YOUTH SEXUAL AGGRESSION AND VICTIMIZATION IN THE NETHERLANDS

STAKEHOLDERS’ PERSPECTIVES AND RECOMMENDATIONS FOR POLICY AND PRACTICE

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This report has been written based on face-to-face and telephone interviews with representatives and experts of the following organisations and institutions in the Netherlands: Rutgers WPF, Movisie (also responsible for implementation of the WeCanYoung Campaign), Moviera, Fier Fryslan, Centrum Seksueel Geweld, Utrecht, Nationaal rapporteur mensenhandel en seksueel geweld tegen kinderen, Hulpmix, Blijf Groep, Amsterdam. Consultations were conducted between December 2012 – July 2013.
1. Dutch governmental policies related to Y-SAV: a short history

In the 1980s and the 1990s, sexual violence and child sexual abuse were put on the agenda by the women’s movement. The policy white paper ‘Sexual violence against women and girls’ (Seksueel geweld tegen vrouwen en meisjes, 1984) led to more governmental action and investment in victim support and prevention. In the 1990s, for example, there were some initiatives particularly dealing with sexual violence (such as the campaign “Sex is natural but not self-evident” (Seks is natuurlijk maar niet vanzelfsprekend). At the beginning of the 20st century attention switched from sexual violence and child sexual abuse to domestic violence. In 2002, the policy paper ‘Private violence-public affair’ (Privé geweld- publieke zaak) was published, followed by an integrated approach towards domestic violence and violence in relationships of dependency. Within this approach sexual violence is mainly considered as violence between persons in a hierarchical relationship or relationship of care (domestic violence, child sexual abuse, sexual abuse of people with disabilities, female genital mutilation, honour-based violence, violence towards the elderly). The approach addresses “intergenerational transmission of abuse”. Peer-to-peer sexual violence, however, only takes up a marginal position.

This lasted until the period 2007-2009 when youth sexual violence was explicitly addressed and taken up by the Ministry of Health, Welfare and Sports (VWS) and the Ministry of Education, Culture and Science (OCW). At that time, media attention to youth sexual violence in marginalised neighbourhoods fuelled an intensive debate about the supposed sexualisation of society and the need to empower young people. On 27 November 2009, the Ministry of VWS published the Sexual Health Letter in which Y-SAV was defined as one of the priorities. Additionally, the Ministry of OCW supported initiatives specifically targeted at youth and sexual violence. In 2011 an integral approach to combat the problem of “loverboys” was published.

The Sexual Health Letter (2009) referred to data showing that young people are particularly vulnerable to becoming a victim of sexual violence. The data were called “shocking” and the government’s tasks in addressing Y-SAV were described as ‘making sure that sexuality education is available and implemented, that there is adequate care and protection for young victims and that young sex offenders are punished’. The letter also described the concrete measures to be taken.

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1 For more information: [http://resourcessgd.kb.nl/SGD/19841985/PDF/SGD_19841985_0004248.pdf](http://resourcessgd.kb.nl/SGD/19841985/PDF/SGD_19841985_0004248.pdf)


5 The Sexual Health Letter stated that: The report “Seks onder je 25” (Rutgers Nisso Groep en Soa Aids Nederland, 2005) showed that 18% of the girls and 4% of the boys below 25 ever experienced sexual aggression.

6 For a more detailed description of this policy and measures see country report, the Netherlands, on the Y-SAV website: [http://ysav.rutgerswpf.org/content/country-reports](http://ysav.rutgerswpf.org/content/country-reports)
The most recent health policy brief/letter (Gezondheid Dichtbij, 2011) endorses the following four main values:

1. **Autonomy**: everyone should be in the position to make well informed decisions about her/his sexuality;
2. **Empowerment**: knowing what you want and do not want and having the skills and assertiveness to make autonomous decisions;
3. **Understanding of mutual respect**: the sexual freedom of a person ends at the moment another person’s sexual freedom is damaged;
4. **The right to sexual and relational education and to services**.

Through the specific governmental funding programme (ZonMW- “sexual health of young people”) many studies, interventions, campaigns, and services in the area of Y-SAV were carried out or improved. This fund was closed at the end of 2011 and since then there has been less specific financial investment in the prevention of Y-SAV.

Values (autonomy, empowerment and equality) as expressed in the sexual health policy are also reflected in the emancipation policy. Youth are explicitly targeted as priority group - especially in the area of sexual violence prevention.

**2. Challenges and opportunities in the institutional environment**

Some challenges and opportunities (or driving factors) related to policies and legislation were identified by the stakeholders.

**2.1 Increased liberalisation and gender neutralisation**

The last five years the issue of Y-SAV has been relatively high on the agenda. However, since 2010 stakeholders have observed a more conservative neo-liberal political climate combined with budget cuts in public health, services and prevention efforts. The current government emphasises that citizens are mainly responsible for their own sexual health and encourages involvement of so-called “support networks” (families, neighbours, friends and acquaintances) in addressing inter-partner violence. State interference in sexual health matters and sexual violence prevention has decreased which narrows the scope of working on Y-SAV.

Another concern expressed by stakeholders is that the last two decades, the Dutch approach towards violence against women and sexual violence has been characterised by gender-neutralisation. In policy papers the government uses the gender neutral definition of ‘intimate partner violence’ and ‘violence in relations of dependency’, thereby neglecting the gender

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7 To this value the Ministry added “…when needed…” in 2011

8 The Y-SAV project has been co-financed by the ZonMW fund. See also: [http://www.zonmw.nl/nl/programmas/programmadetail/seksuele-gezondheid-van-de-jeugd/](http://www.zonmw.nl/nl/programmas/programmadetail/seksuele-gezondheid-van-de-jeugd/)


perspective and the misbalance between female and male victimization (and perpetration). This criticism was also put forward by the CEDAW committee and the Special Rapporteur on violence against women (VAW) of the United Nations in 2010. Stakeholders emphasise that a gender analysis is imperative in order to develop effective policies and interventions on Y-SAV. According to them, prevention has to address gender norms and social structures of inequality and discrimination that lead to the perpetration of sexual violence. Also services should take into account the specific needs of victims related to their gender identity and other identity markers (such as their sexual identity, ethnicity, disability and socio-economic position).

Another observation is that there is a tendency to define sexual violence against women as a culture-specific problem. There is increased attention to issues such as female genital mutilation and honour-based violence and cultural minorities are framed as being ‘particularly’ if not, more violent and oppressive towards women. This concern is also put forward in the CEDAW reviews and the UN Human Rights Council Periodic Review of 2012. “Whilst VAW against Dutch women is often defined as a relational/personal problem unrelated to gender discrimination, VAW in ethnic minority communities is considered to result from the oppression of women”. This dominant discourse, according to stakeholders, makes it difficult to pay attention to culture without stigmatising and reinforcing the idea of the ‘backward other’.

2.1.2 Fragmentation of policies on Y-SAV and the importance of a coordinated approach

Y-SAV is part of various policy domains. Different ministries are working on Y-SAV from different angles: VWS from a public health perspective, OCW from emancipation and empowerment perspective, and the Ministry of Safety and Justice (V&J) from a criminal/legal perspective. National coordination and an interdepartmental approach towards sexual violence are considered important in order to avoid policy fragmentation. Since 2009, support services, organisations for prevention and knowledge institutes have been working together in the “partnership to address sexual violence” (Partnership aanpak seksueel geweld). In their input for political party agendas during the elections in 2012 this partnership recommended that: “to be effective, a national policy framework on sexual violence is needed and a coherent programme should be developed, together with municipalities, implementing organisations such as the municipal health services, doctors and midwives, schools, service providers and the police” (translation F.P.). It has been noted by stakeholders that local prevention activities are often placed under the responsibility of either the department of youth affairs (with a focus on youth participation), health (with a focus on sexual


15 For more information: http://www.seksueelgeweld.info/beleid_seksueel_geweld/partnership

16 Internet access: http://www.seksueelgeweld.info/nieuws_archief_2012/input-voor-verkiezingsprogramma-2012

17 Such as the WeCanYoung Campaign: http://www.wecanyoung.nl/
health but less on sexuality education and empowerment) or education. The authorities could promote a comprehensive and integrated approach towards Y-SAV by allocating the budget for an activity to several departments instead of just one.

In 2014-2015 there will be decentralisation of youth policies from national to local authorities. Municipalities will become responsible for the formulation and implementation of Y-SAV prevention and (health) care for young victims in accordance with the local needs and situation. Stakeholders fear that this decentralisation will lead to fragmentation and neglect of politically sensitive issues (such as the prevention of Y-SAV), as focus would be dependent on the priorities of the local political parties in power. They are concerned that decentralisation will affect some young people’s access to protection and services. To avoid this fragmentation it is highly recommended that a uniform set of quality standards is developed and monitored by a central agency in order to assure the quality of prevention and services.

2.2 Recent research outcomes and reports influencing policymaking on Y-SAV

Since 2009 there have been several studies and publications that demonstrate the vulnerability of children and young people in becoming victims of sexual violence, some young people in particular such as LGBT youth, youth with a disability and young people in institutions and foster families. Specific action has been requested to prevent Y-SAV. In 2012, Rutgers WPF published a follow-up to the 2005 study on the sexuality of people younger than 25 years, the monitor “sexual health” and the report “Beperkt weerbaar” on sexual violence among people with a disability. Recently a study showed that in Amsterdam an average of 681 incidents of sexual violence are reported to the police per year. Suspects and victims are often young. In cases of sexual assault, 52% of the victims are younger than 20 years old and most suspects are younger than 19 years old. In cases of rape, almost 50% of the victims are younger than 20 years old and most suspects are between 20-34 years old.

As a result of this study, the municipality of Amsterdam developed an action plan on sexual violence (2013-2014), with specific focus on victims and perpetrators from 15-25 years.

At the end of 2011, reports were published about the prevalence of sexual abuse among children and adolescents within clerical institutions (report commission Deetman) and sexual abuse of minors in governmental institutions and foster families (report surrounded by care, still unsafe commission Samson). The reports showed that there is a lack of awareness and government attention to the problem and that institutions and professionals often fail to adequately respond to the problem of sexual violence. The report surrounded by care, still unsafe, for example, stated

18 Lesbians, Gays, Bisexuals and Transgenders


that the sector is “insufficiently able to recognise sexual problems, make them a subject of discussion and intervene effectively”. One of the conclusions of the report was that more than half of the perpetrators of sexual violence within residential care institutions were peers. This changed the dominant perspective that sexual violence towards minors predominantly takes place within a hierarchical relationship (with a perpetrator often older than the victim). Diverse recommendations derived from the report, for example the need to strengthen the capacity of professionals and caretakers, to invest in the empowerment of minors, to strengthen complaint mechanisms and to develop quality standards for institutions. A committee was formed (commission Rouwvoet) which has formulated concrete action plans and standards that will be implemented in the coming period.23

The studies have made the problem of Y-SAV visible and concrete policy measures and programmes are (to be) implemented. In general, the stakeholders consider the upheaval and action surrounding the reports an opportunity for agenda setting. However, monitoring of implementation and effectiveness is crucial to avoid a “tick the box culture”. The Ministry of VWS and V&J assigned the task of monitoring the implementation of the specific recommendations in the Samson report to the Taskforce Child Abuse (Taskforce Kindermishandeling) and the National rapporteur on trafficking and sexual violence against children will monitor the broader policy framework. Another question that remains is to what extent the recommendations in the reports will have positive effects for Y-SAV prevention in other healthcare and social institutions, such as schools, youth work and families. It is also important to pay attention to other vulnerable groups such as LGBT youth and young people with a (mental) disability.

**Summary of stakeholders’ recommendations to strengthen responses towards Y-SAV in the institutional environment:**

- To strengthen the gender analysis relating to the problem of Y-SAV and inter-partner violence in Dutch policies in order to create effective primary and secondary prevention strategies.
- To avoid framing sexual violence as a cultural problem.
- To continue and improving the coordination between different ministries working on Y-SAV as well as the actors working on Y-SAV in the field.
- To allocate budget for local activities under different budget lines to facilitate a comprehensive and integrated approach towards Y-SAV.
- To create quality standards for prevention and data collection to avoid the risk that with the decentralisation of youth policies to the municipalities politically sensitive issues (such as Y-SAV prevention) will get less attention.
- To monitor of the implementation of recommendations following the Samson and Deetman reports in order to avoid a “tick the box culture”.
- To broaden the action that resulted from the Samson report to other health care and social institutions and vulnerable groups (such as LGBT youth and youth with a disability).

### 3. Prevention

#### 3.1 Gaps in the prevention of Y-SAV through formal sexuality education

Since 1 December 2012 it is compulsory for primary and secondary schools (up to the third year) to integrate sexuality education and education on sexual diversity in the curriculum. This decision was motivated by the debate that emerged in 2007-2009 about the need to empower youth to be able to understand and deconstruct sexualized media images and the concerns of the LGBT movement and their representative organisations about negativity towards homosexuality among the Dutch population and Dutch youth in particular. Although this is a positive step forward and an opportunity for the prevention of Y-SAV, concerns are voiced by stakeholders that more concrete measures are needed for sexuality education in order to be effective in strengthening the capacities of young people to make well-informed decisions regarding their sexual lives and to respect the decisions of

others (values that form the point of departure for the government’s policies on sexual health and emancipation).

In a recent study, secondary school pupils were asked whether the sexuality education they receive fits their needs and expectations\textsuperscript{24}. Outcomes show that whilst there is often sufficient opportunity to discuss the functions of the human body, contraception and STI, themes such as sexual aggression, positive sexual interaction and sexual diversity receive less attention. Pupils also considered it important that their teachers address the issues in a positive way and create an open atmosphere so that they don’t feel hesitant in asking questions and can discuss issues important in their daily lives. To prevent Y-SAV, sexuality education should not exclusively address risks and the physical aspects of sexuality. It is important to discuss and challenge gender norms and myths that normalise sexual violence, to talk about ‘desires and boundaries’ and how to develop positive sexual relationships. Providing information to young people is not sufficient; they also need to improve their communication skills.

Quality standards and indicators to monitor the curriculum of schools still need to be developed. The Ministry of OCW should take a leading role in assuring that there will be a framework explaining how sexuality, sexual diversity and sexual aggression need to be addressed in the school curriculum. The WHO Europe standards for sexuality education\textsuperscript{25} could be guiding for setting and formulating this framework.

Stakeholders stress that it is important that professionals who work with young people have a certain level of self confidence, self reflection ability and skills to be able to speak about sexuality, and sexual violence in particular. One of their recommendations is to integrate the topic in education for teachers and to systematically pay attention to it in on-the-job training. Knowledge about current trends in youth culture (such as related to social media) is also considered crucial in order to work with young people. Some stakeholders expressed the need for a framework that enables them to interpret the sexual behaviour of young people. The ‘flag system’ (an ethical and pedagogical intervention for the prevention of sexual abusive behaviour), developed by Sensoa Belgium in cooperation with Movisie\textsuperscript{26} can be helpful in this.

Summary of stakeholders’ recommendations on formal sexuality education:

- To develop a comprehensive framework and minimum quality standards on how sexuality, sexual diversity and sexual aggression should be addressed in the curriculum of schools. The WHO Europe standards for sexuality education could be guiding for setting and formulating this framework.
- To address gender attitudes, desires and boundaries related to sex, communication skills and positive sexual relationships within sexuality education.
- To integrate the topic of sexuality education in teacher training and systematically paying attention to building the skills of teachers on the job.
- To provide teachers with a framework to interpret the sexual behaviour of young people.

3.2 Out-of-school prevention and campaigns


\textsuperscript{26} For more information: http://www.movisie.nl/esi/vlaggensysteem
It is noted that it is important to address the more ‘grey’ or ‘subtle areas’ of sexual aggression (such as talking someone into sex) in campaigns and prevention efforts in order for young people and the population in general to recognise sexual violence and to tackle a certain level of normalisation relating to sexual aggression. However, national campaigns on sexual aggression are rare (with the last one in 1991) and although there has been more attention to violence in general, attention to sexual aggression is not very prominent in television ads and/or information leaflets.

Since 2010 there has been more government support for prevention activities on Y-SAV that involve young people and that take place outside the formal educational setting. These prevention efforts are important as they specifically focus on youth, messages are adapted to young people’s lives and the dilemmas they face, and young people participate in the implementation. An example of such an activity is the WeCanYoung Campaign\(^{27}\). The objective of this campaign is to strengthen the empowerment of young people so that they become more resilient in (sexual) relationships. The campaign (with support of the Ministry of OCW) has been implemented in 15 municipalities all over the country. Municipalities cooperate with municipal health centres (GGDen) and Youth Care (Jeugdzorg) who, in their turn are in contact with schools and youth workers who try to encourage young people (aged 12-23) to become change makers (trying to challenge and change attitudes towards gender and sexuality) in their own environment. Change makers are encouraged and supported to organise their own local activities such as graffiti art displays, creation of YouTube movies, theatre plays, debates with people in the street and other activities. The strength of the WeCanYoung Campaign is that it combines strategies relating to education, activation and mobilisation. An advantage of this form of campaigning is that it also facilitates cooperation between local stakeholders working with youth within municipalities. As a framework for young people to know what is healthy sexual behaviour and what is unacceptable sexual behaviour, the WeCanYoung Campaign uses six criteria based on the ‘flag system’.

The campaign “Speak easy on sex”\(^{28}\) (supported by the Ministry of OCW and VWS), aims at the prevention of sexually transgressive behaviour among young people (12-18 years old). The campaign encourages youth to reflect on their own attitudes and behaviour and to build their skills and self awareness in order to communicate their personal boundaries and desires. The campaign combines offline interventions (posters and information leaflets) with online interactive games through which youth are challenged to (digitally) interfere in situations where sexual aggression takes place. The idea is that it is important to stimulate them to proactively communicate about sex, desires and boundaries, instead of assuming consent.

With the current budget cuts, stakeholders notice increased competition between organisations to obtain resources for the implementation of activities. Sexual violence among young people will not disappear unless there is a strong investment in prevention. The current government emphasises the importance of the empowerment of young people, their autonomy and the prevention of sexually transgressive behaviour and should therefore continue complying with its obligation to create an environment in which all young people are protected.

**Summaries of stakeholders’ recommendations on out-of-school prevention and campaigning:**
- To address the ‘grey areas’ of sexual aggression in order to tackle a certain level of normalisation,
- To involve young people in the design and implementation of prevention,
- To provide sustainable funding for primary prevention of Y-SAV in line with the government’s commitments communicated in the health and emancipation policies.

**4. Opportunities and gaps in the provision of services to victims of Y-SAV**

Recently, there has been increased recognition that there should be specific sexual health services for young people and for young victims of sexual violence in particular. The integral approach to

\(^{27}\) For more information: [http://www.wecanyoung.nl/](http://www.wecanyoung.nl/)

\(^{28}\) For more information: [http://www.rutgerswpf.nl/article/campagne-maak-seks-lekker-duidelijk](http://www.rutgerswpf.nl/article/campagne-maak-seks-lekker-duidelijk)
combat the problem of “loverboys” (2011-2014), for example, resulted in more specialised shelters for girls who were victims of sexual exploitation and human trafficking (e.g. at Fier Fryslân). Since 2009, sexual health counselling (Sense consultation hours) has been provided free of charge to everyone younger than 25 years. Also services for domestic violence (e.g. Blijf Groep Amsterdam, Moviera) pay more attention to Y-SAV, for example in working with teenage mothers. Currently there are two Rape Centres/Centres for Sexual Violence (at the University Medical Centre of Utrecht and the University Medical Centre of Nijmegen) that build on the Danish multidisciplinary rape management model. Forensic doctors, nurses, police and social workers collaborate in one location to offer the minimum required help as soon as possible so that the victim is not obliged to pass through different services at different locations. These centres are open 24/7 for male and female rape victims of all ages (half of them are younger than 18 years old). This approach has been received positively and receives support from different channels. The national organisation for Victim Support (slachtofferhulp) provided some initial financial support for the opening of three additional centres and it is expected that in 2014 the Ministry of VWS will provide funding as well.

There is a common agreement among stakeholders that young victims of sexual violence (mostly girls) need different support to older women. Girls between 12-25 years are in a period in which they start exploring their sexuality and could be vulnerable to peer pressure. They need a separate space where their issues can be dealt with instead of placing them in mixed age groups, where mostly sexual violence within intimate partner relationships is being addressed. All stakeholders point to the need for professionals to have specific education in order to understand and connect to the lives of young people. They should know about social media, be aware of certain slang used by young people, and have expertise on certain age-specific developmental processes and socio-psychological traumas. Also the diversity between young people should be taken into account, for example by creating separate services for particular categories of young people (e.g. LGBT youth, young people belonging to cultural-ethnic minorities or youth with a disability).

Recently more initiatives have been created for online (anonymous) support to young victims of sexual violence. Support is provided by professionals to young people in online forums, by chatting or through email communication. Examples of websites are sense.info, Fier Fryslân/chat met Fier, Hulpmix, Interapy, Tegen Haar Wil. In an interview, representatives of Hulpmix explained that the website was created because young people said they experienced barriers in accessing support services, for example because of the requirement to provide personal data. Particularly youth belonging to cultural-ethnic minorities said to be hesitant in looking for help. They said to be afraid that their family might be informed and that they would no longer be in control of the situation. The experience with online anonymous forms of support is positive and there is an increased recognition that anonymous help could effectively complement face-to-face support. However, while pilots of services such as Hulpmix were supported by governmental funding in the recent past, now they have to find their own resources. Up to now, anonymous support is not covered by medical insurance but service providers are advocating for this. The Ministry of VWS published a statement in which it recognises that anonymous (online) health services are effective, particularly in improving accessibility and reaching more people. This commitment will hopefully lead to more financial investment in online initiatives focussing on youth sexual aggression and victimization.

Although there are more specialised services, stakeholders observe that young people are still underrepresented in support services. National data are lacking but the National rapporteur on trafficking and sexual violence against children is working on a study to find out why and at what moment people drop out of the victim support process. Since October 2012 a helpline for sexual violence victims has been set up. However, there is a lack of awareness among young people about this and staff and/or volunteers working on these help lines need to have specific knowledge on


specialised treatments they can refer young people to. Specific attention to youth from cultural and ethnic minorities is especially urgently needed. A representative of the Center for Sexual Violence in Utrecht stated that all the victims from cultural and ethnic minorities who used the support service left before their treatment was officially finished (a 100% drop out).

There is huge under-reporting of sexual violence as only 3.4% of the cases are reported. Stakeholders working at services explained that it might be opportune if young victims of sexual violence had the possibility to anonymously chat or talk with a police officer before officially reporting their case. Some individual police officers are willing to do this but officially the protocols do not allow them. Adapting the protocols and creating this opportunity could lower the barrier for young people to report as they would be better informed about the procedure and consequences of reporting their cases.

Stakeholders are concerned that the decentralisation of victim support policies and programmes to the municipal level will lead to a heterogeneity and fragmentation in available provisions. They fear that in the future there will be huge differences in access for young people to services, depending on the municipality in which they live. Moreover, stakeholders said to be afraid that the competition and division between service providers at local level will increase because their existence will largely depend on connections with local politicians and institutions. The counselling centres will need to put much effort into fundraising. They fear that initiatives for young victims of sexual violence within regular services (such as specific group therapies) have to be closed or have to be mainstreamed into general group therapies for victims of all ages.

Summary of stakeholders’ recommendations on service provisions:

- To pay more attention to factors that could be barriers for young victims to access services and developing tailor-made services for specific categories of young people.
- To continue and increasing the investment in specific services for young victims of sexual violence and specific education/support for social workers in order to work with these victims.
- To invest in online (anonymous) services as additional to face-to-face services.
- To explore possibilities to adapt police protocols and guidelines to be able to provide young victims of sexual violence with the possibility to anonymously talk to a police officer about the procedure and consequences of reporting.
- To increase the visibility of existing services and treatment programmes (e.g. through information campaigns) and assuring that staff and volunteers working at help lines are able to locate specialised services.
- To build in mechanisms to avoid fragmentation of services within the decentralisation process.

5. Treatment of young sex offenders and risk groups

In the Netherlands people between the ages of 12-18 fall under juvenile law. When young people are suspected of having committed a crime the Child Welfare Council carries out studies into the living conditions of the young person and submits a sentencing recommendation to the public prosecutor or the magistrate of the juvenile court. On the basis of this advice the public prosecutor or judge will impose a definite punishment. The sentences that can be imposed on juvenile sex offenders in the Netherlands (12-18 years old) vary from imprisonment and placement in a juvenile institution to a fine or community service order. When it concerns cases of first offenses committed by young people who do not have psycho-social disorders often a mandatory educational programme is imposed to prevent recidivism. This programme (Respect Limits) has a cognitive behavioural approach in which stereotypes and misconceptions about sexuality and relationships, including...
gender-specific behaviour are adjusted and corrected. Skills are improved with respect to sexuality and relationships, self control (impulsive behaviour), and peer-pressure. Boys are encouraged to change their behaviour. In doing so, recurrence of sexual misconduct will be prevented. The promotion of healthy sexual behaviour is a key focus in the training. A study revealed that 97% of boys who participated in the Dutch intervention for JSOs did not commit another sexual offence after finishing the training. The programme also involves the parent and/or carers and reinforces support and a positive attitude towards sexuality in the direct social environment of the youngster.

It is considered positive that there is recognition of the specific characteristics of peer-to-peer sexual violence and that through this programme there is an opportunity for the young perpetrator to ‘learn from mistakes’ and to restrain from committing another sex crime in the future. However, at the moment, the programme is exclusively accessible to young people already known to the prosecutor or magistrate. The Ministry of Security & Justice, responsible for dealing with the perpetration of sexual violence (and offenders’ rehabilitation programmes) traditionally focuses on people who have already entered the judicial system. Stakeholders observe a lack of preventive educational programmes for vulnerable youth and/or youth showing early signs of sexually harmful behaviour.

In line with the commitment of the government to focus more on boys and masculinities in the struggle against sexual violence, educational programmes such as Respect Limits, Make a Move (a programme accessible to youth in residential care) or Be a Man (a prevention programme focussing on youth 12-16 years belonging to cultural and ethnic minorities) could be made more widely accessible. Teachers or youth workers, for example, explained that it might be good if they could encourage or oblige youth showing harmful sexual behaviour to take part in an educational programme to re-educate them and prevent sexual crimes in the future. Stakeholders encourage the government to investigate the possibilities of doing this.

Summary of recommendations of stakeholders on treatment of young sex offenders and risk groups:
- To investigate the possibilities of making preventive educational programmes more widely accessible to vulnerable youth and/or youth showing early signs of sexually harmful behaviour. This should be done in line with the commitment of the government to focus more on boys and masculinities in the struggle against sexual violence.

6. Researching and monitoring Y-SAV

There is a lack of systematic data collection on youth sexual aggression and victimization at national level. Information that is centrally monitored and coordinated (by the Central Agency of Statistics, CBS) relates to the numbers of victims that accessed victim support services and the number of sexual crimes registered by the police. As well as this, CBS carries out safety monitoring on a yearly basis where a sample of the Dutch population is requested to reply to a questionnaire. In 2012, 0.5% of the sample said to have been a victim of a crime ‘with sexual intentions’. Another source for national data concerning support to sexual violence victims is the data bases of the national health insurance companies. However, due to budget cuts some forms of psychological

For more information:


For more information:

For more information:
http://www.movisie.nl/artikel/be-man-liefde-relaties-seks-wat-ok
Recommendations

The Netherlands, 2013

Support to victims of Y-SAV will no longer be covered by medical insurance, making it more complicated to get a coherent view on the amount and characteristics of young people making use of psychological care related to sexual violence (information important for developing adequate responses to the problem). The planned decentralisation of the responsibilities for youth care services to the municipalities will hinder this data collection even more. The following recommendations are provided:

- To ensure harmonisation of data collection after decentralisation a uniform set of quality standards and indicators for monitoring Y-SAV should be developed (e.g. specific indicators to assess the age and gender of victims and perpetrators) which the municipalities will be obliged to use.
- To create uniformity of registration methods and data collection methods in order to continue to have an overview of the national situation.

7. Summary of recommendations for policy and practice

The institutional environment (policies and legislation):

- To strengthen the gender analysis relating to the problem of Y-SAV and inter-partner violence in Dutch policies in order to create effective primary and secondary prevention strategies.
- To avoid framing sexual violence as a cultural problem.
- To continue and improve the coordination between different ministries working on Y-SAV as well as the actors working on Y-SAV in the field.
- To allocate budget for local activities under different budget lines to facilitate a comprehensive and integrated approach towards Y-SAV.
- To create quality standards for prevention and data collection to avoid the risk that with the decentralisation of youth policies to the municipalities politically sensitive issues (such as Y-SAV prevention) will get less attention.
- To monitor the implementation of recommendations following the Samson and Deetman report in order to avoid a “tick the box culture”.
- To broaden the action that resulted from the Samson report to other health care and social institutions and vulnerable groups (such as LGBT youth and youth with a disability).

Formal sexuality education in schools:

- To develop a comprehensive framework and minimum quality standards on how sexuality, sexual diversity and sexual aggression should be addressed in the curriculum of schools. The WHO Europe standards for sexuality education could be guiding for setting and formulating this framework.
- To address gender attitudes, desires and boundaries related to sex, communication skills and positive sexual relationships within sexuality education.
- To integrate the topic of sexuality education in teacher training and systematically paying attention to building the skills of teachers on the job.
- To provide teachers with a framework to interpret the sexual behaviour of young people.

Out-of-school prevention and campaigning:

- To address the ‘grey areas’ of sexual aggression in order to tackle a certain level of normalisation.
- To involve young people in the design and implementation of prevention.
- To provide sustainable funding for primary prevention of Y-SAV in line with the government’s commitments communicated in the health and emancipation policies.

Service provisions for young victims of sexual violence:

- To pay more attention to factors that could be barriers for young victims to access services and developing tailor-made services for specific categories of young people.

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Recommendations

- To continue and increasing the investment in specific services for young victims of sexual violence and specific education/support for social workers in order to work with these victims.
- To invest in online (anonymous) services as additional to face-to-face services.
- To explore possibilities to adapt police protocols and guidelines to be able to provide young victims of sexual violence with the possibility to anonymously talk to a police officer about the procedure and consequences of reporting.
- To increase the visibility of existing services and treatment programmes (e.g. through information campaigns) and assuring that staff and volunteers working at help lines are able to locate specialised services.
- To build in mechanisms to avoid fragmentation of services within the decentralisation process.

Treatment of young sex offenders and risk groups:
- To investigate the possibilities of making preventive educational programmes more widely accessible to vulnerable youth and/or youth showing early signs of sexually harmful behaviour. This should be done in line with the commitment of the government to focus more on boys and masculinities in the struggle against sexual violence.

Researching and monitoring Y-SAV:
- To ensure harmonisation of data collection after decentralisation a uniform set of quality standards and indicators for monitoring Y-SAV should be developed (e.g. specific indicators to assess the age and gender of victims and perpetrators) which the municipalities will be obliged to use.
- To create uniformity of registration methods and data collection methods in order to continue to have an overview of the national situation.