




Nederlands
Jeugdinstituut



Aanpakken in Nederland, Engeland en België-Vlaanderen bij de hulp aan meisjesslachtoffers van mensenhandel/loverboys

Rapportage Europese Expertmeeting, 7 april 2017



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In opdracht van het ministerie van Volksgezondheid, Welzijn en Sport

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1 Doel internationale expertmeeting

Het Nederlands Jeugdinstituut heeft op 7 april 2017 in opdracht van het Ministerie van VWS een internationale expertmeeting georganiseerd. Deze expertmeeting richtte zich op 'wat werkt' in de hulp aan meisjesslachtoffers mensenhandel/loverboys.

Voorafgaand aan deze expertmeeting organiseerde het Nji voor de internationale gasten een werkbezoek aan de Rading. Deze zorgaanbieder voert het meisjesspecifieke behandelprogramma Fides uit. Hiermee kregen de gasten een 'kijkje achter de schermen' bij de gespecialiseerde behandeling van deze meisjes.

Beide activiteiten hadden als doel om de deelnemers uit Engeland, België-Vlaanderen en Nederland aan de hand van uitwisseling van elkaar te laten leren. Centraal stond het delen van kennis en expertise rond benaderingen bij de hulp en ondersteuning van resp. meisjesslachtoffers van mensenhandel/loverboys (Nederland), meisjes die seksueel zijn uitgebuit (Engeland) (Child Sexual Exploitation – CSE) en van meisjes die het slachtoffer zijn van tienerpooiers (Vlaanderen).

Experts uit Engeland en Vlaanderen, werkzaam in onderzoek, beleid en praktijk, deelden hun kennis over 'wat werkt' en over kernelementen en kwaliteitscriteria rond deze aanpakken met de Nederlandse deelnemers. Het accent lag hierbij op de gespecialiseerde zorg. Daarnaast kwam ook het gehele continuüm van preventie, ondersteuning, behandeling en nazorg aan bod. De bijeenkomst bood op deze manier de mogelijkheid om stil te staan bij de kwaliteitsontwikkeling rond de hulp aan ondersteuning aan slachtoffers in Nederland en deze te voeden met benaderingen in het buitenland.

De expertmeeting was in de eerste plaats gericht op de zorgaanbieders in Nederland die een gespecialiseerd aanbod voor meisjesslachtoffers hebben. Er waren ook enkele vertegenwoordigers vanuit gemeenten en vanuit brancheorganisaties aanwezig. In totaal namen aan de expertmeeting ongeveer 50 deelnemers deel, allen op persoonlijke uitnodiging.

2 Leeswijzer

De kern van dit verslag bestaat uit de inspiratie en lessen voor Nederland, die op de hierna volgende pagina's beschreven zijn. Omdat dit deel van het rapport zich richt op de praktijk en het beleid in Nederland is het in de Nederlandse taal. Aanvullend zijn in dit verslag een aantal bijlagen opgenomen. Deze zijn ter voorbereiding op en tijdens de bijeenkomst gebruikt en zijn daarom in het Engels.

De bijlagen betreffen de briefing-informatie uit resp. Nederland, Engeland en Vlaanderen, het programma van de expertmeeting, een overzicht van de experts, de presentaties van de plenaire sessies en workshopsessies, een brief van het Ministerie van Veiligheid en Justitie aan de Voorzitter van de Tweede Kamer der Staten-Generaal en de deelnemerslijst.



3 Inspiratie en lessen voor Nederland

De presentaties en discussies die tijdens de bijeenkomst plaatsvonden, leverden de deelnemers aan de expertmeeting veel inspiratie en een aantal lessen op voor de inhoud en organisatie van de hulp en ondersteuning aan meisjesslachtoffers van loverboys/mensenhandel in Nederland. Deze lessen kunnen ook de verdere internationale samenwerking rond dit thema bevorderen. Hieronder zijn de belangrijkste bevindingen en lessen samengevat.

Verschillende kaders en definities, dezelfde doelen

Er zijn verschillen in de kaders en definities van slachtoffers tussen Nederland, Engeland en Vlaanderen, maar de gespecialiseerde aanpakken van de meisjes die het slachtoffer zijn van mensenhandel/loverboys, CSE (Child Sexual Exploitation) en tienerpooiers in de diverse landen tonen veel overeenkomsten.

In Nederland wordt het fenomeen 'loverboy' gezien als een vorm van mensenhandel. Hiermee valt het onder het wettelijk en juridisch kader op het gebied van mensenhandel.

In Vlaanderen spreekt men over 'tienerpooiers'. Ook hierbij gaat men uit van een zware misdaad. De term 'loverboys' wordt gezien als 'te romantisch'.

Bij de CSE benadering in Engeland gaat het om een vorm van kindermishandeling. Er worden diverse uitbuitingsvormen onderscheiden, zoals het 'boyfriend model', de 'peer-to-peer abuse', 'abuse by gangs', 'inappropriate relationships' en ook 'domestic human trafficking' (zie dia's in de bijlage).

De verschillende definities en verschillende wettelijke kaders hebben juridische consequenties, voor de strafoplegging bij de daders en de benadering van de slachtoffers.

Ondanks de verschillen in kaders en definities tussen de landen zijn er veel overeenkomsten in de behandeling van de slachtoffers. Hierbij gaat het steeds om de drieslag Veiligheid, Misbruik en Trauma. Centraal staat het werken aan zelfmanagement en onafhankelijkheid, waarbij opbouw van zelfvertrouwen en een werkwijze die gebaseerd is op empowerment belangrijke elementen vormen. Een brede assessment, waaronder ook een uitgebreide risico-assessment, vormt de basis voor de behandeling. Als vanwege de veiligheid van het meisje de hulp niet in de eigen omgeving kan plaats vinden, wordt het meisje in een veilige opvang elders geplaatst.

Vroegsignalering en outreachend werken

De deelnemende landen benadrukken het belang van vroege signalering van (potentiële) slachtoffers en (preventief) multidisciplinair aanbod in de wijk. Outreachend werken vormt hierbij een belangrijke werkwijze, bijvoorbeeld door actief te werken in de buurt en het samenwerken met de politie en met lokale instellingen. Ook het trainen van taxichauffeurs en hotelpersoneel wordt hierbij als mogelijkheid genoemd.

Engeland: 'Assertive outreach'

Bernardo's werkt vanuit het '4 A's' model met jeugdigen die mogelijk slachtoffer zijn van loverboypraktijken, of hier verhoogd risico op hebben. De 4 A's zijn Assertive outreach, Advocacy, Attention, Access. Vooral de Assertive outreach - assertief contact maken en contact houden - is een illustratie van outreachend optreden. In plaats van wachten tot jeugdigen doorverwezen worden, gaan hulpverleners letterlijk de straat op - naar de nachtclub, naar het park, naar andere plekken waar jeugdigen komen - om de doelgroep op te zoeken en het eerste contact te leggen. Zodra er



contact is, blijven ze actief contact houden, bijvoorbeeld door SMS-berichtjes te sturen, de jeugdigen op te zoeken op plekken waar zij zich veilig voelen, et cetera. Door deze 'engaging technieken' voelen ze betrokkenheid en oprechte zorg van de hulpverleners. Uiteindelijk wordt er een goede band opgebouwd tussen hulpverlener en jeugdige. Dit leidt langzaam maar zeker tot een ingang voor verdere hulpverlening.

> Meer informatie

Een checklist of risicotaxatie-instrument kan het signaleren van (potentiële) slachtoffers ondersteunen. Denk aan de RiS-L en het bijbehorende stappenplan. Dit instrument kan mogelijk ook voor andere landen verder worden ontwikkeld en benut.

Follow the child: van eerste hulp tot nazorg

Veel meisjes die slachtoffer zijn van mensenhandel/loverboys hebben een problematische achtergrond en komen uit gezinnen waarin sprake is van intergenerationele problematiek. Op veel momenten in hun leven hebben ze te maken gehad met wisselende hulpverleners en afgebroken plaatsingen. Deze ervaringen hebben niet bijgedragen aan vertrouwen in de hulpverlening. Het is raadzaam om onnodige wisseling van zorgaanbieders en hulpverleners zoveel mogelijk te voorkomen. Geïntegreerde multidisciplinaire zorg, die uitgaan van de wensen en behoeften van de meisjes is het devies. Hierbij dient zoveel uitgegaan te worden van behandeling op maat, waarbij het behandelplan in dialoog met het meisje opgesteld wordt. Een lange-termijn plan biedt mogelijkheden voor het organiseren van naadloze overgangen tussen eerste hulp, gespecialiseerde behandeling en nazorg in de eigen omgeving. Nazorg is noodzakelijk voor een goede terugkeer van het meisje in de eigen omgeving. De gespecialiseerde of gesloten opvang vormt hiervoor het startpunt. Van daaruit moet worden gewerkt aan warme overdracht en terugkeer in de samenleving. Hierbij is de voorkeur voor één centrale hulpverlener die het lange-termijn contact onderhoudt en de vertrouwenspersoon is voor het meisje.

Vlaanderen: de context-coach

In Vlaanderen maakt een 'context-coach' onderdeel uit van de zgn. trajectzorg. Deze professional, die soms tevens therapeut is, fungeert als een 'sociale advocaat' voor het meisje en maakt verbinding tussen de verschillende vormen van hulp die een meisje krijgt: preventieve ondersteuning, gespecialiseerde zorg, nazorg in de eigen omgeving et cetera. De keuze van deze context-coach wordt altijd samen met het betreffende meisje op maat gemaakt, op basis van haar persoonlijke achtergronden, leerfase en de persoonlijke klik tussen het meisje en de professional. De keuze hangt ook samen met de start van de ondersteuning. Als de start van het hulptraject in de gespecialiseerde residentiële zorg is, dan zorgt de context-coach uit deze setting voor verbinding met de professionals die de nazorg gaan uitvoeren. De inzet van de context-coach blijft bestaan wanneer het meisje de instelling heeft verlaten. Hierdoor is er iemand betrokken die het gehele traject overziet en zicht houdt op de vorderingen van het meisje en kan eventuele terugval tijdig worden gesignaleerd. Ook het betrekken van ouders of anderen uit het informele netwerk van het meisje en professionals uit de ggz behoort tot de mogelijkheden.

Deze benadering heeft veel overeenkomsten met de ontwikkelingen in Nederland rond het creëren van een continuüm van zorg. Ook hierbij gaat het om het realiseren van een naadloze overgang van gespecialiseerde zorg naar nazorg en is er een belangrijke rol voor de



zorgcoördinator, die het gehele traject van het meisje kan overzien en daardoor goed kan inschatten of er (opnieuw) hulp nodig is. Specifiek voor Nederland vraagt dit om een goede samenwerking tussen specialistische zorgaanbieders en buurt- en wijkgerichte hulp in de omgeving van het meisje.

Engeland: gespecialiseerde plaatsing met aandacht voor de overgang naar de eigen omgeving

In het Aycliffe project is ervaring opgedaan met een gespecialiseerde behandeling van slachtoffers waarbij ook veel aandacht is voor de 'transitie' naar de eigen omgeving van het meisje. Ouders werden zoveel als mogelijk betrokken bij de behandeling. De ondersteuning van de overstap vanuit het programma werd door de jeugdigen en hun ouders zeer gewaardeerd. In de praktijk bleek een goede transitie niet eenvoudig te realiseren. In veel gevallen kwam de beëindiging van de plaatsing vrij plotseling waardoor de vervolplaatsing en nazorg soms niet goed voorbereid konden worden. Ook het samenwerken met lokale hulpinstanties was een aandachtspunt. Leerpunt van het project is om al bij de start van de plaatsing na te denken over het vervolg en hierbij tijdig na te gaan wat nodig is voor een goede vervolgstap.

> **Meer informatie**

Geïntegreerde hulp in eigen omgeving (community based)

De deelnemende landen zijn het erover eens dat hulp in de eigen omgeving, waarbij een geïntegreerde benadering centraal staat, van groot belang is. Uiteraard is dit alleen mogelijk als de veiligheid van het meisje hierbij gewaarborgd is.

In Engeland zijn enkele interessante voorbeelden van community based hulp. Binnen deze hulpvormen werkt men intensief samen met de ouders van het meisje, of met haar pleegouders. Hierbij gaat men uit van een multidisciplinaire benadering: er wordt een netwerk van verschillende disciplines rond het meisje samengesteld. Indien nodig wordt hierbij ook de jeugdpsychiatrie/ jeugd-ggz betrokken.

Engeland: multidisciplinaire hulp in eigen omgeving

Het project 'ACT / Achieving Change Together' had als doel om na te gaan of slachtoffers hulp kunnen krijgen in de eigen omgeving waarmee gesloten plaatsingen elders voorkomen konden worden. De werkwijze bestaat uit intensieve multidisciplinaire behandeling met intensieve betrokkenheid van de ouders. Er is veel aandacht voor het leggen van contact en het werken aan een vertrouwensrelatie, het betrekken van het gezin en het bieden van therapeutische hulp, bijvoorbeeld gericht op traumaverwerking. Het praktijkonderzoek wees uit dat meer jeugdigen thuis of in hun eigen omgeving konden blijven wonen en minder jeugdigen in gesloten voorzieningen werden geplaatst. Er ontstond bij de jeugdigen en hun ouders meer zicht het proces van uitbuiting en er bleek een afname van risicofactoren. De jeugdigen en hun ouders waren tevreden met de hulp en ondersteuning.

> **Meer informatie**



Engeland: Gespecialiseerde pleegzorg voor slachtoffers van seksuele uitbuiting

Het project 'Empower and Protect' leert dat slachtoffers van seksuele uitbuiting door middel van gespecialiseerde pleegzorg op een veilige manier van hulp in de eigen omgeving kunnen profiteren. Er wordt gewerkt met een model dat uitgaat van het versterken van belangrijke relaties van de jeugdigen. De pleegouders en professionals ondersteunen de jeugdigen daar intensief bij. Van de therapeuten vraagt dit om de behandelkamer uit te komen en veel te werken in de gezinnen zelf middels training van pleegouders en intervisie voor de betrokken professionals. Het blijkt een uitdaging om pleeggezinnen te vinden voor deze complexe doelgroep, maar dit is in de praktijk niet onmogelijk. Om de plaatsing te laten slagen is het essentieel dat de pleegouders goed worden begeleid en snel consultatie of advies kunnen krijgen wanneer zij hier behoefte aan hebben.

Uit de eerste resultaten van het praktijkonderzoek komt een vermindering van belangrijke risicofactoren (zoals 'vermissing') en versterking van belangrijke beschermende factoren (zoals naar school gaan) naar voren.

> **Meer informatie**

Deze voorbeelden van community based hulp vormen een inspiratie voor het Nederlandse hulpaanbod. Zo bestaan er bijvoorbeeld plannen voor de opvang van (potentiële) slachtoffers in gespecialiseerde pleeggezinnen. De ervaringen uit Engeland kunnen mogelijk bij de uitwerking worden meegenomen.

Gesloten opvang in relatie tot re-integratie

De deelnemende landen delen de visie dat tijdelijke plaatsing van slachtoffers in gesloten opvang vaak noodzakelijk is, vooral omdat de pleger hiermee op afstand kan worden gehouden. Uitgangspunt is dat deze gesloten plaatsing zo kort als nodig duurt. Zo heeft In Vlaanderen de gesloten opvang vooral de functie van 'time-out' zodat het meisje tot rust kan komen. De focus dient te blijven op re-integratie.

Vlaanderen: open zorg met gesloten time-out

In Vlaanderen ligt de nadruk zoveel mogelijk op open plaatsingen voor de meiden. Gesloten zorg wordt wel ingezet, maar bij voorkeur alleen als startpunt van een meer open traject of als een time-out. In de open en private instelling Van Celst worden meisjes geplaatst die kampen met diverse complexe problemen, waaronder ook slachtoffers van loverboys/mensenhandel. Plaatsing start met een maatregel van de kinderrechter. De eerste ondersteuning begint binnen de gesloten zorginstelling. Dit wordt gezien als een kort moment van 'time-out', en de focus is zo snel mogelijk op re-integratie in de samenleving, bijvoorbeeld via een open plaatsing. Tijdens de periode van geslotenheid wordt vanuit de open zorg al contact gemaakt met het betreffende meisje.

Ook tijdens de open plaatsing kan een korte periode (2 weken) van geslotenheid ingebouwd en indien gewenst herhaald worden. In de praktijk blijkt deze time-out erg goed te werken. De time-out biedt de meisjes de mogelijkheid om tot rust te komen. De behandeling en het contact met de professionals in de open instelling blijven tijdens de time-out doorgaan.



Engeland: Semi-open zorg dichtbij huis

Middels het Safe Steps programma wordt er geëxperimenteerd met een alternatief voor het 'opsluiten' van slachtoffers van seksuele uitbuiting. Hiervoor zijn twee woningen in Londen beschikbaar waar jeugdigen worden opgevangen in hun eigen omgeving. Hiermee wordt voorkomen dat ze opnieuw het gevoel hebben opgesloten te zitten, vergelijkbaar met de periode van uitbuiting. Daarnaast voelt een woning in de eigen omgeving minder als een 'straf' dan een gesloten plaatsing aan de andere kant van het land. De woningen zijn uitgerust met een elektronische sleutelhanger, waarmee kan worden geprogrammeerd op welke momenten de woning al dan niet open en afgesloten is, en ook wie welke deuren kan openmaken. Alleen de eigen kamerdeur, of ook de buitendeur bijvoorbeeld.

Voordeel van deze vorm van hulp is dat de transitie naar de eigen omgeving makkelijker is: ze zijn immers dicht bij huis en in de eigen buurt.

Deze vorm van hulp vraagt veel van de uitvoerend professionals. Zij maken continu de afweging of een meisje veilig genoeg is om naar buiten te gaan, met het risico dat ze tóch niet veilig blijkt en voor een aantal dagen of weken verdwijnt. En dit alles onder een vergrootglas: iedereen (lokale autoriteiten, inspectie) kijkt mee. Belangrijkste les van dit project is dan ook de noodzaak om een lerende praktijk te creëren en behouden, waar professionals veilig zijn om fouten te maken en daarvan te leren. Waar ze nieuwsgierig kunnen blijven, en luisteren naar en leren van elkaar: zowel van collega's als van de meiden. Hierdoor lukt het steeds beter om een veilige situatie dichtbij huis te creëren.

> [**Meer informatie St. Christopher's**](#)

> [**Meer informatie gov.uk**](#)

Kwaliteitsontwikkeling van interventies en delen van kennis

De deelnemers zijn het erover eens dat voortdurende aandacht voor de kwaliteitsontwikkeling van de behandeling noodzakelijk is. Door de deelnemende landen wordt dit op verschillende manieren vorm gegeven.

In Engeland krijgt de aandacht voor kwaliteit gestalte middels de eerder besproken praktijkonderzoeken met bijbehorende aanbevelingen. Deze vormen een belangrijke inspiratie voor verdere ontwikkeling van de zorg voor deze meisjes.

In Vlaanderen heeft Child Focus financiële middelen ontvangen om een website over dit onderwerp te realiseren en is er een groep experts bij elkaar gebracht om kennis te delen en na te denken over de beste aanpak. Daarnaast is er veel aandacht voor kennisuitwisseling op casusniveau tussen open en gesloten zorg.

Nederland: beschrijven en onderbouwen van behandelinterventies

In Nederland hebben zes zorgaanbieders gewerkt aan het beschrijven en onderbouwen van hun behandelaanbod voor meisjes die het slachtoffer zijn van mensenhandel/loverboys. Dit vond plaats in samenwerking met het Nji. In dit project werd aangesloten op de systematiek van de databank effectieve jeugdinterventies. Het beschikken over een – in een handboek voor de praktijk - goed beschreven en theoretisch onderbouwd zorgprogramma vormt een belangrijke eerste stap in de verdere implementatie en eventuele effectstudie van het aanbod. Het project resulteerde in handboeken van de verschillende zorgprogramma's, die onderbouwd zijn met de laatste theoretische en empirische inzichten.

Door op systematische wijze aan de slag te zijn met de inhoud van de zorgprogramma's, heeft het project ook geresulteerd in aanscherping van de aanpak. Bij een aantal hulpvormen heeft het er bijvoorbeeld toe geleid dat specifieke interventies zijn toegevoegd aan het zorgprogramma, met name op het gebied van traumabehandeling. Ook is er in een aantal zorgprogramma's meer aandacht voor



het betrekken van ouders. Doordat het beschrijven en onderbouwen door de uitvoerend professionals zelf is uitgevoerd, heeft iedereen weer scherp welke elementen essentieel zijn in de aanpak en is de handleiding uiteindelijk herkenbaar voor de werkvloer.

> Meer informatie

De verschillende vormen van kwaliteitsontwikkeling bieden een goede basis voor het uitwisselen en delen van informatie, zowel tussen zorgaanbieders binnen een land, als tussen landen, zoals gedaan is tijdens de expertmeeting. De aanwezigheid van een kwaliteitskader, zoals in Nederland opgesteld is door de commissie Azough, biedt een handvat om de kwaliteit aan te relateren.

Specialistische expertise, training en supervisie

De deelnemende landen zijn ervan overtuigd dat het werken met deze doelgroep, naast grote betrokkenheid, vraagt om een specialisme en specifieke competenties van professionals. Bijvoorbeeld rond assessment, analyse, werken met vragenlijsten, trauma-informed werken, empowerment etc. De professionals moeten op een niet veroordelende manier kunnen werken en 'er zijn' voor het meisje. Daarnaast is aandacht voor probleemoplossingsvaardigheden en het versterken van protectieve factoren en het versterken van veerkracht nodig.

Dit kan alleen worden bereikt middels specifieke training, intervisie en supervisie: het werken met deze meisjes wordt door alle deelnemers gezien als 'topsport'. Aandacht voor zelfzorg van de professionals en goede ondersteuning vanuit het management zijn hierbij noodzakelijk.

Engeland: onderzoek naar kernelementen van een effectieve praktijk

Uit onderzoek van de universiteit van Bedfordshire (La Valle & Graham, 2016) komt naar voren dat een effectieve residentiële praktijk onder meer samenhangt met basale vaardigheden, attitude en consistentie van de medewerkers. Daarnaast is het van belang dat de medewerkers voldoende tijd en mogelijkheden hebben om behandelingsgericht met de jeugdigen te werken. Daarbovenop is een specifieke CSE-training en input van CSE-specialisten van belang.

Uit een andere recente studie van Bernardo's wordt geconcludeerd dat het werken met CSE-slachtoffers vraagt om veerkrachtige professionals. Middels training, intervisie en supervisie houden ze hun kennis op peil. Voortdurende ondersteuning is nodig om het werk vol te houden.

> Meer informatie

Nederland: aandacht voor gespecialiseerd vakmanschap

Ook in Nederland is veel aandacht voor de professionaliteit van de uitvoerders. De professionals die met deze doelgroep werken zijn veelal beroepsgeregistreerd, waarmee zaken als bijscholing en werken volgens de beroepscode zijn geborgd. Uit programmabeschrijvingen blijkt dat ze naast hun initiële opleiding diverse specifieke scholingen volgen, zoals rondom seksualiteit, traumagericht werken, middelengebruik. Er is veel aandacht voor intervisie en casuïstiekbesprekingen, wat noodzakelijk is voor het werken met deze complexe doelgroep.



Reacties van deelnemers

De deelnemers hebben de bijeenkomst als zeer inspirerend ervaren. Hieronder volgt een impressie van hun reacties:

- *'De informatie heeft me geïnspireerd om verbeteringen te initiëren binnen onze organisatie'*
- *'Interessante bijeenkomst!'*
- *'Nieuwe inzichten in werkzame elementen, zoals time out, meer supervisie en intervisie, de 'lange adem'.'*
- *'Een interessant inkijkje in de praktijk in het buitenland.'*
- *'De expertmeeting heeft me op ideeën gebracht over hoe we de hulpverlening richting deze meiden kunnen verbeteren.'*
- *'Energie om oude issues weer opnieuw op de agenda te zetten.'*

Vervolg

De inspiratie en lessen vragen om een vervolg.

Om te beginnen kunnen deelnemers bekijken welke elementen ze in hun eigen lokale of specialistische aanpak willen versterken. De achtergrondinformatie uit deze rapportage biedt hiervoor de nodige handvatten.

Daarnaast zal het Nji samen met het Ministerie van VWS en in afstemming met praktijk en beleid nagaan op welke onderdelen een verdere uitwerking kan plaats vinden. Hierbij zien we zowel mogelijkheden voor een vervolg op de internationale uitwisseling als voor een verdere concretisering van de bevindingen en lessen voor Nederland. Hiervoor is tijdens de bijeenkomst de basis gelegd,





4 BIJLAGEN



Bijlage 1: Briefing-informatie Nederland

The approach to human trafficking/loverboys, specialized care for girl victims and background information about the system

Defining the concept of “loverboys”

Overall it is accepted that “loverboys” are to be seen as human traffickers as they operate to recruit, traffic, transfer or replace persons (girls mostly) by force and with the aim to exploit them e.g. in prostitution and other (illegal) businesses like drugs trafficking or getting money loans through false identity papers. They specifically aim to make women/men emotionally dependent by (promising) a loving relationship that in reality is developing through force, fraud, abuse or other exploitative aspects. They use seduction and manipulation techniques, blackmail and violence to create a dependency by the girls, who mostly are already having complex vulnerable backgrounds. The aim is to earn money as quickly as possible with as little as possible chances to get caught. The term teen pimp is not in use because there are more illegal practices involved than prostitution only.

Who are the girls?

It is not easy to know who the victims are, as there is a grey area between recognizing sexual unsafe behavior, addictiveness to relationships and having the ‘wrong boyfriend’. It is necessary to make a distinction between a probable and a potential victim. When there is a situation of probability, it concerns signals of possible victimization as stipulated in the Criminal Law, articles on human trafficking. When there is a situation of a potential victim, then there are one or more risk factors in place that make the girls dependent of human traffickers/loverboys. Often five risk profiles are mentioned:

1. Problems in the development phases – in puberty, conflict with parents, cultural differences etc.
2. Highly influential girls – e.g. because of minimal cognitive development, special needs, psychiatric issues, or dependency problems because of backgrounds in religion, culture, taboos, parenting styles
3. Traumatized girls e.g. because of child abuse
4. Multi problem issues; parents and child have multiple problems like addiction, psychiatry issues, coping and attachment problems, sexual abuse, domestic violence etc.
5. Honour-related violence; girls from cultures and families within which ‘honour’ is the core principle and are therefore easy subject to blackmail after having sex with boys

The fear is that the grooming period, or the recruitment phase, and the subsequent sexual exploitation, also outside the legal sex industry, already begins at a young age (National Rapporteur on Trafficking in Human Beings and Sexual Violence against Children; Factsheet to the Ninth Report of the Dutch Rapporteur, 2013)

Number of victims of human traffickers/loverboys

The data should be regarded as ‘victims or minority age groups in human trafficking’. They are based on reporting at CoMensha; the national coordination centre on human trafficking. According to the Ninth Report of the National Human Trafficking office (2013), domestic human trafficking is increasing. However it is difficult to have evidence as current data are not fully reliable. In 2009, 111 minors were reported, in 2013 this number was more than doubled with 258 victims. This is in 2009 13% of all human trafficking reports and in 2013 this is 18% of all



human trafficking reports. Of the registered possible victims of human trafficking in the period 2007-2011 one third is Dutch. In 2011, as many as 39 per cent of the Dutch victims were underage.

The increase does not necessarily mean that the number of victims is increasing, but may also indicate that there is a better view by professionals to recognize the mechanisms. Also the types of registering plays a role. There is most likely a lot more numbers however. Quite a lot of victims are not being reported as the problem is hidden, there are many taboos and it is a mobility issue – the person/victim is constantly replaced. Another concern is the minimal willingness of the victims to report to the police. The girls feel a certain connection with their loverboy, have fears for repercussions or the girl does not regard herself as a victim. Also for professionals and services it is hard to fully recognize the situation and report. The risk factors and problem profiles are not a yet knowledge to all.



Approach to (victims of) loverboys

Human trafficking approach

In 2013 the Dutch Rapporteur on Trafficking in Human Beings and Sexual Violence against Children called upon the urgency to recognize loverboys as being human traffickers. This also started the notion to develop a better quality in the support and care for the probable and



potential victims; girls who are underage. At that point there was limited specialized knowledge nor training for the youth care sector, while there was a need to develop awareness in the sector that girls need to be regarded as victims of domestic human trafficking more than experiencing adolescence problems (Ninth Report, 2013). The number of domestic human trafficking victims was increasing and there was no integrated approach to signal possible cases, to screen them, register or to have targeted specialized care. It was not known what programmes exist, how sustainable they are and what works in treatment of the girls.

Legislation in the field of Human Trafficking/loverboys

Loverboys in the Netherlands are criminal offenders according to the Dutch Criminal Law. The offenses should be regarded as human trafficking as stated within the Criminal Book of Law. It is regarded as human trafficking because in the Dutch definition this states that there is a case of human trafficking if people are being exploited or have to do forced acts to which others profit from. It is a criminal offense to encourage or to force minors to have sexual contacts in exchange for goods, money etc. (to prostitute themselves). This is a wider concept than the concept of international human trafficking. The exploitation can be linked to force, violence and/or blackmail. The loverboys can receive a maximum imprisonment of ten years.

Commercial sexual exploitation of children versus 'seksuele uitbuiting'

In several countries – including, among others the United Kingdom and the United States of America - (commercial) sexual exploitation of children and human trafficking constitute similar offenses. In the Netherlands, however, although the two crimes sometimes overlap, there can also be a difference between the two offenses. The term commercial sexual exploitation refers to a broader set of criminal activities than its direct Dutch translation *seksuele uitbuiting*.

(Commercial) sexual exploitation of children occurs when individuals buy, trade or sell sexual acts with children. A commercial sex act is any sex act on account of which anything of value is given to or received by any person. A child, therefore, is a victim of sexual exploitation when he or she takes part in a sexual activity in exchange for something. In contrast to the law in UK and the USA, having sex with a minor for payment (or food, shelter, mobile phones etc.) does not necessarily constitute a form of *seksuele uitbuiting* according to Dutch law. When there is no third party (a facilitator) involved that is forcibly recruiting or transporting a minor with the intention of exploiting (*uitbuiten*) him/her for personal (financial) gain, buying sex from a minor is regarded as a sex offense, but not as a form of sexual exploitation or human trafficking. In this sense, the Dutch notion of *seksuele uitbuiting* is narrower than its English counterpart, which also includes offenses that in the Netherlands would be regarded as forms of sexual abuse and sexual violence.

The distinction between the two offenses also influences the way in which health care is organized in the Netherlands. Victims of sexual violence and/or abuse receive a different treatment than victims of *seksuele uitbuiting*. The reason is that both the relationship between the victim and the perpetrator and the underlying mechanisms of the two offenses differ from each other.

Specialized care for girls, victims of human trafficking/loverboys

Since 2014 – in light of the reforms in care and welfare (see system of care) – a national committee – *the Committee Azough* – started to develop a national action plan to create a higher quality care approach to girls, being victimized by human trafficking/loverboys. The mission – commissioned by the ministry for health, welfare and sport and the national organisation Youth



Care Netherlands (Jeugdzorg Nederland) – was to develop a national plan of action with attention for:

- Uniform early signalling and screening of (probable and potential) victims
- Registration and monitoring
- Knowledge building about 'what works' in the specialized care, including after care
- Collaboration in all fields in prevention, support and specialized care in the primary process (with the clients)
- Spreading knowledge about effective (evidence based) approaches, good practices and further professionalization of the work force.

A holistic approach was chosen as the core principle, also in light of the reforms foreseen in the system of care in 2015 (see system of care).

Quality framework for shelter and treatment of girl victims

In 2014 and 2015, commissioned by the Ministry of Health, Welfare and Sport and in cooperation with the professional organisation Youth Care Netherlands (Jeugdzorg Nederland), the Azough committee established a quality framework for the shelter and treatment of loverboy victims.

The framework is based on productive factors from research and/or practice experiences. The quality framework consists of three parts:

1. Basic key elements of specialised shelter and treatment

⇒ *The foundation of treatment*

- Homogenous group composition.
- Gender specific approach.
- Collaboration with police and judiciary.
- Specialised expertise of staff members.

2. General key elements of specialised shelter and treatment

⇒ *For every form of shelter and support in youth care*

⇒ To be applied specifically and tailor-made.

- Safety is essential.
- Positive pedagogical core climate.
- Clear sequencing.
- Care plan based on analysis of problems, risks, needs and strengths.
- Involvement of parents and social network.
- Attention to education and future living situation.
- Chain cooperation and aftercare.
- Notification for registration by the National Human Trafficking Rapporteur

3. Specific key elements specialised shelter and treatment

⇒ *For treatment of problems of the target group*

⇒ *Specifically aimed at problems of human trafficking/loverboys victims*

- Mobilisation of acute medical care.
- Attention paid to impact of trauma.
- Increase self-esteem and self-determination.
- Attention paid to healthy relationships, sexuality and intimacy.

These key elements need to be applied in combination. This creates a gender-sensitive and problem-oriented tailor-made offer. The quality framework is promoted by the professional



organisation. The Youth care Inspectorate monitors its application in practice. In 2016 and 2017 the key elements have been specified for children and young people with mild intellectual disabilities.

Development and implementation of other tools

In addition to the development of the quality framework, a questionnaire for signaling of (potential) victims was developed and implemented, in combination with a manual and roadmap for action. Also manuals for cooperation between the care and police/judicial system and for registration of victims were developed. Together these set of manuals were accepted as a standard for the youth care sector. A national conference served as a start of the implementation of the new standards.

Description, foundation and assessment of treatment interventions for victims

The Netherlands Youth Institute hosts the Database of effective youth interventions. This is a database of youth interventions that are at the least 'theoretically well founded'. This means that the interventions are transferable and that it is plausible that the intervention selected can achieve its goals with a specific target group. Effect studies of the intervention are not obligatory, but may lead to a higher qualification in the database. The database is one way to contribute to quality in the youth sector.

When an intervention is presented for inclusion in the database, the first important criterion is that the intervention has been well documented in a handbook, allowing it to be transferable. Following this a theoretical foundation needs to be written. This usually also leads to fine-tuning and subsequent improvement of the approach. Interventions are then assessed by an independent committee consisting of experts from scientific and practice fields. When an intervention receives at least the evaluation 'theoretically well founded' it will be included in the database.

The database contains a number of interventions dealing with sexual development, including one comprehensive approach for the treatment of victims of loverboys. With a view to possible future effect studies, there is a desire to further develop and found several treatment approaches developed in practice.

That is the reason that a project was recently undertaken in which six care providers were enabled to describe their offer of services in a systematic way in a handbook and to found these with scientific theories and empirical knowledge. The project delivered descriptions of the participating treatment approaches, founded and further developed. A number of these programmes are in their final phase, the other programmes are being assessed by the independent committee and will in all likelihood be included in the database of effective youth interventions later this year. Thanks to the project a number of white spots in our knowledge emerged. For instance in relation to girl perpetrators, girls who are not only victims but also perpetrators who recruit other girls. Fundamental research into after-care specifically for these girls is also lacking.

Ambulatory forms of care for this target group do exist, however treatment usually is intensive and residential. Part of it takes place in closed settings, another part in open settings. There is also a possibility of crisis shelter, in which girls can stay for a short time while waiting for suitable further care.



The Dutch System of Care

Legal framework

Since January 2015 there is an important legal change in the Dutch organisation and approach to the prevention and social care and welfare. Before 2015, local municipalities were responsible for preventive measures, while the youth social care was a provincial responsibility. This 'cut' in the system is now removed. Also the specialized youth care provisions and the youth mental health care is under the responsibility of the municipalities with the new Act. Therefore the specialist care providing treatment for the girls now also should be commissioned by the local municipalities.

The reforms in the youth care system do not stand alone. Also the *Act in Social Support for all citizens* and the *Act on Income and Labour for all* were given local responsibility since January 2015. This means that also all social care for all citizens –including adolescents above 18 years -, is under the responsibility of the municipalities. The (mental) health care for above 18 years remains under the responsibility of health insurance providers.

The new Child and Youth Act (2015) states that *local municipalities* are responsible that their youth policy for *children and young people from 0 to 18 years*:

- Activates, restores and strengthen the own capacities of children, youth, parents and their social environment to solve problems.
- Improves the parenting capacities of parents and their social environment, so that they are able to bear responsibility for the upbringing of children and youth. Municipalities should strengthen the pedagogical climate in families, areas, neighborhoods, schools, play grounds and child day care. And their policies should aim to improve the safety of children and youth.
- Includes prevention, early detection and early support.
- Offers timely suitable care made to measure. This includes improving the safety of children and youth and out of home placements in environments that are most similar to family environments, like foster care.
- Contains effective and efficient cooperation regarding families.

All youth social care should be provided until 18 years. In specific problematic and complex cases and if the youth social care started before 18 years – the youth social care can be extended until 21 or 23 years e.g. in case of special needs. This usually is part of extended youth social care within the child protection or child probation services in specialized care.

National Governance

In The Netherlands the Ministry of Health, Welfare and Sport is responsible for overall youth policy and most specialised services for families and children. The Ministry of Security and Justice is responsible for juvenile justice policy and related institutions. The Ministry of Education is responsible for all educational matters in the Netherlands. The 360 local authorities now carry out their tasks with a great degree of autonomy.

New municipality approaches to care

With the new Child and Youth Act, the municipalities steer and finance a wide range of services for children and families, ranging from universal and preventive services to the specialised (both voluntary and compulsory) care for children and young people *between 0 – 18 years*. All 360 Dutch



municipalities are now responsible for the whole continuum of care for children, young people and families in need of help, including youth mental health care.

The reforms are not only a process of decentralising steering and financial responsibilities, it should also transform the approaches in care. It is the local government's duty to offer professional high quality services for children, young people and parents in such a way that children and young people can grow up safely and healthy, can become independent and self-sufficient and to socially participate according to their age and development stage. 'One family, one plan, one coordinator' is the underlying principle of the social care support in the social domain and within in the child and youth social care.

The transformations to care should help to create stronger preventive approaches, a bigger role to the family and social networks in the care process, better participation of children, young people and families within the local youth (care) policy and within the social care approaches, more integrated and inter-agency collaboration between the various professional disciplines and smoother transition from preventive towards specialized care provisions vice versa. This should provide municipalities the opportunities for more integrated approaches in support and guidance from a variety of disciplines and policies. All in all this should lead to more coherent, more effective, more transparent and less expensive services for children, young people and families. These efforts must also decrease the use of the specialised services.

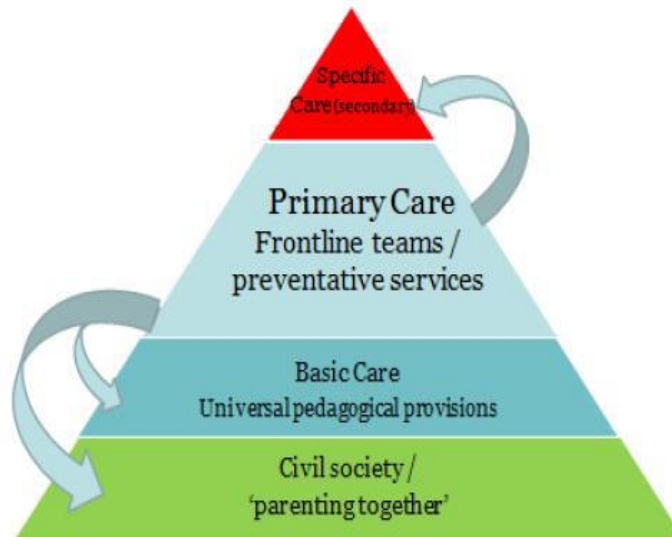
Regional collaboration

Smaller municipalities have formed regional alliances to organize residential care, foster care, child protection measures, youth probation, certain types of specialised care and/or secure care. They collaborate in 42 regions to this end, as they are too small to perform all tasks themselves, are not able to deal with fluctuations in the demand of expensive care, do not have the specific expertise needed, have important partners that operate on a regional level. They jointly commission the larger youth social care providers for providing support and care to those children and young people with complex needs.

Pyramid of care

The municipality decides about which services are freely accessible and which are not. The Dutch youth care and welfare system consists of: universal services, preventive services and specialised services.





System of youth welfare and social care in the Netherlands

The aim of new Child and Youth Act is: decreasing the number of children in specialized care and increasing preventive and early intervention support and promoting the use of social networks.

Basic care

Universal – basic care – services like maternity care, preschool, kindergarten, schools, youth welfare, youth facilities for relaxation, sport, art and culture. Also for example youth (social) work, child care and schools are part of these services. They aim to facilitate the normal development of children and to prevent small problems of children and families turning into severe problems. Municipalities aim to strengthen these universal services in order to enable professionals to adequately solve small problems in children’s upbringing and to detect more severe problems at an early stage.

Primary care

Preventative services (or primary youth care services) are for example child health care, general youth (social) work, social work, parenting support. These services aim to detect problems at an early stage, to intervene at an early stage, to coordinate support and to refer children and families to the specialized youth care services.

Integrated working approaches; frontline teams

The municipalities are responsible for facilitating a suitable offer of preventive and social (youth) care services and for coordinating the collaboration between the variety of professionals and disciplines involved. Since the new Acts local municipalities started developing multidisciplinary frontline teams of professionals in the youth welfare, mental health and social work fields. They learn to work within integrated working approaches with one family, one plan, one coordinating principle. The “local area teams” work either preventively within the local neighbourhood in close collaboration with the universal services or are connecting the preventive approaches and the specialized services. Local municipalities may choose themselves which model fits the local situation best and therefore many models are now in operation; either teams working for all citizens (the 0 – 100 years approaches), specialized youth teams or teams working within schools or combined models.



Specialised care

Specialised services are e.g. the youth social care, youth mental health care and child protection and probation services. The youth social care providers offering care for girls, victimized by trafficking/loverboys are part of this. The provisions should assess the needs and the situation of children and families with serious development and/or parenting problems. They also provide specialized care, coordination of care and aftercare, including intensive ambulatory support and specialized pedagogical support at home for multi-problem families, semi-residential care, residential care and foster care. Specialized services are used for problems requiring intensive care and to help if there is a very unfavorable educational environment. It is about specific and often more invasive and more expensive forms of aid.

Safe at Home Centres; focus on child maltreatment and abuse

Child abuse in the Netherlands is approached primarily as a medical, psychosocial or family problem. Dutch law offers several possibilities to institute legal proceedings against child abuse. Since January 2015 local authorities are responsible for implementing and maintaining Advice and Reporting Centres for Domestic Violence and Child Abuse called Safe at Home. For an effective approach to domestic violence local authorities combine forces at regional level. Professionals working with families, children or adults that suspect domestic violence or child abuse are required to use a reporting code. Safe at Home is not a provider of youth care but a front office to assure necessary care is implemented at local level.

On July 1, 2013 the Act Mandatory Reporting Code Domestic Violence and Child Abuse came in force. The law provides that organizations and independent professionals in the sectors of education, health, childcare, social support, sport, youth care and justice should have a reporting code and should promote its use. The reporting code is a road map explaining how professionals should deal with the detection and reporting of domestic violence and child abuse.

Child protection services are part of the specialized services. In the Netherlands this is divided between voluntary and mandatory care. The approaches and interventions within both types of care are generally the same, but in the case of mandatory care a juvenile judge has issued a court order (child protection measure) because of safety problems. Access to mandatory care takes place through the Child Protection Board that investigates the situation of the child. Voluntary care is the core principle and in most cases sufficient.

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Bijlage 2: Briefing-informatie Engeland

Child Sexual Exploitation: overview of policy, law and service provision

In the UK child sexual exploitation is defined thus:

Child sexual exploitation is a form of child sexual abuse. While most child abuse occurs within the home in cases of child sexual exploitation the risk of harm is generally external or in the community. It can be perpetrated by adults or by other young people and boys as well as girls are sometimes victims. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf

In 2015, CSE was identified as one of three main national threats. As part of its resulting action plan <https://www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan> the UK Government has recently:

- Set up a new national 'Response Unit' to help local authorities when child sexual abuse is a particular concern. This will ensure that specialist professionals in social work, law enforcement and health can be deployed when they are needed anywhere in the country.
- Set up a new national Centre of Expertise to share evidence on what works to tackle child sexual abuse and develop training and materials for professionals.
- Provided additional funding for voluntary organisations which support the victims of sexual abuse.
- Piloted and evaluated the use of independent child trafficking advocates to support victims who have been trafficked within the UK for the purpose of exploitation.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486138/icta-horr86.pdf

In addition, the UK Policing Lead for Violence and Public Protection, Child Protection and Abuse Investigation created an evidence informed CSE Action Plan 2014-2016

<https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/child-sexual-exploitation/cse-action-plan> and co-created a 'CSE Knowledge Hub' www.uobcsepolicinghub.org.uk



Legal framework for addressing CSE

There are a range of disruption measures, civil powers and criminal offences which may be used as part of a strategy to tackle child sexual exploitation.

Disruption Measures

There are a number of civil measures that can be used to disrupt the activities of individuals also involved with child sexual exploitation. These include increased police attention on an individual (checking car tax, road worthiness of car etc.); police presence in suspected hotspots (online or offline); use of licensing laws and powers to obtain guest information or close down premises associated with child sexual exploitation.

Civil Orders

There are a range of civil orders police can use including Criminal Behaviour Orders Non-Molestation Orders and Exclusion Orders. More specific orders include:

Child Abduction Warning Notices (CAWNs), Sexual Harm Prevention Orders (SHPOs) and Sexual Risk Orders (SROs) can be used to impose restrictions on an individual (e.g. limiting their internet use, preventing them from contacting or being alone with a named child and prohibiting foreign travel.) Breach of these orders is an offence punishable by a fine and/or imprisonment.

Slavery and Trafficking Prevention Orders (STPOs) and Slavery and Trafficking Risk Orders (STROs) can also be considered where there are concerns that a child has been trafficked as part of the child sexual exploitation (this can include movement from one area to another within England). These were introduced under the Modern Slavery Act (2015) and, like the SHPOs and SROs outlined above, offer a means of placing restrictions on an individual's movements and actions.

Criminal Offences

The main set of offences used in criminal prosecutions of child sexual exploitation is contained within the Sexual Offences Act (SOA) 2003. These offences are categorised according to the age of the victim (under 13s, under 16s and under 18s) and include rape, sexual assault and causing a child to engage in sexual activity. It is also an offence for an adult to meet (or travel with the intention of meeting) a child under 16, anywhere in the world, if they have met or communicated with that child on at least two occasions and intend to commit a sexual offences. In 2015 a new offence of sexual communication with a child was introduced, under the Serious Crime Act, to strengthen the powers of the authorities to prosecute cases of grooming.

The National Crime Agency (NCA) Child Exploitation and Online Protection (CEOP) Centre is the UK wide multiagency organisation with an international reach charged by the Home Secretary with preventing the exploitation of children. They track registered offenders who have a sexual interest in children this includes disrupting or preventing travel by offenders and disseminating intelligence to international forces. They focus on organised criminal groups profiteering from the publication or distribution of child abuse images, support local police forces with computer forensics and covert investigations and provide investigative advice. They also liaise with the online and technological industries and produce training and resources to raise understanding of CSE amongst parents, carers, children and young people <https://www.thinkuknow.co.uk/>.



Responsibility for safeguarding children from sexual exploitation

Local authorities in England have overarching responsibility for safeguarding all children in their area. Local agencies, including the police and health services, also have a duty under the Children Act 2004 to safeguard and promote the welfare of children and young people and to cooperate with local authorities. All areas are required to have a multi-agency plan to combat child sexual exploitation which is monitored by the Local Safeguarding Children Board.

Local Safeguarding Children Boards exist in all areas of England and are responsible for developing policies and procedures for safeguarding and promoting the welfare of children. They are also involved in the planning of services for children in their area and most have a CSE sub-group involving statutory (police, health, education, social services and voluntary sector services). These groups oversee multi-agency working, training and information sharing and the provision of local support for victims and those at risk of CSE.

Direct support for victims of CSE

In 2015 an attempt was made to map therapeutic services providing support to victims of CSE across England, Wales and Scotland.

<https://www.nspcc.org.uk/globalassets/documents/research-reports/mapping-therapeutic-services-sexual-abuse-uk-2015.pdf> Questionnaires were sent to 750 services identified but only 149 were completed and returned. Most were from specialist services providing support to victims of CSE, CSA or both. Services that responded to the survey reported that over the last 12 months they had supported 5,733 children and young people. Most were voluntary sector services. The picture of services in the UK is therefore incomplete. However, the types of service available can be categorised as follows:

Multi-agency co-located CSE teams – typically a team of 6-8 police officers, social workers and youth workers work together to investigate CSE cases, disrupt and prosecute perpetrators and support victims. These teams exist in most major cities and some large towns.

Specialist support services – are usually voluntary sector projects run by charities such as Barnardo's, The Children's Society, NSPCC and Catch 22. Some work with all types of sexual abuse and others focus just on sexual exploitation. They support young people *at risk of* sexual exploitation (e.g. children who go missing from home or care) – and those who are or have been exploited. They typically undertake outreach activities, and provide preventative education in schools and children's homes as well as supporting individual young people and their parents/carers. There are around 40 such services in England – although some of these are very small with only one or two workers.

Independent Sexual Violence Advisors (ISVAs) may be attached to specialist support services or located in Rape Crisis, in police stations or other services. Victims of sexual abuse, violence and exploitation are entitled to an enhanced service from agencies within the Criminal Justice System (CJS) which includes the provision of an ISVA, should they wish to access one. Their aim is to reduce attrition in the Criminal Justice System from children and young people who have reported incidents of sexual exploitation and violence. There are around 170 ISVAs in England some work specifically with children and young people – others with both young people and adult survivors.



Sexual Assault Referral Centres (SARCs) exist in almost every police constabulary and services are provided to children (variably) from the age of 12 upwards. Some provide short-term counselling for victims of sexual abuse and sexual exploitation.

There are 50 Rape Crisis Centres in England and Wales providing telephone and face-to-face counselling for women and girls who have suffered any kind of sexual abuse (They deal with 50,000 face to face clients each year of whom around 7,000 are teenagers and many have experienced sexual exploitation.)

Child and Adolescent Mental Health Services (CAMHs) exist in every area but provide a service to very few sexually exploited young people as they have long waiting lists, often only offer a service to children with a diagnosed mental disorder and most have no specialist trauma workers.

Children in state care are recognised as being particularly vulnerable to CSE but it is also the case that some young people are taken into care because they are at high risk of CSE or in order to try and protect them from ongoing CSE. Most children in care in England are in foster placements and there are a couple of specialist fostering initiatives which provide additional training and support to carers when CSE affected young people are placed with them.

There also exist some specialist children's homes – 10 were identified in a recent study including 2 secure units and 6 private sector homes. All aim to work therapeutically with children to address past trauma, attachment issues and risk factors for CSE.

> [see gov.uk](http://www.gov.uk).

Actual research and practice in England

Innovations in CSE Practices

Commissioned by the Department for Education and recently published (20. March 2017) CSE Innovations Evaluation Reports. Sara Scott will provide an overview of the findings from all four reports during the expert meeting in the Netherlands the 7th of April :

Within the four local practices the research discovers what works or not in the care and support and what is needed for further development.

Durham House, Aycliffe Secure Centre in partnership with Barnardo's – developing a specialist unit implementing a therapeutic model of working with sexually exploited young people; managing and supporting effective transitions into the community, and influencing a more therapeutic culture across the centre.

> [See gov.uk](http://www.gov.uk).

St Christopher's 'Safe Steps' project – establishing two homes for vulnerable young women at risk of serious harm in the community – particularly through sexual exploitation. The project takes a "common sense" approach to risk and empowering ways of working with young women informed by social pedagogy and knowledge of trauma.

> [See St. Christopher's](http://www.stchristophers.org)

> [See gov.uk](http://www.gov.uk)

Project Phoenix, Wigan and Rochdale – identifying and piloting responses to young people who are victims, or at risk of sexual exploitation which will improve outcomes and provide effective



alternatives to high cost and secure accommodation. The project aims to test an action-learning approach to service development based on undertaking research and involving those who are 'experts by experience' (young people, families and professionals) in the co-production of solutions to inform service planning and delivery across Greater Manchester.

> [See gov.uk](#)

Empower and Protect, South Yorkshire – developing a sub-regional delivery model in partnership with Catch 22 in order to keep sexually exploited young people close to their own communities and living in stable foster placements or with their own families. The approach brings the expertise of a team of clinical psychologists out of the clinic to provide training, therapeutic insight, support and supervision for staff and parents/carers.

> [See gov.uk](#)



Further reading

> **Barnardo's Model of Practice**

> **Research and analysis by the Department for Education on private sector 'specialist' CSE residential provision**

Recently published

Child Sexual Exploitation Prevention Education - A Rapid Evidence Assessment

Outreach Work: Child Sexual Exploitation - A Rapid Evidence Assessment

Direct Work With Sexually Exploited Or At Risk Children And Young People - A Rapid Evidence Assessment



Bijlage 3: Briefing-informatie Vlaanderen

The legal framework and the approach to teen pimps and their victims

On a criminal law level, the phenomenon of teen pimps should be seen in the framework of human trafficking for sexual exploitation. Belgium prohibits all forms of trafficking through a 2005 amendment to the 1995 Act Containing Measures to Repress Trafficking in Persons. The law's maximum prescribed penalty is 20 years' imprisonment.

When it comes to victims, considering the fact that these minors often hold complex contexts (particularly vulnerable backgrounds, placed in institutions, history of abuse, criminal record, ...) and the fact that what we are reporting on here is domestic human trafficking, it is not so simple to just label them as trafficking victims and everything that follows from such a qualification. Different laws and regulations are at play here, from the Youth Protection Act to the trafficking law to the criminal law for crimes the minors may have committed during their time as a teen prostitute, and it is very difficult for practitioners today to find a right balance between all the rules at play.



The study

In august 2015 the Belgian public was outraged because 2 underage girls aged 13 and 14 spent 2 nights in a police cell because there was no space for them in juvenile accommodation centers. It later turned out that these girls had to be put in a cell for their own safety, as they were under the influence of their so-called "boyfriends", who were in fact their pimps. If they would not have been placed in a closed context, they would have immediately run away from home or an open institution to get back to the men who they believed to be their boyfriends.

Child Focus saw an increase in these kinds of cases in 2015, and decided to ring the alarm. We then got a 3month grant of the Flemish Minister of Welfare, Public Health and Family, asking us to answer 4 questions:



- 1) Are teen pimps a phenomenon in Flanders or were these just individual cases
- 2) If yes, how big is the problem
- 3) How is this being handled today by all actors involved
- 4) What should change?

Child Focus went to talk to all actors on the field that may come into contact with victims, pimps, or just have knowledge on the issue. What follows is a brief summary of the answers to the 4 questions.

Are teen pimps a phenomenon in Belgium or were these just individual cases?

Every actor interviewed concluded that there was a problem, and that there could no longer be mention of individual cases but that indeed we were dealing with a phenomenon

If yes, how big is the problem

Nobody is keeping track of numbers, there is no registration of victims nor centralization of data, so we had to do an estimate of the sum of all the cases that all different interviewees had mentioned: leading us to a number of 60 victims over the last 2 years (victims being defined as underage girls recruited and exploited in the Flemish speaking part of Belgium). For reasons of comparison, Child Focus can report on 39 cases of victims of teen pimps in 2015, and 60 in 2016.

How is this being handled today by all actors involved

The report was structured along the "4P"-concept:

- **Protection:** there is no specialization in institutions, victims are currently being put in community institutions because this is the only place where they can be "safe" from their pimp as it is the only place they can't run away from. However, these closed facilities have an obligation to take care of every youngster that is assigned to closed care, there was no specific focus on this group of girls.
- **Prosecution:** police nor judiciary recognize the problem enough, these children are mostly labeled "problem kids", or "multiple runaways" (which they mostly are), indicators of the problem are not recognized, there is no specialization and the only criminal cases brought to court so far are the cases that "accidentally" come to light (for example because a victim, exceptionally as this almost never happens, gives a statement).
- **Prevention:** there are no prevention initiatives so far, the public (young people, actors on the field,) are not aware of the issue enough
- **Partnership:** nobody is working together nor sharing information on cases, leading to little to no results in attempting to save potential future or current victims. Mostly due to a lack of trust between law enforcement and the social services. Professional secrecy is a big problem in these cases.

What should change?

- **Protection:** there should be a specific, separate "shelter" to send these victims to where they can't run away from and are being helped by professionals with expertise in the matter
- **Prosecution:** law enforcement needs to be trained in how to recognize the issue, a mentality shift is necessary as to seeing these kids as victims of sexual exploitation instead of "lost"



causes". The cases need to be prosecuted as human trafficking for sexual exploitation, as in their essence, that is what they are, albeit strictly national.

- **Prevention:** there is a need for public campaigning, a website holding all information about the issue, and training among professionals
- **Partnership:** information sharing is CRUCIAL for this issue, info on cases needs to be centralized and dispatched among actors involved. Child Focus is offering to take up this role of info-dispatcher.

What has changed since the study?

- Additional budget has been attributed to 3 youth accommodation centers to invest more in fitting treatment and further assistance to victims
- Budget has been attributed to Child Focus to develop a website, a public campaign and a training module on the matter
- A group of experts has been created to discuss the future approach of the fight against this phenomenon

What has been done by Child Focus since the study?

A public awareness campaign has been launched, to be [viewed on Youtube](#).

Child Focus has also launched a website on the matter, targeting youth, professionals, and parents, each with their own tips and tricks for prevention and how to deal with victimhood. The website is to be viewed on www.stoptienerpooiers.be. Child Focus has also created a training module on the matter.

The (desired) role of Child Focus in cases of (runaway) victims of teen pimps

- **Enhance knowledge as a center of expertise**

There is no centralization of information about these case, no analysis of "the bigger picture", no registration of cases. This means that every study or analysis of the phenomenon of teen pimps is today incomplete. Child Focus registers, stores and (quantitatively and qualitatively) analyses all the cases it handles. Child Focus already keeps track of all cases of victims of teen pimps that get reported to them, but wishes to expand this analysis to a general analysis of all cases in the country. Today, not all cases get reported to us so we can only offer a partial analysis.
- **Hotline for info-flux**

One of the biggest problems in Flanders today is the lack of trust between different actors involved (police vs. social sector vs. judiciary). There is a severe lack of information-sharing, and the professional secrecy is often used as an excuse. The result is that golden opportunities to rescue children or prevent high-risk cases from actually falling prey to a teen pimps are missed. There is no centralization of information and knowledge. If all suspicion, worry, information, or fact would pass through 1 central bridge-point, in the form of a central hotline like the one Child Focus already operates 24/7 for missing children, and this hotline passes the information through to instances that need to be notified, this problematic info-flux could be solved. Child Focus' role as a central hotline has not been made official yet, and today it operates in this way on an ad hoc basis.



- **Awareness raising on a case-to-case and general base**

It followed from the study that neither the public nor the key actors on the field hold sufficient knowledge on the phenomenon and how to purposefully deal with it. To be able to tackle the problem, it must be recognized, spotted and taken serious. Therefore Child Focus will continue its actions on the level of awareness raising targeting the public, but also on a case-to-case basis. When communicating with police forces and every partner Child Focus currently already works with in disappearances, the possibility of a link between the disappearance of a child and the prostitution-aspect will be discussed when this is deemed necessary. The final goal of this continuous awareness raising of the existence of the phenomenon is to change the mentality of actors on the field (and of the public) that the minors in question are mostly “problem children” or “habitual runaways” that are just up to no good. It must be clear to everyone that these minors are first and foremost victims of sexual exploitation.

- **Supporting parents**

Parents of (potential) victims are easily lost in the complicated Flemish judicial and social assistance-landscape. Especially when their child is placed in an institution, parents report to lack information and assistance in figuring out what is happening with their child. Child Focus was initially created to support parents of missing children and to make sure that information about their child reaches them in a consistent and timely manner. This is what Child Focus aims to do in cases of teen pimps as well; we fulfil a bridge-function between parents, police, the judiciary, social assistance and any other authority involved in the case.

The organization of closed care in Flanders

Closed care facilities for youngsters in Flanders are ruled by the government. They are called community centers. The use of coercion is seen as a government exclusive and only recently, private institutions start to experiment with secure shelter initiatives.

Juvenile judges have the authority to assign minors to closed institutions when the youngsters need closeness as a reaction to offenses or as a reaction to unsafe behavior (fugue, truancy,...). There is no specific closed care for different types of problematics.

Flanders has 314 places in community centers: 241 for boys and 73 for girls. The programs in these facilities, based on the RNR and the GLM model, are focused on reintegration and moving on to regional alternative care. From the beginning of the stay in the community center, the staff involves regional private partners in the organization of the project of the youngster. Even during the stay, they enter the facility to start their relationship with the youngster and to take responsibility for parts of the program. Parents, school and other partners construct a network to support when the youngster returns from closed care.

The average duration of stay in a community center is 4 to 6 months. After leaving the institution, the youngster can return for a short time out to restore conflicts in the guidance.

Further reading

Child Focus (2015). *Slachtoffers van tienerpooiers in Vlaanderen*. Een exploratief onderzoek door Child Focus, in opdracht van het Agentschap Jongerenwelzijn, naar het bestaan van het fenomeen en de mogelijke aanpak ervan in Vlaanderen. Brussel: Child Focus.

> **See also Child Focus**



Bijlage 4: Programma van de Internationale

Expertmeeting

7 April 2017, Utrecht

Plenary presentations

After the welcoming words of Ms. Bonita Kleefkens, manager of the directorate Youth of the Dutch ministry of Health, Welfare and Sports, the meeting continued with three plenary sessions. During these sessions the Netherlands, the UK and the Flemish state of the art in governance, research and practice of the specialized interventions for the girls are being brought under attention.

Current approaches in Dutch specialist care for the girls:

The Dutch Approach for girls being victims of human trafficking/loverboys

Ms. Marianne Berger and Ms. Nienke Foolen, Netherlands Youth Institute

Key message

In the presentation the recent developments in the Netherlands about quality improvement of the signaling and treatment of victims are described. The main focus on the development of the quality framework and the process of development of treatment interventions.

Key note: Effectiveness of CSE interventions for girls in the UK

What is child sexual exploitation - how is it defined in the UK? The UK approach for young people who are sexually exploited/trafficked – an overview of provision. What is the research evidence on effective interventions? What are the implications for service providers?

By Dr Sara Scott, Principle Investigator, CSE Innovations Evaluations

With Ms. Wendy Shepherd, Programme Manager of Barnardo's SECOS Project (Sexually Exploited Children Outreach Service),

With Ms. Angela Harris, Service manager St. Christopher's Fellowship

In dialogue: exchange about the approaches in Belgium-Flanders;

with the Belgian-Flemish policy, research and practice

Sharing thoughts about the state of the art on the specialized care for the girls, being victims of teen pimps in Belgian Flanders. Child Focus research in 2015 started a new policy guideline for the approach towards girls, being victims of 'teen pimps'. Now some providers are piloting with specialized care for the girls. What can we learn from each other?

With Ms. Magda Massoels, head of the Department of Community Institutions in Flanders.

Responsible for youth care within the Flemish Agency Jongerenwelzijn (Flemish Government body), and with Miguel Torres, Chief Officer Operations of Child Focus, the Belgian organization for Missing and Sexually exploited children



Workshops:

1. The Barnardo's Approach

This workshop will focus on Barnardo's experiences of working with young people within community settings who were being sexually exploited to enable them to remain at home and within their communities and to stay safe. Wendy Shepherd will look at how Barnardo's researched and developed the Barnardo's 4A's model of working with young people effected by CSE. How they have developed this overtime to include Trauma Informed Practice and improve their partnership working to enhance understanding and service provision for vulnerable young people. Workshop in English!

2. The St. Christopher's Fellowship approach

Angela Harris will focus in this workshop on St Christopher's, children's charity, services in England and to share their learning from Safe Steps, innovation funded pilot project, to set up two children's homes for girls subjected to sexual exploitation in London. The aim to innovate was to find alternative to lock-up-your-daughters approach, avoid sending girls to secure units / hundreds of miles from own home area, keep them safe in own community, and to prevent the message that they are being punished / somehow guilty. Workshop in English!

3. The Flanders' approach (in Dutch)

Els Lieckens - youth care manager at Emmaus, Antwerp and Nathalie Schouteet, manager of a governmental youth care institution represent two care provisions who are piloting with specialized care for girls being victimized by teen pimps. They are developing care approaches based on the four 'P's: protection, prosecution, prevention and partnership. The approach follows a risk- and protective path via the RNR Programme (Risk, Need and Responsivity) and through the Good Lives model (Australia) oriented in protective factor development in the living context of the girls. The question they want to raise: to which extend is a specific approach necessary and for whom? The intention is to keep the girls as close as possible to their normal environment.



Bijlage 5: Experts

The experts from England:

Sara Scott

Principle researcher in issues of child abuse and child sexual exploitation
co-Director of DMSS Research & Consultancy an independent organisation undertaking research, evaluation, training and consultancy in health and social care.

Sara has been involved in research in the fields of sexual violence, children's services and mental health for over 15 years. She is an experienced programme evaluator committed to the development of outcome focused policy and practice. From 1999 to 2001 she was Director of a Department of Health funded project at the University of Liverpool - undertaking research and developing training for staff in prisons and the secure psychiatric sector. From 2001-2007 she held the post of Principal Research Officer at Barnardo's where she lead the first national evaluation of services for survivors of child sexual exploitation and two European Union funded inter-country research projects. She has recently managed evaluations of four Department of Education funded child sexual exploitation innovation projects on behalf of the [University of Bedfordshire International Centre](#).

Wendy Shepherd

Programme Manager of [Barnardo's SECOS Project](#) (Sexually Exploited Children Outreach Service), Wendy has over 26 year's Social Work experience in Residential and Field settings. She is a qualified counsellor and psychotherapist and has worked therapeutically with children and young people who have suffered sexual abuse including children displaying sexually harmful behaviours for the past 24 years.

Wendy is currently working as Programme Manager of the Barnardo's SECOS Project (Sexually Exploited Children Outreach Services) and prior to this as The Barnardo's National Implementation Manager for Child Sexual Exploitation. Wendy has campaigned on issues of sexual violence and abuse for many years, influencing the Government's Home Office Prostitution Strategy, the Violence Against Women's and Girl's Strategy, the National Action Plan on CSE 2011 and the Office of the Children's Commission reports 2013 on Child Sexual Exploitation. She works closely with the Council of Europe and European partners in improving children's rights, child participation and preventing sexual violence

Wendy is a Deployable Civilian Expert (DCE) and Expert Psychosocial Advisor to the Foreign Office on their Preventing Sexual Violence Initiative which is working to prevent sexual violence within countries in conflict. Wendy has received several Commendations from Cleveland Police for her work with the Safer Middlesbrough Partnership and Police on issues of sexual exploitation and investigations.

Under Wendy's leadership the Barnardo's SECOS project has been recognised nationally for its practice and has received several prestigious awards:

- 2001 Health & Social Care Award for 'joint partnership' working.
- 2004 [The Queens Award for Voluntary Service](#)
- 2006 The Children & Young People's Award: Stay Safe Award
- 2015 The Diana Award: working with children's participation



Diploma in Social Work, Diploma in Practice Teaching, Diploma's in Counselling and Clinical Supervision, Certified Transactional Analyst.

> [Barnardo's model of practice](#)

Angela Harris

Service Manager at St Christopher's Fellowship

Angela has 38 years experience in children's social care in the UK, the majority of this within Local authority. 24 of these years have been in management positions which have ranged from children's residential homes including Head of Residential Services in two authorities, one a County Council with 11 children's homes, and the other an outer London Borough with 3 children's homes and a semi independent service for Unaccompanied asylum seeking young people.

She has been a Service Manager for Looked after Children and Referral and Assessment teams, and Head of the Access to Resources service which also included fostering and adoption teams. Currently she is a Regional Manager for St Christopher's Fellowship, a Registered Charity which works with children and young people, line managing 2 children's homes and 3 semi independent services. She also has line management responsibility for the independent school located in one of the children's homes and is the organisation lead for Safeguarding. She was involved in establishing and opening the 2 pilot children's homes for girls at risk of child sexual exploitation in London which have explored and tested practice, and is currently working with the Department of Education to produce practice guidelines.

She is qualified as a social worker in 1992, has a NVQ5 in Strategic Management, and a Certificate of Credit in Commissioning.

The Experts from Belgium-Flanders:

Miguel Torres Garcia

Chief Officer Operations of Child Focus, the Belgian organization for Missing and Sexually exploited children, and this for 10 years now. He has dedicated his career towards victim rights. He worked for 5 years for the Belgian High Council of Justice providing support to the President about audits, special inquiries and opinions on ways on improving the administration of justice. He served for five years at the Ministry of Justice and was specialized on victim support issues. He was appointed as Secretary of the National Forum for Victim Support and was Minister's Delegate for the Commission for Victim Support.

In addition to the INHPOE Foundation Presidency, is also appointed as a member of the Board of Missing Children Switzerland.

Ms. Els Lieckens

responsible for the residential division of Youth Care Emmaüs Antwerp, including Van Celst. Van Celst is a department in the Special Youth Care, subsidized by the Flemish Government. Van Celst is a residential home for girls in between the age of 14 to 20 with complex multiple problems. Some of the girls have been confronted with sexual exploitation. Typically for Van Celst is the close cooperation with Youth Psychiatry.

Ms. Magda Massoels

Head of the Department of Community Institutions in Flanders. Community institutions are responsible for organizing closed care facilities for both offenders and alarming educational situations. Before she was director of the closed facility "De Kempen" in Mol.



Ms. Nathalie Schouteet

Pedagogical director in a closed care facility for girls. This institution is part of the Community Institutions in Flanders. Before she worked for 15 years in a Center for Orientation and Diagnosis.





Bijlage 6: Plenaire presentaties





**Nederlands
Jeugdinstituut**

WELCOME!

International Expert Meeting, 7. April 2017
Utrecht, the Netherlands



What works in treatment for girls, victims of human trafficking / loverboys?

Welcome by
Ms. Bonita Kleefkens, Head of Dept. Youth Affairs,
Ministry of Health, Welfare and Sports

Chair:
Ms. Naima Azough,
Chair of the (former) Committee Azough

**Nederlands
Jeugdinstituut**



2



The Programme in Plenary

- > 10.10 – 10.45
- > **Current approaches in Dutch specialist care for the girls**
- > In collaboration between Dutch service providers & Nji

- > 10.45 – 11.30
- > **Key note: Effectiveness of CSE interventions for girls in the UK**
- > Dr. Sara Scott, Ms. Wendy Shepherd & Ms. Angela Harris

- > 11.30 – 12.15
- > **In dialogue: exchange about the approaches in Belgium-Flanders**
- > Ms. Magda Massoels & Mr. Miguel Torres

- > 12.15 – 12.30
- > **Quick pitches** towards the afternoon workshops

3



The Afternoon Programme

Workshops
13.30 – 14.30 First Round 14.45 – 15.45 Second Round

- **1. Barnardo's Outreach Service**
- Wendy Shepherd -> Gertrudiskapel

- **2. St. Christophers Fellowship**
- Angela Harris -> Zocherzaal

- **3. The Flemish Approaches**
- Els Lieckens & Nathalie Schouteet -> Clarenburg

Plenary Final
15.45 – 16.15 **Lessons learnt and wrap-up**

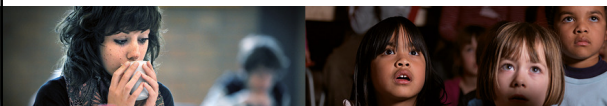
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**Nederlands
Jeugdinstituut**

Specialised treatment for girls victims of loverboys / human trafficking

Presentation of the Dutch approaches



Committee Azough (2014-2015)

- > Action Plan for Youth Care
- > Higher quality of care for girls, victims of loverboys
- > Initiative of and cooperation with the branche organisation
- > Experienced and committed managers

Topics:

- > Signalling and screening
- > Collaboration in all fields, esp with police and judiciary system
- > Registration and monitoring
- > Quality framework

6

Quality framework (Azough committee)

1. Basic key elements

- => *The foundation of treatment*
- Homogenous group composition.
 - Gender specific approach.
 - Collaboration with police and judiciary.
 - Specialised expertise of staff members.

7

Quality framework (II)

2. General key elements

- => *For every form of shelter and treatment in youth care*
- => *To be applied specifically and tailor-made.*
- Safety.
 - Positive pedagogical climate.
 - Clear sequencing.
 - Analysis of problems, risks, needs and strengths.
 - Involvement of parents / social network.
 - Education and future living situation.
 - Chain cooperation and aftercare.
 - Registration by the Nat. Human Trafficking Rapporteur.

8

Quality framework (III)

3. Specific key elements

- => *Specifically aimed at problems of victims*
- Acute medical care.
 - Trauma-treatment.
 - Self-esteem and self-determination.
 - Healthy relationships, sexuality and intimacy.
- => Applied in combination
- => Accepted / promoted by the branche organisation
- => Monitored by Youth Care Inspectorate

9

Broadening and application for mentally disabled girls (2016-2017)

- In cooperation with the branche
- Same topics and framework,
- Applied for the target group
- Implemented into the sector

10

Broadening to municipalities / primary care

- > Municipalities / policymakers are aware of the problem
- > Know how to organise prevention, signalling, reporting, cooperation and cascoordination
- > Know how to involve primary care in these activities
- > => the whole continuum of care will be covered!

11

Description, foundation and assessment of comprehensive offers for victims of human trafficking / loverboys

- Cause
- > Comparative effect studies
 - > Only one well documented, founded.
 - > Take a step back in order to move forward

The project: Netherlands Youth Institute together with 6 care providers

- > Systematic description of the offers.
- > Foundation of the different offers.
- > Recognition by committee

12

Outcomes

For all locations: a well documented and founded offer.

The project gives an overview of the offers in the Netherlands

- › Residential care with outpatient after-care
- › Girls 10-24 years
- › Comprehensive approaches

Challenges:

- › Girl perpetrators
- › After-care
- › Small target group
- › Comprehensive approaches

Effectiveness of CSE interventions for girls in the UK

Key notes

Dr. Sara Scott, principle investigator
Ms. Wendy Shepherd, programme manager Barnardo's
Ms. Angela Harris, service manager St. Christopher's

Learning from UK Innovations in Child Sexual Exploitation

Dr Sara Scott, DMSS Research
University of Bedfordshire & NatCen Social Research
Wendy Shepherd, Barnardo's
Angela Harris, St Christopher's

What the presentation covers

- What is child sexual exploitation? How is it defined in the UK?
- The UK approach for young people who are sexually exploited/trafficked – an overview of provision
- Recent research evidence on effective interventions and implications for service providers

What is child sexual exploitation?

UK Government definition

- *Child sexual exploitation is a form of child sexual abuse*
- *Generally occurs in the community not the family*
- *Perpetrated by adults or other young people*
- *Boys as well as girls can be victims*
- *Involves manipulation/coercion/deception but the victim may see it as consensual*
- *Someone (abuser/facilitator) gains financially (or in other ways)*
- *Some exploitation is online rather than face-to-face*

Examples of CSE

- A girl gives a taxi driver oral sex in return for the fare
- A teenage boy agrees to sex because his football coach threatens to tell his parents he is gay if he says no
- A 21 year old persuades his 17 year old 'girlfriend' to have sex with his friend to pay off a drug debt
- A mother allows other adults to abuse her 8 year old child in return for money
- A group of men bring two girls to a hotel in another town and charge others to have sex with them
- Girls are taken to a party and given 'free' alcohol and drugs, then made to have sex to pay for it

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Models of CSE

Inappropriate relationships	Usually involving one perpetrator who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship.
Boyfriend model of exploitation	The perpetrator befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates.
Party model	Friendship groups are recruited and invited to 'parties'. Drugs and alcohol may be offered for free, but excitement and belonging to an 'alternative' peer group alongside adults may be equally important. The involvement of peers normalises involvement and makes it feel safe/acceptable.
Organised/networked/commercial CSE/trafficking	'Boyfriend' and 'Party' models may overlap with more organised networks often involved in adult prostitution and drugs. Organised exploitation varies from casual networking between offenders, to organised crime where young people are effectively 'sold'.
Sexual exploitation by peers and in gangs	Sexual bullying in schools and other social settings can result in the sexual exploitation of young people by their peers. Sexual exploitation also occurs within and between gangs, where sex is used in exchange for safety, protection, drugs and belonging.

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What happens in such cases?

- › Safeguarding agencies (Health, Education, Social Care and Police) within Local Authorities are responsible for child protection and ensuring intervention
- › Cases may be discovered through direct disclosure, behaviour indicators, parental/adult concerns and/or found in situations of risk (including evidence on technology/social media)
- › The young person will usually be referred to a specialist CSE service following a child protection assessment and review (increasingly held at specialist monthly CSE Panels)
- › Specialist CSE Child Protection Hubs and multi disciplinary teams are becoming increasingly popular
- › A care order will only be applied for if the child is at continued risk, or care gives involvement/rejection/lack of care for the child

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Trafficking

- › **International Human Trafficking** - young people are brought into the UK from abroad for the purposes of exploitation.
- › **Internal trafficking** - girls are sometimes taken to different towns by exploiters – but a lot of CSE is very local. We would utilise the NRM as we would for anyone trafficked from abroad or across county lines.

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What specialist services are there?

- › Who commissions services and provides them:
 - Voluntary agencies – Barnardo's – TCS – NSPCC
 - Multi-agency investigative teams (Child Protection Hubs and or Police teams)
 - 'Specialist' residential (most private sector)
 - Secure care

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CSE Innovations – the issues

- › Part of 60 government funded Innovations in Children's Social Work – 1 year pilots.
- › 4 CSE projects all aiming to:
 - Avoid 'escalation' to secure/high cost residential (or repeat use of such)
 - Keep young people at home/near home/with better family support
 - Achieve this through building strong, meaningful relationships with young people, address mental health needs and ensure continuity of care

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The CSE Innovation Projects

- › **Aycliffe** – therapeutic secure accommodation, Barnardo's through-care. Trauma, attachment and development (Bruce Perry/DanHughes)
- › **South Yorkshire** – specialist foster care and whole family. Psychologist led. Adolescent Mentalization-Based Integrative Treatment (AMBIT).
- › **Wigan & Rochdale** – social worker intensive support for YP and support for parents.
- › **St Christopher's** – 2 residential homes for young women. Social pedagogy. Older, very high risk.

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Evaluation questions

- Whether a consistent and coherent intervention/model of service was developed;
- The barriers and facilitators to providing a therapeutic response to sexually exploited young people;
- The impact on staff skill, confidence and culture;
- Whether the service was seen to be helpful by young people, their families and social workers;
- How transitions are managed and 'follow-through' support provided.

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Evaluation methods 1

- › At baseline and repeat at 3 and 6 months:
 - Risk assessment
 - Strengths and Difficulties Questionnaire (SDQ)
 - Vulnerable Attachment Style Questionnaire (VASQ)
 - Trauma Symptom Checklist for Children
 - Teenage Attitudes to Sex and Relationships Scale (TASAR)

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Evaluation methods 2

- Staff survey (repeat)
- Observation of training
- Interviews with staff, YP, parents/carers, social workers and stakeholders (at 3 time points)

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Common findings 1

- › Preventing 'escalation' to residential/secure care is achievable through:
 - Intensive relationship-based interventions: one key person/team around the worker
 - 'Being with' not 'doing to' young people. Young people want support from one key person who will listen, care and not judge, be consistent and be there for the longer term.
 - Holistic approach: CSE may be 'the least of their problems'
 - Emphasising family, continuity and strengths
 - Trauma and attachment informed models
 - Providing training and reflective supervision for workers

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Common findings 2

- Preventing escalation saves money in the long term – but it costs money in the short term.
- Intervention needs to occur 'at the bottom of the escalator', as the more enmeshed in CSE/distanced from non-abusive life the more complex the safeguarding.

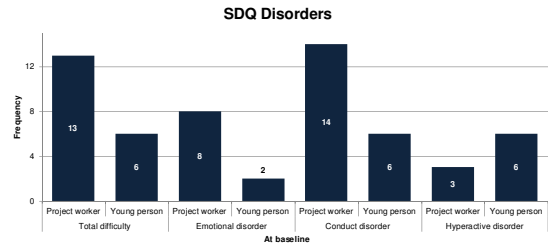
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Findings specialist social work (Wigan & Rochdale)

- Baseline assessment data for 20 young people (mostly girls <16) CSE plus home/placement instability, complex difficulties and insecure attachment styles
- In the 8 month evaluation period 9 young people reached a 6 month review
- **Risk factors reduced:** association with risky peers/adults and missing episodes
- **Protective factors increased:** a positive relationship with at least one supportive adult, improvements in relationships with family members, awareness of risks and attendance at school/college
- Good early evidence that placement instability and escalation can be avoided by providing key worker support which is young person centred and high intensity.

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Specialist social work (Wigan & Rochdale)



32

Case study 1

› Leah has been supported by ACT for the last 6 months. She is no longer at risk of sexual exploitation, her family life is much more stable, going missing from home has stopped and she achieved her goal of liking herself better. She is better able to regulate her emotions and recover from outbursts. She is no longer a Child in Need (CIN) and her case has been closed by Social Care.

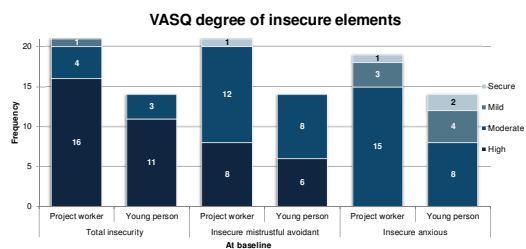
- "Leah has improved. Six months ago she was struggling quite a lot. She still has good and bad days but she is a lot more settled and she's not running away." Parent T3

Case study 2

› Brad's previously very unstable relationship with his mother is improving and he has re-connected with his grandmother and father. He is more honest, open and able to reflect upon why he does things. He is engaged with CAMHS and in education. If he goes missing, he says where he is. He has been stepped down from a Child Protection plan to CIN. ACT will work with him for a few months longer when his case is likely to become closed to social care.

- "You should have seen me before. I would give teachers loads of shit. I took drugs and people were after me. I am different now". Young person T3

Specialist foster care (South Yorkshire)



35

Findings specialist foster care (South Yorkshire)

- › The programme successfully demonstrated that CSE affected young people can be safely cared for in their own communities - if sufficient, appropriate support is provided for both them and their carers.
- › A coherent model of working has been developed drawing on Adolescent Mentalization-Based Integrative Treatment (AMBIT) which focusses on strengthening key relationships in a young person's life and providing carers and key workers with the tools to better support them. It also takes clinicians out of the clinic and into the homes of young people and their carers.

36

Findings specialist foster care

- Providing foster carers with specialist training and direct access to clinical expertise from the beginning of a challenging placement greatly enhanced carers' ability to cope with self-harm, missing episodes etc.
- Where young people remained in their family home, parents have been successfully engaged and some family relationships improved as a result.
- Key risk factors (e.g. missing episodes) have been reduced and protective factors (e.g. school attendance) increased. Nine out of 14 cases showed a reduction in risk. Young people were extremely positive about the support they had received.
- Huge challenge of recruiting foster carers for very complex adolescents. Failure to fully engage social workers and team managers in order to achieve workforce development goals.

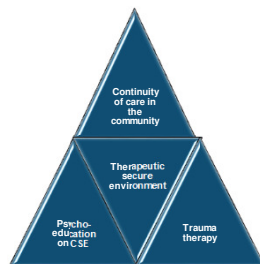
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› *The project is fantastic... ..[it] has been a revelation... It's the best training we've ever received in our 20yrs of fostering". ...[And] the difference in her (the young woman in placement) is miraculous...she is now attending school [and] hasn't been missing in five weeks".*

› Foster Carer A

38

Findings secure residential (Aycliffe) The original project model



39

Findings secure residential (Aycliffe)

- Training and reflective supervision very positively received by staff
- 11 young women resident on a specialist house, referred on three month orders (with some extended to 6 months). Ages have ranged from 13 to 17 years. Most had extremely troubled backgrounds.
- Positive relationships developed with staff
- Some evidence of improvements in the mental and emotional well being of some young people
- In most cases, positive transitions into suitable placements have not been achieved. Local Authority planning has been poor and placements difficult to find

40

Findings non-secure residential (St Christopher's)

- 12 young women aged from 14 to 17 placed with Safe Steps during pilot period. Most had significant mental health difficulties
- One young woman made good progress, 3 were currently making progress. The other 8 young women had been transferred to other placements because of anxieties about their safety
- Increased staff knowledge and competence – social pedagogy
- Staff, managers and commissioners believed that greater powers to restrict liberty of movement would not be helpful. However, managing risk through building relationships and empowering young women to make their own choices has generated huge anxiety amongst stakeholders.

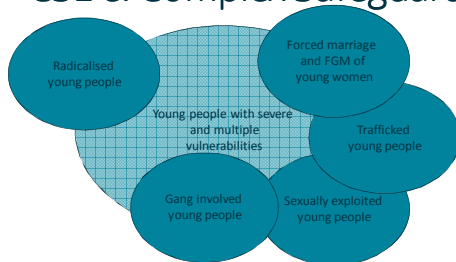
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CSE & Complex safeguarding

› **Complex safeguarding:** *criminal activity (often organised) where there is child exploitation and/or safeguarding concern. May include: child sexual exploitation, trafficking, modern slavery, forced / sham marriages, gangs, organised crime, female genital mutilation, radicalisation and extremism.*

42

CSE & Complex Safeguarding



43

What are the common challenges for services?

- All involve teenagers asserting independence v needing support
- External threat.....grooming and 'complicity'
- Balancing stability against risk
- Mental health, trauma, insecure attachment
- Importance of relationships
- Engaging & supporting parents/carers/staff
- Continuity and long-term support

44

And finally...

- Thank you
- Any questions?
- sara@dmss.co.uk

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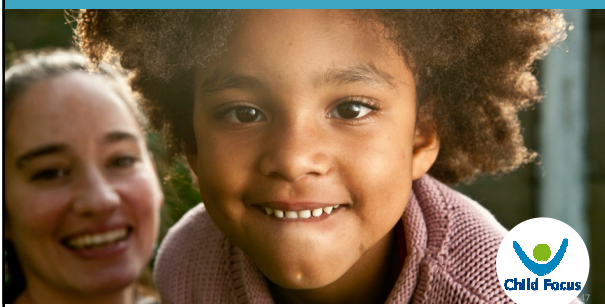
The approaches in Belgium-Flanders; with the Belgian-Flemish policy, research and practice

In Dialogue with
 Miguel Torres Garcia, Chief Officer Operations of Child Focus
 Ms. Magda Massoels, head of the Department of Community Institutions in Flanders

Nederlands Jeugdinstituut 

Child Focus

Miguel TORRES GARCIA
 UTRECHT
 APRIL THE 7TH OF 2017



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

1. LEGAL FRAMEWORK

- › Human trafficking for sexual exploitation
- › Complex contexts
- › Domestic human trafficking



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

2. THE STUDY

- 2 underage girls aged 13 and 14 spent 2 nights in a police cell
- Increase in these kinds of cases in 2015
- 3 month grant of the Flemish Minister of Welfare



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

- ✓ Are teen pimps a phenomenon in Belgium or were these just individual cases ?
- ✓ If yes, how big is the problem ?
- ✓ How is the being handled today by all actors involved and what should change ?



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

✓ What should change ?

- Protection : specific, separate 'shelter'
- Prosecution : training
- Prevention : public campaign
- Partnership : law enforcement and care



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

✓What has changed since the study ?

- Additional budget
- Budget has been attributed to Child Focus to develop a website
- A group of experts has been created to discuss the future approach



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

3. WHAT HAS BEEN DONE BY CHILD FOCUS SINCE THE STUDY

https://www.youtube.com/watch?v=rB_VxOne04g

www.stoptienerpooiers.be



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

4. THE (DESIRED) ROLE OF CHILD FOCUS IN CASES OF (RUNAWAY) VICTIMS OF TEEN PIMPS

- Enhance knowledge as a center of expertise
- Hotline for info-flux
- Awareness raising on a case-to-case and general base
- Supporting parents



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

5. THE ORGANIZATION OF CLOSED CARE IN FLANDERS



TEEN PIMPS AND THEIR VICTIMS IN FLANDERS

QUESTIONS ???

miguel.torresgarcia@childfocus.org






Bijlage 7: Workshop presentaties



Believe in children
Barnardo's
Training and Consultancy

Working with sexually exploited young people within Barnardo's 4A's model



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1

The 4 A's Model

- Access
- Attention
- Assertive Outreach
- Advocacy

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2

The 4 A's Model

Access = easy referral process, safe & friendly environment, flexible approach, time to build trust, practical support (food, legal, housing, other resources or services, participation groups) , on their terms

Attention= pay attention, notice & gather information like family history, attachment patterns, self esteem, presentation, 'developmental age', patterns of abuse, stigma or marginalization (BME, LGBT), strengths and resilience.

Assertive Outreach= Go to them! Engage through text or other medium, consistent and persistent checking in to try and counter the persistent contact from the abusive adult/s in their life

Advocacy= advice about rights, believe in children & YP, involved in decision making process, constructive challenge & educate/train other professionals

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3

Access

- Easy referral process - young person, parent, professional
- Safe & attractive, young person friendly, environment
- Flexible and responsive approach
- Time to build a trusting relationship
- Practical support – showers, food, clothing, sexual health nurses, substance misuse
- Support on their terms

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4

Access to:

- Families, carers and parents
- Police, Health, Social Care and support services
- Justice and fair legal process and support
- Educational and career opportunities
- Adequate safe accommodation, housing and other related services
- Participation, peer supporters and influencing groups working alongside other children/young people

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5

Attention

- Young people often have few attentive, concerned adults in their lives
- Young people are attracted to the attention offered by unsafe, abusive adults
- Focus on the issues important to the young person
- Provide consistent attention to ensure the development of a protective, supportive relationship
- Approach is based on a strength's based model of working rather than a deficit model

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6

Attention:

- Family history, scripting and trauma bonds
- Attachment and Relational patterns
- Emotional health and resilience
- Self esteem and presentation
- Developmental age inc learning and educational needs
- Patterns of abuse on and off line
- Diverse communities and groups: BME, LGBTQ, Disability - potential added vulnerability

Assertive Outreach

- Initial contact with child on their: **Terms & Turf – parks, takeaways, on street, leisure venues, pubs and clubs, diverse communities (some late night contact)**
- Residential (including secure estate) , youth, home & schools/educational settings
- Going out to find young people not waiting for referrals from statutory agencies
- Going the extra mile to make contact:
 - **in order to engage, build & create a relationship**

Assertive Outreach

- Establishing/maintaining contact – texting, calls, cards, meeting in a place the young person feels comfortable
- Steady persistence of workers gradually demonstrates genuine concern and care
- Need to counteract the influence of, often equally persistent, abusive adults

Advocacy

- Children often feel they have been failed by other agencies and their families
- Their voices and rights are often overlooked
- Children do not often understand or agree with the role of statutory agencies Barnardo's acts as a mediator
- Barnardo's advocates for a high quality of care
- Always involve young people in the decision making process

Advocacy

- Children are at the heart of all we do: Believing in them:
- Prioritising the Rights of the child in meetings/discussions
- Support through court/legal process/recovery
- Constructive Challenge of negative stereotypical statements and or poor practice
- Training and partnering with agencies to raise awareness of CSE
- Engagement and Participation in understanding and voicing child's rights and needs (creative group work)
- Not being a bystander

Access	Attention
<ul style="list-style-type: none"> ✓ Friendly, welcoming and safe service ✓ Easy referral process ✓ Short waiting lists, if any ✓ Practical support facilities ✓ 'One stop' multi-disciplinary team ✓ Open and honest intervention – 'no secrets' policy ✓ Respectful of child's choices and rights ✓ Support on child's terms, at their pace ✓ Non-time limited intervention ✓ Group work 	<ul style="list-style-type: none"> ✓ Consistent and persistent attention from a trusted adult ✓ Safe and secure relationship formed with their key worker but also a team response when in crisis ✓ Therapeutic response that demonstrates genuine care and concern and begins to counteract the attention from abusers ✓ Strengths based model of working, not deficit model ✓ Recognition of positive change through rewards ✓ Holistic attention about the child's life
Assertive Outreach	Advocacy
<ul style="list-style-type: none"> ✓ Core belief that no child is 'un-engagable' ✓ Establishing and maintaining contact – not giving up ✓ Flexible, responsive approach ✓ Tracking children down ✓ Making engagement easier for child ✓ Meeting Child on their Terms and their Turf 	<ul style="list-style-type: none"> ✓ Mediation work ✓ Educating and influencing external professionals ✓ Conveying the child's voice and wishes ✓ Ensuring their needs are not overlooked ✓ Advocacy for effective care and safety plans

The 5th A: Attachment

'Crazy about the kid'

'In order to develop normally a child requires progressively more complex joint activity with one or more adults who have an irrational emotional relationship with the child. Someone's got to be crazy about that kid. That's number one. First, last and always'

(Bronfenbrenner quoted in NSCDC 2004)

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What do we mean by Psychological Trauma?

An inescapable stressful event that overwhelms people's existing coping mechanism - Bessel Van der Kolk 1995

Event or enduring condition that overwhelms a person's ability to integrate their own emotional experience (i.e effects ability to stay present, understand what is happening, integrate the feelings and make sense of the event/experience)

or

The individual experiences (subjectively) a threat to life, bodily integrity, or sanity. (Pearlman & Saakvitne, 1995, p. 60)

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Types of Trauma

SINGLE INCIDENT TRAUMA is related to an *unexpected and overwhelming event* such as an accident, natural disaster, a single episode of abuse, witnessing violence, **sudden loss or assault, e.g. Rape.**

COMPLEX OR REPETITIVE TRAUMA is related to an *ongoing experience, e.g. abuse*, domestic violence, war, ongoing betrayal, often involving being trapped emotionally and/or physically, **e.g. Child Sexual Exploitation.**

DEVELOPMENTAL TRAUMA results from *exposure to early ongoing or repetitive trauma (as infants, children and youth)* involving **neglect**, abandonment, physical abuse or assault, sexual abuse or assault, emotional abuse, witnessing violence or death, and/or coercion or betrayal. This often occurs within the child's care-giving system and interferes with healthy attachment and development.

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Types of Trauma continued

INTERPERSONAL TRAUMA is relationship based and often on going. It is when we are hurt, ignored or frightened within our relationships with other people.

Inconsistent care may occur for a variety of reasons including neglect, parental mental health issues including post-natal depression, substance abuse or domestic abuse. The **parent may be unintentionally neglecting** the child but **the result** is they grow up with the **anticipation & anxiety** that their needs will not be met by their carer. STILL FACE EXPT.

<https://m.youtube.com/watch?v=apzXGEbZht0>

For infants we know that this has lethal consequences. For teens, the pull towards anyone who shows them kindness or attention is great

Trauma Bonds

Trauma bonding is a relationship based on terror. The goals of submission & obedience can be reached almost immediately. Trauma-bonded persons commonly experience their abuser as being in total control & feel their lives are in danger. The relief victims experience when not killed, is often expressed as gratitude towards the perpetrator

James (1994)

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Principles & practice of trauma informed care

AWARENESS - commonness of trauma experiences, impact on development and links between trauma and other health problems (both mental & physical)

SAFETY & TRUST- welcoming intake procedures, adapting physical space to be less threatening, clear information, consent, crisis plans, predictability, consistency, boundaries and good supervision & education for staff

CHOICE, COLLABORATION & CONNECTION - open communication, acknowledge power imbalance & try to equalize, provide choices within treatment, collaborate with client, invite them to evaluate the treatment, develop service user councils

STRENGTH & SKILL BUILDING - identify strengths, model skills like identifying triggers staying calm and staying present. Create organisation cultures characterised by emotional intelligence and social learning (Sandra Bloom)

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How can trauma change our brain:

The brain organises itself to survive- the brain takes information from the environment through our senses- then parts of our survival brain organises the sensory information that comes in, like a traffic light **green** (all ok)- **amber** (tolerable stress) and **red** (chronic or traumatic stress) types of stress.

When a person lives in **fearful or high stress environment**, the **survival brain takes over the thinking brain**, so a person's ability to make informed decisions is hindered because the **thinking brain is 'offline'**, which makes consequential thinking almost impossible.

The amygdala (center of survival brain) is like a smoke detector (Bessel Van der Kolk) and sounds an alarm in response to threat or danger. But in traumatised people, the **smoke detector has become over sensitive**, the alarm is sounded in neutral or even positive situations. This hinders a person's ability to make relationships as they struggle to 'be present', constantly distracted

Sound familiar with any of your young people?

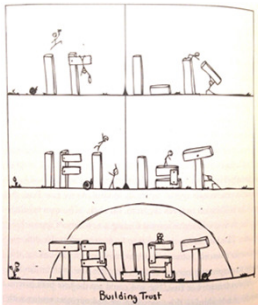
Before & Beyond CSE



Who is the young person we are working with? What have they already been through before being sexually exploited? We cannot afford to simply think about sexual exploitation as the point of trauma, but look at other adverse experiences children may have lived through which could make them more vulnerable to CSE.

Behaviour = a form of communication!
What does the yp get from the abusive adults in their life? What was missing/lacking before? What is the **need** being fulfilled?

How trauma can mess with trust



Interpersonal trauma is when we are hurt, ignored or frightened within our relationships with other people.

When forming new relationships, how do we know they won't be as hurtful as our previous relationships? How might we shield ourselves from being hurt again? How might we struggle to know who is trustworthy?

How might all this make a young person more vulnerable to be targeted by others who want to abuse/exploit them? Why might a young person keep replaying/re-enacting negative relationships?

Attachment- human survival

Homosapiens outlived neanderthols because we were better at working together in groups (Fonagy)- we are wired for connection
Our attachment figures keep us alive, they help to mould and grow our brains
We all have an attachment history, even if we have had insecure attachments or absent care givers.

On a neurological level, Attachment describes the emotional regulation strategies we develop in relation to care we have received as children.

We grow up and develop other intense loving relationships, some of which remind us of our early relationships and trigger all the old emotional regulation strategies we used in relation to our early experiences with primary care givers.

Trust & the Insecure Attachment

Avoidant kids- seem self sufficient, struggle to be comforted by others, struggle to seek support or ask for help through fear of being ignored or rejected. Their 'attachment music' plays so quietly, it's hard to hear, no one else will know when this child is in need or struggling, this child may seem cold or disconnected.

Ambivalent kids- they may scream and shout for our attention, but they don't trust that you will stay, they may heighten things, or shout louder, so you don't forget them. Their 'attachment music' can be deafening, carers can become frustrated and feel unable to meet their needs. These children may be categorised as 'hot and cold'.

Disorganised kids- when our attachment figure is also the source of terror- this child will become fragmented, wanting to both approach and withdraw from the carer at the same time. These kids find it difficult to trust those around them, but most of all, their own emotions. They become so fragmented they may 'dissociate' from certain parts of themselves, separating from their own memories, feeling 'unreal' or 'broken apart'.

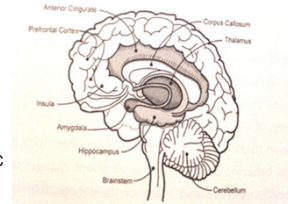
Reactive kids (rare)- what if there is no one to attach to at all? We might attach to anyone and everyone. Kids & teens may go through their life making rapid connections with a wide array of people. These kids have no sense of self, and may appear to trust anyone.

Discuss: ways in which each could make a child vulnerable to CSE

The adolescent mind

The 'thinking brain' helps us to control our impulses and think rationally. It goes through an intense 'pruning' phase within adolescence- it's not fully formed, and the bits we don't use get 'pruned away'.

Teens experience surges of dopamine- the risk and reward hormone- which is essential in order teens to become independent from their parents, but...
For a teen who is living with stress or fear- it is even harder to access the PFC which is used to 'weigh up' pros and cons of risk- because the survival brain has been taking the reigns.



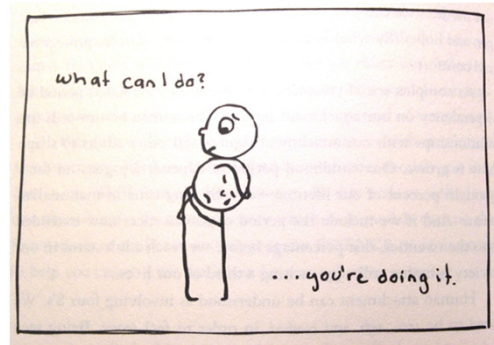
Depending on our experiences, our brains may learn to operate in an 'unintegrated way'

So, when we consider that...

- Trauma is common
- Previous trauma makes our emotional brain and our stress response system 'over sensitive'
- Trauma leaves us with a shaky sense of self, feelings of shame & low self esteem
- Teen brains are thirsty for new experiences, propelled towards risk and reward while their 'thinking brain' is still under construction
- Teens need to push away their parents and start to prioritise peer relationships
- Sex education within school is often inadequate and too late, with more focus on the mechanics of sex than safe, fulfilling sexual relationships

HOW DO THESE KIDS STAND A CHANCE?

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Safety First

The first thing we must do- make the child feel safe. Kids who have been traumatised need to feel safe (emotionally and physically), before anything else can happen. Sometimes even slight challenge can present as massive threat. We must focus on connection before correction!

*Sometimes too much praise can even feel threatening, as this may not fit with their sense of self. A child cannot begin to regulate themselves until they feel safe.

Worker must be: calm, warm, predictable

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Teach YP about Emotional Regulation Techniques Emotional Literacy

- Teach them how to be aware of and pay attention to emotions, how do they make them feel? Where in the body do they feel them?
- Be able to label emotions.
- Feelings cards bears are good for this.
- Enable a YP to recognise physical feeling, label it and begin to manage it by not automatically reacting on them.
- Begin to learn how to self soothe to manage emotions.
- Meditation
- Guided Relaxation
- Yoga Breathing to ease feelings/ LION ROAR to let out the feelings safely.

More techniques

- Simple yoga movements linking breath, body and mind. (Cat, dog, prayer.)
- Body Scanning
- Yoga Breathing to ease feelings
- LION ROAR to let out the feelings safely.
- Teach YP how to read emotions in others, teach them how to read non verbal communication.
- Teach Mindfulness

Other interventions

- **Healthy Risk taking Opportunities with safe boundaries Residential trips- activities like zip wiring, hiking, kayaking-** find ways to help kids take **healthy risks with the support** around them of safe non abusive adults.
- **Enable transitional objects.** If young people have a favourite game or object from a safe adult that they carry, let them. It represents a feeling of safety when they are in new places/ circumstances.
- **Remember Bruce Perry.** Work with a YP at the age they present, not their chronological age.



WORKSHOP PRAKTIJK IN VLAANDEREN

Gemeenschapsinstelling – Van Celst


Van Celst

- Begeleidingstehuis – Vlaamse overheid gesubsidieerd
- Doelgroep : meisjes 14-20 j met complexe multi problematiek
- Instroom :
 - niet – rechtstreeks toegankelijk
 - Psychiatrie, ander begeleidingstehuis of GI

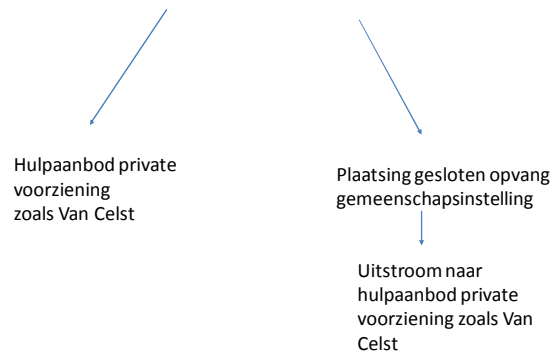
Gemeenschapsinstelling

De Zande - campus Beernem



- Publieke jeugdinstelling 
- Campus Beernem: 53 meisjes
een als misdrijf omschreven feit en/of verontrustende opvoedingssituatie
Heterogene doelgroep die zich laat kenmerken door (ernstig) normoverschrijdend gedrag
- Instroom: maatregel jeugdrechter

Slachtoffers van tienerpooiers



Agentschap
Jongerenwelzijn

vraag aan GI Beernem aanbod op te richten voor slachtoffers tienerpooiers samen met private partnervoorzieningen

Slachtoffers van tienerpooiers
heterogene groep – complexe problematiek



“jongeren die, onder invloed van een delinquente/antisociale peergroep, normoverschrijdend gedrag stellen”

Inbedding in de huidige pedagogische werking
Programma-aanbod flexibele inzetten, op maat

Aanbod GI De Zande campus Beernem

- Gesloten opvang
- Oriëntatie, risicotaxatie om nood aan gesloten opvang na te gaan
informatieverzameling criminogene factoren, responsiviteitskenmerken, levensdoelen
- Vanuit geslotenheid opbouw van zelfstandigheid, re-integratie
- Verblijf (pedagogisch klimaat) + programma-aanbod

Individueel traject Programma-onderdelen op maat inzetten

Programmaonderdelen voor gedefinieerde doelgroep

- leergroep BE-WARE, rond seksualiteit en grenzen stellen
Jongeren versterken rond hun seksualiteitsbeleving
Deelgroep (6 meisjes)
Intern aanbod
vorming sociale media (Tonuso)
Training rond gebruik sociale media
Extern aanbod

Leergroep identiteit, emotie-regulatie
samenwerking met ambulante diensten, diverse disciplines

Intensieve samenwerking met private partners

- Traject kan al opgestart worden binnen gesloten opvang, loopt door na uitstroom
- Actiever betrekken context
- Partner uit de regio van de context

Aanbod van Van Celst

- Open voorziening met beveiligde opvang
- Continuïteit in verblijf – behandeling: Out of the box
 - UKIA
 - Time-outs
- Begeleiding – beveiliging steeds aanwezig
- Relatie - zorg – dialoog – op maat-verantwoordelijkheid : verhoogde pedagogische aanwezigheid/nabijheid
- Ruimer netwerk (ook groepsgenoten) mobiliseren
- Fugues: drempelverhogend – begeleidingsitem /leerproces

Ervaringen: wat werkt?

- Diversiteit in setting qua meisjes – normaliseren
- Deskundigheid medewerkers: hechting, KOPP, destructief gedrag, ... - zeer sterke basishouding (aansluiten – competentie/kracht gericht): vorming én ondersteuning
- Maatwerk waarbij intensieve samenwerking met jeugdpsychiatrie cruciaal is : stabilisatie om tot bijv. traumaverwerking te komen
- Samenwerking met GI, justitie, Ghapro, arts,...
- Niet loslaten : telkens weer ontvangen + context
- Inhoudelijke kaders: NA – IP (DGT)
- Spanningsveld: leeransen – veiligheid
- Opvoedkundig optreden : grenzen stellen

Dialogo

*Gemeenschapsinstelling – Van Celst
Nathalie Schouteet Els Lieckens*



Bijlage 8: Korte programmabeschrijvingen Nederland



Organisation: Qpido

**We work regional in Amsterdam, Alkmaar,
Zaanstreek- Waterland & Haarlemmermeer**



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Outpatient counseling for 1 hour a week and 4 hours a week (with 24/7 availability by telephone), depending on the degree of victimization

Unique selling point / what are you proud off?

Our warm harted, involved, flexible workers that are able to build and maintain a confidential relationship based on trust with these boys and girls

Ambitions: where do you want to be in 3 years?

We would like to be able to help more girls in the intensive outpatient counseling and we would like to work all over the Netherlands!

Organisation:

We work national



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Open placement
Trauma therapy/ Stabilisation
Involving network
Improving self image

Unique selling point / what are you proud off?

Open placement
Focus on development van own strengths en making independent choices.

Ambitions: where do you want to be in 3 years?

We want to improve the cooperation with the family and network. Make them more important in the recovery proces of the client.

Organisation: Spirit-location de Koppeling

Closed youth care, with 2 groups specialized in victims of human trafficking.



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

- closed youth care (aged between 12-18)
- treatment focused on post-traumatic symptoms, low-self esteem, family and emotional disorders.
- 6-9 months

Unique selling point / what are you proud off?

- specialised treatment and education program for victims of human trafficking
 - family focused (most girls go back home)
 - collaboration with child-protection, police and other (specialised) social work organisations

Ambitions: where do you want to be in 3 years?

- The best would be; That we are not needed any-more! We are investing in getting the specialised treatment more at the start. And other alternatives for closed residential care.
- We grow our expertise to make it even more efficiënt and short.

Fier is an expertise and treatment center for victims, witnesses and perpetrators of violence within relationships. Our mission is to prevent violence, to stop violence and to offer professional help with respect to the consequences of violence. Fier provides outpatient and inpatient (24 hour) care and treatment. Our locations are in Leeuwarden, Rotterdam, Groningen and Den Haag. In Leeuwarden and Rotterdam our inpatient facilities are situated. Fier provides professional help on a regional and national level.



Our services for (potential and actual) victims of human trafficking/loverboys include:

- Inpatient treatment facility "Asja" for girls from 12-23 years old who are (in danger of) being prostituted by a loverboy.
- Inpatient treatment facilities "Rena" and "Reza" for foreign victims of human trafficking. Rena is for mothers and their children. Reza is for girls from 12-23 years old.
- Outpatient (ambulatory) treatment for victims of human trafficking
- Coordination of judicial, residential and treatment trajectories ("regiocoördinatie") for victims of human trafficking in Friesland.
- Social work for prostitutes working in Friesland ("Prostitutie Maatschappelijk Werk"), which involves an exit program.

Our unique selling point is our *high intensive care and high safety* concept, which guarantees safety and protection in an open (inpatient) treatment setting. Other characteristics of this concept are:

- creating a safe and positive group climate
- improvement of parent-child relationship
- stimulation of age appropriate development and capabilities
- providing specialistic treatment (for trauma)
- emphasizing education, work and participation in the community
- Integration from learned lessons in everyday life (continued care)

We are also proud of our center against child trafficking and human trafficking (CKM) founded by Fier and Terre des Hommes (NGO)

We have several ambitions with respect to our services for victims of human trafficking/loverboys.

In three years we would like..

- to have studied the effectiveness of our Asja program
- to have developed a handbook/ manual with respect to our high intensive care and high safety concept
- to have developed a thorough "follow-up" program for continued care (after residential treatment) of human trafficking victims

Organisation:

De Rading

Youth care, foster care

and specialized in youth care for girls

We work regional (central Netherlands)



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

- *Prevention and awareness*
- *Observation-diagnostics and treatment*
- *Ambulant and residential groups*
- *Support groups for girls and parents*

Unique selling point / what are you proud off?

- *Care range and aftercare*
- *Open setting; close to home*
- *Co-production mentor/therapist*
- *Specialized in trauma-treatment*
- *Approachable and committed*

Ambitions: where do you want to be in 3 years?

In 3 years we have special foster parents for girls, which works according to Fides methodology



Organisation:

Partners In Welzijn & stichting Helse liefde

We work mainly regional but also national and sometimes international



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Prevention, consultation, hotline, advise for professionals , police cooperation, victime assistance

Unique selling point / what are you proud off?

**Hotline for the whole province Limburg
Screening weekly with policeman specialist in
human trafficking and rescuer.**

**Prevention in the whole province for elementary
schools and secondary education, professionals
and parents assistance**

Ambitions: where do you want to be in 3 years?

**A center of expertise with international
connections, especialy with Belgium and Germany,
while Limburg has borders with both countries.**

Organisation:

Horizon Youthcare and education, location Hestia

We work regional



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Hestia is a residential secure youth care location (with a mandate for closed youth social care).

A treatment placement for girls between 12 – 18 years, who are (possibly) involved in damaging dependency relationships or at risk of being in contact with someone who is sexually abusing or exploiting them.

Unique selling point / what are you proud off?

Integrated mental health / youth care offers

Nurse at location for immediate, first medical aid

Integrated working between education and care field; incl. 48 weeks education

Integrated group therapy within the daily treatment programs

Strong in protection and risk taxation within the protection area

Extensive trauma-screening and diagnosis during admission.

Ambitions: where do you want to be in 3 years?

Recently the treatment programs are documented and founded theory-based. Now in the procedure for recognition in the Database for effective youth interventions. The aim now is to further develop and improve our treatment program for girls with special needs (lower cognitive abilities)

Organisation: Jeugdformaam

We work regional: Regio Haaglanden

Jeugdformaam

Helpt je
verder

Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Residential care for girls (12-18 year), victims of human trafficking/loverboys in the beginning (falling in love, getting to know the loverboy), in the fase of hesatation of the real love and resistance of the violence, the fase of exposure of the loverboy, and the last fase of trying to get out of the circuit.

Unique selling point / what are you proud off?

Working with a attitude of PACE: Playfulness, Acceptance, Curiosity en Empathy
Genderspecific care and the knowlegde and expertise of girls

Ambitions: where do you want to be in 3 years?

Partnership with other organisations with specifique expertise of girls.
Education for girls and boys to prevent victimisation of human trafficking.

Organisation: Meisa
crisis centre
located in Amsterdam



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Shelter located in a safe and caring environment
Tailormade (medical / psychological) assistance
Counselling to clarify the problems of the client
Advice offered for further professional help

Unique selling point / what are you proud of?

Exclusively meant for girls
Working with female staff
Much attention to personal care
Cooperation with parents / guardian
Making sexuality be-speakable

Ambitions: where do you want to be in 3 years?

More tailormade opportunities for girls for
longterm stay in homes run by Spirit

Organisation: Pluryn

We work national



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Open environment / trauma-based / combination of care for psychiatric problems, behavioral problems and mental disability / family involvement / innovative in e-health / from secured to family groups / possibility for individualized education (learning on a distance)

Unique selling point / what are you proud off?

In general we do not say 'no' at the front, we always look at possibilities to help a girl

A natural fence instead of a real fence around the location for secured youth care

Individualized care

Ambitions: where do you want to be in 3 years?

- **Increased use of e-health in treatment**
- **Smaller treatment groups**
- **More intensive after care**
- **Better insight in treatment effectiveness**

Organisation: Qpido

**We work regional in Amsterdam, Alkmaar,
Zaanstreek- Waterland & Haarlemmermeer**



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

Outpatient counseling for 1 hour a week and 4 hours a week (with 24/7 availability by telephone), depending on the degree of victimization

Unique selling point / what are you proud off?

Our warm harted, involved, flexible workers that are able to build and maintain a confidential relationship based on trust with these boys and girls

Ambitions: where do you want to be in 3 years?

We would like to be able to help more girls in the intensive outpatient counseling and we would like to work all over the Netherlands!

Organisation: Transferium Jeugdzorg

We work regional: Noord-Holland



Short overview of services for (potential and actual) victims of human trafficking / loverboys:

- Youth care institution (closed setting)
- Positive and safe living group climate
- Treatment in stages
- Connecting with youth → Building trust relationships
- Working from inside towards outside
- Coping with trauma
- Schema therapy
- Involving family and/or positive network

Unique selling point / what are you proud off?

- Forced placement → Improve low motivation
- Mixed living group
 - Criteria boys: no deviant sexual behaviour
- Sustainable Aftercare (outpatient)
 - 6-12 months
 - by former/well-known youth care takers

Ambitions: where do you want to be in 3 years?

- Successful implementation
- Demonstrated effective treatment
- Prevent repeated victimization

Bijlage 9: Blog Sara Scott

Child Sexual Exploitation in the UK, Belgium and the Netherlands

Sara Scott reflects on a recent visit to Utrecht and concludes that we have a lot to learn from each other

Last week I took part in a European knowledge exchange organised by Nederlands Jeugdinstituut to share approaches to supporting young women who had been sexually exploited. Wendy Shepherd (Barnardo's), Angela Harris (St Christopher's Fellowship) and I were the UK participants at an expert meeting involving service providers from Belgium (where CSE is referred to as Teen Pimps) and from the Netherlands (where the phenomenon is called Loverboys).

It was a fascinating two days that included a visit to FIDES a residential home specifically for exploited girls. It was a 'home' – with the completely domestic feel that few children's homes achieve - but what was abundantly clear was that it is at the same time a therapy centre providing both a therapeutic environment and individual treatment. 80-90% of the girls screen positive for complex trauma and there's a full time psychotherapist on the staff providing therapy (including EMDR). Therapy is 'normalised' at FIDES and the girls are actively involved in developing their own plans for treatment. In addition each girl has a mentor (key worker) who works closely with the therapist to ensure therapy is reinforced in everyday conversations and experiences. There's also a group work programme to build self-confidence and resilience so the girls come to believe they are worth more than to be abused and prostituted. Crucially, FIDES recruit and support an attachment figure for each girl – preferably but not always a parent. They work hard to engage parents, undertake psycho-educational work with them and support them to provide a 'secure base' for their daughter into the future. If at any time a girl has to be transferred to a secure unit because the risks are too high in the community it is for as short a time as possible, after which they return to FIDES. They thus provide the kind of continuity that is so rare in the care experiences of exploited young people in the UK. As yet they have no systematic follow up of the young women so there is no complete picture of outcomes, but many girls stay in touch and as FIDES was celebrating its 10th birthday during our visit we had the pleasure of meeting some who had returned for the party.

I was hugely impressed with two things in particular: First, the commitment to parallel working with parents - or supporting the development of an alternative long-term attachment relationship if that wasn't possible. Second, the integration of individual therapy with the whole package of care – rather than young people being sent off for mental health appointments in the hope all the nasty, dirty trauma can be dealt with by somebody else, somewhere else. Together these ensure a truly holistic response to the impact of sexual exploitation on young lives. The following day we talked about the different terminology we used in the three countries – the histories and politics of how we define and what we label this form of abuse – and how that interacts with policy and practice in the field. However, it was abundantly clear that the young women we were working with were all suffering the same abuse, with the same destructive consequences and that there was a lot we could learn from each other about what might be done about it.



Bijlage 10: Voortgangsbrief aan de Tweede Kamer

Ministerie van Veiligheid en Justitie

> Retouradres Postbus 20301 2500 EH Den Haag

Aan de Voorzitter van de Tweede Kamer
der Staten-Generaal
Postbus 20018
2500 EA DEN HAAG

**Directoraat-Generaal
Rechtspleging en
Rechtshandhaving**
Directie Rechtshandhaving en
Criminaliteitsbestrijding
Afdeling GC

Turfmarkt 147
2511 DP Den Haag
Postbus 20301
2500 EH Den Haag
www.rijksoverheid.nl/venj

Ons kenmerk
2060517

*Bij beantwoording de datum
en ons kenmerk vermelden.
Wilt u slechts één zaak in uw
brief behandelen.*

Datum 8 mei 2017
Onderwerp Voortgang en resultaten aanpak loverboys

Bij brief van 7 januari 2016 is uw Kamer geïnformeerd over de wijze waarop de staatssecretaris van Volksgezondheid, Welzijn en Sport en de minister van Veiligheid en Justitie in 2016 invulling wilden geven aan de loverboyaanpak. Graag informeren wij uw Kamer over de voortgang en resultaten van de destijds aangekondigde acties die er op gericht zijn om de loverboyproblematiek te voorkomen, te signaleren, daders te vervolgen en slachtoffers hulp te bieden. Het overzicht in deze brief is een tussenstand; de aanpak van deze problematiek wordt onverminderd voortgezet.

Onder de term “loverboys” wordt verstaan: mensenhandelaren die met verleidingstactieken, manipulaties, chantage en/of geweld meisjes inpalmen met als oogmerk hen later voor zich te laten werken in de prostitutie of illegale sectoren. Loverboys zijn dus mensenhandelaren en hun slachtoffers zijn slachtoffer van mensenhandel. Omwille van de continuïteit en de bekendheid van de term “loverboys”, hebben we de aanpak onder deze noemer doorgezet. Dit doet niets af aan de ernst van de problematiek.

Quickscan preventiemateriaal

Preventie is een belangrijke pijler in de aanpak van mensenhandel/ loverboyproblematiek. Zowel vanuit de Rijksoverheid als door lokale overheden, zorginstellingen en particuliere partijen zijn de laatste jaren veel producten ontwikkeld gericht op preventie en voorlichting. Er is voorlichtingsmateriaal specifiek gericht op loverboyproblematiek en producten die breder inzetten op het voorkomen van seksueel grensoverschrijdend gedrag bij jongeren. Seksueel grensoverschrijdend gedrag bij zowel potentiële slachtoffers als daders, vormt een steeds grotere risicofactor voor loverboyproblematiek. Jongeren zijn bijvoorbeeld op steeds jongere leeftijd seksueel actief en zijn zich niet altijd voldoende bewust van de mogelijke gevaren van bijvoorbeeld sexting, waarbij seksueel getinte foto's en video's gedeeld worden. Er is een groot en divers aanbod aan preventiematerialen ontwikkeld gericht op het voorkomen van loverboyproblematiek, wat professionals veel keuze biedt, maar het hen tegelijk lastig maakt om het meest geschikte materiaal te vinden. Om professionals zoals bijvoorbeeld leraren, jeugdhulpverleners en medewerkers van de GGD's, maar ook ouders en jongeren, hierbij te ondersteunen, is er een inventarisatie gemaakt van het beschikbare preventiemateriaal. Er is een praktische en overzichtelijke digitale folder ontwikkeld waarin een breed scala aan voorlichtingsmateriaal is



opgenomen. Met behulp van de interactieve folder kunnen professionals, ouders en jongeren, in enkele muisklikken tot een overzicht van het voor hen relevante preventiemateriaal komen. De folder laat de grote verscheidenheid zien aan materialen die reeds ontwikkeld zijn en vergroot de vindbaarheid hiervan. Dit moet ertoe leiden dat hier ook vaker en efficiënter gebruik van gemaakt gaat worden. Partijen kunnen de folder gebruiken om snel na te gaan of er al geschikt preventiemateriaal beschikbaar is. Ook kan de folder partijen inspireren om meer aan preventie te doen doordat inzichtelijk is gemaakt over welke onderwerpen en op welke specifieke doelgroepen preventie gericht kan worden. De folder is geplaatst op de wegwijzer mensenhandel¹ en onder verschillende relevante partijen verspreid. De komende tijd zal, onder ander in overleg met het ministerie van Onderwijs, Cultuur en Wetenschap, bekeken worden op welke manier verdere bekendheid kan worden gegeven aan de folder en hoe het gebruik ervan gestimuleerd kan worden.

Daderprofielen

In het kader van de daderaanpak is ambtelijk gekeken naar de kernmerken van loverboys en de methoden die daders gebruiken. Met het oog op de steeds veranderende aard van loverboyproblematiek is het van belang om de ontwikkeling in de methoden die loverboys toepassen, te blijven volgen. Vorig jaar zijn er daarom onder andere verschillende expertmeetings georganiseerd en gesprekken gevoerd met professionals uit het veld, en politie en Openbaar Ministerie, om meer zicht te krijgen op de daders. Ook zijn enkele dossiers bekeken. Er is onder andere gekeken naar leeftijd, afkomst, antecedenten, opleidingsniveau, jeugd en opvoeding en psychische problematiek van daders. De daders lijken erg van elkaar te verschillen, globaal kan er echter wel een beeld geschetst worden. Over het algemeen zijn loverboys meerderjarige jongens in de leeftijd tussen de twintig en de dertig, er zijn echter ook daders die ouder of jonger zijn. Volgens de experts zijn het vaak het mannen met de Nederlandse nationaliteit en verschillende migrantenachtergronden. Experts zien ook autochtone Nederlandse daders. Loverboys hebben veelal een crimineel verleden. De antecedenten kunnen erg verschillen; vermogens-, gewelds- en opiumwetdelicten komen het vaakst voor. Het opleidingsniveau is over het algemeen laag, er is vaak sprake van voortijdig schoolverlaten. Qua gezinssituatie gaat het vaak om jongens uit gebroken gezinnen of multiprobleemgezinnen, zonder positief mannelijk rolmodel. Er zijn vermoedens dat er vaak ook psychische problematiek speelt bij daders. Veel daders laten zich echter niet onderzoeken voordat ze veroordeeld worden, er is hierover daarom onvoldoende bekend. Het feit dat de daderprofielen zo uiteenlopen en dat er op sommige vlakken te weinig gedetailleerde informatie bekend is over de daders, maakt het ingewikkeld om preventieve maatregelen te formuleren waarmee daderschap kan worden voorkomen.

Er is ook gekeken naar ontwikkelingen in de methodes die loverboys gebruiken. Sociale media en internet spelen een steeds grotere rol, zowel bij het ronselen als de daadwerkelijke uitbuiting. Sociale media maken het leggen van contact gemakkelijker en worden ingezet om slachtoffers onder druk te zetten door te dreigen met het plaatsen van beeldmateriaal. De 'klassieke methode' van langdurig inpalmen verdwijnt steeds meer naar de achtergrond en het proces van ronselen neemt minder tijd in beslag. Veel van de preventiematerialen die zijn opgenomen in de eerder genoemde folder gaan in op deze risico's van sociale media. Loverboys gaan tegenwoordig ook sneller over tot (dreigen met) geweld. In andere gevallen spelen manipulatie en het aangaan van een schijnrelatie echter nog steeds een belangrijke rol. Ze dreigen de relatie te beëindigen als slachtoffers niet doen wat zij willen, of ze houden slachtoffers een rooskeurige toekomst voor als ze maar genoeg geld verdienen. Door het gebruik van geweld juist achterwege te laten, voelen slachtoffers zich veelal lange tijd niet misbruikt, waardoor de uitbuitingssituatie lang voort kan duren. Meisjes die opgroeien in een eer- en schaamtecultuur en meisjes met een lichtverstandelijke beperking worden vaker slachtoffer van loverboys vanwege hun verhoogde kwetsbaarheid. Er wordt veel geronseld binnen de instellingen waar meisjes met een LVB-achtergrond wonen. De stappen die in het kader van het project 'aanpak slachtoffers loverboys/mensenhandel LVB/GGZ' zijn gezet om kennis over deze problematiek te vergroten bij professionals uit de LVB- en GGZ-instellingen en hen concrete handvatten te bieden om deze problematiek aan te pakken, zijn daarom ook van groot belang. Verderop in deze brief wordt hier nader op ingegaan. Experts geven aan dat

¹ https://www.wegwijzermensenhandel.nl/Ondersteuning_minderjarigen/Preventie/index.aspx



slachtoffers niet alleen seksueel worden uitgebuit maar ook steeds vaker in worden gezet voor drugshandel, diefstal of gebruikt worden om telefoonabonnementen en leningen af te sluiten. Loverboys handelen vaak niet alleen maar worden vaak geholpen door vrienden. Ze brengen bijvoorbeeld slachtoffers naar klanten, zorgen voor werkruimte of houden het slachtoffer in de gaten. De inzichten die zijn opgehaald worden momenteel verwerkt in het barrièremodel loverboys.

Barrièremodel

De minister van Veiligheid en Justitie heeft het Centrum voor Criminaliteitspreventie en Veiligheid (het CCV) opdracht gegeven om het bestaande barrièremodel te actualiseren op basis van de laatste inzichten in methodes die loverboys gebruiken. Daarnaast is het CCV gevraagd om twee aanvullende modellen te ontwikkelen gericht op slachtoffers met een licht verstandelijke beperking en slachtoffers die zijn opgegroeid in een eer- en schaamtecultuur. De methodes van loverboys zijn vaak afgestemd op hun slachtoffer. Meisjes uit een eer- en schaamtecultuur zijn bijvoorbeeld sneller te chanteren en te isoleren; zij durven nog minder snel om hulp te vragen. Jongeren met een licht verstandelijke beperking zijn makkelijker te manipuleren en over te halen. Dit heeft gevolgen voor de aanpak, de barrières die opgeworpen kunnen worden en vooral voor de partners die hierbij betrokken moeten worden. Zo kan het bijvoorbeeld relevant zijn om organisaties uit de islamitische gemeenschap te betrekken. Het CCV brengt dit momenteel in kaart. De aanvullende modellen kunnen straks naast het algemene barrièremodel worden gebruikt. De barrièremodellen zullen naar verwachting dit voorjaar worden opgeleverd. Vervolgens zal in overleg met het CCV en de verschillende partners die in het barrièremodel benoemd worden, gekeken worden hoe de modellen effectief geïmplementeerd kunnen worden.

Opsporing, aangifte en anoniem melden

Als vervolg op de succesvolle campagne ‘Gedwongen prostitutie’ is Meld Misdad Anoniem in februari 2016 een nieuwe campagne gestart, waarbij met de campagnefilm genaamd “Het zou je dochter kunnen zijn... in de greep van een loverboy” ook specifiek aandacht is besteed aan loverboyslachtoffers. Daarnaast zijn gerichte presentaties gegeven aan professionals in de Jeugdhulp, inclusief professionals die werken met jongeren met een verstandelijke beperking, om hen te stimuleren signalen van uitbuiting desgewenst anoniem te melden. In 2016 zijn er in totaal 279 meldingen over dwang, uitbuiting en illegale prostitutie, binnen gekomen bij Meld Misdad Anoniem, in totaal betrof het 26 meldingen over minderjarige slachtoffers. Loverboyslachtoffers kunnen echter ook meerderjarig zijn. Er wordt geen onderscheid gemaakt tussen meldingen over loverboyslachtoffers en over andere slachtoffers van seksuele uitbuiting. Bijna alle meldingen (99%) zijn bruikbaar. Ongeveer 73% leidt tot een nieuw onderzoek en ongeveer 33% van de onderzoeken leidt tot vervolging.

De politie treft concrete maatregelen om de drempel die het informatief gesprek, waarin het slachtoffer wordt geïnformeerd over de gevolgen van het doen van aangifte en de mogelijke impact van het strafrechtelijke traject, soms vormt zo veel mogelijk te verlagen. Verschillende professionals uit het veld benadrukken echter dat niet alleen het informatief gesprek en de aangifte, maar het gehele strafproces dat daarop volgt door slachtoffers als te belastend wordt ervaren. Aangifte doen levert slachtoffers soms onvoldoende op, omdat daders niet altijd vervolgd worden of omdat de oplegde straffen laag zijn. De ervaringen van slachtoffers met het strafproces en de uitkomsten daarvan worden bekend bij andere slachtoffers, doordat deze bijvoorbeeld binnen een instelling worden gedeeld. Dit leidt ertoe dat sommige slachtoffers geen aangifte doen. Daarnaast spelen ook angst en schaamte een grote rol in het wel of niet doen van aangifte.

Er worden gesprekken gevoerd met professionals uit de zorg- en strafrechtketen om te kijken welke maatregelen getroffen kunnen worden om het strafproces minder belastend te maken voor het slachtoffer. Te denken valt bijvoorbeeld aan het beter informeren van hulpverleners over het strafrechtelijk proces zodat zij hun cliënten beter kunnen begeleiden, er op toezien dat er altijd een vaste rechercheur wordt aangewezen die als contactpersoon fungeert, meer bekendheid genereren over de mogelijkheden voor hulpverleners om aan te sluiten bij de gesprekken met de politie en de verhoren en het verbeteren van de samenwerking tussen de zeden- en mensenhandelteams van de politie. Ook wordt door het OM samen met de politie gekeken naar de



mogelijkheden om onderzoeken naar mensenhandel vaker ambtshalve op te starten. Tijdens het AO loverboys van 7 oktober 2015 heeft de toenmalig minister van Veiligheid en Justitie toegezegd de kamer te informeren over het aantal ambtshalve onderzoeken in loverboyzaken. Onderzoeken die ambtshalve worden gestart, worden echter niet als zodanig geregistreerd, noch door politie, noch door het openbaar ministerie. Er is dus geen aantal ambtshalve onderzoeken te geven.

Naast de maatregelen die in 2016 zijn genomen, zijn bij de begroting 2017 extra middelen vrij gemaakt waarmee onder andere verder geïnvesteerd zal worden in de doorontwikkeling van de *webcrawler*. Met dit instrument kan de politie bronnen op internet, waar vaak veel informatie uit te halen is, efficiënter doorzoeken. De *webcrawler* kan bijvoorbeeld ingezet worden om prostitutieadvertenties te doorzoeken op signalen van mensenhandel en minderjarige slachtoffers. Tegelijkertijd wordt er geïnvesteerd gespecialiseerde (data-)analisten bij het Expertisecentrum Mensenhandel en Mensensmokkel (EMM) om de informatie die met de *webcrawler* wordt opgehaald te kunnen analyseren.

Verbreding kennis binnen de hulpverlening aan jeugdigen

In december 2014 heeft de commissie Azough het Actieplan ‘Hun verleden is niet hun toekomst’ gepresenteerd. Voor jeugdzorginstellingen heeft de commissie in 2015 instrumenten ontwikkeld gericht op de kwaliteit van opvang en hulp aan slachtoffers, signalering, risicotaxatie, samenwerking met politie en justitie en melding bij het Coördinatiecentrum Mensenhandel (CoMensha). De staatssecretaris van VWS heeft aangegeven deze kennis te willen verbreden naar andere organisaties binnen de jeugdhulp en heeft dit besproken met de sector gehandicaptenzorg. Instellingen die zorg verlenen aan jongeren met een licht verstandelijke beperking (LVB) en aan jongeren met psychische problematiek, herkennen het probleem dat juist meisjes met deze problemen extra kwetsbaar zijn en een groter risico lopen om slachtoffer te worden van loverboys/ mensenhandelaren. In augustus 2016 zijn onder leiding van Naima Azough het Landelijk Kenniscentrum LVB, de Vereniging van Orthopedagogische Behandelcentra, de Vereniging Gehandicaptenzorg Nederland, GGZ Nederland en het Kenniscentrum Kinder- en Jeugdpsychiatrie gestart met het project aanpak slachtoffers loverboys/mensenhandel LVB/GGZ. Doel van het project is om te komen tot betere preventie, signalering, registratie opvang en behandeling van slachtoffers van loverboys/mensenhandel met een licht verstandelijke beperking en/of psychische problematiek. In regionale bijeenkomsten is kennis gedeeld en zijn ervaringen uitgewisseld.

Op basis hiervan worden de bestaande instrumenten ook toepasbaar gemaakt voor professionals die werken met LVB- en GGZ –jongeren. In februari is een landelijke bijeenkomst voor hulpverleners, gemeenten, bestuurders van zorginstellingen, politie en OM professionals georganiseerd. Deze bijeenkomst werd goed bezocht, de sector wil duidelijk met deze problematiek aan de slag. De concrete, vertaalde instrumenten worden door de projectleiding in maart digitaal beschikbaar gesteld aan alle aanwezigen en relevante instellingen. In overleg met de betrokken partijen zal gekeken worden hoe deze producten geïmplementeerd kunnen worden.

Gemeentelijke praktijk

De kennis die beschikbaar is voor goede hulp en zorg aan meisjesslachtoffers is ook voor gemeenten en voor de gemeentelijke (eerste lijns-)hulp die vaak in multidisciplinaire sociale wijkteams is vormgegeven, zeer relevant. Voor gemeenten is een belangrijke rol weggelegd in de aanpak van loverboy- en mensenhandelproblematiek. Op grond van de Jeugdwet en de Wmo 2015 hebben de gemeenten de verantwoordelijkheid om een goed opvang- en ondersteuningsaanbod voor slachtoffers van loverboys te realiseren. De decentralisaties in het sociale domein zorgen er ook voor dat gemeenten meer instrumenten hebben om te komen tot vroegsignalering van (herhaald) slachtofferschap. Het Nederlands Jeugdinstituut (NJI) is in opdracht van de staatssecretaris van VWS en de Vereniging van Nederlandse Gemeenten aan de slag om de kennis, die in diverse trajecten is opgedaan, in overleg met vertegenwoordigers uit gemeenten te vertalen naar de gemeentelijke praktijk. Ook hier gaat het om kennis en bewustwording, preventie van loverboyproblematiek, het herkennen en signaleren van de problematiek, het bieden van behandeling aan slachtoffers en de samenwerking met politie en Openbaar



Ministerie. Sociale wijkteams kunnen een rol spelen bij het voorkomen en signaleren van loverboyproblematiek en het doorverwijzen naar gespecialiseerde hulp. Maar ook gaat het om het zorgen voor randvoorwaarden voor interdisciplinaire samenwerking en het bieden van nazorg om herhaald slachtofferschap te voorkomen. Juist bij deze problematiek is samenwerking tussen verschillende sectoren en disciplines van belang om slachtoffers goede hulp te bieden en om daders te vervolgen. Speciaal voor gemeenten wordt een checklist ontwikkeld die helpt bij het realiseren van de aanpak. Met het NJI en de VNG wordt besproken hoe de praktijk ondersteund kan worden bij de aanpak en hoe we hier nader vervolg aan geven.

Jongensslachtoffers

Bestaand onderzoek en bestaande instrumenten met betrekking tot loverboyproblematiek/mensenhandel richten zich vooral op meisjes als slachtoffers en niet op jongens. Hierdoor is er behoefte aan meer inzicht in deze problematiek specifiek bij jongens. Ook in het Algemeen Overleg Loverboyproblematiek van 7 oktober 2015 is deze behoefte aan de orde gesteld. Om meer inzicht te krijgen in het verschijnsel jongens als slachtoffer van loverboypraktijken of mensenhandel heeft de staatssecretaris van VWS een verkenning laten doen. Deze verkenning, 'Seksuele uitbuiting van jongens', treft u hierbij aan (bijlage 1). Uit het onderzoek blijkt dat de onderzoekers veel moeite hebben moeten doen om jongensslachtoffers te vinden. Dit komt omdat deze problematiek zich, meer nog dan bij meisjes het geval is, in het verborgene afspeelt en onzichtbaar lijkt te zijn. Het onderzoek is gebaseerd op 32 casussen. Vier feitelijke jongensslachtoffers zijn geïnterviewd. Daarnaast is er een dossierstudie gedaan, is casuïstiek verzameld en online en offline veldwerk verricht. Andere belangrijke basis voor het onderzoek zijn de vraaggesprekken met professionals.

Vanwege het beperkt aantal gevonden gevallen, biedt het onderzoek slechts een globaal beeld van deze problematiek. Een schatting van het aantal jongens dat slachtoffer is van loverboyproblematiek/ seksuele uitbuiting, is op basis van het onderzoek niet te geven. De gevallen die de onderzoekers wel hebben weten te vinden, tonen echter zeer ernstige problematiek die vaak samenhangt met andere vormen van criminaliteit. Belangrijke conclusie is dat de manier waarop een jongen in een situatie van seksuele uitbuiting kan belanden anders is dan bij meisjes, er is namelijk sprake van een glijdende schaal. Vanwege kwetsbaarheid 'rollen' jongens als het ware de prostitutie in en komen vervolgens in een situatie waarin zij ook weer vanwege die kwetsbaarheid, uitgebuit kunnen worden. Het is daarom vaak moeilijk te zeggen wanneer het omslagpunt naar uitbuiting heeft plaatsgevonden en het uitbuittingsaspect is daarom niet in alle beschreven casuïstiek duidelijk aanwezig. In het onderzoek is gekeken naar seksuele uitbuiting van jongens tot 23 jaar. Wanneer het gaat om prostitutie met minderjarige jongens betreft dit sowieso een strafbaar feit.

Uit het onderzoek komt nog een verschil tussen jongens en meisjes naar voren waardoor signalering lastig blijkt te zijn. Bij meisjes worden wisselende seksuele contacten of ruilseks al snel gezien als seksueel grensoverschrijdend gedrag, bij jongens blijkt dit niet altijd het geval. Slachtofferschap wordt door professionals bij jongens minder snel herkend. Daar komt bij dat jongens zichzelf ook niet snel als slachtoffer zien. Tenslotte bestaat er ook een discrepantie tussen behoefte aan en het aanbod van hulpverlening. Waar bij bestaande hulpverlening de focus ligt op sociaal emotionele ondersteuning, die bovendien ontwikkeld is voor meisjesslachtoffers, ligt de behoefte van jongens vooral ook op het praktische vlak, zoals huisvesting.

Uit het onderzoek blijkt dat het creëren van bekendheid voor deze doelgroep een eerste stap is voor effectieve hulp. Daarom wordt er dit voorjaar een bijeenkomst georganiseerd met relevante zorg- en hulporganisaties om de uitkomsten van dit onderzoek te delen. Nadruk zal dan liggen op het vergroten van de bekendheid van seksuele uitbuiting bij jongens en wat dit vraagt van de hulpverlening.

Internationale expertmeeting behandelen slachtoffers van mensenhandel/loverboys

Om de kwaliteitsverbetering van het bestaande specialistisch behandelaanbod voor slachtoffers van loverboys/mensenhandel een impuls te geven is er in samenwerking met het NJI een internationale expertmeeting georganiseerd. De internationale expertmeeting heeft plaatsgevonden op vrijdag 7 april 2017 in Utrecht. In het Verenigd Koninkrijk is recent onderzoek afgerond naar vier lokale praktijken die



behandelprogramma's ontwikkelen voor de hulp aan meisjes die risico lopen om seksueel uitgebuit te worden of slachtoffer zijn. Op verschillende manieren wordt onderzocht wat wel en niet werkt in de praktijk. De behandelprogramma's bieden een breed spectrum aan zorg en ondersteuning via verschillende modellen door verschillende professionals, waaronder de behandeling van meisjes in de gespecialiseerde residentiële zorg. De uitkomsten van het onderzoek zijn tijdens de expertmeeting gepresenteerd en besproken. Professionals uit België (Vlaanderen) die op dit moment bezig zijn een aanpak op te zetten, waren hierbij aanwezig. De expertmeeting is voorgezeten door Naïma Azough en voorafgegaan door een werkbezoek bij een gespecialiseerde zorgaanbieder. De input uit het buitenland kan handvatten bieden voor uitwisseling van kennis en voor verdere ontwikkeling van het aanbod van de Nederlandse zorgaanbieders. Het verslag van de expertmeeting treft u aan in bijlage 2.

Behandelaanbod slachtoffers loverboys/mensenhandel

Veel jeugdhulpaanbieders bieden hulp aan slachtoffers van loverboys/mensenhandel maar landelijk is er niet veel bekend over de effectiviteit van behandelingen. Het is belangrijk dat meer behandelaanbod goed beschreven wordt en de bekendheid over de effecten vergroot wordt om nog betere hulp en opvang te kunnen bieden. Vanuit het NJI en Zon/Mw is een project ingericht om de kwaliteit en de effectiviteit van de behandeling en bescherming van slachtoffers van loverboys/mensenhandel te verbeteren. Zes jeugdhulpaanbieders zijn begonnen met de beschrijving en theoretische onderbouwing van hun behandelaanbod. Het doel van dit project is om te komen tot goed beschreven en goed onderbouwde interventies in de databank van het NJI met als uiteindelijke doel om te komen tot een aantal effectieve interventies.

Drie behandelprogramma's van jeugdhulpaanbieders Spirit en Parlan zijn eind vorig jaar beoordeeld door de Erkenningscommissie Interventies. De twee programma's van Spirit zijn onder voorbehoud erkend als theoretisch goed onderbouwde interventie en zullen ondersteund worden bij het verwerken van het commentaar van de commissie zodat ze in juni opnieuw beoordeeld kunnen worden.

Het programma van Kompaan en de Bocht wordt in april beoordeeld. Intermetzo en Pluryn zijn gefuseerd en gaan nog gezamenlijk een zorgprogramma beschrijven.

In de loop van 2017 zal in overleg met Zon/Mw en het NJI worden gezien welke vervolgstappen mogelijk zijn om meer kennis te verkrijgen over de effectiviteit van interventies voor slachtoffers van loverboys.

Vervolg

Het afgelopen jaar zijn er veel nieuwe inzichten opgedaan over de problematiek, is de kennis over de bestrijding van deze problematiek en de behandeling van slachtoffers verder uitgebreid en zijn er verschillende praktische hulpmiddelen ontwikkeld. De uitdaging ligt nu voor om komende tijd samen met relevante partners in de aanpak van loverboyproblematiek in te zetten op borging en implementatie van deze resultaten. Vanuit de verschillende departementen wordt daarnaast gekeken welke aanvullende maatregelen nodig zijn om minderjarigen nog beter te beschermen tegen uitbuiting en noodzakelijke hulp te verbeteren. Het is van belang dat er voortdurend aandacht blijft voor deze problematiek. De strijd tegen dit ernstige misdrijf gaat onverminderd door.

De Minister van Veiligheid en Justitie,

S.A. Blok

De Staatssecretaris van Volksgezondheid, Welzijn en Sport,

M.J. van Rijn



Bijlage 11: Deelnemerslijst

Voornaam		Achternaam	Functie	Organisatie
Neeltje	van den	Aker	Leidinggevende	Stichting Jeugdformaat
Annemieke	van	Barneveld	Gedragwetenschapper	De Rading
Sjoerd	van	Bemmel	nationaal rapporteur mensenhandel	NRM
Amanda	van den	Berg	Behandel coördinator / Orthopedagoog Generalist i.o.	Spirit, de Koppeling
GertJan		Bommelje	Veiligheidscoördinator	Gemeente Vlissingen
Rozerie		Bosma	Management adviseur	Parlan
Ben	van	Broeckhoven	Directeur	Koraal Groep Gastenhof
Lieke	op den	Camp	Zorgcoördinator slachtoffers mensenhandel	Gemeente Weert
Susanna		Castilla Carrasco	Gedragwetenschapper	Horizon
Myrna		Cleef	Orthopedagoog	Qpido - Spirit
Nicole		Coenraad	Schoolmaatschappelijk werker	Partners in Welzijn
Marieke		Dekkers	Procescoördinator	Veiligheidshuis Zeeland
Stefan		Flierman	Teamleider	Fier
Ramon		Frissen	manager zorg	Gastenhof / koraal groep
Carien		Görts	coördinerend inspecteur	Inspectie Jeugdzorg
Kirsten		Grandia	Beleidsmedewerker	Gemeente Den Haag
Trees		Kelder	Orthopedagoog	Fier
Roos		Koolhof	psycholoog	Spirit/ Qpido
Floortje		Kunseler	Senior onderzoeker	Fier
Francien		Lamers-Winkelman	Adviseur	Fier (Leeuwarden)
Hilke	van	Leeuwen	ambulant hulpverlener	Spirit
Marlies		Levels	algemeen maatschappelijk werkster	Helse Liefde (PIW)
Rene		Meenhuys	Systeemtherapeut	Spirit
Erie		Merkus	beleidsadviseur	Landelijk Kenniscentrum LVB
Monica	de	Meyer	Pedagogisch medewerker	Spirit
Jos		Noordover	Senior beleidsmedewerker	VGN
Adrienne		Offers	Gedragwetenschapper	Stichting Jeugdformaat
Floor	't	Sas	GZ-psycholoog	Spirit
marjolein	van	Tunen	strategisch adviseur Jeugd	politie
Hanneke	Van	Uden	Pedagogisch medewerker	Kompaan en de Bocht
Linda	Van	Veen	Beleidsadviseur	Gemeente Amsterdam
Djiewke		Verseput	Beleidsadviseur afdeling Kwaliteit en Verantwoording	GGZ Nederland
Rianne	De	Vries	Pedagogisch hulpverlener	Spirit



Renate	de	Vries	De Rading	director
Marion		Welling	ambtelijk secretaris	Bestuurlijk overleg organisaties voor Jeugd & Opvoedhulp en JB Rotterdam Rijnmond
Daphne	van der	Zwan	Officier van justitie	Openbaar Ministerie
Angela		Harris	Service Manager	St. Christophers Fellowship
Els		Lieckens	Responsible residential division	Youth Care Emmaüs Antwerp
Magda		Massoels	Head of the Department	Community Institutions in Flanders
Nathalie		Schouteet	Pedagogical Director	Community Institution De Zande/Campus Beernem
Sara		Scott	Principle Researcher	DMSS Research & University of Bedfordshire International Centre.
Wendy		Shepherd	Programme Manager	Barnardo's SECOS Project
Miguel		Torres Garcia	Chief operation officer	Child Focus Belgium
Bonita		Kleefkens	Head of Dept. Youth Affairs	Ministry of Health, Welfare and Sports
Claudia		Lucardie	Senior Policy Advisor on Child Abuse approaches, directorate Youth Affairs	Ministry of Health, Welfare and Sports
Naima		Azough	Chairperson	(former) Committee Azough
Stefanie		Abrahamse	Advisor	Netherlands Youth Institute
Marianne		Berger	Senior expert in youth care	Netherlands Youth Institute
Nienke		Foolen	Advisor in development of quality of care	Netherlands Youth Institute
Rutger		Hageraats	Head of department transformation youth care system	Netherlands Youth Institute
Pink		Hilverdink	Advisor in international collaboration	Netherlands Youth Institute
Wendy		Kunst	Project assistant	Netherlands Youth Institute

