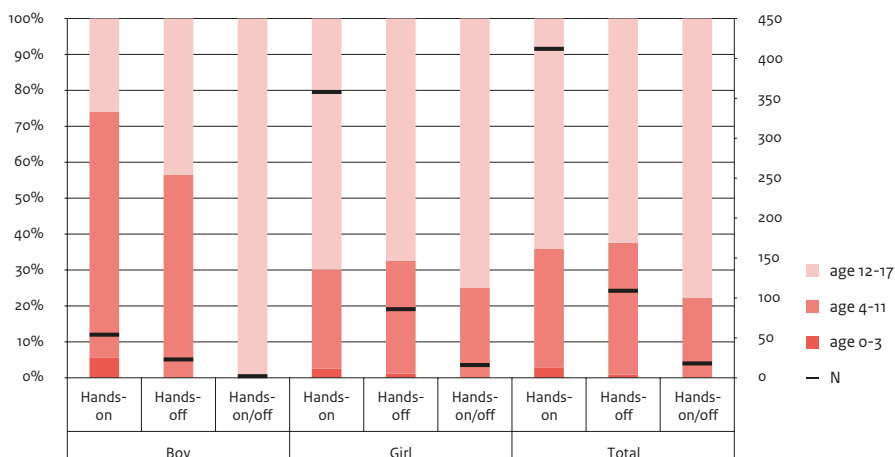
78 There are differences between the datasets of the two former police regions. That of the former Hollands-Midden region is the most extensive and cases were registered from the initial report. In the Zuid-Holland-Zuid dataset, only those reports that led to further action (such as a preliminary interview, a complaint and/or an investigation) were registered. Where possible, both datasets have been used in this chapter, but this was not possible for every stage of the proceedings. Wherever figures are mentioned, the dataset the figures relate to is always given.

79 Reports of child pornography are almost never followed by a preliminary interview or complaint because the report is usually not made by the victim. These reports are usually received on the basis of credit card details or an international investigation. Because reports of child pornography are almost always followed by police action they do belong in the investigation section of the funnel.

80 The data in this section are based on the datasets of Hollands-Midden and Zuid-Holland-Zuid.

81 These are all reports from the regions Hollands-Midden and Zuid-Holland-Zuid where a preliminary interview was conducted and/or a complaint was made. The reports that were not followed up are therefore not counted. Reports of child pornography involving possession or distribution are consequently not included in this selection.

What is noticeable from a comparison of the gender and age of victims is that the girls were older than the boys at the time of the offence; on average, girls were 12.4 years of age at the time of the offence<sup>82</sup> and boys were almost three years younger (average age of 9.5 years).<sup>83, 84</sup> At the time of the offence, girls were most often of secondary-school age (aged from twelve to eighteen), while boys were most often still in primary school (aged from four to twelve). The figure below illustrates the connection between gender, age and type of offence (N = 539).<sup>85</sup>



**Figure 5.7 Relationship between gender and age of victims and nature of reported offence**

Source: Datasets of the Hollands-Midden and Zuid-Holland-Zuid police 2011-2012

### 5.2.1.2 Characteristics of the accused

Because there is usually still no suspect at the time a report is made, we refer in this chapter to ‘the accused’.<sup>86</sup> The term is used to refer to the persons who, according to the notifier, committed the sexual violence. In 79% (N = 667) of the reports to the Hollands-Midden and Zuid-Holland-Zuid police regions, the offence was committed by a man, according to the notifier.<sup>87</sup> In only 2% (N = 17) of the reports was the accused a woman. Three reports concerned offences which, according to the notifier, had been committed by a man and a woman together. In the other reports, the gender of the accused was uncertain.

One in five (21%) of the accused were minors at the time of the offence. More than half were adults (50%), according to the notifier, and 29% of the reports contained no information about the age of the accused.

82 N = 456; SD: 3.91.

83 N = 79; SD: 3.82.

84 t: -6,03; df: 533; p < 0,01.

85  $\chi^2$ : 40,31; df: 2; p < 0,01.

86 One can only formally refer to a suspect when the provisions of Article 27 (1) Dutch Code of Criminal Procedure (DCCP) are met: ‘Before prosecution has commenced, a suspect shall be regarded as the person in respect of whom facts or circumstances give rise to a reasonable suspicion of guilt of a criminal offence.’

87 The selection concerns all reports of Zuid-Holland-Zuid and Hollands-Midden that lead to a preliminary interview and/or a complaint, plus all reports regarding child pornography: N = 849.

The average age at the time of the commission of the reported offence was 23.4 years,<sup>88</sup> the youngest accused according to the report was just four years of age (N = 1)<sup>89</sup> and the oldest was 85 (N = 2).

#### *Accused younger than the age of twelve*

In a number of cases, the sexual violence was reportedly committed by very young children. Children under the age of twelve are not criminally liable, but the police can conduct an investigation to discover precisely what happened. In practically every case, a so-called care assessment referral was made in response to the report and the social services were called in for the 'accused' and/or the victim.

#### 5.2.1.3 The preliminary interview

A report (see §4.2) of a sex offence is frequently followed by a preliminary interview with the victim or the parents/guardians of the victim. Preliminary interviews were conducted with more than seven in ten persons who made a report to the Hollands-Midden police region. The most important objective of the preliminary interview is to inform the notifier about what making a complaint will involve and what steps will be taken if a complaint is made. In accordance with the PPS's Directive on the Investigation and Prosecution of Sexual Abuse, the interview is conducted by two police officers, at least one of whom must be a certified vice detective. Experts in the field of sex offences regard the preliminary interview as the most important stage in the investigative process because it is often already possible during that interview to estimate the feasibility of successfully prosecuting the case and the likelihood of the victim actually making a complaint.<sup>90</sup>

A wide range of subjects is raised during the preliminary interview. Annex 2 of the Directive on the Investigation and Prosecution of Sexual Abuse lists 41 subjects that should be discussed. In addition to questions about the event itself, the victim also receives a lot of information about the status of a complaint and the procedure. The victim is also informed of the drawbacks of making a complaint, such as the possibility of facing repeated interviews, the public nature of the hearing of the case, the possibility of facing critical questioning and the chances of a successful prosecution. According to the Directive, during the preliminary interview the victim must also be informed of the consequences of making a false complaint (see §5.2.1.4). The preliminary interview is recorded and transcribed in an official report.

In principle, no preliminary interview is conducted with persons who report indecent exposure and possession or distribution of child pornography.<sup>91</sup> The study examined how many reports that qualified for a preliminary interview according to the Directive on the Investigation and Prosecution of Sexual

88 SD: 17.47 years. The precise age was known in 183 reports.

89 This report related to the possible abuse of a four-year-old child by a peer.

90 Meeting of national expert group on sex offences, 31 January 2014.

91 The Directive on the Investigation and Prosecution of Sexual Abuse is not (entirely) applicable to cases involving indecent exposure (Article 239 DCC), where the complaint is usually accepted immediately and does not have to be recorded by a vice detective. For child pornography (Article 240b DCC), the Directive on Child Pornography applies in addition to the Directive on the Investigation and Prosecution of Sexual Abuse. Child pornography cases do not generally arise from a report by the victims, but follow from a report by Interpol, for example, that the suspect has downloaded images of child pornography. In such a case there is no preliminary interview or complaint because there are not yet any identified victims.

Abuse actually led to a preliminary interview in the former Hollands-Midden police region in the period 2011-2012 and found the total to be 540 (72%) of the 753 reports.<sup>92</sup>

*Preliminary interview conducted more often with respect to hands-on offences*

As shown above, in 28% of the cases there was no preliminary interview following a report. What reasons are there for a notifier not to want a preliminary interview or for the police not to offer one? The analysis of the Hollands-Midden police region's dataset identified a connection between the nature of the offence and whether or not a preliminary interview is conducted. For example, only half (47%) of the notifiers of hands-off sex offences had a preliminary interview, while preliminary interviews were conducted with 82% of the notifiers of hands-on offences.<sup>93</sup> A possible explanation for this discrepancy is that a relatively larger proportion of reports of hands-off offences contained information that was insubstantial and raised the question of whether a criminal offence had been committed. For example, there were reports about men behaving 'strangely' near children and a report about a person who had been taking photographs near a crèche. These reports contained no indication of a criminal offence. It is therefore understandable that these notifiers were not invited for a preliminary interview. A number of persons who reported hands-off sex offences were passers-by who didn't know the victim or the accused. In such cases, a preliminary interview seems less appropriate since the notifier was not personally involved with the offence. The hands-off reports also included so-called 'concern and advice reports', where the notifier's principal objective was to seek advice from the police rather than to report a criminal offence. This category would include reports about persons with a history of sex offences who are in contact with a child or enquiries from the AMK about a particular situation. With these types of reports, the police probably confined themselves to providing advice – for example to contact the social services – and a preliminary interview was not needed. Finally, a report may require immediate action: for example, a report of a rape on a public road where the suspect has fled the scene. In such a case, the preliminary interview can be skipped and the investigation can start immediately.

#### 5.2.1.4 The complaint

A minority of those who report to the police opt to make a complaint after the preliminary interview. The study of the dataset of the Hollands-Midden police region revealed that only three in ten (30%) preliminary interviews were followed by the filing of a complaint.<sup>94</sup>

Although victims who make a complaint generally follow the route from preliminary interview to making the complaint, victims can also skip the preliminary interview and make the complaint immediately after reporting. This applies in the case of indecent exposure, since that offence generally does not fall under the Directive on the Investigation and Prosecution of Sexual Abuse and therefore no preliminary interview has to be offered. Apart from the complaints about indecent exposure, 3% (N = 22) of all re-

92 The reports of indecent exposure (N = 45) and the reports of child pornography with victims unknown to the suspect (N = 82) have been deducted from the original 880 reports. Child pornography cases concern possession or distribution and victims are often not known, in which case there will also be no preliminary interview or complaint.

93  $\chi^2: 85,83; df: 1; p < 0,01$ .

94 161 of the 540 preliminary interviews led to a complaint.

ports to the Hollands-Midden police region led directly to a complaint being filed without a preliminary interview.

When the victim or a person in a young victim's immediate circle decides to make a complaint, the complaint is recorded by two vice detectives, at least one of whom must be certified.<sup>95</sup> The interview with a suspect must also be conducted by two vice detectives.

#### *Reluctance to make a complaint*

As reported in [Chapter 4](#), according to the Integrated Security Monitor 2012 published by Statistics Netherlands (Centraal Bureau voor de Statistiek, CBS), only 9% of all sex offences are reported to the police.<sup>96</sup> The research does not show how many notifiers had a preliminary interview, but a third of those who reported a sex offence ultimately made a complaint (3% of the total number of victims).<sup>97</sup> In its study, the CBS makes no distinction between adult and underage victims of sex offences:<sup>98</sup> however, if we make a comparison with the research into reports to the Hollands-Midden police region, the percentage of complaints relating to underage victims is even lower than the percentage reported by the CBS. Only 27% of all reports to the Hollands-Midden police concerning sexual violence against children in the period 2011-2012 led to a complaint.<sup>99</sup> There are no national figures for the percentage of cases in which a complaint is made in relation to sexual violence against children. Enquiries to the police's national group of experts on sex offences show that they estimate the percentage to be similar, and perhaps even lower, in other regions.<sup>100</sup>

#### *Fewer complaints if the victim and accused know each other*

As discussed in the previous section, a preliminary interview is conducted more often with victims of hands-on offences than with victims of hands-off offences.<sup>101</sup> Whether victims of hands-off offences make a complaint also seems to be connected with the degree to which the victim and the accused know each other (14% if they do know each other, 32% when they are not acquainted).<sup>102</sup>

95 The competent vice detective is 'the investigator, within the meaning of Article 141 (1) (b) and (c) DCCP, who complies with both the quality standards and the executive standards. This means that he or she has successfully completed the course in sex offences and works for at least 24 hours a week on sex offences.

96 Centraal Bureau voor de Statistiek (2012), p. 83.

97 Centraal Bureau voor de Statistiek (2012), p. 89.

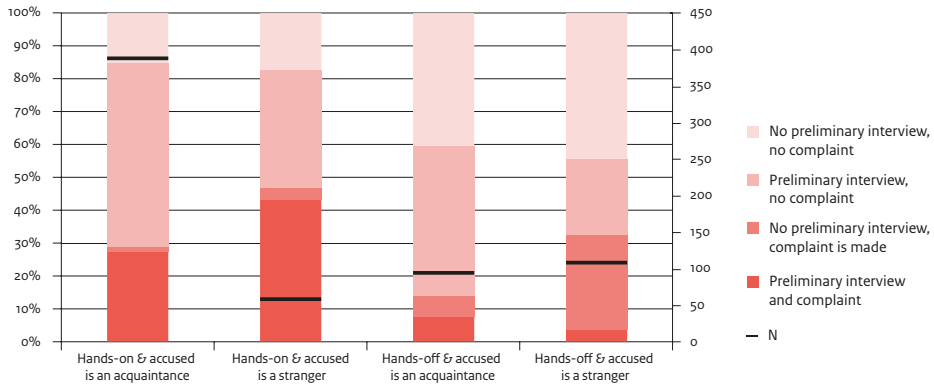
98 Centraal Bureau voor de Statistiek (2012): research methodology. The percentages are based on a questionnaire completed by a sample of 223,946 persons aged 15 and older.

99 A formal complaint was made in 214 of the 798 reported cases of sexual violence against children (excluding reports concerning possession or distribution of child pornography).

100 Verbal information from the national expert group on sex offences, 31 January 2014.

101  $\chi^2$ : 85.83; df: 1;  $p < 0,01$ .

102 F: 6.78; df: 3;  $p$ : 0,00;  $p$ (difference 'hands-off by acquaintance' and 'hands-off by stranger'): 0,00;  $p$ (difference 'hands-off by acquaintance' and 'hands-on by acquaintance'): 0,00;  $p$ (difference 'hands-off by acquaintance' and 'hands-on by stranger'): 0,00.



**Figure 5.8 Relationship between the nature of the offence, acquaintance with the accused and further steps after the report**

Reports concerning possession or distribution of child pornography where the identity of the victim was not known to the police are not included

Source: Dataset of Hollands-Midden police 2011-2012

#### *Notifier or victim?*

The Directive on the Investigation and Prosecution of Sexual Abuse uses the neutral term ‘notifier’ instead of ‘victim’. In that context, the Directive states: ‘The term “notifier” more closely reflects the aim of objectivity in the process of finding the truth. The use of the term “victim” could create the impression of “partiality” in favour of the (defenceless) victim. By adopting an objective view with professional distance, the notifier of sex offences can be treated as an important witness and a possible carrier of valuable trace evidence, while remaining open to the fact that a complaint might also be incorrect (either consciously [“false complaint”] or unconsciously).’<sup>103</sup>

Although from a legal perspective, it is certainly possible to think of arguments for only referring to a ‘victim’ after there has been an irrevocable conviction, it is noteworthy that the Board of Procurators-General has only explicitly chosen to use the term ‘notifier’ in the Directive on the Investigation and Prosecution of Sexual Abuse. It does not do so in the instructions adopted for other types of cases, including the Instructions on human trafficking, the Instructions on child abuse, the Instructions on child pornography and the Instructions on domestic and honour-related violence, all of which refer to victims, not to notifiers. The argument that the choice of the term ‘victim’ might create the appearance of partiality in favour of the ‘defenceless’ victim could equally be made with respect to those other sets of instructions. With those offences, the notifier could also be seen as an important witness and possible carrier of valuable trace evidence, and incorrect complaints could also be made about those offences. By emphasising this point in the case of complaints of sex offences, it is possible that too much stress is wrongly being given to the possibility of a consciously or unconsciously false complaint.

<sup>103</sup> Government Gazette 2010, 19123, p. 1.

There also seems to be a certain degree of circumspection towards the victim in other respects. For example, notifiers are expressly informed about the consequences of making a false complaint during the preliminary interview.<sup>104</sup>

#### *Incorrect or false complaints*

A distinction can be made between two types of incorrect complaints: intentional or unintentional. Intentionally incorrect complaints based on deception are a criminal offence under Article 188 DCC. One can only speak of a false complaint if it is intentionally incorrect. Reasons for making false accusations might be having a specific interest in the complaint, a desire to take revenge on the accused, or wanting to create an alibi or to attract attention by making a complaint.<sup>105</sup>

A complaint can also be unconsciously incorrect, for example because a child's behaviour, such as bed-wetting or being withdrawn, is interpreted as a sign of sexual abuse (see 53.2), although there are other reasons for these indications. Misinterpretation can also arise from medical symptoms such as nappy rash, a torn hymen or tears around the anus.<sup>106</sup> It is also possible for social workers to make mistakes in interpreting clinical data, for example by assuming that certain disorders or their symptoms must be caused by sexual abuse.<sup>107</sup>

There has been no in-depth research into the phenomenon of false complaints in sex offence cases in the Netherlands up to now.<sup>108</sup> It is therefore impossible to say much about the number of false complaints made in sex offence cases: estimates on the basis of international research range from 1.5% to 90%.<sup>109</sup> In a study into false complaints in sex offence cases by girls between the ages of twelve and eighteen in seven police regions in the Netherlands in 2011, 1% of complaints were regarded by the detectives as false<sup>110</sup> and 18% were regarded as dubious.<sup>111</sup> These figures are based solely on the judgment of the detectives. In most cases there was no incontrovertible evidence that the complaints were false or dubious.

The research by the National Rapporteur into reports of sexual violence against children in the former Hollands-Midden police region also showed that only 1% of all reports were regarded as false by the police.<sup>112</sup> There were ten false reports, six of which led to a file against the complainant being sent to the PPS. In addition to the ten reports classified as false, there were six reports that were not classified as false but where the description of the report expressed doubts about the notifier's story.

104 Government Gazette, 19123, p. 10.

105 Nierop & van den Eshof (2008), p. 18.

106 Nierop & van den Eshof (2008), p. 21.

107 Nierop & van den Eshof (2008), p. 20.

108 Van Wijk & Nieuwenhuis (2011), p. 17.

109 Van Wijk & Nieuwenhuis (2011), p. 22.

110 Van Wijk & Nieuwenhuis (2011), p. 34.

111 Van Wijk & Nieuwenhuis (2011), p. 34.

112 In the dataset of the Hollands-Midden police there was a separate field for false complaints. This field was checked ten times in two years with respect to reports of sexual violence against children.

Looking at the facts, therefore, a complaint was demonstrably false in only a very small percentage of cases. Despite this, the police and the PPS still regard false complaints as a regularly occurring problem. No less than a quarter of the text under the heading 'Phase 2: The complaint' in the Directive on the Investigation and Prosecution of Sexual Abuse deals with the subject of false complaints.

#### *Preliminary interview as an obstacle*

Seven out of ten preliminary interviews do not lead to a complaint. Accordingly, the preliminary interview appears to be a major obstacle to making a complaint. Three factors seem to play a role in this.

First, the Directive on the Investigation and Prosecution of Sexual Abuse provides that a large number of topics have to be discussed during the preliminary interview, and a great many of these 41 subjects address the disadvantages of making a complaint. Scarcely any attention is devoted to the advantages of making a complaint. When victims, or the parents of victims, are informed mainly about the negative aspects of making a complaint, it is not surprising that many then decide not to make a complaint. Although it is important for victims (and their parents) to be informed honestly about the consequences of making a complaint, mentioning the advantages of making a complaint, such as securing redress, preventing other victims and receiving acknowledgement as a victim, would create a better balance.

A second possible obstacle is the fact that victims are given two weeks to reflect on whether they wish to make a complaint. This reflection period applies in particular when the victim and the accused know each other; the Directive on the Investigation and Prosecution of Sexual Abuse states that 'reflection' about the position of the notifier is necessary/possible in cases where the notifier and suspect know each other. This is noteworthy, since the research in the Hollands-Midden police region shows that victims who are acquainted with the accused already take far longer to consider whether to report to the police. Victims of hands-on offences who know the accused wait an average of eight months, while other victims wait, on average, less than ten days before going to the police (see §4.2.2.3). In light of this average period of eight months during which victims hesitate before reporting to the police, it can be concluded that they have thought long and hard about taking that step. By not immediately recording their complaint, but giving them two more weeks to think about it after the preliminary interview, victims are perhaps more discouraged than encouraged to make a complaint. A distinction could be made in the Directive on the Investigation and Prosecution of Sexual Abuse between different groups of victims, with victims who have already reflected for a long time before going to the police being actively given the possibility of making a complaint immediately.

Finally, the facts that victims in sex offence cases are treated not as victims but as notifiers and that the Directive places a relatively heavy emphasis on false complaints, could present an obstacle to victims making a complaint. Although it is important, from the perspective of finding the truth, for the police to consider all possible scenarios, including the possibility that a complaint is consciously or unconsciously incorrect, it is possible that this neutral-critical attitude causes victims to feel they are being taken less seriously and to decide not to make a complaint. It cannot be concluded that this actually forms an obstacle, but what can be stated is that relatively little research has been conducted into the nature and scale of false complaints in sex offence cases, particularly cases involving underage victims. The police and PPS seem to regard false complaints as a greater problem than the existing research has shown it to be.



### Ex officio investigation

As previously mentioned, the formal complaint marks the start of the criminal investigation.<sup>113</sup> In principle, no investigation is carried out if no complaint has been made. An exception to this is the ex officio investigation, where an investigation is launched even though no complaint has been made. According to the Directive on the Investigation and Prosecution of Sexual Abuse, 'If the mental and/or physical integrity of the individual concerned is/will be seriously threatened or the individual concerned is evidently in a position of dependence', as much evidence as possible will be collected for the purposes of an ex officio prosecution.<sup>114</sup> This will frequently be the case where there is a suspicion of sexual violence against children, since it is common knowledge that sexual violence can threaten the mental or physical integrity of children. Most sexual violence against children also occurs within a relationship of dependence. In practice, however, the option of ordering an ex officio investigation into a report of sexual violence against children is seldom used.<sup>115</sup> Of the reports to the Hollands-Midden police region in 2011-2012, a case was sent to the PPS without a complaint by the victim on twenty occasions.<sup>116</sup> In other words, these twenty reports led to an ex officio investigation, which is a very small number (3%) out of a total of 584 reports<sup>117</sup> that did not lead to a formal complaint.

An important factor that the Hollands-Midden police consider if no complaint is made is whether the children are in danger.<sup>118</sup> If there is a threat, the Hollands-Midden police consult the PPS about the possibility of an ex officio investigation,<sup>119</sup> but the possibilities of conducting an ex officio investigation are in fact very limited if the notifier will not say much about the case to the police and there are no leads for additional information to support the report.

### The Cuijk case<sup>120</sup>

In the case of Frank R. (the man who was charged with, among other things, forcing more than 300 minors to perform sexual acts in front of the webcam and who committed hands-on sexual abuse against some of them, it emerged that the suspect had been reported on three previous occasions,<sup>121</sup> and that in all three instances it had been decided not to make a complaint after the preliminary interview. The police did not institute an ex officio investigation. In hindsight, it emerged that Frank R. had simply continued with his practices. An ex officio investigation – against the will of the victims – might perhaps have prevented that. The question remains: which interest should weigh more heavily in such a case, the interest of the victim who does not wish to make a complaint or the interests of potential future victims (on this dilemma, see also §2.1.2.1). There are of course also practical objections, such as the extent to which a case can be proved without

113 There is one reservation to be made about this: 'when there is doubt about the truthfulness of the complaint or when there are uncertainties or gaps remaining in the complaint, it is advisable to consult colleagues before the investigation actually starts'. Directive on the Investigation and Prosecution of Sexual Abuse, *Government Gazette* 2010, 19123, p. 1.

114 *Government Gazette*, 19123, p. 3.

115 Verbal information from the national expert group on sex offences, 31 January 2014.

116 Of these twenty reports, five concerned the same suspect. About this case it was noted that it had been dismissed by the public prosecutor.

117 A formal complaint was made in 214 out of the 798 reports of sexual violence against children (excluding reports concerning possession or distribution of child pornography).

118 Written information from the police, 22 April 2014.

119 Written information from the police, 22 April 2014.

120 See also §2.1.2.1.

121 NOS, 'Zedenzaak Cuijk: feiten op een rij' (Cuijk sex case: the facts), 9 October 2013.

a formal complaint and the fact that an ex officio investigation will often demand more time and energy – with an uncertain outcome – than a case based on a complaint.

The decision on whether or not to order an ex officio investigation is not always taken in consultation with the PPS. For example, in some regions the public prosecutor directs the police to conduct an investigation in response to reports, while in other regions the public prosecutor will only recommend an investigation when a complaint has been made.<sup>122</sup> In the latter instance, therefore, cases where there has been no complaint are only discussed with the public prosecutor if the police feel there should be an ex officio investigation. In the context of the creation of the National Police, further consideration is currently being given to uniform national rules for this process, among others.<sup>123</sup>

### *Child pornography*

Suspicious of the possession or distribution of child pornography almost never give rise to a complaint. Whereas other sex offences become known to the police because they have been reported by the victim or a person in the victim's immediate circle, the police generally become aware of child pornography cases following a report from foreign investigative services or from reports by the Hotline combating Child Pornography on the Internet (Meldpunt Kinderporno op Internet). The identity of the victim on downloaded images is often not known and it is not necessary for that victim to make a statement to prove the offence, since even without a statement by the victim it can be seen whether or not the image constitutes child pornography. Statements by the victim therefore play a far less significant role in this type of investigation than with other sex offences. For the investigation of child pornography, see § 5.2.1.6.

#### 5.2.1.5 The investigation

The preliminary interview can mark the start of an investigation if, for example, it is a case of recent sexual violence and trace evidence can still be secured but in most cases, the investigation starts after a complaint has been made. Sex offence cases are often difficult to prove. This section discusses three specific aspects that can contribute to finding the truth: a clear statement by the victim, forensic medical evidence and evidence on digital data carriers.

### *Weighing and prioritising*

In principle, an investigation is always started when a formal complaint has been made. As with every form of crime, the capacity of the vice squad is limited. Sex offence cases have to compete with other sex offence cases and with cases in other domains. Cases with a lot of victims and which have attracted a lot of media attention, in particular, can temporarily take up a region's entire capacity for investigating sex offences, causing other sex offence cases to be shelved. Although the Directive on the Investigation and Prosecution of Sexual Abuse states that the complaint marks the start of the investigation, that does not mean that an investigation actually starts as soon as a complaint is made.

The public prosecutor responsible for sex offence cases and the head of the police's vice squad are responsible for weighing and assigning priority to sex offence cases. There are still major differences between regions in the way they weigh and assign priority to cases. For example, not all regions arrange meetings between the police and the PPS to discuss priorities, and in those that do, the frequency of the meetings

122 National meeting of quartermasters of sex offences and sex offence liaison officers, 6 February 2014.

123 National meeting of quartermasters of sex offences and sex offence liaison officers, 6 February 2014.

varies.<sup>124</sup> In one region, the police draw up a written action plan for every case, while in other regions the approach is discussed in person with the public prosecutor.<sup>125</sup> Experiments with the use of a written action plan are currently underway in the rest of the country.<sup>126</sup> The extent to which the police and PPS are familiar with ongoing cases and the length of time investigations take also vary. With the creation of the National Police, an attempt is being made to create greater uniformity in the structure and procedures of the ten new vice teams, with the aim of improving results and raising the level of quality.<sup>127</sup> All ten vice teams have a front office where reports of sex offences, including child pornography and child sex tourism, are received and processed and where decisions are made about their priority and how the report will be dealt with. Every team also has one or more back offices, which handle the actual investigation. The method of registration of all incoming cases and their disposition will also be harmonized.

#### *Weighing and prioritizing of child pornography*

Various studies have recently been carried out into factors that might help to predict the risk of hands-on abuse by suspects of offences involving child pornography.<sup>128</sup> For example, Smid et al. studied 150 child pornography case files in Amsterdam, with the aim, among other things, of investigating the variables connected with hands-on victimization.<sup>129</sup> On the basis of a study by Long et al. in the United Kingdom, the Kent police and the University of Liverpool have developed an instrument for establishing the risks of hands-on abuse by suspects of offences related to child pornography.<sup>130</sup> With funding from the EU, an European alliance has been formed with the aim of developing four instruments (including a prioritizing instrument) to simplify operational police investigations into child pornography. In the Netherlands, the Rotterdam police region and Erasmus University have collected and analysed data about 170 child pornography cases and have incorporated the results into a prioritizing instrument specifically for the Netherlands. The first child pornography investigations were expected to be prioritized using this instrument in a pilot project in Rotterdam from the middle of May 2014. If the results prove positive, the instrument will be rolled out nationwide.

#### *Interviewing witnesses*

The victim's statement is often one of the most important pieces of evidence in sex offence cases. Most sex offences are not committed in a public space, so there are no witnesses apart from the victim and the suspect. Forensic evidence, such as DNA, is often no longer available by the time the victim makes a complaint, and even when it is, it does not always prove that an offence has been committed. The statements of the victim and any witnesses who might have seen the victim immediately after the offence therefore constitute important evidence. If the statement is to be useful, it is important that the victim has not been influenced. This can be a problem tension when the child is already receiving treatment from a therapist, which creates the risk that he or she will be influenced. The following subsection discusses this conflict and the interviewing of young children.

124 National meeting of quartermasters of sex offences and sex offence officers, 6 February 2014.

125 National meeting of quartermasters of sex offences and sex offence officers, 6 February 2014.

126 Written information from the police, 23 April 2014.

127 Politie (2014), p. 2.

128 Smid, et al. (2014); Long, Alison & McManus (2012).

129 Smid, et al. (2014).

130 Information in the text box about this prioritizing instrument is based on written information from the police, 17 April 2014.

*The studio interview*

When the victim is younger than the age of four, it is necessary to consider carefully whether the child is capable of being interviewed by the police. This is connected, among other things, with the child's capacity or otherwise to properly express him- or herself verbally and the fact that very young children (below the age of three or four) are not fully capable of forming recollections that can be retained for a lengthy period. This phenomenon is referred to as infantile amnesia.<sup>131</sup> Because interviewing children demands special expertise regarding child development, children between the ages of four and twelve should be interviewed by a specially trained interviewer in a child-friendly studio. Interviewers should be aware of the cognitive constraints of children, such as their memory and language development, and therefore gear their interviewing technique to the child's age. As in interviews with other witnesses, they should ask as many open questions and as few leading questions as possible.<sup>132</sup>

The fact that a complaint about a form of sexual violence against a child has been made does not automatically mean that the child will be interviewed. Arguments against holding a studio interview include the fact that there has been no disclosure by the child, the child is incapable of communicating in comprehensible language, is unwilling or does not dare to tell what has happened or interviewing the child is not necessary for the case.<sup>133</sup> Whether or not a child can and should be interviewed and, if so, when, depends heavily on the circumstances of the case, so it is necessary to assess in advance whether the child can be interviewed. The study of reports of sex offences made to the Hollands-Midden police showed that a studio interview was conducted for 55% (N = 39) of the complaints relating to a victim between the ages of four and twelve.

A studio interview must be carefully prepared, since children should preferably only be interviewed once and cannot be interviewed for lengthy periods because their attention span is limited. For the same reason, it is important to ask the right questions. Good preparation is therefore important, and any disclosure witnesses (people with whom the child has talked about the sexual violence) should be heard beforehand. On the other hand, it is also preferable to interview the child as soon as possible, before his or her memory fades. In addition, a lengthy interval creates the risk of the child being influenced by others (for example, parents or social workers with whom the child has talked about the abuse). The police are currently conducting a survey of the average time that elapses between a complaint being made and the studio interview.<sup>134</sup> Some situations require the child to be heard immediately, for example when the offender is caught in the act or when the accused is a stranger to the victim and is a fugitive. In every situation, the interests of the child and of the case have to be weighed.

*Treatment of trauma*

As described in §2.4, it is not unusual for children to suffer trauma or even a trauma-related disorder, such as post-traumatic stress disorder, after experiencing sexual violence. EMDR and trauma-centred cognitive-behavioural therapies have proved effective in relieving these complaints (see §7.1.2.1). The aim of these therapies is to alleviate the negative emotions generated when recalling sexual violence, with the intention of promoting the child's welfare and mitigating psychological complaints. As well as providing help for the child, however, it is generally also desirable to find,

131 Dekens & van der Sleen (2013), p. 28; van Koppen, et al. (2010), p. 583.

132 Dekens & van der Sleen (2013).

133 Dekens & van der Sleen (2013), p. 53-56.

134 Written information from the police, 19 April 2014.

charge and try the suspect. In sex offence cases there is often little additional evidence, so the victim's statement carries a lot of weight. According to some social workers, children must receive psychotherapeutic help as quickly as possible, but from the perspective of the investigation, in order to secure a reliable statement that can be used in court, it is important that the child is not influenced by third parties before being interviewed by the police.<sup>135</sup>

The idea that for the usability of the statement it is best if the child has talked to as few as people as possible about the event can conflict with the importance of starting the child's treatment as soon as possible. When a child is already being treated by a social worker, it is possible that by repeatedly talking about the sexual violence the child's recollection will become distorted, making the statement no longer useful in the criminal proceedings.<sup>136</sup> Because the social worker may have played an important role in the formulation of the complaint, it is important for the police to know more about the nature of the help provided.<sup>137</sup> Relevant factors in this regard include the help requested during the intake, the revelation of the sexual abuse and the therapist's attitude towards the narrative of sexual abuse.<sup>138</sup> In practice, the police do not always seem to be aware of the help being provided during the investigation,<sup>139</sup> sometimes because detectives do not realise its importance and make no attempt to identify the role of the social worker.<sup>140</sup> However, there are also occasions when the detectives do consider the help for the victim during their investigation but encounter obstacles, for example because the social worker's reports are incomplete<sup>141</sup> or because the social worker refuses to cooperate, even with the explicit consent of the client<sup>142</sup> or the parents of an underage client. In the not inconceivable event that one of the parents of the client is the suspect, this consent will often not be given (on the requirement of consent, see [§7.1.1.1](#)).

The most obvious solution to this problem is for the police to interview the child as soon as possible, so that the statement is not influenced and is useful for investigative purposes. After the interview with the police, the programme of help for the child can start. Enquiries show that a number of therapists are already aware of the potential for conflict between social work and investigation.<sup>143</sup> For example, in the Child and Youth Trauma Centre (Kinder- en Jeugdtraumacentrum) in Haarlem and in the Sexual Assault Centre (Centrum voor Seksueel Geweld) in Utrecht, during the intake the victim is asked whether he or

135 Verbal information from National Expertise Group for Special Sexual Assault Cases (*Landelijk Expertisegroep Bijzondere Zedenzaken*, LEBZ), 19 July 2013.

136 For more information about the influence on recall of different forms of therapy, see Gezondheidsraad (2004).

137 Nierop & van den Eshof (2008), p. 88. The Directive on the Investigation and Prosecution of Sexual Abuse states that during the preliminary interview the individual must be asked whether the event has been discussed with other persons, and whether a doctor, therapist or social worker has been consulted. *Government Gazette* 2010, 19123, p. 10.

138 Nierop & van den Eshof (2008), p. 88.

139 Verbal information from LEBZ, 19 July 2013.

140 Written information from LEBZ, 17 April 2014.

141 There are therapists, although they seem to be the exception, who videotape all therapy sessions. For example at the Child and Youth Trauma Centre in Haarlem all therapy sessions are visually recorded (verbal information from Child and Youth Trauma Centre Haarlem, 15 January 2014).

142 Written information from the police, 19 April 2014, written information from LEBZ, 17 April 2014.

143 Verbal information from the Sexual Assault Centre Utrecht, 6 September 2013; written information from Hague Child and Youth Therapeuticum, 14 May 2013; verbal information from De Jutters youth mental health care, 28 May 2013.

she intends to make a complaint. If so, the programme of help only starts after the complaint has been made and any studio interview has taken place.<sup>144</sup>

It is not only in treating trauma that there is a risk of influencing the child by asking leading questions. Employees of agencies such as the AMK and the RvdK have often not had any training in understanding the consequences for the investigation of asking leading questions.<sup>145</sup> This is logical since it is not the task of these agencies to conduct a criminal investigation; their task is to protect the child. However, young children can be influenced by leading questions. At the request of the RvdK in Rotterdam/Dordrecht, the police academy has prepared a proposal for a training programme to raise awareness among the agency's employees of the risks of asking leading questions and the consequences for the process of discovering the truth.<sup>146</sup> At the time this report was written, it was not yet known whether the training programme would be carried out.<sup>147</sup>

#### *Forensic medical investigation*

In the event of a recent case of hands-on sexual violence, forensic evidence could still be present on or in the body of the victim. Because there is often scarcely any other evidence than the victim's statement in sex offence cases, the presence of physical injuries or traces can make an important contribution to the evidence. In addition, sexually transmitted diseases can be found or ruled out, measures can be taken to prevent the possibility of pregnancy and, not unimportantly, a forensic medical investigation can also reassure parents. When parents suspect that their child has been abused, for example because they find injuries to the genitals but do not know what caused them, a forensic medical investigation can dispel these suspicions by ascertaining that the injuries were not caused by sexual abuse.

#### *Forensic medical research in the Hollands-Midden region*

The dataset of the Hollands-Midden police includes records of whether or not a so-called rape kit examination was performed on the victim. They were performed in seven (5%) of all cases of hands-on sex offences that were reported within 72 hours of the offence (N = 151).<sup>148</sup> In four of the cases penetration was reported, and three reports involved other forms of hands-on sexual violence. In one case, it was specifically stated that the examination was performed by a forensic paediatrician.

There is no national overview of the number of forensic medical examinations carried out on minors in sex offence cases. The figure of 5% in the Hollands-Midden region seems very small, but it has to be noted that no forensic medical examination can be carried out without the consent of the victim or his or her parents (on the requirement of consent, see §7.1.1.1).<sup>149</sup> In a number of cases, trace evidence (such as saliva) was also found by a mental health physician, but no complete rape kit examination was

144 Verbal information from the Child and Youth Trauma Centre Haarlem, 15 January 2014; verbal information from the Sexual Assault Centre, Utrecht, 6 September 2013.

145 Verbal information from the police, 15 July 2013.

146 Written information from the police, 19 April 2014.

147 Written information from the police, 19 April 2014.

148 No rape kit examination was ever performed with respect to reports that were made after more than three days.

149 Written information from the police, 22 April 2014.

performed because there was no penetration.<sup>150</sup> This type of examination is not registered in the dataset as a rape kit examination, so these cases are not counted among the aforementioned 5%.

The absence of trace evidence does not mean that there was no sexual violence. For example, in at least 60% to 70% of children who are sexually abused there is no visible physical injury.<sup>151</sup> Furthermore, the body recovers very quickly, so that any injury has often healed before an investigation can be carried out. It is generally assumed that an examination should take place within a period of 24 to 72 hours,<sup>152</sup> after which any physical injury that might provide evidence of trauma can only be found in 5% to 10% of underage victims who have experienced penetration.<sup>153</sup> Although the chance of actually finding physical injuries suggesting sexual violence is small, the fact is that any physical injuries that are found have great evidentiary value in the criminal proceedings. In fact, it is not only physical injury caused by penetration that can serve as evidence. Other traces such as sperm or saliva or bruises on the inside of the thighs can also suggest sexual violence. In addition, finding supporting evidence, such as sand on the buttocks that can be related to the statement and the scene of the crime, can have added value for the strength of evidence.<sup>154</sup>

#### *Forensic paediatric expertise*

Forensic examination of evidence of violence against children is specialist work and forensic expertise is required to detect trace evidence and injuries, record and interpret them and report correctly on them. However, most forensic specialists have no specific expertise in the field of child abuse,<sup>155</sup> including sexual violence. The Health Council (Gezondheidsraad) recently observed that signs of abuse and sexual violence sometimes go unnoticed.<sup>156</sup> In addition, the anatomy of prepubescent children is different from that of adults. Knowledge of the anatomy of prepubescent girls in particular seems to be lacking among doctors, including forensic doctors,<sup>157</sup> and the interpretation of physical abnormalities is often inadequate.<sup>158</sup> Furthermore, forensic doctors perform few such examinations and therefore have little experience with them. A survey of forensic doctors showed that more than half of them had never performed an examination on a prepubescent girl at the request of the police during an investigation of a sex offence.<sup>159</sup> Examining children for evidence of sexual violence therefore calls for specialist knowledge of the body of the prepubescent child. Paediatricians do possess this knowledge but are generally not trained in forensic science, so they focus on treatment and have little knowledge or awareness of the forensic aspects of an examination.<sup>160</sup> Evidence is frequently lost because of the differing

150 Written information from the police, 22 April 2014.

151 Buysse, et al. (2011), p. 10.

152 Buysse, et al. (2011), p. 77.

153 Verbal information from the Forensic Medical Child Abuse Centre, 14 March 2013.

154 Written information from the Forensic Medical Child Abuse Centre, 21 April 2014.

155 Buysse, et al. (2011), p. 37.

156 Gezondheidsraad (2013), p. 13.

157 Verbal information from the Forensic Medical Child Abuse Centre, 14 March 2013.

158 Presentation by forensic doctor from NFI, 7 February 2013.

159 Presentation by forensic doctor from NFI, 7 February 2013, together with written information from the NFI, 17 April 2014. The results of the survey were not published.

160 Gezondheidsraad (2013), p. 13.

roles of treating and forensic doctors and the lack of knowledge and experience.<sup>161</sup> There are currently no criteria for the quality of forensic medical expertise for children.<sup>162</sup> A motion on this point by member of parliament Nine Kooiman, in which she called on the government to establish clear quality standards for forensic medical expertise was unanimously adopted on 3 December 2013.<sup>163</sup>

The forensic paediatric specialist<sup>164</sup> combines both specialisms, that of forensic doctor and of paediatrician. In the Netherlands, there are seven such specialists working in two institutes, the Forensic Medical Child Abuse Centre (Forensische Polikliniek Kindermishandeling, FPKM) and the Netherlands Forensic Institute (Nederlands Forensisch Instituut, NFI).<sup>165</sup> In addition to conducting examinations in which the child is examined from head to toe, both institutes also perform case-file studies and consultations. Although both institutes possess specialist knowledge and have experience in examining minors who are suspected victims of sexual violence, the police and PPS are not obliged to call on their expertise in cases involving sex offences against underage victims. The Directive on the Investigation and Prosecution of Sexual Abuse states that the police have a permanent relationship with a medical service or forensic doctor who can be consulted in the event of sex offences.<sup>166</sup> It therefore differs from one region to another whether the police cooperate with a forensic paediatrician, with a forensic doctor from the municipal health service, with a paediatrician in an academic hospital or with another doctor. In the absence of a requirement to use forensic paediatric expertise when there are suspicions of sexual violence against children, there are major differences between the police regions in terms of the type of doctor that performs these examinations.

There are therefore a number of concerns to be expressed regarding the forensic medical examination of underage victims of sexual violence. First, such an investigation demands expertise, preferably that of doctors with knowledge of both forensic examinations and a child's anatomy. The use of such expertise is currently not mandatory, which means that many children are not examined by such a specialist. The result of this could be that trace evidence and injuries are either not recognized as being caused by sexual violence or are incorrectly assumed to have been caused by sexual violence. In addition, it is often the case that no trace evidence or injuries are found in underage victims of sexual violence. It is also known that any trace evidence or injuries that do exist quickly disappear, so it is important for victims to be examined as quickly as possible.

161 Gezondheidsraad (2013), p. 64.

162 Buysse, et al. (2011), p. 70.

163 Parliamentary Documents II 2013/14, 33 750 XVI, no. 60.

164 At the FPKM these are known as forensic paediatricians, but the NFI refers to forensic doctors specializing in children. The two functions are essentially the same.

165 There are no additional costs for the police and PPS to call in forensic doctors from the NFI. The situation is different with respect to hiring the services of private institutions such as the FPKM. The Minister of Security and Justice has made funds available for the next three years to enable the police and PPS to use the expertise of private agencies in investigations of child abuse, including sexual violence against children. See Parliamentary Documents II 2013/14, 33 750 VI, no. 28, p. 5.

166 *Government Gazette* 2010, 19123, p. 4.



### Seizure of data carriers

Like forensic medical evidence, digital evidence on data carriers can make an important contribution to proving a sex offence case. In the First Report on Child Pornography, the National Rapporteur recommended that the data carriers of the suspect should always be confiscated if there is a suspicion of a sex offence involving underage victims. Although data carriers are now seized more often, there are differences in the practices of police teams in different regions.<sup>167</sup> Whereas in some regions, data carriers will be confiscated as a matter of course, in other regions they are only seized when there is a clear relationship between the suspicion and possible evidence on data carriers. A factor in this is that data carriers are usually seized on the basis of Article 551 DCCP, in other words with the consent of the suspect. If the suspect refuses to give his or her consent, however, there are differences between the regions in how the PPS reacts.<sup>168</sup> Capacity is also an issue: confiscated data carriers have to be examined, which takes up a lot of time and capacity. Some vice teams therefore feel they have to be selective in their response to the Rapporteur's recommendation and data carriers are only seized if there is a reason to suspect that they may contain evidence.

That data carriers are only seized in a minority of cases in which there has been a report of sexual violence against children is also apparent from the dataset from the Hollands-Midden police region, where data carriers were confiscated in 25% (N = 81) of reports of hands-off offences in the period 2011-2012. With hands-on offences, data carriers were only seized in 5% (N = 23) of cases. When there was a combination of a hands-on and a hands-off offence, data carriers were seized in 38% (N = 8) of cases.<sup>169</sup> It should be noted here that not all reports lead to actual charges, so confiscation is not always possible.<sup>170</sup>

#### 5.2.1.6 The investigation of child pornography

In contrast to other sex offences, it is not usually a complaint that leads to an investigation in child pornography cases. In these cases, complaints are seldom made by the victim shown in the images; the cases are usually forwarded to the police regions by the police's national steering group, which learns of the cases from international investigations or from the Hotline combating Child Pornography on the Internet, for example. The regional forces also occasionally uncover cases involving aspects of child pornography in the course of an investigation into another sex offence. There is a separate structure, independent of the vice police, for the investigation of child pornography and child sex tourism. These offences fall under the National Programme to Combat Child Pornography and Child Sex Tourism (NPK-K)<sup>171</sup> and are investigated by a national team and ten regional teams. The NPKK has been set two specific objectives by the Minister of Security and Justice: (1) to increase the number of suspects reported to the PPS by 25% in the period 2010-2014, and (2) to shift the focus from downloaders and viewers to the manufacturers and distributors of child pornography.<sup>172</sup> In practice, it has been found that these two

167 Verbal information from the police and PPS, 7 April 2014.

168 Written information from the police, 23 April 2014.

169  $\chi^2$ : 86.83; df: 2; p: 0.00.

170 It is impossible to determine from the dataset how many reports led to a specific suspicion.

171 The NPKK is the successor to the Improving Efforts to Tackle Child Pornography Programme (PVAKP) that ran from 2008-2012. The PVAKP was mainly supportive in nature, while the NPKK has been given a more directive role. The NPKK will run from 2012-2014.

172 Progress report on child pornography and child sex tourism [Voortgangsrapportage kinderpornografie en kinderseksuïerisme], 6 May 2013, p. 2.

objectives are sometimes at odds: investigations aimed at identifying victims take up a lot of time and capacity, which conflicts with the aim of increasing the number of suspects reported to the PPS by 25%. In the period 2011-2012, the Hollands-Midden region registered 82 reports of child pornography, of which 28 (34%) were ultimately forwarded to the PPS.

#### *Tactical steering group*

In 2012, the police and PPS formed a joint tactical steering group to tackle child pornography at a national level.<sup>173</sup> On the basis of detailed procedures, the tactical steering group weighs, directs and monitors all cases of child pornography and child sex tourism in the country.<sup>174</sup> This national oversight plays an important role in meeting the quantitative target of forwarding 25% more cases to the PPS, helps shift the focus to more serious cases involving abusers and distributors, and also aids in the identification of victims.<sup>175</sup> If a team is dealing with a major case, the steering group can quickly assign capacity from another team to assist it.

Child pornography cases and other sex offence cases are not always strictly separated, and there are increasingly online aspects to sex offence cases. Depending on the case, the vice team or the child pornography team will lead the investigation and request assistance from the other team. Technological developments allow downloaders and distributors of child pornography to remain out of sight of the authorities, thus reducing their risk of being caught. Whereas criminals make unlimited use of botnets, darknets and anonymous surfing, the police are bound by statutory restrictions in their investigation. On 13 May 2013, the consultation procedure commenced for the Computer Crime III Bill, which is intended to give the police greater powers in investigating child pornography.<sup>176</sup>

#### *Computer Crime III Bill*

The aim of the bill is to enhance the legal instruments for investigating and prosecuting cyber crime, including child pornography. The bill includes the following specific powers for investigators: remote covert hacking into computers, expansion of the powers to block access to data, and the power to issue a decryption order, by which the suspect can be ordered to allow access to encrypted electronic data.

#### 5.2.1.7 The disposition of cases by the police

The data from the Hollands-Midden region show how the police dealt with each report.<sup>177</sup> The following figure shows the various methods of disposition.

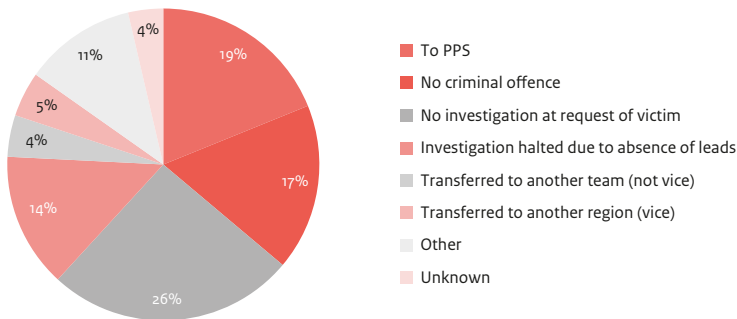
173 Parliamentary Documents II 2012/13, 31 015, no. 81.

174 Ministerie van Veiligheid en Justitie (2013), p. 25.

175 Parliamentary Documents II 2012/13, 31 015, no. 81.

176 Draft Bill on Computer Crime III, <https://www.internetconsultatie.nl/computercriminaliteit>.

177 In the Zuid-Holland-Zuid dataset, because of the method of registration, it is not possible to conclude with certainty what a complaint involved, so these complaints are not included.



**Figure 5.9 Disposition of reports by the police (N = 880)**

Source: Dataset of Hollands-Midden police 2011-2012

The investigation into more than a quarter of the reports was halted or not even started because the victim refused to cooperate with the investigation, usually because he or she would not make a complaint. The option of launching an ex officio investigation was almost never taken in such cases (see §5.2.1.4) and the police intervention in the victim's case ended. Almost a fifth of all reports led to the case file being sent to the PPS. Accordingly, for the other 57% to 81% of the reported victims,<sup>178</sup> the legal process ended with the police.

In 17% of the reports the police noted that there was no criminal offence. This was sometimes clear from the transcript of the report, for example where a person had reported someone behaving strangely in a playground. Because some reports did not involve a criminal offence but did give cause for concern, in some cases action was taken to prevent the subject of the report from continuing his behaviour.<sup>179</sup> For example, a number of times the 'accused' was interviewed, and in some cases the neighbourhood police officer was alerted.

In another 14% of the cases, an investigation was started but was then halted in of the absence of any leads. On six occasions, the case was submitted to the National Expertise Group for Special Sexual Assault Cases (Landelijke Expertisegroep Bijzondere Zedenzaken, LEBZ), which recommended halting the investigation.

### The LEBZ

The National Expertise Group for Special Sexual Assault Cases is a multidisciplinary group of experts<sup>180</sup> that can be consulted for an assessment of the veracity of the claims in certain vice cases and to give advice. Before decisions are made during the investigation, the LEBZ must be con-

178 On the basis of the registration by Hollands-Midden it is clear for 19% of the reports that cases were sent to the PPS. With the categories 'transfer to another team' (4%), 'transfer to another region' (5%), 'unknown' (4%) and 'other' (11%) it is impossible to tell from the records whether a file was ultimately sent to the PPS.

179 This only occurs when the police are certain that the accused is also threatening to do wrong. There must then be some facts to support the accusation. Written information from the police, 22 April 2014.

180 These are clinical psychologists, developmental psychologists, remedial teachers, cognitive psychologists, functional learning psychologists, legal psychologists, vice detectives and behavioural experts from the National Police Services Agency (Korps Landelijke Politiediensten, KLPD).

sulted if there are aspects of a complaint that display recollections of sexual abuse dating from before a person's third birthday, ritual abuse or recovered memories.<sup>181</sup> In the case of complaints of other sex offences, the LEBZ may be consulted, for example in the event of accusations of sexual abuse after a divorce or sexual abuse that occurred more than eight years previously. In principle, the LEBZ is consulted before the accused is arrested. The LEBZ's advice is not binding, but it is usually followed by the public prosecutor. The LEBZ was established in October 1999 for the purpose of ensuring that people who were accused of sexual abuse were not arrested without due consideration.

#### *The handling of complaints*

There were 214 cases in which a complaint was made, in 55% of which the police sent the file to the PPS.<sup>182</sup> Of the 96 complaints that were not sent to the PPS, 38 contained too few leads for investigation. In 23 cases, the case file was assigned to a different team (not a vice team); these included many cases of indecent exposure that were dealt with by the regular police.<sup>183</sup> A large number of these 23 cases will ultimately have been sent to the PPS, but it is impossible to tell how many from the dataset because they were not forwarded by the vice police.<sup>184</sup> Eight other cases were transferred to the vice team in a different region after the complaint. It was also impossible to see from the data whether that police region ultimately sent the case to the PPS. The figure of 55% for the proportion of complaints that were sent to the PPS therefore represents a minimum.

The fact that a case was sent to the PPS does not mean that the suspect was actually prosecuted (for the figures on prosecutions, see [Chapter 6](#)). Although the follow-up by the PPS is beyond the scope of this study, in some reports (N = 10) it was already stated that the case would not be prosecuted.

#### *Different offences, different dispositions*

As the figure below shows, the disposition of a case differs according to whether it concerned a hands-on or a hands-off offence, and there are also differences depending on whether the accused was a stranger or was known to the victim. For example, reports of hands-on offences committed by an acquaintance of the victim were sent to the PPS more often (24%) than reports of hands-off offences committed by an acquaintance of the victim (10%). Hands-on offences that, according to the victim, were committed by a stranger were also sent to the PPS more often (22%) than reports of hands-off offences committed by strangers (3%).<sup>185</sup> At the same time, investigations involving hands-on sex offences where the victim and accused knew each other were halted or were not even started more often than hands-off offences

181 *Government Gazette* 2010, 19123, annex 3.

182 Of the reports where no complaint was made, only 3.4% of the files were sent to the PPS.  $\chi^2$ : 292,85; df: 1; p: 0,00.

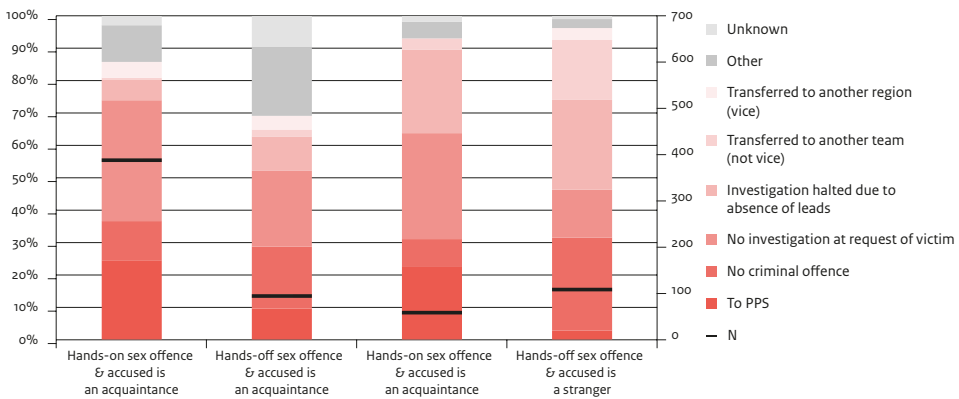
183 Although the regular police ('Blue'), can record the complaint of indecent exposure, the vice detective must be informed as soon as possible, and steps in the investigation, including at least interviewing the suspect, must be carried out by a competent vice detective (*Government Gazette* 2010, 19123, p. 2).

184 In all cases where the vice police interviewed a suspect in a case of indecent exposure, the case was sent by 'Blue' to the PPS. Written information from the police, 22 April 2014.

185 F: 11,32; df: 3; p: 0,00; p(difference 'hands-on by acquaintance' and 'hands-off by acquaintance') < 0,01; p(difference 'hands-on by acquaintance' and 'hands-off by stranger') < 0,01; p(difference 'hands-on by stranger' and 'hands-off by stranger') < 0,01.

because the victim would no longer cooperate with the investigation.<sup>186</sup> With reports of hands-off sex offences, it was found more often than in hands-on cases that there was no criminal offence when the accused was a stranger.<sup>187</sup>

Another striking finding from the figure below is that cases involving hands-off sex offences in which the accused was a stranger were regularly transferred to another team (not a vice team). These were mainly cases involving indecent exposure, which, according to the Directive on the Investigation and Prosecution of Sexual Abuse, do not have to be dealt with by the vice police but can be handled by the regular police (with the exception of the interview with the suspect). As a rule, these cases are then sent to the PPS.<sup>188</sup>



**Figure 5.10 Connection between the nature of the reported offence, the victim-accused relationship and disposition of the case**

Source: Dataset of Hollands-Midden police 2011-2012

### 5.2.2 Conclusion: number of cases ending in the investigation segment of the funnel

This section has described the segment of the funnel relating to reports of sexual violence against children made to the police. In the absence of a national police register, the data in this chapter are based on the Rapporteur's own research in two former police regions. The picture that emerged is that most reports of sexual violence against children concerned hands-on offences where the victim and accused knew one another. Almost four in five victims were girls, most of them aged between twelve and eighteen. On average, male victims were younger; the largest group were of primary school age (from four to twelve). According to information from the notifiers, only 2% of the alleged perpetrators (the accused) were women. One in five of the accused was a minor at the time of the reported offence.

186 F: 7,95; df: 3;  $p < 0,01$ ;  $p(\text{difference 'hands-on by acquaintance' and 'hands-off by acquaintance'}) < 0,05$ ;  $p(\text{difference 'hands-on by acquaintance' and 'hands-off by stranger'}) < 0,01$ .

187 F: 7,09; df: 3;  $p < 0,01$ ;  $p(\text{difference 'hands-off by stranger' and 'hands-on by acquaintance'}) < 0,01$ ;  $p(\text{difference 'hands-off by stranger' and 'hands-on by stranger'}) < 0,01$ .

188 Written information from the police, 22 April 2014.

In 72% of the cases the police conducted a preliminary interview with the notifier. Preliminary interviews were held more often with notifiers of hands-on offences than with persons who reported hands-off offences.

Only three in ten notifiers with whom a preliminary interview was held ultimately made a formal complaint. Victims of hands-on sex offences were more likely to make a complaint than victims of hands-off offences. When the victim and accused knew one another, the victim made a complaint less often than when the victim and accused were strangers. Although the police can start an investigation (*ex officio*) without a complaint, they rarely make use of this option.

As many as seven in ten preliminary interviews were not followed up with a complaint. The preliminary interview therefore appears to constitute a serious obstacle to making a complaint. There seem to be three factors in this:

- according to the Directive on the Investigation and Prosecution of Sexual Abuse, many different topics, including the disadvantages of making a complaint, must be addressed during the preliminary interview;
- in principle, every victim is given a reflection period of two weeks, even those who have already been considering whether to go to the police for a long time;
- a relatively heavy emphasis is placed on false complaints, which could cause victims to feel they are being taken less seriously and therefore decide not to make a complaint.

In principle, the complaint marks the start of the investigation. Sex offences are often difficult to prove. The statement by the victim is often one of the most important pieces of evidence in these cases. For the statement to be useful, it is important that the victim has not been influenced, which can create tension when the child is already being treated by a therapist, with the resulting possibility that they will have been influenced. Close consultation between the social services and police can ensure that the various interests are respected as far as possible.

In addition to the statements of the victim and other witnesses, the existence of forensic evidence on or in the body of the victim can prove very valuable. The forensic medical examination of children who might have been victims of sexual violence requires special expertise, preferably that of forensic paediatric doctors. The use of such expertise is not currently a requirement, however, and as a consequence trace evidence and physical injuries caused by sexual violence are not recognized or, on the other hand, trace evidence or injuries are wrongly attributed to sexual violence. The expertise of doctors with forensic paediatric training and expertise can help in discovering the truth and consultation with a doctor who possesses such expertise should therefore be mandatory in investigations into hands-on sexual violence against children.

Almost a fifth of all reports of sexual violence against children are sent to the PPS. Common reasons for halting an investigation or not even starting one were that the victim refused to cooperate with the investigation, a finding that there was no criminal offence or that there were too few leads to investigate. Reports of hands-on offences were sent most often to the PPS. The following chapter examines the prosecution and trial of cases, discussing how the PPS handles the cases it registers and how the courts reach their decision in those cases that come to trial.

### 5.3 Decisions depicted

This section discusses the decisions that are relevant to the segment of the funnel that has been discussed in chapter 5: the reports that are made to the AMK and the police about sexual violence against children and the investigation that is instituted in response to those reports. The two decisions that are central to this process, as described in [Chapter 1](#), are the following:

- whether or not to investigate a case of sexual violence that is reported;
- whether or not to confirm the case of sexual violence that has been investigated.
- A third decision that has to be made by the AMK was also discussed, i.e., whether the case should or should not be referred to the social services on the basis of the AMK investigation.

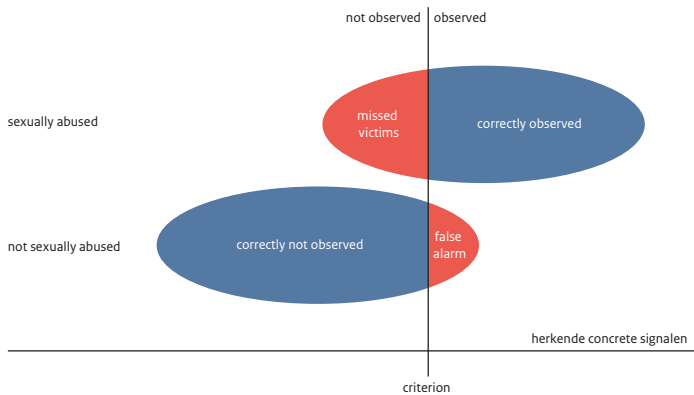
As in the previous chapters, the decisions are good when (a) the information on which the decision is based is as sound as possible and (b) the criterion adopted for the decision (conservative or liberal) is appropriate to the desired outcome.

#### *AMK: whether or not to investigate sexual abuse*

We refer here to sexual abuse because the AMK is usually confronted with sexual abuse that occurs in domestic circles. The AMK's decision on whether or not to investigate a report of sexual abuse was described in [Chapter 4](#), because, in principle, it is made at the moment the AMK receives a report and decides whether it should give advice, offer a consultation or conduct an investigation. It became clear in that chapter that the AMK accepts fewer reports of situations of sexual abuse for investigation than other situations of abuse. This could be because the information provided relatively often contains too few concrete leads for the AMK to start an investigation.

#### *AMK: whether or not to confirm the sexual abuse after the investigation*

Once the AMK has investigated a report, its information position improves: it speaks to the child, family members, relevant professionals and sometimes other third parties. The AMK has to ascertain, on the basis of the additional specific indications that emerge from its own investigation, whether or not sexual abuse is occurring (or has occurred). [Figure 5.11](#) illustrates this decision. After the investigation, the AMK can make a clearer distinction between the group of children who have been sexually abused (and for whom further investigation is therefore necessary) and the group of children who have not been abused (in which case the report will ideally not be accepted) than is possible at the time if first receives the report and has to make this distinction on the basis of the information from the notifier as shown in [Figure 4.12](#). This is illustrated in [Figure 5.11](#), which shows that the two groups are further apart. Sexually abused children whose situation is investigated by the AMK might correctly be seen by the AMK as victims of sexual abuse ('correctly observed'), might wrongly not be seen ('missed victims'), might be wrongly seen ('false alarm') or might correctly not be seen ('correctly not observed'). [Figure 5.11](#) illustrates the fact that with the investigation, the AMK is better able to correctly observe in a larger group that sexual abuse is occurring or that it is not, but at the same time, it still misses a substantial group, for whom the indications are still not sufficiently concrete for a finding of sexual abuse even after the investigation. Ideally, therefore, the AMK should receive more concrete indications of sexual abuse from victims and then be able to confirm them with the investigation, so that the group of correctly identified victims becomes larger ([Figure 5.11](#): the top group 'sexual abuse' should move to the right).



**Figure 5.11** Decisions on a finding of sexual abuse

In this chapter, we have analysed the reports in the period 2008-2012 that led to an investigation and which gave rise to a suspicion of sexual abuse at the time of the report or later during the investigation. The AMK found at the conclusion of its investigations that more than half (54%) of the 6,789 children involved in these reports had been sexually abused (Figure 5.11: these are the groups 'correctly observed' and 'false alarm' together). Of these children, the group who were only sexually abused is the group in which the AMK found sexual abuse relatively most often (66%). This might be because the information about this group came relatively often from the police and therefore often contained fairly clear indications. In the group of children whose parents had problems in their relationship, sexual abuse was found least often at the conclusion of the investigation (36%), which could be connected with the often conflicting information provided by those involved, with which the AMK is less often able to do anything.

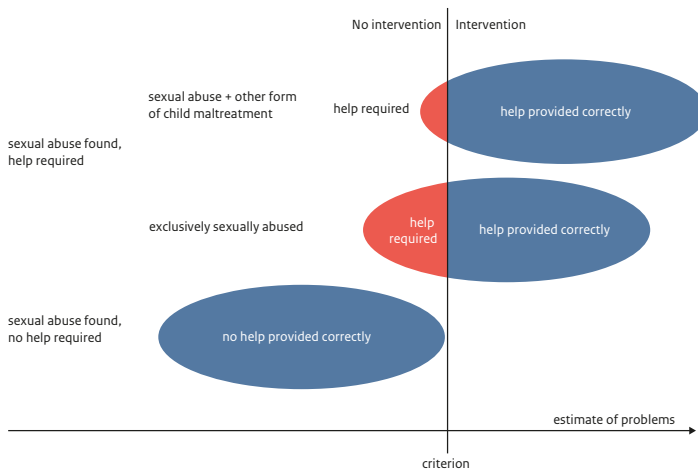
*AMK: whether or not to refer to social services*

Given the AMK's central role in the funnel model used in this report, it is also relevant to enquire here about the degree to which the AMK refers victims to the social services (on a voluntary or mandatory basis) after concluding an investigation. This means that there is a third decision (which is also similar to the eighth decision mentioned in [Chapter 1](#)):

- whether or not to refer to social services if sexual abuse is found.

Further steps were taken in the social services circuit for almost two-thirds (65%) of the children; 52% on a voluntary basis and 13% on a mandatory basis (RvdK). Looking at the four distinct groups of children, it can be seen that children who were found to have experienced other forms of maltreatment in addition to sexual abuse are referred far more often to the social services by the AMK than children who have only been sexually abused. The AMK seems less able to clearly distinguish the latter population as requiring help. See Figure 5.12, in which help refers to both voluntary and mandatory help.





**Figure 5.12** Decisions on referral to social services

The AMK refers fewer children to the social services, on both a voluntary and mandatory basis, if there is only sexual abuse and there are no other forms of maltreatment. This does not necessarily mean that the AMK regards sexual abuse on its own as a less serious form of child abuse or as a form that creates less of a need for help than other forms of abuse. It is possible that the AMK correctly has confidence in the capacity of the family to resolve problems itself; however, another reason for this reticence could be that the sexual abuse is less readily admitted by the relevant family members and/or the family is less willing to accept help, with the result that the AMK must make a decision to intervene purely on the basis of its own findings. That is difficult and perhaps leads to fewer interventions than desirable with respect to findings of sexual abuse. The criterion for the decision on whether to refer a case to social services when sexual abuse has been found is therefore relatively conservative (Figure 5.12: the AMK's criterion for the decision should therefore move to the left). On the basis of the figures, it could be concluded, albeit cautiously, that the AMK should rely more on its own findings that there is or has been sexual abuse, and should refer cases to the social services more often.

*Police: investigations of sexual violence*

It seems that most cases of sexual violence against children are not reported to the police (Chapter 4), but even the reports that are made to the police do not necessarily lead to investigation and prosecution.

When a report of sexual violence against children is made, the police do not immediately know whether a criminal offence has actually been committed. They must first conduct an investigation. The figure below concerns the decision by the police on whether or not to start an investigation. There are two grounds on which the police can launch an investigation: after a complaint or ex officio. Only a minority of the victims or their parents make a complaint, and ex officio investigations are very rarely launched. Roughly three in ten reports ultimately lead to a criminal investigation.

Three factors seem to play a role in this: (1) the so-called preliminary interview, which in principle takes place after the report is made, focuses mainly on the disadvantages of making a complaint; (2) the fact that in principle every victim is given a two-week reflection period, and (3) the emphasis on false complaints. The fact that only three in ten victims make a complaint after reporting to the police could lead to the conclusion that the threshold for filing a complaint is high.

Even without a complaint, the police can still decide to launch an *ex officio* investigation. On the basis of the Directive on the Investigation and Prosecution of Sexual Abuse, the criterion for doing so is 'if the mental and/or physical integrity of the individual concerned is or will be seriously threatened or the person concerned is evidently in a position of dependence. The same applies when the public interest requires it.' Particularly when reports concern hands-on offences committed against a child, one would think that this requirement would quickly be met. The police, however, make scarcely any use of the possibility of instituting an *ex officio* investigation, despite the fact that the requirements for conducting such an investigation in the Directive on the Investigation and Prosecution of Sexual Abuse can be broadly interpreted.

The criterion the police adopt for starting a criminal investigation is therefore conservative: an investigation is started only after a formal complaint, for which there is a high threshold – and an *ex officio* investigation is rarely launched. Apparently, the police themselves regard the threshold as high. The point of departure should be a more liberal criterion: investigate reports of sexual violence whenever possible, especially since the threshold for victims to disclose abuse is already high (Chapters 3 and 4). After all, the two groups 'sexual violence' and 'no sexual violence' can only be distinguished once the police have conducted an investigation. Adopting a more liberal criterion means that more reports will be investigated, including reports which, after investigation, produce no evidence that sexual violence took place ('false alarm'). At the same time, by adopting a more liberal criterion, more reports will also be investigated in which it is found that sexual violence has occurred.

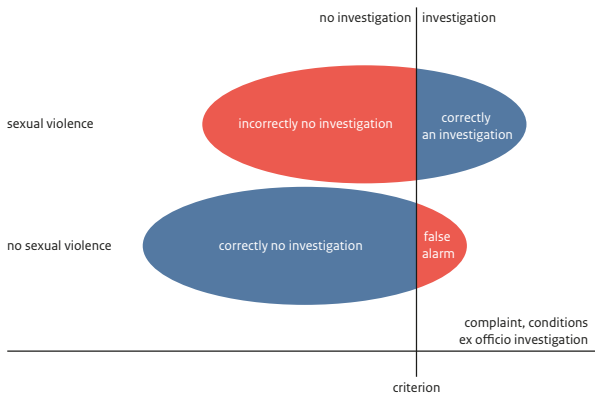


Figure 5.13 Decisions on the investigation of a report

*Police: confirmation of sexual violence*

The aim of a criminal investigation is to find the truth: What precisely happened? Was there sexual violence or not? The extent to which evidence is found to support the complaint then determines whether the complaint can be confirmed by the police. That evidence might be found in a statement by the victim, in forensic evidence that is found or on data carriers, for example. A minority of the reports of sexual violence lead to an investigation, but a majority of the investigations lead to a case file being sent to the PPS, which generally means that the police believe a criminal offence was committed. Fewer than one in five complaints that are investigated lead to the conclusion that there not enough leads for an investigation.

Then the criterion. To determine whether the police readily send a case to the PPS, signifying that there is sufficient evidence to support the case (for the police at least), it is necessary to look ahead to [Chapter 6](#), which shows that in 40% of the cases forwarded by the police, the public prosecutor decides not to prosecute, usually for lack of evidence.

The public prosecutor often looks at the case more objectively, and, as it were, forms an additional filter. The fact that in 40% of cases this leads to a decision not to prosecute justifies the conclusion that the police adopt a liberal criterion when it comes to confirming sexual violence. This is appropriate to what is desirable, since it is ultimately for the public prosecutor to decide whether there are sufficient grounds to prosecute a suspect.

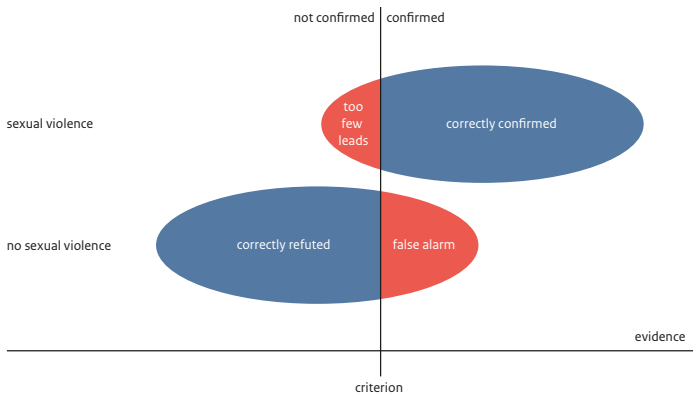
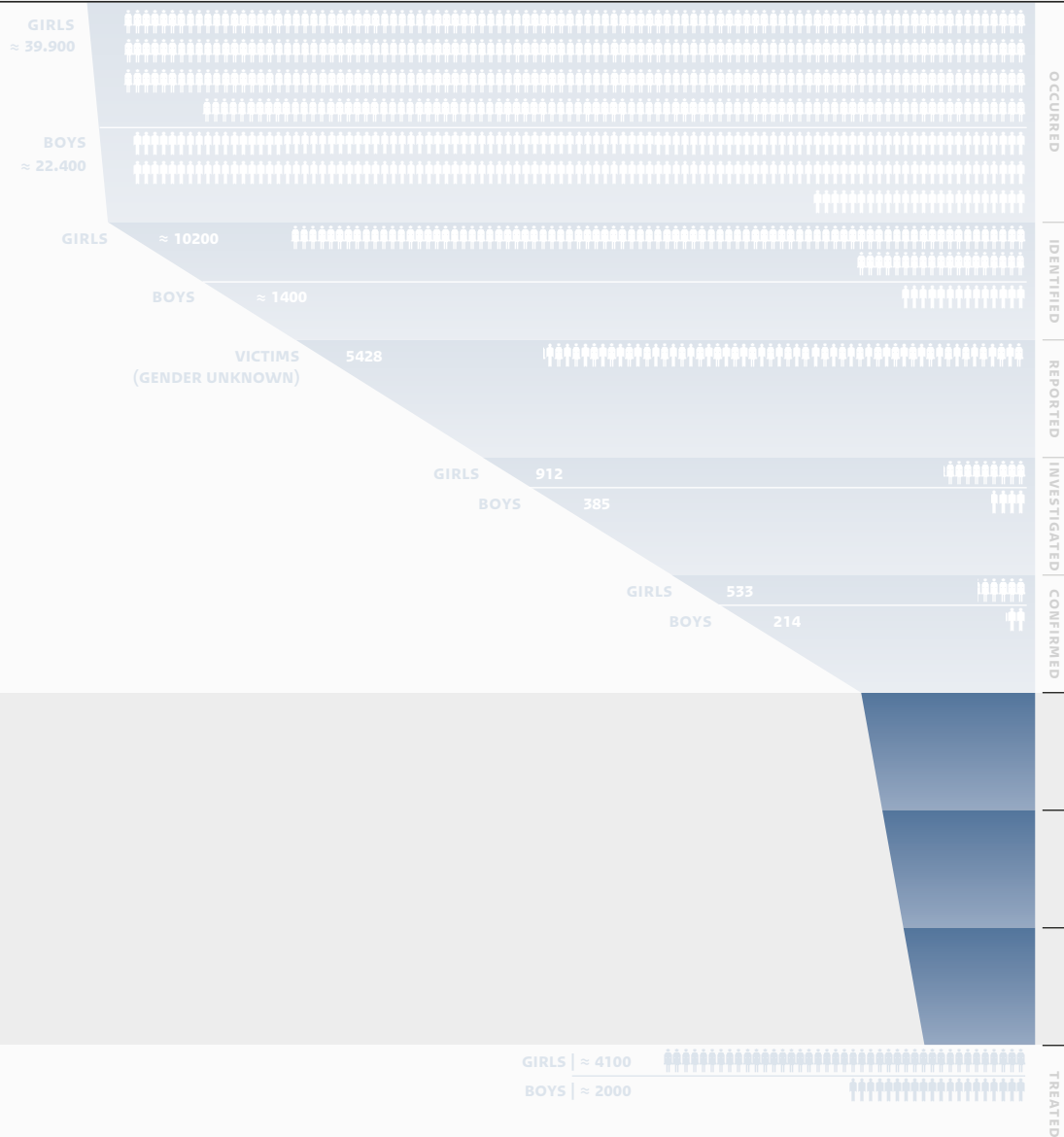


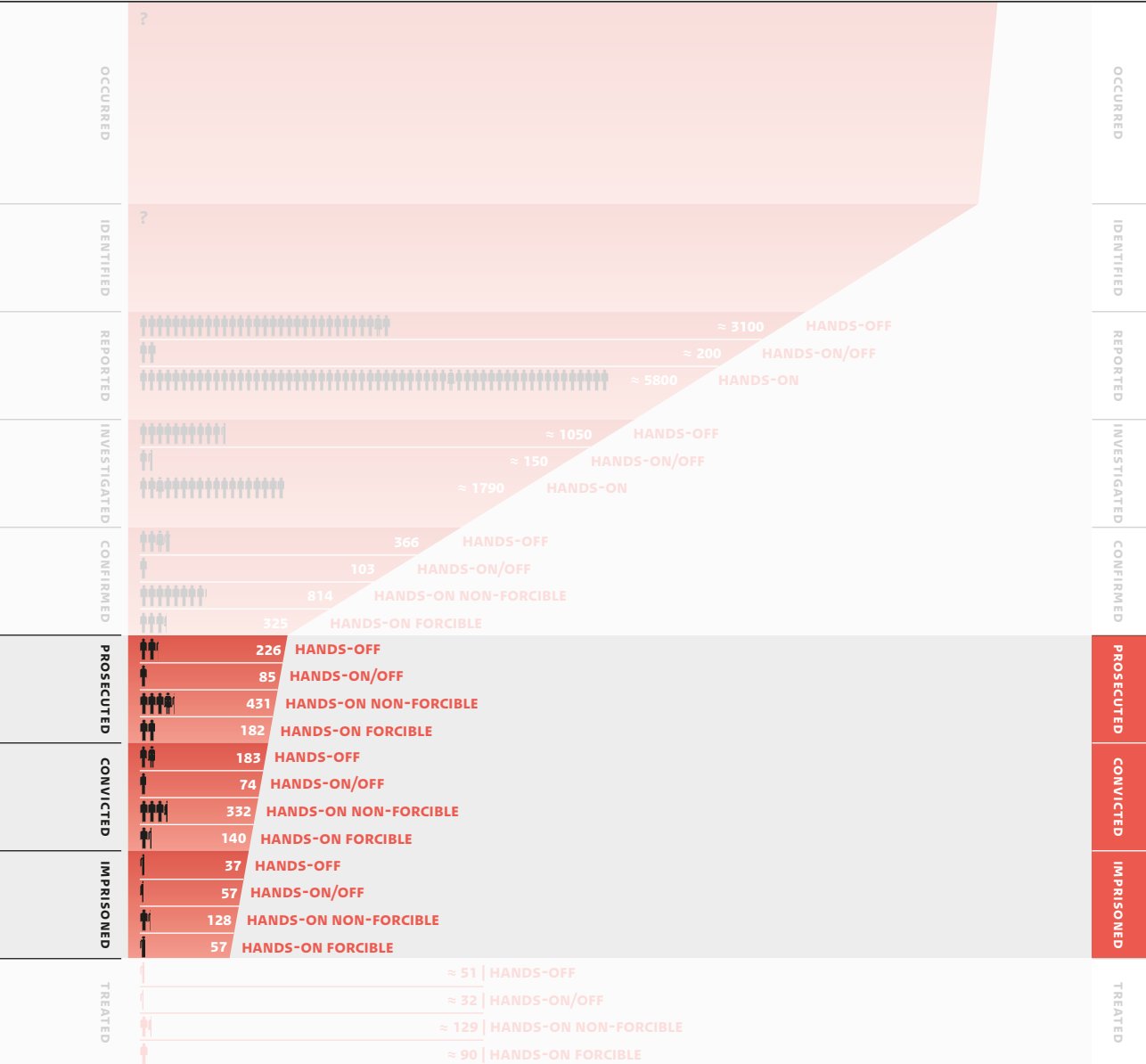
Figure 5.14 Decisions on confirming sexual violence

# 6 Prosecution and trial

## VICTIMS



OFFENDERS



In the previous chapters, we have seen that sexual violence against children is rarely identified, and that even fewer cases are reported to the police. Only a minority of these reports then lead to a criminal investigation and the forwarding of a case to the Public Prosecution Service (PPS). That brings us to the next three steps in the funnel:

- How many suspects are ultimately summoned by the PPS (§6.2.2)?
- How many suspects are convicted of a form of sexual violence against children by the courts (§6.3.1)?
- How many of the convicted offenders receive prison sentences (§6.3.2)?

In this chapter, the focus is on these questions and, for a thorough analysis, the questions that have to be answered before each of these three steps in the funnel. For example, for how many suspects is an advisory report produced by the probation services, the Child Care and Protection Board (*Raad voor de Kinderbescherming*, RvdK) or the Netherlands Institute of Forensic Psychiatry and Psychology (*Nederlands Instituut voor Forensische Psychiatrie en Psychologie*, NIFP) (§6.2.3)? And what do the courts do with the recommendations of these organizations? Relevant aspects of these questions are discussed in more detail, for example regarding the number of detentions under an entrustment order (TBS orders) that are recommended and imposed.

## 6.1 Developments in categories of sex offence cases

In assessing developments in the prosecution and trial segment of the funnel, what stands out is the decline in the number of suspects registered by the PPS in the period 2008-2012.<sup>1</sup> During that period, the number of suspects who were summoned declined<sup>2</sup> by even more than the number of registered cases.<sup>3</sup> In other words, the number of writs being issued declined in relative terms. However, the number of convictions did not decline<sup>4</sup> more rapidly than the number of registered cases, which means that although the PPS prosecuted fewer cases, the conviction rate in relation to the number of registered cases had not fallen. It therefore seems as though the PPS has become better able to distinguish cases that are likely to lead to a successful prosecution. The percentage of wholly or partially unconditional custodial sentences imposed in relation to the number of convictions rose in this period.<sup>5</sup> In other words, there is an evident trend towards heavier sentences. These developments are illustrated in Figure 6.1, where four different categories of sex offence cases are distinguished.

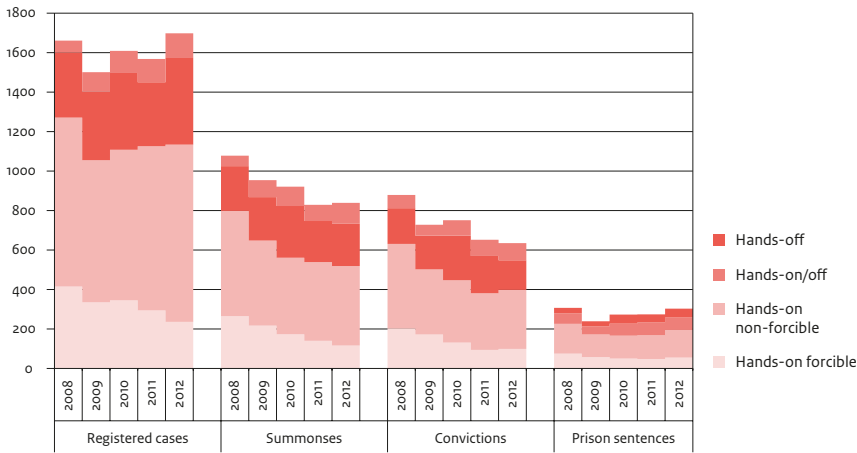
1 Wald  $\chi^2$ : 5.7; df: 1; p: 0.017.

2 Wald  $\chi^2$ : 12.3; df: 1; p<0.001.

3 The 95% reliability intervals for the extent of the decline in registered cases and for the extent of the decline in cases in which summonses were issued do not overlap.

4 Wald  $\chi^2$ : 18.0; df: 1; p<0.001.

5 B: 0.05; F: 10.02; df: 1; p<0.01.



**Figure 6.1** Trend in cases prosecuted and tried in 2008-2012, classified by phase and category of case

For each phase, the categories of sex offence cases are arranged from bottom to top according to the relative decline/increase between 2008-2012 (largest decline at the bottom)  
 Source: PPS databases (reference date September 2013)

*Categories of sex offence cases*

Sexual violence against children encompasses various acts that constitute criminal offences under different articles of the Dutch Criminal Code (see §2.1 and Appendix 2). In answering the questions presented above, four categories of sex offence cases are always compared: hands-off, hands-on/off, hands-on non-forcible and hands-on forcible (see the explanations of these categories later in this section). There appear to be differences in how the different categories of sex offence cases are handled by the PPS and the courts of first instance.<sup>6</sup> At every step in the law-enforcement chain, the number of hands-off<sup>7</sup> and hands-on/off<sup>8</sup> cases increases, and the number of hands-on non-forcible<sup>9</sup> and hands-on forcible cases<sup>10</sup> declines. Suspects in hands-on/off cases are summoned most often, followed by suspects of hands-on forcible offences. Suspects of an offence with a hands-off component are convicted most often. The longest prison sentences are imposed on perpetrators in hands-on/off and hands-on forcible cases.

The various forms of sexual violence can be roughly divided into four categories of criminal offences.<sup>11</sup>

- Hands-off: exclusively hands-off offences;<sup>12</sup>

6 The relative decrease/increase in the number of cases in the period 2008-2012 differs for each category of sex offence. Interaction category x year: Wald  $\chi^2$ : 151.1; df: 3;  $p < 0.001$ .

7 Wald  $\chi^2$ : 5.3; df: 1;  $p$ : 0.021.

8 Wald  $\chi^2$ : 35.2; df: 1;  $p < 0.000$ .

9 Wald  $\chi^2$ : 15.1; df: 1;  $p < 0.001$ .

10 Wald  $\chi^2$ : 115.5; df: 1;  $p < 0.001$ .

11 See also §2.1 for a description of the categories.

12 There is at least one of the hands-off offences (Article 240b DCC, Article 248c DCC, Article 248d DCC, Article 248e DCC, Article 250 DCC), but there is no hands-on offence.

- Hands-on/off: a combination of hands-on and hands-off offences;<sup>13</sup>
- Hands-on non-forcible: exclusively hands-on offences where no force has been used;<sup>14</sup>
- Hands-on forcible: exclusively hands-on offences, but where force has been used. This category also embraces persons who are suspected of both hands-on forcible and hands-on non-forcible offences.<sup>15</sup>

This is the classification used throughout this report, and therefore also for the analysis of cases in which the PPS and the courts made decisions in the period 2008-2012. This classification has been adopted in order to make a transparent comparison between the thirteen offences covered in this report (see §2.1). But not all sex offences are necessarily committed against minors (rape and sexual assault, for example). Naturally, in the case of those offences, only those cases involving underage victims have been selected (on the basis of the results of a sample study).<sup>16</sup>

### *The sample study*

With the crimes of rape (Article 242 DCC), sexual assault (Article 246 DCC) and indecent assault on a person who is unconscious, unable to resist or suffering from a mental defect or who is a child (Article 247 DCC), it is impossible to determine from the definition of the offence whether the victim is a minor or an adult.<sup>17</sup> It is also not possible to ascertain this from the national data of the PPS and the NIFP. In the period 2008-2012, the PPS registered 7,980 cases relating to Articles 242, 246 and/or 247 DCC, while 1,701 NIFP case files were related to the same articles. To ascertain how many of these cases involved underage victims, a stratified sample was selected, from which 775 of the PPS's case files<sup>18</sup> and 212 NIFP case files<sup>19</sup> were studied. From 671 PPS files and from all 212 files of the NIFP, it was possible to discover whether the victim was an adult or a minor.

On the basis of the results from the samples, which were the same in both cases, it was decided to also count all cases with underage suspects for all organizations in the law-enforcement chain (PPS, NIFP, RvdK, probation organizations, forensic care), since in more than 80% of cases involving underage suspects, there are underage victims. Cases related exclusively to Article 242 and/or 246

- 
- 13 There is at least one of the hands-off offences (see footnote 12) as well as at least one of the hands-on offences (see footnotes 14 and 15).
- 14 There is one of the hands-on offences where force is not a requirement (Article 244 DCC, Article 245 DCC, Article 247 DCC, Article 248a DCC, Article 248b DCC, Article 249(1) DCC), but no hands-off offence (see footnote 12) or any of the hands-on forcible offences (see footnote 14).
- 15 There is at least one of the hands-on offences where force is a requirement (Article 242 DCC, Article 246 DCC), but there is no hands-off offence (see footnote 12).
- 16 This study is described in [Appendix 1.5](#), together with an explanation of the research method and some reservations that apply to the figures used in this chapter.
- 17 It is also impossible to determine from the definitions of the offences in Articles 243 and 249(2) DCC whether they relate to an underage victim. However, a small survey of [www.rechtspraak.nl](http://www.rechtspraak.nl) gave no reason to include these articles in the sample since it was found that the victims of offences under these articles were almost always adults.
- 18 The ratio of adults to minors among the victims is 50%-50%, the distribution is 242, 246, 247 and the combination of two or more of these articles is 25%-25%-25%-25%, the distribution of the year of registration by the PPS in 2008, 2009, 2010, 2011 and 2012 is 20%-20%-20%-20%-20%.
- 19 The distribution of minors and adults among suspects and articles in the sample for the NIFP was the same as in the sample for the PPS.



DCC, involving adult suspects, often did not involve underage victims. However, in combination with other offences of indecency or with hands-off offences, the percentage of underage victims when adults were suspected of offences under Article 242 and/or 246 DCC was above 80%. Therefore, with adult suspects only those cases were counted where there was a combination of Article 247 and Articles 242 and/or 246 DCC. When there was a combination of an offence under Article 242, 246 or 247 and another sex offence that specifically applies to minors, in more than 80% of cases it was found that the offence under the aforementioned articles also related to a child. Those suspects were therefore also included in the study.

As a result of the sample, underage suspects are over-represented in the hands-on forcible category because all underage suspects of offences under Articles 242, 246 and/or 247 DCC were included, and only adult suspects who were also registered for another sex offence involving a child.<sup>20</sup>

#### *Offences per category of sex offence*

Between 2008 and 2012, a total of 9,260 cases involving suspicions of sexual violence against children were registered by the PPS, disposed of by the PPS and/or disposed of by the courts of first instance.<sup>21</sup> Figures 6.2 to 6.5 show, by category, of which offences a suspect was charged when the case was registered by the PPS. Figure 6.6 provides a complete overview of the registered cases by article number.

Practically all sex offences involving a hands-off component (either exclusively or in combination with hand-on offences) involved child pornography (Article 240b DCC). There were few if any cases of other hands-off offences: attendance at indecent assault involving a minor (Article 248c DCC), corruption of a child under the age of sixteen (Article 248d DCC), grooming of a child under the age of sixteen (Article 248e DCC) and procuring indecent acts with a minor (Article 250 DCC). It should be noted here that corruption and grooming have only been criminal offences since 2010. The number of cases involving these offences will probably grow in the coming years.

In both the hands-on/off and hands-on non-forcible categories, most hands-on offences related to indecency with a person who was physically unable to resist or unable to express his or her will or who was a child under the age of 16 (Article 247 DCC). In the category of hands-on forcible offences, indecent assault (Article 246 DCC) was more common than rape (Article 242 DCC). The hands-on offence of inducing a minor to perform indecent acts (Article 248b DCC) appears very occasionally, and indecent acts with a sixteen- or seventeen-year-old prostitute (Article 248b DCC) almost never.

<sup>20</sup> Either where there was a combination of Article 242 and Article 247 DCC or the combination of Article 246 and Article 247 DCC.

<sup>21</sup> The figure of 9,260 cases is larger than the figure of 8,037 cases that were registered by the PPS in the period 2008-2012 (see §6.2.1), the figure of 7,991 cases that were disposed of by the PPS in the period 2008-2012 (see §6.2.2) and the figure of 4,717 cases that were disposed of by the courts of first instance in the period 2008-2012 (see §6.3.1). It represents the sum of the cases in these three cohorts that partially, but not entirely, overlap, since not all cases that were registered by the PPS in 2012, for example, were also disposed of by the PPS and, where applicable, by the courts of first instance, in that year. And vice versa, not all cases that were disposed of by the courts of first instance in 2008, for example, had also been registered and disposed of by the PPS in that year.

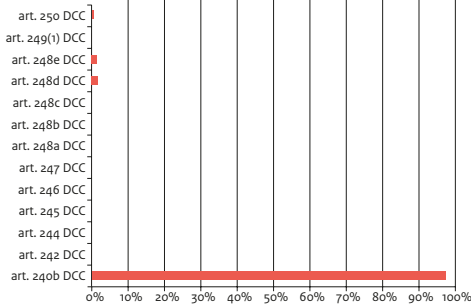


Figure 6.2 hands-off (N: 2,039)

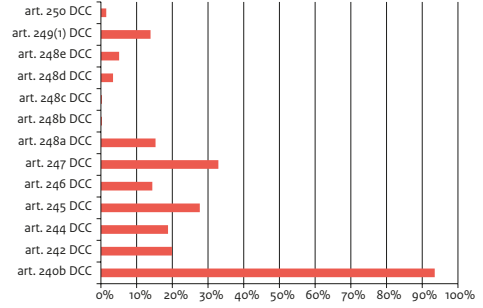


Figure 6.3 hands-on/off (N: 589)

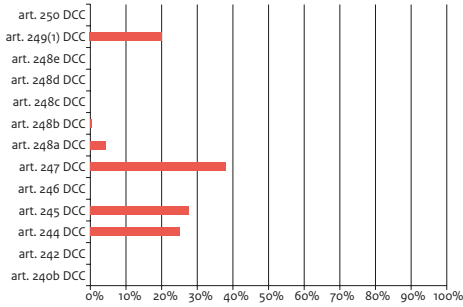


Figure 6.4 hands-on non-forcible (N: 4,778)

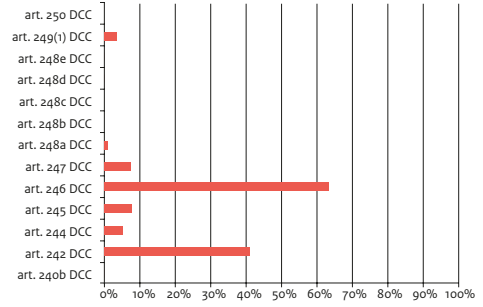


Figure 6.5 hands-on forcible (N: 1,854)

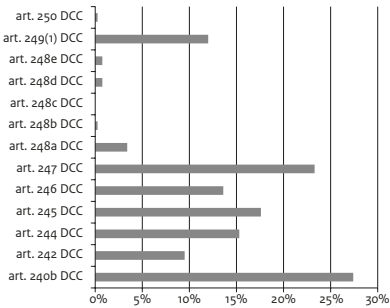


Figure 6.6 total (N: 9,260)

- Article 240b DCC: child pornography
- Article 242 DCC: rape
- Article 244 DCC: sexual penetration of a child under the age of 12
- Article 245 DCC: sexual penetration of a child between the ages of 12 and 16
- Article 246 DCC: indecent assault
- Article 247 DCC: indecent acts with a person who is unable to resist, unable to express his or her will or under the age of 16
- Article 248a DCC: inducing a person under the age of 18 to perform indecent acts
- Article 248b DCC: indecent acts with a prostitute between the ages of 16 and 18
- Article 248c DCC: attendance at indecent assault involving a minor
- Article 248d DCC: corruption of a person under the age of 16
- Article 248e DCC: grooming of a person under the age of 16
- Article 249(1) DCC: indecent assault of a person under the age of 18 with abuse of a position of authority or trust
- Article 250 DCC: procurement of indecent acts with a person under the age of 18

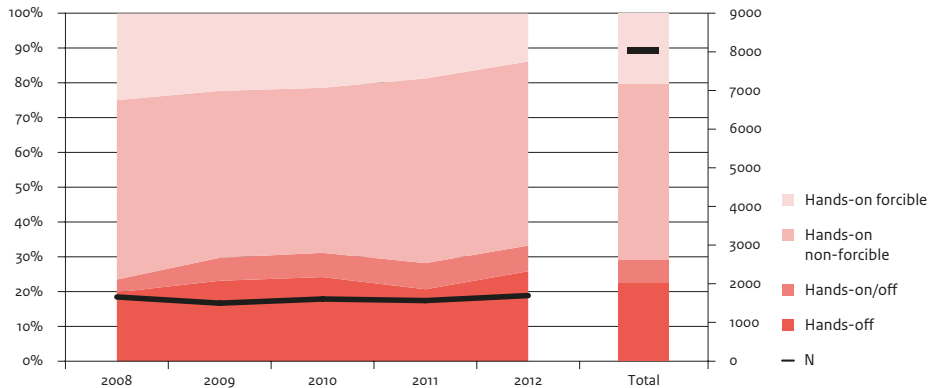
**Figures 6.2 to 6.6 Sex offences suspected at the time of registration by the PPS, by category of sex offence case (2008-2012)**

Source: PPS database (reference date September 2013)

## 6.2 Prosecution

### 6.2.1 Cases registered by the PPS

In the period 2008-2012, 8,037 suspects of sexual violence against children were registered. On average, there were roughly 1,600 cases a year, ranging from 1,501 cases in 2009 to 1,698 cases in 2012. Although the largest number of registered cases was in 2012, there has been a slight downward trend over the period as a whole (see figure 6.1).<sup>22</sup>



**Figure 6.7 Cases registered by the PPS (2008-2012): category of sex offence per year (N = 8,037)**

Source: PPS databases (reference date September 2013)

Half of the cases involve hands-on non-forcible offences, while hands-off offences account for just over a fifth of the cases. The proportion of hands-on forcible cases has declined every year since 2008, almost halving over the five-year period, from 25% in 2008 to 14% in 2012.<sup>23</sup> The hands-on/off category forms the smallest group and accounts for 6% of the cases. There has been an increase in this category, from 4% of cases in 2008 to between 7% and 8% in both 2011 and 2012.<sup>24</sup>

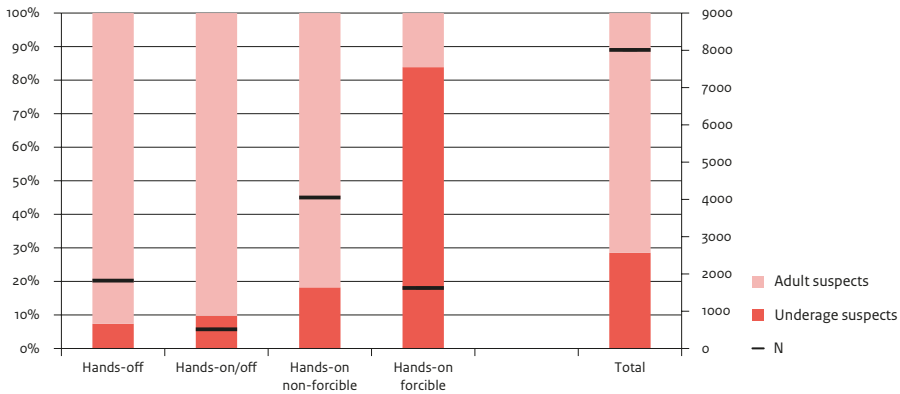
#### Cases registered by the PPS and underage and adult suspects

Figure 6.8 shows the proportion of minors and adults among suspects in each category of offence based on their age at the time of the commission of the first relevant sex offence of which they are suspected. This information was known for 8,011 of the 8,037 suspects.

<sup>22</sup> Wald  $\chi^2$ : 5.7; df: 1; p: 0.017.

<sup>23</sup> F: 18.44; df: 4; p < 0.0.; p(difference '2008-2011') < 0.01; p(difference '2008-2012') < 0.01; p(difference '2009-2012') < 0.01; p(difference '2010-2012') < 0.01; p(difference '2011-2012') < 0.01.

<sup>24</sup> F: 6.89; df: 4; p < 0.01; p(difference '2008-2009') < 0.01; p(difference '2008-2010') < 0.01; p(difference '2008-2011') < 0.01; p(difference '2008-2012') < 0.01.



**Figure 6.8 Cases registered by the PPS (2008-2012): underage and adult suspects per category (N = 8,011)**

Source: PPS databases (reference date September 2013)

In the hands-on forcible category, a large majority of the suspects (84%) are minors, but they are clearly a minority in the other three categories. The Rapporteur's own sample study showed that the victims of adult suspects of hands-on forcible offences tend to be adults and are therefore excluded from the report in most cases (see § 6.1). Consequently, the proportion of underage suspects is far larger in this category. It has also been found that the categories with a hands-off component have the smallest proportion of underage suspects.<sup>25</sup> Although some of the available child pornography is produced by minors (sexting),<sup>26</sup> the children concerned are often not prosecuted for child pornography and these cases are also not registered by the PPS under the article relating to child pornography.

#### *PPS policy towards sexting*

The police and the PPS have encountered a growing quantity of child pornography produced by young people themselves in recent years. Because there were regional differences in the approach adopted in these cases, in 2013 the PPS published the 'Guidelines on the disposition of underage suspects in child pornography cases',<sup>27</sup> which set out the factors that the PPS should take into account in deciding whether or not to prosecute. If the person portrayed and the suspect are both minors (or there is little difference between their ages) and no pressure or coercion has been applied, prosecution is certainly not always in the interest of the individual concerned, according to the guidelines. In such a case, it may be sufficient to delete the material. The situation is different if there is malice aforethought in the production and distribution of the material, if an adult is found to be involved or in cases where pressure or coercion has been used. In those cases, intervention under criminal law seems appropriate. In serious cases, it is logical to prosecute under Article 240b (child pornography), whereas, according to the guidelines, for less serious cases, Article 266 DCC

25 F: 1,721.60; df: 3;  $p < 0.01$ ;  $p(\text{difference 'hands-off' - hands-on non-forcible}) < 0.01$ ;  $p(\text{difference 'hands-off' - hands-on forcible}) < 0.01$ ;  $p(\text{difference 'hands-on/off' - hands-on non-forcible}) < 0.01$ ;  $p(\text{difference 'hands-on/off' - hands-on forcible}) < 0.01$ ;  $p(\text{difference 'hands-on non-forcible' - hands-on forcible}) < 0.01$ .

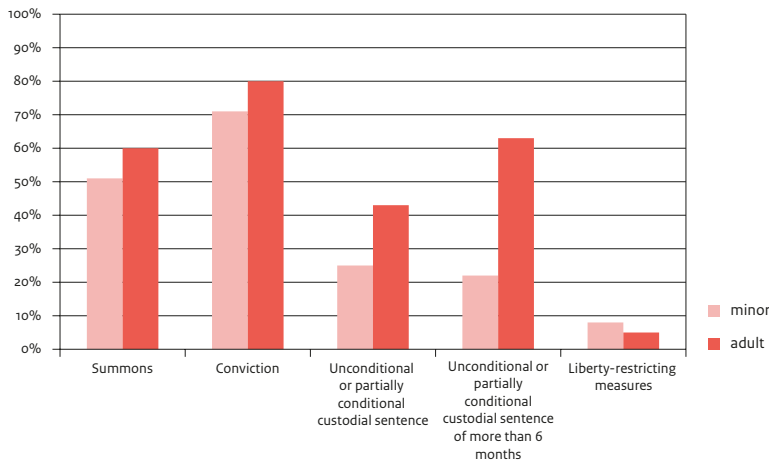
26 National Rapporteur on Trafficking in Human Beings (2011).

27 Only the (abridged) public version of the guidelines has been published, see <http://www.ouders.nl/sites/default/files/pdf/sexting-OM.pdf>, consulted on 8 April 2014.

(defamation) or Article 261 (slander) might also apply. Although the guidelines only took effect in 2013, a similar policy was already being followed in some regions. The fact that there are few underage suspects in the hands-off categories in the PPS data for 2008-2012 is possibly the result of policies towards sexting.

#### *Correcting for the influence of underage suspects on decisions to prosecute and bring to trial*

Figure 6.9 shows that whether a suspect is a minor or an adult has an impact on the decision to prosecute and on the trial, particularly when it comes to sentencing. After all, juvenile criminal law is marked by its pedagogical character, so lengthy custodial sentences are less logical than under the criminal regime for adults, and as the figure clearly shows, minors are less readily summoned, convicted and given lengthy custodial sentences. Interestingly, measures restricting the liberty of a suspects are imposed more often on minors than on adults. All of the differences shown in the figure are significant.<sup>28</sup>



**Figure 6.9** The decisions on prosecution and trial with respect to underage and adult suspects/convicted persons (2008-2012)

Source: PPS databases (reference date September 2013)

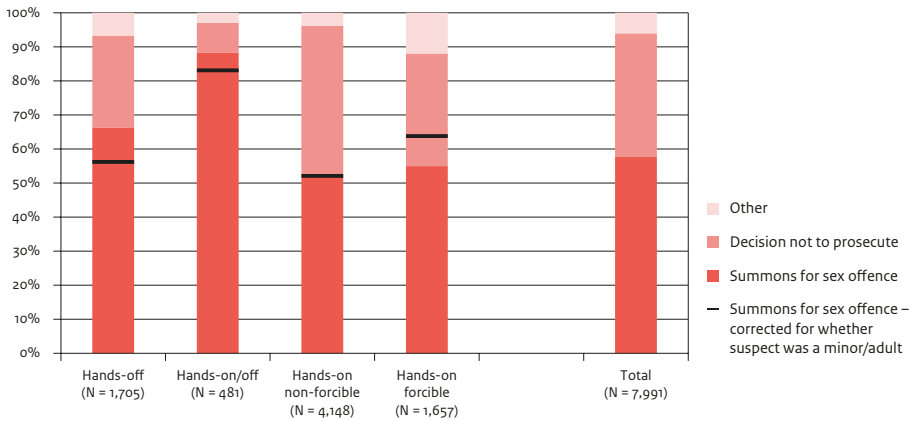
Because Figure 6.9 shows that the pattern of prosecution and trial is different for minors than for adults and because Figure 6.8 shows that the proportion of minors among suspects differs greatly depending on the category of sex offence, the influence of minors on the prosecution and trial statistics will play a greater role in some categories than in others. This effect is always corrected for in the remainder of this chapter.

### 6.2.2 Cases disposed of by the PPS

In the period 2008-2012, the PPS dealt with 7,991 cases in which there was a suspicion of sexual violence against children. Figure 6.10 shows how cases were dealt with in each category. The public prosecutor

28 Summons:  $X^2: 54.73$ ;  $df: 1$ ;  $p < 0.01$ , conviction:  $X^2: 44.41$ ;  $df: 1$ ;  $p < 0.01$ , unconditional or partially conditional custodial sentence:  $X^2: 92.33$ ;  $df: 1$ ;  $p < 0.01$ , unconditional or partially conditional custodial sentence of more than six months:  $X^2: 123.37$ ;  $df: 1$ ;  $p < 0.01$ , liberty-restricting measures:  $X^2: 16.27$ ;  $df: 1$ ;  $p < 0.01$ .

decided to issue a summons for a sex offence in more than half of all cases (58%), and decided not to prosecute (conditionally or otherwise) in just over a third (36%).<sup>29</sup>



**Figure 6.10 Cases disposed of by the PPS (2008-2012): disposition by category (N = 7,991)**

Source: PPS databases (reference date September 2013)

The figure shows that the percentage of cases in which a summons was issued varied according to the category of sex offence. Apart from the fact that the percentage of minors differs greatly from one category to another (see Figure 6.8), it is also apparent that the decision whether or not to issue a summons was influenced by whether the suspect was a minor or an adult (see Figure 6.9). The impact that minors have on whether or not a summons is issued in each category has therefore been corrected for (see § 6.2.1 on the correction for the influence of minor suspects on decisions relating to prosecution and trial). The corrected percentages of summonses issued presented in the figure (the black stripes in each bar) therefore show the actual influence of the category of sex offence on whether or not summonses were issued.<sup>30</sup>

The public prosecutor issued a summons against a suspect most often in the hands-on/off category (83%). The explanation for this probably lies in the fact that, by definition, this category involves at least two offences (and therefore at least two potential charges).<sup>31</sup> A further finding was that suspects of hands-on forcible offences were also summoned more often (64%) than suspects of hands-on non-forcible (52%) or hands-off offences (56%). A possible explanation for the greater number of summonses for hands-on forcible offences is that the use of an act of violence or a threat of violence or a threat of another act is an element of these offences (sexual assault and rape), and there may be traces of the use

29 Other methods of disposition by the PPS are a transaction (N = 169; 2%), transfer of case to another office or country (N = 134; 2%), joinder (N = 131; 2%) and a summons exclusively for offences other than the four categories of sex offences (for example, indecent exposure or not a sex offence at all, such as assault) (N = 49; 1%).

30 F (category of sex offence corrected for victims who are minors): 30.85; df: 3;  $p < 0.01$ ;  $p(\text{difference 'hands-off' - hands-on/off}) < 0.01$ ;  $p(\text{difference 'hands-off' - hands-on forcible}) < 0.01$ ;  $p(\text{difference 'hands-on/off' - hands-on non-forcible}) < 0.01$ ;  $p(\text{difference 'hands-on/off' - hands-on forcible}) < 0.01$ ;  $p(\text{difference 'hands-on non-forcible' - hands-on forcible}) < 0.01$ .

31 After all, the suspect is not necessarily summoned for all offences of which he is suspected at the time of registration by the PPS. Corrected for suspects who are minors.

of violence, which can contribute to the evidence. In addition, if it might not be possible to prove the element of the offence, an act of violence or a threat of violence or threat of another act, the public prosecutor could opt to bring an alternative charge of the 'milder' variant of indecent assault. There is, however, no 'milder' variant of hands-on non-forcible offences, which might explain why decisions not to prosecute are made more often in this category than with respect to rape and sexual assault (hands-on forcible). Another point worth noting is the relatively small proportion of cases in the hands-off category in which summonses were issued, cases which are generally easier to prove. These cases mainly concern child pornography, which is often easier to prove than hands-on sex offences because of the existence of digital evidence. A possible explanation for the relatively small number of summonses issued in this category is that the so-called Indigo method of disposition is used for some suspects in child pornography cases. Suspects who meet the criteria (one of which is that they are first-time offenders in possession of a small quantity of child pornography) can qualify for the Indigo method of disposition,<sup>32</sup> which means that their case is conditionally dismissed.<sup>33</sup> With this method, the public prosecutor can attach conditions designed to modify the suspect's behaviour during the probation period (such as receiving psychosocial treatment). The public prosecutor can also place the suspect under the supervision of the probation service and arrange for his or her online behaviour to be monitored. A suspect who accepts the terms of an Indigo disposition and complies with them is not prosecuted. It is not possible to discover from the records in the PPS database for how many suspects the Indigo disposition was applied.

#### Decisions not to prosecute

If the public prosecutor decides not to prosecute, the case is dismissed. This can be for technical reasons (known as *technisch sepot*), for example because there is insufficient evidence or for reasons of policy (*beleidssepot*, or discretionary dismissal), when 'interests other than intervention under criminal law prevail', for example. The latter can occur with the application of the Indigo disposition described above. Most cases (80%) that were not prosecuted ( $N = 2,887$ ) were dismissed for technical reasons; in 82% of those cases this was due to insufficient evidence ( $N = 2,300$ ). As discussed above, hands-on cases are generally more difficult to prove than cases involving an element of child pornography because the evidence of child pornography can often be found online. It is therefore not surprising that hands-on cases are dismissed for technical reasons more often than cases with a hands-off component.<sup>34</sup> In addition to dismissals on technical grounds,<sup>35</sup> the discretionary dismissal is sometimes applied, conditionally or otherwise.<sup>36</sup> Cases are more often dismissed conditionally where there is a hands-off component,<sup>37</sup> in which case the prosecu-

32 Indigo stands for *Initiatief Niets Doen Is Geen Optie* [Doing Nothing is Not an Option Initiative].

33 For more information about the Guidelines on criminal procedure for child pornography, see *Government Gazette*, 2013, 29674.

34  $F(\text{category of sex offence corrected for suspects who are minors})$ : 67.68;  $df$ : 3;  $p < 0.01$ ;  $p(\text{difference 'hands-off (42\%)} - \text{hands-on non-forcible (83\%)}) < 0.01$ ;  $p(\text{difference 'hands-off - hands-on forcible (82\%)}) < 0.01$ ;  $p(\text{difference 'hands-on/off (44\%)} - \text{hands-on non-forcible}) < 0.01$ ;  $p(\text{difference 'hands-on/off - hands-on forcible}) < 0.01$ .

35 If a conviction is unlikely, for example because there is insufficient evidence, the option of a technical dismissal will be chosen. *Government Gazette* 2012, no. 26859.

36 If it is decided not to prosecute in the public interest, the option of a discretionary dismissal will be chosen. A discretionary dismissal can also be conditional. *Government Gazette*, 2012, no. 26859.

37  $F(\text{category of sex offence corrected for suspects who are minors})$ : 26.78;  $df$ : 3;  $p < 0.01$ ;  $p(\text{difference 'hands-off (24\%)} - \text{hands-on/off (44\%)}) < 0.01$ ;  $p(\text{difference 'hands-off - hands-on non-forcible (9\%)}) < 0.01$ ;  $p(\text{difference 'hands-off - hands-on forcible (7\%)}) < 0.01$ ;  $p(\text{difference 'hands-on/off - hands-on non-forcible}) < 0.01$ ;  $p(\text{difference 'hands-on/off - hands-on forcible}) < 0.01$ .

tor will opt for the Indigo disposition, for example. Discretionary dismissals are also applied more often in cases in the hands-off category (for reasons such as 'a minor offence' or 'an old offence').<sup>38</sup> At the end of 2013, the PPS observed that there were noticeable differences between the regional offices with regard to the disposition of child pornography cases.<sup>39</sup> For example, some regional offices opted for an unconditional discretionary dismissal more often than others, although the point of departure is that, where possible, a case will not be unconditionally dismissed. Since the backlog in child pornography cases has now been eliminated, the ground for dismissal of 'old offence' is also expected to be applied less often.

### 6.2.3 Recommendations to the Public Prosecution Service

In the previous section we saw that the PPS issues summonses against almost six out of ten suspects of sexual violence against children. In these cases, the PPS can seek the advice of the three probation organizations (the Dutch Probation Service (Reclassering Nederland), the Salvation Army and Social Rehabilitation for Addicted Offenders (Stichting Verslavingsreclassering, SvG)); in the tables and figures these organizations are jointly referred to as 3RO and the RvdK, sometimes in combination with a pro Justitia report. The probation organizations provide solicited advice concerning adult suspects and, in principle, the RvdK always produces a report on underage suspects. Pro Justitia reports can relate to both adults and minors. The NIFP is responsible for coordinating pro Justitia reports in terms of matching (assigning cases to rapporteurs) and exercising quality control. Such reports are concerned with the suspect's personality, while the probation organizations and the RvdK report on suspects in the context of their environment. When a pro Justitia report is requested, another report is almost always requested from a probation agency or the RvdK, mainly for the purposes of interpreting the findings in the pro Justitia report in relation to the suspect's living environment.<sup>40</sup>

#### *Developments in the period 2008-2012*

Figure 6.11 shows the trend in the number of advisory reports produced by each agency in relation to each category of sex offence in the period 2008-2012. More than one report might be published in a single case, even by a single agency. For example, the probation organizations, the RvdK and the NIFP all differentiate between abridged and more extensive reports, which might follow a previous abridged report, although not necessarily (and in the case of probation organizations is usually not the case, see §7.2.1.1).<sup>41</sup>

Two aspects stand out in the overall trend in the number of advisory reports. First, the number of reports produced by all three agencies has declined since 2008, and second, the number of pro Justitia reports has declined particularly sharply.

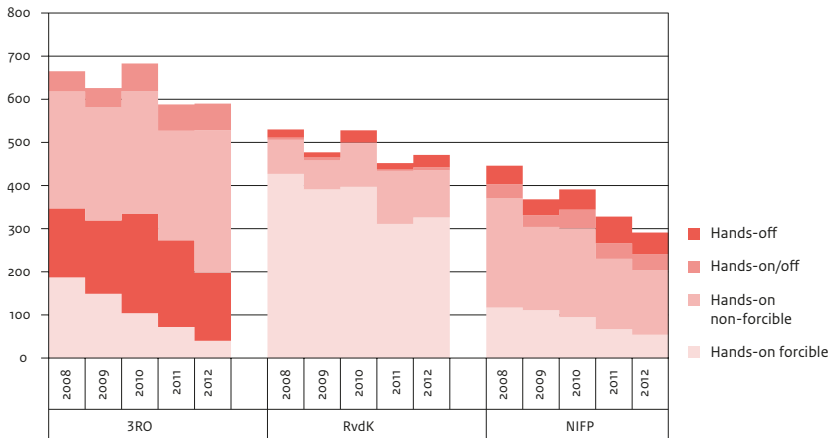
38 F(category of sex offence corrected for suspects who are minors): 36.06; df: 3;  $p < 0.01$ ; p(difference 'hands-off (27%) – hands-on/off (9%)')  $< 0.01$ ; p(difference 'hands-off – hands-on non forcible (5%)')  $< 0.01$ ; p(difference 'hands-off – hands-on forcible (8%)')  $< 0.01$ .

39 Written information from the PPS, 9 May 2014.

40 An exception to this is the NIFP's triple report, where an environmental expert from the NIFP investigates the suspect's environment.

41 The precise number of reports for each case cannot be discovered, either because case numbers are not registered accurately (probation agencies, RvdK), or because they were not provided (NIFP). An approximate estimate (based on overlap between suspect and combination of offences) is that the NIFP produced an average of roughly 1.05 reports per case, the probation agencies also 1.05, and the RvdK 1.5.





**Figure 6.11** Trend in number of advisory reports to the PPS in criminal cases in 2008-2012, by agency and by category of case

For each agency, the categories of sex offences are arranged from bottom to top in terms of the relative decline or increase between 2008 and 2012 (largest decline at the bottom).

Source: 3RO, RvdK, NIFP 2008-2012

The development in the number of reports differs according to the agency and the category of sex offence.<sup>42</sup> For hands-off cases, the number of reports has not changed significantly for any of the agencies.<sup>43</sup> For hands-on/off cases, the number of reports by the probation organizations has risen, but has not changed for the RvdK and the NIFP,<sup>44</sup> despite the fact that the number of cases received by the PPS in this category doubled in this period. In hands-on forcible cases, the number of reports declined for all of the agencies,<sup>45</sup> which matches the decline in the number of suspects who were summoned in the same period (see §6.2.1). In hands-on non-forcible cases, the number of reports produced by the RvdK and probation organizations rose, while the number produced by the NIFP declined.<sup>46</sup> The reason for this discrepancy is unclear.

### Types of reports

Probation organizations, the RvdK and the NIFP produce different types of advisory reports. Figure 6.12 shows the relationship between the various types of advice provided by these agencies, for each category of sex offence. In the case of the RvdK and the probation organizations, in principle only the detailed advisory report is intended as a diagnostic instrument designed to identify the objectives of treatment. In principle, therefore, recommendations for treatment (as a special condition or measure) follow an extensive examination. There are thirteen different types of pro Justitia report, but not all can lead to a recommendation for a detention under an entrustment order (TBS order) or an order for placement in an institution for juveniles (PIJ order), both of which require that the report be written by two behavioural

42 Interaction Year x category of offence x agency: Wald  $\chi^2$ : 43,9; df:6;  $p < 0.001$ .

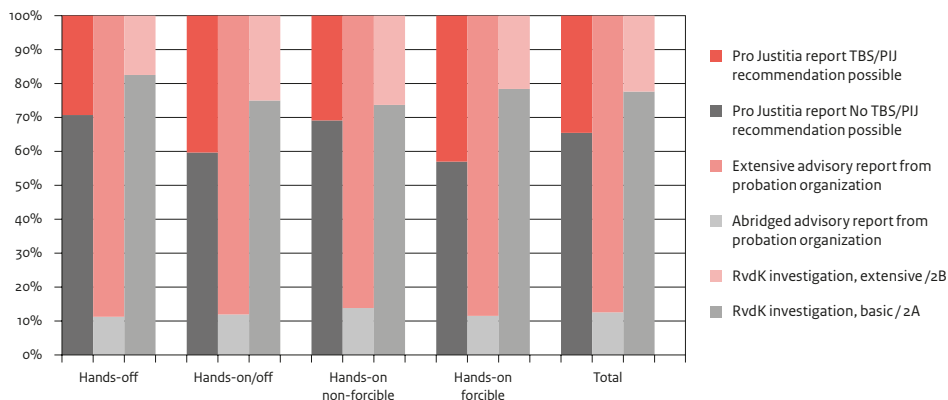
43 All  $p > 0.05$ .

44 3RO:  $p$ : 0.047; RvdK:  $p$ : 1; NIFP:  $p$ : 0,38.

45 All  $p < 0.001$ .

46 RvdK:  $p < 0.001$ ; 3RO:  $p$ : 0.04; NIFP:  $p < 0,001$ .

experts from different disciplines, including a psychiatrist.<sup>47</sup> The types of reports are therefore divided here into those that can<sup>48</sup> and those that cannot<sup>49</sup> lead to a recommendation for a TBS or PIJ order. How often the public prosecutor opts for a report that can lead to a recommendation for such an order varies according to the category of sex offence.<sup>50</sup> This type of report is produced more often in hands-on forcible cases than in hands-off<sup>51</sup> and hands-on non-forcible<sup>52</sup> cases.



**Figure 6.12 Types of advisory report, by agency and category of sex offence**

Source: RvdK, NIFP 2008-2012, 3RO 2010-2012<sup>53</sup>

It is noticeable that the probation organizations perform mainly extensive examinations, while the RvdK and NIFP more often produce a basic report. Although the probation organizations employ a system that includes a basic examination, which, depending on the outcome, is followed by an extensive examination, they do not appear to use that system in cases of sexual violence against children (see also §7.2.1.1). The RvdK generally conducts a basic investigation. It is impossible to state with certainty how many basic investigations are followed by an extensive investigation, but it is estimated that the RvdK performs an average of 1.5 investigations per sex offence case. The majority of pro Justitia reports appear to automatically preclude a recommendation for a TBS or PIJ order.<sup>54</sup>

### Sentencing

Both the RvdK and the probation organizations make recommendations for sentencing. Figure 6.13 shows the two sentences most commonly recommended by the two agencies (and for categories of suspects): custodial sentences (conditional or otherwise) and community service.

47 Article 37a (3) (TBS) and Article 77s (2) (PIJ) DCC.

48 Additional double, Out-patient report, FORCA Observation, Clinical report, PBC report, Primary double, Secondary double, Triple.

49 Only psychiatric, only psychological, Additional only psychiatric, Additional only psychological.

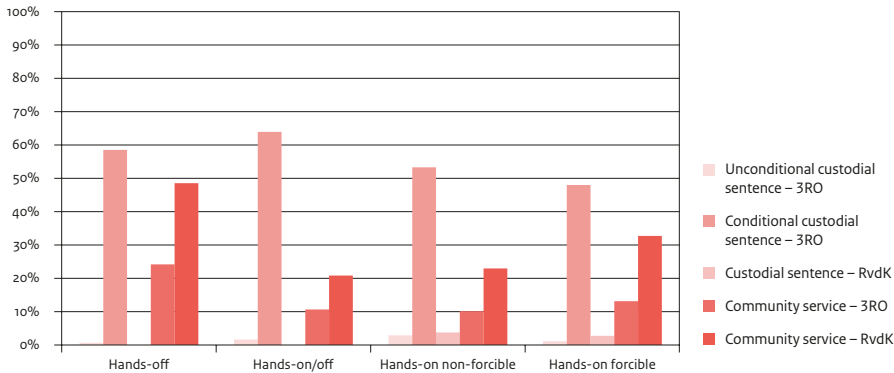
50  $F: 8.6; df1: 3; df2: 1820; p < 0.000$ .

51  $P: 0.002$ .

52  $P < 0.001$ .

53 Until 2010, the probation organizations did not register the type of report, so earlier reports are not included in this figure.

54 The fact that the NIFP conducts an estimated 1.05 examinations per case shows that one type of report can only have been followed up with another, possibly more extensive report, in a small proportion of cases.



**Figure 6.13 Recommended custodial and community-service sentences, by category of sex offence and by agency**

Source: 3RO 2010-2012, RvdK 2008-2012

What stands out in figure 6.13 is that entirely conditional custodial sentences are recommended most often by the probation organizations, while they seldom recommend unconditional or partially unconditional prison sentences (in not more than 5% of cases in any of the categories). The unconditional custodial sentences are recommended slightly more often in hands-on non-forcible cases than in hands-off cases.<sup>55</sup>

The distinction between recommendations for entirely conditional and unconditional/partially conditional prison sentences cannot be extracted from the data from the RvdK. The percentage of custodial sentences (conditional or otherwise) recommended by the Board’s investigators is very small, however, and there is no difference between the categories. It is not surprising that the RvdK recommends juvenile detention in so few cases, since locking up an offender is regarded as a last resort in juvenile criminal law. Possibly also because it recommends prison sentences less often, the RvdK does recommend sentences of community service more often than the probation organizations. With both agencies, a recommendation of community service is also connected with the category of sex offence:<sup>56</sup> Community service is most often recommended for hands-off offenders among both adults (probation organizations)<sup>57</sup> and minors (RvdK).<sup>58</sup> In most cases, it is not possible to distinguish between a training order and a work order in the data on recommendations for community service from the RvdK.<sup>59</sup>

55 Main effect: F 12.1; df1: 3; df2: 1377; p: 0.044. Hands-off vs. hands-on non-forcible: p: 0.021.

56 Probation: F: 15.0; df1: 3; df2: 1377; p < 0.001. RvdK: F: 11.0; df1: 3; df2: 2454; p < 0.001.

57 Since 1 April 2012, a community service sentence for adults only involves a work sentence, and a training sentence is imposed as a special condition under Article 14c DCC.

58 RvdK: Hands-off vs. hands-on/off: p: 0.043. Hands-off vs. hands-on non-forcible: p < 0.001; hands-off vs. hands-on forcible: p: 0.014. Probation: Hands-off vs. hands-on/off: p: 0.001. Hands-off vs. hands-on non-forcible: p < 0.001; hands-off vs. hands-on forcible: p: 0.004.

59 In 52 of its 774 advisory reports, the RvdK explicitly recommended a training sentence. For the others, only ‘recommendation of community service’ was registered, which means it is unclear whether a work or a training sentence was recommended.

### Criminal responsibility

Pro Justitia reports have the important purpose of making an assessment of a suspect's criminal responsibility. Figure 6.14 shows the outcomes of the reports. Only a small percentage of suspects (5%, N = 69) were found to have strongly diminished responsibility or a total lack of responsibility, but 74% (N = 1091) of the suspects covered by the study were found to have diminished or slightly diminished responsibility. No differences were found between the categories of suspects in this regard.

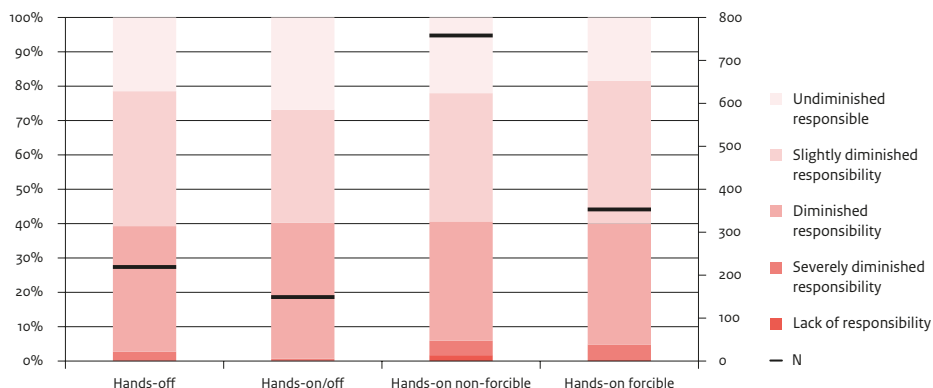


Figure 6.14 Criminal responsibility, by category of suspect

Source: NIFP, 2008-2012

### Measures

The probation organizations, the RvdK and pro Justitia rapporteurs can all recommend measures. This section covers only the measures that restrict a person's liberty. The principal measures that were recommended were TBS and PIJ orders,<sup>60</sup> both of which are severe and require a pro Justitia report, which has to be written by two behavioural experts, one of whom must be a psychiatrist. The probation organizations and the RvdK can accept such a report and recommend imposing such a measure. Figure 6.15 shows the percentage of pro Justitia reports in which liberty-restricting measures were recommended. There is a correlation between the category of sex offence and the measures recommended,<sup>61</sup> with liberty-restricting measures<sup>62</sup> recommended more often for suspects of hands-on forcible offences than for suspects of either hands-on non-forcible<sup>63</sup> or hands-off offences.<sup>64</sup>

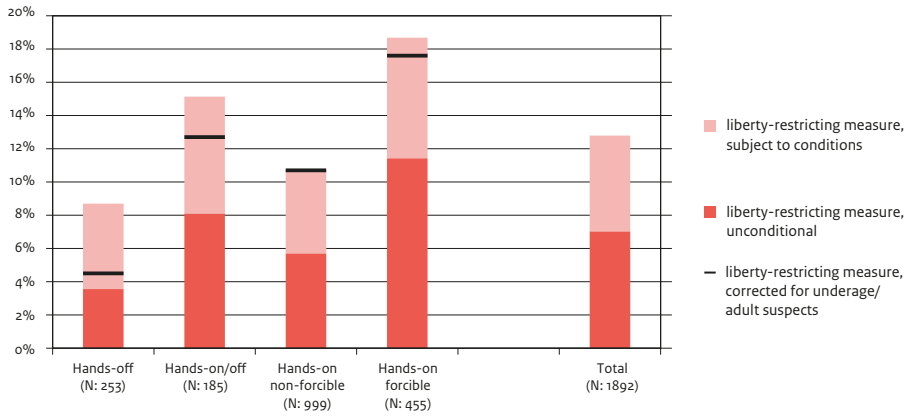
60 Other liberty-restricting measures are placement in an institution for systematic offenders (ISD) and placement in a psychiatric hospital.

61 NIFP: F: 1.9; df1: 3; df2: 1884; p: 0.005.

62 The recommended liberty-restricting measures are TBS with compulsory treatment, TBS with conditions, PIJ, PIJ conditional, Placement under Article 37/39, Placement elsewhere.

63 NIFP:  $p < 0.001$ . This result was corrected for whether suspects were adults or minors.

64 NIFP:  $p: 0.001$ .



**Figure 6.15 Recommendation of liberty-restricting measures in pro Justitia reports, by category of suspect**

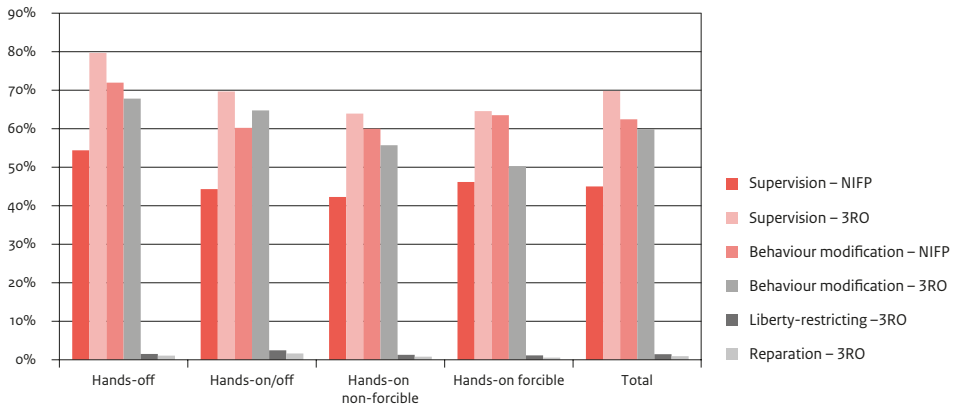
Source: NIFP, 2008-2012

*Special conditions*

One special condition appears in the RvdK’s dataset, that being ‘Supervision and counselling at the request of the RvdK’. It was only recommended five times. The measure ‘help and support’ was frequently recommended (514 times). This measure, which is usually imposed for six months, is intended to address the background to the offence and any problems in the home, at school or in the suspect’s leisure time. The youth receives counselling from the youth probation service. Another option is a behaviour modification measure, which was recommended nine times. This measure was introduced with effect from 1 February 2008, and, in fact, replaced the conditional conviction with the special condition that the suspect had to accept youth care or follow an individual counselling programme. The intention behind codifying the behaviour modification measure was to streamline a series of measures to modify behaviour that were imposed on young people in different contexts. For example, an order for treatment at De Waag (a centre for outpatient forensic psychiatry) could be imposed as a separate condition in a judgment, but it could also be imposed as part of an order for supervision by the juvenile probation service, in which case the terms of the condition were to follow the instructions of the juvenile probation service, even if that meant undergoing treatment at De Waag. It is noteworthy that behaviour modification measures are recommended so infrequently in this type of case. The number of recommendations for the ‘help and support’ measure leads one to suspect that the practice is to leave the details of a treatment plan to the juvenile probation officer rather than ordering the slightly more formal behaviour modification measure.<sup>65</sup>

Figure 6.16 shows the conditions recommended by probation organizations and pro Justitia rapporteurs.

65 The behaviour modification measure also includes substitute juvenile detention, which can far exceed the length of any conditional sentence.



**Figure 6.16 Special conditions recommended, by category of suspect**

Source: 3RO 2010-2012, NIFP 2008-2012

Liberty-restricting conditions (such as barring and restraining orders) and reparation (such as compensation) were recommended only by the probation organizations, and they too are seldom imposed on perpetrators of sexual violence. In pro Justitia reports, there are no differences between the various categories of sex offences in terms of how often either a behaviour modification measure (such as treatment) or a supervision condition (such as supervision by the probation service) is recommended.<sup>66</sup> There is, however, a link between the category of sex offence and the degree to which supervisory and behaviour modification conditions are recommended in the advisory reports of the probation agencies.<sup>67</sup> Both are recommended more often for suspects of hands-off offences than for suspects of hands-on offences (both forcible and non-forcible).<sup>68</sup> Probation agencies also appear to recommend supervision more often, and pro Justitia rapporteurs recommend treatment more often. This is not surprising given the difference in the nature of the reports and the advisory tasks of the two organizations.

#### 6.2.4 Conclusion

In §6.2 we saw that the PPS deals with around 1,600 suspects of sexual violence against children every year. Half of all cases involve hands-on non-forcible offences. The number of suspects of hands-on forcible offences declined by almost half in the period 2008-2012, while the number of suspects of hands-on/off offences increased. On average, almost 60% of the suspects were summoned, most often for hands-on/off offences and least often for hands-on non-forcible offences.

Section 6.2.3 focused on the reports of the probation organizations, the RvdK and the NIFP. Like the number of cases registered by the PPS, the number of advisory reports prepared by these agencies declined (most substantially at the NIFP). It is noteworthy that the probation organizations generally carry out extensive investigations, while the RvdK and NIFP more often conduct a basic investigation. In the case of pro Justitia reports, an order for TBS or PIJ cannot be recommended on the basis of a basic examination.

66 P: n.s., this result is corrected for whether suspects were adults or minors.

67 Controlling conditions: F: 11.6; df1: 3; df2: 1377;  $p < 0.001$ . Behaviour modifying conditions: F: 8.3; df1: 3; df2: 1377;  $p < 0.001$ .

68 Controlling conditions:  $p(\text{hands-off vs. non-forcible}) < 0.001$ .  $p(\text{hands-off vs. forcible})$ : 0.002. Behaviour modifying conditions: both  $p < 0.001$ .

The focus of the following section is on the decisions of the courts. Are the suspects who are prosecuted also convicted? And, if so, what kind of sentence do they receive?

### 6.3 Trial

The trial phase starts when the public prosecutor has decided to bring charges against a suspect and, if necessary, requested a report on him. This section provides an insight into how the courts of first instance dispose of cases involving the four categories of sex offences. It covers, in the following order, the number of convictions, the sentences, custodial sentences, special conditions that were imposed and, finally, the measures imposed. In discussing the figures, the differences between the categories of offences are always borne in mind. One striking feature is that the hands-on non-forcible category least often leads to a conviction and the sentences imposed on perpetrators of these offences are relatively light. Some possible explanations for differences between the categories will be mentioned in this section, but a further study of the case law is needed to gain a more comprehensive impression of possible links connected with the differences between categories of sex offences.

#### 6.3.1 Cases disposed of by the courts of first instance

In the period 2008-2012, courts of first instance<sup>69</sup> dealt with 4,714 cases in which there was a suspicion of sexual violence against children. Figure 6.17 shows the types of judgments the courts rendered in each category. In just over three-quarters (77%) of all cases, the courts found that at least some of the sex offences had been proved; in 17% of cases the suspects were acquitted of the sex offence that was charged.<sup>70</sup>

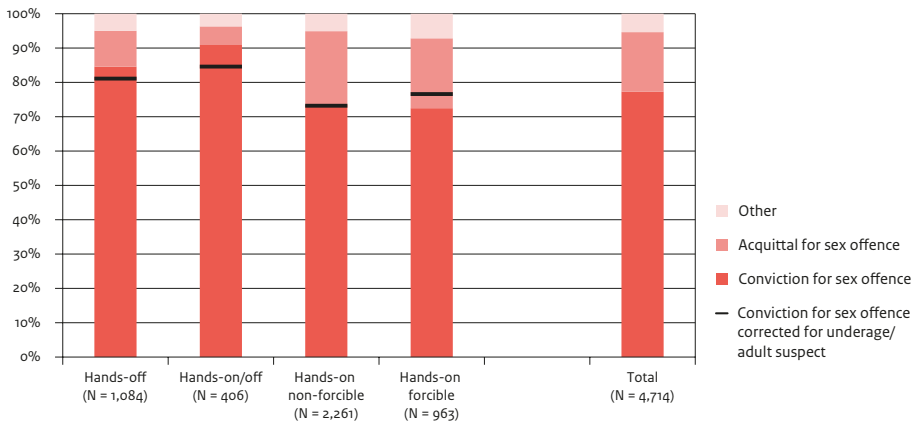


Figure 6.17 Cases disposed of by courts of first instance (2008-2012): disposition by category (N = 4,714)

Source: PPS databases (reference date September 2013)

69 This chapter only covers trials in first instance before the district court. Appeals and appeals to the Supreme Court are therefore not included in this report.

70 Other methods of disposition are: joined at the hearing (N = 139; 3%), prosecution inadmissible (N = 45; 1%), guilty verdict without punishment or measure (N = 41; 1%), dismissal of the charges (N = 10; 0%), court lacks jurisdiction (N = 7; 0%), referral to a different forum (N = 7; 0%) and summons invalid (N = 4; 0%).

PROSECUTED  
CONVICTED  
IMPRISONED

As the figure shows, the conviction rate is not the same for all categories of sex offences. Apart from the fact that the percentage of minors differs greatly in each category (see [Figure 6.8](#)), it was also found that whether the suspect was a minor or an adult influenced whether they were convicted (see [Figure 6.9](#)). A correction has therefore been made for the impact of the number of minors in each category on the conviction rates (see [§6.2.1](#) on the correction for the influence of underage suspects on decisions in the prosecution and trial phase). The corrected percentages of convictions in the figure therefore show the actual influence of the category of sex offence on whether or not the suspect was convicted.<sup>71</sup>

Those percentages show that sex offence cases with an - easier to prove - hands-off component led more often to a conviction (hands-off: 81% convictions and hands-on/off: 85% convictions) than the category hands-on non-forcible (73% convictions). The hands-on forcible category falls between the two with a conviction rate of 77% and does not differ significantly from the other categories.

### *Appeal*

In roughly a fifth (21%) of the 4,714 cases that were disposed by the courts of first instance (with a conviction for a sex offence or otherwise), the suspect and/or the public prosecutor appealed. This occurred (after correction for the influence of minors) more often in hands-on/off cases (28%) than in exclusively hands-off cases (16%) and hands-on non-forcible cases (16%) and more often in hands-on forcible cases (23%) than in hands-on non-forcible cases (16%).<sup>72</sup>

### **6.3.2 Convictions in first instance**

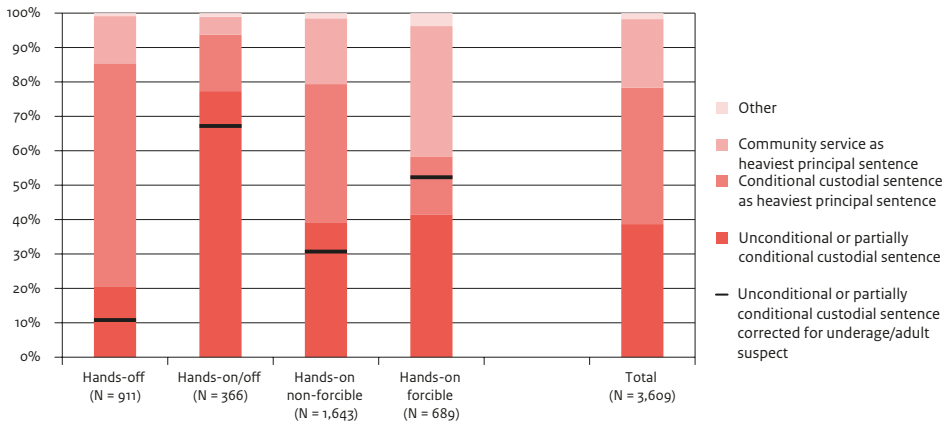
The sentences imposed are known for 3,609 of the 3,645 cases in which there were convictions for sex offences against minors (see [Figure 6.17](#)). [Figure 6.18](#) shows the principal sentences (prison, community service or fine) imposed for each category of sex offence. Where combinations of principal sentences were imposed, the heaviest principal sentence is reported.

The most striking conclusion is that, in the majority of cases (61%), the courts did not impose an unconditional or partially conditional custodial sentence (hereinafter referred to in this chapter as 'custodial sentences', thus not including the wholly conditional custodial sentences), not even in cases with a hands-on component (a custodial sentence was only imposed in 45% of these cases).

71 F(category of sex offence corrected for suspects who are minors): 5.33; df: 3;  $p < 0.01$ ; p(difference 'hands-off – hands-on non-forcible')  $< 0.05$ ; p(difference 'hands-on/off – hands-on non-forcible')  $< 0.05$ .

72 F(category of sex offence corrected for suspects who are minors): 7.23; df: 3;  $p < 0.01$ ; p(difference 'hands-off – hands-on/off')  $< 0.05$ ; p(difference 'hands-on/off – hands-on non-forcible')  $< 0.01$ ; p(difference 'hands-on non-forcible – hands-on forcible')  $< 0.01$ .





**Figure 6.18 Heaviest principal sentences imposed (2008-2012), by category of sex offence (N = 3,609)**

Source: PPS databases (reference date September 2013)

As the figure shows, the conviction rate is not the same for all categories of sex offences. Apart from the fact that the percentage of minors differs greatly in each category (see Figure 6.8), it was also found that whether the suspect was a minor or an adult influenced whether they were convicted (see Figure 6.9). A correction has therefore been made for the impact of the number of minors in each category on the conviction rates (see §6.2.1 on the correction for the influence of underage suspects on decisions in the prosecution and trial phase). The proportion of custodial sentences corrected for the influence of minors (see the stripes in Figure 6.18) therefore shows the actual influence of the category of sex offence case on the percentage of custodial sentences.<sup>73</sup>

These corrected percentages of custodial sentences show that the courts impose the heaviest sentences on perpetrators in the hands-on/off category (67% custodial sentences), followed by perpetrators of hands-on forcible offences (52% custodial sentences). In the hands-on/off category, there are, by definition, at least two sex offences, so it is not necessarily strange that the sentences are higher in this category. The courts imposed a custodial sentence on perpetrators in only a minority of cases involving hands-on non-forcible offences (31%). Remarkably, only three out of ten offenders who were convicted of non-forcible hands-on offences with a child actually had to serve a prison sentence. There are heavy maximum sentences for offences in this category, ranging from four to twelve years in prison. Further research to be carried out in the future might perhaps produce an explanation for the relatively mild sentences in cases in this category. At the time of writing, the PPS is in fact drafting guidelines for the sentences to be demanded in cases involving sex offences against minors. Only one in ten (11%) perpetrators of hands-off offences (mainly child pornography) ends up in prison after a conviction. The Guidelines on Demands for Sentencing for Child Pornography, produced at the end of 2013, prescribe that in almost

73 F(category of sex offence corrected for suspects who are minors): 63.53; df: 3;  $p < 0.01$ ;  $p(\text{difference 'hands-off - hands-on/off'}) < 0.10$ ;  $p(\text{difference 'hands-off - hands-on non-forcible'}) < 0.01$ ;  $p(\text{difference 'hands-off - hands-on forcible'}) < 0.01$ ;  $p(\text{difference 'hands-on/off - hands-on non-forcible'}) < 0.01$ ;  $p(\text{difference 'hands-on/off - hands-on forcible'}) < 0.05$ ;  $p(\text{difference hands-on non-forcible - hands-on forcible}) < 0.01$ .

PROSECUTED  
CONVICTED  
IMPRISONED

every case an unconditional prison sentence should be demanded.<sup>74</sup> It will therefore be interesting to see whether the sentences have risen since the guidelines were introduced.

What is also noticeable in [Figure 6.18](#) is that it appears that the most common principal sentence for the second most heavily punished category, hands-on forcible, is the less severe community service sentence. However, after correcting for underage suspects, it was found that a community service sentence is imposed just as often in the category hands-on forcible as in the category hands-on non-forcible, and therefore less often than in the category of exclusively hands-off offences.<sup>75</sup>

#### *Special conditions*

In the 2,439 cases in which partially or entirely conditional custodial sentences were imposed, special conditions were usually (in 74% of cases) attached. This was the case (after correction for the influence of suspects who were minors) more often in relation to hands-on forcible offences (80%) than exclusively hands-off offences (62%).<sup>76</sup> This is a noteworthy finding, since the probation service and NIFP actually recommend special conditions most frequently in relation to suspects of hands-off offences (see [§6.2.3](#)). Following their trial, special conditions are imposed least often on this group of suspects.

#### *Length of unconditional custodial sentences*

The length of the unconditional part of the 1,396 custodial sentences that were imposed is shown in [Figure 6.19](#), by category and for the total. The vertical lines above the five box plots represent the maximum sentences, with the extreme outliers being disregarded.<sup>77</sup> The horizontal stripes in the box plots represent the medians below which 50% of all custodial sentences imposed fall. The bottoms and tops of the box plots mark the limits below which 25% and 75%, respectively, of all custodial sentences fall. The vertical lines beneath the box plots represent the minimum sentences. The average length of the custodial sentences is also shown, excluding the extreme outliers and corrected for the influence of minors (see [§6.2.1](#) on the correction for the influence of underage suspects on decisions in the prosecution and trial phase).<sup>78</sup> After all, in addition to the fact that the percentage of minors differs greatly between categories (see [Figure 6.8](#)), it was also found that whether the suspect was a minor or an adult influenced the length of the custodial sentences that were imposed (see [Figure 6.9](#)).

74 *Government Gazette*. 2013, 29674.

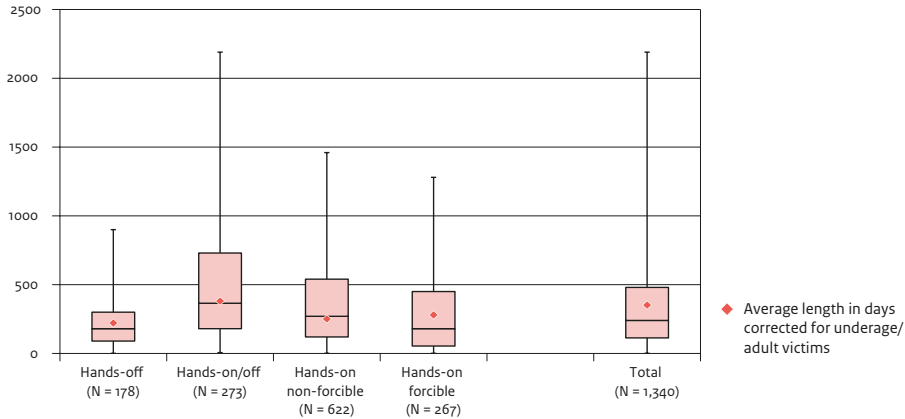
75 F(category of sex offence corrected for underage suspects): 10.10; df: 3;  $p < 0.01$ ; p(difference 'hands-off (39%) – hands-on/off (15%)')  $< 0.01$ ; p(difference 'hands-off – hands-on without force (27%)')  $< 0.01$ ; p(difference 'hands off – hands-on forcible (28%)')  $< 0.01$ ; p(difference 'hands-on/off – hands-on non-forcible')  $< 0.05$ ; p(difference 'hands-on/off – hands-on forcible')  $< 0.01$ .

76 F(category of sex offence corrected for underage suspects): 3.27; df: 3;  $p < 0.05$ ; p(difference 'hands-off – hands-on forcible')  $< 0.05$ . The corrected percentage of special conditions imposed for the category hands-on/off is 84% and for the category hands-on non-forcible is 75%, but these percentages do not differ significantly from each other or from the other two categories.

77 Cases where the number of days of the custodial sentence imposed is more than three times greater than the third quartile (the threshold below which 75% of all custodial sentences fall) are regarded as extreme outliers.

78 This is not possible for the hands-off category because no unconditional custodial sentences were imposed on minors (and it is therefore not possible to correct for the possible influence of minors). For this category, therefore, the figure shows the measured average rather than a corrected average.

On average, the courts imposed unconditional custodial sentences of less than a year ( $M = 349.61$  days).<sup>79</sup> The shortest period was one day<sup>80</sup> and the longest was 18 years<sup>81</sup> (this maximum is not shown in the figure and was not included in calculating the average because it is one of the extreme outliers).



**Figure 6.19** Length of unconditional custodial sentences imposed (2008-2012), by category of sex offence (N = 1,396)

Source: PPS databases (reference date September 2013)

As shown earlier, the courts impose a (partially) unconditional prison sentence on roughly four out of ten offenders (see Figure 6.18). The figure above shows that the lengths of the sentences differ depending on the category of offence.<sup>82</sup> Perpetrators of hands-on/off offences receive an unconditional or partially conditional prison sentence most often (see Figure 6.18). The figure also shows that perpetrators in this category not only receive a prison sentence most often, but, on average, also the longest sentence (375.6 days). The average term of imprisonment imposed on perpetrators of hands-on non-forcible and hands-on forcible offences who receive an unconditional prison sentence is approximately nine months (259.0 days and 277.0 days, respectively). The prison sentences for hands-off perpetrators are much shorter, averaging 212.3 days.

#### Additional sentences and measures imposed

In the 3,645 convictions for sex offences committed against children, additional sentences and measures were sometimes also imposed. Financial measures were imposed most often on paedosexual offenders.

<sup>79</sup> N = 1,340; SD: 314.78 days.

<sup>80</sup> In six cases: two hands-off cases with adult perpetrators, two hands-on non-forcible cases with a minor and an adult perpetrator and two hands-on forcible cases with perpetrators who were minors.

<sup>81</sup> Robert M. was sentenced to eighteen years in prison at first instance in 2012 (and TBS with mandatory psychiatric treatment) for, in brief, multiple cases of sexual abuse and the production of child pornography. For the judgment, see ECLI:NL:RBAMS:2012:BW6148. Accordingly, Robert M. received the longest prison sentence of any perpetrator of sexual violence against children in the period 2008-2012.

<sup>82</sup> F(category of sex offence corrected for underage suspects): 28.71; df: 3;  $p < 0.01$ ; p(difference 'hands-off – hands-on/off')  $< 0.01$ ; p(difference 'hands-off – hands-on forcible')  $< 0.05$ ; p(difference 'hands-on/off – hands-on non-forcible')  $< 0.05$ ; p(difference 'hands-on/off – hands-on forcible')  $< 0.05$ .

Almost one in three cases involved orders to pay compensation (N = 1,138; 31%). Another measure that was regularly imposed was the confiscation of property<sup>83</sup> (N = 534; 15%). The main additional sentence imposed was forfeiture<sup>84</sup> (N = 182; 5%), which was imposed far more often if there was a hands-off component to the offence,<sup>85</sup> as was confiscation.<sup>86</sup> In the case of hands-off offences, it was often the data carriers that were forfeited (as an additional sentence because they had been used in the commission of the offence) or the child pornography that was confiscated (the uncontrolled possession of this material is not permitted, which legitimizes this measure even in the event of an acquittal).

#### *Compensation orders against persons in possession of child pornography*

An order to pay compensation was mainly imposed (in the 3,645 cases involving convictions for sex offences) if the offences included hands-on offences.<sup>87</sup> However, victims can also be entitled to compensation for hands-off offences. In the case of child pornography, the person who possesses or distributes the pornography is usually not the person who abused the child shown in it. In fact, the victim and offender will generally never even have met. Nevertheless, the possession and distribution of child pornography is not a victimless crime.<sup>88</sup> Once the images have been posted on the internet, they will never disappear. The knowledge that the material showing them being sexually abused will be circulating on the web for the rest of their lives causes the victims additional psychological damage that is difficult to overestimate (see §2.4.1). Apart from the fact that in this way the original sexual abuse will be preserved on the internet, victims are also often afraid of being recognized by people who have viewed the material online. It is therefore right that anyone who is convicted for the possession of child pornography should be made jointly and severally liable.

Up to now, there has been one known judicial ruling in the Netherlands in which the person in possession of child pornography was held jointly and severally liable for the damage caused by the possession of the images. This was the case of Robert M., in which his spouse, Richard van O., was convicted of possession of child pornography that had been produced by his partner.<sup>89</sup> It is not surprising that there have been no other known judgments in the Netherlands where the person in possession of child pornography had had to pay compensation, since in many cases the identity of the victims in the images

83 With a confiscation order, the offender loses the objects that are confiscated. These are often objects the uncontrolled possession of which is against the law or the public interest, such as child pornography.

84 With an order of forfeiture, on conviction the court rules that the perpetrator loses the items that have been seized from him. This can apply, for example, with convictions under Article 240b for data carriers that were used in the commission of the crime that have been seized.

85 F(category of sex offence corrected for underage suspects): 15.55; df: 3;  $p < 0.01$ ; p(difference 'hands-off (8%) – hands-on non-forcible (1%)')  $< 0.01$ ; p(difference 'hands-off – hands-on forcible (2%)')  $< 0.05$ ; p(difference 'hands-on/off (13%) – hands-on non-forcible')  $< 0.01$ ; p(difference 'hands-on/off – hands-on forcible')  $< 0.01$ .

86 F(category of sex offence corrected for minor suspects): 62.06; df: 3;  $p < 0.01$ ; p(difference 'hands-off (25%) – hands-on non-forcible (2%)')  $< 0.01$ ; p(difference 'hands-off – hands-on forcible (2%)')  $< 0.01$ ; p(difference 'hands-on/off (34%) – hands-on non-forcible')  $< 0.01$ ; p(difference 'hands-on/off – hands-on forcible')  $< 0.01$ .

87 F(category of sex offence corrected for minor suspects): 18.73; df: 3;  $p < 0.01$ ; p(difference 'hands-off (13%) – hands-on/off (47%)')  $< 0.01$ ; p(difference 'hands-off – hands-on non-forcible (35%)')  $< 0.01$ ; p(difference 'hands-off – hands-on forcible (38%)')  $< 0.01$ .

88 [National Rapporteur on Trafficking in Human Beings \(2011\)](#).

89 Amsterdam Court of Appeal, 26 April 2013, ECLI:NL:GHAMS:2013:BZ8895.

is not known. However, Dutch courts do regularly suggest the causality between possession of child pornography and the damage to the victim.<sup>90</sup>

There have also been discussions in the United States about the question of whether and, if so, to what extent people in possession of child pornography are jointly and severally liable for the damage to the victims who are portrayed. In a so-called *amicus curiae* brief, the National Rapporteur submitted an opinion to the US Supreme Court in the case of *Paroline v. United States et al.*<sup>91</sup>

*Paroline v United States et al.*

The victim in the case was known as Amy Unknown, who was abused as an eight-year-old child by her uncle. Nine years later, two pornographic photos of Amy were found on Paroline's computer. The Appeals Court in New Orleans<sup>92</sup> awarded damages of 3.4 million dollars because of the traumas Amy had suffered: she could not complete her studies and could not find a job, and because the images continued to circulate on the internet, she could not put the abuse behind her. The court in New Orleans found Paroline jointly and severally liable for the entire amount and ordered him to pay the 3.4 million dollars for possession of the two images. The joint and several liability meant that Amy no longer had to claim damages for every notification that someone was in possession of the images but that every offender was liable and that they would have to fight over the division of the costs among themselves. Paroline, and any others who were convicted, would then receive notification if a new suspect was arrested. Paroline appealed against the decision to the US Supreme Court, which ruled on 23 April 2014<sup>93</sup> and acknowledged the relationship between the possession of the pornographic images and the damage to the victim. It ruled that persons in possession of child pornography are liable for their relative share in the damage caused to the victims portrayed in it, but rejected joint and several liability. There must, according to the Supreme Court, be a relationship between the offence committed and the responsibility for the damage sustained. The Supreme Court did not see that relationship between the possession of two images and 3.4 million dollars. In a dissenting opinion, which concurred with the National Rapporteur's *amicus* brief, one of the nine judges explained why she agreed with the court of appeals in New Orleans.

The judgment of the US Supreme Court also has consequences for Dutch victims. Child pornography knows no borders. Images of Greek victims distributed by Dutch offenders can be found on the computer of an American suspect. Whereas factors such as jurisdiction play a role for offenders, there is in principle no obstacle to victims joining criminal proceedings in another country as an aggrieved party, provided the law of that country allows it. The claiming of compensation in the US by Dutch victims of child pornography is facilitated by the fact that every victim who is identified is notified by the US government when images of them are found. They, or their parents, can then decide to file a claim for damages. Some parents of victims in the Amsterdam vice case have already done this.<sup>94</sup> There is no such system in the

90 For example, in most recent convictions for possession, the judgments include findings that owners are jointly responsible for the continuation of this highly damaging international industry, and there is growing recognition in the case law in the Netherlands that possession of child pornography cannot be perceived as a victimless crime.

91 For a complete description of the case and the accompanying documents, see <http://www.nationaalrapporteur.nl/actueel/nieuws/2013/20131127-rapporteur-levert-bijdrage-aan-zaak-supreme-court.aspx>, consulted on 28 April 2014.

92 *In re Amy Unknown*, 636 F. 3d 190, 201 (2011), United States Court of Appeals for the Fifth Circuit.

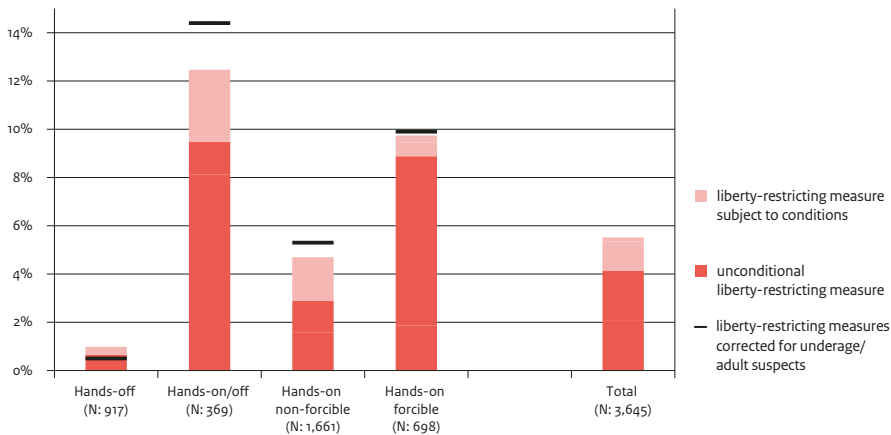
93 *Paroline v. United States et al.*, 23 April 2014, No. 12-8561.

94 De Telegraaf, 'Claims kansrijk na kinderporno' (Compensation claims after child porn likely to succeed), 24 April 2014.

Netherlands, so that previously identified victims are generally not approached by the PPS when images of them are discovered in a later case. Given the international nature of the offence of child pornography, it would be sensible to make international agreements on the issue of compensation for victims.

### Measures restricting liberty

Finally, Figure 6.20 shows how often liberty-restricting measures were imposed in the 3,645 cases involving convictions for sex offences, and what the measures were.



**Figure 6.20 Liberty-restricting measures imposed (2008-2012), by category of sex offence (N = 3,645)**

Source: PPS databases (reference date September 2013)

The courts only occasionally (on average in 6% of the cases that led to a conviction) imposed a measure restricting the suspect's liberty. This is usually a detention under an entrustment order (TBS) (imposed 75 times in the period 2008-2012), or, in the case of underage offenders, placement in a juvenile institution (PIJ) (imposed 76 times in the period 2008-2012).<sup>95</sup> The liberty-restricting measures were imposed most often on perpetrators of hands-on/off and hands-on forcible offences.<sup>96</sup> As Figure 6.15 showed, these were also the measures recommended most often for suspects of hands-on forcible offences.

### 6.3.3 Conclusion

The focus in §6.3 was on the trial phase. More than three-quarters of the prosecuted suspects were convicted of a form of sexual violence against children at first instance. Cases with a hands-off component led to a conviction more often than cases involving hands-on non-forcible offences. It is noteworthy that in 61% of cases the courts did not impose an unconditional or partially conditional prison sentence. Even in the case of hands-on non-forcible offences, only three in ten of the convicted perpetrators had to serve a prison sentence.

95 In addition, TBS with conditions was imposed on 44 occasions and placement in a psychiatric hospital on six occasions. There was no instance of placement in an institution for systematic offenders.

96  $F(\text{category of sex offence corrected for minor suspects}): 13.55; df: 3; p < 0.01; p(\text{difference 'hands-off - hands-on/off'}) < 0.01; p(\text{difference 'hands-off - hands-on forcible'}) < 0.01; p(\text{difference 'hands-on/off - hands-on non-forcible'}) < 0.01; p(\text{difference 'hands-on non-forcible - hands-on forcible'}) < 0.01.$

On average, the offenders who had to serve an unconditional prison sentence were released within a year. Here, too, there are differences between the categories of offenders. Perpetrators of hands-on/off offences not only received an unconditional prison sentence most often, but the average sentence was also longer.

A third of convicted offenders were ordered to pay compensation. That measure was almost never imposed on offenders of hands-off offences, but a recent judgment by the US Supreme Court might change that.

## 6.4 Decisions depicted

As shown in [Chapter 4](#), only a small proportion of cases of sexual violence against children are reported to the police. Only some of those victims then file a formal complaint ([Chapter 5](#)). A complaint is followed by a criminal investigation. Some criminal investigations lead to a file on a suspect being sent to the PPS. [Chapter 6](#) has described the steps the PPS then takes. This chapter focuses on three steps in the funnel and the associated decisions:

- whether or not to prosecute a ‘confirmed’ case of sexual violence;
- whether or not to convict suspects who have been prosecuted;
- whether or not to impose an unconditional prison sentence.

In [§1.3](#) it was described how each of these decisions is sound when the information on which it is based is as sound as possible and when the criterion adopted for the decision (strict or liberal) is appropriate to the desired outcome.

### Prosecution

The suspects registered by the PPS can be divided into a group who have been guilty of a form of sexual violence against children and a group that are innocent. Ideally, those who are guilty will be prosecuted and the cases against the innocent suspects will be dismissed. However, the question of guilt only really arises in the next step in the funnel: in the courts. It is therefore up to the public prosecutor to first separate the two groups as clearly as possible in advance. To do this, it is important for the information on which the public prosecutor bases his or her decision to be as sound as possible. This information is primarily the available evidence, which lays the foundation of the public prosecutor’s assessment of whether an offence can be legally proved in court. Insufficient evidence was the most common ground for dismissing a case in the cases that were studied; it applied to 65% of the cases that were not prosecuted. However, an offence not only has to be proved in law, the court must also be convinced that it was committed by the suspect. The public prosecutor must also estimate the likelihood of that. It is an assessment that is not always easy to make in sex offence cases because it is often the statement of the victim against the word of the suspect. The final decision lies with the court and the public prosecutor cannot always properly estimate in advance what decision the court will make. Secondly, public prosecutors consider another factor in their decision on whether to prosecute: the desirability of a prosecution. Even where an offence could be legally and persuasively proved, the public prosecutor might feel an alternative method of disposition is preferable. One option in such a case is a (conditional) discretionary dismissal of the case (which accounted for 20% of all decisions not to prosecute), such as the Indigo disposition for certain suspects charged with possession of child pornography. The suspect is then not prosecuted, provided he or she complies with certain conditions. Under certain circumstances, a conditional discretionary dismissal is preferable to a prosecution.

The PPS prosecutes 60% of the suspects of sex offences against children. The criterion seems to be slightly conservative: the number of innocent persons who are prosecuted is probably smaller (given the high conviction rate) than the number of guilty persons who are not prosecuted. It is impossible to say whether the percentage of cases that are prosecuted should be higher (liberal criterion) or lower (conservative criterion) without further study of case files. The figures do not automatically give any reason to suspect that there is anything wrong with the criterion. Because the two groups partially overlap on the indications the public prosecutor uses to make a decision, the result is that some guilty suspects are not prosecuted and, on the other hand, that some innocent suspects are. It is, however, unrealistic to believe that a perfect distinction can be made between the two groups at this stage of the funnel, but that does not have to be the objective since the courts make the final decision on this distinction.

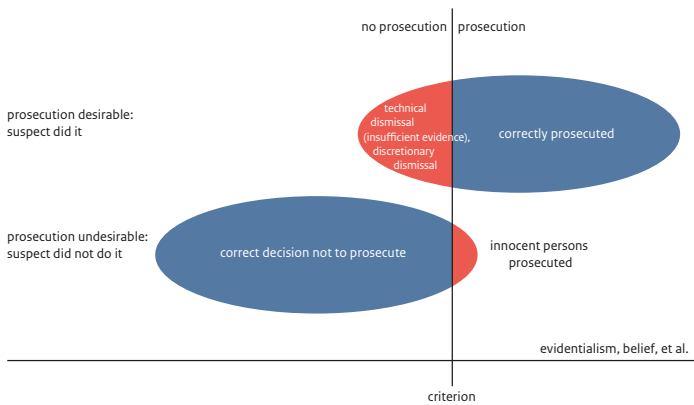


Figure 6.21 Decisions on prosecutions

### Convictions

Of the suspects who were prosecuted, 77% were convicted. This means that the offences were declared legally and persuasively proven in all of those cases. The presence of legal and convincing evidence therefore constitutes the information on which the court bases its decision on whether or not to convict.

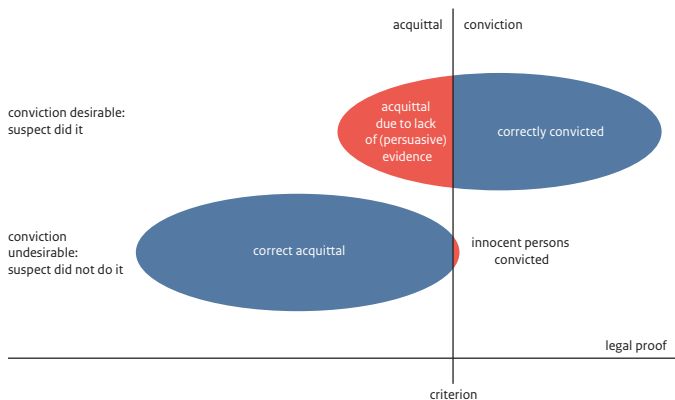


Figure 6.22 Decisions on convictions



In sex offence cases, the statement by the victim frequently directly contradicts the statement by the suspect. In those cases, it is difficult to make the distinction between suspects who are guilty or innocent.

There is therefore always a certain overlap between the two groups. The courts adopt a conservative criterion. The generally applicable motto in criminal law is: better that a hundred guilty persons go free than that a single innocent person is convicted. The extent to which the courts' decisions are based on the correct grounds is not covered by this report so no opinion is expressed on that point.

*Imposing an unconditional prison sentence*

Forty percent of the suspects who were convicted of a sex offence against a child were given an unconditional or partly conditional prison sentence. This seems a very small percentage; in light of the maximum sentences for sex offences against children (from four to twelve years in prison), one would expect significantly more convicted paedosexuals to end up in prison. In other words, unconditional or partially conditional prison sentences are a desirable intervention for convicted paedosexuals and should be the point of departure, although exceptions are conceivable. In deciding whether or not to impose an unconditional prison sentence, the courts assess the seriousness of the offence, the circumstances under which it was committed and the person of the suspect. The suspect's personal circumstances can also play a role in sentencing.

These factors can be extenuating or otherwise. Without studying the actual case file, it is impossible to know on what information a court based its decision on sentencing, nor in fact what sentence had been demanded by the public prosecutor. Given the small number of prison sentences for what are, by definition, serious offences, it seems in any case that aggravating factors weigh less heavily. As regards the criterion, it is clear that the courts adopt a conservative criterion in deciding whether to impose an unconditional or partially conditional prison sentence.

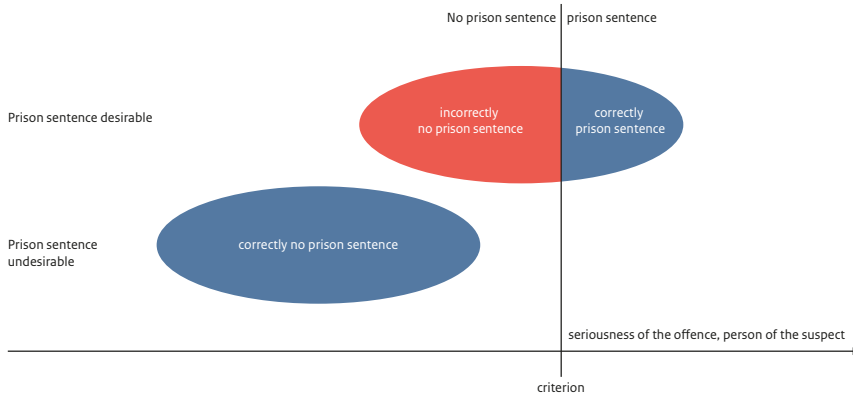
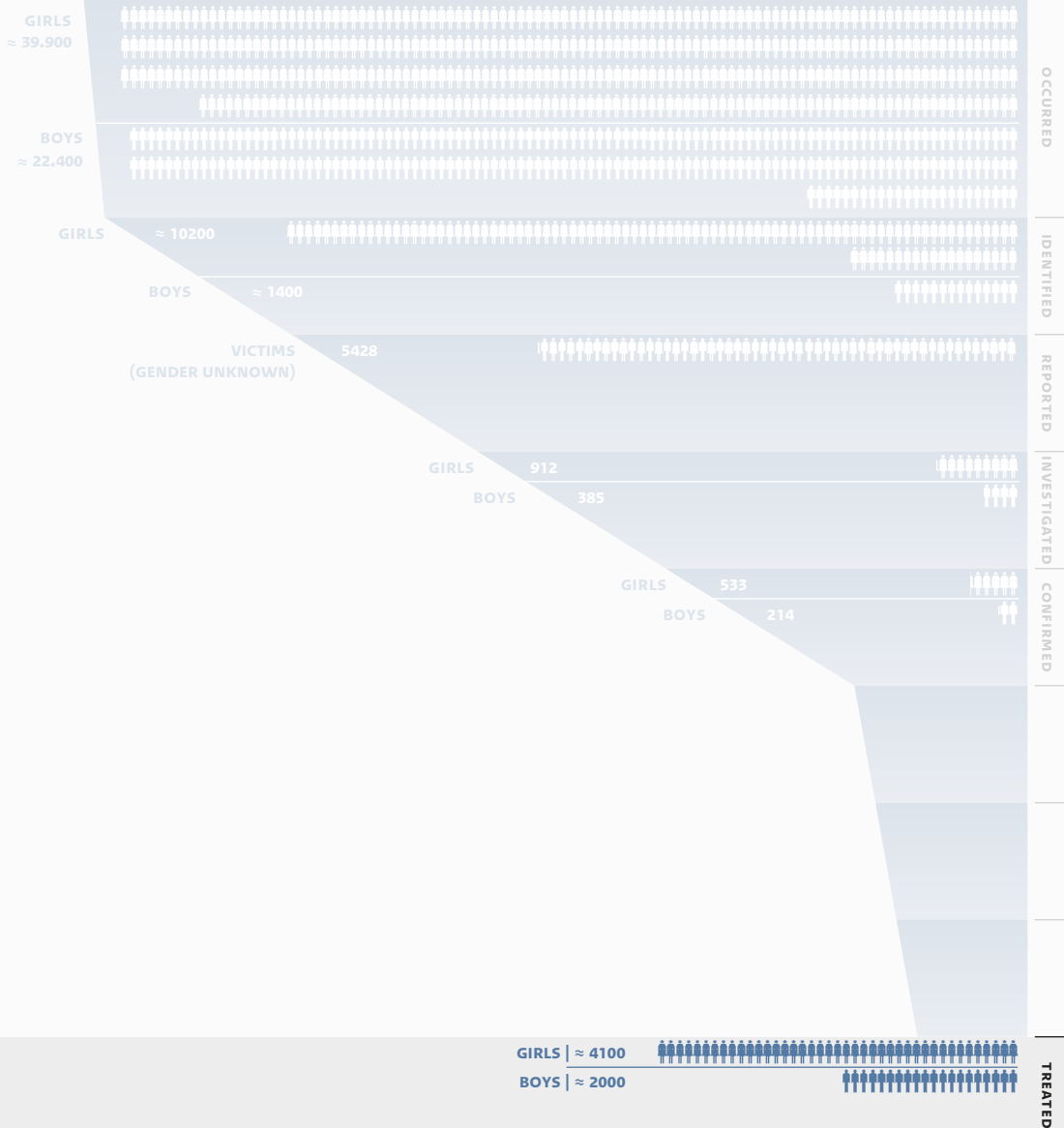


Figure 6.23 Decisions on prison sentences

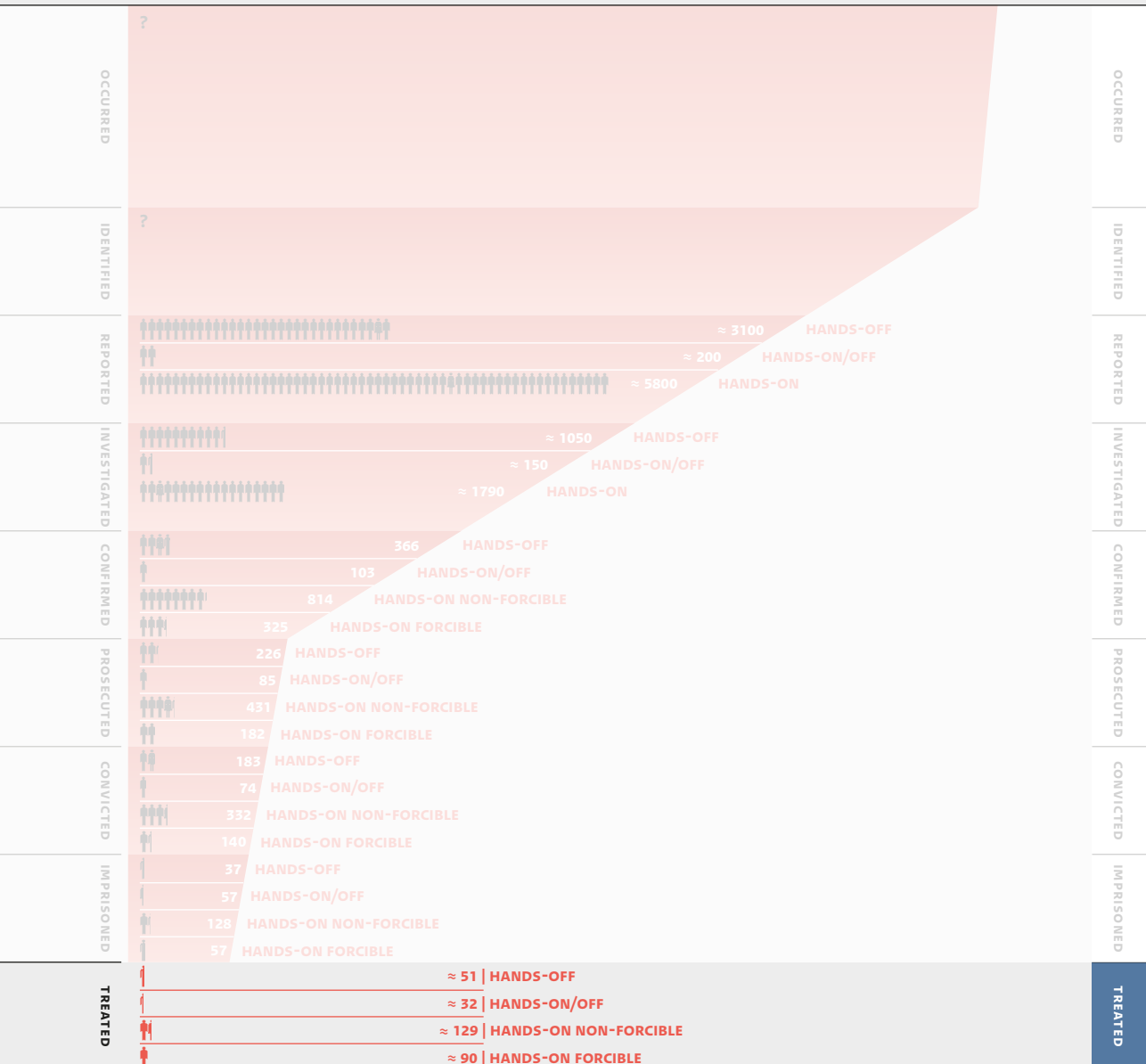
# 7

## No more, not again

### VICTIMS



**OFFENDERS**



A victim of sexual violence has been identified. What then? Many victims will need help in coming to terms with the abuse. A perpetrator is prosecuted, tried and convicted. What then? Many offenders will require treatment or will need to be placed under supervision in order to reduce the possibility that they will repeat the behaviour and to help with their re-socialization. The previous chapters examined the steps that have led up to this point in the funnel. This chapter describes the help provided for victims and the re-socialization of offenders. Ensuring that victims are spared constant suffering, no more... ensuring that offenders do not create new victims, not again...

This chapter focuses on two decisions:

- whether or not to provide help for victims;
- whether or not to order treatment or supervision for offenders.

Victims are the subject of §7.1. It is estimated that 62,300 children are victims of sexual violence annually, but only around 6,100 receive help every year (see Figure 1.1). This means that there are more victims that do not receive treatment than that do. Why do some victims get help, while others do not? Who decides that victims will be referred to social services? How is that decision made? On what grounds? Who are the victims that receive help? And is that help adequate? This section includes data about the help provided for victims by a sample group of youth and parenting (*Jeugd- en Opvoedhulp*, J&O) organizations and the mental health service (from the Diagnosis Treatment Combination Information System (DBC Information System)), and about recommendations for child protection measures made by the Child Care and Protection Board (*Raad voor de Kinderbescherming*, RvdK).

In §7.2, attention switches to offenders. If organizations like the RvdK, the probation organizations or the Netherlands Institute for Forensic Psychiatry and Psychology (*Nederlands Instituut voor Forensische Psychiatrie en Psychologie*, NIFP) believe that there is a high risk of the offender committing sexual violence against children again, there are two important interventions the courts can apply to prevent recidivism: treatment and supervision. This section discusses the question of which offenders are dangerous and which offenders receive treatment and/or are placed under supervision. Are treatment and supervision ordered for the right individuals, on the correct grounds and in the proper manner? And do these interventions actually help to prevent recidivism? This section includes data about advisory reports produced by the probation organizations and the NIFP, about treatment in forensic care (from the DBC Information System), and about supervision by the probation organizations.

As this chapter illustrates, attention to this last step in the funnel is important for both victims and perpetrators. Help can prevent victims from suffering the effects of what has been done to them for the rest of their lives (see §2.4), while treatment and supervision can prevent offenders from creating new victims.

## 7.1 Help for victims

If victims are not able to come to terms with the abuse themselves, they need help.<sup>1</sup>

‘The next two years went by, filled with numbness and unbearable pain. Filled with emotions I had never known existed. Filled with an emptiness that was so hollow, I was a walking dead person. The endless

1 The term ‘help’ encompasses the entire range of services for victims of sexual violence, from social support up to and including treatment by the mental health service.

amount of sleepless nights became a ritual in my twisted schedule. The daily confusion and absolute loss that consumed me is indescribable. This torturous hell was my life as I had come to know it'.<sup>2</sup>

This victim will not be able to cope alone. She needs help to function properly and to avoid re-victimization. There are many more like her. But as described in §2.4, not every victim experiences severe negative effects from sexual violence, and therefore not every victim requires professional help. An unknown proportion of victims will not receive any help because of obstacles relating to disclosure, identification, overcoming a reluctance to act and the reporting of offences. These problems (and possible improvements in these areas) have already been discussed in the previous chapters. This section focuses on what happens when those obstacles have been overcome. What decisions have to be made in determining whether help is needed and, if so, what form of help is appropriate? What information and what criteria are used in making those decisions? What happens when a victim does finally receive help? How long does a support programme last and what interventions are possible? And, above all, does help *help*? Each of these questions is answered in this section, on the basis of unique data from the RvdK, J&O organizations and the youth mental health service. The changes that have been made in the mental health service, as well as changes as a result of the new Youth Act, will also have an impact on the help provided for victims of sexual violence; these changes are discussed in the final subsection.

### 7.1.1 Referral for help

There are various individuals who can decide at different times whether a victim needs help. A pathway to help differs depending on whether a person receives help on a voluntary or a mandatory basis. Help is voluntary if it is provided (a) because the victim and/or the parents say they need help or (b) on the advice of the Child Abuse Counselling and Reporting Centre (*Advies- en Meldpunt Kindermishandeling*, AMK) (see §5.1) or other professionals. Help is mandatory if a children's court (at the request of the RvdK) has imposed a child protection measure.

This subsection describes the system of referral for help from the perspectives of both the victims and the social services. It covers only the referral of minors who are victims of sexual violence. Referrals for help for adults who were abused during their childhood have not been investigated. Factors that hamper access to help or that could improve that access, which apply mainly for victims who seek help on their own initiative, are discussed in §7.1.1.1. In §7.1.1.2, the information that is used as the basis for referring victims to either J&O organizations or the youth mental health service is described from the perspective of the social services. Finally, §7.1.1.3 is devoted to investigations by the RvdK and to the child protection measures ordered by the children's courts.

#### 7.1.1.1 You are a victim and are looking for help: where do you turn?

It can be difficult for victims, or their parents, who are seeking help on their own initiative to find appropriate help. A frequently heard complaint is that help is fragmented and victims do not know who they can turn to, which is understandable given the diversity of the options available to them, a number of which are discussed in §7.1.2.1. It is therefore to be welcomed, particularly in light of the pending transition in the system of youth care, that the Taskforce on Child Abuse and Sexual Abuse (see §8.1.2.1) is arranging for an inventory to be made of the range of help available for victims<sup>3</sup>. It is, after all, important that victims are able to find the type of help they need and have access to it. What information is available to assist them in choosing the help they seek?

<sup>2</sup> <http://www.pandys.org/survivorstories.html>, consulted on 22 April 2014.

<sup>3</sup> Taskforce kindermishandeling en seksueel misbruik (2014).

There are a number of initiatives designed to end the fragmentation of services and improve their accessibility. For example, the Sexual Assault Centres (*Centra Seksueel Geweld*) (see also §7.1.2.1) are dedicated to providing uniform, easily accessible help for victims of acute sexual violence (within the last 72 hours). To improve access to help for victims of non-acute sexual violence, the government has established the Sexual Abuse Helpline (*Hulplijn Seksueel Misbruik*) (see §4.3), which victims can call for advice about the various agencies they can turn to for help. Meanwhile, Movisie, the centre for social development, in association with various partners including the Sexual Abuse Helpline, is endeavouring to improve access to help by producing a detailed social map containing information about agencies and independent counsellors that can provide help for victims of sexual violence.<sup>4</sup> Based on that information, the victim, or the referrer, will then be able to make an informed choice of one or more social workers that are accessible (within travelling distance), available (a short waiting list or none at all) and appropriate (based on the type of services provided and a profile of the provider). Accordingly, victims will be able to form an impression of their options in terms of the help that is available.<sup>5</sup> General practitioners (GPs) also provide easy-access care and can give advice about the possibilities for receiving help (see §7.1.1.2). Finally, the Child Helpline (*Kindertelefoon*) also plays a role in improving access to help (see text box and §3.1).

#### *The Child Helpline*

When a victim of sexual violence calls the Child Helpline, the volunteer can immediately refer him or her to the Youth Care Agency (Bureau Jeugdzorg, BJZ) or, if the child is in a threatening and/or worrying situation, report the child to the BJZ, a procedure known as ‘active referral’ that is only used if the child is willing to give up his or her anonymity.

The procedure was seldom used in 2012; only thirteen times out of the 6,584 calls received about a form of sexual violence. Reasons for this might be that:

- children who contacted the helpline were already receiving help;
- children who contacted the helpline were not in a threatening and/or worrying situation;
- children who contacted the helpline were not willing to give up their anonymity (see §3.1);
- the volunteer did not offer active referral.

Although steps have been taken to improve access to help, victims themselves may have reservations about seeking help: fear that their anonymity will not be guaranteed and that their parents will be informed, for example.<sup>6,7</sup> It is also difficult for social workers to offer young victims anonymity since, with some exceptions, the consent of persons with parental authority is in principle required before help can be provided for children under the age of sixteen.<sup>8</sup>

4 When it is ready, the social map will be posted on [www.seksueelgeweld.info](http://www.seksueelgeweld.info).

5 Written information from Movisie, 18 April 2014.

6 Gouweloos, Kremers & Bicanic (2011), p.195; presentation by P. Okur during the conference on sexual violence against young people with a non-Western background in the Netherlands, organized by Pharos and Movisie, 29 November 2013.

7 This fear not only affects the decision on whether to seek help, but also influences the decision on disclosure. For more information about disclosure, see §3.1.

8 In principle, the consent of the persons with parental authority is required for children under the age of twelve, pursuant to Article 7:450(1) in conjunction with Article 7:465(1) of the Dutch Civil Code. For children aged between twelve and sixteen, the consent of both the child and the persons with parental authority is required, pursuant to Article 7:450(2) of the Dutch Civil Code. Exceptions can be made for children in both age groups.

Guaranteeing anonymity is not the only dilemma arising from the requirement of consent. The access to help can also be limited if either or both of the parents exercising parental authority refuse to give their consent for the treatment of their child. In other words, the consent of the responsible guardians is the criterion by which decisions are made on whether to provide treatment.

#### *Requirement of consent*

If both parents are responsible for a child (under the age of sixteen), in principle the consent of both parents is required before treatment can start. For children between the ages of twelve and sixteen, there is sufficient legal basis to start treatment against the will of either parent. Treatment can then start, for example, if the child requests treatment and that treatment is necessary to 'prevent serious harm'.<sup>9</sup> For children under the age of twelve, the requirement of consent can be ignored on the basis of the 'standards of a good provider of care'.<sup>10</sup> This exception is intended to address situations where a parent's refusal to give consent is not in the child's best interests and the treatment is necessary.

In practice, the requirement of consent can cause problems, particularly in the case of an acrimonious divorce. As a result, some victims might wrongly not receive any help. In 2011, 80 members of the Dutch Association for Child and Youth Psychotherapy (Nederlandse Vereniging voor Kinderen Jeugdpsychotherapie) completed a questionnaire and it emerged from the replies that 64% of them had sometimes been prevented from starting treatment because of problems arising from the consent requirement.<sup>11</sup> When a questionnaire was sent to 26 J&O organizations (see §7.1.2.1), five of them said that they sometimes had difficulty securing the consent of both parents, primarily when one of the parents was the suspected perpetrator of the sexual violence.

It is possible that providers of help do not dare to ignore the requirement of consent for fear that the parent whose wishes are ignored might make a complaint to the disciplinary tribunal.<sup>12</sup> If a complaint is made, the disciplinary tribunal will assess the action against the professional standards applicable to providers of care. It is important that providers of help are aware that ignoring the requirement of consent could be in the best interests of the child. The refusal of either parent to give his or her consent must not prevent the treatment of a victim of sexual violence. That was clearly the choice of the legislature, and the disciplinary tribunal will also consider that in its decision. If providers of help fear the consequences of ignoring the requirement of consent, professional organizations should dispel those fears by informing them of how the disciplinary board deals with complaints about the failure to comply with that requirement and offering them the necessary support.

#### 7.1.1.2 Who makes the referrals and who are referred?

Before a professional decides, in consultation with the victim, whether help is needed (the decision), the seriousness, nature and scale of the problem needs to be thoroughly analysed (the so-called 'needs assessment'). The problems the victims face (see §2.4) are identified and that information is used to

9 Article 7:450(2) Dutch Civil Code.

10 Article 7:453 in conjunction with 7:465(4) Dutch Civil Code.

11 This emerges from a survey completed by participants at a study session on 'hostile divorces in parental counselling' organized by the Parental Counselling Committee of the Association for Child and Youth Psychotherapy on 17 March 2011. The results of the survey were not published.

12 See also the article by Bruning (2013), which discusses the dilemmas faced by doctors in providing care for minors and sharing information with third parties if everyone concerned has not given their consent.

determine the help that best matches their needs.<sup>13</sup> A needs assessment is required before a patient can receive help from a J&O organization or treatment from the youth mental health service and for the costs to be reimbursed. Patients can be referred to J&O organizations by the BJZ and to the youth mental health service by either the BJZ or a GP.<sup>14, 15</sup>

#### *Needs assessment by the GP*

A GP can refer a victim for various forms of freely accessible help, for example to a Centre for Youth and Family (*Centrum voor Jeugd en Gezin*) (see §7.1.2.1). However, the GP plays a role mainly if there are suspicions of psychiatric problems. Since January 2014, GPs, or the general practice nurse, have provided help and support for mild psychological complaints. If the complaints do not diminish or the problems are more serious than anticipated, the GP or the general practice nurse can refer a patient to the youth mental health service for diagnosis and treatment, describing the details on which the suspicion of a disorder is based in the referral note.<sup>16</sup> GPs simply refer patients to the youth mental health service and make no judgment of their own regarding the specific form of treatment that is needed.

#### *Needs assessment by the Youth Care Agency<sup>17</sup>*

If a victim contacts the BJZ or is referred to it on a voluntary basis by the AMK (see §5.1) or another professional, it is the BJZ's Admissions department that assesses whether help is needed.<sup>18</sup> The department examines why the victim has registered with the agency on the basis of the 'structured admissions checklist' and makes an initial assessment of the problems. If, during the registration procedure, the admissions department finds that simply providing information and advice is not enough, the admissions officer assesses precisely what type of help is needed. In this way, the BJZ serves as a gateway to voluntary and mandatory<sup>19</sup> youth care and coordinates the delivery of care for children and families.

When the victim's problems have been analysed (the information) and it has been found that help is required (the criterion has been met), the type of help (to be provided by a J&O organization or the youth mental health service) is specified in the needs decision, although it does not refer to a specific interven-

13 Bartelink, ten Berge & van Yperen (2010), p. 11.

14 Paediatricians, company doctors and medical specialists can also refer patients to the youth mental health service, but they are not discussed further in this chapter.

15 The existing system of needs assessment will change on 1 January 2015 with the new Youth Act. For more information about the new Youth Act, see §7.1.4.2.

16 According to the Netherlands Association of Independent Psychologists and Psychotherapists (NVVP), there is a need for a standard referral letter for GPs. It is therefore developing an instrument to help with the uniform referral of patients to the mental health care service (NVVP, 'Huisarts ondervindt problemen bij verwijzing naar ggz-echelons', 31 January 2014).

17 The BJZ can provide counselling for children and families and refer them for foster care, youth care, youth mental health care and care for children with mild intellectual disabilities. Help can take various forms: out-patient, non-residential treatment, residential treatment, crisis shelter, foster care or (mandatory) closed treatment in the so-called Youth Care Plus institutions.

18 The BJZ has four departments: Admissions, Youth Protection, Youth Probation and Crisis.

19 For mandatory youth care, a court has to impose a youth protection measure before the BJZ can act as a gateway to the prescribed help. See §7.1.1.3.



tion.<sup>20,21</sup> The admissions officer does, however, consider which organization in the region would be best placed to provide the help needed by the victim.

The fact that a victim is assessed as needing a specific type of youth care does not necessarily mean that he or she will actually receive help. Victims may decide, for whatever reason, that they do not want any help after all. That is more difficult when the help is prescribed on a mandatory basis (see §7.1.1.3). The referrers must in any case assure themselves that the help actually starts and that victims do not vanish.<sup>22</sup> The data presented below show how often the BJZ and/or GPs successfully refer victims to J&O organizations or to the youth mental health service.

#### *How often do the BJZ and/or GPs refer victims?*

Via the umbrella organization for the youth care sector, *Jeugdzorg Nederland*, a quantitative survey was carried out among four J&O organizations<sup>23</sup> (see Appendix 1.9) to learn more about the characteristics of victims who had received help from them. The data concern victims who received help from one of the four organizations (on either a voluntary or mandatory basis) and whose needs were assessed by the BJZ. It emerged from the sample that out of the total number of clients (N = 974) who received some form of youth care from these organizations in 2011 and/or 2012, 87 (9% of the total) were victims of sexual violence. For 2% of the clients (N = 18), their victimization was identified during the intervention by a J&O organization, while 7% of the clients (N = 69) were already known to be victims when the intervention commenced. The majority of the victims had suffered hands-on sexual violence within the domestic circle (52%). Table 7.1 shows the distribution by age and gender of these children. Most victims were girls of primary or secondary school age.

**Table 7.1 Distribution<sup>24</sup> by age<sup>25</sup> and gender within J&O organizations<sup>26</sup> and within the youth mental health service**

	J&O organizations			Youth mental health service		
	Girls	Boys	Total	Girls	Boys	Total
0-5 years	7	6		54	30	
6-11 years	20	11		158	71	
12-17 years	28	9		309	66	
18-21 years	5	0		n.v.t	n.v.t	
Total	60	26	86	521	167	688

Source: Data from J&O organizations, 2011-2012; DBC Information System, 2008-2012

20 During the intake, the organization providing the care assesses which help best meets the needs of the client.

21 Verbal information from the BJZ for Haaglanden and Zuid-Holland, 13 May 2013.

22 Samenwerkend Toezicht Jeugd (2013), p. 5.

23 Combinatie Jeugdzorg, Elker, Jeugdformaat and Trivium Lindenhof.

24 The data from the youth and parenting organizations and the mental health service cannot be compared, since the former's figures are based on four organizations and the mental health service figures are national figures.

25 Youth and parenting organizations provide help for clients up to the age of 23. The highest age in this sample was 21.

26 The gender of one victim is not known.

Table 7.1 also shows the distribution by age and gender of the children in the whole of the Netherlands who received treatment from the youth mental health service between 2008 and 2012 because they had been abused.<sup>27</sup> The data are taken from the DBC Information System (the database for care providers), which was described in §2.4. The BJZ and/or GPs referred 688 victims of sexual violence to the youth mental health service between 2008 and 2012, 75% of whom were girls. It is impossible to tell from the data how many cases were referred by the BJZ and how many by a GP.

One reservation about the DBC data is that the codes relating to sexual abuse (in principle, one for victims and one for offenders) are probably not used consistently by mental health institutions, and it is therefore sometimes difficult to make a distinction between offenders and victims.<sup>28</sup> This means that there is very likely an under-reporting of the number of victims treated by the youth mental health service as shown in this chapter.

### 7.1.1.3 Child protection measures

The parents or the child are sometimes unwilling to accept help on a voluntary basis. This must not (and does not necessarily) cause problems. But third parties (for example the school, the GP or the social services) may be so concerned about how the child or the parents are 'coping' with the consequences of the sexual violence that the need for help on a mandatory basis seems to be indicated. The case is then referred to the RvdK for an investigation of the need for a protective measure.

One of the four key tasks of the RvdK is the protection of children. When parents are unable to provide their children with the upbringing and care that are required and a child's development is consequently threatened or impaired, the BJZ or the AMK (and in urgent situations, the police or professional youth workers) can request the assistance of the RvdK if the parents and the BJZ cannot jointly resolve the problems on a voluntary basis.<sup>29</sup> The RvdK then conducts an investigation into the child and the family to discover whether the parenting situation is so threatening that mandatory help should be prescribed. If so, the RvdK asks the court to impose a child protection measure. The measures that can be imposed are a family supervision order (*ondertoezichtstelling*, OTS), a family supervision order with a custodial placement authorization (*OTS + machtiging uithuisplaatsing*, MUHP) or relief from or discharge from parental authority. Sexual violence is just one of the many parenting problems that can arise in the child protection cases dealt with by the RvdK. Because the RvdK's registration system makes no distinction between the various forms of parenting problems, it is not possible to filter out those cases relating to sexual violence against children from the records. Research was therefore conducted into a sample of two hundred child protection case files each year in the period 2008-2012 (1,000 cases in total).<sup>30</sup> Cases in which suspicions of sexual violence were mentioned in the background to the investigation or cases in which suspicions were mentioned in the course of the investigation and were taken seriously by the RvdK's investigators were selected as cases of sexual violence against children. In 58 (5.8%)<sup>31</sup> of the 1,000 cases that were studied, there was a suspicion of, among other things, sexual violence against the child concerned.<sup>32</sup> Translating that

27 Because of the system by which DBCs are delivered to the DBC Information System, the data for 2012 are not yet complete.

28 See Appendix 1.10.

29 From 1 January 2015, the RvdK will investigate situations that are reported by a municipal executive or a youth worker designated by it, by a certified institution or by the Domestic Violence and Child Abuse Counselling and Reporting Centre (Article 3.1 Youth Act). *Bulletin of Acts, Orders and Decrees*, 2014, 105.

30 See Appendix 1.8.

31 The 95% reliability interval is 4.5%, 7.4%.

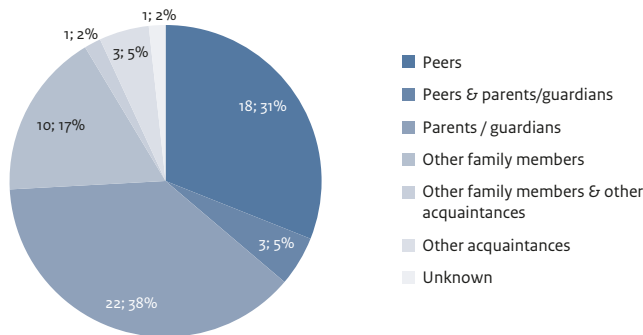
32 In two of the 58 cases the child was also a suspected perpetrator of sexual violence. In seven other cases the child was only a suspected perpetrator of sexual violence, but those cases are not included here. More information about these perpetrators can be found in §7.2.2.

percentage to the total number of cases, we arrive at just over 4,500 protection cases in the period 2008-2012,<sup>33</sup> and therefore an average of just over 900 protection cases every year. It was found that there were rarely suspicions of only sexual violence, but almost always suspicions of other parenting problems as well.

This corresponds with the finding in §5.1.3 that fewer investigations by the AMK into cases involving only sexual abuse are forwarded to the RvdK than cases where sexual abuse is also accompanied by other forms of child maltreatment.

#### The presumed victims

Figure 7.1 shows the relationship between the 58 children to whom the sexual violence cases related (hereinafter: the victims) and the suspected offenders.



**Figure 7.1 Protection investigations into victims of sexual violence, by relationship with offenders**

Source: RvdK, 2008-2012

Victims of sexual violence by peers (36%) are usually to be found in 'loverboy-like situations'<sup>34</sup>. Since the nature of the 'parenting problems' in these situations differs very substantially from situations involving incest, the 22 victims of sexual violence committed solely or jointly by peers are compared with the other 37 victims of sexual violence by offenders other than peers (first in terms of their personal characteristics, and then also in terms of the three steps in the funnel covered in this subsection).

The victims of peers do not differ from the victims of other offenders in terms of gender; 81% are girls. The group also does not differ in terms of their origin: 62.7% are native Dutch. On average, however, the victims of peers are older (14.65 years<sup>35</sup> versus 9.86 years,<sup>36,37</sup> the most significant differences being that there are fewer victims in the 6-11 age group (9.5% versus 43.2%)<sup>38</sup> and more victims in the 12-17 age group (90.5% versus 40.5%)<sup>39</sup> (see Figure 7.2).

33 The total number of protection cases in this period was 80,595.

34 See, for example, [Dutch National Rapporteur on Trafficking in Human Beings and Sexual Violence against Children \(2013b\)](#), §2.10.

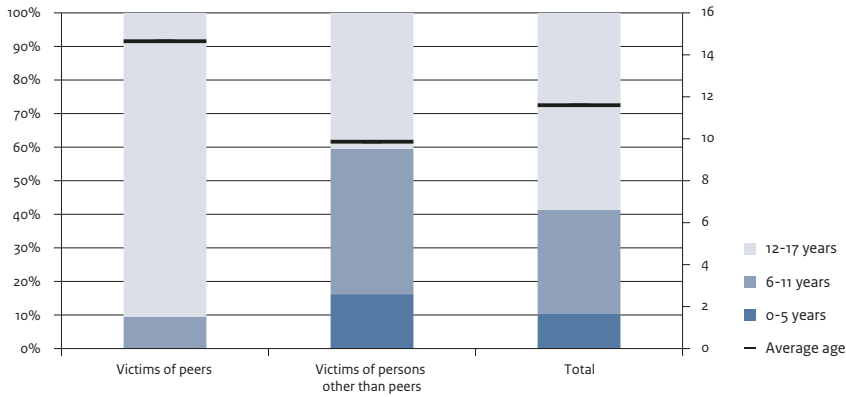
35  $N = 21$ ;  $SD: 2.00$  years.

36  $N = 37$ ;  $SD: 4.44$  years.

37  $t: -4.66$ ;  $df: 53.97$ ;  $p < 0.01$ .

38  $\chi^2: 7.12$ ;  $df: 1$ ;  $p < 0.01$ .

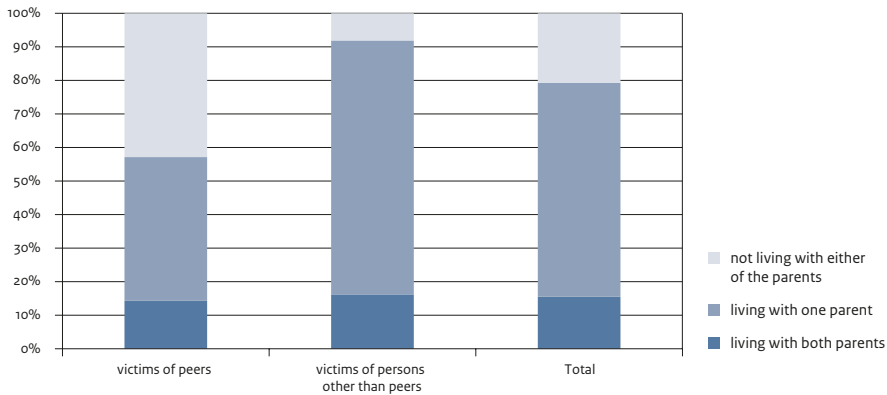
39  $\chi^2: 13.77$ ;  $df: 1$ ;  $p < 0.01$ .



**Figure 7.2** Protection investigations into victims of sexual violence, by age

Source: RvdK, 2008-2012

Only 15.5% of all victims were living at home with both parents at the time of the protection investigation, which confirms the impression that children in single-parent families are one category that face an increased risk of becoming victims (see §2.3). Victims of peers live less often in single-parent families (42.9% versus 75.7%)<sup>40</sup> and are living more often in an institution, with a foster family or with grandparents (42.9% versus 8.1%)<sup>41</sup> than victims of other offenders (see Figure 7.3).



**Figure 7.3** Protection investigations into victims of sexual violence, by family composition

Source: RvdK, 2008-2012

It is noteworthy that the children involved in cases of sexual violence had often previously come to the attention of the RvdK, which had conducted an earlier protection investigation into almost a third (29.3%) of the victims of both peers and of other perpetrators. In 5.2% of cases, it had conducted an ear-

40  $X^2: 6.25; df: 1; p < 0.05.$

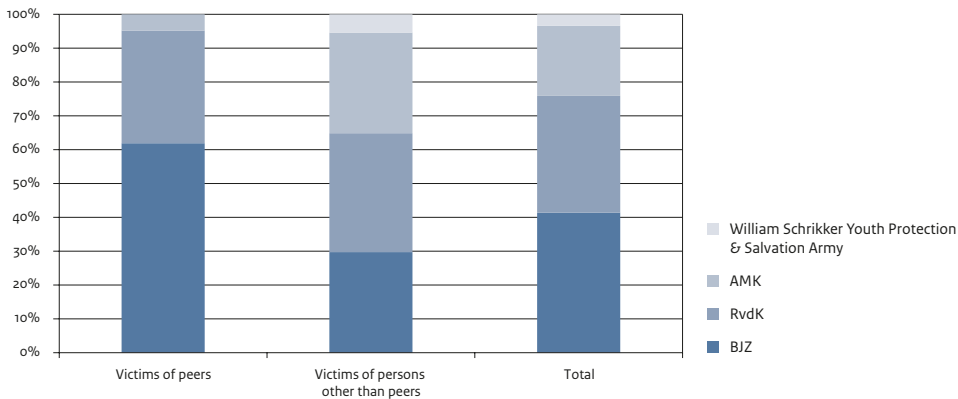
41  $X^2: 9.86; df: 1; p < 0.01.$

lier criminal investigation.<sup>42</sup> In other words, those previous investigations had not led to the creation of a safe and stable situation for the child.

The three steps in the funnel covered by this subsection are discussed below, namely, who reports the suspected victims to the RvdK? What decisions does the RvdK make on the basis of its investigations? And, finally, what decisions do the children's courts make when the RvdK applies for a child protection measure?

### The notifiers

Figure 7.4 shows who reported the 58 suspected victims of sexual violence to the RvdK.



**Figure 7.4 Protection investigations into victims of sexual violence, by notifier**

Source: RvdK, 2008-2012

Most cases of sexual violence are reported to the RvdK by the BIZ (41.4%), followed by the RvdK itself (34.5%)<sup>43</sup> and the AMK (20.7%). Victims of peers are reported more often by the BIZ<sup>44</sup> and less often by the AMK<sup>45</sup> than victims of other perpetrators, which seems logical since children who are victims of peers are more likely to be victimized outside the family environment than children who are victims of parents/guardians. And whereas the BIZ is aware of unsafe situations both inside and outside the family, the AMK focuses mainly on unsafe situations in domestic circles.

### The decisions of the RvdK

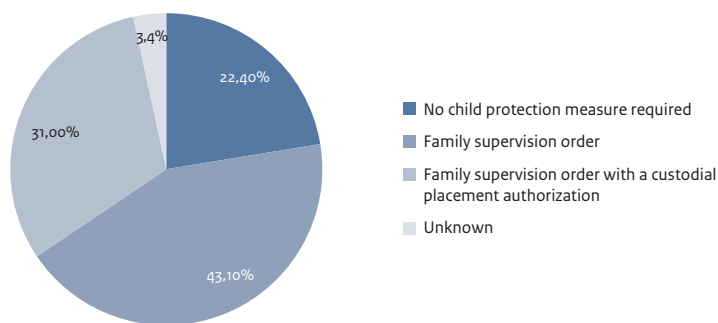
Figure 7.5 shows whether the RvdK found that a child protection measure was necessary on the basis of an investigation, and if so what type of measure. The decisions of the RvdK following its investigations into victims of peers do not differ from its decisions after investigations into victims of other perpetrators.

42 For more information about the criminal investigations by the RvdK into suspected underage perpetrators of sexual violence, see §7.2 and §6.2.3.

43 The RvdK can start an ex officio protection investigation if it finds cause to do so during the performance of its other tasks (such as a criminal investigation).

44  $X^2: 5.72; df: 1; p < 0.05.$

45  $X^2: 5.09; df: 1; p < 0.05.$



**Figure 7.5 Protection investigations into victims of sexual violence, by decision of the RvdK**

Source: RvdK, 2008-2012

In approximately a fifth (22.4%) of the cases of sexual violence, the RvdK concluded after completing its investigation that no child protection measure was needed. In 43.1% of cases, the RvdK decided to request a family supervision order, and in roughly a third (31.0%) it found that a family supervision order with a custodial placement authorization was required. A finding that mandatory help is needed does not necessarily mean that the RvdK has confirmed the suspected sexual violence; it means that it has concluded that the parenting situation in which the child finds itself constitutes a serious threat to the child's development, which might also be due to other parenting problems quite apart from the suspected sexual violence. By extension, a finding that a child protection measure is unnecessary does not mean that the RvdK has dispelled the suspicion of sexual violence but merely that it regards a child protection measure as an *ultimum remedium*<sup>46</sup> as an overly severe intervention in that particular case.

#### *The decisions of the children's courts*

Finally, it was found that the courts almost always agree to requests by the RvdK for a child protection measure (in cases of sexual violence relating to victims of peers as well as those relating to victims of other perpetrators). In none of the cases that were studied had the court contradicted the RvdK and decided that no child protection measure was needed. It is possible to conclude from this that the RvdK adopts strict criteria in deciding whether or not to apply to the courts for a child protection measure. This is in line with the view that a child protection measure is a last resort. But it raises the question of what the RvdK does in cases where there are doubts about whether the court will agree to a request for a child protection measure. The fact that no such request was ever denied in the cases that were studied could suggest that the RvdK does not submit those cases to the courts, although it could in fact also be a consequence of the strict selection that has already been made by the BJZ or the AMK, for example, in deciding which cases to refer to the RvdK.

<sup>46</sup> Parliamentary Documents II 2012/13, 33 684, no 3. pp. 30-31.

## 7.1.2 Possibilities for help

Based on quantitative data from the four J&O organizations and the youth mental health service, this subsection describes the types of help victims have received and some of the consortia that contribute to creating a chain of help and support for victims.

### 7.1.2.1 What help is available?

There are various forms of help available for victims of sexual violence, ranging from minor support (see text box) to intensive help in the regular and/or alternative health care circuit. Only the regular forms of help are described in this subsection, but that does not mean that alternative forms of help do not have any effect. Victims can certainly benefit from alternative therapies, such as hypnotherapy or therapies based on anthroposophic principles.<sup>47</sup> These therapies are not further discussed here because the data received concerned help provided by regular help providers, the J&O organizations and the youth mental health service. The data describe the type of help the victims received and the duration of the help. It was not possible to determine what specific interventions were used for victims. To gain an insight into interventions that could be beneficial for victims, a survey of the literature was carried out and qualitative information from 26 J&O organizations was analysed. The intervention that is ultimately best suited differs from one child to another and depends on the seriousness of the consequences of the violence suffered and the victim's personal needs.

#### *Support*

Just the presence of support is sometimes enough for victims – all they need is someone to listen to them, to believe them (see §3.1) and, if necessary, to help increase their own problem-solving capacity. For this type of help they can contact the Child Helpline (see §3.1 and §7.1.1.1), victim support groups and the Centres for Youth and Family (see §7.1.2.2), among others.

If no indications have yet appeared that the victim is suffering serious problems, a waiting period under the supervision of a social worker or an orthopaedagogic specialist can be useful.<sup>48</sup>

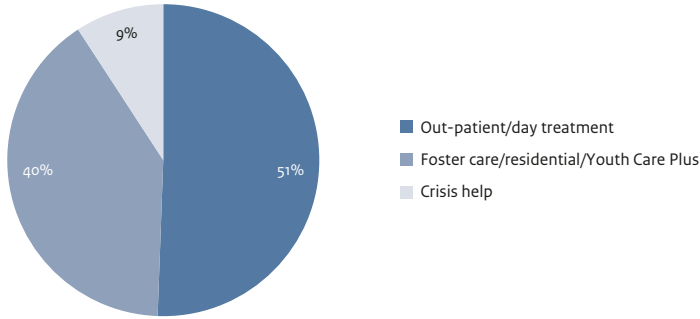
If more intensive forms of help are needed, J&O organizations and the youth mental health service can prove useful (when victims seek help themselves, on the advice or urging of the AMK or compulsorily under a child protection measure).

#### *J&O organizations*

In the four organizations that were studied, victims who received help from J&O organizations in 2011 and/or 2012 generally received out-patient and/or day treatment (Figure 7.6). This is the form in which the help was provided, not the nature of the help itself.

47 Leferink (2014), p. 81.

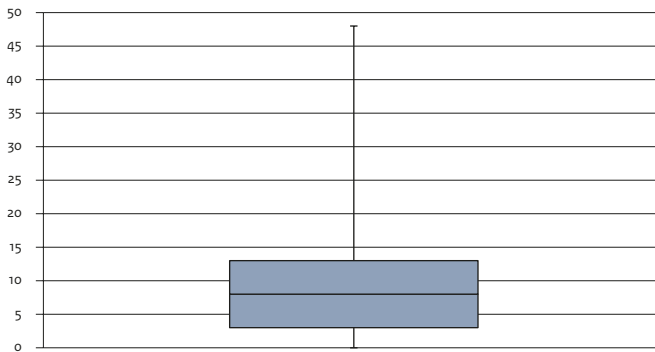
48 Presentation by I. Bicanic during the roll-out day for the Sexual Assault Centres, 25 October 2012.



**Figure 7.6** Distribution by type of help provided (N = 87)

Source: Data from J&O organizations 2011-2012

The duration of the help provided varies greatly as Figure 7.7 shows. The vertical line above the box plot shows the maximum duration; extreme outliers have been disregarded.<sup>49</sup> The horizontal line represents the median, which is the point below which 50% of the victims fall. The bottom and top of the box plot represent the limits below which 25% and 75% of the victims fall. The vertical line below the box plot shows the minimum duration. The largest group of victims (50%) received help for between three and thirteen months. Neither gender nor age (see Table 7.1) had any influence on the duration of the help, but the form of the help did.<sup>50</sup> The results show that when victims received help for a longer period, the form of help was more intensive. Victims who received foster care, residential care and/or care in a Youth Care Plus (*JeugdzorgPlus*) institution made use of the help for longer than victims who received out-patient and/or day care or crisis help.



**Figure 7.7** Duration of the help in months (N = 71)<sup>51</sup>

Source: Data from J&O organizations 2011-2012

49 Two outliers with treatment periods of 170 and 180 months were excluded.

50  $\chi^2: 16.2; df: 2; p < 0.001$ .

51 Six victims are still receiving help. The duration of the help is not known for ten victims because of a registration error.



The *quantitative* study was supplemented with a qualitative study that was carried out by asking *Jeugdzorg Nederland*, the umbrella body for the youth care sector, to distribute a questionnaire to fifty J&O organizations (see [Appendix 1.9](#)). The survey showed that fifteen of the 26 organizations that completed the questionnaire offered a range of services for victims of sexual violence. Frequently mentioned therapies were expressive therapy (formerly known as creative therapy), play therapy, psychomotor therapy, Eye Movement Desensitization and Reprocessing (EMDR),<sup>52</sup> trauma-focused cognitive behavioural therapy (TF-CBT) and system therapy (targeted at the entire family).

The other eleven organizations that completed the questionnaire do not have a specific programme of help.<sup>53</sup> Some organizations employ the Signs of Safety method to guarantee the safety of children in families where there is a suspicion of child abuse, including sexual violence.<sup>54</sup> This method concentrates on cooperation between the help provider and the family on the basis of a safety plan. Guaranteeing the child's safety can prevent re-victimization, while at the same time the help provider can quickly learn more about the family's situation and so target specific forms of help more accurately. A number of organizations also provide training in assertiveness, such as *Rots en Water* and *Girls Talk* (which fall under the prevention programmes that are discussed in [Chapter 8](#)). Prevention programmes do not help victims to process the effect of abuse that has already been suffered, but they can help to prevent re-victimization by increasing a child's sexual resilience.

#### *Youth mental health service*

Most victims treated by the youth mental health service in the period 2008-2012 received individual treatment (N = 593, see [Table 7.1](#)) – fourteen hours on average. The other 89 victims (13%)<sup>55</sup> received a combination of individual and group treatment (the net face-to-face time that physicians devoted to the victim).<sup>56</sup> Persons in this group received longer treatment than those who only received individual treatment.<sup>57, 58</sup> This difference is due not only to the group treatment; victims who received group treatment also received more hours of individual treatment. On average, they received 28 hours of individual and nine hours of group treatment.

The youth mental health service can use a number of psychotherapeutic interventions that have been proved to be effective<sup>59</sup> (EMDR and TF-CBT)<sup>60, 61</sup> in treating trauma-related complaints and disorders (see [§2.4](#)). Forms of trauma-related cognitive behavioural therapies suitable for victims of sexual violence are

52 With EMDR, the suffering caused by recollection of the abuse is reduced.

53 These organizations refer victims to other J&O organizations or youth mental health institutions that have specific programmes to help victims of sexual violence.

54 Turnell & Edwards (1999)

55 Six victims are disregarded here because of suspected registration errors.

56 The duration of individual treatment is the time that the patient has spent with the treating physician. That is not the case with group treatment, where the physician divides his or her time among the patients in the group.

57 T: 5.5; df: 93.4; p: 0.001.

58 This corresponds with the findings in [Chapter 8](#) (Duration of treatment for paedophiles).

59 Psychotherapy encompasses a wide range of therapies, including cognitive behavioural therapy and system therapy, and embraces structured interviews with the patient, <http://zp.efp.nl>, consulted on 12 January 2014.

60 Bisson & Andrew (2009), p. 18.

61 According to the latest scientific insight, the fact that an intervention is evidence-based and effective does not mean that it actually has an effect on every victim.

STEPS, the Horizon method and WRITEjunior, all of which are designed to alleviate complaints.<sup>62</sup> STEPS and the Horizon method are group interventions, which also include a simultaneous programme for non-abusing parents to enable them to provide the best possible help for their children. Originally, only the mental health service could offer these therapies, but psychologists in a number of J&O organizations are now also certified to use some of these interventions, which is why these therapies were also mentioned in the subsection on 'J&O organizations'. The fact that these effective interventions are no longer confined to the mental health service increases accessibility to them for reducing trauma-related complaints and disorders and coming to terms with the abuse (see §7.1.4.1).

Regardless of the interventions that are used, the Health Council of the Netherlands (*Gezondheidsraad*) has prescribed a number of conditions that the treatment provided has to meet (see text box). If it meets those conditions, victims can receive the treatment for as long (or as short) a period as necessary to process the traumatic events.

#### *Minimum conditions for help*

The Health Council formulated criteria for the proper treatment of a child (and other family members) in 2011. The child must be in a safe situation (the sexual violence must have ended), parents should provide the child with support and the help should be provided on an integrated, multidisciplinary basis (the treatment must address a variety of problems).<sup>63</sup> Psycho-education (providing information) is regarded as an integral element of an integrated and multidisciplinary approach as a requirement for enabling both the child and the parents to place the sexual violence in the correct perspective,<sup>64</sup> regardless of the form of treatment. The focus is on removing any sense of guilt or shame and normalizing behaviour. From interviews with social workers, it became clear that children (and their parents) always receive psycho-education when they are known to be victims of sexual violence.

In addition to the conditions laid down by the Health Council, inquiries among professionals further show that a relationship of trust<sup>65</sup> between the social worker and the client is also essential for providing adequate help. Victims themselves say that they need a help provider who listens to them, believes them, treats them as equals and is reliable, respects boundaries and establishes a clear framework for the help provided.<sup>66</sup>

These methods of helping victims are usually geared to people with a normal IQ and not to individuals with an intellectual disability. In 2010, the first polyclinic of sexology for children with an intellectual disability was opened in the province of Midden-Brabant<sup>67</sup> to provide treatment for both victims and

62 Victims can also use e-mental health interventions, such as Interapy or Virtual Reality Therapy (for adults who were abused in childhood) to reduce symptoms of post-traumatic stress.

63 *Gezondheidsraad* (2011), pp. 53-54.

64 *Gezondheidsraad* (2011), p. 54.

65 To establish a relationship of trust, the help provider must, among other things, adopt an open attitude towards the victim so that the victim has the feeling of being able to talk about anything and has no reason to be embarrassed.

66 Ivonne Meeuwssen, who has personally experienced sexual violence, has advice about 'what a help provider must be able to do'. The answers are based on the responses given by victims of sexual violence at a meeting of victims. <http://helenvanseksueelmisbruik.nl/10-gouden-regels-hulpverleners/#comments>, consulted on 22 December 2013.

67 This polyclinic is the result of a partnership between De Hondenberg (an observation centre for children and adolescents with complex needs) and De La Salle (centre of expertise for orthopaedagogic help for people with mild intellectual disabilities).

offenders. The treatment it provides for victims of trauma is systematic, devoting attention to strengthening resilience, perceptions of sexuality and the client's personal wishes in relation to sexuality.<sup>68</sup>

#### 7.1.2.2 Cooperation in the provision of care for victims

Professionals who work with abused children generally say that the help provided for them is fragmented. Cooperation in the chain could prevent fragmentation and improve access to help. By collaborating, different organizations can create a comprehensive chain of help and support for victims, and at the municipal level this is arranged by the Centres for Youth and Family, which have been established in every municipality since 2012 to consolidate expertise relating to support in parenting. Cooperation in the chain with regard to sexual violence is increasingly organized at the regional level, for example with 'one-stop shops' such as the multidisciplinary centres on child abuse and multidisciplinary teams that have been set up to provide a two-track or multi-track response to address sexual violence.

##### *Centres for Youth and Family*

As a minimum, the Centres for Youth and Family provide youth health care services (juvenile health care and community health services) and perform five tasks prescribed by the Social Support Act: providing information and advice, identification, light paedagogic help, referral to more substantial forms of help, and coordination of care). These tasks can be performed by social workers, family coaches and advisers on parenting. The Centres for Youth and Family also liaise closely with the support teams in the education sector (see §3.2.6) and the BJZ.<sup>69, 70</sup> The centres play a particularly important role for victims who will benefit from light paedagogic support. During multidisciplinary meetings, the various organizations coordinate the help they can provide and so avoid fragmentation of the services. If there are suspicions of more serious problems, the centres refer victims to the BJZ for the care that is indicated (§7.1.1.2).

##### *'One-stop shops'*

With the one stop shop formula, children (and families) have a single intake interview and are then quickly offered the appropriate help, which help prevent victims from having to repeat their story numerous times and/or being referred repeatedly to different agencies. Various centres in the Netherlands have adopted this formula, including the Family Justice Centres in Tilburg and Venlo, the Multidisciplinary Centres on Child Abuse, and the Sexual Assault Centres. Modelled on examples in other countries, the Family Justice Centres and Multidisciplinary Centres on Child Abuse have been replicated from the United States, and the Sexual Assault Centres have been adopted from Denmark. The work of some of these centres is described below.

##### *Nationwide network of one-stop shops*

At the beginning of 2014, a number of professionals in the youth care, medical and legal sectors (including some from the Multidisciplinary Centres on Child Abuse and the Sexual Assault Centres) signed a declaration in which they undertook to provide quick and integrated assistance for clients,

68 Verbal information from the polyclinic of sexology for children with intellectual disabilities, 22 April 2013.

69 At the local level, municipalities can connect other agencies and organizations with the Centres for Youth and Family, such as crèches, truancy officers, the youth mental health service and the police.

70 Centrum Jeugd en Gezin (2007)

including victims of sexual violence. One of the objectives is to expand the one-stop shop formula from a number of regions into a nationwide network.<sup>71</sup>

Two Multidisciplinary Centres on Child Abuse, in the regions of Zuid-Kennemerland and Friesland, were chosen for pilot projects designed to develop a coordinated system of care in relation to serious situations of child abuse (including sexual violence). In these centres, law enforcement authorities, youth care agencies and the medical sector work together to draw up a joint action plan to guarantee prompt help for children and their families.<sup>72</sup> See §5.2.1.5 for a discussion about the potential for tensions between social work and law enforcement.

In 2012, the Sexual Assault Centres were established to guarantee that victims of acute sexual violence (that has occurred within the last 72 hours) could receive the best possible help at a single location. In these centres, medical and psychological help and forensic examinations (see §5.2.1.5) are provided under a single roof. There are already centres in Utrecht, Nijmegen and Maastricht, and a nationwide network will be in place by the end of 2015.<sup>73</sup>

#### *Sexual Assault Centres*

Victims can contact a Sexual Assault Centre directly for treatment. In view of the presence of forensic expertise and the possibility for the police to conduct a preliminary interview and/or take a complaint from the victim (see §5.2.1.3 and §5.2.1.4), information that is crucial for an investigation can already be obtained during the initial intake interview. The centre can refer victims who have suffered sexual violence more than 72 hours earlier for the appropriate mental health care.

Research has shown that the centres have added value for both victims and professionals. It was found that the professionals are better able to coordinate their actions and that victims generally appreciate the coordinated care.<sup>74</sup> The Ministers of Security and Justice and of Health, Welfare and Sport intend to publicise this successful approach among professionals and remove bottlenecks that still exist for victims.<sup>75</sup>

#### *Multidisciplinary consultation on sexual violence*

In various regions, meetings of experts in the field of sexual violence from a range of disciplines are organized on a weekly or monthly basis. Examples of these multidisciplinary teams are the Two- or Multi-track Team (TMT) in Amsterdam and the two Sexual Violence Scenario Teams in the province of Noord-Brabant. Professionals can consult the TMT<sup>76</sup> for advice if they have suspicions of sexual violence within a relationship of dependence. The TMT adopts the basic principle that victims, perpetrators and non-abusing family members must all receive attention and help. The experts in the TMT, which is part of

71 Blog by Janet van Bavel, manager of Child and Youth Trauma Centre in Haarlem, consulted at <http://www.nespcan.nl/?p=505>, 25 February 2014.

72 <http://www.psy.vu.nl/over-de-faculteit/wetenschappelijke-afdelingen/ontwikkelingspedagogiek/awk/multidisciplinaire-aanpak-mdck/index.asp>, consulted on 1 April 2014.

73 Dichtblij, 'Landelijke uitrol Centrum Seksueel Geweld', 17 February 2014.

74 Vanoni, et al. (2013), p.37.

75 Written information from the Sexual Assault Centre in Utrecht, 10 January 2014.

76 The TMT includes representatives from the BJZ, AMK, RvdK, the (youth) mental health service, MEE and the vice police.

the Sexual Violence Support Centre (*Steunpunt Seksueel Geweld*) of Amsterdam's public health service, provide advice about what steps need to be taken, who can take them and in what order they should occur.<sup>77</sup>

The partners<sup>78</sup> in the Sexual Violence Scenario Teams deal with cases involving underage victims, most of which are reported by the police. The team's objective is to properly assess the nature and seriousness of a situation by performing a safety analysis. An integrated action plan that combines law enforcement and health care is then drawn up. To prepare that plan, each of the partners searches its own organization's system to see whether the individuals concerned are already known to them. This helps to create a more comprehensive picture of the victims and perpetrators and their environment and facilitates coordination of the help. One organization is selected as the case coordinator. It takes charge and is responsible for providing feedback to the other partners. If there are very complex problems, the sexual violence process director is called in to coordinate between the various organizations in implementing and making any necessary revisions to the action plan. The Scenario Teams fall under the domestic violence support centres (*Steunpunt Huiselijk Geweld*) in the province of Noord-Brabant.<sup>79</sup>

These forms of cooperation in the health care sector facilitate an integrated, multidisciplinary approach for victims of sexual violence and their families. The Ministers of Security and Justice and of Health, Welfare and Sport incorporated the multidisciplinary approach to all forms of child abuse, including sexual violence, in 'Children Safe', the action plan against child abuse for the period 2012 to 2016 (see §8.1.2.1).<sup>80</sup> They have also commissioned ZonMW, the organization for research and innovation in health care, to investigate the added value of such an approach to child abuse. ZonMW has said it will produce a final report in 2014, and the ministers will decide whether the multidisciplinary approach to combating child abuse will be expanded on the basis of its findings.<sup>81</sup>

#### *Bottlenecks in the cooperation relating to care for victims*

On paper, the consortia described above are well organized, and they do, in fact, function well in practice. But there are some problems with the sharing of information that can hamper effective coordination of help. As seen in §4.2.2.4, the AMK reports too few cases in which they have investigated suspicions of sexual abuse of children, according to the police. In other words, the exchange of information between these parties is not optimal. The same point was made in §5.2.1.5 with respect to the sharing of information between social workers and the police, in cases where a social worker refuses to cooperate with a criminal investigation, for example. Some professionals adhere too rigidly (and sometimes wrongly) to the rules of professional confidentiality (see §4.1.3).

### 7.1.3 Does help help?

Help is effective if the goals are reached and problems are resolved.<sup>82</sup> The previously mentioned EMDR therapy and the various forms of TF-CBT are effective interventions for victims with trauma-related com-

77 Twee- of Meersporen Team (2012)

78 The key partners include representatives of the BJZ, AMK, the mental health service, MEE, Victim Support Netherlands and the police.

79 Written information from the Sexual Violence Scenario Team, 18 April 2014.

80 Veilig (2011), p. 13.

81 ZonMW, 'Ondersteuning en evaluatie multidisciplinaire aanpak kindermishandeling van start', 27 August 2012.

82 <http://www.businessdictionary.com/deinition/efectiveness.html>, consulted on 22 April 2014.

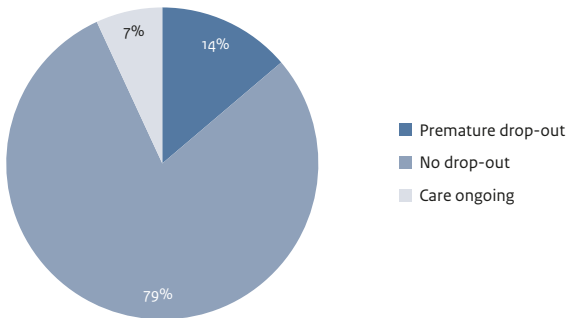
plaints or disorders. Since the data from the DBC Information System and the J&O organizations provide no insight into the interventions used, it is not possible to say whether victims always have access to effective help. However, a score used to measure a child's general functioning (by the youth mental health service) and figures for the drop-out rate from help programmes (from the four J&O organizations) do give an indication of the extent to which the help provided actually does help. With this information, it can be tentatively concluded that the help provided does seem to help victims of sexual violence. It is perhaps a way of preventing re-victimization.

#### General functioning

The Children's Global Assessment Scale (CGAS) is an instrument for measuring the general psychological, social and professional functioning of a child over the age of four.<sup>83</sup> Care providers in the youth mental health service register the CGAS score of patients at the start and the end of treatment at least. If a treatment is producing results, one would expect the patient's general functioning to have improved, in which case the CGAS score will be higher at the end than at the beginning of the treatment. The DBC data show that this is indeed the case: the difference between the score at the beginning and the end is significantly larger than zero.<sup>84</sup> In other words, the general functioning of victims who receive treatment from the youth mental health service improves, regardless of their age or gender or the cluster of disorders they fall under.

#### Drop-out rate

According to the data from the four J&O organizations, more victims complete the treatment than drop out (Figure 7.8),<sup>85</sup> which probably means that the help they receive is having a positive effect on their welfare and they see no reason to stop the treatment. It was not possible to ascertain the reasons why individual victims (14%) did stop accepting help before the objectives<sup>86</sup> had been met.



**Figure 7.8 Drop-out rate in J&O organizations (N = 87)**

Source: J&O data 2011-2012

83 <http://www.praktijkbuitenpost.nl/gaf-score-volwassenen/>, consulted on 22 April 2014; *Government Gazette*, 27 September 2013, no.26683, p. 5.

84  $T: 11.72$ ;  $df: 643$ ;  $p: 0.00$ . This assessment only covered the 643 victims whose CGAS score was registered at the beginning and the end.

85 Wald  $\chi^2: 24.5$ ;  $df: 1$ ;  $p < 0.001$ .

86 For example, behavioural change or learning to deal with emotions.

In the questionnaire sent to the fifty J&O organizations for the qualitative study (see §7.1.2.1), they were asked to give the main reasons why victims cancelled the programme of treatment prematurely. Nineteen organizations answered the question. The most frequently mentioned reasons for patients abandoning treatment were the following:

- Victims are not yet ready to process the sexual violence,<sup>87</sup>
- Victims do not feel safe enough to talk about the traumatic events,<sup>88</sup>
- The help or the provider of the help is not adequate.<sup>89</sup>

#### 7.1.4 Changes

The final topic covered in this section is the changes that are currently underway in the mental health service and the changes pending as a result of the Youth Act that could affect help for victims.

##### 7.1.4.1 The impact of changes in the mental health service with effect from 1 January 2014

Since the start of 2014, health insurers have made a distinction between a psychological complaint and a psychological disorder in the contracts they conclude with providers of mental health care.<sup>90</sup> A person is only entitled to reimbursement of the costs of treatment in the mental health service if he or she is found to have a disorder according to the classification system in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).<sup>91</sup> The existence of a disorder is the criterion for the mental health service to start treatment, which means that problems that could be a reason for concern, such as problems arising from suffering (long-term) sexual violence, are excluded from reimbursement. However, the conditions for qualifying for reimbursement have been extended. In consultation with Fier Fryslân, the Dutch Health Care Authority (*Nederlandse Zorgautoriteit*) and the National Health Care Institute (*College voor Zorgverzekeringen*), the State Secretary for Health, Welfare and Sport has produced a classification for the treatment of disorders resulting from child maltreatment and sexual abuse.<sup>92</sup> There still has to be a disorder, but the criteria for post-traumatic stress syndrome (PTSD) have been relaxed.<sup>93, 94</sup> It no longer has to be shown, for example, that the disorder affects the individual's social or professional functioning. In addition, the criteria regarding the symptoms displayed by victims have been relaxed. PTSD can now be diagnosed not only if the symptoms have been manifest for longer than a month, but also if they appear within six months of experiencing sexual violence.<sup>95</sup> Apart from this relaxation of the criteria, victims with serious psychological complaints, but who do not suffer from a disorder, do not qualify for reimbursement of the costs of help provided by

87 For example, confronting the trauma is too severe for the victim, the trauma is denied or the help programme takes too much energy. At the start of the help programme the victim always feels worse because of the confrontation with the trauma, before the situation improves.

88 For example, if their life situation is threatening.

89 The programme does not match the victim's needs, for example, or the victim does not feel he or she is understood by the help provider.

90 College voor Zorgverzekeringen (2013), p. 58.

91 <http://www.dbconderhoud.nl/dsm-5-nog-niet-meteen-in-de-dbc-systematiek-fznieuwsbrief>, consulted on 17 March 2014.

92 Parliamentary Documents II 2012/2013, 33 400-XVU, no. 156, p. 6.

93 'State Secretary for Health Van Rijn is addressing some of the problems that have been identified in relation to (trauma) treatment of abused and maltreated children, <http://www.fierfryslan.nl/upload/8c2775ee-8d64-47e2-a67b-516a917dbc12.pdf>, consulted on 12 February 2014.

94 The criteria according to the International Classification of Diseases and Related Health Problems, ICD-10, for PTSD are less strict than the criteria according to DSM-IV-TR.

95 <http://www.ptsd.va.gov/professional/assessment/overview/comparison-icd-dsm-iv.asp>, consulted on 2 March 2014.

the mental health service. Precisely in order to prevent the development of one or more disorders in these children, it is crucial that their access to youth mental health care services is and remains guaranteed.

#### *Insured and uninsured care*

The DBC data on the treatment of victims by the mental health service, as discussed in §7.1.2.1, cover the period from 2008 to 2012, so the effects of the changes taking place in the mental health service in 2014 cannot yet be seen in the data. However, the data do give an indication of the number of victims that would no longer qualify for reimbursement of the cost of treatment under the current guidelines. These are the victims who are suffering from serious complaints that do not yet constitute a disorder. Most diagnoses qualify for insured mental health care, although since 2012 that has no longer applied for adjustment disorders. With the current changes, learning disorders and 'other reasons for care' (such as sexual abuse of a child) now also fall outside the system of reimbursement. The 505 victims without a diagnosed disorder and some of the 183 victims with a disorder would no longer be entitled to claim reimbursement of the costs of this care under the current guidelines. In other words, 80% of the 688 victims would no longer be covered by insured care, which means that victims (or their parents) who cannot afford the care themselves will no longer receive mental health care until the problems worsen and they are suffering from a disorder, which perhaps could have been avoided if they had received adequate help early on.

Victims of sexual violence who need treatment should receive it. Waiting until a problem becomes worse in order to qualify for insured care is not an option. If it is found that help from J&O organizations is no longer adequate, treatment by the youth mental health service must be available, regardless of whether an individual is suffering from a disorder. It is important for the State Secretary for Health, Welfare and Sport, the Health Care Authority and the National Health Care Institute to devote sufficient attention to the possibilities for victims of sexual violence to receive treatment. They must ensure that these children do not fall through cracks in the system.

#### 7.1.4.2 The effect of changes following the transition in youth care in 2015

In 2015, responsibility for providing help for children and young people is being delegated to the municipalities. Among the objectives of the system changes are to divert more resources to prevention and to enable support to be provided sooner (see also §8.3). This can be achieved if municipalities offer accessible, prompt and integrated help and assistance according to the principle of 'a single family, a single plan, a single director'.<sup>96</sup> Children and their parents should therefore be able to receive the appropriate care sooner (including tailored help and care) and there should be closer cooperation in the provision of help for families.<sup>97</sup> One of the anticipated outcomes of the transition is that it will reduce reliance on specialist help (such as treatment by the youth mental health service) and help on a mandatory basis (such as child protection measures).<sup>98</sup> The proposed reduction in the budget for help for young people will also have an impact.<sup>99</sup>

The emphasis on providing prompt help could mean that victims will have access to help sooner. But in view of the problems relating to disclosure by victims themselves and identification of sexual violence by third parties (see Chapter 3), there is still a risk that they will not receive prompt help. The problems

96 *Parliamentary Documents II* 2012/13, 33 684, no. 4, p. 5.

97 *Parliamentary Documents II* 2012/13, 31 839, no. 307, p. 12.

98 *Parliamentary Documents II* 2012/13, 33 684, no. 4, p. 5.

99 Timmermans, de Jong & Hollander (2013), p. 5.



arising from sexual violence (see §2.4) might then worsen, and support alone will no longer be enough. Either specialist help or help on a mandatory basis would then be necessary. And that help must be available.

The National Rapporteur has already expressed her concerns about the changes in the youth care system, particularly with respect to the quality and accessibility of help for children who are victims of sexual violence.<sup>100</sup> During the transition, municipalities must ensure that this group of victims continue to receive adequate help. These victims often require specialist help, and in that context the growing trend towards generalization in the health care system might prove counter-productive. Specialist help should be available at all times. The knowledge and expertise of professionals about the help this group of children requires must not suffer from budget cuts or the transfer of responsibilities.

### 7.1.5 Conclusion

The focus of this section was on the question of what happens with victims when obstacles with regard to disclosure, identification, reluctance to act and reporting (Chapters 3 and 4) have been overcome. It was concerned primarily with those victims who are known to the regular social services (both on a voluntary and a mandatory basis). The discussion was based on information from four J&O organizations and the youth mental health service. These victims approached those institutions (a) because the victim and/or the parents sought help themselves, (b) on the recommendation of the AMK or other professionals, (or c) the children's courts decided (at the request of the RvdK) that help should be provided on a mandatory basis. There is no difference between voluntary and mandatory help in terms of the type of help (the intervention) or the form in which it is provided (with the exception of the Youth Care Plus institutions).

The RvdK does not record the type of parenting problem (such as suspected sexual violence) involved in its protection investigations. Consequently, it is impossible, without a time-consuming study of case files, to discover more about the nature and scale of the cases involving sexual violence. It is important for the records to be expanded to *at least* the extent necessary to make this possible in the future, since that would ultimately benefit efforts to address the problem. A study of case files in the period 2008-2012 showed that, in addition to other parenting problems, there was probably sexual violence against the child concerned in roughly 5.8% of all protection cases dealt with by the RvdK. The suspected sexual violence was usually committed by either parents/carers or other family members, or by peers (loverboy-type situations). In almost 80% of the cases, the RvdK decided that a child protection measure was needed, usually a family supervision order or a family supervision order with custodial placement authorization. The children's courts then almost always ordered the measure requested by the RvdK, which means that help was provided on a mandatory basis either because the parents obstructed the help that was required or because the child (who was usually an older child) refused to accept the help.

It is mainly GPs and the BJZ's admissions officers who decide, with regard to both voluntary and mandatory help, what help is appropriate. When the victim's problems have been analysed (the information) and it has been found that there are indications that help is required (the criterion), the type of help re-

100 Letter from the National Rapporteur to the State Secretary for Health, Welfare and Sport of 18 October 2012, <http://www.nationaalrapporteur.nl/actueel/kamerbrieven/>, consulted on 24 April 2014; letter from the National Rapporteur to the chairman of parliament's Committee for Health, Welfare and Sport of 20 December 2013, <http://www.nationaalrapporteur.nl/actueel/kamerbrieven/>, consulted on 24 April 2014.

quired (from a J&O organization or the youth mental health service) is specified in the needs assessment. The four J&O organizations provided help for 87 victims in 2011 and/or 2012. The youth mental health service treated 688 victims between 2008 and 2012. From the data received, help seems to be effective, but the contributing factors are not known. A serious shortcoming is that the data did not specify the type of intervention that victims received, so it is impossible to express any judgment about whether victims received the most appropriate and effective help.

Finally, this section discussed past and future changes in the system that could have an impact on the help provided for victims. According to the current guidelines for mental health care, victims suffering from serious psychological complaints that do not amount to a disorder no longer qualify for reimbursement of the costs of treatment. So where can these children go? The replies to the questionnaire that was sent to 50 J&O organizations revealed that some organizations now offer effective interventions aimed at mitigating complaints (such as EMDR). These interventions are therefore no longer confined to the mental health service. Since not every J&O organization possesses the knowledge and expertise required to perform these interventions, it is particularly important that access to the mental health service remains available for victims of sexual violence in order to prevent the development of disorders. It is essential to prevent these children from falling through cracks in the system. The same arguments apply for changes ensuing from the new Youth Act, which is expected, among other things, to reduce demand for specialist help (including mental health care). But victims who require specialist help must receive it. Given the new trend of generalization among professionals, there is a risk that expertise in the area of sexual violence will be lost and that there will not be sufficient appropriate help available for victims.

## 7.2 Re-socialization of offenders

As of 31 December 2010, 31 persons serving entrustment orders (TBS orders) for sex offences against victims under the age of sixteen had a long-stay indication.<sup>101</sup> All other perpetrators of sexual violence against children will ultimately return to society – sometimes after serving a sentence and sometimes after serving a sentence and receiving treatment. Some will not have been removed from society at all (for example, if they have received an entirely conditional prison sentence or a sentence of community service). Some perpetrators require treatment to prevent them from committing the offence again. Many paedosexuals also remain under supervision by the probation service when they return to society.

The question is: who constitutes a high risk of creating new victims and who does not? And for whom are interventions needed to prevent them from creating new victims? But equally, for whom are interventions not needed? The Bill on Long-term supervision, behaviour modification and restriction of liberty<sup>102</sup> will create a legal basis for long-term supervision of sex offenders, but since the available funds are not unlimited, the use of such an instrument will have to be targeted if it is to be effective.

This section discusses how the relevant offenders should be selected and how the selection is currently made. The Netherlands appears to be lagging behind the latest scientific insights and the practice in other countries in terms of assessing who constitutes a very serious risk of recidivism and who poses a

101 Schonberger, de Kogel & Bregman (2012)

102 *Parliamentary Documents II* 2013/14, 33 816, no. 2.

less serious risk. As a result, perpetrators of sexual violence against children may receive too little or too much treatment in relation to the threat they pose.<sup>103</sup> The risk of under-treatment is evident: the threat of recidivism is not reduced sufficiently. Over-treatment is more than just a waste of money: treating low-risk offenders can actually increase the threat of recidivism.

§7.2.1 discusses the decision on whether or not interventions designed to reduce the risk of recidivism should be recommended for suspects. It shows that there are shortcomings in both the information on which the decision is based and the criteria used to make the decision. The outcomes of this decision are then discussed: §7.2.2 discusses treatment, §7.2.3 covers supervision, and §7.2.4 describes the aim of these interventions – the reintegration of the offender into society. §7.2.5 covers the existing knowledge about recidivism among perpetrators of sexual violence in the Netherlands.

### 7.2.1 The right choices: the ‘what works principles’

For which perpetrators is intervention needed to reduce the threat of recidivism, and for whom is it not necessary? The Risk-Need-Responsivity model<sup>104</sup> is the international standard for the treatment of offenders. Three principles, the ‘what works principles’, form the core of the model:

- *Risk*: the level of intervention should match the risk of recidivism. The higher the risk, the more intensive the treatment.
- *Need*: interventions should address the offender’s criminogenic factors, that is to say, the factors that principally determine the risk that the perpetrator will offend again.
- *Responsivity*: for optimal effect, interventions should match the capacities of offenders, for example their learning style, abilities and talents.

In light of this model, there is room for improvement in the approach to perpetrators of sexual violence in the Netherlands. The results of the application of the risk and the need principles in ordering treatment and supervision in the Netherlands are discussed in §7.2.1.1 and §7.2.1.2, respectively. The risk principle encompasses the selection of the right offenders for interventions, while the aim of the need principle is to ensure that the offender receives treatment that will actually reduce the risk of recidivism. The responsivity principle is concerned with precisely how a treatment should be applied at a more detailed level and is not discussed further here.

#### 7.2.1.1 ‘Risk’: who needs to be treated?

Establishing the risk of recidivism is one of the tasks of the bodies that advise the courts in criminal proceedings through probation reports, investigations by the RvdK and pro Justitia reports. The risk can be assessed in various ways (see Table 7.2). Risk-assessment instruments also consider different types of factors: there are historical, immutable (‘static’) factors and those that can be changed or influenced (‘dynamic’ factors). Static factors give a good impression of the basic risk posed by an offender but are, by definition, unchangeable and therefore not suitable targets for interventions. Since dynamic factors are the factors that can be changed and have the greatest influence on whether a particular suspect will commit an offence again, treatment should be aimed at positively influencing these factors.

<sup>103</sup> Smid, et al. (2013)

<sup>104</sup> Andrews & Bonta (2010)

**Table 7.2 Forms of risk assessment, with associated instruments, discussed in this chapter**

NIFP: Netherlands Institute for Forensic Psychiatry and Psychology, 3RO: probation organizations, RvdK: Child Care and Protection Board.

Forms of risk assessment		
Unstructured	The assessor determines the risk of recidivism on the basis of personal experience and insight	Pro Justitia report (NIFP)
Structured	The assessor uses a risk-assessment instrument that includes scientifically proven risk factors. The weighing of these factors and reaching a conclusion are left to the assessor.	QuickScan (3RO) J-SOAP (RvdK) SVR-20 (forensic care) LIJ 2A and 2B (RvdK)
Actuarial	The assessor uses a scientifically proven risk-assessment instrument. The final judgment of the risk of recidivism follows from the scores on the individual factors	StatRec (in QuickScan, 3RO) RRasor (in QuickScan, 3RO) Static-99(R) (3RO) STABLE-2007 LIJ 1 (RvdK) RISc (3RO)

A statistical analysis of 118 studies into the predictive value of risk assessments among sex offenders (a so-called 'meta-analysis') showed that recidivism can be predicted more accurately with an actuarial risk assessment than with structured or unstructured assessments,<sup>105</sup> while the risk of recidivism by sex offenders is best predicted by actuarial instruments specifically devoted to sexual recidivism. Instruments geared to general recidivism also give an adequate estimate of the risk of recidivism by sex offenders. The predictive value of unstructured clinical assessments in estimating the risk of recidivism is modest. A follow-up analysis of those studies in which a direct comparison was made between aggregating the scores from an instrument and personal weighing of factors (actuarial risk assessments versus structured assessments with the same instruments) showed that the aggregation of scores gave a better estimate than a personal weighing of factors.<sup>106</sup> Actuarial risk assessment therefore has the greatest predictive value.

Different agencies currently use different forms of risk assessment in the Netherlands. Whereas in other countries, particularly in the United States and Canada (which are at the forefront in this area), the debate about the relative value of forms of risk assessment was settled in favour of actuarial instruments in the 1990s, the debate is still continuing in the Netherlands. In other words, the Netherlands is lagging behind in this regard.

#### *Risk assessment by the probation organizations*

The probation organizations use a variety of instruments to determine the risk of recidivism among offenders, including sex offenders. The QuickScan is an instrument used by the three probation organizations (3RO) to quickly establish an offender's risk of recidivism and his or her susceptibility to interventions.<sup>107</sup> The aim is to quickly screen suspects and to ascertain whether the use of the more

105 Hanson & Morton- Bourgon (2009)

106 Hanson & Morton- Bourgon (2009)

107 For a concise factsheet about the QuickScan (in Dutch), see [http://www.reclassering.nl/documents/Bibliotheek/2012/documenten/Factsheet\\_QS\\_voor\\_opdrachtgevers\\_-\\_september2009.pdf](http://www.reclassering.nl/documents/Bibliotheek/2012/documenten/Factsheet_QS_voor_opdrachtgevers_-_september2009.pdf) consulted on 29 November 2013.

extensive instrument, the RISC (see below), is indicated.<sup>108</sup> The QuickScan is a form of structured assessment, although it does incorporate the StatRec<sup>109</sup> (an actuarial instrument for estimating the general four-year recidivism rate) and, for sex offenders, the RRasor<sup>110</sup> (an actuarial instrument for making a very quick estimate of the risk of recidivism by sex offenders).

The concise QuickScan can be followed up with the more extensive instrument, the Recidivism Risk Assessment Scales (RISC),<sup>111</sup> which is a form of actuarial assessment (scores on RISC subscales are converted into an overall score on the basis of fixed weights) and is in principle used for suspects with a moderate to high risk of recidivism who are judged (on the basis of the QuickScan or otherwise) to be susceptible to an intervention. The probation organizations use the RISC to produce a needs assessment: an indication of the types of interventions that would be most effective for a particular suspect.

According to the data provided by the probation organizations, the RISC is almost always used with suspects of sex offences, usually without a prior QuickScan. A QuickScan was performed for the purposes of the recommendations for 10% (N = 329) of the suspects, compared to 71% (N = 2,241) for whom at least an RISC was used. In 6% (N = 174) of cases, only a QuickScan was used, so even when the QuickScan was used it was followed by an RISC roughly half of the time. In other words, rather than the more extensive investigation that is used in specific cases, the standard procedure for sex offenders is to use the RISC. Because the QuickScan was only decisive for the probation organization's recommendation in 6% of the cases, only the data for the RISC will be discussed below.

Research by the Research and Documentation Centre (*Wetenschappelijk Onderzoek- en Documentatiecentrum*, WODC) in 2009 showed that although the predictive validity of the RISC instrument was generally adequate, it could not predict sexual recidivism (the repeat of a sex offence by sex offenders).<sup>112</sup> To compensate for this, in addition to other changes to the RISC, probation officers now also always use Static-99,<sup>113</sup> an actuarial instrument that predicts the risk of recidivism on the basis of ten static (historical, immutable) risk factors. RRasor (see above), which is incorporated in the QuickScan, is a subset of these items. Both instruments have good predictive validity,<sup>114</sup> but the scores from Static-99(R) are better than those of RRasor.<sup>115</sup> Static 99(R) is the most commonly used instrument for risk assessment among sex offenders in the US and Canada.<sup>116</sup>

Recent research in the Netherlands has demonstrated that Static 99(R), together with other actuarial instruments, has average to good predictive value. It also makes better predictions than SVR-20, an instrument for structured clinical assessment that is regularly used in forensic care, but which barely if at all predicts sexual

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108 With sufficient time, the probation officer may decide to perform the RISC immediately, particularly if it is likely to be necessary (verbal information from the Dutch Probation Service, 24 April 2014).

109 Wartna, Tollenaar & Bogaerts (2009)

110 Hanson (1997)

111 For an overview, see <http://www.reclassering.nl/documents/Factsheets/Factsheet%20RISC%20september%202009.pdf>, consulted on 29 November 2013.

112 Van der Knaap & Alberda (2009)

113 Written information from the Dutch Probation Service, 24 April 2014.

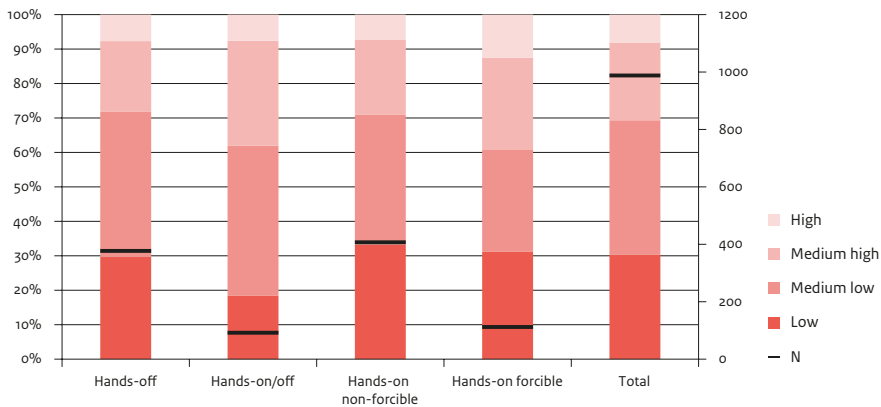
114 Hanson & Morton-Bourgon (2009)

115 Babchishin, Hanson & Helmus (2011)

116 McGrath, et al. (2010)

recidivism.<sup>117</sup> In addition to using Static 99 (R), the weakness of RISC's predictive value for sex offenders is further compensated by the fact that in practice greater weight is assigned to professional opinion.<sup>118</sup> A more in-depth investigation by behavioural experts can also be requested. That was only done in ten (0.8%) of the 1,227 advisory reports by the probation organizations where the recommendation could be found, so very little use seems to be made of that option. The data from the probation organizations show that, in line with the information presented above, in half of those cases where a RISC total score could be calculated (that is subject to strict conditions), the final assessment was revised upwards compared with that score.

Figure 7.9 shows the final estimated risk of recidivism (as registered in data from the probation organizations, on the basis of RISC, Static-99(R) and professional judgment) for each category of vice case.<sup>119</sup> There are, just barely, no statistically significant differences between the various categories. The risk of recidivism was assessed to be low or medium low for 70% of the suspects and high or medium high for 30%.



**Figure 7.9** Estimate of the risk of recidivism based on RISC, Static-99(R) and professional judgment by type of sex offence suspect (in reports published in the prosecution phase)

Source: 3RO 2010-2012<sup>120</sup>

It is not only the category of suspects (see §6.2.3) but also the risk assessment that affects the recommended conditions for control<sup>121</sup> and behaviour modification<sup>122</sup> (supervision and treatment, respectively) (see Figure 7.10), but not entirely in the manner one might expect: treatment was recommended least often for low-risk suspects,<sup>123</sup> but least often after that for high-risk suspects.<sup>124</sup> Treatment was recom-

117 Smid, et al. (2014)

118 Verbal information from the Dutch Probation Service on 18 December 2012, verbal information from the probation service in The Hague, 6 June 2013, verbal information from the Dutch Probation Service, 24 April 2014.

119 See §2.1 and §6.1 for an explanation of how the categories of sex abuse cases with underage victims were selected.

120 Because the content of advisory reports can only be found in the data from the probation organizations from 2010 and the data presented here are compared with them, here it has been decided to select only those cases where the content of the recommendation is known.

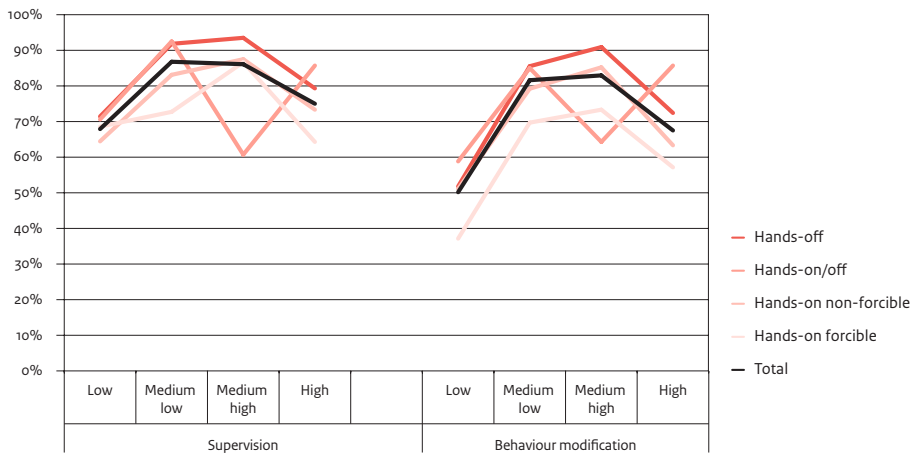
121  $F: 6.0; df1: 3; df2: 972; p: 0.001.$

122  $F: 17.8; df1: 3; df2: 972; p < 0.001.$

123 Low vs. Medium low:  $p < 0.001$ ; Low vs. Medium high:  $p < 0.001$ ; Low vs. high:  $p: 0.008.$

124 High vs. Medium low:  $p: 0.044$ ; High vs. Medium high:  $p: 0.034.$

mended equally often for suspects with medium-low and medium-high risk. The same pattern broadly applies for recommendations for supervision (although the difference between low- and high-risk offenders is entirely absent in this case),<sup>125</sup> but for supervision, the effect of the level of risk depends on the category of offender.<sup>126</sup> For suspects of hands-on forcible offences, the level of risk had no effect whatever on the recommendation for supervision. For hands-on non-forcible suspects, supervision is recommended more often for suspects with medium-low risk than low-risk suspects,<sup>127</sup> but otherwise there are no differences. For hand-on/off suspects, supervision is recommended more often for suspects with a medium-low risk than for those with a medium-high average risk (not the other way around),<sup>128</sup> and for hands-off suspects, supervision is recommended more often for suspects with a medium-low or medium-high risk (but not high-risk suspects) than for low-risk suspects.<sup>129</sup>



**Figure 7.10 Recommendation for supervision (left) and treatment (right), by risk level and category of perpetrator (N = 988)**

Source: 3RO 2010-2012

Figure 7.10 shows the recommendations for treatment and supervision. What stands out is that treatment was recommended for 71% and supervision for 80% of all suspects. Even for low-risk offenders, supervision was recommended in 68% of the cases and treatment in 50%. It is also noteworthy that treatment and supervision were recommended less often for high-risk suspects than for medium-low and medium-high risk offenders.

#### *Risk assessment by the Child Care and Protection Board*

For underage suspects, it is the Child Care and Protection Board (*Raad voor de Kinderbescherming*, RvdK) that makes the recommendation to the Public Prosecution Service (PPS; see also §6.2.3). In the period 2008-2012, the RvdK changed the instruments it uses in its investigations. Until 2010, it used the Basic

125 Low vs. Medium low:  $p < 0.001$ ; Low vs. Medium high:  $p < 0.001$ ; Low vs. high:  $p = 0.880$ .

126 Interaction risk level x category of suspect:  $F = 1.9$ ;  $df_1 = 9$ ;  $df_2 = 972$ ;  $p = 0.043$ .

127  $p < 0.001$ .

128  $p = 0.006$ .

129 Low vs. Medium low:  $p < 0.001$ ; Low vs. Medium high:  $p = 0.001$ .

Board Investigation (*Basis Raadsonderzoek*, BARO) for screening, which was essentially a structured professional judgment.

Since the end of 2011, the RvdK has started using the Dutch Assessment Instrument for Juvenile Delinquency (*Landelijk Instrumentarium Jeugd, LIJ*), which is derived directly from the 'what works principles' and, as the name suggests, is intended to provide a national, uniform set of instruments for all of the partners in the juvenile criminal law chain.<sup>130</sup> The LIJ system comprises a number of steps: instrument 1 ('pre-selection', to be completed by the police) and instrument 2A (used by the RvdK) are both used to assess risk profiles.

Instrument 1 is an actuarial instrument used to identify the general risk of recidivism and the risk of violence against persons on the basis of static risk factors (immutable, historical characteristics). This assessment, together with the nature of the offence, forms the basis for the RvdK's decision on whether to start a further investigation.

Instrument 2A is a structured professional judgment. As well as a possible recalculation of the general risk of recidivism and the risk of violence against persons, the risk assessment with instrument 2A also produces an overview of *dynamic risk factors*. In 2012, the RvdK carried 147 investigations in cases involving sex offences with LIJ 2A. If instrument 2A shows the suspect to have a medium or high dynamic risk profile, instrument 2B is also used. However, the LIJ contains no specific information about sexual recidivism, and therefore JSOAP-D, an instrument for making a structured clinical assessment of juvenile sex offenders, has to be used for juvenile suspects of sex offences.<sup>131</sup> In principle, the LIJ 2B instrument is always used for juvenile suspects of sex offences, although the data shows that this is not actually always the case: the LIJ 2B was used 87 times in 2012, while the LIJ 2A was used 147 times.<sup>132</sup>

Due to its very recent introduction, the predictive validity of the LIJ has not yet been investigated. The JSOAP-D is currently being validated in the Netherlands, but the results are not expected until 2015 at the earliest.<sup>133</sup> In international studies, the predictive validity of the J-SOAP-II (the international version) in predicting recidivism among juvenile sex offenders has not been definitively established.<sup>134</sup> It cannot be inferred from the datasets available from the RvdK what risk assessments were made by its investigators. The RvdK's transition to standardized and, partially, actuarial risk assessments is a very promising development, but it remains to be seen whether the instruments will make adequate predictions.

#### *Risk assessment in pro Justitia reports*

Pro Justitia reports, which are produced by psychologists and psychiatrists under the coordination and supervision of the Netherlands Institute for Forensic Psychiatry and Psychology (NIFP), also contain estimates of the risk of recidivism. The pro Justitia rapporteur has to make a projection of the risk on the basis of any diagnosed disorder (and 'other factors and circumstances'). This is an aspect included in the standard request for a report and should therefore always be made where possible. The guidelines adopted by the NIFP for psychiatric and psychological pro Justitia reports state that it should be done

130 For a summary, see Q&A about the LIJ at <http://www.veiligheidshuisgroningen.nl/jeugd-jongvolwassenen/iles/Brochure%20LIJ%20Dec%202011%20-%20Vragen%20en%20Antwoorden.pdf>, consulted on 3 December 2013.

131 Verbal information from RvdK, 5 December 2013, The 'D' stands for Dutch version.

132 Verbal information from RvdK, 5 December 2013.

133 Written information from De Waag Nederland, 11 July 2013.

134 Hempel, et al. (2013)



‘using an accepted checklist where possible’.<sup>135</sup> This requirement is fleshed out in the recent guidelines drawn up by the Netherlands Association of Psychiatry (*Nederlandse Vereniging voor Psychiatrie*) for psychiatric examinations and reports in criminal cases: the pro Justitia rapporteur must assess the risk of repeat offences on the basis of scientifically proven risk factors, as contained in standardized risk assessment instruments.<sup>136</sup> The rapporteur must personally weigh the ‘significance for the individual’ and arrive at a ‘structured clinical decision’. According to the guidelines, this can in fact also be done if no psychological disorder has been diagnosed.

So although the use of a structured instrument has recently been incorporated in the guidelines, it is impossible to discover from the NIFP data how often this actually happens, what instruments are used or what the risk of recidivism was estimated to be.<sup>137</sup> The use of scientifically proven instruments is not yet standard practice for pro Justitia reports,<sup>138, 139</sup> and even when they are used, they are not in themselves decisive for the final assessment.<sup>140</sup> Research in fact shows that it is often difficult to discover how an estimate of the risk of recidivism was reached or on what the estimate was based.<sup>141</sup> However, there is a visible trend in the use of risk-assessment instruments. The NIFP is currently investigating how the risk principle can play a more central role and how risk can be assessed on a more scientific basis.<sup>142, 143</sup> It seems, therefore, that risk assessment by the NIFP can best be described as a mix of structured and unstructured clinical assessments.

Very recent research in the Netherlands has shown that when a retrospective risk assessment based on Static-99(R) is compared with the risk assessment derived from the treatment ordered (usually on the basis of a psychological pro Justitia report), where no treatment = low risk, outpatient treatment = medium risk, clinical treatment = high risk, paedosexuals are both under-treated and over-treated, but more often over-treated: 19% of all paedosexuals who receive no treatment fall into the high-middle and high-risk categories on the basis of Static-99(R); 35% of clinically treated paedosexuals fall into the category of low or low medium risk.<sup>144</sup> The obvious risk of under-treatment is a higher risk of recidivism. Over-treatment might not appear to be so much of a problem, but it is. In the first place, the chance of recidivism by low-risk offenders might actually be increased if they come into contact with high-risk offenders during their treatment, as is usually the case in clinical institutions or in group therapy.<sup>145</sup> Secondly, the benefits of treatment for an individual who is already low-risk are minimal. When financial resources are limited, money spent in an attempt to reduce the risk of recidivism in a person

135 Psychiatrist: <https://www.nifpnet.nl/Portals/o/Formats%20straf%20volwassenen/Format%20Straf%20Volwassen%20psychiater%202010a%20SCHRIJFWIJZER.pdf> consulted on 3 December 2013.

Psychologist: <https://www.nifpnet.nl/Portals/o/Formats%20straf%20volwassenen/Format%20Straf%20Volwassen%20psycholoog%202010a%20SCHRIJFWIJZER.pdf> consulted on 3 December 2013.

136 Nederlandse Vereniging voor Psychiatrie (2012).

137 Van Esch (2012)

138 Van Esch (2012)

139 Verbal information from NIFP 28 February 2013, 27 May 2013, 27 August 2013, 4 December 2013.

140 Verbal information from NIFP 28 February 2013, 27 May 2013, 27 August 2013, 4 December 2013.

141 Van Esch (2012)

142 Written information from NIFP, 12 May 2014.

143 Verbal information from NIFP, 28 February 2013, 27 May 2013, 27 August 2013, 4 December 2013.

144 Smid, et al. (2013)

145 Andrews & Bonta (2010)

who already represents a low risk is money that cannot be spent on reducing the risk of recidivism in a person who is dangerous.

#### *Conclusion: Risk*

This discussion has shown that there is some room for improvement in the assessment of the risk of recidivism by sex offenders in the Netherlands. A positive development is that it is standard practice for the probation organizations and the RvdK to use standardized instruments and that instruments that are less suitable for estimating the risk of recidivism among sex offenders are supplemented with instruments that can do so. The instruments used by the RvdK are new, so it is too early to pass judgment on their predictive value. The NIFP, on the other hand, does not yet use standard, scientifically proven instruments and is therefore lagging behind the state of the art, although it has started to catch up.<sup>146</sup>

#### 7.2.1.2 'Need': what has to be treated?

An adequate prediction of the basic risk of recidivism can often be made using actuarial risk assessment instruments based solely on static risk factors, such as Static-99(R).<sup>147</sup> However, static risk factors are, by definition, immutable and therefore of no use in determining whether and, if so, how the level of risk can be influenced. To determine the objectives of an intervention, the dynamic risk factors need to be known: the characteristics that have the greatest influence on the risk of recidivism and can be modified. For a person whose severe social isolation was one of the reasons for committing sexual abuse, for example, one of the goals of an intervention might be to help him or her build a social network. To be effective, it is important for interventions to be targeted at these dynamic criminogenic risk factors. Some scientifically proven dynamic risk factors that apply specifically to sex offenders are the following:<sup>148</sup>

- 1 important social contacts;
- 2 capacity to form stable relationships;
- 3 emotional identification with children;
- 4 hostility towards women;
- 5 social rejection/loneliness;
- 6 disinterest in the well-being of others;
- 7 impulsiveness;
- 8 inadequate problem-solving skills;
- 9 negative emotionality;
- 10 sexual motivation/ sexual preoccupation;
- 11 sex as a coping strategy;
- 12 deviant sexual interests;
- 13 cooperation with authorities.

The specific factors involved will differ from one individual to another (some offenders will act on impulse, others out of loneliness, and others will be sexually deviant; see §2.5). These are factors that can be influenced to a certain extent, and should therefore be targeted with interventions.

<sup>146</sup> Written information from NIFP, 12 May 2014.

<sup>147</sup> Hanson & Thornton (2000)

<sup>148</sup> Hanson, et al. (2007)

The RISC instrument used by the probation organizations, the RvdK's LIJ 2B instrument, and STABLE-2007<sup>149</sup> (the dynamic supplement to the Static-99(R) instrument) identify possible objectives of treatment. Pro Justitia reports are also intended to do this by diagnosing whether a subject has a disorder and, if so, whether it is connected to the offence. That disorder could then be an object of treatment. However, the primary aim of the analysis is to determine the suspect's criminal responsibility, which does not necessarily identify the risk of recidivism.<sup>150</sup> Furthermore, many risk factors are not connected with psychiatric disorders.

With RISC, the probation organizations analyse eight of the thirteen factors listed above. These are the factors that do not only apply to sex offenders: important social contacts, capacity for a stable relationship, impulsiveness, inadequate problem-solving capacity, negative emotionality, loneliness, disinterest in the welfare of others and cooperation with authorities. The specifically sexual factors are not considered, which possibly explains why RISC is not able to accurately predict recidivism among sex offenders.<sup>151</sup> The Static-99(R) instrument that is always used to correct the RISC risk assessment for sex offenders also fails to highlight the sexual factors since, by definition, it measures static, and therefore immutable, factors.

#### *Deviant sexual interests as a selection factor*

There are data available about one sexual factor that could be used to investigate whether it is considered in the selection of individuals who should receive treatment: a deviant sexual interest. The very question of whether a perpetrator of sexual violence against children is a sexual deviant will raise many eyebrows. Nevertheless, it is a relevant question. Sexual deviance is defined here as a paraphilia ('an intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners').<sup>152</sup> Accordingly, given the requirement for an 'intense and persistent' sexual interest, not everyone who displays sexually deviant behaviour is also sexually deviant. This is also apparent from the data from the NIFP and the DBC Information System: a paraphilia was diagnosed in 20% of all the suspects who were examined by the NIFP; in other words, none was diagnosed in 80% (see §2.5.5).<sup>153</sup> Even this figure probably represents over-reporting in relation to the total number of offenders, because indications of sexual deviance could be a factor in the selection of suspects for whom a pro Justitia report is requested. Both treatment<sup>154</sup> and supervision<sup>155</sup> are recommended more often in pro Justitia reports if a paraphilia has been diagnosed. As Figure 7.11 shows, having a paraphilia is indeed a strong selection factor for treatment: the 20% of suspects found to have a paraphilia by the NIFP rises to 41% for convicted paedosexuals treated as a special condition of sentencing, and to 73% for convicted paedosexuals treated under an entrustment order (a TBS order). The prevalence of the specific paraphilia, paedophilia, in different groups of offenders is discussed in more detail in §2.5.5.

149 Hanson, et al. (2007)

150 Van Esch (2012)

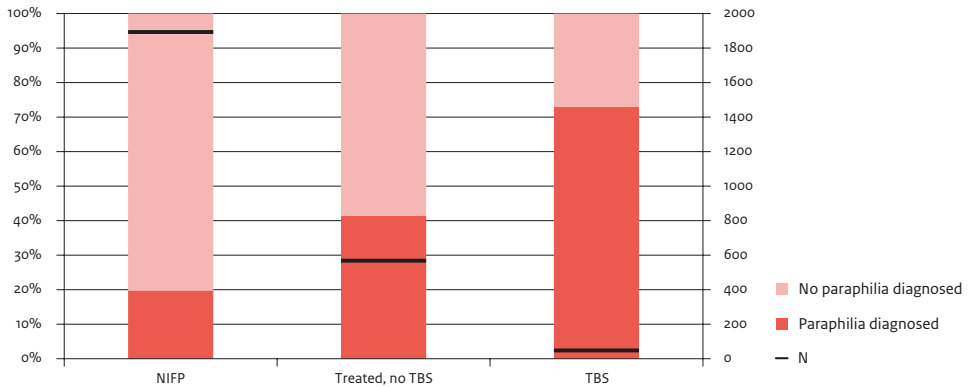
151 Van der Knaap & Alberda (2009)

152 American Psychiatric Association (2013)

153 Unfortunately, it is not possible to determine from the NIFP's data in how many cases this was paedophilia and how often another paraphilia.

154  $F: 68.9; df_1: 1; df_2: 1891; p < 0.001$ . Eta: 0.19.

155  $F: 8.8; df_1: 1, df_2: 1891; p: 0.003$ . Eta: 0.07.



**Figure 7.11 Paraphilia as a selection factor for treatment**

Source: NIFP 2008-2012, DBC Information System 2010-2012, JustID 1995-2012

#### Conclusion: Need

The probation organizations and the RvdK use diagnostic instruments specifically designed to identify dynamic risk factors, and hence the objectives of treatment. That is a positive development. These instruments, however, do not include all the factors specifically tied to sexual recidivism in sex offenders. The pro Justitia reports focus mainly on psychiatric disorders, even though they are frequently not decisive for the level of risk.

#### 7.2.2 Interventions: treatment

The previous section outlined the process followed in the Netherlands to determine who is and is not regarded as dangerous, and what intervention is used for whom. In other words, the decision-making process. This and the following subsection discuss the results of that decision, starting with treatment: what treatment options are available? Which categories of offenders receive which form of treatment, and what are the results?

Treatment for sex offenders is intended to reduce the chance of recidivism.<sup>156, 157</sup> It can be ordered in criminal proceedings, as an entrustment order (TBS) or as a special condition (other forms of treatment). Treatment ordered in criminal proceedings is known as 'forensic care'. A meta-analysis by the WODC showed that interventions aimed at re-socialization, including treatment, led to a 55% smaller chance of recidivism than interventions aimed at punishment.<sup>158</sup> TBS, in particular, appears to be effective in reducing recidivism among high-risk sex offenders.<sup>159</sup> The study also found that treatment (if necessary in combination with supervision) was effective in reducing recidivism, but supervision alone was not.<sup>160</sup>

Which agency assesses the need for forensic care is determined by the type of forensic care concerned.<sup>161</sup> Clinical care and sheltered residential care after a period of residential clinical care are prescribed by the

<sup>156</sup> Meijer, Pomp & Pantus (2009)

<sup>157</sup> Veen & de Ruiter (2005)

<sup>158</sup> Wartna, Alberda & Verweij (2013)

<sup>159</sup> Smid (2014)

<sup>160</sup> Van der Horst, Schonberger & de Kogel (2012)

<sup>161</sup> For a summary, see <http://www.forensischezorg.nl/hoe-werkt-het/forensische-zorg-in-de-praktijk/indicatiestelling> consulted on 28 November 2013.

NIFP's Forensic Care Needs Assessment department (NIFP/IFZ). Out-patient care and sheltered residence in programmes ordered as a special condition are prescribed by the probation organizations (3RO: the Dutch Probation Service, the Salvation Army and Social Rehabilitation for Addicted Offenders).<sup>162</sup> The NIFP makes its needs assessment on the basis of documentation, such as the pro Justitia reports, reports from the probation organizations and the court's judgment in the case.<sup>163</sup> The principal aim of the probation organizations in using RISC is to make a needs assessment (see §7.2.2.1), which can also be made in anticipation of a pending judgment.

Adult and underage offenders are discussed separately in this section because the types of treatment and the relevant judicial frameworks differ. As a result, the data are also registered separately. The possible interventions for minors are discussed in §7.2.2.1, and §7.2.2.2 contains national quantitative data for forensic care provided for convicted adult offenders, both under a TBS order<sup>164</sup> and when ordered as a special condition.<sup>165</sup>

#### *Treatment of offenders outside the context of criminal law*

This report, and this chapter in particular, discuss perpetrators from the perspective of criminal law: those who come into contact with the police and the PPS as possible offenders. However, many perpetrators do not come to the attention of the police (for example because most victims do not make a complaint, see §4.2), never mind being convicted. Offenders can also receive treatment on a voluntary basis (for example because they personally want to improve their behaviour) or, in the case of underage perpetrators, on a mandatory basis under civil law.

This is also apparent from a number of studies referred to in this report. In the study of the case files of 1,000 protection cases investigated by the RvdK (§7.1.1.3), nine underage perpetrators were identified. Seventeen underage perpetrators were found in the study of the case files of 974 clients of J&O organizations. A qualitative questionnaire sent to twenty-six J&O organizations revealed that seven of them provide treatment specifically for sexually transgressive behaviour. In the data for mental health care in the DBC Information System, victims are difficult to distinguish from perpetrators (see §2.4), but it was in any case found that a large number of adults are treated as perpetrators of 'sexual abuse of a child' in a civil framework (see §8.2.1.1).

#### 7.2.2.1 Treatment of underage offenders

Re-education is a guiding principle in juvenile criminal law. In addition to the sentence, therefore, young people who are convicted of a sex offence are often ordered to undergo some form of intervention designed to prevent them from repeating the offence. In § 2.5 we saw that young sex offenders (known to

162 A needs assessment for care in detention is made by a psychomedical team, but because this care is generally reactive in nature (stabilization, relieving acute psychological symptoms) and not actively aimed at reducing recidivism, this form of forensic care is disregarded here.

163 [http://www.nifpnet.nl/Portals/0/IFZ/13-01-28-Checklist%20Aanmeldingskriteria-Aangepaste%20oversie-Verwijzers%20\(origineel\).pdf](http://www.nifpnet.nl/Portals/0/IFZ/13-01-28-Checklist%20Aanmeldingskriteria-Aangepaste%20oversie-Verwijzers%20(origineel).pdf) consulted on 29 November 2013.

164 I.e., entrustment order (Article 37a in conjunction with Article 37b DCC), transfer to a psychiatric hospital (Article 14 Treatment of Persons detained under an Entrustment Order (Framework) Act (*Beginselenwet Verpleging ter beschikking gestelden*, Bvt)), entrustment order with trial leave (Article 51 Bvt).

165 I.e. conditional termination of government-ordered treatment (Article 38g DCC), entrustment order with conditions (Article 38a DCC), conditional conviction (Article 14a DCC), conditional release with special conditions (Article 15a DCC).

the RvdK) can be divided into three groups: generalists, specialists and first offenders, with each group requiring a different form of treatment.

More than for adults, detention is seen as a last resort in juvenile criminal law. Accordingly, only 25% of underage perpetrators of sexual violence were sentenced to a (partially) unconditional custodial sentence in the period 2008-2012, compared with 43% of adult perpetrators (see §6.2.2).

### *Respect Limits*

Respect Limits is an intervention offered by Rutgers WPF<sup>166</sup> for young people who have been arrested for the first time for a sex offence (first offenders) and who otherwise display no serious psychiatric problems. This intervention is accredited by the Ministry of Security and Justice<sup>167</sup> and can be ordered as a special condition attached to the sentence in the event of a conviction.

Respect Limits was introduced at the end of 2012 and replaced the sex education programme for juveniles who had been convicted of a sex offence for the first time.<sup>168</sup> Respect Limits focuses more on risk,<sup>169</sup> in accordance with the Risk-Need-Responsivity model<sup>170</sup> (see §7.2.1). An order to follow the Respect Limits programme is made by the RvdK on the basis of the score for the risk of recidivism produced by the LIJ (see §7.2.2.1). Research on the predecessor to Respect Limits (the sex education programme) is currently underway to determine its effectiveness in preventing recidivism.

### *Cognitive behavioural therapy*

Forensic psychiatric centres such as De Waag often have specific programmes for treating groups of young offenders. They provide a form of cognitive behavioural therapy. If group therapy is not indicated, individual therapy is an option. Cognitive behavioural therapy is evidence based and can also be ordered as a special condition attached to the sentence after a conviction. This form of therapy is more intensive and lasts longer than Respect Limits, and is therefore intended for more serious cases. Group therapy for juvenile sex offenders is particularly suited to specialist offenders (see §2.5).

### *Multi-system therapy for problematic sexual behaviour*

Multi-system therapy for problematic sexual behaviour (MST-PSB) is designed to avoid having to remove children from the home. This form of therapy is therefore intended for young people whose problems (sexual and otherwise) are so serious that there is actually a genuine threat of their being removed from home. The target group are children who display serious sexually transgressive behaviour, possibly in addition to other behavioural problems. Severe autistic traits form a counter-indication, as do serious psychiatric problems (such as suicidal tendencies) or a very low IQ.

MST-PSB addresses not only the young person, but above all the 'system' (the environment): to enable the young person to remain at home, it is important that he or she receives proper support in the environment. Nevertheless, there are no counter-indications in relation to the system. Therapists visit several

166 [http://www.rutgerswfp.nl/sites/default/files/Uitgebreide\\_beschrijving\\_Respect\\_limits.pdf](http://www.rutgerswfp.nl/sites/default/files/Uitgebreide_beschrijving_Respect_limits.pdf) consulted on 18 October 2013.

167 <http://www.erkenningscommissie.nl/beoordelingen/erkendegedragsinterventies/jeugdigen/index.aspx> consulted on 18 October 2013.

168 Hoing, Jonker & van Berlo (2010)

169 Verbal information from Rutgers WPF, 13 June 2013.

170 Andrews & Bonta (2010)

times a week over a period of six months. An offender who has to be removed temporarily from home for safety reasons, is preferably placed with someone in the network.<sup>171</sup>

The general form of multi-system treatment has been approved by the Accreditation Panel for Behavioural Interventions for Offenders (*Erkenningscommissie Gedragsinterventies*) as 'well founded'. Research has also been conducted into MST-PSB,<sup>172, 173, 174</sup> but there are methodological problems with this research<sup>175</sup> and it is not yet possible to draw any definite conclusions about the programme's effectiveness.

The MST-PSB programme was introduced in the Netherlands at the end of 2009 and is currently offered in two regions, West-Brabant/Rotterdam and Den Bosch and surrounding areas. In the period 2010-2012, the complete course of the therapy was provided forty times in the West-Brabant region<sup>176</sup> and nineteen times in the Den Bosch region.<sup>177</sup>

### Residential treatment

A specific programme of treatment for sexual problems is neither available nor necessary for every perpetrator of sexual violence. For example, generalists (see §2.5) will benefit more from treatment designed to address a general pattern of anti-social behaviour. For young people with specific sexual problems (specialists, see §2.5), however, treatment targeted at those specific sexual problems is desirable. Out-patient treatment is sometimes not an option: the risk of recidivism might be too great or the environment itself might be part of the problem. There are three primary options available for residential treatment: group treatment for serious sexual problems at (1) the Den Hey-Acker correctional institution for juvenile offenders in Breda, (2) the correctional institution in Lelystad or (3) Horizon (Anker location), a secure residential youth care (*Jeugd zorgPlus*) institution. The principal difference between these options is the legal basis: treatment in the correctional institutions can only be provided after a juvenile has been convicted and an order of placement in an institution for juvenile offenders has been imposed. Treatment in the Youth Care Plus institution is a civil-law measure and is therefore not intended for convicted offenders but for juveniles who display seriously transgressive sexual behaviour.

Broadly speaking, the treatment provided at all three institutions is the same. The intervention is known as 'Out of the Circle', and is mainly intended for young people with specific problems associated with sexual behaviour (the 'specialists' in §2.5). Like Respect Limits, Out of the Circle is based on cognitive behavioural therapy. The point of departure is to identify and then prevent cognitive patterns that could lead to offence-related behaviour. Out of the Circle has been approved by the Accreditation Panel for Behavioural Interventions for Offenders.<sup>178</sup>

In conclusion, there are many possibilities for treatment of underage offenders whose problems are mainly sex-related, and the intensity and duration of the treatment is geared to the seriousness of the problems.

171 Verbal information from De Viersprong, 19 June 2013.

172 Borduin, et al. (1990)

173 Borduin, Schaefer & Heiblum (2009)

174 Letourneau, et al. (2009)

175 Hendriks (2012)

176 Written information from De Viersprong, 22 October 2013.

177 Written information from De Viersprong, 15 April 2014.

178 <http://www.nji.nl/nl/Actueel/Nieuws-over-de-jeugdsector/2014/Erkenning-voor-interventie-tegen-zedendelinquentie> consulted on 11 April 2014.

### 7.2.2.2 Treatment of adult offenders

The Expertise Centre for Forensic Psychiatry (*Expertisecentrum Forensische Psychiatrie*, EFP) has developed a programme for sex offenders,<sup>179</sup> based on the 'what works principles' and targeted specifically at male adults who have committed sexual violence, who display a significant risk of recidivism and for whom that risk is due at least in part to psychosexual problems. Figure 7.12 illustrates the series of decisions that have to be made in the course of the programme.

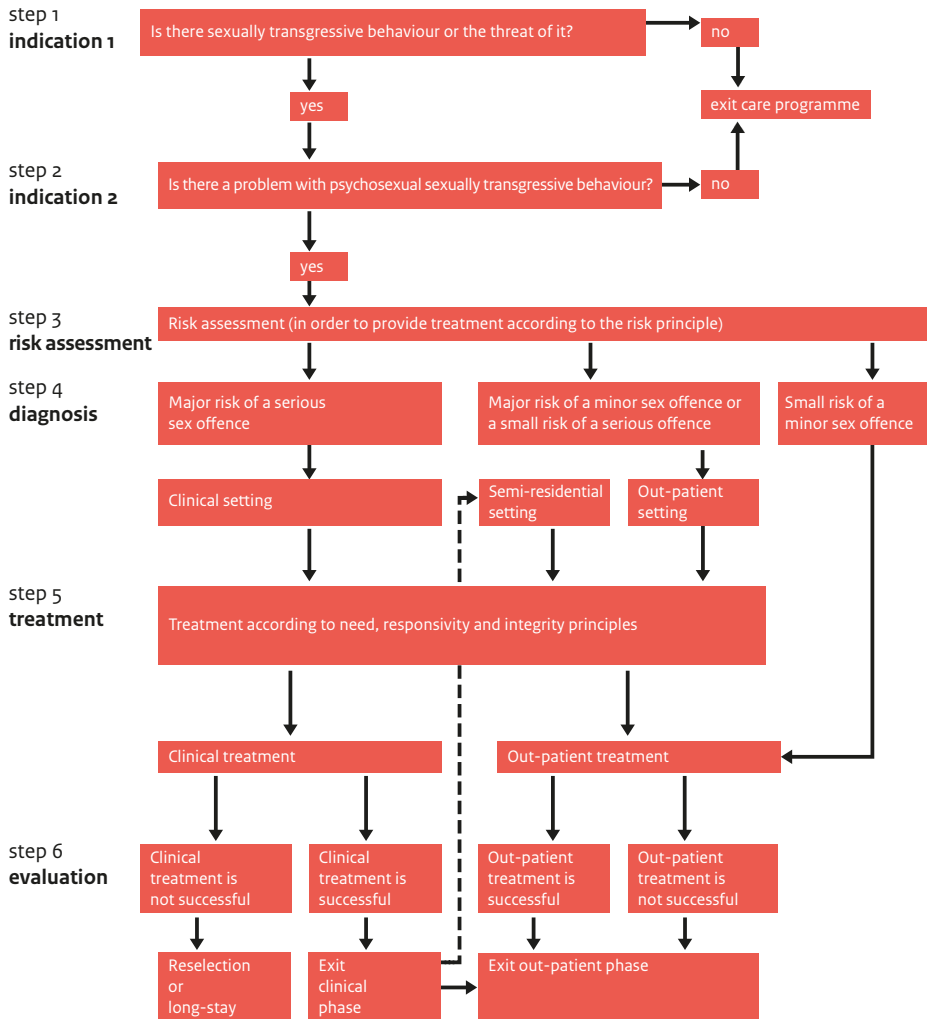


Figure 7.12 Decision tree in care programme for sexually transgressive behaviour<sup>180</sup>

179 Expertisecentrum Forensische Psychiatrie (2013)

180 Expertisecentrum Forensische Psychiatrie (2013)



The best-known form of clinical treatment is provided at a Forensic Psychiatric Centre (*Forensische Psychiatrisch Centrum*, FPC), better known as a TBS clinic. An entrustment order (or TBS order) is a measure attached to a sentence requiring an offender, after serving the sentence, to be admitted to a clinic and treated until the risk of recidivism is reduced to an acceptable level. Although TBS orders are well known, only a small minority of sex offenders ultimately receive treatment in a Forensic Psychiatric Centre (see below).

Most offenders eventually return to society after serving a prison sentence and/or receiving clinical treatment, or never leave it (because they receive a conditional sentence, for example). A convicted offender who is living at home can receive out-patient treatment, which is often provided at a forensic polyclinic, but can also be provided at a regular mental health institution. Adult offenders generally receive a form of cognitive behavioural therapy (see §7.2.2.1).

This section describes the forms of forensic care and the categories of adult offenders for whom they are ordered.

### Nature of treatment

Forensic care can be provided pursuant to approximately 25 different legal instruments. This report is confined to care aimed at re-socialization, and this section discusses two main categories of instruments under which forensic care can be prescribed for that purpose: 'Care as a condition attached to a decision by the courts, the public prosecution service or the Crown'<sup>181</sup> (hereinafter: treatment as a condition) and 'TBS with compulsory psychiatric treatment and a pro Justitia report'<sup>182</sup> (an entrustment order, hereinafter: TBS). Forensic care has been registered in the DBC Information System since 2010. In the period 2010-2012, 616 unique patients were treated under one or other of these two categories.

Treatment as a condition occurs more frequently than TBS; only 7% (N = 46) of the convicted persons who received treatment were treated a TBS order. A further 9% (N = 55) received treatment as a condition imposed by the authorities, but underwent at least part of the treatment in a clinic. The remaining 84% (N = 515) were therefore treated only on an out-patient basis.

Different categories of offenders receive different types of treatment (see Figure 7.13).<sup>183</sup> Hands-off offenders receive treatment in a TBS facility less often than other offenders (namely, never),<sup>184</sup> while there are no differences between other categories of offenders in terms of the basis for the care provided. Perpetrators of hands-on/off offences seem to undergo conditional treatment with a clinical component more often.<sup>185</sup>

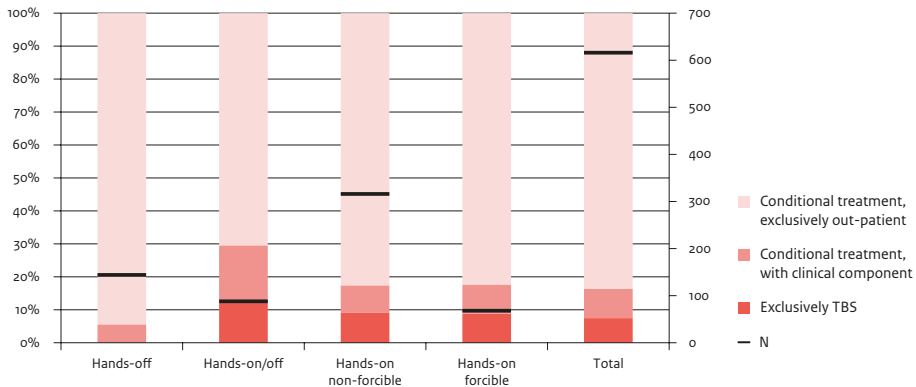
181 I.e.: conditional termination of government-ordered treatment (Article 38g DCC), entrustment order with conditions (Article 38a DCC), conditional conviction (Article 14a DCC), conditional release with special conditions (Article 15a DCC).

182 I.e.: entrustment order with mandatory psychiatric treatment (Article 37a in conjunction with Article 37b DCC), transfer to a psychiatric hospital (Article 14 Treatment of Persons detained under an Entrustment Order (Framework) Act (*Beginselenwet Verpleging ter beschikking gestelden*, Bvt), entrustment order with trial leave (Article 51 Bvt).

183 TBS: F: 5,7; df1: 3, df2:612; p: 0.001. Eta: 0.16. Clinical component of conditional treatment: F: 3,1; df1: 3, df2: 612; p:0.025. Eta: 0.12.

184 Hands-off vs. hands-on/off: p<0.004; Hands-off vs. hands-on non-forcible: p<0.001; hands-off vs. hands-off vs. hands-on forcible: p: 0.002.

185 p: 0.065.



**Figure 7.13** Forms of forensic care by category of offender

Source: DBC Information System 2010-2012, JustID

### Results of treatment

For patients in forensic care, the institution providing the treatment annually registers the degree to which an offender poses a threat in three respects (acute physical danger, flight risk, risk of recidivism). The left half of Figure 7.14 shows the results of the initial diagnosis of the risk of recidivism for every patient that was registered (N = 255).

First, as one might expect, the treating physicians assess the risk of recidivism among patients in TBS as greater than that of patients receiving treatment as a condition.<sup>186</sup> This can be seen in the left half of Figure 7.14. The risk of recidivism was regarded as ‘serious’ for 24% (N = 114) of the patients being treated on a conditional basis, compared to 57% of patients in TBS. On the other hand, treating physicians estimated that 5% (N = 22) of the patients treated on a conditional basis did not pose a threat of recidivism, compared with a single person being treated under a TBS order.

Secondly, the assessment of the risk of recidivism changes in the course of the treatment (the right half of Figure 7.14),<sup>187</sup> being revised downwards more often than it was revised upwards. However, 54% (N = 318) of the patients had not completed treatment at the time the data were delivered. Patients who had completed treatment had made greater progress than those who were still undergoing treatment (Figure 7.15).<sup>188</sup> Neither the instrument that formed the basis for the care nor the category of offender affected the extent of the progress made in terms of the threat of recidivism. It is noteworthy that the risk of recidivism had increased for around 10% of the offenders that had completed the treatment. This could be connected with the fact that low-risk offenders are often ordered to undergo treatment<sup>189</sup> (see also §7.2.1.1), which can have the effect of increasing the risk.<sup>190</sup>

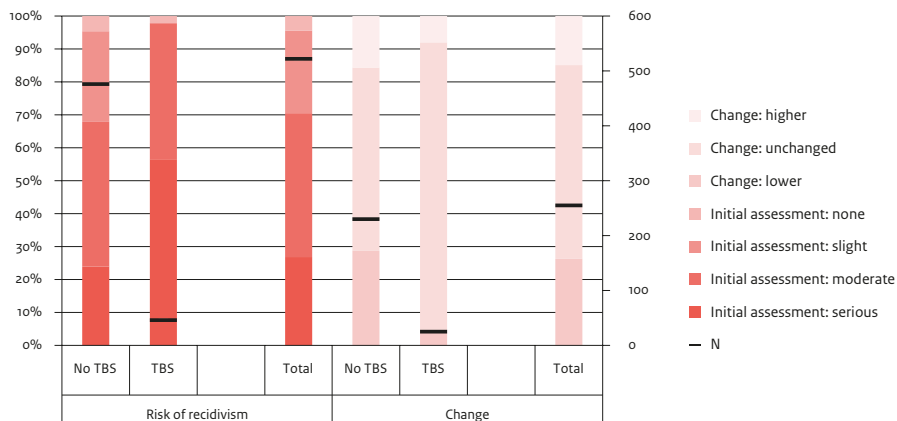
186 Wald  $\chi^2$ : 27,3;  $p < 0,001$ .

187 Non-parametric test,  $p$ : 0.009.

188 Wald  $\chi^2$ : 12,5;  $p < 0,001$ .

189 Smid, et al. (2013)

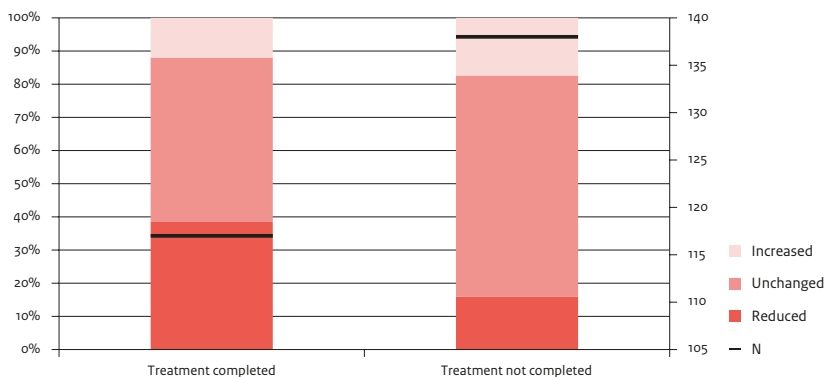
190 Andrews & Bonta (2010)



**Figure 7.14 Threat of recidivism as assessed by treating institution**

Left-hand panel: initial diagnosis of the threat of recidivism, broken down by the instrument on which the care was based (N = 605). Right-hand panel: the change in the threat of recidivism between the initial and final diagnosis, for those patients where the threat was registered more than once (N = 255).

Source: DBC Information System 2010-2012, JustID



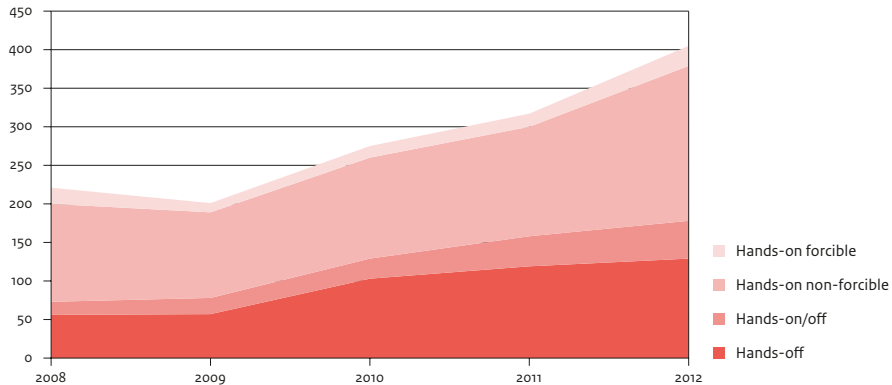
**Figure 7.15 Difference in the threat of recidivism between the first and last registered diagnosis, by whether treatment was completed**

Source: DBC Information System 2010-2012, JustID

### 7.2.3 Interventions: supervision

During the period when an offender is conditionally free (by virtue of a conditional sentence, a conditional release, a conditional termination of an entrustment order or an order for placement in an institution for juveniles, or an educational and training programme, for example), the probation service supervises the offender's compliance with the conditions. There are no data available concerning the supervision of underage offenders.

The number of new supervision orders issued for adults convicted of sexual violence against children<sup>191</sup> rose sharply from 221 in 2008 to 405 in 2012 (see Figure 7.16).<sup>192</sup> However, the number did not increase to the same extent for all categories of sex offences: the increase was greater for hands-off and hands-on/off cases.<sup>193</sup> The number perpetrators of hands-on forcible offences placed under supervision did not rise.<sup>194</sup>



**Figure 7.16 Supervision orders, 2008 to 2012**

Source: Probation organizations, 2008-2012

#### 7.2.4 Return to society

Most offenders know at the time of their sentencing when they will return to society (immediately, in the event of an entirely conditional sentence or a sentence of community service, or at the end of the sentence if an unconditional sentence is imposed), but that is not always the case. If a PIJ or TBS measure is imposed, an offender can be detained until such time as the risk of recidivism has declined to an acceptable level. Until recently, a PIJ order could not be imposed indefinitely, but since the introduction of the adolescent criminal law regime on 1 April 2014 it can be: a PIJ order can now be converted into a TBS order.

Strict conditions are attached to the release of individuals who have been detained under TBS and PIJ orders. Every step in the re-socialization process (accompanied leave – unaccompanied leave – semi-residential phase – conditional termination) has to be justified using prescribed risk-assessment instruments, which should in fact be those described in §7.2.1.1 and §7.2.1.2 – instruments specifically designed to identify the dynamic risk factors for sex offenders.

On returning to society, a paedosexual has to build a new life, but important dynamic risk factors for sex offenders include the absence of stable relationships, social rejection and negative emotionality (see §7.2.1.2). Essentially, having something to lose reduces the chance of recidivism. The RISC instrument

191 See §2.1 and §6.1 for an explanation of how the categories of sex offences against underage victims were selected.

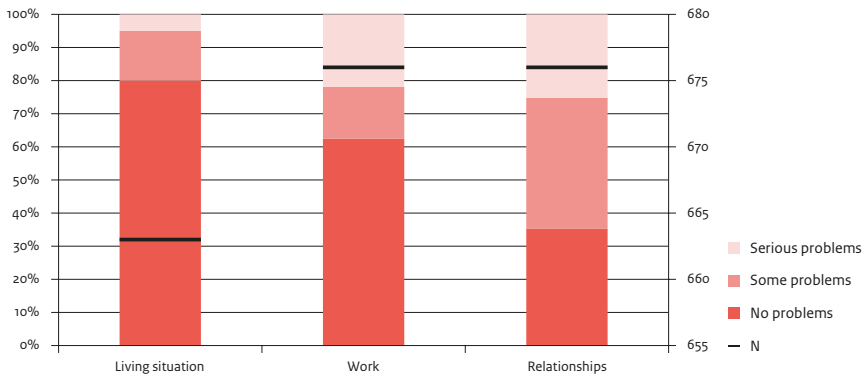
192 Wald  $\chi^2$ : 46.6;  $p < 0.001$ .

193 Interaction year x category of sex offence case: Wald  $\chi^2$ : 10.3;  $p: 0.016$ .

194 Wald  $\chi^2$ : 0.3;  $p$ : n.s.

(see §7.2.1.1) encompasses factors that can provide insight into the living situation of persons who are placed under supervision. To what extent do those individuals succeed in rebuilding their lives?

Figure 7.17 illustrates the findings for some of the factors in the RISC list (living situation, financial situation and social situation) for those persons who were placed under supervision and for whom a recent RISC (not more than four months prior to the start of the supervision) was available (N = 689). Whereas 80% of the offenders had a stable living situation, problems with regard to social relationships were more common.



**Figure 7.17 Living situation of paedosexuals placed under supervision**

Source: Probation organizations 2008-2012

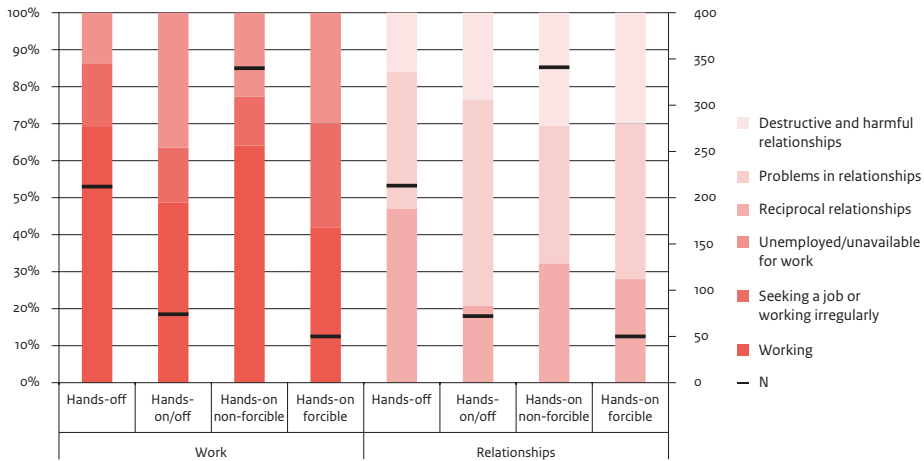
As regards the working situation<sup>195</sup> and social relations,<sup>196</sup> there are also differences between the various categories of offenders (Figure 7.18). Hands-off offenders more often had work than hands-on/off offenders<sup>197</sup> and perpetrators of hands-on non-forcible offences.<sup>198</sup> Hands-on non-forcible offenders had stable personal relationships less often than hands-off offenders and hands-on/off offenders. Support for a paedosexual in building a stable living situation, especially in social terms, can help to contain risk factors. The Dutch Probation Service has imported an intervention developed in Canada for precisely this purpose (see text box).

<sup>195</sup> Wald  $\chi^2$ : 9,6; df: 3; p:0.023.

<sup>196</sup> Wald  $\chi^2$ : 9,6; df: 3; p:0.022.

<sup>197</sup> p: 0.007.

<sup>198</sup> p: 0.013.



**Figure 7.18 Working situation and social relationships by category of offender**

Source: Probation organizations 2008-2012

### COSA

Circles of Support and Accountability (COSAs) are a Canadian intervention that has been adopted in other countries, including the Netherlands. A COSA is made up of a group of volunteers who provide support for a sex offender on his or her release. In the Netherlands, the programme is part of the supervision by the probation service and a 'circle' is assisted by a circle coordinator (a probation officer). Other professionals (for example a neighbourhood police officer or a physician) are also involved in the so-called outer circles. The key to the intervention is to create a social network that can help to prevent sex offenders from committing another offence after their release: social isolation is a dynamic risk factor (see 57.2.1.2), and sex offenders in particular run the risk of becoming isolated – given the current social climate, but also given the characteristics that might have led to the sex offence in the first place (see 57.2.1.2).

COSAs have proved to be effective in reducing recidivism.<sup>199</sup> The first year of operation, when there were seventeen COSAs in the Netherlands, was recently evaluated. One of the seventeen offenders committed another hands-off offence, but the others did not commit any further offences. Nine offenders did at some point display risky behaviour, which was identified and addressed by the circle.<sup>200</sup>

#### 7.2.4.1 The role of municipalities

When it was announced that the known paedosexual Benno L. would be moving to Leiden, a series of demonstrations were held in front of the flat where he was going to live.<sup>201</sup> The return to society of paedosexual offenders regularly causes public disquiet. Residents of the neighbourhood where the sex offenders

199 Wilson, Cortoni & McWhinnie (2009).

200 Hoing, Vogelvang & Bogaerts (2013).

201 '200 mensen demonstreren tegen het verblijf van Benno L. in Leiden' (200 people demonstrate against Benno L. coming to live in Leiden) <http://www.omroepwest.nl/nieuws/22-02-2014/200-mensen-demonstreren-tegen-het-verblijf-van-benno-l-leiden> consulted on 29 April 2014.

plan to live are concerned that their children will be at risk and are keen to prevent the offender's return, and mayors recognize the concerns of the residents and try to address them. In 2008, a convicted paedosexual returned to his flat in Utrecht, where his victim also lived, but the mayor saw no legal grounds for forcing him to move. Ultimately, the housing association brought legal proceedings to cancel the tenancy. In 2009, the mayor of Eindhoven issued an exclusion order against a released sex offender extending to the entire municipality of Eindhoven, which was later declared unlawful by the administrative court.<sup>202,203</sup>

Cases like these prompted the former minister of justice to launch the project 'Administrative Information Flows concerning Former Prisoners' (*Bestuurlijke Informatievoorziening Justitiabelen*, BIJ).<sup>204</sup> In this project, mayors receive information from the Justice Information Service (JustID) about perpetrators of serious violent crimes or sex crimes who are returning to their municipality. The project is intended to improve the information available to mayors so that they can take measures in good time.

An evaluation of a second, more extensive pilot<sup>205</sup> showed that the system was useful but also needed refinement: no measures were taken in response to 95% of the reports. The Council for the Administration of Criminal Justice and Protection of Juveniles (*Raad voor Strafrechtstoepassing en Jeugdbescherming*, RSJ) then published an advisory report entitled 'Improve Targeting!',<sup>206</sup> which essentially recommended specifying the target group more clearly (so that the privacy of offenders would not be unnecessarily violated so often), implementing the programme more closely in line with its original purpose (which was partly to ensure that mayors would not wrongly feel responsible for preventing recidivism) and making participation mandatory.

This advice has largely been followed by the State Secretary for Security and Justice.<sup>207</sup> Municipalities will be required to participate in the project but will in future be able to choose for themselves the categories of former prisoners about whom they wish to be informed. In cooperation with the Association of Netherlands Municipalities (*Vereniging Nederlandse Gemeenten*, VNG), a knowledge platform has also been set up to enable municipalities to exchange their experiences with the project.

### Measures

The aim of the Administrative Information Flows concerning Former Prisoners project is to improve the information available to mayors so that they can take steps to prevent social unrest. Measures that were taken in relation to sex offences during the second pilot project included the following:<sup>208</sup>

- police supervision;
- a plan with chain partners;
- relocation or an exclusion order for specific areas;
- interviews with victims;
- arranging daily activities.

202 's-Hertogenbosch District Court 5 August 2012, ECLI:NL:RBSHE:2010:BN3313.

203 See also [National Rapporteur on Trafficking in Human Beings \(2011\)](#).

204 *Parliamentary Documents II* 2008/09 31 700 VI, no. 72.

205 Schreijenbergh, Tillaart & Homburg (2012).

206 Raad voor Strafrechtstoepassing en Jeugdbescherming (2013).

207 *Parliamentary Documents II* 2012/13 28 684, no. 383.

208 Schreijenbergh, Tillaart & Homburg (2012).

In particular, there is often a desire to prevent the return of a former offender to the neighbourhood where the victims live, which is easiest to achieve if the offender cooperates voluntarily. If there is a threat of a disturbance of public order, the mayor can also issue an exclusion order, but as the case in Eindhoven showed, it must be restricted in terms of its duration and the area it covers.<sup>209</sup> A study conducted as part of the Police & Science research programme drew attention to another legal option available to mayors.<sup>210</sup> They can use the right of action in the interests of other persons granted by Article 3:305b of the Dutch Civil Code and bring proceedings under civil law (not administrative law) on behalf of the residents of the municipality. The mayor of Veenendaal tried to make use of this option, but the court declared his application inadmissible (see text box).

*Mayor tries to attach conditions to the return of a paedosexual*

The mayor of Veenendaal brought civil proceedings as a representative of the interests of other persons against a returning sex offender. He sought to attach conditions to the offender's return, such as a ban on entering the internal garden of his flat complex during the day and frequenting areas where children might be present. The court declared the municipality's application inadmissible.<sup>211</sup> The judge described the action before the civil courts as an 'unacceptable conflict with public law' and also pointed out that only the criminal courts possessed the necessary information to make a 'valid decision on the need for the measures requested by the municipality'. Although not having to address the merits of the case, the preliminary relief judge found as follows: there was no evidence that the man had acted unlawfully since his release or was going to act unlawfully and therefore the man was complying with the measures imposed by the criminal judge. The request by the municipality of Veenendaal to impose additional conditions on the man would therefore also be dismissed in a hearing on the merits.

At first glance, therefore, it seems that the course of action identified as promising in terms of properly managing the return of a sex offender in the study for the Police & Science research programme had failed an initial judicial review in this instance. However, this case did not involve the return of a sex offender to a district where his victims were living: the offence for which he had served a sentence was possession of child pornography and he had previously been convicted of indecency with a nephew. The weighing of the interests of the former offender on the one hand, and the residents of the neighbourhood on the other, was therefore different in this case than if it had been a neighbourhood where the victims were living. The mayor was also not seeking to expel the sex offender from the neighbourhood but wished to allow him to remain there subject to specific measures, including not being allowed to visit places where there might be children.

Questions were asked in parliament about this case:<sup>212</sup> should a mayor not have greater powers in relation to the return of sex offenders? And should mayors not be given a mandatory advisory function in the criminal proceedings? In his reply, however, the State Secretary said he felt that the existing measures were adequate, advised mayors to make greater use of Administrative Information Flows concerning Former Prisoners, and described a legally embedded advisory role for the mayor as undesirable.

209 's-Hertogenbosch District Court 5 August 2012, ECLI:NL:RBSHE:2010:BN3313.

210 Huls & Brouwer (2013)

211 Midden-Nederland District Court 6 November 2013, ECLI:NL:RBMNE:2013:5494.

212 *Parliamentary Questions* 2013/14 2013Z21453, see also 2013Z23030.



### 7.2.5 Recidivism

Little is known about recidivism specifically by convicted paedosexuals in the Netherlands (in contrast to sex offenders in general). The National Rapporteur will therefore conduct further research into the subject in the near future. This subsection provides figures on recidivism rates in the Netherlands for all sex offenders and international figures specifically concerning recidivism among paedosexuals.

A meta-analysis of 73 studies that investigated recidivism rates within an average period of 76 months<sup>213</sup> for a total of 19,267 persons convicted of sex offences showed that the majority did not commit another offence: the general recidivism rate (for all offences) was 36.2% and the sexual recidivism rate was 13.7%.<sup>214</sup> Figures for the Netherlands from the WODC<sup>215</sup> show that the general recidivism rate after two years for all perpetrators of sex offences convicted in 2002 was 22.5% (and 47.9% after ten years) and the recidivism rate for sex offences was 2.2% (5.5% after ten years). The ten-year sex offence recidivism rate barely differed for adults (5.6%) and minors (5.4%). Specifically among former offenders who had been detained under an entrustment order and whose victims were younger than twelve, 3.6% committed another sex offence within six years.<sup>216</sup>

#### *From hands-off to hands-on?*

Do hands-off offenders also commit hands-on sex offences against children? A meta-analysis of studies into sexual recidivism among perpetrators of online sexual violence against children (N = 2,630) showed that 4.6% of those who were convicted committed another sex offence within the follow-up period. Of the group of whom the type of repeat offence (hands-on/hands-off) was known (N = 1,247), for 2% the repeat offence was a hands-on offence and for 3.4% it involved watching child pornography.<sup>217</sup>

With this information, a common belief can be corrected: the idea that sex offenders are incorrigible. In general, the sex offence recidivism rate among sex offenders can be described as low. It is therefore important not to treat every convicted sex offender automatically as a high-risk case, but to gear policies to the actual risk posed by the individual: the risk principle (see §7.2.1.1).

### 7.2.6 Conclusion

As this section has shown, there are many interventions available designed to contain recidivism by paedosexuals, as well as others aimed at preventing the public disquiet that sometimes accompanies their re-socialization. What is needed now is to ensure that the best possible use is made of these interventions by targeting them at those offenders who actually constitute the greatest threat and that calls, first and foremost, for the best possible assessment of the risk of recidivism.

213 The observation periods ranged from twelve to 330 months.

214 Hanson & Morton- Bourgon (2005): the percentages do not add up because different studies in the set of 73 studies looked at the different types of recidivism. In other words, not every percentage relates to the same group of offenders.

215 To be found at <http://www.wodc.nl/onderzoek/cijfers-en-prognoses/Recidive-monitor/Repris/index.aspx?dimensi on=Recidivecriterium> consulted on 20 December 2013.

216 Schonberger, de Kogel & Bregman (2012)

217 Seto, Hanson & Babchishin (2011)

### 7.3 Decisions depicted

Victims who are not able to process their experience of sexual violence on their own need help. If offenders face an increased risk of committing further paedosexual offenses, treatment and supervision are needed. This chapter focused on the decisions referred to in the introduction: whether or not to provide help for victims and whether or not to provide treatment for offenders or place them under supervision. This section first discusses the decision on whether to provide help for victims, followed by the decision on whether to order treatment or supervision for offenders. As described in §1.3, such a decision is good if (a) it is based on the best possible information, and (b) the criterion adopted (conservative or liberal) is appropriate to the desired outcome.

#### *Victims*

Help can only be provided if victims are identified (see Chapter 3) and if they need help or third parties decide they should receive it. An estimated 11,600 children are identified as victims every year and around 6,100 children receive help (Figure 1.1). In §7.1 it was shown that help can be arranged for victims via two routes:

- on a voluntary basis (the victim and/or the parents say that they need help or help is recommended by the AMK or other professionals, §7.1.1.1);
- on a mandatory basis (on the recommendation of the RvdK, a children's court orders a child protection measure, §7.1.1.3)

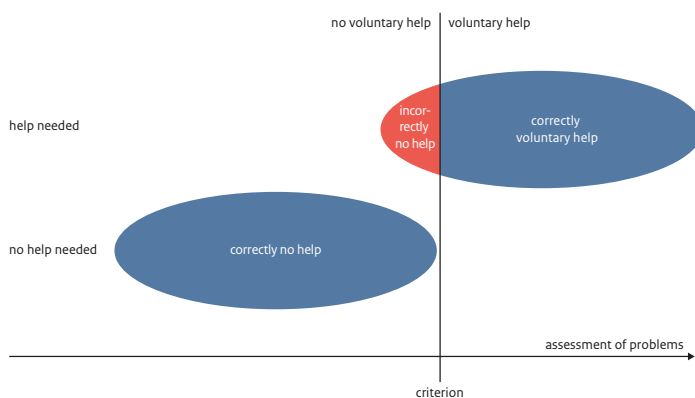


Figure 7.19 Decisions on treatment on a voluntary basis

As we have seen in the previous chapters, an unknown proportion of victims do not receive help because of obstacles to the identification of victims. Victims are not comfortable talking about the abuse (see §3.1) and it is not always easy for third parties to observe the signs (see §3.2). When victims are identified, there can be obstacles to reporting the offence and carrying out an investigation to confirm suspicions of sexual violence (Chapter 4 and 5). This chapter describes the steps that are taken once the obstacles to identifying victims, reporting them and carrying out an investigation have been surmounted. When it comes to referring victims for help once they have been identified (see §7.1.1), help does usually seem to be provided. Nevertheless, both victims and professionals face a number of obstacles before help can commence, such as the fragmentation of the available services, the fact that young children cannot be helped anonymously and the hesitation that social workers sometimes feel

about ignoring the requirement of parental consent. A number of initiatives have already been taken to improve the referral process.

Figure 7.19 shows (for the victims who have overcome these obstacles and been identified as requiring help) how the decision is made about the type of help to be provided. Victims and/or parents may possess sufficient information to decide whether or not help is needed. Professionals too seem reasonably capable of identifying their needs once victims are known to them (sufficient information). The victims who receive help are the victims who need help (Figure 7.19: correct voluntary help): the distinction between victims who need help and victims who do not seems clear. There is no clear evidence that if help is felt to be necessary, it is not provided. If there are indications that help should be provided, it seems that the victims do actually receive it. In other words, this decision is made easily (a liberal criterion), with the reservation that the data do not show the type of intervention that these victims receive. It is therefore impossible to judge whether victims receive the most suitable and effective help.

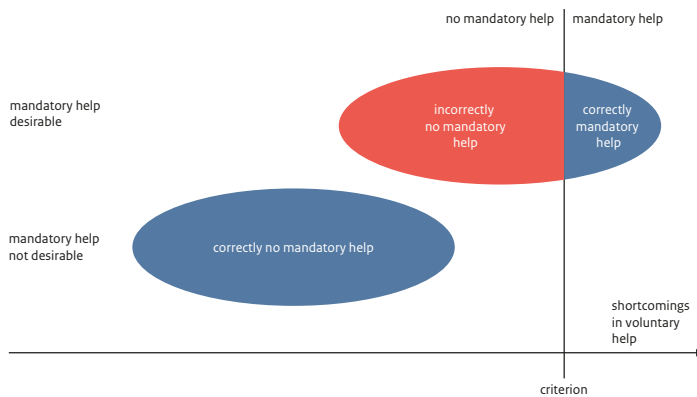


Figure 7.20 Decisions on treatment on a mandatory basis

For the group that needs help but does not receive it, mandatory help might be the next option (Figure 7.20). Before help can be provided for a victim on a mandatory basis (see §7.1.1.3), however, the RvdK must first decide if there is sufficient information, based on information provided by the notifier and the information it gathers during its own investigation, from which should be able to establish fairly clearly whether help is needed. In other words, there is sufficient information.

The RvdK must then decide whether to ask the court for a child protection measure. This threshold seems quite high. It appears that the RvdK does not submit cases to the courts if there is any doubt about whether the court will impose the measure, and therefore adopts a conservative criterion. Practically all requests for child protection measures are granted by the courts.

### Offenders

The subject of §7.2 was offenders, and it focused on the key decision: who is dangerous and what will we do about it? Which perpetrators will proceed to interventions? Although a lot of things are done well, there are problems with the information on which decisions on whether to order interventions are generally based and with the criterion that is adopted.

As regards the information, it has been shown scientifically that instruments based on a fixed weighting of proven risk factors deliver the best estimate of the risk of recidivism (§7.2.1.1). In practice, these instruments are not universally applied in the Netherlands. A positive aspect is that the use of standardized instruments has become common practice for the probation organizations and the RvdK, and both the RvdK and the probation organizations supplement their standard instruments with instruments geared specifically to sex offenders. The only thing the probation organizations lack is an instrument for identifying changeable risk factors that are of specific relevance for perpetrators of sexual violence. It would therefore be better if the probation organizations were to use a scientifically substantiated instrument tailored to sex offenders for identifying risk factors that are susceptible to change.

The NIFP coordinates the preparation of psychological and psychiatric pro Justitia reports. The risk assessment in these reports is still largely based on an unstructured approach, although this method does not produce the most accurate predictions. The objectives of treatment are only identified insofar as they are related to psychiatric disorders. These changeable risk factors (objectives of treatment) are not identified in a scientifically proven manner. The new guidelines do provide for the use of structured instruments, but it is certainly not yet a requirement and is also not standard procedure. The guidelines also do not provide that the instrument must be *decisive* in the assessment of the risk, which is the only way an instrument can be useful. The NIFP does seem to be making up ground in this regard.

In general, therefore, the decision to provide treatment for offenders or to place them under supervision could be based on more and better information than at present, although the seriousness of this problem differs from one agency to another. The distinction between offenders who do and do not benefit from an intervention is therefore not optimal; the groups overlap (Figure 7.21).

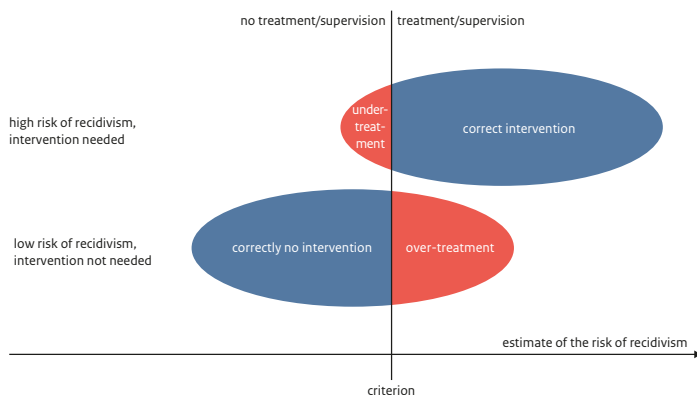


Figure 7.21 Decisions on reducing the risk of recidivism

Finally, the criterion. The probation organizations and the RvdK have developed a system in which a rapid basic examination should show whether a more extensive investigation is needed – a decision based in both cases on the level of risk. However, both agencies practically always carry out an extensive examination for sex offences, the implicit assumption being that the level of risk is always high. In §7.2.1.1 it was found that the probation organizations often also recommend interventions to reduce the threat of recidivism for low-risk offenders: treatment is advised for 50% and placement under supervision for 68% of low-risk offenders. Recent research has shown that perpetrators of sexual violence are both over- and under-treated, but if their victims were children, they were more often over-treated (Figure 7.21). That assumption that sex offenders whose victims were minors always pose a threat of recidivism also seems to form the basis for the bill on long-term supervision, behavioural modification and restriction of liberty, whose most important target group seems to be sex offenders. All things considered, the threshold for ordering interventions for offenders is low. This is undesirable for two reasons. First, treating a person with a low risk of recidivism as a high-risk case could be counterproductive, and second, money does not grow on trees. The effective use of instruments to reduce the risk of recidivism demands the following realization: even sex offenders might not repeat the offence.



## 8 Prevention

Previous chapters have illustrated the passage of victims and offenders through the funnel. [Chapter 7](#) described how providing help and after-care and exercising supervision contribute to preventing a victim from becoming a victim again or an offender from committing another offence. In [Chapter 2](#), however, we saw that more than half of the suspects of sexual violence had never previously been known to have committed a similar offence. To reduce sexual violence, it is therefore also essential to ensure that fewer new offenders and victims enter the funnel. This chapter describes measures taken in an attempt to put a lid on the funnel: prevention.

Measures to prevent sexual violence have to be targeted at both potential offenders and potential victims. These measures can be primary, secondary or tertiary.<sup>1</sup> Primary preventive measures are targeted at everyone and involve providing general publicity and awareness-raising campaigns designed to prevent people from becoming offenders or victims. Secondary prevention is targeted at specific individuals, groups and places that constitute a risk. Finally, tertiary prevention embraces the interventions aimed at individuals, groups and situations after sexual violence has occurred with the objective of preventing it from happening again. Tertiary preventive measures designed to reduce the risk of recidivism were discussed in [Chapter 7](#) and are therefore not covered in this chapter. Measures intended to prevent suspected or convicted sex offenders from working with children are discussed in [§8.2.2](#). These are measures that are not intended to prevent recidivism in general, but to prevent recidivism in specific high-risk situations, such as crèches.

This chapter is confined to a selection of prevention programmes that are likely to prove effective in preventing sexual violence. What stands out in [§8.1](#) is the heavy focus on potential victims in primary prevention. Strengthening sexual assertiveness can reduce the risk of sexual violence, but cannot eliminate it. By placing the emphasis on increasing assertiveness, society seems to be saying that victims are responsible for what happens to them. To combat sexual violence against children effectively, equal attention has to be devoted to potential offenders, since they are the ones who are responsible for sexual violence. However, too little attention is devoted to primary prevention aimed at stopping people from committing offences. Examples from abroad show that it is indeed possible to address potential offenders with preventive measures.

The target groups of the secondary preventive measures described in [§8.2](#) include individuals and groups who face a particular risk of becoming a victim or an offender. For example, measures taken in special needs education and by the youth care services to prevent vulnerable children from becoming victims

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<sup>1</sup> Smallbone, Marshall & Wortley (2008), p. 49.

are discussed. People with a paedophilic nature form a specific group of potential offenders demanding special attention. They can go to Stop it Now! or the mental health service for treatment. This chapter presents data about voluntary treatment for paedophiles.

There is also growing attention to preventive measures targeted at risky environments – which is known as situational prevention.<sup>2</sup> For example, steps are being taken to make it more difficult for people who are suspected or have been convicted of a sex offence to work with children, particularly by organizations that provide youth care and child care and by voluntary organizations. Secondary prevention therefore seems to work well. Nevertheless, the need to prevent sexual violence must be a constant consideration wherever adults work with children or where there are children in the vicinity. It must not be a question of investigating ‘how something like this could happen’ only after incidents have occurred.<sup>3</sup> There is still insufficient attention being devoted to secondary – or situational – preventive measures dedicated to preventing sexual violence in every risky environment – before it happens.

## 8.1 Primary prevention

The aim of primary prevention is to prevent people from becoming offenders or victims by providing general public information and raising awareness. The most common form of primary prevention is sex education for children to protect and help them in their sexual development.<sup>4</sup> If the information provided is designed both to strengthen their sexual assertiveness and prevent them from committing offences, the occurrence of sexual violence against children could decline. This section describes the roles that parents, guardians and schools can play in providing sex education. The subsequent sections discuss the extent to which the government protects children against sexual violence.

### 8.1.1 Information, awareness and sex education

#### *Parents and guardians*

Parents and guardians are principally responsible for raising their children and therefore also for their sex education, which should include information about wishes and limits and respect for others (which can prevent individuals from becoming offenders or victims). It is important to make children aware of their own sexuality, because it is the child who decides what happens with his or her body.<sup>5</sup> Parents and guardians are also in a position to carefully observe their children’s relationships with older children, adolescents and adults.<sup>6</sup> Not all parents are able to provide sex education for their children, however. Some parents find it difficult to talk about sexuality openly and without embarrassment,<sup>7</sup> as was apparent from the uproar about the Doctor Corrie feature in a Dutch children’s television programme (see text box). For these parents, discussing the possibility of their child becoming a victim or perpetrator of sexual violence could certainly be beyond their limits.

2 [National Rapporteur on Trafficking in Human Beings \(2011\)](#).

3 [National Rapporteur on Trafficking in Human Beings \(2011\)](#).

4 World Health Organization Regional Office for Europe & Die Bundeszentrale für Gesundheitliche Aufklärung (2010), p. 20.

5 Rafter (2013), p. 96.

6 The Task Force (2012), p. 8.

7 *Parliamentary Documents II 2009/10*, 32 239, no.1. p. 7.



### Doctor Corrie

Since September 2013, the weekly news bulletin 'School TV' produced by the public broadcasting company NTR has included an item on puberty, relationships and sexuality called 'Doctor Corrie'. Subjects that are covered include kissing ('don't do it because the other person wants you to'), falling in love, the first date, homosexuality and the first erection.<sup>8</sup> The item is controversial among parents, however, and a petition was launched to have Doctor Corrie taken off the air.<sup>9</sup> The arguments given included the following:

- Doctor Corrie promotes a vision of sexuality that is not universally shared;
- Doctor Corrie interferes with the upbringing of children by expressing an opinion about sexuality as though it is generally accepted.<sup>10</sup>

The uproar around the programme shows that talking about sexuality is still a sensitive subject for some parents.

A recent survey of more than 600 parents by the magazine *J/M* found that more than three-quarters of them did provide sex education and discuss sex with their children. These parents generally devoted equal attention to strengthening the child's sexual assertiveness ('don't do anything you don't want to do') and preventing sexually transgressive behaviour (don't do anything the other person doesn't want to do').<sup>11</sup>

### Education

While parents and guardians are responsible for the sexual education of their children, since the end of 2012 they share that responsibility with schools, which are required to devote time to teaching about sexuality and sexual diversity.<sup>12</sup> There are various teaching packages that teachers can use to comply with this obligation. The Netherlands Youth Institute (Nederlands Jeugdinstituut, NJI) maintains a database<sup>13</sup> of scientifically recognized interventions,<sup>14</sup> which contains eight primary prevention programmes relating to the sexual health and sexual assertiveness of children and young people, geared to different target groups in terms of age, gender and level of education.<sup>15</sup> These programmes help children and young

8 <http://www.schooltv.nl/weekjournaal/3960153/dokter-corrie/>, consulted on 9 January 2014.

9 On 9 January 2014, the petition had been signed 11,720 times.

10 <http://petities.nl/petitie/stop-dokter-corrie>, consulted on 9 January 2014.

11 *J/M Ouders* magazine, September 2013, Volume 17, no. 9, 'Robert M. heeft er bij ouders goed ingehakt' (Robert M. has put the fear in parents), pp. 16-19.

12 *Parliamentary Documents II* 2012/13, 33 421, no. A/1; Rijksoverheid, 'Aanpassing kerndoelen onderwijs', 17 February 2012.

13 There is a wide range of interventions in relation to sexuality and sexual assertiveness for different target groups in the Netherlands. In addition to the NJI's database, the Dutch Centre for Youth Health (*Nederlands Centrum Jeugdgezondheid*), Movisie and the Centre for Healthy Living (*Centrum Gezond Leven*) also maintain a database of interventions in the areas of juvenile health care, prevention, welfare and social care. In view of the large number of interventions available, this report concentrates on programmes that are included in the NJI's database.

14 <http://nji.nl/eCache/DEF/1/03/055.html>, consulted on 7 November 2013. The quality and effectiveness of these interventions were assessed by the independent, national Accreditation Committee for Interventions (*Erkenningscommissie Interventies*), <http://nji.nl/eCache/DEF/1/25/407.html>, consulted on 7 November 2013.

15 These programmes are all accredited at level 1 ('theoretically sound'), which means that the interventions are described in detail and are theoretically likely to contribute to achieving the desired goals, <http://nji.nl/eCache/DEF/1/25/407.html>, consulted on 7 November 2013. This is currently the highest feasible accreditation for most interventions in the database since, for practical and financial reasons, empirical research into their effectiveness is often difficult.

people to increase their sexual assertiveness, identify their wishes and limits and/or gain a sense of their own sexually transgressive behaviour. Although the programmes cover the subject of showing respect for another person's wishes and boundaries, the emphasis does seem to be on increasing children's sexual assertiveness in order to prevent them from becoming victims (see §8.1.2).

#### *Preventing online sexual violence*

Efforts to prevent sexual violence should not be confined to the physical world, but should also extend to the online environment. The digital and analogue worlds are one and the same to children,<sup>16</sup> with the Internet and social media providing additional possibilities to experiment with sex. The effect is that children face as much risk of becoming a victim of sexual violence online as in the real world. See §2.1 for some examples of digital sexual violence.

The number of households with access to the Internet in the Netherlands is among the highest in Europe<sup>17</sup> and social media are an integral part of children's lives. Children and young people must therefore be made aware of the possibilities and threats associated with using the Internet and social media. But, according to many professionals, parents are ill-informed about media education<sup>18</sup> and many parents feel uncertain about their own competence to provide it (see text box).<sup>19</sup>

#### *Delta Plan for Media Education*

The range of programmes about media education for parents and professionals is fragmented and of varying quality.<sup>20</sup> The absence of a structured approach to improving the competences of parents prompted the NJi, Stichting Opvoeden.nl, Ouders Online, Mijn Kind Online and Mediawijzer to launch the Delta Plan for Media Education (Deltaplan Mediaopvoeding) in an attempt to provide support for parents wishing to provide media education for their children.<sup>21</sup>

Also lacking in schools and the accredited prevention programmes is structured attention to the use of social and other media and the potential risks they pose for the sexual development and safety of children.<sup>22</sup> Teachers and other professionals who work with children, including youth workers, badly need accredited information packs about sexuality that also cover the subject of preventing online sexual

16 Meintser (2011), p. 66.

17 Van Deursen & van Dijk (2012), p. 29.

18 Media education is understood to cover learning to use media properly (particularly the Internet and social media). It is a question of stressing the possibilities (What can you do with the Internet?) as well as the hazards (What can go wrong?), and teaching the rules of conduct on the Internet. Duimel & Meijering (2013), p. 6.

19 Deltaplan Mediaopvoeding, p. 1, <http://stichtingopvoeden.nl/sites/stichtingopvoeden.nl/files/files/Mediaopvoeding-in-Nederland-samenvatting-Deltaplan.pdf>, consulted on 9 January 2014.

20 Deltaplan Mediaopvoeding, p. 1.

21 Deltaplan Mediaopvoeding, pp. 1-2.

22 There are various (as yet unaccredited) prevention programmes, such as 'Make IT safe', a peer2peer course about internet safety, including webcam abuse and grooming. <http://www.defenceforchildren.nl/p/229/3221/mo481-cg345/mo480-cg345/mo430-cg%7C88=1%7C89=1%7C102=uitbuiting%5B4%5D/mo429-cg%7C88=1%7C89=2%7C102=uitbuiting%5B4%5D/mo233-m80>, consulted on 9 January 2014. Helpwanted offers a teaching package about grooming, sexting and webcam abuse developed for teachers of media education. The risks of social media are covered in the lessons 'Love is...' given by Qpido, the gender-specific centre of expertise Spirit.

violence.<sup>23</sup> The police have recognized this gap in the information provided by schools, and the forces in some regions have started their own information campaigns about digital forms of sexual violence, such as sexting and/or grooming (§2.1), by performing plays and/or showing films about grooming in schools, for example.<sup>24</sup>

### 8.1.2 What role does the government play in this?

Just as parents are principally responsible for raising their children and schools are obliged to educate children about sexuality and sexual diversity, the government has an obligation to protect children against sexual violence.<sup>25</sup> The Ministries of Education, Culture and Science (*Onderwijs, Cultuur en Wetenschap*, OCW), Health, Welfare and Sport (*Volksgesondheid, Welzijn en Sport*, VWS) and Security and Justice (*Veiligheid en Justitie*, VenJ) have formulated a set of policy objectives for complying with that obligation. The Minister of OCW, for example, has revised the key objectives of education policy to include a requirement for schools to provide education about sexuality and sexual diversity. The Minister of VenJ and the State Secretary for VWS have drawn up the ‘Action Plan against Child Abuse 2012-2016’, which, among other things, aims to eradicate all forms of child maltreatment, including sexual violence. As is apparent from the information presented below, all three ministries seem to place the emphasis on strengthening the position of (potential) victims and also seem to underestimate the importance of preventive measures targeted at potential offenders.

#### 8.1.2.1 How can things be improved?

##### *The key objectives of education policy*

The main focus of the decree ‘containing amendment of the key objectives of education policy’ seems to be on strengthening the sexual assertiveness of young people and it does not mention the prevention of sexually transgressive behaviour and sexual violence committed by young people.<sup>26</sup> The emphasis in the accredited primary prevention programmes is also on increasing sexual assertiveness. Children must learn what the limits are. They must learn to say ‘no’ and dare to do so. In short, children must be assertive. Strengthening sexual assertiveness can reduce the risk of sexual violence, but will not eradicate it. With this emphasis on assertiveness, society actually seems to be saying that it is the victim who is responsible. That is wrong. It is the perpetrator who is principally responsible for sexual violence.

The data show that a quarter of suspected offenders are minors (§2.5). So they, like the victims, are at school and, again like the victims, they should receive sex education. Sexual violence can only be effectively tackled when information and interventions are targeted at both potential offenders and potential victims – not just in school but also outside.

##### *Society-wide attention for preventive measures targeted at offenders*

Since three-quarters of the suspects are adults, society-wide attention is also needed for preventive measures that reach potential adult offenders. Offenders are, like victims, members of society and are not ‘separate beings’. Campaigns in other countries have demonstrated that it is possible to draw public attention to the issue of potential offenders (see text box).

23 Duimel & Meijering (2013), pp. 6, 15 and 17.

24 Verbal information from the National Expert Group on Sex Offences, 31 January 2014.

25 By virtue of Article 34 of the International Convention on the Rights of the Child.

26 *Parliamentary Documents II* 2012/13, 33 421, no.A/1; Rijksoverheid, ‘Aanpassing kerndoelen onderwijs’, 17 February 2012.

*Prevention targeted at offenders*

The Canadian NGO, Sexual Assault Voices of Edmonton (SAVE), runs campaigns targeted at potential offenders. SAVE's current poster campaign, run in association with the Vancouver police department, is entitled 'Don't be *that* guy'.<sup>27</sup> The campaign is targeted at men who take advantage of women who consent to sex when their judgment might be clouded by alcohol. The central message is 'sex without consent = sexual assault'. In the posters, this message is backed up by images of nightlife combined with texts such as 'Just because she isn't saying no, doesn't mean she's saying yes', 'Just because you help her home, doesn't mean you get to help yourself' and 'Just because she's drunk, doesn't mean she wants to f\*\*k'.<sup>28</sup> The police in Scotland have started a similar poster campaign aimed at potential perpetrators of sexual violence entitled 'We can stop it'.<sup>29</sup>

A campaign in the United States is also intended to improve efforts to combat sexual violence. The White House recently made a video as part of the '1 is 2 Many' campaign. The video is designed to encourage men to take action if they see that a woman needs help. The message is: 'if she doesn't consent – or can't consent – it's a crime. And if you see it happening, help her, don't blame her, speak up'. The president, the vice-president and a number of famous actors convey this message in the video.<sup>30</sup>

*Prevention of sexual violence in domestic circles*

Since sexual violence is often committed by a member of the victim's family or step-family (§4.1, §4.2.2.2, §5.1), preventive measures also need to address sexual violence in domestic circles. The State Secretary for VWS and the Minister of VenJ have declared the prevention of violence in relationships of dependence a priority (see the text box). To this end, they have drawn up the Action Plan against Child Abuse 2012-2016,<sup>31</sup> in which the focus is on strengthening the position of potential victims and investigating and apprehending offenders. In terms of prevention, the plan provides that to prevent child abuse in general, municipalities will offer parenting support for all parents and for high-risk groups (for example, parents with a disability or parents whose children have a disability). The question is, however, whether help with child rearing can prevent sexual violence – as a specific form of child abuse. The theory is that, because parents resort to a form of child abuse (physical assault, emotional and/or physical neglect) out of powerlessness in many cases, strengthening parenting skills could contribute to preventing child abuse. As we saw in §2.5, there are many reasons why a child is sexually abused and there is no single explanation for sexual violence. Powerlessness might be one of the explanations, but it could equally be a question of opportunity: one's own children are relatively easy prey (§2.5). Will support in child rearing help in those cases? It therefore remains to be seen whether the action plan will be able to prevent sexual violence in domestic circles.

27 The initial results of the evaluation of 'Don't be *that* guy' showed a decline in the number of sex offences. The *Globe and Mail*, 'Don't be that Guy' ad campaign cuts Vancouver sex assaults by 10 per cent in 2011', 11 November 2013.

28 <http://www.savedmonton.com/our-campaigns.html> / <http://www.theviolencestopshere.ca/dbtg.php>, consulted on 9 January 2014.

29 <http://www.wecanstopit.co.uk/default.aspx>, consulted on 5 March 2014.

30 PolicyMic, 'The White House just released an anti-sexual assault video that every man needs to see', 29 April 2014.

31 *Parliamentary Documents II* 2011/12, 31 015, no. 66.

### *Taskforce on Child Abuse and Sexual Abuse*

The Minister of VenJ and the State Secretary for VWS have established the Taskforce on Child Abuse and Sexual Abuse, one of whose tasks is to oversee the implementation of the Action Plan against Child Abuse 2012-2016.<sup>32</sup> Its function is to encourage politicians, managers and professionals to adopt specific measures designed to prevent and effectively combat abuse, with special attention for particularly vulnerable children: children who face an increased risk of becoming victims, such as children with a disability.<sup>33</sup> The Taskforce submits progress reports to the government every six months.<sup>34</sup> Other topics the Taskforce is concerned with are municipalities (more preventive policies), education (more syllabi on child abuse and sexual abuse), criminal law and help for victims (the 'together strong' concept) and acrimonious divorces (how can we help the child).<sup>35</sup> The Taskforce has also inaugurated the annual Children Safe Week, when a wide range of organizations will publicize the issues of child abuse and sexual abuse.<sup>36</sup>

## 8.2 Secondary prevention

Whereas primary prevention is concerned with providing information and raising public awareness in general, secondary preventive measures are targeted at specific individuals, groups and locations that constitute a risk.<sup>37</sup> Specific groups that are at risk of becoming victims or offenders are discussed in §8.2.1, while §8.2.2 describes measures that are being taken to prevent sexual violence in specific risky environments – situational prevention – by organizations such as youth care institutions and child care facilities. These safety measures involve (a) imposing requirements on employees who work in risky environments, and (b) imposing requirements on working methods.

### 8.2.1 Groups at risk

This subsection discusses specific groups who are at particular risk of becoming victims or offenders. In terms of preventing victimization, it is important to devote attention to vulnerable children, such as children with a disability. When it comes to preventing offenders, measures could be targeted at boys who were abused during their childhood. Another risk group that is discussed here are people with a paedophilic orientation, who have to be taught how to cope with their feelings in such a way as to prevent them from committing paedosexual offences.

#### *Children with a disability in special needs education*

The benefit of sex education at school is that it reaches large groups of children, including children who face a greater risk of becoming victims (see §2.3). However, this does not apply for children with a physical or mental disability in special needs education. The curricula for education about sex and rela-

32 Rijksoverheid, 'Appointment of Taskforce on Child Abuse and Sexual Abuse' [*Instelling Taskforce kindermishandeling en seksueel misbruik*], 16 January 2012.

33 <http://www.taskforcekinderenveilig.nl/196/taskforce.html>, consulted on 14 April 2014.

34 The Taskforce reported to the government in the autumn of 2012 and in the spring and autumn of 2013. See: *Parliamentary Documents II* 2012/13, 31 015, no. 84., *Parliamentary Documents II* 2012/2013, 33 400-XVI, no. 156. and *Parliamentary Documents II* 2013/14, 33 750-XVI, no. 80.

35 <http://www.taskforcekinderenveilig.nl/316/themas.html>, consulted on 17 April 2014.

36 <http://www.taskforcekinderenveilig.nl/237/week-of-children-veilig.html>, consulted on 17 April 2014.

37 Smallbone, Marshall & Wortley (2008), p. 49.

tionships in primary and secondary education are not sufficient for children with learning difficulties.<sup>38</sup> Rutgers WPF and the CED Group have now launched the project 'Van kwetsbaar naar weerbaar!' [From Vulnerable to Assertive], in which they plan to develop and implement a continuous national curriculum of sex education for special needs education.<sup>39</sup>

*Preventing criminal behaviour among underage victims*

Research shows that a relatively large number of sex offenders with underage victims were themselves sexually abused when they were young. A meta-review by the WODC into the problems reported by victims who were abused during childhood showed that they face a risk of later committing sexual violence against children themselves.<sup>40, 41</sup> Jespersen, Lumière & Seto (2009) described this risk as the 'sexually abused – sexual abuser hypothesis'. Since it was shown in §2.5 that most offenders are males, it seems logical that this risk applies mainly for boys who were abused, since the proportion of suspects who are female is only between 1% and 3% in all four categories of sex offences. Research covering a small number of female sex offenders showed that, like male offenders, a large proportion were themselves abused in childhood or their youth.<sup>42</sup> It seems that the 'sexually abused – sexual abuser hypothesis' can also apply to abused girls, but the vast majority of these girls will not commit sex offences.

In the knowledge that sexual violence in childhood is a factor that increases the risk of a person becoming an offender later in life, we have to use that information to prevent new victims and offenders entering the funnel. Naturally, however, the possibility that he may become an offender is an extremely difficult subject to discuss with an abused child. Should the subject even be raised with the child and, if so, how? More research is needed into this issue. At the moment, not enough is known in this area. As mentioned above, research has shown how many offenders were victims themselves, but it is not known how many victims actually become offenders, so we do not precisely know which type of victim is at increased risk in this regard.

8.2.1.1 Voluntary help for paedophiles

By definition, paedophiles are a risk group in terms of committing sexual violence against children (§2.5). It is important that they learn to cope with their paedophilic feelings to prevent them from abusing children. Help from the mental health service can reduce the risk of paedophiles committing a paedosexual offence. But who are the people who seek help voluntarily in order to learn how to deal with their deviant sexual nature? The data on this subject in this section are taken from the Stop it Now! helpline and the DBC Information System – the database of care providers (see §2.4).

38 Following the report *Beperkt Weerbaar* (2011) about sexual abuse of persons with an intellectual disability, Rutgers WPF made an inventory of the methods of sex education and teaching about relationships in special needs education. It was found that every school has its own method of teaching these subjects, but that there is no national curriculum. Information meeting by RutgersWPF and SOA Aids NL for teachers in primary and secondary education about sex education and teaching about relationships, 13 February 2013; verbal information from Rutgers WPF, 20 February 2013.

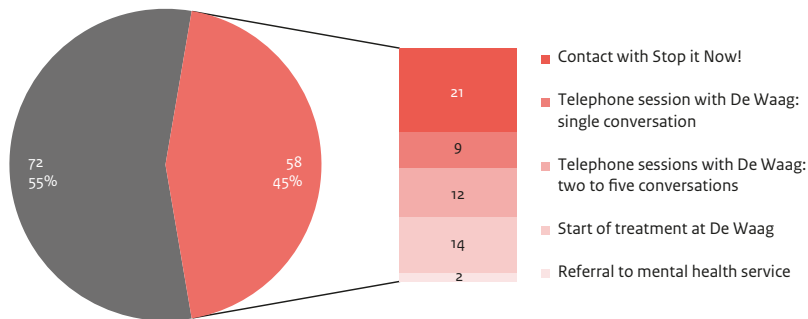
39 *Parliamentary Documents II* 2012/13, 29 240, no.62. p. 5.

40 Nagtegaal (2012), p. 47.

41 The WODC will publish a review of risk factors and factors that can prevent re-victimization and the commission of offences by victims in 2014. The report will concern abused children who face the risk of again becoming victims or of themselves offending in a residential setting. Written information from WODC, 6 May 2014.

42 Wijkman, Bijleveld & Hoving (2008), pp. 217 and 222.

The Hotline combating Child Pornography on the Internet (Meldpunt Kinderporno op Internet) and De Waag forensic centre established the Stop it Now! helpline in 2012 to provide help for people with paedophilic feelings and people who suspect that someone close to them has such feelings.<sup>43, 44</sup> Between April 2012 and March 2013, 130 unique individuals<sup>45</sup> contacted Stop it Now! More than half of them were callers who were worried about the conduct of adults or children, and slightly less than half of the callers were potential offenders. In 63.8% of cases, the call led to further action (see Figure 8.1). The follow-up steps involved telephone sessions with therapists from De Waag, the start of a course of mental health treatment at De Waag or referral to a regular mental health institution.



**Figure 8.1** Distribution of unique callers to Stop it Now! and the handling of contacts with potential offenders

Source: Mulder, et al. (2013), pp. 9 and 10

But what happens to these people once they have received treatment? At the beginning of the treatment, a Diagnosis and Treatment Combination (Diagnose Behandel Combinatie, DBC) file is created. This details the package of care and all the information about the treatment (see §2.4). The DBC is registered in the DBC Information System for the purposes of billing the health insurer or the patient for the care.<sup>46</sup> For this report, data were requested from the DBC Information System about the treatment of paedophiles between 2008 and 2012. Since Stop it Now! has only existed since 2012, most of the information concerns paedophiles who came into contact with the mental health service via other channels. The DBC data provide insight into the characteristics of persons with a paedophilic nature, the variety of disorders they suffered from and the features of their treatment.

43 [www.stopitnow.nl](http://www.stopitnow.nl), consulted on 15 December 2013.

44 People can contact Stop it Now! for advice anonymously, and can also be referred to De Waag for treatment (or for a series of six anonymous telephone calls with a therapist).

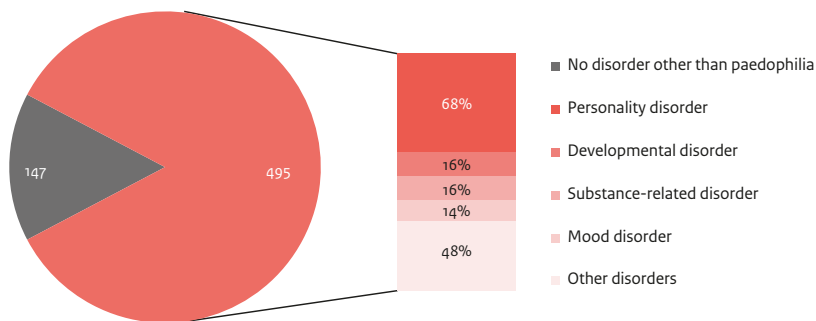
45 Stop it Now! was contacted 144 times in total.

46 'De DBC-systeematiek', DBC-onderhoud, <http://www.dbconderhoud.nl/the-dbc-systeematiek/menu-id-84>, consulted on 2 February 2014.

*Characteristics, disorders and additional problems of the treated paedophiles*

In the period 2008-2012,<sup>47</sup> 642 persons with the principal diagnosis 'paedophilia', 99% of them men, were treated by the mental health service. The average age of these people was 44.8 (SD = 13.5), ranging from 17 to 86 years of age. In line with findings from scientific research,<sup>48</sup> paedophilia appeared to be just one of a wider range of problems. No fewer than 77% also had one or more other disorders in addition to paedophilia (see Figure 8.2).<sup>49</sup>

Almost half (49%) of all patients had a personality disorder (defined as a long-term pattern of thought and conduct that deviates from the expectations of the culture a person belongs to).<sup>50</sup> One characteristic of a personality disorder is that the long-term patterns are stable and inflexible and cause a lot of suffering.<sup>51</sup> The proportion of patients with a personality disorder in this group of paedophiles was significantly higher than the prevalence in the general population (13.5%).<sup>52,53</sup> Apart from personality disorders, 'substance-related disorders' and developmental disorders – including learning, behavioural and attachment disorders – were the most common disorders diagnosed in addition to paedophilia.<sup>54</sup>



**Figure 8.2 Number of paedophiles with another disorder as well as paedophilia**

The number of disorders does not come to 100%, since every patient can have more than one disorder

Source: DBC Information System 2008-2012

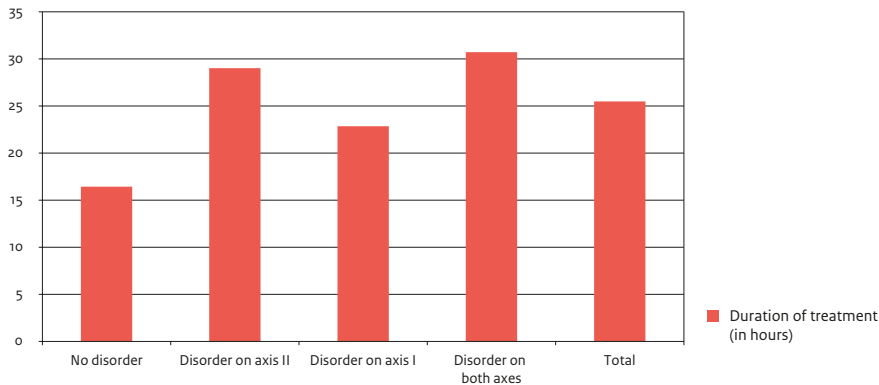
- 47 Because of the system of delivery of DBCs to the DBC Information System, the data for 2012 are not yet complete.
- 48 This was research into convicted paedosexuals with a paedophilic nature. Various studies have shown that the functioning of the brain is impaired in members of this group. Blanchard, et al. (2007); Cantor, et al. (2007); Cantor, et al. (2004).
- 49 Of the 642 paedophiles, 17% had at least one disorder on axis I, 36% had a disorder on axis II and 24% had at least one disorder on axis I and a disorder on axis II.
- 50 The most common types of personality disorders fall into the cluster of Anxiety disorders (23%), which covers evasive personality disorder, dependent personality disorder and obsessive-compulsive disorder. A category 'Not otherwise described' also appears frequently (21%). Other types of personality disorders are theatrical personality disorders (present in 15% of the cases) and eccentric personality disorders (in 2% of the cases).
- 51 American Psychiatric Association (2013), p. 645.
- 52 Landelijke Stuurgroep Multidisciplinaire Richtlijnontwikkeling (2008).
- 53  $p: 0.001$ .
- 54 These are psychiatric disorders on axis I that are usually the reason for care.



In addition to these disorders, paedophiles also experience many problems that can be influenced by treatment.<sup>55</sup> The person receiving treatment indicates what problems he or she is experiencing. Problems with the primary support group – the family – (62%, N = 397) and problems with law-enforcement agencies (52%, N = 333) were particularly common. Since these paedophiles were receiving help on a voluntary basis, no information was provided by law-enforcement agencies. If there were problems with the authorities, it was possible that they were connected with a paedosexual offence, but the patient might also have committed another type of offence or have been a victim of an offence. This information is not known because the precise nature of the problems is not registered in the DBC Information System.

*Secondary prevention: the treatment of paedophiles*

Most paedophiles receive either exclusively individual treatment (62%) or a combination of individual and group treatment (36%).<sup>56</sup> Paedophiles with a personality disorder or an intellectual disability and/or who are mentally challenged<sup>57</sup> more often receive group treatment than paedophiles without these disorders<sup>58</sup> (weak correlation).<sup>59</sup> Paedophiles with any of these disorders are also treated for a longer period of time (Figure 8.3).<sup>60</sup>



**Figure 8.3 Duration of treatment in hours<sup>61</sup>**

Divided according to the existence of disorders on axis I (such as developmental disorders and 'substance-related disorders') and/or axis II (such as a personality disorder and being mentally challenged)

Source: DBC Information System 2008-2012

55 Problems on axis IV.

56 The other eight paedophiles all received group treatment.

57 Disorders on axis II.

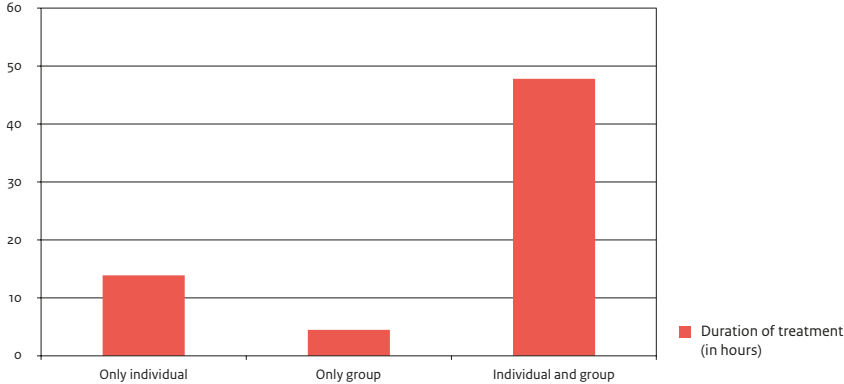
58  $F: 10.14; df_1: 1; df_2: 638; p: 0.00. Eta: 0.13.$

59 There is no correlation between having a disorder on axis I and receiving group treatment.

60  $F: 9.49; df_1: 1; df_2: 625; p: 0.00. Eta: 0.12.$

61 In the case of individual treatment, the duration of the treatment is the time that the patient has spent with the physician. That does not apply for group treatment, since there the physician's time is 'divided' evenly among the patients in the group.

Paedophiles who received both individual and group treatment (the net ‘face-to-face’ time that physicians have devoted to the patient) received significantly longer treatment (Figure 8.4), which corresponds with the findings in Chapter 7 (duration of treatment for victims). Group treatment was used mainly in combination with individual treatment, particularly in those cases where the treatment lasted longer.



**Figure 8.4** Duration of treatment in hours,<sup>62</sup> by type of therapy

Source: DBC Information System 2008-2012

#### *Does help help?*

People with paedophilic feelings are at greater risk of committing paedosexual offences, as described in §2.5. For some, telephone support by a therapist (from Stop it Now!, for example) is enough. One conclusion from the evaluation of the helpline was that almost all callers were relieved to finally have someone they could talk to about their paedophilic feelings,<sup>63</sup> which had often been concealed for years.<sup>64</sup> Other paedophiles experience so many problems that treatment by the mental health service is needed. As the DBC data show, the paedophiles covered by the study also had a relatively large number of disorders.

The general psychological, social and professional functioning of a person receiving treatment in the mental health service can be established with the Global Assessment of Functioning (GAF),<sup>65</sup> which is administered, at a minimum, at the beginning and end of the treatment. The DBC data show that the difference in GAF scores is significantly higher than zero,<sup>66</sup> signifying that the general functioning of the paedophiles who received treatment had improved.<sup>67</sup> Help therefore does seem to help. Improved general functioning can help to prevent paedophiles from committing a paedosexual offence. It is there-

62 In the case of individual treatment, the duration of the treatment is the time that the patient has spent with the physician. That does not apply for group treatment, since there the physician’s time is ‘divided’ evenly among the patients in the group.

63 Mulder, et al. (2013), p. 11.

64 The continuation of the helpline is guaranteed until the end of 2014, but there are questions about how it will be kept open after that. It is proving difficult to find other sources of funding.

65 <http://www.praktijkbuitenpost.nl/gaf-score-volwassenen/>, consulted on 25 March 2014.

66 T: 9.15; df: 585; p: 0.00.

67 Diagnoses on axis I and axis II have no individual effect on the result of the treatment, but for patients with diagnoses on both axis I and axis II, the result of the treatment is worse than for all other groups. F: 6.44; df1: 1, df2: 582; p: 0.012. Eta: 0.10.

fore important for people with a paedophilic nature to have access to mental health care, which can be arranged via the Stop it Now! helpline.

### 8.2.2 Risky environments

In §2.3, a number of environments where children face an increased risk of becoming victims of sexual violence were discussed. These are environments where potential offenders have easy access to children, where children are dependent on adults, or where children trust adults – environments where this trust is abused.

Various committees have been established in the Netherlands in recent years to investigate a serious incident or serious abuses in the past and to discover how the sexual violence could have occurred in the particular environment concerned. The Gunning Committee, for example, concentrated on the child care sector in the wake of the extreme sexual violence in the Hofnarretje crèche in Amsterdam; the Deetman Committee explored sexual abuse of children in the Roman Catholic church; and the Samson Committee investigated the sexual safety of children in institutions of youth care and foster care. All three committees considered ‘how this could have happened’ and ‘how can anything similar be prevented in future’. The situation for children has become safer in these domains: measures have been taken to reduce the occurrence of sexual violence. But what about other risky environments, such as boarding schools attached to mosques, children’s hospitals and public swimming pools? We do not know what is being done in terms of prevention in these domains. Do we have to wait until serious sex offences occur there before any action is taken to prevent sexual violence? Devoting attention to preventing sexual violence must not depend on what has already happened. Preventing abuse must be an issue wherever adults are working with children or where there are children close by.<sup>68</sup>

This subsection describes the measures that have been taken to make the youth care and child care sectors and voluntary organizations safer. The Certificate of Good Conduct (Verklaring Omtrent het Gedrag, VOG) forms the basis of these measures, which are intended to ensure that no one who has been convicted or suspected of a sex offence can work with children. In addition, the youth care services have adopted the Quality Framework ‘Preventing sexual abuse in youth care’, the child care sector has introduced a system of continuous screening and the four-eyes principle, and voluntary organizations have launched the project ‘In Veilige Handen’ [In Safe Hands] and established a disciplinary board and a black list.

#### *Certificate of Good Conduct*

The Certificate of Good Conduct ‘is a statement declaring that the applicant has not committed any criminal offences that are relevant to the performance of his or her duties’<sup>69</sup> (such as, for example, working with children). Persons who are suspected of a sex offence or have been convicted of one will not be issued a VOG for a job in which they will be working with children. The central issue in considering whether to issue a declaration is not whether there is a risk of a repetition of the offence, but whether the nature of the work means that even the slightest possibility of a repetition of criminal behaviour must be precluded.<sup>70</sup>

68 National Rapporteur on Trafficking in Human Beings (2011).

69 <http://www.justis.nl/producten/vog/index.aspx>, consulted on 10 October 2013.

70 The Dutch Probation Service would like an assessment of the risk of future repetition of the offence to be considered in future when decisions are being made on whether to grant a VOG. Letter from the Probation Service to the members of parliament’s Permanent Committee for Security and Justice, 3 April 2014, <http://www.reclassering.nl/documents/14%20030%20101385%20Vaste%20Kamercommissie%20voort%20VJ%20AO%20VOG%209%20april%20140403.pdf>, consulted on 14 April 2014.

With the application procedure for the VOG, sexual violence can be prevented to a certain extent in some risky environments, particularly the youth care<sup>71</sup> and child care<sup>72</sup> sectors, where employees are obliged to produce a VOG. The Ministry of VenJ also allows voluntary organizations<sup>73</sup> that work with children to apply for a certificate for new volunteers free of charge.<sup>74</sup> However, as [Chapter 2](#) showed, more than half of the suspects of sexual violence had never previously been identified in connection with such an offence. Therefore, to reduce sexual violence it is also essential to prevent new offenders. In addition to the VOG, youth care and child care institutions and voluntary organizations have also adopted other measures to prevent sexual violence against children. These measures are described below.

#### 8.2.2.1 Youth care

Children in residential youth care institutions are a vulnerable group. Research by the Samson Committee revealed that children in residential institutions are victims of sexual violence significantly more often than children who live at home.<sup>75</sup> In half of the reported cases of abuse the offender was a minor.<sup>76</sup> In response to the findings of the Samson Committee, the umbrella organization of the youth care sector, Jeugdzorg Nederland, established the Quality Framework 'Preventing sexual abuse in youth care',<sup>77</sup> which has raised attention for preventing both victims and offenders throughout the youth care sector. The Quality Framework addresses the following aspects relating to the prevention of sexual violence:

- training and permanent education;
- screening and attention for sexual violence in job interviews and job appraisals;
- discussion of sexuality and sexually transgressive behaviour;
- increasing the assertiveness of young people;
- arranging multidisciplinary case meetings;
- screening, preparation, support and concern for safety in relation to aspiring foster parents.

The Quality Framework Committee oversees the implementation and execution of the framework and monitors compliance with it by all youth care organizations (see [§3.2](#)).<sup>79</sup> In 2014 and 2015, in addition to its regular supervision, the Youth Care Inspectorate will also carry out investigations to ensure that youth care organizations are taking adequate steps to prevent sexual violence.

71 The requirement of a VOG for youth care employees is included in Article 13a and 25 of the Youth Care Act, pursuant to the Mandatory Reporting Code Act. Youth Care Act: [http://wetten.overheid.nl/BWBR0016637/HoofdstukI/Artikel1/geldigheidsdatum\\_04-12-2013](http://wetten.overheid.nl/BWBR0016637/HoofdstukI/Artikel1/geldigheidsdatum_04-12-2013), consulted on 4 December 2013.

72 Not only persons working in child care are covered, but also employees of after-school care, kindergartens, child minding agencies, child minders, housemates/family members of child minders aged eighteen or older, and owners or directors of child care facilities.

73 The pilot project 'Free Certificate of Good Conduct for volunteers who work with children' at Steunpunt KinderVakanties, Scouting Nederland, NOV and NOC\*NSF ran from May 2012 until the end of 2013.

74 The Ministry of VenJ will gradually expand the pilot into a permanent scheme for volunteers who work with children or with people with an intellectual disability. *Parliamentary Documents II* 2012/13, 33 400-VI, no.116. p. 3.

75 Commissie Samson (2012), p. 97.

76 Timmerman, et al. (2012), pp. 69-70; Commissie Samson (2012), p. 59.

77 The Quality Framework applies to all youth care organizations affiliated with Jeugdzorg Nederland, whether they provide care on a voluntary or mandatory basis, out-patient or residential care, or foster care.

78 Commissie Rouvoet (2013), p. 3.

79 <http://www.jeugdzorgnederland.nl/voorkomen-seksueel-misbruik/>, consulted on 2 February 2014.

### 8.2.2.2 Child care

A Certificate of Good Conduct is required for every employee in the child care sector (kindergartens or crèches, after-school care, child minders and parents who assist in crèches), and two additional measures have been taken to prevent sexual violence against children: the ‘four-eyes principle’ and continuous screening.

#### *Four-eyes principle*

On the recommendation of the Gunning Committee, the Ministry of SZW has prescribed the application of the four-eyes principle in child care facilities by law.<sup>80</sup> What this means is that a child care centre must be organized in such a way that employees can only perform their work if they can be seen or heard by another adult. From the perspective of prevention, in principle this eliminates the possibility of employees committing a paedosexual offence. It is left to the professional group to decide how the four-eyes principle will be implemented.<sup>81</sup>

#### *Continuous screening*

With the application for a Certificate of Good Conduct, an organization can investigate whether the past behaviour of a prospective employee raises any objections to their working with children. The system of continuous screening enables the organization to review whether new criminal offences form an objection to a person’s working in child care. In the child care sector, the application for the Certificate of Good Conduct is seen as a ‘baseline measurement’. Since 1 March 2013, the system of continuous screening has been used to monitor whether persons working in child care, as well as child minders or housemates of child minders, have committed new criminal offences, including sex offences.<sup>82</sup>

According to data from the system of continuous screening, twelve persons were identified as being involved in a sex offence between April 2013 and February 2014. Two cases concerned employees of a crèche. One employee’s contract was not extended and the other employee was suspended pending completion of the investigation. The other signs all concerned housemates of child minders. In most cases, the child minder was deregistered or the housemate moved from the address where the children were being cared for. A sex offence is defined as sexual violence in the broad sense, which means that it is not, by definition, sexual violence against children.<sup>83</sup>

### 8.2.2.3 Voluntary organizations

As mentioned earlier, voluntary organizations can apply free of charge for a Certificate of Good Conduct for new volunteers. Other measures taken by the sector to prevent sexual violence against children by volunteers are the project ‘In Veilige Handen’ [In Safe Hands],<sup>84</sup> disciplinary procedures and a

80 In Article 5a of the Regulations on the quality of child care and kindergartens 2012, [http://wetten.overheid.nl/BWBR0031613/geldigheidsdatum\\_05-12-2013](http://wetten.overheid.nl/BWBR0031613/geldigheidsdatum_05-12-2013), consulted on 5 December 2013.

81 Examples might be the removal of physical obstructions, for example by installing glass walls in group rooms. *National Rapporteur on Trafficking in Human Beings (2011)*. Another option is to permanently install a baby phone in the room where they are sleeping. Commissie Gunning (2011), p. 148.

82 *Parliamentary Documents II 2013/14*, 33 750- VI, no.224. p.7.

83 Written information from the Ministry of VenJ’s screening department (Dienst Justis), 31 March 2014.

84 The Association of Dutch Organisations of Voluntary Workers is carrying out this project with Movisie, NOC\*NSF and Scouting Nederland. The declaration of intent for ‘In veilige handen’ was signed by 72 voluntary organizations on 5 December 2013. [www.inveiligehand.nl](http://www.inveiligehand.nl), consulted on 5 December 2013.

'blacklist'.<sup>85</sup> Elements of In Veilige Handen include the introduction of a code of conduct, the performance of risk analyses and the adoption of a prudent policy for the appointment of volunteers.<sup>86</sup> Voluntary organizations that follow the steps laid down in In Veilige Handen can join Stichting Tuchtrect Vrijwilligerswerk [Disciplinary Commission for Voluntary Work]. If there are suspicions of violations of the code of conduct, a disciplinary board can assess the behaviour of volunteers. Those who are found to have violated the code of conduct are placed on the blacklist for sexually transgressive behaviour in voluntary youth work.<sup>87</sup> Organizations that join Stichting Tuchtrect Vrijwilligerswerk can check whether prospective new volunteers are on the blacklist, which prevents volunteers from hopping from one organization to another in order to work with children. In other words, this measure helps to prevent sexually transgressive behaviour, regardless of whether it constitutes criminal behaviour.

### 8.3 Prevention after the transition in youth care

From 2015, responsibility for arranging help for children and young people is being delegated to the municipalities. The objectives of the changes in the system include intensifying efforts in relation to prevention and providing earlier support. At present, it is the provinces rather than the municipalities that profit from a decline in the number of new patients receiving youth care.<sup>88</sup> However, with the transition from complex (and expensive) care to preventive support and care close to home,<sup>89</sup> municipalities will profit from the benefits of prevention; an incentive that could encourage municipalities to invest more in prevention.

At the time this report was being written, it was still not clear what types of measures municipalities were planning to adopt to prevent child abuse, including sexual violence. Every municipality was required to produce a youth policy plan,<sup>90</sup> setting out their strategy for prevention and the practical measures they intend to take,<sup>91</sup> by November 2014.

### 8.4 Decisions depicted

The number of new offenders and victims entering the funnel has to be reduced. This chapter has discussed the measures that are being taken to prevent people from becoming both victims and perpetrators of sexual violence – measures designed to put a lid on the funnel. Nevertheless, there is still more than enough room for improvement.

85 In addition to voluntary organizations, churches have also expressed an interest in implementing a step-by-step plan for preventing sexual violence modelled on 'In veilige handen'. For example, the Reporting Centre on Abuse has the prevention programme 'Veilig Jeugdwerk' and Movisie provides support for churches that want to implement the protocol known as 'Herder op zijn hoede' [Shepherd guarding his flock].

86 The applications for a VOG for new volunteers fall under a prudent recruitment policy. [www.inveiligehanden.nl](http://www.inveiligehanden.nl), consulted on 27 November 2013.

87 The list is managed by the Ministry of Venj's 'Justitiële Informatiedienst'.

88 Stuurgroep Aanpak Kindermishandeling (2011), p. 8.

89 Vereniging Nederlandse Gemeenten (2013), pp. 6-7.

90 It has to be adopted by the municipal council.

91 Hiemstra & De Vries (2013), pp. 8 and 12.

### *Primary prevention*

Primary prevention ought to be seen in the broader context of public health. The emphasis in most primary prevention programmes, including sex education programmes at schools, is on strengthening the sexual assertiveness of potential victims. This also applies society-wide. Children must learn limits. Children must learn to say 'no' and dare to do so. In short, children must be assertive. But that does not eliminate the risk of sexual violence. With this emphasis on assertiveness, society seems to be assigning responsibility for sexual violence to the victims. That is wrong. It is the offender, not the victim, who is principally responsible. However, there seems to be insufficient awareness of the importance of prevention targeted at perpetrators. Perpetrators are not 'separate beings'. Like victims, they are members of society. Examples from other countries, like the poster campaign 'Don't be that guy', show that it is possible to target preventive measures at potential offenders.

Closer attention also needs to be devoted to sexual violence in domestic circles. In the Action Plan against Child Abuse, support in parenting is seen as a way of preventing child abuse, but it is questionable whether strengthening parenting skills can prevent sexual violence as a specific form of child abuse.

A final point in relation to primary prevention is that insufficient attention is devoted to preventing online sexual violence. For children, the digital and analogue worlds are a single world<sup>92</sup> in which the Internet and social media provide additional possibilities for experimenting with sex, which also means that children can face just as much risk of becoming a victim of digital sexual violence as a victim of sexual violence in the real world. However, schools and accredited prevention programmes do not devote structural attention to the use of social and other media and the associated sexual risks. Teachers and other professionals who work with children urgently need accredited teaching materials on the subject of sexuality that also cover prevention of digital sexual violence, and these materials need to be produced.

### *Secondary prevention*

Promising progress has been made in developing secondary preventive measures to prevent children from becoming victims or offenders. For example, a national curriculum for sex education is currently being developed to help children in special needs education from becoming victims. A high-risk group that requires special attention in terms of preventing them from becoming offenders are people with a paedophilic nature, who can contact the Stop it Now! helpline and the mental health service for help in learning to cope with their paedophilic feelings. Stop it Now! can play a role in providing access to the mental health service. It is therefore important that good initiatives like this continue and receive permanent funding.

With respect to prevention in risky environments, a lot of attention is being devoted to preventing sexual violence against children in the youth care and child care sectors and by voluntary organizations. The Certificate of Good Conduct plays a major role in these risky environments, since it can be used to check whether a person has a criminal record that raises objections to their working with children. Various other initiatives have also been launched to prevent sexual violence, such as the Quality Framework 'Preventing sexual abuse in youth care', the four-eyes principle in the child care sector and the 'blacklist' adopted by voluntary organizations. However, these instruments are generally only used as preventive measures in risky environments where children have already been victims of serious sexual violence – environments that were the subject of in-depth investigations into 'how the sexual violence

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92 Meintsers (2011), p. 66.

could have happened' by bodies such as the Gunning Committee (child care), the Samson Committee (youth and foster care) and the Deetman Committee (Roman Catholic church). But what is the situation in other risky environments, such as boarding schools attached to mosques, children's hospitals and public swimming pools? We don't know what is being done in terms of prevention in these domains. Do we have to wait until serious sex offences occur again before attention is devoted to preventing sexual violence in these domains as well? As the National Rapporteur said in her first report on child pornography: 'Protecting children from sexual violence needs to be a constant concern for the government and not something that is triggered by the occurrence of present-day incidents.'<sup>93</sup> There is still a lot that needs to be done in terms of analysing risky environments and adopting generally applicable secondary and situational preventive measures. Children must be protected against sexual violence always and everywhere.

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93 National Rapporteur on Trafficking in Human Beings (2011).



## Conclusions and recommendations: on solid ground

In this report, the entire spectrum of measures to tackle sexual violence against children is captured in a single image, a funnel (Figure 1.1), and a single theme, decisions (Figure 1.2). The funnel symbolizes the series of decisions that are made about victims and offenders. Sexual violence occurs, it is or is not recognized, it is or is not reported, it is or is not investigated, it is or is not confirmed, the victim does or does not receive help, the offender is or is not prosecuted, the offender is or is not convicted, the offender is or is not imprisoned and the offender does or does not receive treatment. At each step in this process, victims or offenders are filtered out.

Naturally, there should be such a process of selection. Not every report is legitimate, not every suspect is guilty and not every victim needs help. But the decisions made at each step in the process must be made properly. Whether that happens depends on two things (Chapter 1). First, decisions on whether to apply a particular intervention (for example, criminal prosecution) must be based on sound information. Secondly, the selection criteria (conservative or liberal) should be appropriate to the stage of the process. On both points, there is room for improvement in the funnel of sexual violence. Decisions are sometimes made on the basis of insufficient information, and sometimes the information is available but the relevant authorities do not act in accordance with it.

It is important to note here that an undesirable outcome does not necessarily mean that the decision was wrong. It is impossible for every one of the decisions discussed in this report to have the right result in every individual case; in other words, that there is never an undesirable outcome (for example, no guilty person ever escapes prosecution and no innocent person is ever prosecuted). Demanding such perfection can lead to paralysis (the person making the decision does not dare to act) or over-reaction (any undesirable outcome leads to a review of the entire procedure). The primary aim must be to keep the number of undesired outcomes to a minimum, which can be achieved by ensuring that decisions are made on the basis of the best possible information. Secondly, it is necessary to determine whether one sort of undesirable outcome (for example, the prosecution of an innocent person) might perhaps be less serious than another (for example, a guilty person not being prosecuted) and then to act accordingly. This can be accomplished by making the threshold for the decision (the criterion) low (liberal) or high (conservative), depending on what is desired.

Tackling sexual violence against children is the sum of all the decisions discussed in this report. Each step has an impact on the next, and individuals only reach step eight when they have already passed through steps one to seven. Each individual decision made along the way therefore has to be taken correctly, but must also be seen in the context of the others: if a strict selection is made at every step, the selection process as a whole becomes too stringent.

What stands out in relation to victims is that at practically every step, and certainly at the beginning, the selection is consistently very conservative. The vast majority of victims are not recognized (Chapter 3), the majority of known victims are not reported (Chapter 4) and most reports do not lead to an investigation (Chapter 5). From that point on, when a great many victims have already been ‘filtered out’, the situation improves: most investigations lead to prosecutions (Chapter 5), and it seems that, generally speaking, the provision of assistance is effectively organized once a victim is identified (Chapter 7). In other words, the system works well in the latter stages, but few victims reach those final steps.

As regards offenders, there is little that can be said about the first steps in the funnel. Whereas it is possible to make a rough estimate of how many victims there are on the basis of prevalence studies, there has been no comparable research into offenders. The assessment of the stages of prosecution and trial in Chapter 6 is based solely on the available figures, and further research into cases is required to identify the factors underlying those figures, particularly in relation to some noteworthy findings. What immediately stands out, for instance, is that few offenders are sentenced, even partially, to an unconditional term of imprisonment. On the other hand, interventions designed to reduce the risk of recidivism are ordered relatively frequently: many offenders receive treatment to prevent them from repeating the offence even if the risk of recidivism may be very small (Chapter 7).

The title of this report, ‘On solid ground’, relates not only to the fact that decision makers at the case level should pilot victims or offenders through the funnel on solid grounds, as described in the earlier chapters and later in this conclusion. ‘On solid ground’ means that policies should also be based on the correct grounds. They should be based on the full extent of the phenomenon of sexual violence against children. This report provides many new insights about the phenomenon and the efforts being made to address it. It is important that these insights are used.

## 9.1 The phenomenon

We are quickly inclined to think of ‘sexual violence against children’ as ‘hands-on’ sexual abuse. But offenders also create victims without touching them, for example via the webcam or by watching child pornography (§2.1).

One in three children is a victim of some form of sexual violence. In other words, sexual violence is not a rare occurrence. Although girls are victims more often than boys, two in ten boys also experience it. In fact, the discrepancy between boys and girls becomes smaller if they are asked about their objective experiences (‘Have you ever been forced to touch a person’s genitals?’) rather than if the question is ‘Have you ever been a victim?’. In other words, boys can be victims too, but are less inclined to *see* themselves as victims (§2.2), for instance because they are not aware that their body reacts automatically to sexual stimuli, sometimes even with an orgasm, even if those stimuli are unwelcome (§3.1). Most children who become victims experience hands-off sexual violence or one of the less extreme forms of hands-on sexual violence, but still one in every twenty girls has sexual intercourse against her will. One in 50 children is a victim of sexual abuse by a family member (§3.2.3).

Only one in 1,430 children is recognized by others as a possible victim of abuse by a family member, however (§3.2). That victims of sexual violence are so difficult to recognize is a problem: the victims themselves usually do not tell anyone that they are victims, and boys even less than girls (§3.1). The

number of victims that tell the police what has been done to them is only around one in eleven (§4.2). Victims also hesitate far longer before going to the police if the offender is known to them (§4.2).

As is generally the case (§4.2). In more than a quarter of all cases, he (it is almost always a he) is still a child himself (§2.5). And at least four times out of five, the offender is not a paedophile (§2.5), although he is, by definition, a paedosexual, a person who commits a sex offence with an underage victim. A paedosexual may be a paedophile (have a specific sexual preference for children), but that is often not the case.

## 9.2 The steps in the process

### *Identification*

The first step in the funnel is the identification of victims of sexual violence (Chapter 3), either because they themselves talk about what has been done to them (§3.1) or because others are alert to it (§3.2). The threshold is immediately very high at this stage, since victims do not dare to talk and third parties do not recognize sexual violence or, if they do, often refuse to believe it. For victims, finding the courage to talk about sexual violence is a very high threshold (a criterion problem). The main problem for those who could potentially identify victims is that they are not properly equipped to recognize sexual violence. That is an information problem. This uncertainty, but also the fact that nobody wants to believe that sexual violence occurs in their own circles, forms a very major obstacle to actually daring to suspect a person of sexual violence. All in all, therefore, a very stringent selection already takes place at the first step in the funnel and, consequently, many victims are not known to anyone at all.

### *Reporting*

Chapter 4 described the second step: reporting. This mainly concerned reports to a Child Abuse Counseling and Reporting Centre (*Advies- en Meldpunt Kindermishandeling*, AMK) or to the police. When a report is received, actually tackling the sexual violence becomes a government responsibility. As in the case of identification, the threshold for reporting to either the police or an AMK is high, possibly because of the uncertainty about whether the suspicions are well founded. The high threshold for both identification and reporting means that few victims ever become known to the government, which means they will not receive the protection that the government is expected to give them.

### *Investigation*

Chapter 5 described what happens after a case is reported: the AMK or the police can start an investigation. During the initial contact with the notifier and/or during subsequent internal consultation, the AMK decides whether or not a report is worth investigating. The AMK follows up reports if there is a well-founded suspicion of a situation of abuse (in other words, on the basis of concrete signs reported by the notifier). Investigations are launched less often in cases where there are suspicions of sexual abuse than in situations of other forms of child abuse (§4.1), perhaps because the indications are vague (on this point, see §3.2).

In principle, the police must investigate every complaint of a sex offence. The problem is that the obstacles to filing a complaint are very high, even for persons who have gone to the police to report an offence (§5.2). For example, there is first a preliminary interview at which the victim is informed mainly of the disadvantages of filing a complaint. The victim is then given two weeks to reflect, even if he or she

has already spent a long time considering whether to file a complaint. Finally, there is a heavy emphasis on false complaints, so that victims may feel that they are not being taken seriously. That emphasis is apparent, for example, from the fact that only victims of sex offences are referred to as 'complainants' during this phase rather than as 'victims', whereas with other crimes, victims are consistently referred to as 'victims'. The public prosecution service (PPS) has adopted this practice in order to avoid creating the impression that it is 'taking the side' of the (helpless) victim. By emphasizing the possibility that a person is not a genuine victim so explicitly only in relation to sex offences, victims might be discouraged from filing a complaint. The fact that the preliminary interview forms an obstacle is apparent from the fact that after an interview only three out of every ten people go on to file a complaint (§5.2.1.4).

If there is no complaint, the police can also launch a so-called *ex officio* investigation. This is subject to the condition that 'If the mental and/or physical integrity of the individual concerned is or will be seriously threatened or the individual concerned is evidently in a position of dependence, as much evidence as possible will be gathered for an *ex officio* prosecution', according to the PPS's Instructions on the Investigation and Prosecution of Sexual Abuse.<sup>1</sup> Although almost every report of hands-on sexual violence against children would qualify for an *ex officio* investigation under this criterion, few are in fact carried out in practice. In the former Holland-Midden police region, which was studied for this report, only 3% of reports that were not followed by a complaint led to an *ex officio* investigation (§5.2.1.4).

#### *Confirmation*

The proportion of investigations that confirmed sexual abuse is roughly the same for the AMKs and the police. Sexual violence was confirmed in 54% of the AMK investigations (§5.1.3), and 55% of the complaints made to the police led to a case being sent to the PPS (§5.2.1.7). Naturally, the fact that sexual abuse cannot be confirmed does not mean that it didn't take place.

#### *Helping victims*

Many victims are never recognized as victims at all. Because they do not disclose it and are not identified by others, they are not in a position to be helped. But it is important for them to have access to help; it can assist them in processing the experience and possibly prevent them from again becoming victims of sexual violence. For those who are in a position to be helped, there are many possibilities available (§7.1). It therefore seems that once a person is recognized as a victim and needs help, the arrangements for providing the help are relatively good. However, it appears that assistance is sometimes more easily accessible when sexual abuse occurs in combination with other forms of child abuse than when only sexual abuse is found (§5.1.3.1). If voluntary help fails or cannot be provided, mandatory help can be ordered at the request of the Child Care and Protection Board (*Raad voor de kindbescherming*, RvdK) and after a reference from an agency such as the AMK or the Youth Care Agency (*Bureau Jeugdzorg*, BJZ). It seems, however, that this ultimate remedy is too frequently interpreted as just that: the fact that the courts grant almost every request from the RvdK for a child protection measure (§7.1.1.3) raises the suspicion that such requests are only made if the outcome is practically certain. Another possibility is that the reports made to the RvdK are already highly selective (and perhaps too selective). This cannot be stated with any certainty without further research.

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1 *Government Gazette*. 2010, 19123, p. 3.

### *Prosecution and trial*

The PPS prosecutes three in five suspects of a sex offence against a child (§6.2.2). Four out of five of those suspects are then convicted (§6.3.1). Without substantive research of the case law, it is impossible to say on precisely what grounds these decisions are made, although it does appear, given the relatively high conviction rate, that public prosecutors adopt a relatively strict standard before they will decide to prosecute. Suspects in hands-on non-forcible abuse cases are prosecuted least often and convicted least often, which might be due to the fact that these cases are more difficult to prove.

### *Imprisonment*

One thing that stands out is the mildness of the sentences imposed on convicted offenders: only two out of every five convicted persons receive an unconditional prison sentence (§6.3.2), even though every type of sex offence defined in Title XIV of the Dutch Criminal Code on Serious Offences against Public Morals committed against an underage victim carries a maximum punishment of a prison sentence of between four and twelve years. On the basis of these maximum sentences, one would expect that significantly more convicted paedosexuals would end up in prison. The average length of the unconditional prison sentences that are imposed is less than a year. Without substantive research of the case law, it is impossible to establish what information the courts based these apparently mild sentences on, or in fact what sentences the public prosecutors demanded.

### *Treatment for offenders*

Once convicted, it is important that the offender is not only to be punished but also prevented from creating new victims. There are a number of ways of accomplishing this: in addition to supervision, there are many forms of treatment, ranging from relatively mild and brief to radical and lengthy. A problem, however, is that the procedure for prescribing a particular form of intervention for an offender is sub-optimal. According to the internationally accepted Risk-Need-Responsivity principles, the intensity of a treatment must be geared to the degree of risk posed by the offender: high-risk offenders should receive intensive clinical treatment, medium-risk offenders should receive out-patient treatment, and low-risk offenders should receive minimal or no treatment. This is currently not the practice in the Netherlands. Accordingly, some paedosexuals receive too much or too little treatment (§7.2.1.1). The risk of too little treatment is evident: the threat of a person reoffending remains too great. Too much treatment might seem merely a waste of money, but it is more than that: intensive treatment of low-risk offenders, or giving them treatment in mixed groups, can actually increase the risk that they will repeat the offence. That some offenders do receive too much or too little treatment is closely connected with the method used to gauge the risk of recidivism. Particularly in *pro justitia* reports, which are produced in criminal trials to advise on the suspect's *compos mentis* and the appropriate treatment, not enough use is made of state-of-the-art instruments for risk assessment and there is still too much reliance on the clinical insight of the author of the report. If the risk of recidivism is not properly estimated, the best interventions are not always prescribed. The National Rapporteur considered making a recommendation on this point, but since the Netherlands Institute for Forensic Psychiatry and Psychology appears to be taking some initial tentative steps in this area, she will await the results.

### *Prevention*

The entire process described above starts at the moment sexual violence has occurred. But what if it could be prevented? At least one thing is clear from the prevalence figures for victims: there is probably no scarcity of perpetrators. We therefore cannot regard offenders as some sort of rare natural phenomenon that cannot be shaped or predicted. Like victims, offenders have gone to school and are members

of society. Some offenders are paedophiles; many are not. Some are persistent; many are not. Some are crafty; others are not. A realization of how widely the phenomenon of sexual violence occurs and the variety of people who commit it will enhance efforts to combat it. It is noticeable, for example, that a great many underage sex assaulters/rapists engage in a wider pattern of anti-social behaviour (§2.5). At present, sexual development and sexually inappropriate behaviour is addressed in schools mainly by teaching potential victims to protect their boundaries (§8.1.2). By failing to link this sufficiently with teaching potential offenders not to violate other people's boundaries, victims are wrongly assigned responsibility for what happens to them, as though it was up to them and not the perpetrator to prevent sexual violence. Compare this with a country like the United States, where, in May 2014, the White House launched an advertising campaign featuring prominent figures, including President Obama, to tell men that 'if she does not or cannot consent, it's assault'.<sup>2</sup>

### 9.3 Recommendations

It should be clear from this report that many agencies have a role to play in tackling sexual violence against children. A lot is being done well, but there is still a lot that can be done better. The following recommendations address areas where improvements are needed.

An analysis as broad as the one presented here needs to be accompanied by quantitative data that can flesh out the general picture. Those data can answer some important questions, but not all of them. For example, the statistics show that the number of prison sentences imposed is small, but further detailed research into the judgments is needed to discover what factors play a role in sentencing.

However, the absence of answers is not entirely due to the nature of this study, but also to the information that is available. For example, for many agencies with responsibility for caring for victims it is possible to discover the type of help they provide for their clients, but not who those clients are or what problems they face. As a result, it is not known how many underage victims of sexual violence receive help in the Netherlands, nor, therefore, what help they receive and whether it is the correct help.

For this reason, some of the following recommendations concern registration (§9.3.1). The recommendations about the approach (§9.3.2) relate to issues where there is already enough information. Accordingly, the fact that no recommendations have been made about some subjects does not necessarily mean that they are entirely in order, but might mean that it is not yet possible to discover whether everything is in order, and if not, why not.

It should also be mentioned that major changes are being made in the system designed to combat sexual violence against children. For example, under the Youth Act<sup>3</sup> a large degree of responsibility for caring for victims will be delegated to municipalities, while at the same time the AMKs will be merged with the Domestic Violence Support Centres (*Steunpunt Huiselijk Geweld*, SHG) to form Domestic Violence and Child Abuse Counselling and Reporting Centres (*Advies- en Meldpunt Huiselijk Geweld en Kindermishandeling*, AMHK). There have also been some very recent changes in the field of mental health care<sup>4</sup> and legislative

2 This advert can be viewed at <http://www.youtube.com/watch?v=xLdElcv5qqc>, consulted on 12 May 2014.

3 *Parliamentary Documents II* 2012/13, 33 684, no. 4; enters into force on 1 January 2015.

4 Introduction of basic mental health care and specialized mental health care from 1 January 2014.

proposals have been tabled in areas such as investigation<sup>5</sup>, supervision of offenders<sup>6</sup> and forensic care<sup>7</sup>. The recommendations made here relate to the existing situation. The addressees of some of them might change, but the substance will remain as relevant as ever.

This report will be presented to the government. Because numerous other organizations share responsibility for tackling sexual violence with the government, the recommendations are directed at those organizations as well as members of the government.

### 9.3.1 Recommendations about registration

As this report shows, good registration is essential for gaining a clear impression of the phenomenon of sexual violence against children and the measures needed to address it. At the most basic level (how many?), that is clear to everyone and the registration is often good. But to ascertain the effectiveness of measures taken to tackle sexual violence, simply knowing how many reports and complaints agencies receive, how many investigations they start, how many suspects they investigate and prosecute, or how many victims or offenders they help or treat is not enough. The first question therefore is: what or who is reported/investigated/charged/prosecuted/helped/treated? And what or who is not? That question can only be answered if the information is registered. The importance of good registration extends to all the relevant agencies. For example, the AMKs benefit from knowledge about the types of reports they receive; the police profit from knowledge about the types of complaints they receive; the PPS benefits from knowledge about the types of suspects it prosecutes; and organizations for child and youth care and mental health workers would love to know the causes of the problems they are expected to treat. In short, the type of information registered is important.

There are significant differences between agencies in this respect. It was impossible, for example, to include national data from youth and parenting organizations (*Jeugd- en Opvoed (J&O) organisaties*), the RvdK (protection investigations) and the police in this report because their records were inadequate. J&O organizations and the RvdK do not register the reasons for their interventions, making it impossible to discover who the victims of sexual violence are from their records. During the period studied, the police did not yet have a national register of reports of sex offences. Bodies like the AMKs and the probation organizations, on the other hand, do keep very detailed and informative records, although some practical improvements could be made (see below): execution, how information is registered, is also important. Registration must be consistent; for example, if sexual abuse is defined differently in Leeuwarden than in Goes, information about the number of victims of 'sexual abuse' nationwide is not particularly useful. Registration must also be complete: if information is only registered when there is enough time to do so, perhaps only the relatively straightforward cases will be properly registered.

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5 Draft of the Computer Crime III bill, currently in the consultation stage. <http://www.internetconsultatie.nl/computercriminaliteit>, consulted on 12 May 2014.

6 Bill on Long-term supervision, behaviour modification and restriction of freedom, currently tabled for plenary debate by the Lower House of Parliament. *Parliamentary Documents II* 2013/14, 33 816, no. 2.

7 Bill on forensic care, currently stayed for plenary debate in the Upper House of Parliament. *Parliamentary Documents I* 2012/13, 32 398, D.

**Recommendation 1 INFORMATION TO BE REGISTERED**

The information that is registered about sexual violence against children must be detailed enough to describe not only the scale but also the nature of the phenomenon.

- The National Rapporteur recommends that the Child Care and Protection Board (for protection investigations), the Youth Care Agency and J&O organizations register the reasons for their interventions.
- The National Rapporteur recommends that the police, the public prosecution service, the probation organizations, the Child Care and Protection Board (for criminal investigations) and the Netherlands Institute of Forensic Psychiatry and Psychology register the numbers and characteristics of the victims of the suspects about whom they have made decisions or provided advice.

At agencies where in theory sufficient information is registered, there is room for improvement in the practical aspects of the registration. It is clear from the data of the AMKs, which keep very informative and detailed records, that the instructions on how to register information are not followed consistently, possibly because employees are not fully aware of their existence. Inconsistency in the method of registration impairs the usefulness of the registered information. It is very important for the employees of the future AMHKs to have the tools to register information in a uniform, equally detailed and far more consistent manner. The data from the mental health services (registered in the DBC Information System) show that, although there are separate codes for victims and offenders of 'sexual abuse of a child', they are not used consistently by different institutions. Consequently, victims cannot always be clearly distinguished from offenders.

**Recommendation 2 METHOD OF REGISTRATION**

The registration by all of the agencies referred to in this report should be as consistent and as uniform as possible in order to provide insight into the effect of measures taken to prevent sexual violence.

- The National Rapporteur recommends that the State Secretary for Health, Welfare and Sport, the State Secretary for Security and Justice and the municipal executives produce clear and uniform instructions on registration by the future Domestic Violence and Child Abuse Counselling and Reporting Centres (AMHKs) and provide training for their staff in the use of those instructions.
- The National Rapporteur recommends that the Minister of Health, Welfare and Sport revise the code lists for the mental health services to bring them into line with the international system, so that victims and perpetrators of sexual abuse can be distinguished from each other.

**9.3.2 Recommendations for measures to be taken**

This report describes a funnel representing the series of decisions taken with respect to victims and offenders when sexual violence has occurred. Not every victim is recognized, not every recognized victim is reported, not every recognized and reported victim receives help, and not every victim is removed from his or her home. Not every offender is reported, not every reported offender is prosecuted, not every prosecuted offender is convicted, not every convicted offender ends up in prison, and not every offender receives treatment. There is a 'filtering' of victims and offenders at every step in the process. Ultimately, tackling sexual violence against children is the sum of all these steps: there is little point in ensuring arrangements are in place to help victims if we are unable to recognize them or to give them the confidence to talk about what has happened. Providing treatment for all convicted offenders will have



little effect if practically no offenders are convicted in the first place. The following recommendations relate to the selection made at each step in the process.

#### *Preventing sexual violence*

Sexual violence is certainly not a rare occurrence: four in every ten girls and two in every ten boys are victims of some form of sexual violence (§2.2). What we don't know is how many people commit it. Further research is needed to gain a clearer picture of the first steps in the funnel on the offender side (how many offenders there are, how many are identified, how many are reported). To that end, existing studies into the prevalence of victimization by sexual violence could be expanded to include questions about offenders. Other methods are also possible.

#### *Recommendation 3* **LEARN MORE ABOUT THE SCALE AND NATURE OF SEXUAL VIOLENCE**

The National Rapporteur recommends that the State Secretary of Health, Welfare and Sport commission research into the number of people that commit each specific form of sexual violence against children, for example by participating in existing studies into similar topics.

#### *Recognizing sexual violence*

As could be seen in Chapter 3, many victims of sexual violence are never identified. This might be because they themselves do not dare to talk about it or because others fail to see them. It is essential to make it easier for victims to come forward. One way of achieving this is by increasing awareness: among victims themselves about the fact that they are victims and that they should talk about it, and among others about how often sexual violence occurs and the forms it takes, what the signs are and what they can do about it.

#### *Recommendation 4* **IDENTIFY MORE VICTIMS**

The National Rapporteur recommends that the State Secretary for Health, Welfare and Sport organize a permanent campaign to generate publicity about sexual violence and promote discussion of this subject, so that victims of sexual violence will dare to come forward and are easier to recognize.

#### *Reporting and investigating sexual violence*

It became clear in §4.1 and §4.2 that the threshold for reporting to government agencies is high. At first glance, this might seem understandable because a false report can have very serious consequences. However, it does mean that many victims are wrongly *not* reported. In the context of the funnel as a whole, the threshold at this step should be low. The government should endeavour to lower the threshold for reporting offences so that more potential cases of sexual violence can be investigated. It is up to the AMK or the police, not the notifier, to investigate whether or not suspicions of sexual violence are well founded. It is not possible to say with any real certainty how or why the AMK decides to accept a report for investigation on the basis of this study; it appears that relatively often reports of sexual abuse provide too little concrete information and/or that the AMK is relatively reluctant to start an investigation on the basis of that information. With the police, the threshold between making a report and making a complaint seems to be high. This might be connected with the intervening preliminary interview, which can discourage victims. The police also seldom start an investigation without a formal complaint. These obstacles must be lowered so that more reports of sexual violence can be investigated.

**Recommendation 5 LOWER THE THRESHOLD FOR POLICE INVESTIGATIONS**

The National Rapporteur recommends that the police and the Public Prosecution Service lower the threshold for launching a police investigation by:

- revising the format of the preliminary interview in such a way as to make it easier for individuals to file a complaint, and
- if no complaint is filed, explicitly and jointly considering launching their own investigation.

*Preventing sexual violence*

Naturally, it would be preferable to prevent sexual violence entirely: that there was a lid on the funnel. This is a utopian vision, but it is important that everything that can be done is done. The measures currently taken to prevent sexual violence do not adequately reflect the diversity of the phenomenon. In particular, there is too little attention to preventive measures targeted at offenders.

**Recommendation 6 PREVENTION OF THE PHENOMENON IN ALL ITS FACETS**

The National Rapporteur recommends that the Minister of Education, Culture and Science, the Minister of Security and Justice and the State Secretary for Health, Welfare and Sport extend campaigns aimed at preventing sexual violence to the entire scope of the phenomenon. These campaigns should be targeted not only at victims but also at offenders, should encompass not only sexual violence committed by adults, but also violence by children against children, and should focus on violence both inside and outside the family circle.

## 9.4 In conclusion

This report is about decisions and thus, as far as the approach is concerned, to a large extent about the decision makers: the employees of all the agencies mentioned in the report who determine in each case which victims or offenders will or will not proceed to the next level in the funnel of sexual violence. They do important work and make difficult decisions. The analysis in this report shows just how difficult those decisions are. Ultimately, however, it is the responsibility of politicians, in the government and in parliament, to ensure that the decision makers can do their work properly, for example by ensuring that they have the time to become as well-informed as possible and are not criticized for undesirable outcomes if those outcomes are the logical consequence of the criterion adopted in making the decision. It is also the responsibility of the government (both national and local) to treat all of the steps discussed in this report as a whole, so that, for example, it can decide that the selection at one step can be liberal, precisely because at the next step it is not. This report has discussed the efforts to tackle sexual violence against children as a whole; it is now up to the government to implement them in the same way.

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# Appendix

- A1 Research methodology
- A2 Criminal Code, Part XIV. Serious Offences against Public Morals
- A3 Abbreviations
- A4 List of figures and tables





# A1 Research methodology

## A1.1 Prevalence, identification

### *Objective*

How many children in the Netherlands are victims of sexual violence? The objective was to answer that question on the basis of data gathered from three representative, large-scale Dutch prevalence studies based on self-reporting: the survey of students conducted for the Nationwide Prevalence Study of Child Maltreatment (hereafter NPM-S-2010) in 2010<sup>1</sup> (Centre for Family Studies at the University of Leiden), the population survey of sexual health in the Netherlands in 2011 (specifically the part relating to sexually transgressive behaviour)<sup>2</sup> (Rutgers WPF) and the study Sex under the age of 25 in 2012 (specifically the part relating to transgressive sexual behaviour)<sup>3</sup> (Rutgers WPF) (see §2.2).

### *Data collection*

To measure the prevalence of victimization during childhood, the data for respondents who had just turned eighteen are important, since younger respondents who had not been victims could still become victims before they reach the age of eighteen (under-reporting) and reported victimization among older respondents could relate to sexual violence during adulthood (over-reporting). For this reason, the average was taken of the prevalence among seventeen-year-olds and the prevalence among eighteen-year-olds (on the assumption that these populations are roughly the same size). This was not possible for the data from the NPM-S-2010 because the sample comprised students from the first four years of secondary school (roughly between the ages of twelve and sixteen, where the sixteen-year-olds are either children who had had to repeat a year or fourth-year students who had reached the age of sixteen in the first months of the school year). It was therefore decided to use the fifteen-year-olds, although this would naturally lead to under-reporting. To measure the current prevalence (victimization in the last year), data for all available age groups were used. The prevalence of victimization among girls and among boys was also analysed separately with the average being taken for total prevalence (on the assumption that these populations are roughly the same size).

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1 Alink, et al. (2014); Alink, et al. (2011).

2 De Haas (2012).

3 De Graaf, et al. (2012).

*Research method*

Because it was not datasets but the results from the three studies that were provided, additional significant differences were calculated manually wherever possible. When the 95% confidence interval for an apparent difference (within the same study or between different studies) was not zero, the difference was regarded as significant.

*Reservations*

With self-reporting, respondents are asked about their past personal experiences as victims of sexual violence. The replies therefore depend on the recall, interpretation and honesty of the respondents. For example, respondents will not remember everything – events that took place when they were still very young, for example – or may perhaps not want to tell everything (under-reporting). On the other hand, they can also ‘invent’ experiences or interpret them differently (over-reporting). It is generally assumed that with self-reporting, under-reporting is more likely than over-reporting. In addition, some groups of children cannot be questioned (because they are too young, for example).

The objective of all three studies related to ‘measuring victimization of sexual violence against children’ but were slightly different, with the result that the definitions used and the methodologies applied were not optimal for that purpose.

## A1.2 Child Helpline

*Objective*

On request, the Child Helpline (operated by Jeugdzorg Nederland, the umbrella organisation for the youth care sector) provided a dataset of all serious contacts<sup>4</sup> in 2012 about some form of sexual violence. These data were used to gain an insight into how often disclosure of sexual violence occurs via the Child Helpline, by whom and why (§3.1.1 and §3.1.2) and to illustrate the procedure of ‘active referral’ by the Child Helpline to the regional Youth Care Agencies (Bureaus Jeugdzorg, BJZ) (§7.1.1.1).

*Data collection*

Given the mission of the Child Helpline and the guarantee of anonymity for the children who contact it, the information registered by the helpline is limited. The data provide information at the level of the number of contacts by children with the Helpline by telephone or via the chat line. The data do not refer to unique callers, since children could have contacted the Helpline more than once in a year. The Child Helpline registers both to a ‘main subject’ and a ‘sub-topic’ about which a child contacted it. The data analysed fell under the main subject ‘Violence’ and, within that category, the sub-topics ‘sexual harassment’, ‘sexual assault’, ‘rape’, ‘incest’ and ‘loverboys’, always in relation to victimization.<sup>5</sup>

4 In addition to serious contacts, the Child Helpline also receives so-called ‘test calls’ (silent callers /chatters or joke callers/chatters).

5 When a child makes contact because he or she is an offender, the call is registered under the sub-topic ‘perpetration’. It is therefore not known what specific form of violence (such as sexual violence) this child has committed.

### Research methods

The dataset of all contacts with the Child Helpline in 2012 concerning violence were analysed in SPSS version 21.

### Reservations

Since only one main subject and one sub-topic can be registered for each contact, choices had to be made in cases where there were multiple reasons for contacting the Helpline. In those cases where a form of sexual violence (the five sub-topics mentioned above) was chosen, therefore, there might also have been other types of problems, and in the cases where none of the forms of sexual violence was selected, there might still have been one involved. There are also no uniform definitions of the various sub-topics, so that the allocation of a contact to a particular sub-topic depends in part on the interpretation of the volunteer concerned. The form that the volunteers complete following each conversation also changes almost every year, which also affects the figures.

## A1.3 Child Abuse Counselling and Reporting Centres

### Objective

Data were requested from *Jeugdzorg Nederland* from the records of all sixteen Child Abuse Counselling and Reporting Centres (*Advies- en Meldpunten Kindermishandeling*, AMKs) in the period 2008-2012 about all cases involving sexual abuse in which advice was given, consultations were offered and investigations were carried out. On the basis of these data, it was possible to identify trends in the number of times advice was given, consultations were offered and investigations were carried out in relation to sexual abuse, as well as the people who contacted the AMK in the cases concerned (notifiers) (§4.1.2 and §4.1.3), to form an impression of the children who were suspected of being sexually abused (§5.1.2) and to acquire information about the outcomes of the investigations by the AMKs (§5.1.3).

### Data collection

*Jeugdzorg Nederland* was asked to provide data about all the cases that included suspicions of sexual abuse in which advice or a consultation was provided and about all investigations in which there were suspicions of sexual abuse either at the start or at the conclusion of the investigation in the period 2008-2012 (on the basis of the date of the initial contact). For the purpose of this inquiry, Ordina Application Outsourcing and Projecten B.V. (the company that handles the functional management of the KitS system, the registration system used by all AMKs) developed a questionnaire and distributed it to all of the AMKs. Ordina consolidated the data received from the sixteen individual AMKs and delivered the results in Excel spreadsheets. The data were provided at different levels: report, agency, family, child and family/environment level.

### Research method

The data were analysed using SPSS 21. For the purposes of §4.1.2 and §4.1.3, the data supplied about advice, consultations and investigations were rearranged to the level of reports and for the purposes of §5.1.2 and §5.1.3 the data about investigations were rearranged to the level of the child.

*Statistical test results*

In §5.1.2.3 to §5.1.2.6, significant differences are described between four groups of (possible) sexually abused children. For the reader's convenience, the underlying statistical results are presented here:

- F(gender): 3.88; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 4 – group 3'}) < 0.01$ .
- F(average age): 92.79; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 2 – group 1'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 1'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(disability): 15.49; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ .
- F(number of other forms of child abuse): 169.13; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(physical abuse): 20.23; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 3 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(psychological violence): 90.36; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(witness to domestic violence): 76.87; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 4 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 4 – group 3'}) < 0.01$ .
- F(affective neglect): 93.53; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 3 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(physical neglect): F: 36.69; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(pedagogical neglect): 224.84; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 3 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(other forms of child abuse): 204.09; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(child is perpetrator): 3.22; df: 3;  $p < 0.05$ ;  $p(\text{difference 'group 2 – group 1'}) < 0.05$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ .
- F(number of children in family): 41.02; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(cultural background – ethnic Dutch): 15.73; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 1'}) < 0.01$ .
- F(both biological parents): 149.95; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(single-parent family): 66.28; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ .
- F(blended family): 11.19; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 2 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.05$ .
- F(other living situation): 5.46; df: 3;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 2'}) < 0.05$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ .

- F(there are family problems other than problems in the relationship between parents): 378.83; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(multi-problem family): 355.03; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(ineffectual parenting): 104.54; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(parent(s) have serious personal problems): 60.70; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(child has psychological problems): 22.08; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 3 – group 1'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(violence in family): 12.01; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.05$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.05$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .
- F(other disruption): 211.11; df: 2;  $p < 0.01$ ;  $p(\text{difference 'group 1 – group 3'}) < 0.01$ ;  $p(\text{difference 'group 1 – group 4'}) < 0.01$ ;  $p(\text{difference 'group 3 – group 4'}) < 0.01$ .

## A1.4 Police

### *Objective*

Because, at the time of the research, the police did not keep a national register of reports of sexual violence against children and the former police regions of Hollands-Midden and Zuid-Holland-Zuid were the only two regions where such records were kept, these two regions supplied the records of reports of sex offences in the period 2011-2012. The Hollands-Midden region provided an Excel spreadsheet with all reports of sex offences in the period 2011-2012. The Zuid-Holland-Zuid region had an Excel file for the same period with all the reports of sex offences that had been followed up (with a preliminary interview and/or a complaint and/or an investigation). The objective of the research was to discover the nature and number of reports to the police of sexual violence against children and how they were handled.

### *Data collection*

The Hollands-Midden police region was asked to provide data for all reported sex offences in the years 2011 and 2012. On the basis of the description of the nature of the report, in which the age of the victim at the time of the offence was usually registered, it was possible in most cases to discover whether the victim was a minor or an adult. Only the reports where it was obvious from the description that the victims were minors were studied further. The files also contained a number of reports of offences other than sex offences (particularly physical child abuse). The research only covered reports relating to sex offences with underage victims (see §4.2 and §5.2). The same selection method was applied to the records from the Zuid-Holland-Zuid region. Because this region had only registered reports that resulted in some form of follow-up, these data were only used in section §5.2. A new Excel spreadsheet was made at the level of the reported victim from the files from Hollands-Midden and Zuid-Holland-Zuid.

### *Research method*

On the basis of the descriptions of the reports in the Excel files from the police, information (such as the nature of the offence, the relationship between the victim and the accused and the method of

disposition by the police) was categorized and where possible quantified (complaint or no complaint, interval between the offence and the report, confiscation of data carriers or not, etc.) at the level of the reported victim. All quantifiable data were then analysed in SPSS 21.

#### *Reservations*

The information on which the study is based is the record of the report registered by the police in the Excel files, which is based on the statement of the notifier. The study did not extend to the question of whether what the notifier told the police actually happened.

In the absence of a national register at report level, this study covers mainly the reports in the Hollands-Midden region, which cannot be regarded as representative for all police units in the country.

## **A1.5 PPS data**

#### *Objective*

The Statistical Information and Policy Analysis (SIBA) department of the Ministry of Security and Justice's Research and Documentation Centre (WODC) was asked to supply information from data from the Public Prosecution Service (PPS) (from the national database containing information from the district offices and from district courts about the prosecution and trial in first instance of suspects and perpetrators) about all cases registered by the PPS, all cases disposed of by the PPS and all cases disposed of by the courts of first instance in the period 2008-2012 that related wholly or partially to a sex offence. The objective was to gain insight into the nature and scale of the prosecution and trial of suspects of sex offences with underage victims (see [Chapter 6](#)).

#### *Data collection*

The request to the WODC concerned all sex offences in the period 2008-2012. For some cases, it was not possible to determine on the basis of the offences charged whether the victims were adults or minors (Articles 242, 246, 247 DCC, see Appendix 2, Offences against Public Morals). For this reason, the case files were examined for a sample of cases in every district office (see [§6.1](#)). Any cases that presumably did not involve underage victims were then disregarded.

#### *Research method*

The final selection of sex offence cases was analysed using SPSS 21. The results are described in [Chapter 6](#).

#### *Reservations*

Only the principal offences charged are included in the PPS data. It is, however, highly unlikely, if a sex offence against a minor is charged, that alternative charges will involve any offence other than another sex offence against a minor. This reservation will therefore have little or no effect on the number of sex-offence cases that were selected.

The PPS data are also not up to date. PPS data only give a reliable picture for a particular year approximately six months later. The data are reasonably stable after roughly a year, although even then some minimal changes occur at subsequent reference dates. The reference date for the PPS data in [Chapter 6](#) is April 2013, so the most recent figures for 2012 are not entirely stable.

The PPS has been in the process of migrating from its old system COMPAS to the new Integrated Process System for Criminal Law (*Geïntegreerd Processysteem Strafrecht*, GPS) since 2009. At present, PPS data are generated by both COMPAS and the GPS system. A transitional phase in the system of registration always brings the risk of extra statistical noise.

## A1.6 Pro Justitia reports

### *Objective*

The Netherlands Institute for Forensic Psychiatry and Psychology (NIFP) was asked to provide information about all pro Justitia reports that were published in sex offence cases in the period 2008-2012. There were two objectives: first, to gain insight into the number of advisory reports that were published and the substance of these reports (§6.2.3), and second, to learn more about the characteristics of offenders, and particularly their psychopathology (§2.5, §7.2).

### *Data collection*

In the information obtained from the NIFP about all reports in sex-offence cases in the period 2008-2012, it was not possible to discover whether some offences involved underage victims (Articles 242, 246, 247 DCC, see Appendix 2, Offences against Public Morals). To investigate whether these reports involved underage victims, the case files for a sample of cases were studied, partly by the office of the National Rapporteur and partly by the NIFP itself (see §6.1). Any reports that presumably did not involve underage victims were then disregarded.

### *Research method*

The reports ultimately selected were analysed using SPSS 21. The information provided at the level of an advisory report was reduced to report level for §6.1 and to offender level for §2.5.

## A1.7 Probation

### *Objective*

The probation organizations were asked to provide information about all advisory reports issued in sex offence cases in the period 2008-2012. This information was used in three places in this report: to give an impression of who the offenders are (§2.5), to provide insight into the number of advisory reports published and their content (§6.2.3), and to provide insight into the process of producing recommendations (§7.2).

### *Data collection*

The probation organizations were asked to provide data about recommendations made with respect to sex offenders in the period 2008-2012, all supervision of sex offenders in the same period, the diagnostic instruments used, and the content of the advisory reports. The probation organizations register different types of information in different systems, and since 2012, there has been a new registration system. As a result, the bureau of the National Rapporteur received eight different sets of data: inflow of probation products 2008-2011, outflow of probation products 2008-2011, inflow of probation products 2012, outflow of probation products 2012, all RiSc assessments, QuickScans and CVS Diagnoses

(see §7.2.1.1) for all persons found in any of the aforementioned sets, and the recommendation forms for those persons.

#### *Research method*

All of the data were analysed in SPSS 21. The category of vice case is derived from the articles of the law as registered in the datasets of the probation products, using the same selection process as was followed for the sample from the PPS data and the case files from the NIFP (see §6.1). This has the important consequence that because offenders dealt with by the probation service are, by definition, adults, most of those convicted of sexual assault/rape were disregarded because their victims were usually not minors. Subsequently, only advice reports published in the prosecution phase were selected, and for supervision orders, only supervision orders in the execution phase. This selection was made on the basis of information from the probation organizations. Unfortunately, it was not possible to link all other sets of data to specific criminal cases, only to persons. To link the correct diagnoses and advice reports to the correct product (advice reports and supervision, respectively), the rule of thumb adopted was that the diagnosis or the instrument used for the advice report must not have been registered more than three months before or after the product. For the information about offenders (§2.5), the last registered RISC of each suspect for whom an advice report was published is used. A suggestion to the probation organizations is to register case numbers consistently – in all of the systems – so that data can be linked at case level.

#### *Cluster analysis of criminal history*

Information about the criminal history of suspects can be derived from the data kept by the Child Care and Protection Board (*Raad voor de Kinderbescherming*, RvdK) and the probation organizations. The National Rapporteur requested information from the RvdK about suspects who had been investigated by it in connection with a sex offence in the period 2008-2012 (see below). The RvdK was asked for information about all criminal investigations involving those suspects, in other words including cases from before 2008 and cases not involving sex offences. The probation organizations use the risk assessment instrument RISC to investigate how many previous convictions a suspect had and to how many different categories of offence these correspond (see §7.2.1.1). It was then possible to conclude from the two datasets (1) whether a suspect had a criminal record and (2) whether a suspect had committed mainly sex offences or had displayed a broader pattern of criminal behaviour.

With a cluster analysis, the 2,930 adult suspects for whom a RISC assessment (see §7.2.1.1) was available and the 1,582 minors who were suspects of sex offences in cases in which the RvdK had conducted a criminal investigation could be divided into groups on the basis of the information about their criminal records. These groups had to (1) differ as much as possible from each other and (2) be as homogeneous as possible internally. This was a *data-driven* analysis, which searched for an underlying structure. It produced three distinct groups, with one of the groups from the RvdK consisting of two different subgroups. These groups correspond with the groups identified in the literature.

- First offenders: persons with no earlier pattern of criminal behaviour, involving sex offences or otherwise. Half of the suspects, both minors and adults, fell into this category.
- Specialists: persons with a previous pattern of committing sex offences more than other types of offences. This group constituted a substantial minority among both the minors and adult suspects that were studied.
- Generalists: persons with a pattern of generally committing other types of offences than sex offences. This group constituted a smaller minority among both minors and adults.



**Table A1.1 Results of cluster analysis of criminal history**

<i>Patterns of criminal history</i>		
<b>First offenders</b>	Probation: 59.9% (N = 1462) of the adult suspects fell into this category. None had a previous conviction.	RvdK: 47.1% (N = 745) of the underage suspects had not been the subject of a criminal investigation prior to the current investigation and had therefore never previously been suspected of an offence.
<b>Specialists</b>	Probation: 33% (N = 970) of the adult suspects fell into this category. On average, they had previously been convicted 1.17 times (range 0-4), in 0.5 categories of offence.	RvdK: 16.7% (N = 264) of the minors fell into this category. On average, they had been investigated 2.1 times (range 2-3) previously in connection with a sex offence and an average of 0.95 times (range 0-4) in connection with another type of offence.
<b>Generalists</b>	Probation: 17% (N = 498) fell into this category. On average, they had been convicted twice previously (range 0-4) in two different categories of offence (range 1-2).	RvdK: the generalists fell into two categories. <ul style="list-style-type: none"> <li>· Generalists: 6.8% (N = 108) of the underage suspects fell into these categories. On average, they had been suspected of a sex offence 1.1 times (range 1-2) (including the current case) and 5.2 times (range 4-11) of another type of offence.</li> <li>· Starting generalists: 29.4% (N = 465) had not previously been the subject of a criminal investigation for a sex offence, but had been involved in an average of 1.6 criminal investigations in non-sex offence cases.</li> </ul>

*Reservations*

With the data from the probation organizations, it was not possible to link the results of the diagnostic instruments uniformly to probation products, and hence to criminal cases, although an attempt was made to establish this link as clearly as possible.

**A1.8 Child Care and Protection Board (RvdK)****A1.8.1 Protection***Objective*

The aim was to gain an insight into the number and nature of protection investigations carried out by the Child Care and Protection Board in relation to children who were suspected victims of a form of sexual violence (see §7.1.1.3).

6 This number can be smaller than one because the current offence can only be counted if the suspect confessed.

*Data collection*

It was not possible to make an automatic selection of the protection cases that involved 'sexual violence against children' in the RvdK's registration system because all protection cases fall under the same broad title 'parenting problems'. On request, the RvdK's national office provided information (such as gender, date of birth, country of birth, etc.) about all protection cases in which the RvdK had conducted an investigation in the period 2008-2012. From the total of just over 80,000 cases, a random sample of 1,000 cases was taken (200 a year, an average of 1.2% of the total number of cases), which were retrieved manually from the registration system using the case number (which is a unique number assigned to a protection investigation relating to a unique child).<sup>7</sup> The digital final reports of the protection investigations that were carried out in these 1,000 cases were then searched for suspicions that the parenting problems at least partially involved sexual violence. In those cases where sexual violence or suspicions of sexual violence against children were found, additional information was collected (such as the relationship between the suspected perpetrator and suspected victim, the composition of the family, the decision of the juvenile court on the request for a measure by the RvdK, etc.).

The selection of cases where the parenting problems included sexual violence was made roughly as follows:

- Cases were selected if suspicions of sexual violence were mentioned (directly or indirectly)<sup>8</sup> in the grounds for the investigation. However, cases were not selected if (1) the suspicions of sexual violence related to another child in the same family situation, with no reason to assume that there might have been sexual violence against the child concerned; (2) there was reference in the grounds for the investigation to concerns about the sexual development/resilience or sexually risky/transgressive behaviour (not age appropriate) of the relevant child but there was no mention elsewhere in the investigation that these concerns were related to a suspicion that sexual violence had taken place or was still taking place against or by the child concerned; (3) the grounds for the investigation related to problems in the family as a result of suspected sexual violence against the child concerned but it had occurred in the past (and, in some cases, it had also been previously investigated); (4) the grounds for the investigation included sexually transgressive behaviour by family members against the child concerned but this sexually transgressive behaviour was not regarded as sexual violence<sup>9</sup>.
- Cases were selected if suspicions of sexual violence were mentioned in the course of the investigation (subject to the same four exceptions as mentioned above) and the RvdK took these suspicions of sexual violence 'seriously', in the sense that the RvdK investigation devoted attention to them. However, cases were not selected where the suspicions were uttered by one of the parents (or his or her relatives/friends) and they were rejected as 'slander' by the RvdK (usually in situations

7 If one and the same protection investigation relates to more than one child (various children in the same family, for example), the protection investigation for each child is given a separate case number, and when a number of investigations are conducted in relation to the same child, each new investigation is given a different case number (cases relating to the same child are consolidated at the level of the case file, so case file numbers also relate to unique children).

8 For example, in the event that there are not yet any signs that the child concerned is a victim of sexual violence, but there are suspicions based on previous sexual violence that was investigated (and confirmed) against another child that was in the same situation.

9 For example, a father who still takes a bath/shower with his child, although, given the child's age, this is commonly regarded as inappropriate.

involving ‘a hostile divorce’) – the parenting problems in these cases usually related to ‘problems of loyalty’, according to the RvdK (in some cases, the person who initially uttered the suspicions later admitted that they were untrue). However, this does not mean that all ‘situations of hostile divorce’ were ignored. If the RvdK did take the suspicions ‘seriously’, often in cases where the suspicions were supported by concerns reported by professional social workers, these cases were selected.

On the basis of the sample, at a rough estimate there were around 4,500 protection investigations involving at least sexual violence against children in the period 2008-2012 (see §7.1.1.3), with a 95% confidence interval of [3,627, 5,964]. It was also found from the data that 21% of the protection investigations in which sexual violence was involved were reported by the AMK. The total number of children investigated by the RvdK that were suspected victims of sexual violence and were reported to the RvdK by the AMK is estimated at between 762 and the 1,252. This corresponds with the 13% of the 6,789 children (around 880 children) with respect to whom the AMK conducted an investigation because of suspicions of sexual abuse in the period 2008-2012 and which were then reported by the AMK to the RvdK (see §5.1.3).

#### *Research method*

All of the data that were received and collected were analysed in SPSS 21. The results are described in §7.1.1.3.

### **A1.8.2 Sentences**

#### *Objective*

As with the requests for data to the NIFP and the probation organizations, the purpose of the request for data to the RvdK was two-fold: first, to gain insight into the number and nature of the advisory reports published about underage suspects in criminal cases (§6.2.3), and secondly, to learn more about these underage suspects (§2.5).

#### *Data collection*

The RvdK was asked for and provided information about all the criminal investigations in sex-offence cases that it had carried out in the period 2008-2012. All previous criminal investigations and all protection investigations involving any suspects in those cases were also requested. The earlier protection investigations were ultimately not used for the purpose of the report, but the information about the criminal investigations was used for the cluster analysis of the criminal history of the suspects (§A1.7).

#### *Research method*

All of the data were delivered at the level of the advisory report, and is reported on in §6.2.3. Unfortunately, it was not possible to aggregate the data at the level of the criminal case because case numbers are not reliably registered. For §2.5, the data were aggregated to the level of perpetrator. The cluster analysis is described in §A1.7.

## A1.9 Youth and parenting (J&O) organizations

### A1.9.1 The survey of J&O organizations: quantitative

#### *Objective*

A number of youth and parenting organizations (*organisaties voor Jeugd- en Opvoedhulp, J&O*) were asked to provide data for the period 2011-2012 in order to discover how many clients had been found to have been victims or perpetrators of sexual violence at the start or during the course of a programme of help. The aim was firstly to gain an insight into the number of clients who had ever been victims or perpetrators and had received help from J&O organizations (§7.1.1.1 and §7.2.2); secondly, what type of help the victims received and its average duration (§7.1.2.1); and thirdly, how often victims left the help programme prematurely (§7.1.3).

#### *Data collection*

At the request of the National Rapporteur, the Jeugdzorg Nederland umbrella organisation for the youth care sector asked five J&O organizations to supply data about (suspected) victims of sexual violence. The four organizations that responded (Elker, Combinatie Jeugdzorg, Jeugdformaats and Trivium Lindenhof) were asked to supply data, on the basis of a study of case files, for a random sample of 5% of the total number of unique clients that received help in 2011 and 2012. The sample population totalled 974 clients, of whom 87 were (suspected) victims and 17 were (suspected) perpetrators.

#### *Research method*

All of the data were supplied at the client level and were analysed in SPSS 21.

The possible responses to the questions about whether victims or offenders were identified at the start of the help programme or during it were (1) yes/probably, (2) no/not known and (3) debatable. The third category of response was added because employees were sometimes reluctant to express suspicions of sexual violence, but that option did give them the possibility of indicating suspicions that were based on signs. In the analyses, the first and third categories of response were merged to arrive at the 87 (possible) victims and 17 (possible) perpetrators of sexual violence.

#### *Reservations*

The organizations were not selected via a random sample. The data are therefore not representative of all victims who received help from a J&O organization.

### A1.9.2 The survey of J&O organizations: qualitative

#### *Objective*

The exploratory study was designed to gain an insight into the range of help provided by J&O organizations for victims and perpetrators of sexual violence.

#### *Research questions*

The survey contained eight questions designed to gather information about the following subjects:

- whether the organizations offer specific forms of help or treatment for underage victims and/or perpetrators of sexual violence and, if so, what they are;

- what the major causes or reasons are for delaying disclosure and what could help to persuade victims who have experienced sexual violence to raise the matter earlier in the help process;
- what actions the organizations undertake to improve the identification of sexual violence (for both victims and perpetrators);
- what the most important causes or reasons are for victims and/or offenders to stop receiving help prematurely;
- whether and, if so, how the requirement of consent from both parents hampers the initiation of help programmes;
- any further ideas that the organizations might have in relation to providing help and cooperation in the chain of help for victims and perpetrators of sexual violence.

#### *Research method*

For this study, with the assistance of *Jeugdzorg Nederland*, the directors and/or contact persons of all fifty J&O organizations were approached with a request to complete the above questionnaire.

Twenty-six J&O organizations responded: OCK Het Spalier, Trivium Lindenhof, Cardea, Elker, Combinatie Jeugdzorg, Triade, De Hoenderloo Groep, Stek Jeugdhulp, Juvent, Xonar, OG Helderstichting, Zandbergen, Jutz, Bijzonder Jeugdwerk Brabant, FlexusJeugdplein, Andréa, Icarus, Pactum, Stichting Oosterpoort, Stichting Jeugdhulp Friesland, Jarabee, Lindenhorst-Almata, Lijn 5, Vitree, Intermetzo and Jeugdformaat.

### **A1.10 Mental health care**

The DBC Information System administers data concerning the Diagnosis Treatment Combinations (DBC) delivered by care providers. The data in the DBC Information System fall under the responsibility of the Dutch Health Care Authority (*Nederlandse Zorgautoriteit*, NZa), which was asked to provide data about the three distinct target groups described below: victims, perpetrators, and paedophiles. In each case, data was requested about the diagnoses, the duration of the treatment, the nature of the treatment (for example, group or individual treatment and whether medication was prescribed), the disciplines involved in providing the treatment, and the duration of treatment provided by each discipline. It should be noted that the data concerning the DBCs delivered to the DBC Information System might not be complete.<sup>10</sup>

#### **A1.10.1 Victims**

##### *Objective*

The request for data about victims had two objectives: first, to gain an impression of victims that receive treatment, in particular their gender, age and the problems and disorders they suffer from (§2.4) and second, to learn more about the actual help that is provided (§7.1).

##### *Data collection*

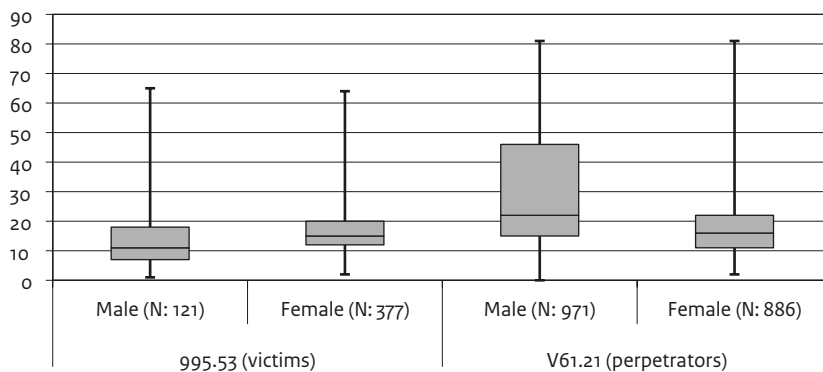
The DBC code lists contain two codes from the so-called International Classification for Diseases (ICD9) system relating to sexual abuse: in principle, there is one for victims ('sexual abuse of a child: the reason for care lies with the victim'; 995.53) and one for perpetrators ('sexual abuse of a child'; V61.21). Any-

<sup>10</sup> Written information from the NZa, 15 April 2014; written information from DBC maintenance, 16 April 2014.

mous data were requested for both codes at the patient level for persons who received treatment in the period 2008-2012.

When the data were received, it was found that the codes are probably not used consistently by mental health institutions (see Figure B.1.1) because of the distribution by gender and age of the 'victims' and the 'perpetrators'. Under the victim code, the distribution between men and women was broadly in line with the findings in the literature: victims were in any case more often female. For perpetrators, however, it seems unlikely, in light of all the existing data about sexual abuse, that almost half of the perpetrators receiving treatment were women.

Another noteworthy finding was that a quarter of both men and women registered as victims of 'sexual abuse of a child' were adults. Although it is possible that victims require long-term help, it would not be logical for this to apply for such a large proportion of the victims. For the 'offenders', it therefore also seems unlikely that half of the remarkably large number of female perpetrators are aged sixteen or younger. The youngest persons in the category 'perpetrators' are also quite young. There is a suspicion therefore that the offender code was regularly used for victims, and vice versa.



**Figure A1.1. Distribution of the victim and offender codes by gender and age**

Source: DBC Information System (2008-2012)

There is also an immediate explanation for this suspicion: the codes in the code lists used by the mental health service<sup>11</sup> (as described above) are used in the opposite way to their use in the international version of ICD-9: V61.21 as the code for victims<sup>12</sup> and 995.53<sup>13</sup> as the code for perpetrators.

In view of the evident inaccuracies in the data, it was decided to start by investigating which institutions appear to apply the codes in which manner. To this end, the requested patient data were supplemented with anonymous details about the institution. After thorough investigation, the following rule of thumb was applied for 47 institutions with ten or more clients in the dataset to determine whether the institu-

11 [http://www.dbconderhoud.nl/index.php?option=com\\_docman&task=cat\\_view&gid=635&Itemid=462](http://www.dbconderhoud.nl/index.php?option=com_docman&task=cat_view&gid=635&Itemid=462), consulted on 25 April 2014.

12 <http://www.icd9data.com/2012/Volume1/V01-V91/V60-V69/V61/V61.21.htm>, consulted on 25 April 2014.

13 <http://www.icd9data.com/2012/Volume1/800-999/990-995/995/995.53.htm>, consulted on 25 April 2014.

tion used the codes correctly. It was likely that the ‘perpetrator’ code was used incorrectly for victims if the institution (1) registered more patients under the perpetrator code than the victim code and (2) if half or more of the patients registered under the perpetrator code were underage girls (the least likely category of perpetrator). Using this rule of thumb, it was decided to reverse the codes for seventeen institutions.

This rule of thumb was probably used conservatively, which means that some victims will have been missed.

After the reversal of the codes for seventeen institutions (representing 585 of the 2,355 persons in the dataset), it was then decided to analyse only the data for the ‘victim’ code, which had been reversed for 585 persons and not for the others. It was then decided only to involve underage patients in the analysis, first because this report is about underage victims, and secondly because this would make it even more likely that no perpetrators had been accidentally included as victims in the analysis.

However, this all means that there is under-reporting. Furthermore, the data for perpetrators could not be analysed. Because of the strict selection of victims, it is highly likely that there were still a substantial number of victims among the remaining ‘perpetrators’. The result of this analysis is the set of 688 victims that is discussed in §2.3, §2.4 and §7.1.

#### *Research method*

The data, which were originally supplied at the DBC level, were analysed in SPSS 21. They were aggregated at the patient level, and then linked to the diagnosis profiles, which were supplied at the diagnosis level.

#### *Reservations*

As is clear from the discussion above, it is not possible to say with certainty who were victims and who were offenders. The National Rapporteur therefore recommends revising the registration system in this respect (Chapter 9). The path taken to resolve this problem in this report means that some victims were certainly overlooked.

### **A1.10.2 Forensic care**

#### *Objective*

Forensic treatment is also registered in the DBC Information System. Again, the request for data had two objectives: first, to gain an insight into what forms of treatment are provided for which perpetrators of sexual violence against children (§7.2), and second, to discover important information about perpetrators (§2.5).

#### *Data collection*

Because the DBC Information System does not contain enough information about offences for the purposes of this report, the Judicial Information Service (*Justitiële Informatiedienst*, JustID) was asked to provide the criminal justice chain numbers (*strafrechtketennummer*, SKN), dates of birth, dates of conviction and the offences for all persons convicted in sex-offence cases. Via a Trusted Third Party (Zorg-TTP), which is accredited by the NZa, the SKNs of convicted offenders were linked via encryption to the SKNs in the DBC Information System of convicted offenders who had received treatment. A dataset

was then delivered to the National Rapporteur's office with the details of the care provided for those persons who appeared in the dataset for sex offences. No identifiable details were provided other than the SKNs.

#### *Research method*

The analysis was done in SPSS 21. The data were originally supplied at the DBC level and were aggregated to the patient level, and then linked to the accompanying diagnosis profiles, which were at the diagnosis level. The classification by category of offender was made on the basis of the articles of the law provided by JustID, in the same way as all data relating to perpetrators (see §2.1).

#### *Reservations*

The data from JustID (dates of convictions and the article of the law under which a person was convicted) could only be linked at an individual level to the data in the DBC Information System (forensic care). The categories of sex offences in §2.1 were therefore changed to categories of offenders. For example, a person who was convicted of child pornography in one case (hands-off) and for abuse of a child in another (hands-on non-forcible) was placed in the category hands-on/off. Details of care can therefore not be directly linked to criminal cases.

### **A1.10.3 Paedophiles**

#### *Objective*

The objective of the request for data about paedophiles was to learn more about the treatment of this high-risk group and about the number of people in the group that are receiving treatment. These data are included in [Chapter 8](#).

#### *Data collection*

Details of the care for all persons treated under the main diagnosis 'Paedophilia' were requested from the DBC Information System.

#### *Research method*

The data were analysed in SPSS 21. They were originally supplied at the DBC level and were aggregated to the patient level, and then linked to the associated diagnosis profiles, which were at the diagnosis level.

### **A1.11 The funnel**

The sources of data have been discussed above. This section explains how all the figures were translated into national, one-year averages as shown in [Chapter 1](#) and elsewhere. As the diagram of the funnel shows, some figures are official national figures, while others are estimates. Some of the estimates are based on samples that are not necessarily representative of the national population. Statistics from the police, for example, are based on one former police region and statistics for youth and parenting organizations are based on a random sample of four institutions. These figures must therefore be seen as illustrative of the ratios between the different steps in the funnel rather than as representative.

There are generally two types of limitations to estimates. The first is the degree of uncertainty: the precision of the estimated figure depends on how carefully the estimate was made and is connected, for example, with the number of persons the estimate is based on. With a precise estimate, the 95%



confidence interval is relatively small (between 1,900 and 2,100 in the case of an estimate of 2,000, for example) and is relatively large with an inaccurate estimate (between 1,000 and 3,000 in the case of an estimate of 2,000, for example). The second constraint of an estimate is the presence or absence of a *systematic* error. In other words, is there automatically, as a result of how the estimate was made, reason to suspect that the number of cases must in reality be lower or higher than the estimated number? For the following estimates, we will explain for which of them these reservations may have been a factor.

#### A1.11.1 Occurred: victims

The population survey of sexual health in the Netherlands in 2011, and specifically the section relating to sexually transgressive behaviour,<sup>14</sup> formed the basis for the figures in the funnel because the definition of sexual violence used in it comes closest to the definition adopted in this report. The figures chosen give an indication of the number of *new* victims of *criminal* sexual violence (both hands-on and hands-off) each year. To arrive at them, the average was first taken of the percentage of seventeen- and eighteen-year-olds who said that they had ever been victims of criminal sexual violence (as objectively defined). This was done separately for boys and girls in order to make the most precise possible estimate of victimization throughout childhood. These percentages were then divided by eighteen to estimate the percentage of boys and girls who were victims *for the first time* in any year.

These percentages were multiplied by the total number of underage girls and boys in the Netherlands in 2011. The precise numbers could not be retrieved from the Statline website of Statistics Netherlands (*Centraal Bureau voor de Statistiek*, CBS),<sup>15</sup> but an approximation could be produced by dividing the number of persons under the age of twenty (which could be retrieved from Statline) by twenty and multiplying by eighteen. This estimate of the number of minors was then divided by two in order to produce an estimate of the number of underage girls and boys.

#### Reservations

The estimate was ultimately based on 323 respondents aged seventeen or eighteen. That is a medium-sized sample, so the precision of the estimate is regarded as adequate.

#### A1.11.2 Identified: victims

The number of identified victims was estimated by adding two figures together. For disclosure, it is the number of boys and girls who contacted the Child Helpline about sexual violence in 2012. This is a national figure for a single year, which therefore needs no further extrapolation. For identification, the estimated percentages of boys and girls who were victims, according to the informant study for the National Prevalence Study of Maltreatment of Children in 2010 (NPM-S-2010),<sup>16</sup> were added to the first number. This study is understood here as a study into identification (see also §3.2). The percentage from the prevalence study only relates to identification by professionals. Consequently, identification by non-professionals is missing. That number was therefore also estimated. To do that, the ratio between reports by professionals and reports by non-professionals in the next step in the funnel, reporting to the AMK, was calculated. The number of victims identified by informants was extrapolated in the same

14 De Haas (2012).

15 <http://statline.cbs.nl/StatWeb/publication/?DM=SLNL&PA=37296NED&D1=9&D2=61&VW=T>, consulted on 5 May 2014.

16 Alink, et al. (2014); Alink, et al. (2011).

ratio to a total number of identified victims. The percentage of identified victims estimated in this way was multiplied by the under-age population as calculated by the method described in §A1.11.1.

#### *Reservations*

The figure for disclosure (Child Helpline) is a national figure and is therefore not an estimate, but disclosure does not always occur via the Child Helpline. Accordingly, there is a systematic underestimate here. The figure for identification is an estimate. The original estimated figure was based on a sample study among *professionals* into the identification of *sexual abuse within the family*. An additional estimate was made of identification by non-professionals. The assumption made here is that the ratio between professionals and non-professionals that applies for reports to the AMK also applies in identification phase. This assumption is more likely to lead to under-reporting than over-reporting, since non-professionals are likely to be less inclined to report, to be more reluctant to act, than professionals. Forms of sexual violence against children other than sexual abuse within the family are also invisible, since the NPM-S-2010 did not investigate them. In other words, in addition to the inherent uncertainty of any estimate, there is also a systematic underestimate for identification (but which, given how the estimate was made, will not be extremely large in this case). The estimated figure for 'identified' is therefore automatically lower than it is in reality.

#### **A1.11.3 Reported, investigated, confirmed: victims**

The figures from the AMKs are national figures. For the total number of reports, reports for investigation were added to reports where advice and consultation was offered. Because the number of investigations is at the family level, and not at the report level, the number of investigations was first converted to reports. For every reported family, the total number of notifiers is known, which produces an average ratio of families to notifiers. This factor was multiplied by the total number of investigations where there were suspicions of sexual abuse *at the outset*. This produced the number of reports of sexual abuse for investigation, at report level. The ratio was then calculated between this total number of reports for investigation and the total number of *children* investigated where there was a suspicion of sexual abuse at the start of the investigation. This factor was multiplied by the number of times advice or a consultation was offered (registered at the report level) in order to convert these two types of reports to the level of the child. The total number of children in reports for advice, consultation and investigation thus calculated over five years was divided by five to produce an annual average. The category 'investigated' relates to the total number of AMK investigations (at child level) where there were suspicions of sexual abuse at the start of the investigation, also divided by five to produce an annual average (§5.1). The number 'confirmed' here refers to those investigations (at child level) where 'sexual abuse found' was registered at the conclusion of the investigation, again divided by five to arrive at an annual average.

#### *Reservation*

For the total number of reports, the assumption was made that the ratio between the number of notifiers and the number of reported children was the same for advice and consultation as for investigation. This assumption could not be tested with the existing data, although there is reason to assume that it is not correct.

#### **A1.11.4 Reported and investigated: perpetrators**

**Chapter 4** contains data for reports to the police in the former Hollands-Midden police region. These figures were translated into a (rough) national estimate as follows: the total population of the 25 municipalities making up the Hollands-Midden region as of 31 December 2011 was calculated using Statline.

The proportion of men over the age of twelve in the total population was calculated, because the vast majority of suspects known to the police and PPS fall into this population group. The over-20s were removed from Statline and divided by two in order to calculate the number of youths/men. The number of youths/men between the ages of twelve and eighteen was calculated using the method described in §A1.7. For this number, the percentage of accused was then calculated (the total number of reports to the police, excluding indecency, was divided by two, because the figures covered the years 2011 and 2012). This percentage, multiplied by the national figure for males over the age of twelve, produces the estimated number of reported offenders. The distribution between the three categories of reports was produced in a similar manner, although the number of reports where the nature of the report (and therefore also the category) was unknown was divided pro rata among the three categories.

The number of investigations in the former Hollands-Midden police region was calculated by counting all cases where at least one of the following conditions was met:

- a complaint was made;
- the case was sent to the PPS;
- there was a studio interview;
- a data carrier was confiscated;
- a rape kit was used;
- a suspect was indicted.

The total number of criminal investigations thus calculated in the Hollands-Midden region was converted into a national figure for police investigations in the same way as the total number of reports, namely by multiplying it by the number of males over the age of twelve in the national population. This number was also divided by two to produce an annual average.

#### *Reservations*

These figures are estimates based on a single former police region and can therefore not be regarded as nationally representative. The region encompasses an urban area with small rural municipalities and medium-sized cities. Consequently, the region could be similar to the national situation, but that is impossible to say without national figures. These estimates are highly uncertain, but there is no reason to automatically suspect that systematic errors were made.

#### **A1.11.5 Confirmed, prosecuted, convicted, imprisoned: offenders**

All of these figures are national figures from the PPS. 'Confirmed' is the total number of registered cases by category of offender, converted to an annual average. 'Prosecuted' concerns the total number of suspects issued with a summons, again converted to an annual average. 'Convicted' concerns the annual number of prosecuted suspects who were convicted of at least a sex offence. 'Imprisoned' refers to the number of convicted persons that received an unconditional or partially unconditional prison sentence.

#### **A1.11.6 Treated: victims**

This estimate is the sum of the estimate of the number of victims who received help via J&O organizations and the total number of victims who received help from the youth mental health service. The total number of victims of sexual violence receiving treatment from J&O organizations was calculated as follows: the number of victims at the start of treatment in the data provided was compared with the total number of clients in the four institutions that supplied the data, producing a percentage of victims as a share of the total. This percentage was multiplied by the total number of clients of J&O organizations

as of 31 December 2011 (as downloaded from Statline) in order to produce an estimate of the number of victims nationally.

The number of victims that received help from the mental health service was acquired via the DBC Information System and is in principle a national figure, although it is presumably a minimum (see §A1.10.1). The annual average was calculated by dividing the total number of victims receiving treatment in the years 2008 to 2011 by four; 2012 was not included because the figures for that year are not complete because of the system used to supply DBCs to the information system. Including them would lead to an under-estimate.

#### *Reservations*

The number of clients of J&O organizations is an estimate based on four of those organizations. This was not a random sample, although it is impossible to say in which respects the four institutions might differ from the national situation. Accordingly, this estimate is accompanied by uncertainty. Systematic errors cannot be excluded.

The number of clients of the youth mental health care service is in itself a national figure and not an estimate, but because victims and offenders are difficult to distinguish from one another in the DBC records, it is probably a minimum. There is therefore a systematic error here.

#### **A.1.11.7 Treated: offenders**

In principle, the total number of perpetrators that received forensic care as shown by the DBC Information System is a national figure. However, the number only relates to adults. The number of minors that were ordered to undergo forensic care was estimated by calculating the ratio of adult perpetrators to the total number of perpetrators in the PPS data. With this multiplication factor, the number of adult offenders in treatment was converted to an estimated total number of adult and underage offenders in treatment.

#### *Reservation*

The number of adults in forensic care is a national total, to which, as far as can be seen, no limitations apply. The number of minors was estimated on the basis of two national figures (the total number of minors convicted and the total number of adult offenders being treated). The estimate is therefore probably fairly precise. However, there might have been a systematic error, for example if minors were systematically ordered to undergo treatment more often than adults.

## A2 Criminal Code, Part XIV.

### Serious Offences against Public Morals

#### *Section 239*

A term of imprisonment not exceeding three months or a fine of the second category shall be imposed for indecency:

- 1°. in or at a place intended or designed to be frequented or resorted to by the general public;
- 2°. in a public place, other than the public place referred to in 1°, to which persons under the age of sixteen years have access;
- 3°. in a non-public place, if another person present there is exposed to it against his will.

#### *Section 240*

Any person who knows or has serious reason to suspect that an image or object is offensive to decency and who:

- 1°. publicly displays or offers that image or object in or at a place intended or designed to be frequented or resorted to by the general public;
- 2°. sends that image or object to a person, other than at the request of that person; shall be liable to a term of imprisonment not exceeding two months or a fine of the third category.

#### *Section 240a*

Any person who supplies, offers or shows to a minor he knows or has serious cause to suspect is under the age of sixteen years, an image, an object or a data carrier that contains an image, which if displayed could be harmful to persons under the age of sixteen years, shall be liable to a term of imprisonment not exceeding one year or a fine of the fourth category.

#### *Section 240b*

1. Any person who distributes, offers, publicly displays, produces, imports, conveys in transit, exports, obtains, possesses or accesses by means of a computerised device or system or by use of a communication service an image - or a data carrier that contains an image - of a sexual act involving or seemingly involving a person who is manifestly under the age of eighteen years, shall be liable to a term of imprisonment not exceeding four years or a fine of the fifth category.
2. Any person who makes a profession or habit of committing any of the serious offences defined in subsection (1), shall be liable to a term of imprisonment not exceeding eight years or a fine of the fifth category.

*Section 242*

Any person who by an act of violence or any other act or by threat of violence or threat of any other act compels a person to submit to acts comprising or including sexual penetration of the body shall be guilty of rape and shall be liable to a term of imprisonment not exceeding twelve years or a fine of the fifth category.

*Section 243*

Any person who engages in acts comprising or including sexual penetration of the body with a person whom he knows to be unconscious, to have diminished consciousness or to be physically unable to resist, or to be suffering from such a degree of mental disease or defect that such person is incapable or not sufficiently capable of exercising or expressing his will in the matter or of offering resistance, shall be liable to a term of imprisonment not exceeding eight years or a fine of the fifth category.

*Section 244*

Any person who engages in acts comprising or including sexual penetration of the body with a person who is under the age of twelve years, shall be liable to a term of imprisonment not exceeding twelve years or a fine of the fifth category.

*Section 245*

Any person who, out of wedlock, engages in lewd acts comprising or including sexual penetration of the body with a person who has reached the age of twelve years but not yet sixteen years, shall be liable to a term of imprisonment not exceeding eight years or a fine of the fifth category.

*Section 246*

Any person who by an act of violence or any other act or by threat of violence or threat of any other act, compels another person to engage in or to tolerate lewd acts, shall be guilty of indecent assault and shall be liable to a term of imprisonment not exceeding eight years or a fine of the fifth category.

*Section 247*

Any person who engages in lewd acts with a person whom he knows to be unconscious, to have diminished consciousness or to be physically unable to resist, or to be suffering from such a degree of mental disease or defect that such person is incapable or not sufficiently capable of exercising or expressing his will in the matter or of offering resistance, or who engages in lewd acts, out of wedlock, with a person under the age of sixteen years, or who entices the latter into engaging in or tolerating such acts, out of wedlock, with a third party, shall be liable to a term of imprisonment not exceeding six years or a fine of the fourth category.

*Section 248*

1. The terms of imprisonment prescribed in sections 240b, 242 to 247 inclusive, 248a to 248e inclusive, 249 and 250 may be increased by one third if the offence is committed by two or more persons in concert.
2. The terms of imprisonment prescribed in sections 240b, 242 to 247 inclusive and 248a to 248e inclusive may be increased by one third, if the offender commits the offence against his child, a child over whom he exercises parental authority, a child whom he cares for or is raising as part of his family, his

ward, a minor with whose care, education or supervision he is entrusted or his employee or subordinate who is a minor.

3. If any of the serious offences defined in sections 240b, 243, 245 to 247 inclusive, 248a, 248b and 249 results in grievous bodily harm or is likely to endanger the life of another person, a term of imprisonment not exceeding fifteen years or a fine of the fifth category shall be imposed.
4. If any of the serious offences defined in sections 240b, 242, 243 to 247 inclusive, 248a, 248b and 249 result in death, a term of imprisonment not exceeding eighteen years or a fine of the fifth category shall be imposed.

*Section 248a*

Any person who, by means of gifts or promises of money or goods, by abuse of the authority arising from de facto relationships or by deception, intentionally induces a person, whom he knows or has reasonable cause to suspect is under the age of eighteen years, to engage in lewd acts or to tolerate such acts performed by him, shall be liable to a term of imprisonment not exceeding four years or a fine of the fourth category.

*Section 248b*

Any person who sexually abuses a person who makes himself available for the performance of sexual acts with a third party for remuneration and who has reached the age of sixteen years but is under the age of eighteen years, shall be liable to a term of imprisonment not exceeding four years or a fine of the fourth category.

*Section 248c*

Any person who is intentionally present at the performance of lewd acts by a person whom he knows or has reasonable cause to suspect has not yet reached the age of eighteen years or who is intentionally present at the display of images of such acts in an establishment designated for that purpose, shall be liable to a term of imprisonment not exceeding four years or a fine of the fourth category.

*Section 248d*

Any person who, with lascivious intentions, induces another person, whom he knows or has reasonable cause to suspect has not yet reached the age of sixteen years, to witness sexual acts, shall be liable to a term of imprisonment not exceeding two years or a fine of the fourth category.

*Section 248e*

Any person who, by means of a computerised device or system or by making use of a communication service, arranges to meet a person whom he knows, or has reasonable cause to suspect has not yet reached the age of sixteen years, with the intention of engaging in lewd acts with this person or of creating an image of a sexual act in which this person is involved, shall, if he undertakes any action intended to bring about that meeting, be liable to a term of imprisonment not exceeding two years or a fine of the fourth category.

*Section 249*

1. Any person who sexually abuses his minor child, step-child or foster child, his ward, a minor with whose care, education or supervision he is entrusted, or his employee or subordinate who is a minor, shall be liable to a term of imprisonment not exceeding six years or a fine of the fourth category.

2. The following persons shall be liable to the same punishment:
  - 1°. the civil servant who sexually abuses a person subject to his authority or entrusted to or placed under his supervision;
  - 2°. the director, doctor, teacher, official, supervisor or staff member of a prison, state institution for the care and protection of children, orphanage, hospital, or charitable institution, who sexually abuses a person admitted to such institution;
  - 3°. the person employed in the health care or social care sector who sexually abuses a person who has entrusted himself, as a patient or client, to his assistance or care.

*Section 250*

1. Any person who:
  - 1°. intentionally arranges or encourages the sexual abuse of his minor child, step-child or foster child, his ward, a minor with whose care, education or supervision he is entrusted or his employee or subordinate who is a minor by a third party, shall be liable to a term of imprisonment not exceeding four years or a fine of the fourth category.
  - 2°. intentionally arranges or encourages, other than in the cases referred to in 1°, the sexual abuse of a minor, whom he knows or has reasonable cause to suspect is a minor, by a third party, shall be liable to a term of imprisonment not exceeding three years or a fine of the fourth category.
2. If the offender makes a habit of committing the serious offence, the terms of imprisonment may be increased by one third.

*Section 251*

1. In the case of conviction for any of the serious offences defined in sections 240b to 247 inclusive and 248a to 250 inclusive, disqualification from the rights listed in section 28(1)(1°)(2°) and (4°) may be imposed.
2. If the offender commits any of the serious offences defined in sections 240b to 247 inclusive and 248a to 250 inclusive in the practice of his profession, he may be disqualified from the practice of that profession.



## A3 Abbreviations

3RO	The three probation services in the Netherlands <i>Reclassering Nederland, Leger des Heils, Stichting Verslavingsreclassering</i>
AMHK	Child Abuse and Domestic Violence Counselling and Reporting Centres <i>Advies- en Meldpunt Huiselijk geweld en Kindermishandeling</i>
AMK	Child Abuse Counselling and Reporting Centre <i>Advies- en Meldpunt Kindermishandeling</i>
BJZ	Youth Care Agency <i>Bureau Jeugdzorg</i>
BO-SGG-2001	Population survey of sexual health in the Netherlands in 2011 – Sexual Regressive Behaviour <i>Bevolkingsonderzoek Seksuele Gezondheid in Nederland in 2011 – Seksueel grensoverschrijdend gedrag</i>
CBS	Statistics Netherlands <i>Centraal Bureau voor de Statistiek</i>
CGAS	Children’s Global Assessment Scale
COSA	Circles of Support and Accountability <i>Cirkels voor Ondersteuning, Samenwerking en Aanspreekbaarheid</i>
DBC	Diagnosis Treatment Combination <i>Diagnose Behandel Combinatie</i>
DCC	Dutch Criminal Code <i>Wetboek van Strafrecht</i>
DCCP	Dutch Code of Criminal Procedure <i>Wetboek van Strafvordering</i>
DIS	Diagnosis Treatment Combination Information System <i>Diagnose Behandel Combinatie Informatiesysteem</i>
DSM	Diagnostic and Statistical Manual of Mental Disorders
EMDR	Eye Movement Desensitization and Reprocessing
FPKM	Forensic Medical Child Abuse Centre <i>Forensische Polikliniek Kindermishandeling</i>
GAF	Global Assessment of Functioning
GP	General Practitioner <i>Huisarts</i>
IGZ	Health Care Inspectorate <i>Inspectie voor de Gezondheidszorg</i>
IJZ	Youth Care Inspectorate <i>Inspectie Jeugdzorg</i>

INDIGO	Doing Nothing is Not an Option Initiative <i>Initiatief Niets Doen Is Geen Optie</i>
IV&J	Inspectorate of Security and Justice <i>Inspectie Veiligheid &amp; Justitie</i>
IvhO	Inspectorate of Education <i>Inspectie van het Onderwijs</i>
J&O	Youth and parenting organizations <i>Jeugd- en Opvoedhulp</i>
JustID	Justice Information Service <i>Justitiële Informatiedienst</i>
LEBZ	National Expertise Group for Special Sexual Assault Cases <i>Landelijke Expertisegroep Bijzondere Zedenzaken</i>
LIJ	Dutch Assessment Instrument for Juvenile Delinquency <i>Landelijk Instrumentarium Jeugd</i>
MST-PSB	Multi-system therapy for problematic sexual behavior
MUHP	Custodial placement authorization <i>Machtiging Uithuisplaatsing</i>
NFI	Netherlands Forensic Institute <i>Nederlands Forensisch Instituut</i>
NIFP	Netherlands Institute for Forensic Psychiatry and Psychology <i>Nederlands Instituut voor Forensische psychiatrie en psychologie</i>
NJi	Youth Policy in the Netherlands <i>Nederlands Jeugdinstituut</i>
NPKK	National Programme to Combat Child Pornography and Child Sex Tourism <i>Nationaal Programma ter bestrijding van Kinderpornografie en Kindersekstoerisme</i>
NPM-S-2010	Nationwide Prevalence Study of Child Maltreatment in 2010 <i>Nationale Prevalentiestudie Mishandeling van kinderen en jeugdigen in 2010 – het Scholierenonderzoek</i>
n.s.	Not significant
NZa	Netherlands Care Authority <i>Nederlandse Zorgautoriteit</i>
OCW	Ministry of Education, Culture and Science <i>Ministerie van Onderwijs, Cultuur en Wetenschap</i>
OTS	Family Supervision Order <i>Ondertoezichtstelling</i>
PIJ	Placement in an Institution for Juveniles <i>Plaatsing in een Inrichting voor Jeugdigen</i>
PPS	Public Prosecution Service <i>Openbaar Ministerie</i>
PTSD	Post Traumatic Stress Disorder <i>Posttraumatische stressstoornis</i>
RISC	Recidivism Risk Assessment Scales <i>Recidive InschattingSchalen</i>
RvdK	Child Care and Protection Board <i>Raad voor de Kinderbescherming</i>
SHG	Domestic Violence Advice and Support Centre <i>Steunpunt Huiselijk Geweld</i>

SKN	Criminal Justice Chain Numbers <i>Strafrechtketennummer</i>
SOJ25-GO-2012	Sex under the age of 25 in 2012- transgressive behaviour <i>Seks onder je 25ste 2012 - grensoverschrijding</i>
TBS	Detention under an Entrustment Order <i>Terbeschikkingstelling</i>
TMT	Two- or Multi-track Team <i>Twee en Meersporenteam</i>
TF-CBT	Trauma-Focused Cognitive Behavioural Therapy <i>Traumagerichte cognitieve gedragstherapie</i>
V&J	Ministry of Security and Justice <i>Ministerie van Veiligheid en Justitie</i>
VOG	Certificate of Good Conduct <i>Verklaring omtrent het Gedrag</i>
VWS	Ministry of Health, Welfare and Sport <i>Ministerie van Volksgezondheid, Welzijn en Sport</i>
WODC	Research and Documentation Centre <i>Wetenschappelijk Onderzoek- en Documentatiecentrum</i>



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