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Developing Directive-Compatible Practices for the Identification, Assessment, and Referral of Victims

National Report: The Netherlands George Plevris

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Table of Contents

Introduction.....	3
Part I. Desktop Research	
1. Legislative Overview.....	4
Part II. Mapping of Practices on Victim Identification, Individual Assessment of Needs and Referral Mechanisms	
1. Presentation of Entry Points.....	9
2. Practices per entry point.....	13
2.a. Police Services.....	13
2.b. Public Prosecutor Services.....	17
2.c. Victim Support Services & NGOs.....	20
2.d. Legal Services.....	24
2.e. Health Services.....	26
3. Challenges and Best Practices per entry point.....	31
3.a. Police Services.....	31
3.b. Public Prosecutor Services.....	32
3.c. Victim Support Services & NGOs.....	33
3.d. Legal Services.....	34
3.e. Health Services.....	35
Part III. Findings of the Report	
1. Observation and Findings of the interviews.....	37
2. Comparison with Directive Standards.....	38
Conclusion.....	39
Annex I.....	40

Introduction

On 14 November 2012, Directive 2012/29/EU of the European Parliament and of the Council, also known as Victims Directive, came into force, replacing the Council Framework Decision of 15 March 2001 on the standing of victims in criminal proceedings. The new Victims Directive established minimum standards on the rights, support and protection of victims of crime, and it was as such divided into six Chapters: general provisions; provision of information and support; participation in criminal proceedings; protection of victims and recognition of victims with specific protection needs; other provisions; and final provisions. The Victims Directive's deadline for transposition to the national legislation of Member States was 16 November 2015.

For this purpose, the project “Developing directive-compatible practices for the identification, assessment and referral of victims” was initiated, to build the knowledge basis for the effective implementation of the Victims Directive among Members States. This report will examine the implementation of the above thematic lines in the Netherlands, with special attention to the practices that front line institutions carry. The National Report combines a mixed methodology of desktop research and interviews with frontline institutions on the protection of victims.

The First Part of the report will focus on the legislative analysis of Dutch law and policies towards the implementation of the Directive. It will briefly present the main steps of the national criminal procedure, with particular attention to the status and role of the victim in the criminal process, and will present an overview of how the provisions of the Directive have been or will be integrated in the national legal order. Part II will turn to the practical aspect of the issue, as the main aim of the project is to shed light to the practices of frontline institutions vis-à-vis victims' rights and needs, map best practices as well as gaps and challenges. An overview of the entry points of focus will take place, mapping the competent authorities involved in victim identification, support and protection. The main focus will be on the police, prosecution, health, legal, and victims support services. Based on information collected through the interview rounds, an analysis of best practices, challenges and areas of improvement will follow, leading up to the Conclusion of the National report, with overall comparative observations with the Directive.

Part I. Desktop Research

1. Legislative Overview

The elevated position of the victims in criminal proceedings is a somewhat recent development of the last two decades in the Netherlands. Before the adoption of the Victims Directive 2012/29, the European legal framework in place was that of the Council Framework Decision of 2001 on the standing of victims in criminal proceedings (2001/220/JHA), here and after Framework Decision. The main aim of the Decision was to establish and guarantee a high level of protection for victims throughout the European Union, by establishing ‘hard law’ provisions with regard to the rights of victims during criminal proceedings, measures that apply before and also after proceedings, and to mitigate the effects of crime.

Victims’ policy in the Netherlands in 2001 was still on developing stages when the Framework Decision was introduced. The role of victim, despite private initiative in the Netherlands dating back in 1970s, became prominent in the public discourse late 80s, due to a combination of public discontent on traditional criminal proceedings, increased self-awareness from the side of the victim, and a landmark decision in the European Court of Human Rights on a sexual violence criminal case.¹

In 1995 the first major legislative initiative took place through the *Terwee Act*, targeted in improving the legal status of victims in the Dutch criminal proceedings.² The Act however only marginally improved the position of the victim, namely towards introducing compensation schemes during criminal proceedings (“restitution orders”, introduced to the Code of Criminal Procedure, setting aside existing limits on civil party procedures).³ The next legislative attempts followed a decade later, in 2005 and 2009, with bills aiming to improve a victim’s rights during criminal proceedings. The bills were a result of European Commission’s criticism noted in its Report on the implementation of the Framework Decision of 2001, according to which, none of the Member States’ national legislation was in full compliance with the Framework Decision.⁴ Due to this, the 2005 bill introduced new provisions for the right of victims to speak out during criminal proceedings, while the 2009 bill aimed at revising the Code of Criminal Procedure.⁵

The main piece of legislation that fully implemented the Framework Decision of 2001, and went further in developing a more concrete approach for the victims in

¹ ECtHR, *X and Y v. The Netherlands*, No 8978/80, 26 March 1985, para. 27.

² Act of 23 December 1992 (Official Bulletin- Stb. 1993, 29), entering into force on 1 April 1995.

³ Victims Care Directive implementing into national law the Terwee Act, March 1995, available at: <https://zoek.officielebekendmakingen.nl/stcrt-1995-65-p12-SC2277.html?>

⁴ Report from the EU Commission on the basis of Article 18 of the Council Framework Decision of 15 March 2001 on the standing of victims in criminal proceedings, COM (2004) 54 final.

⁵ Law of 21 July 2004, Official Bulletin- Stb. 2004, 382; and Proposal on the reinforcement of the position of the victim in criminal proceedings, Parliamentary Papers II 2004-2005, 30 143, nr. 3.

Netherlands was the 2011 Act for the *Improvement of the Position of Victims in Criminal Proceedings*. The Act improved the position of the victims and their relatives in the criminal process, having an independent status in the criminal process, confining wider range of rights and powers, elevated the provision of information to the victims and introduced more advanced compensation schemes. According to the detailed National Report of the Project *Protecting Victims' Rights in the EU: the theory and practice of diversity of treatment during the Criminal Trial*,⁶ carried out between 2012-2014, the legal framework of the 2011 Implementing Act does not only fully complies with the Framework Decision of 2001, but is almost in compliance with the minimum standards set out by the 2012 EU Victims' Directive.⁷

In his report Mr. Voermans in many instances remarks that the practice carried out towards victims in the Netherlands was at many cases in line with the minimum standards, despite there being a lack of formalized implementing national legal act. In fact, it is a common practice in the Netherlands that low-level regulations, implemented at municipal and regional level, give effect to policies that in other countries might be found at a national level. In addition, as the report concludes, some of the respondents in the research even argued that in the Netherlands, with regard to the improvement of the victim's position in the criminal procedure, the law was not the only weapon to reach this goal, and in some cases not the optimal one.⁸ In a similar tone, the 2014 Report of the European Union Agency for Fundamental Rights (FRA) titled *Victims of crime in the EU: the extent and nature of support for victims* also recognized the lack of official implementing act for the 2012 Directive, nonetheless it recognized and highlighted that the actual practice of Dutch frontline institutions, with emphasis on the support services for victim, was corresponding to the minimum standards of the Directive.⁹

In 2015 and 2016 The Netherlands took more positive action to implement in full the minimum standards of the EU Victims' Directive through an implementation act that will amend Criminal Code Procedure and fill in the existing gaps with the Directive. This is a part of a wider Dutch policy that aims to turn the spotlight during the criminal proceedings to the victim's rights and needs, and offer sufficient support along the way. The policy was announced on February 2016, during the first meeting of the European Network for Victim's Rights, established during the Dutch EU

⁶ Available at: <http://www.cecl2.gr/index.php/en/projects/research/430-protecting-victims-rights-in-the-eu-the-theory-and-practice-of-diversity-of-treatment-during-the-criminal-trial>

⁷ Prof. Dr. Wim J.M. Voermans, National Report: The Netherlands, Protecting Victim's Rights in the EU: the theory and practice of diversity of treatment during the criminal trial, available at: <http://www.victimprotection.eu/index.php/2014-05-01-19-31-19/jd/viewcategory/22-nl-the-netherlands?limitstart=0&order=date&dir=asc>

⁸ Id., pp. 29.

⁹ Report of the European Union Agency for Fundamental Rights (FRA) titled *Victims of crime in the EU: the extent and nature of support for victims*, (2014), available at: http://fra.europa.eu/sites/default/files/fra-2015-victims-crime-eu-support_en_0.pdf

Presidency. In his speech the Ministry of Security and Justice presented the main focus of the new policy that centers around six policy aims:¹⁰

- Treating victims properly and acknowledging their needs;
- Giving victims a strong legal position;
- Physically protecting victims when necessary;
- Protecting their privacy;
- Supporting victims who need help coping with the impact of the crime;
- Helping victims recover from the impact of the crime, financially, practically and emotionally.

On April 26, 2016 the Dutch Senate adopted the Minister's legislative proposal on the matter. The new law amends the Code of Criminal Procedure and the Damages Fund for Violent Crimes Act. The amendments include among others the rights of victims to be heard in the courtroom, allowing the victims to position and express themselves regarding the guilt of the suspect and what the punishment should be. Furthermore, the new law amends article 51e of the Code of Criminal Procedure, which allowed for a verbal statement of the victim during a court session, to allow authorized persons to do so on their behalf, by informing the prosecutor in writing before the start of the court session. Other amendments touch upon the rights of father or mother of a victim that is minor, or of surveying relatives of a deceased victim to make a statement.¹¹

What is more, further legislative proposals that will implement and transpose the minimum standards in the Dutch Law of the EU 2012 Victims' Directive are currently under consideration in the Dutch Senate. An *Implementation Directive on Minimum Standards on the Rights, Support and Protection of Victims* has already been approved by the House of Representatives, and it is in front of the Senate for budgetary and financing issues.¹² The new legal framework implementing the EU 2012 Directive will reinforce the position of the victims in the Netherlands, whose rights will apply from the moment of the reporting of the crime until the case against the perpetrator has been settled by the court.¹³ Adding to that, the contact with minors will be reviewed and strengthened in the actual practice of the police, public prosecutor departments and other organizations. The same minimum rights established in the Netherlands will also apply for non-Dutch victims including the

¹⁰ Speech of Mr. Ard van der Steur, Minister of Security and Justice, Meeting of the European Network for Victims Rights, 19 February (2016), available at: <file:///Users/gplevris/Downloads/speech-minister-van-der-steur-envr-feb-19.pdf>

¹¹ Act of April 14, 2016, Amending the Code of Criminal Procedure to Supplement the Right to Speak of Victims and Families in Criminal Proceedings (April 14, 2016).

¹² Implementation Directive on minimum standards on the rights, support and protection of victims of crime, Dutch Senate press release (June 2016), available at: https://www.eerstekamer.nl/wetsvoorstel/34236_implementation_richtlijn

¹³ House of Representatives agrees with extra rights for victims in criminal proceedings, Ministry of Security and Justice Press Release, April 12, (2016), available at: <https://www.government.nl/ministries/ministry-of-security-and-justice/news/2016/04/12/house-of-representatives-agrees-with-extra-rights-for-victims-in-criminal-proceedings>

rights to an interpreter or receiving linguistic support when submitting a report of a crime or pursuing free access to victim support services.

A Royal Decree was announced in August 2016, titled *Victims of Crime Decree* approving the Implementing Act, pending clarifications on its entry into force, after the decision of the Senate.¹⁴ As the explanatory memorandum accompanying the Decree notes, the Implementation Act of the 2012/29 EU Victims' Directive amends the Code of Criminal Procedure and delegates a number of topics through general administrative or ministerial regulatory provisions (low-level regulation). The delegation includes the following topics:

- The setting for victims;
- The content and presentation of information to the victim on his first contact with the investigating officer or other officer of an organization that has the task of detecting criminal offenses;
- Measures to protect victims and their relatives;
- Individual assessment getting victims to identify specific protection needs and to determine whether and to what extent specific measures are required during the criminal proceedings and the enforcement stage (in criminal matters);
- Restorative services including mediation.

Further detailed research on the victim's rights and status in the Netherlands, including special groups of victims, has been conducted in the last years by EU, national research institutes, academia and NGOs. Some indicative examples include:

- Victims in Europe: Implementation of the EU Framework Decision on the Standing of victims in criminal proceedings in the Member States of the European Union, Victims Support Europe & Intervict- Tilburg University, (2009), available at: https://www.tilburguniversity.edu/upload/a5109807-64bf-446a-ad22-c57f850ea7c5_apvicineurope.pdf
- National Report: The Netherlands, Protecting Victim's Rights in the EU: the theory and practice of diversity of treatment during the criminal trial, available at: <http://www.victimprotection.eu/index.php/2014-05-01-19-31-19/jd/viewcategory/22-nl-the-netherlands?limitstart=0&order=date&dir=asc>
- *Victims of crime in the EU: the extent and nature of support for victims*, Report of the European Union Agency for Fundamental Rights (FRA) (2014), available at: http://fra.europa.eu/sites/default/files/fra-2015-victims-crime-eu-support_en_0.pdf

¹⁴ Decree of August 24, 2016, laying down rules on the rights, support and protection of victims of crime (Decree on Victims of Crime), (August, 2016), available at: <https://zoek.officielebekendmakingen.nl/stb-2016-310.html>

- Identification & Support of Victims of Trafficking for Labor Exploitation in The Netherlands, the UK and Romania, PRO-ACT, (2015), available at: <http://www.labourexploitation.org/sites/default/files/publications/Pro-Act%20Research%20Report.pdf>
- Unfinished Business –Women’s Rights in the Netherlands, Dutch CEDAW Network, Shadow report by Dutch NGOs & CSOs (September, 2016), available at: https://www.atria.nl/sites/atria/files/atoms/files/Schaduwrapportage%202.0_19%20sept%202016_DEF.pdf

Part II. Mapping of Practices on Victim Identification, Individual Assessment of Needs and Referral Mechanisms

1. Entry Points

This part will present the main entry points and organizations involved in the victim support and rights services in the Netherlands that were interviewed and researched for the purpose of this project. The information was collected by semi-formal interviews, based on an indicative question guide that covered the three main practices of such organizations, namely identification, individual assessment and referral mechanisms. Supporting and supplementing materials to the interviews were either obtained by desktop research, or were provided by the interviewee himself. After the interview session, the information collected was transcribed in a ‘Reporting Template’. The Interview guide is included in Annex I. There were six policy areas pertaining to victim support, practices and victim rights policies that were researched and interviewed, and include the following institutions:

A. Police Services

National Police in the Netherlands is decentralized and structured under 10 Regional Units. Each Regional Unit is managed by a Chief Constable and is responsible for the structure and police services in that region, broken down per municipality, or a cluster of many municipalities.¹⁵ The Police Service Center will provide general operational management services, ICT services, finance, human resources and communication operations, allowing the police work to be done at the regional officer level. In the interview rounds the Share Victims’ Program Unit was interviewed, which belongs to the Program Services of the National Police. This included the Project Leader and an Operational Professional that supervised the implementation of the new policy; a pilot program that has been successfully implemented for 8 months in the regions of Arnhem and Maastricht, and that will receive wider regional implementation within 2017-2018.¹⁶

The Pilot Project pertained on individual assessment, and aims to transcribe in full the prescriptions of the European Victims’ Directive. It is part of a wider policy on improving the services of the police, called “*Dienstverleningsconcept – Nationale Politie*” (Service Concept- National Police), articulated back in 2012.¹⁷ It aims to strike a balance between the prosecutorial-investigation functions of the police, but at

¹⁵ Organization of the Dutch Police, available at:

<https://www.government.nl/topics/police/contents/organisation-of-the-dutch-police>

¹⁶ News reporting on the matter, both under English

(<http://www.dutchnews.nl/news/archives/2016/11/police-to-introduce-vulnerability-assessment-for-victims-of-crime/>) and Dutch headings (<http://www.ad.nl/dossier-nieuws/politie-analyseert-kwetsbaarheid-slachtoffer~a8d5eb69/>)

¹⁷ Available in Dutch at: https://www.politie.nl/binaries/content/assets/politie/wob/00-korpsstaf/dienstverleningsconcept_def.pdf

the same time the protection of the victims, assessment of their vulnerabilities and pursuit of positive action to protect them. To that end, old police guidelines and tools were reviewed, and reassessed and some new aspects to the police work towards the victims' practice were added. The project gives particular attention in improving IT services, registration of victims and system improvements, but additionally in optimizing the police culture.

B. Public Prosecutor Services

The Netherlands is also regionally divided when it comes to the judicial system. There are 10 District Courts Regions in the Netherlands, all of which have Public Prosecutor Offices under the guidance of a Chief Prosecutor. The public prosecutors employed at these offices represent the Public Prosecution Service in district courts. They are assisted by prosecutor's clerks and an office staff who may deal with certain cases themselves, such as traffic violations and other minor offences.¹⁸ They also do the groundwork in more serious cases, which only the public prosecutor can deal with. In recent years the Public Prosecution service has evolved from a structure consisting of independent units into a national organization based on regional partnerships.¹⁹

The Public Prosecutor's Office that was interviewed belongs to the Northern Holland Regional District. The Deputy Director, a Public Prosecutor and an Assistant to the Public Prosecutor participated in the interviews and provided information on the practices of the PP's office towards victims, the close relation with the police, and the policy frameworks implemented currently in the Netherlands.

C. Ministry of Security and Justice

The Ministry of Justice is the one of the main Ministries, if not the main, to coordinate and influence Victims' Policy and Implementation frameworks. Due to the main role in the policy and implementation process, and due to the ongoing implementing policies (Individual Assessment Policy Plan, new legislation transposing the EU Victims' Directive) at the level of Police and Public Prosecutor, interviews were conducted as well. Two interviews were conducted with the professionals from the Unit of Victims Policy, part of the Directorate-General for Sanctions and Protection of the Ministry.²⁰ The Unit works closely in the development of Victims Policy and its implementation and diffusion across relevant actors, the police and Public Prosecutor.

¹⁸ Organization of the Public Prosecutor Services, available at:

<https://www.om.nl/algemeen/english/about-the-public/organisation-the/>

¹⁹ The Public Prosecution Service at a glance, Ministry of Security and Justice, available at:

<file:///Users/gplevris/Downloads/35po2011g002.pdf>

²⁰ Organizational Chart, Ministry of Security and Justice, available at:

file:///Users/gplevris/Downloads/OrganogramMinVenJ-100B-UK_1.pdf

D. Victim Support Netherlands (*Slachtofferhulp Nederland*)

The Victim Support Netherlands is one of the biggest providers of victim support services in the Netherlands.²¹ Up until 2002, the National Organization of Victim Support was composed by 25 different members and organizations. In 2002 however all these members were merged into one, national foundation, the Victim Support Netherlands, consisting of 75 regional offices across the country.²² The VSN provides legal advice and practical support to victims of attacks and crimes, ranging from burglaries and theft, to domestic and sexual violence, traffic accidents, stalking, murders and so forth. The services it offers are available to anyone for free. VSN works closely with the Police and the Public Prosecutor, and its part of a bigger network of victim support organizations, sexual and trauma centers and shelters. Additionally, VSN has its own training academy (*Slachtofferhulp Academie*) which trains professional volunteers, interns and external stakeholders. All volunteers employed in the VSN receive special training before they begin work, including a basic course addressing interviewing techniques, victim's needs and the services the organization provides.²³

E. Blijf Groep (Women's Shelter)

Blijf Groep is an organization for assistance and shelter in cases of domestic violence in the Regional of Amsterdam/North Holland. It is a non-governmental institution that provides specialized victim support services, created originally by a private initiative in 1974. In addition to developing forms of assistance for the entire family, the Organization has in recent years gained experience in assisting children who have witnessed domestic violence. Alongside to shelters for women and children, the Blijf Groep also offers shelters to men who are victims of domestic violence. The Group runs Domestic Violence Support Centers in three regions across the country, and in total runs 31 crisis shelters, 5 emergency beds, 4 high security locations, 110 supported living locations in various forms, including 8 beds for men in various locations.

F. Legal Services (LANGZ, Korver Advocaten, Van Kempen c.s. Advocaten)

With regard to the legal practice in the front of the victims' rights and services two law firms and a legal aid organization were interviewed. To begin with the latter, LANGZS (in Dutch) stands for the National Lawyers Network for Violent and Sexual Victims and is a foundation that focuses on the legal assistance to victims of serious violent crimes and sexual offences. The foundation was established to this end by a number of lawyers in 2007. The aims of LANGZS is to provide expertise of lawyers

²¹ Victim Support Netherlands, Official site, mission statement, available at: <https://www.slachtofferhulp.nl/Over-Ons/>

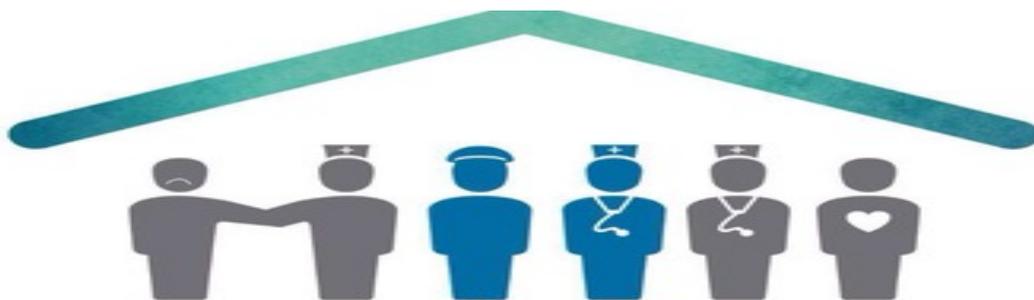
²² Report on Victims of Crime in the EU: the extent and nature of support for victim, FRA-European Union Agency for Fundamental Rights, pp.65, (2014), available at: http://fra.europa.eu/sites/default/files/fra-2015-victims-crime-eu-support_en_0.pdf

²³ Id., pp. 70.

to help increase victims representation and legal assistance, strengthen the position of the victims of violent and sexual offences in the legal-criminal process and offer public education on such issues.²⁴ The Korver and Van Kampen Law Firms are located in Amsterdam and take on actively cases of victims of crime, work closely with legal aid organization, such as LANGZ, Blijf Groep, and other initiatives.

G. Sexual Violence Centre/Psycho Trauma Center, Wilhelmina Hospital Utrecht

The Sexual Violence Centre (SVC) is an organization that offers integrated medical, psychological and victim support to victims of sexual violence and domestic sexual abuse. Sexual Violence Centers are located throughout the Netherlands in 12 different locations, and are often located close to a hospital, although not necessarily.²⁵ In this case the interview took place with the Sexual Violence Centre in Utrecht and its Psycho Trauma Centre located in the Wilhelmina Children's Hospital. The structure of the Centre is unique, as it combines the integrated care of doctors, nurses, psychologists, social workers, sexologists, police and victim support representatives. As the depiction indicates below, all the practices are under one roof, with emphasis on the psychological and medical care of the victim. The First SVC opened in 2012 in the Netherlands, modeled after the Danish Rape Centers. Prior to the opening of the SVCs, assistance to victim of sexual violence in the Netherlands was fragmented, and the different examinations that have to be taken after a sexual assault or crime were dispersed in different location and in different practices. The SVCs combine an integrated medical care approach, that pulls to its center other practices, including the police and victim support, that will work and cooperate close with the SVC and will accommodate the victims during their experience with the health services.



*Graphic Representation of the SVC's integrated structure.*²⁶

²⁴ National Lawyers Network for Violent and Sexual Victims (in Dutch: Stichting Landelijk Advocaten Netwerk Gewelds- en Zeden Slachtoffers (LANGZS)), official website available at: <http://langzs.nl/>

²⁵ Sexual Violence Centers (in Dutch: Centrum Seksueel Geweld), official site, available at: <http://www.centrumseksueelgeweld.nl/over-ons/organisatie/>

²⁶ Source: <http://www.deblikopeners.com/partners.html>

2. Identification, Individualized Assessment and Referral Practices

In this part a detailed presentation of the information and data collected by the interviews and supplementing materials on the practices of the above mentioned frontline institutions will take place. Each entry point will be presented separate vis-à-vis the methods and practices it carries towards the process of identification of victims, their individualized assessment, and referral mechanisms. Information on these thematic fields will include existence of formalized procedures, details on the actors involved, consideration of specialized groups of victims, etc. The detailed questionnaire used during the interviews is included in Annex I.

2.a. Police Services

Police remain the main entry point for victims to report a crime, seek help, and pursue a criminal case. The new pilot on Individualized Assessment is currently implemented with success in two regions in the Netherlands, and next year will take national-wide implementation.

- Identification of Victims

Identification of victims will happen during the ‘first contact’, which will depend on the means on which the victim will entry the system; this can be in many places and by various means, such as through phone, internet, or the police station (in cases of walk-in reporting, or further reception to the police station). In some cases of reporting of a crime to a police officer on duty in an area, on the street, some preliminary questions will take place there on the spot, and then further information will be taken when at the police station. The police officer on duty that will receive the incident and to whom the victim will report the crime will be the officer that will proceed with the process of identification. The procedure revolves around questions of facts, circumstances of the crime, information on the victim, and depending on the seriousness of the case or for specialized groups of victims a police officer with specific expertise might take up the identification process. No specific checklist for the identification process was provided during the interview.

In the past, the practice of the police regarding the identification procedure will be focused on identifying the nature and facts of the crime, with the victim receiving a secondary role. In that sense, it was in the discretion of the officer to what extent an individual reporting a crime would be also identified as victim. For example, prior to the implementation of the pilot project, officers would differentiate and distinguish between a witness of a crime that could or could not be considered a victim based on the severity of the crime and his/her proximity to it; family members as well were often not viewed as victims. The new legislation currently implemented through the pilot program aims at changing that practice and perception. As such, for the purposes of identification anyone with a ‘negative’ experience of a crime, or that has been damaged by a criminal behavior would be seen as a victim with certain needs.

Crucial to this end will be the information collected on the characteristics of the victim, the nature of the crime and the circumstances. This will not only define the next steps with regard to the investigation of a crime, the initiation of a criminal cases and so forth, but also according to the new policy, this will be contributing to understanding the needs and vulnerabilities of the victims. Age, gender, socio-economical elements, living and family status will be recorded and combined with the elements and nature of the reported crime. The experience, professionalism and training of the police officer are important to this end. Special characteristics will also be taken into consideration, as for example the language of the victim. Interpretation and translation will be provided, either through-the-phone translation services, or often friends and family members that will escort the victim can act as interpreters.

The above information collected, in conjunction with the observation and professional judgment of the police officer will assist in the identification of specific special groups of victims; minors and children victims, victims with mental or health disabilities, victims of domestic abuse, or second victimization victims, and so forth. In such cases, extra care and more detail on the process will be given, and in the cases of children victims, or victims of domestic and sexual violence, the identification process, if possible, will be conducted by a specialized police officer. The role of the victim at this phase is crucial, as it is the victim perception that will affect the identification process. For example, an individual that reports a crime might not wish to be identified as a victim, even though the police officer will explain the possibility, and the subsequent services that can be available (victim support, trauma care, etc.). There are some cases that the individual simply which to reports a crime, or simply be identified as a witness.

When someone is identified as a victim, the next step will be to assess his/her needs and vulnerabilities. The new pilot policy introduces this detailed individualized assessment at the moment of first contact, or right after the first contact with the victim. As the project leader explain, when a victim has been identified and reported a crime, the officer on duty recording the incident, and completing the identification process will proceed with the assessment of needs. This by no means indicates that the assessment is a new practice, and did not happen by the police in the past. The goal of the new approach is to further improve, regulate and make the process into a more cohesive procedure.

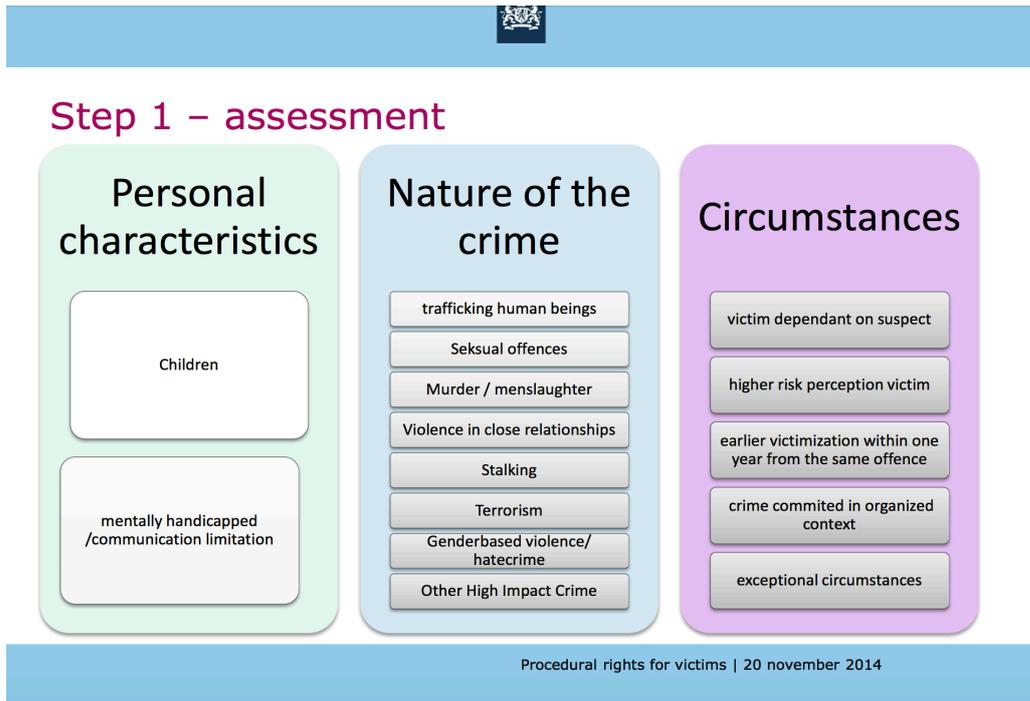
- Individualized Assessment of Needs

The individualized assessment will be based on questions, a checklist form provided to the police officer and the victim, the observation and professional judgment of the officer, taking into account the nature of the crime and the personal characteristics of the victim. The checklist that is given to the officer and victim in essence transposes the relevant provisions of the Victims Directive, and introduces new aspects in identifying victim vulnerabilities. While the checklist exists in a paper form and is provided as such to the victim, the goal is to incorporate it to the digital system the

police officer uses to record the incident. In that way it will become an integral part of the reporting process. The goal is to make this a systematic process, so every time the police officer is in the system recording an incident and identifying the victim, in the right time, the assessment will pop up in the system, with specific questions and issues the police officer needs to raise and ask. Finally, while the individualized assessment is meant to happen at the very first contact, or immediately after, the new regulatory policy aims at maintain a long lasting reach of the procedure, meaning that the assessment of needs and vulnerabilities for each victim will come up during an investigation, or when there is a second contact with the victim.

The assessment process has as a main priority to identify special needs and vulnerabilities of the victim. Such needs or vulnerabilities will often be concluded based on the information collected in the identification process, police observation and the characteristics of the victim and crime. The checklist that has been developed as part of the pilot program identifies special needs that touch upon the privacy of victim (anonymity, third party intermediary contact, special report number assignment), physical protection measures (restraining orders, ‘wear button’-form of panic button-, police protection, safe houses designation and relocation for the more serious crimes). Part of the checklist is the section called “Care Report” that will indicate special social needs of the victim that can range from transfer of data and case to another department within the police, or the referral to social services, victim support services, etc. Lastly, as parts of the checklist of the assessment, there is the possibility that no action taken is selected and concluded, since no needs have been identified, either because the police can not serve such needs – ‘UFO’ victims example, or that the victim may object to any action taken from the police.

To better understand the step of the assessment and the plurality of criteria to be taken under consideration, the following visualization taken from a presentation of the policy by the Ministry of Security and Justice is provided:



In the case where special groups of victims have been identified, the involved of specialized officers or the transfer of the case to a specialized department within the police will take place, as for example the juvenile division, when the victim is a minor or a child. For such cases special rooms for the interview and/or questioning of the victim can be provided, that pertains to the age of the child and his/her involvement to the crime. It is not a practice that the assessment of special group victims is video or audio recorded, however there have been some cases where this was the case, and it has to do with the severity of the crime, the impact to the victim, and the future needs of the criminal case. The victim actively participates in the assessment as he/she can express vulnerabilities or needs, reject an assessment, and decides on the course taken- to the extent of course this does not interfere with the possible criminal investigation of the police-. The assessment will be available in the digital system as a history on that victim, so in case of a second entry in the system, the officer will have the possibility to review the old assessment, and act up on it accordingly.

- Referral Mechanisms

The referral mechanisms within the police follow the reasoning of specialized care and investigation. The police is closely working with many actors and victim support services, including of course the office of the Public Prosecutor, victim support services, social services and support funds, safe houses and shelters. Internally as well the police is interconnected digitally with many specialized divisions, as in some instances was mentioned above, and can include the juvenile division, sexual crimes division, domestic violence divisions and so forth. When it comes to the internal connection, the network of cooperation includes a information and data sharing system, and as such a case can more easily be referred to, or such a division can be involved more easily in the previous described processes.

Information sharing systems exist as well with the Victim Support and the Public Prosecutor office. In the past and until recently the information sharing with the Victim Support (VSN) service was only limited to the basic contact information of the victim, while in the case of the public prosecutor information about the elements of the crime and the entire case file of the incident. But with the new approach, part of the information and data sharing of the referral will be the individualized assessment as well.

To a certain extent the sharing information system takes place through electronic means. Privacy issues remain a constant concern in the sharing of data and referral process. When it comes to internal referrals, within the police divisions and departments, the situation is more flexible, as the system is common. When it comes to referral to external partners, they information shared will be distinguished by different levels of access, and will abide by the protection needs identified. For example, when a victim has been assigned a special number that substitutes his name, or the contact address and details are that of a close relative instead of his/hers, the referral process will happen along such privacy and protection lines. Another example will be in the cases of crime with community impact, meaning that affect an entire small community in a village or town. A referral with basic information on the crime and its impact will be sent to the “local police sheriff” (*police de proximité*). Nonetheless, this is a case-by-case examination, and the consent of the victim is necessary in most of the cases. For example, a victim can consent to one referral and reject another, say consent to be referred to the Compensation Fund but reject the sharing of information with the Victim Support Services.

There are however some cases for which the referral process might be slightly different, where the consent of the victim might not be necessary, or the referral and involvement of other actors takes place immediately. This has to do with heavy crime cases and special group victims. In the former cases, when serious heavy crimes are reported, such as murder for example, the victim cannot object the referral of its case to the public prosecutor, or object to the opening of a criminal investigation by the police. In the case of special group victims, including children, victims of sexual and domestic violence, etc., the process is as described above but the consent and extent of involvement of the referred institutions changes. Social and child protective services, or youth and health care institutions will be involved, most often with the consent of the parents, but in certain severe cases not necessarily. Additionally, in crimes of domestic violence, sexual abused or murder, and when particularly the victim is a child or minor, the involvement and referral of cases to specialized departments will happen almost immediately.

2.b. Public Prosecutor Services

The Public Prosecutor’s Office has a close connection with the police, as it is the consequent reasonable step in the investigation and possible criminal prosecution of a

crime. To that end, the PP relies heavily on information and data shared by the police, including the identification and (soon) the individualized assessment information.

- Identification of victims

The Public Prosecutor will primarily rely on the identification of a victim carried out by the Police. When a victim will enter the system through the police to report a crime, his positive identification as a victim in combination with the crime being criminally investigated will land the case to the office of the Public Prosecutor. The information can be at a preliminary stage, and can aim at the advice of the PP's Office, or due to the severity of the case a full criminal case will be opened. The Prosecutor's office will review the file and facts, and there is not a standardized process or checklist for that, other than what are the prescriptions of law, what a crime is, what a victim is, taking note of the facts and circumstances and using common sense and experience to identify the case as criminal and the victim as such. Personal characteristics will be mostly evaluated during the police identification, and the Prosecutor will be more meticulous in the facts, nature and elements of the crime in question. Detailed attention will be given to victims of a special group identified as such by the police, in particular children and minors. Training to that end will be given to the Prosecutors. The involvement of the victims in the process is only to the extent the police phase allowed. The cases that end up at the Prosecutor's Office are there because of their severity, and as such it was not up to the victims to decide if they want prosecution, but can also end up there because the victims decided to pursue criminal charges. That will mean that the victims specifically wanted to be identified as such during the police identification phase. In the cases of ASAP offices, the involvement of the Public Prosecutor in the identification is more extensive, since it is all the partners at the office that will assess and deal with the case collectively.

The result of the identification by the police, and to a certain extent by the Prosecutor, will mean the preliminary investigation of the crime by the Prosecutor, in coordination with the police. The Prosecutor will contact the victim, usually by phone although a face-to-face meeting is available if the victim wishes to, and will make preliminary questions on what the victim wants from the process. This can be seen as the individualized assessment procedure.

- Individualized Assessment of Needs

There is not a concrete, 'checklist' approach for individualized assessment at the Public Prosecutor's office. As mentioned earlier, the PP will rely heavily on the information and assessment the police carries out. However, there is care on behalf of the Prosecutor to assess and contact the victim to find out what are his expectation, wishes and needs out of the criminal process. This will happen through the first contact phone call, or a face-to-face meeting. It has to be said that this will not result in a new assessment of the victim, but will rather revolve around the relationship of the victim with the criminal procedure. The office of the prosecutor will also send out

a letter to the victim that will serve the purpose of notifying him/her on the start of the proceedings, ask about the wishes of the victim, whether it is to proceed with a trial, settle, seek compensation and damages or speedy prosecution by the office. In 2017, once the new policy on the individualized assessment of the victim at the police level will be implemented nationwide, the process will change. The police assessment will be sent to the Prosecutor as well and form part of the victims file –not the criminal file–, and then it will be upon the prosecutor to review it, examine the needs of the victim based on the first contact he will have with the victim and if necessary improve the assessment of needs.

The Prosecutor will however pay closely attention to the documents and files sent to the police, the elements of the crime and special characteristics of the victim in order to identify if special protection measures are necessary. This will take place under the recommendation of the police, through the documents and files sent to the prosecutor, yet it is up to the later to make a review of them and order a particular course of action. For example in special group victims such as minors, children, victims of sexual/domestic violence attention will be paid to the safety of the victim and its protection. Special measures such as restraining orders, physical protection or relocation of the victim to a safe house, privacy concerns, maybe decided by the prosecutor, either based on the information provided by the police, or reviewing them and find them insufficient, and thus deciding upon further needs. The course of the preliminary investigation, information and evidence that will come to light, might also impact on such special measures.

For special group victims with heavy and long-lasting cases, a special case manager will be assigned to them that will handle their case, and review their needs as the criminal case proceeds. In some heavy cases involving special group victims there will be a video tape recording of the session, to be reviewed more detail and to avoid second victimization of the victim. This will happen usually at the police phase, but in case it was neglected, the prosecutor can order it. For child victims this will be usually the case, as they will be received in special “studio” rooms, under the supervision of specialized professionals. The involvement of the victim in the assessment of his/her needs is only to a certain extent at the prosecutor’s office, and mainly through the police. If a case ends up at the prosecutor’s office it is either because the victim wanted to pursue the case criminally, or the case was so severe that this had to be done under the law. The prosecutor, in his contact with the victim, will try to accommodate his/her needs; in the cases the prosecutor is unable or decides not to prosecute a crime, the victim will be notified and the reasons will be offered.

- Referral Mechanisms

The referral process of the Prosecutor’s office will mostly vary between police, prosecutors, legal aid and compensation services, and in special group cases, social or child protective services. The process is formalized in some cases, but in others it follows the path of the investigation and prosecution on the crime. For example the

case might be referred back and forth between police and prosecutor, or the prosecutor might refer the victim to the legal aid or a legal aid association (eg. LANGZS) in order to receive legal representation or further specialized advice. In cases where children are implicated as victims the prosecutor will notify children protective services after the referral of the case to him, and in the process of the case if need be based on the needs of the victim, another referral can take place. Finally, the prosecutor will refer the victim to the Damage Support Fund, as the government provides compensation to victims at all cases, including some cases of emotional damage.

In the case of special groups of victims the case manager assigned will proceed with the referrals and coordinate and communicate with the victim on the process of its case. The communication of data, information and referral takes place by phone and paper files, and in some cases electronically. The referral will be in line with the privacy protective measures taken for the victim, which mean that in cases of a special number being assigned to the victim instead of his contact details, the referral will initially take place using this details. The involvement of the victim at this stage is limited to a certain extent. The referrals of the prosecutor still mostly arise due to the needs of the criminal case, and secondarily of the victim. As such, if the prosecutor decides to refer the case to social or child services, or back to the police, the victim cannot object. There are some cases however where the victim might be involved and even reject a referral, which can be that of the legal aid, or the referral for compensation and damages.

2.c. Victim Support Services & NGOs

Victim Support services is another major entry point for victims in the Netherlands. One of the major providers of support services is the Victim Support Netherlands (VSN), although further specialized support services have been identified. The close cooperation of the VSN with the Police, Prosecutor, Legal and Health services offers an integrated and well-coordinated approach to support services for victims.

- Identification of Victim

Victim Support services work closely with the police and the identification process usually happens through a referral by the police. When the police is the first entry point, they will ask the victim if he/she wants their information to be shared with the victim support service, the VSN. In case of consent the police will forward electronically the basic contact details of the victim to the VSN, including name, phone number and address (in line always with the privacy measures that have been decided for the victim), and some parts of the story of the victim (basic information on the crime reported). A common information sharing IT system is in place to facilitate the communication and referral to the victim support service. Within 48 hours the VSN will contact the victim by a phone call and through a letter. There will be three attempts made for communication through phone and a letter sent as a final

attempt. In this case, the VSN will rely on the identification of the police for a victim, since the referral was a result of a positive victim identification.

There are many cases however where the victim will seek council and advice from the Victim Support services, either by phone call, or a drop-by visit in one of their offices. In this case the identification of the victim will happen by the employee,(mostly a trained volunteer) on duty. There is not a standardized checklist the VSN uses, although all employees are trained and base their approach on general guidelines. The information collected in the identification phase touch upon personal characteristics of the victim, some basic information on the crime, whether the police has been notified, and if not if they wish to notify them and report the crime, or if they have notified, a cross reference of information will take place with the police.

As mentioned above personal characteristics and some basic features of the crime will be recorded to better identify the victim, if it belongs to a special category, and if a more specialized employee needs to handle the case. This can range from team leader, and legal assistance to case managers for heavy crime cases. It is a policy of the VSN to immediately assign the case to a specialized professional when children and minors are identified, while for other special groups, this might happen at the discretion of the case manager. The nature of the crime will be only probed into shortly, and the VSN will rely on and seek police information, if the police have been notified and the crime reported, so as to avoid second victimization and negative experience for the victim. Translation and interpretation will be provided, although it is a very usual phenomenon that a victim that does not speak the language will appear with a relative or friend that will do, and with who the victim feels more comfortable.

The involvement of the victim in the identification process is crucial since in the cases where the VSN functions as an entry point, it will be the victims that will provide the information, that will assess if they want to see themselves as victims, or if they simply want some information and advice without being identified as victims of a crime or reporting it to the police. The outcome of the first contact will be either the assignment of the victim to a professional, ranging on the severity of the case (crime, damage the victim has suffered, etc.) with intent to proceed with the assessment of its needs, and subsequent referrals if necessary, or immediate referrals if the victim rejects the services of the Victim Support.

- Individualized Assessment of Needs

For the moment there is not a clearly articulated legal framework on which the Victim Support will proceed and offer individualized assessments of needs for every victim. Nonetheless, this has been the practice of the Support service for quiet sometime, and by the end of the year, once the new laws implementing in full and official the Victims Directive are in place, there will be a legal base to do so.

The identification process will result to the reporting individual being identified as a victim and then the assessment phase will follow two paths; the regular service path

and the legal services path. After the first contact the victim will be invited to the VSN offices, or if need be, in case of inability, victim's disability and so forth, the VSN professional will visit them in their location. This phase aims to identify what the victim wants (which is a pertinent question asked to the victims) and what the VSN can offer to meet these needs and wishes. When a victim simply wishes legal advice and legal support to his case then the legal services will be offered and the victim will be assigned to a legal assistant, to monitor and offer advice on his case, explain him the criminal procedure and compensatory options. If a victim wants support services as well, then the regular services will also be provided, meaning that the professional that identified the victim during the first contact will be the contact point to the victim, assess it needs and proceed accordingly.

The assessment does not happen merely in one meeting, but takes place through several consultation meetings, 'talks', where the volunteer of VSN professional will monitor the progress of the victim, and look out for special vulnerabilities or symptoms; this can be for example sleep deprivation, stress and panic attacks and flashback to the experience of the crime. Additionally, the personal and social characteristic of the victim will be taken into account and assessed to identify special needs. For example, is the victim leaving alone, has economic resources, can depend on family support and friends, relationship with the perpetrator, age and gender, disabilities etc. This information will shape the needs and response of the VSN. For example, if a victim leaves alone, in cases of elderly victim, a VSN volunteer can check up on them, accompany them to the doctor or therapist visits, and help them through the criminal process. The goal is to create a full picture of the situation of the victim, the impact of the crime and customize the support offered.

In particular for children and minors as victims of crime specially trained professionals from the VSN will assess their needs, and care for the support process. Particular attention will be given to the psychological and physical protection of the child, and the involvement of further youth or childcare organization will take place. The consent of the parents is necessary to that end. In general the involvement of the victim in the assessment is significant, since the VSN approach is an interactive one, through open dialogue, finding out what the victim wants and needs to facilitate the healing process. The assessment is an ongoing process, a long-term approach, and it can be the case that mid-way in the support process a reassessment of the needs and measures taken for the victim might be necessary. This can happen under many different scenarios, when new information comes into light by the police investigation, or when more needs are identified by the professional than monitors and supports the victim. If for example at the beginning special psychological vulnerabilities have not been identified, but when the trial started the victim was impacted heavily by it, a reassessment will take place. Throughout the assessment and support process the victim can refuse or deny special measures or recommendations of the VSN.

- Referral Mechanisms

The referral process depends on the case of the victim and the different paths it can take within the Victim Support services. The distinction made previously between regular and legal services paths, without excluding a combination of both, will also affect the referral direction and process. The legal services are often provided when there is a criminal case being pursued in parallel at the police-public prosecutors office. The legal assistant provides advice and help to the victim, filling documents and understanding the criminal process. However, it might be the case the more specialized legal aid is need, either to explore different options than the criminal process, or because the criminal process is complicated. In heavy crime cases, like murder and rape cases, there is a legal framework in place that lawyers and legal services will be provided for free. So in these cases the VSN will always bring that to the attention of the victim and ask if they want to be referred to them. If the victim consents the VSN will provide information on the referred legal aid or lawyer, and if the victim wishes too, the VSN will contact them first. When a referral is agreed upon by the victim, the information collected by the VSN will also be given to the lawyer, so as to avoid an extensive repetition of questioning and story telling.

In the regular services that Victim Support provides it might be often assessed that the victims needs to be referred to a doctor, psychologist, or special trauma counsel. The Dutch health legal framework in place dictates that a referral to a specialized doctor must happen first trough a General Practitioner (GP). This is the case even outside the victim services, when citizens need to be referred to a specialized doctor for simple accidents, sickness and so forth. Victims, as most citizens, have their own GP and thus they can intuitively go to him or be referred there by the VSN without issues of privacy or feelings of discomfort. Nonetheless, there are examples where the victim would not opt for their own GP. In these cases the VSN maintains databases of GP that have experience and training with victims, and can either provide the contact details to the victim, or act as intermediary in the communication and referral process.

For special group victims, including children and minors, the referral process remains the same with some slight differences. In these cases a team leader or case manager would be assigned to them from the very beginning, so it will be up to them to decide a referral, for which of course the victim needs to consent. Additionally, in such cases referrals are more often and more immediate, due to the fact that the special needs of the victims are taken into account early on the process, so the need for special care becomes imperative. Safe houses, shelters, special trauma counsels and youth care organizations are kept close in cases of victims of domestic violence or sexual crime, children and minors. Consent of victims and of parents in the case of children is still necessary at any case. Red lines exist only towards cases of suspicion of life endangerment and grave safety concerns either for the victim itself or other individuals.

2.d. Legal Services

To map the practices that legal services carry out towards victims identification, assessment and referral, lawyers trained and experience in victim rights cases were interviewed, including lawyers that cooperate with legal aid organizations (NGOs).

- Identification of Victims

The identification of the victim from the lawyer or legal services will take place once the victim seeks legal assistance/advice from the lawyer, or when he/she is referred to legal aid/lawyer by another organization, most commonly victim support services. The lawyer that will be assigned to the case of the victim will proceed with initial questions that aim to identify the victim and his/her legal case. In cases the victim is referred to the lawyer (or legal organization) it will be common that information on the case of the victim will be provided as well. When this is no the case, the lawyer will interview the victim to assess his status and legal case as a victim. There is not checklist process for that as in the case of legal service the provisions of the Dutch law are the primary sources and guidelines for someone to be identified as a victim and meet the legal criteria to bring forth a case. There might be some pitfalls between the experience of the lawyer and the gap of law in identifying a victim. In such cases, when the victim does not explicitly allow for the victim to be identified as such but there is a legal case to be made based on legal precedence or European legislation, the case will be pursued by some lawyers. It was the opinion of these lawyers that the Dutch law has remained restrictive to some extent to the definition of who can be qualified as a victim, although there is a positive change in the current legislation to remedy this gap with regard to the minimum standards of the EU Victims' Directive.

The main information the lawyer will seek to identify the victim is personal characteristics and the nature and elements of crime. A particular correlation of the two might indicate a category of special group victims, as for example gender and/or age and nature of crime, etc. But many more details would be taken into account, such as mental and physical disabilities, living status, social background, etc. The lawyer will make sure that in case the crime has been reported to the authorities a report will be provided to him, so as to spare the victim from repetition of painful experience, which can be acute in heavy crime cases, and also to serve as a cross-reference of information obtain. When it comes to children victims the lawyer will attempt to meet and interview the children alone, without the present of parents, but this will depend largely on the age of victim and the impact of the crime.

The involvement of the victims to the identification process can only be to a certain extent, as it is the law that will require if requirements are met for the individual to be identified as a victim from a legal point of view and build a legal case. At this point is not just the criminal law that will be taken into account, but in many cases where a criminal case will not be effectuated, civil procedures and thus other legal regulations may allow the victim to bring a case. After the identification of the victim the next

step is to assess the case, its needs and legal possibilities. This does not need to be necessarily a different process, at a different time, but often it will take place at the first meeting –interview of the victim. But in case more information need to be collected by the lawyer before this process happens, a new meeting or phone consultation might allow for the assessment.

- Individualized Assessment of Needs

When the lawyer takes up the case of the victim the assessment of his/her needs follow. This is tailored to the legal aspect of the process. There are many practices to that end. Some lawyers will discuss the case with their team, assess the information and what the legal needs of the victim are. In other case however, the lawyer that is assigned to the victim and only him will assess the victims' needs and inform him/her about the possibilities. In both practices the interaction with the victim and what he/she needs and expects that the legal process will bring to him/her is paramount. This can be the case of the first meeting, after the identification where the lawyer will assess the information he received and then reconvene with the victim. The assessment of needs communication will also take the form of a letter in some legal practices. This will entail the following: after the first contact meeting (or phone call) the lawyer will sent out a letter to the victim that will include a summary of what discussed, basic reference to the information obtained, what the victim said he/she wants and needs, and what are the possible legal options for him/her. Then the victim can return the letter filled in and signed, which will also constitute the legal agreement between the lawyer and the victim.

When it comes to identification of special vulnerabilities and protection measures this will depend to a big extent on the personal characteristics and experience of the victim in conjunction to the elements of the crime, and how the law can respond to that. For example, violent crimes that may be repeated, that pose a life threat to the victim can empower the lawyer to seek physical protection measures, such as a restraining order from the police or the municipality, safe house residence and etc. Privacy concerns also taken into account, not only for privacy respect itself, but also with reference to special protection aspects. Anonymity in public rout sessions is most frequently offered to children and minors, while for adults this has to be specially requested, and in some cases it is reported as not diligent, since media can access details of trials and information on the victims. The consent of the victim throughout the assessment process is crucial, as it is up to him/her to agree upon special protective mechanisms, or rejects others, or asks emphasis to be given to other aspects.

- Referral Mechanisms

Referral mechanisms and procedures do not follow a specific guideline or approach, since it is mostly the case that the victim will have been referred to the lawyer or legal aid in the first place, and since the attention is given to the legal needs of the victim, the lawyer will be able to cover them. Nonetheless, there are some cases where

referral is possible, and this will have to do with other specialized lawyers and legal aid organization, back to victim support, or to medical professional and alternative means of justice. The case can be for example that the victim decides he wishes to pursue mediation and restorative justice practices and not legal-criminal procedure. In that case there are special NGOs and service to refer the victim too.

The referral is usually at the last part of the process, after the assessment of needs, and it can be a reason, in some cases as mentioned above, to terminate the legal relationship between lawyer and victim. In cases where a referral needs to happen during the legal process and assessment of the needs of the victim this will often relate to referral at a therapist, and health services in general, or support groups. The lawyer will follow not so formalized procedures, of either researching and providing the victim with information on the referred practitioner or act as an intermediary in the communication of the two. That would entail the lawyer contacting the therapist for example, informing him about some basic information on the victim's case, not in a compromising way to the victim's privacy, and if agreed upon inform the victim and encourage a communication among the two. Victim's consent is always necessary for referrals.

With regard to special groups of victim and special protection needs the referral can be more individualized and tailor made, and can happen throughout the assessment and legal case, or at the end. Shelters and services that provide support groups, including the VSN-if the victim has not already been referred to, youth care and child support services, and trauma centers are some examples. The reality however is that usually when the victim seeks legal advice and has reported the crime to the police, he/she would have already be referred to such organizations by the police or the victim support services. There should be a special note for the cases of children here, as referral process according to some practitioners is more intricate, and can be influence by the various legal frameworks in place. Two issues arise here; whether the referral comes because the lawyer cannot represent the client, or if representation has been assured, but the assessment of the child victim needs calls for such a referral. In the first case, when the child is the victim of parents, lawyers are not allowed to represent the child. In the rest of the cases, parental consent is required. In the latter cases, different practices of referral are in place based on civil law, health law and family law provisions, followed differently by legal practitioners.

2.e. Health Services

Health services for victims in the Netherlands follow a general and a specialized approach. In a general approach and for victims of small crimes, or physical damages recourse to emergency rooms for treatment, or to their General Practitioner (GP) that can either treatment of refer them to a specialized doctor, say for example there was a traffic accident and the expertise of the orthopedic doctor is necessary. The specialized health services focus mainly in crimes where the violence has left other than a physical damage, a mental or psychological as well. As such, victims of rape,

sexual violence, domestic abuse, human traffic, and so forth, can use such specialized health services that are tailor made to the special circumstances of the crime. The interviews focused on these services.

- Identification of the victim

The identification of a victim for the purposes of health care can happen in various ways. Victims can administer themselves, in the sense that they can seek medical advice and treatment without disclosing information, through the general practitioner or a pharmacy. In some cases victims can be brought or referred to the emergency room by the police, if they are reporting a crime of rape and forensic medical examination is necessary. Other ways is to call the Sexual Violence Centers, or visit by themselves the emergency room. Under the new policy implemented since 2013, SVCs are located throughout the Netherlands and usually at every hospital. In cases a victim comes in and reports a crime such as rape, sexual violence or abuse, the SVC will assign a nurse to the victim that will take him/her to the emergency room of the hospital and also notify the police cooperating with SVC (in case the victim consents to it). In the emergency room the identification of the victim will take place, and depending the crime and the wish of the victim a forensic examination will take place to collect evidence. If the victim does not want the involvement of the police then the identification can either happen at the emergency room by the doctors that offered first medical assistance or by the case manager during the phone call. The approach is that once the victim offered his story to one of the involved actors, be it may the police, the emergency room doctors, or a specialized professional at the SVC, coordination will take place among them so as to avoid repetition of negative and intrusive questioning of the victim.

For the identification purposes there is not a specific checklist to ask other than the steps described above, that will also include the nature of the crime, personal characteristics, (age, gender, brief medical history, living environment of the victim, etc.) depending on a case by case basis. Once the first aid is provided to the victim, the next day psychological evaluation will take place, and although the individual would have already been identified as a victim of crime, some preliminary information on previous experiences, trauma history and so forth may be required to fill in the psychological profile of the victim. In cases of special group of victims, that will be identified based on their personal characteristics, age, gender, etc., or nature features of the crime, specialized professionals, that can range from specialized doctors, psychologist or trauma councils will handle the identification of the victim. This is always the case when it comes to victims that are minors or children. A pediatrician will conduct the exam and supervise the process.

At this point it is important to point out the existence of guidelines for the identification of victims of domestic violence and child abuse, that does not take place after an incident/crime, but rather encourages the watchful observation of health professionals, like doctors, but also other professionals, like school teachers, and has

to do with detection and identification. The method is called “Meldcode” consists of a 5 step reporting code that health practitioners (therapist, pediatricians, general practitioners etc.) and institutions (including victim support services, shelters or educational institutions) must implement when they come into contact with individuals they suspect might be victims of domestic violence.²⁷ These are the following:

- Step 1: mapping of signals that raise suspicion;
- Step 2: consulting with a colleagues, professionals on injury interpretation, and *Veilig Thuis* (‘Safe Home’- domestic violence and child abuse specialization);
- Step 3: talk with the individual in question;
- Step 4: signs of domestic violence or child abuse; when in doubt consult *Veilig Thuis* (Safe Home)
- Step 5: Decide on self-organizing and reporting assistance to ‘*Veilig Thuis*’.

The involvement of the victim is crucial as it is them that will actively seek the medical services, and they can only seek psychological advice, medical information without record or identification process, or if they go through the entire process, they can decide if they want to talk to the police first, or a doctor and so forth. Consent is always required, and especially in the case of children. The outcome of the identification will vary based on entry point. In cases that the very first contact happen through the case manager at the SVCs, he/she will identify the victims, refer them to emergency room, notify the police and set emotion the first step medical care, and then receive the victim back the next day for assessment of needs and psychological care and psycho-education.

- Individualized Assessment of Needs

Once the victim has been identified and received the first (emergency) medical care the case manager will contact the victim the next day of the psychological assessment and assessment of needs. The process is called “watchful month”, and is the overall period where the victim will be under the care and supervision of the SVCs and their Psycho Trauma Center. The assessment can take place by the phone or face-to-face meeting, throughout many visits in the SVCs, coordinated with following medical check-ups the victim might need. When the SVCs are located within the Hospital there is a better coordination of all assessments. The case manager is the center of the procedure, will collect all information but not in the sense of carrying out every assessment. Each specialized doctor will take the lead, in the sense that doctors in the emergency room that saw the victim and treated him/her, psychologists that received the victim in the Trauma Center, will all assess the medical needs of the victim, and the case manager will facilitate the process, coordinate the process and assess in consultation with the victim further needs that arise, including from involving the

²⁷ Report Code for Domestic violence and child abuse, Ministry of Health, Welfare and Sport, available at: http://www.huiselijkgeweld.nl/dossiers/bij_en_nascholing_meldcode

victim support services, other partners, or referrals to other centers or medical institutions

An emphasis of special needs and vulnerabilities will be given when a special group victim has been identified, including of course children and minors. Such characteristics and information on the victim, history of previous violence or sexual abuse, repetitive victimization, relationship with the perpetrator or lack of family support, information that often will have been obtain in the identification process, or throughout the “watchful month” will be weighted and considered to accommodate the care to the special needs of the victim. This will happen always when the victims are children. Consent and involvement of the victim in the assessment process is necessary, as the psycho-education and health care offered to the victim aims to improve his situation, and sooth the physical and psychological trauma. However if the victim disagrees or has a different perspective, this will be determinative in the course of action to be followed.

The SVC will monitor and offer care for the victim for the entire first month. After that a referral to long-term care, mostly psychological, will take place. In cases however that the professional deems that the victim is still of too fragile psychological state of mind to be referred to, and needs more care with the same practitioners that treated him/her, this can happen; it’s a case by case evaluation.

- Referral Mechanisms

The referral procedures in the cases of SVCs are often differentiated in two phases; during the first “watchful month”, and primarily in the first stages of the identification and assessment process where the victim will have to go through medical, psychological care, involving potential the police and forensic medical services. This is not so much a referral as it is active involvement of the collaborating partners. This is due to the very structure of the SVCs and the plethora of actors they encompass. Under the roof of a Sexual Violence Center police, medical and forensic doctors and nurses, psychologists, general practitioners, and victim support services and representatives from damage funds all work together to provide the best of care to the victim. The role of the case manager is at the center of this network of practitioners, coordinating with them and consulting the victim. The second phase, that follows the concept of traditional referral to the other institutions outside the SVCs and health centers takes place after the “watchful month” where the victim will be referred to general health practitioners, therapists or the victim support services for a more long-term care.

Within the SVCs the communication and coordination of information will take place under the coordinating role of the case manager and through shared system of information. The file of the emergency room and the doctors that examine the victim will become available to the psychologist of the Psycho Trauma Center when he/she is carrying out the assessment, and communication for inter consultation among the

practitioners is possible. In the case of non-medical practitioners, such as the police and victim support services, or referral to professionals outside the SVCs network, the referral and communication will only happen by the case manager, through phone and/or email, and at a second step, the victims will be encouraged to contact them, once their information are shared with them. Privacy concerns are usually well attended to when it comes to the internal structure of the SVCs and the close collaboration with police and victim support services. In addition, anonymity is often difficult to maintain when official records are taken, in the emergency room or the police; but this will be the case if special protective mechanisms are enforced and the police has notified the SVCs. In the cases of referrals to other institutions and professionals, after always the consent of the victim, the case manager will be the one to do the communication, and then share the details with the victims to follow up the referral.

In the cases of special groups and children as victims more attention to the details will be given, and referrals may happen earlier if specialized care that SVCs and/or the Psycho Trauma Centers cannot offer. In particular for children the case manager might deem it important to notify child services or special child protection organizations like the “Veilig Thuis” (Safe House); although this is not a duty, it is a right and discretion of the case manager, but the consent of the parents is necessary.

3. Identification of Challenges and Best Practices

In this part a presentation will take place of the challenges and issues that front line institutions face as well as the best practices they carry out for victims. This is mainly based in the information gathered by the interview rounds, with supplementing information and material provided or researched. The presentation will take place by institutional practice.

3.a. Police Services

There are two main challenges identified with regard to the identification, assessment and referral procedures. First, one of the main current issues is the need to change the mindset and culture of the police officers with regard to what constitutes a victim. Despite that the majority of the police officers are sensitized towards the victims, the long year practices of the past to focus on the crime has affected the behavioral culture of many officers. Going beyond the heavy crime cases, police officers in the past used to not think in wider terms of victims and needs when it came to the damaged individual of low-level crime cases. As such, family members were often excluded of the equation. That is what the new policy on individualized assessment is trying to change; fill in the gap and cultivate a uniform culture in the police body where the victim is in the center of the crime committed, both in the identification and assessment process.

Secondly, privacy challenges are also a significant concern when it comes to the information sharing and referring procedures. This is the result of the unclear use of the information and data of the victim after the referral takes place. For example, once the police share the information and data with other actors, it is out of their control the way this information is used by these actors. Despite the fact that there is a common understanding among partners about the privacy needs and protection of the victim, there must be a uniform culture encouraged through trainings among all partners.

At the same time, the level of information sharing and the existence of common systems for sharing information electronically can be identified as a good practice, as it improves the efficacy and expedience of the process, involving a plurality of actors to the advantage of the victim. What is more, at this point, a special note must be made for another best practice identified through the interview, and that was not mentioned above. That is the existence of ‘partner offices’ called ZSM in Dutch (*Zo Snel, Slim, Selectief, Simpel, Samen en Samenlevingsgericht Mogelijk*) which can be translated in English as ASAP (*As Rapid, Astute, Selective, Simple, With One Another and Society-oriented as Possible* or else *As soon As Possible*).²⁸ The ASP offices were initially established through a pilot program in 2011 implemented throughout five pilot regions and at the Central Processing for the Office of the Public Prosecutor. It was

²⁸ Robert van Kampen & Pauline Jacobs, *Dutch ‘SZM Settlements’ in the Face of Procedural Justice: The Sooner the Better?*, *Utrecht Law Review*, Volume 4, Issue 4, November (2014), available at: <http://dSPACE.library.uu.nl/bitstream/handle/1874/302322/293.pdf?sequence=1>

part of a wider policy implementation by the Public Prosecution Service, called “Perspective on 2015”, centered around the idea that the performance of the PP’s office will have better social significance when intervention carried out is visible, noticeable and more recognizable for the victim, perpetrators and society.²⁹ By 2013 a nationwide implementation followed aiming at every region in the Netherlands to have an ASAP office, open 7 days a week, 16 hours a day.

The ASAP office brings together the ‘partners’ in the field of victim support and criminal process, namely the police, the Public Prosecution Service, the Council for Child Protection and Victim Support Netherlands. The goal is to process common crimes as easily, quickly and effectively as possible, to take the burden out of the criminal process. The ASAP offices are located at the police station. Central to their function is the digital system that all partners have access and through which common crimes perpetrators and victims are registered and processed.³⁰ The process is as such: when simple, common cases are entered into the ASAP office, they are registered in the digital system, while all the partners meet at a round table to discuss and process the case. The hands on approach will allow all aspects and voices to be heard. The digital system will track the steps of the process and set a deadline of processing, which can be extended if need be. Almost all simple cases are reviewed within six hours after their entry into the system. The case will be dealt with in three levels: perpetrator, victim and context-circumstances of the case. If the examination of the case shows complexities, that can be for example an estimation that serious injuries or damages have been inflicted to the victim and that the ASAP process will not be able to respond to them, then the case will be sent off to the police for regular, more detailed handling. There is a slight lead of the Public Prosecutor in the office, that takes the role of “traffic controller” in the sense that since the aim of the Office is to reach settlements and agreements for common crimes outside the criminal process, PP roles remains important for this. Nonetheless, all partners are seen as equal and can provide expertise opinion based on which the decision will be taken.

3.b. Public Prosecutor Services

The main challenges in the identification and assessment process revolve around the sharing of information and system used. Due to the fact that the prosecutor relies on a large extent to the information and case file building by the police, the registration of victims and the assessment of their needs have some challenges, and in the past faced some deficiencies. There is no shared digital system for which the immediate registration of the police of a victim will give access to the prosecutor at the other side. Additionally, there is a lack of information coordinator or manager that would

²⁹ Public Prosecution Services, *Perspective on 2015* policy, available at: <https://www.om.nl/actueel/jaarberichten-0/perspectief-2015/>

³⁰ For more details visit the factsheet page on the ASAP offices in the Public Prosecutors website available at: <https://www.om.nl/vaste-onderdelen/zoeken/@24445/factsheet-zsm/>

facilitate the process between the referral authorities and offer attention on efficiency, effectiveness and proper communication of the information.

The public prosecutor will receive the file in paper or electronically but then will have to register the victim in the office system separately. This will take time and cost on the expedient processing of the victim's case. Additionally, in the past, in cases where some police omissions in the identification and assessment would be in that way transferred in the Prosecutors case file. The new policy under implementation at the moment aims to correct these gaps, and improve not only the working relationship between police and prosecutor when it comes to the victims' rights and needs, but also the interaction and relationship between prosecutor and victims. The individualized assessment developed by the police will be sent to the prosecutor as well, form part of the victim's file and the prosecutor will review it and further assess it. Furthermore, the assessment will not be carried out only for severe cases, as it was the past practice, but will be implemented for every victim of a crime.

A good practice can be identified towards the ASAP offices and role of the prosecutor there; the involvement of the prosecutor in the identification and assessment case is more extensive, and takes simultaneously the elements of the police and criminal case purposes. The coordination with other partners will also be in the support of the role and decision making of the prosecutor, optimizing the needs of the victim in the processing of a criminal case. Finally, the contact the prosecutor pursues with the victim can be seen as a positive aspect of the criminal process. The prosecutor will pursue a phone call and will accommodate in person meetings with the victim, allowing access to the latter in the criminal process, in an attempt to better assess the impact, and facilitate the process. The letter sent out to every victim (whish letter) inquiring about the course of action desirable to the victim is also a positive form of communication. Although it is received skeptically from the legal services, in the sense that the victim might not be able to decide what his wishes and needs are, there is a timeline two weeks to send it back. This is a balance of the time the victim might need to make a decision and the pressure there is for a criminal prosecution.

3.c. Victim Support Services

The main challenge of the Victim Support was the lack of a structural legal framework on which some of the services they offered was based. Although they carried practices and often implemented internal guidelines intuitively and after training, the lack of national legal regulation to crystalize the EU Victims' Directive was troubling. This is not to mean that no regulation is there, since there are national legal Acts and low-level municipal regulation that cover a great part of the European victim standards. This also touches upon the referral procedures, as there are not clearly spelled out guidelines for all cases, and often this will be on the discretion and professional experience of the VSN employee. The new laws implemented this coming year and the new policy taking effect throughout the police and public

prosecutor will positively affect the collaboration of the Victim Support with the other actors and elevate their role.

One of the main best practices in the Netherlands is the very nature of the Victim Support services and web-like features of their network and collaborations. The Victim Support Netherlands is the most integrated victim support services that covers the whole country geographically and provides first line support to all victims. The vast network allows to utilize, involve or refer the victims to many other practitioners, organizations and services, in a credible and friendly for the victims way. Additionally, the close collaboration of the VSN with the police allows for immediate notification of the support services, and an interactive communication with the police and prosecutor throughout the criminal process. The involvement of the VSN to the ASAP offices is a testament to the significance of the VSN in the entire process.

Finally, there are attempts the last year to improve the digital system of the support services, utilize Internet and website applications for the victims to have better access to communication and information, and to reach out to all ages of victims. Especially for kinds an interactive game platform is being developed to collect information in a friendly and less intrusive way for the child-victim. These attempts are in parallel with similar ones taking place at the police and public prosecutor services.

3.d. Legal Services

Some of the professionals interviewed argued as a main challenge of the identification process the restrictiveness of the Dutch Law, and some discrepancies that persist still between the Dutch legal transposition of EU legislation and the European Victim's Directive. An example provided was that of a murder case where the brother of the victim was considered a victim too under Dutch legislation, with ability to claim damages, but his wife and sister in law to the murdered victim was not considered a victim under Dutch Law, and has no access to legal damages. This as an example is relevant to the compensation schemes of the Dutch legislation available to victims, and not to whether the specific individual was offered victim support services.

Another challenge was identified with reference too some services of the free legal aid that is available in the Netherlands in criminal cases, and that includes translation and interpretation. For a victim to have such access to various legal services, the official kick-start of the criminal case must take place, yet it is unclear when that does happen, as many practices have indicated different times: is it when the police will open an official investigation, or when the prosecutor opens a criminal case. This varies not only bases on the practitioner but also geographical, from area to area and police station to prosecutor's office.

Finally, further challenges pertain to lack of coordination of the different actors with regard to protection measures and mechanisms, and confusion of the roles between legal aid and victim services. With regard to the former, the law may provide for a plethora of protective measures and possibilities, it if often seems to be the case that

there is confusion on who can offer what, and to what extent. For example, the police may know and use a specific number of protection measures that grew out of practice and experience, yet not the only ones; the public prosecutor, legal and victim services in the same way. As a result there is not as a cohesive approach to the issue at there could be, and while many more measures are in place, they do not all become available to the victim, not intentionally, but out of the perplexity of the issue. As far as the latter challenge is concerned, this is mostly an issue of legal awareness and overabundance of services. Victim Support Netherlands offers as mentioned legal service and assistance as well. Yet this does not mean that such a service will be offered by specialized lawyers as more by trained legal assistants. The VSN will focus on the criminal case, as it is specialized in the legal process and the involvement of the victim to that process. But there is a range of legal advise and legal options that might not be as obvious to the VSN legal assistance service because of its focus to the criminal process. As a result the referral process to a lawyer by the Victim Support service may happen later in the process, if the criminal case is not successful, and other options might interest the victim.

On the other hand, there are some good practices to identify with regard the assessment of needs. According to one professional interviewed, it suggested to the victim during the first consultation to start writing down their experience in a notebook or journal, the consequences of the crime, the impact it had at their lives and what they want out of the process. This does not only help the victims in a therapeutic way, to identify what they want, but contributes later on in the legal process, when for example the prosecutor will send the letter of inquiry, asking the victim what is it they want. This practice helps victim prepare for that, and see more clearly the options they can have. In a similar note, the letter lawyers will send to the victim with the summary of the first contact, possible legal and other options, helps give victims a continuity and clarity of their case, and gives the lawyer the opportunity to asses the needs of the victim in a more formalized way.

Finally, there has been an initiative taken by some lawyers, sexual violence centers like the Blijf Groep, and the victim support services (VSN) in the creation of a hotline where victims of sexual violence, domestic violence but also in general can call to seek information and/or first legal advice. There is an understanding between the legal services and the victim support services with regard the issue identified above; as a rule of thumb, when the perpetrator is know to the victim, which might complicate the legal process, victim will be connected with a lawyer. In the cases that the perpetrator is unknown, and the victim just seeks basic legal information and possible support services, the victim will be connected to victim support (VSN) professionals.

3.e. Health Services

There are some difficulties with the role of the police in the identification process, in the sense that it is in the police culture to look at the victim in terms of crime- is this rape as rape is defined by law, its severity and possibilities for crime investigation and

prosecution, are there enough evidence or not, and so forth. In that sense there is an oversimplification of the victim's situation. The role of the SVCs and the case manager assigned then is to explain the role and approach of the police to the victims, and try to resolve their frustration and anxiety. There is a gap for example to how rape will be defined by the police, and by the law and how it is understood therapeutically by the Centre in they way victims will be treated. As such, if the victim enters the system through the police and tells his/her story, if it does not fit the identification criteria of the police, the victims will not be sent to the Centre, thus missing out on medical care. However, there have been many improvements to that, and there is a close cooperation and sensitization by the police towards the victims the last years, and there is open communication between the police and the case manager.

When it comes to the assessment stage, the reaction of the victim and their physiological state that often leads to denial and refusal to receive treatment can often create hurdles to the healing process. Some cases victims will not show up in the appointment, or answer the phones, so particular emphasis is given in a sensitized approach and providing the victim with psycho-education.

From a best practice approach the very structure of the Sexual Violence Centers is an exemplary approach of integrated and efficient approach to health care and the impact other practices may have to that. This resembles in some way the ASAP office practice. The goal is to bring all the involved actors under one roof, and under the coordination of the case manager, and facilitate the medical and health care in the lines of the general cooperation. Additionally, locating the SVCs near or within hospital wings allows for the immediate medical care of special group victims, facilitating the information exchange among the many health practices that would potentially get involved, without nonetheless missing out on a coordinating role, which the case manager will carry out.

Part III. Findings of the Report

1. Observation and Findings of the Interviews & Research

The first important observation to make, that is to be regarded as a significant positive practice, is the interconnectedness of the different practitioners in the field of victims' rights and support services. Partnerships have been created among almost all the relevant practitioners, police, prosecutor, legal, health and victim support services, with a network of collaboration, consultation and referrals. The police and Victim Support Netherlands are in the center of this network, being the two main entry points of victims. Established hotlines that connect variety of partners, all under a common line, examples of integrated structures such as the ASAP offices, the Victims Counter, the Sexual Violence Centers, that bring together professionals from all fields, demonstrate that frontline practices in The Netherlands have developed strongly the last 10 years, centering around the care and need of the victim, even without a formalized implementation act of the 2012 Directive.

Nonetheless, many interviewees raised some significant issues that pertain to the latter. Despite positive practices carried out at all levels, lack of formalized and minimum standards allowed for discrepancies in perceptions and practices, competitive spirit in the offering of similar services, and above all inability to quickly and effectively change the old culture existing in the criminal process, where the victim was seen as in the sidelines of the criminal investigation and trial. This was mentioned with regard to the police and prosecutor services, as more closely connected to the criminal process. At the same time however, the level of exposure of the different practitioners to each other, led to channels of communication more stronger than potentially if prescribed by law, and according to the interviews this led subsequently to lesson learns, exchange of information and building of trust, gradually allowing for unofficial harmonization of practices.

With regard to identification and assessment practices, notwithstanding the lack of formalized and standardized checklists for some practitioners, an attempt to harmonize their methods can be seen. Most of the practitioners that participated in the interview rounds stated that identification and assessment process have been effective so far, with main issues pertaining to information sharing and privacy issues. There is an attempt to tackle the issue with the development of ICT tools and methods that can take advantage of internet and website application. Issues will still remain as privacy is a significant concern, but throughout the interviewees, the role and consent of the victims to the process was indispensable.

What is more, the majority of the practitioners stated that receive basic and/or specialized professional training to respond to victims needs. VSN has its own training academy that offers training to its volunteers and to other actors; doctors and legal practitioners are obliged by law to receive training if they are to represent or

treat victims of crime cases.³¹ Police and prosecutors will also receive training that will cover many different cases of victims, with emphasis to the special group of victims. It is worth noting however, that there was the case in The Netherlands that attention and care would be given to special group victims, mainly because the law and common professional sense would demand so. Victims of heavy crimes such as rape, sexual and domestic abuse, murder and human trafficking had been in the center of attention. The goal in the last 5 years is to shift this culture to a more generalized approach, where every individual, that has been damaged or experienced a negative behavior, tantamount to a crime, either low or high, is to be treated as victim and assessed as such.

Finally, the majority of the professionals interviewed had in mind the minimum standards set out by the EU Victims' Directive and had been consistently trying to steer their practices to that end, and advocate for better and more efficient policies and regulation to that end. The role and advocacy of NGOs and Victim Support services such as the Blif Groep and the VSN to that end, including the legal practitioners and legal aid associations contributed to the debate in the Netherlands about the role and position of the victim, not only in the criminal process, but as a party whose care and needs should be important and attended to with the outmost respect. For example, LANGZS held a Congress Meeting in November 2016 with representatives of the Ministry of Security and Justice, legal practitioners and support services to discuss the implementation of the minimum standards of the EU 2012 Victims; Directive.

2. Comparison with the Directive's Minimum Standards

The recorded practice in The Netherlands seems to be in line with the majority of the EU 2012 Victims' Directive's minimum standards. Throughout Chapters 2-5 articles 3-26 of the Directive, corresponding practices have been recorded. The new polices implemented currently demonstrate action to fill in the gaps that existed in the past, and a concrete example is the new Individualized Assessment Needs policy to be implemented at the police and prosecutor level within the next year. The Implementation Act of the Victims' Directive currently in the Senate will transpose the Directive to Dutch Law, allowing for the peculiarities of the Dutch legal system to facilitate this approach (low-level application, Ministerial regulation and municipal action).

The Victims of Crime Decree in its explanatory memorandum that accompanies it offers a correlation between the articles of the EU Directive on the one hand and articles of the Implementing Act and Criminal Code of Procedure on the other that

³¹ Mandatory Training for lawyers of victims of crime, Press Release, government of the Netherlands, February 26, (2014), available at: <https://www.government.nl/latest/news/2014/02/26/mandatory-training-for-lawyers-of-crime-victims>

demonstrate the extent with which the minimum standards are being implemented.³² There is a strong correlation of the implementation act and the EU Directive, which overall corresponds to the practices recorded.

Conclusion

The report suggests that the focus should be concentrated in alleviating the challenges and issues corresponding to structural and communication discrepancies, past and residual work cultures that may set back the progress achieved, by clarifying more concretely the roles of each practitioners within the network of victims institutions, and allow interactive learning from each other. The current legislative reform will set the foundation for that, but it has been suggested that exchange of practices and of knowledge is fundamental in the success of the approach. Additionally, some practitioners also brought up the role of a monitoring and reporting mechanisms at EU level, to empower victims and victim support institutions and professionals to make their case when and if the minimum standards are not followed.

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³² See supra note 14, available at: <https://zoek.officielebekendmakingen.nl/stb-2016-310.html>

ANNEX I

1. Indicative Interview Guide

Interview Guide

A. Introduction

Presentation of the interviewer, presentation of the project. Rules and conditions of the interview, signature of the consent form.

B. Interview questions

1. Identification of victims

Procedures for the identification of victims followed by the different authorities

- *Actor/s of these procedures:*
 - Who identifies the victim
 - How is this done?
 - Who is involved in the process?
- *Time:* When does the identification take place?
- *Where* does the identification take place?
- *Details on procedure*
 - How does the identification take place?
 - Are there any instructions, concrete steps, checklists in use? Are they available?
 - Is any training available to officials involved?
- *Personal characteristics*
 - How are personal features of the victim taken into account? Gender, language, age, disability etc.
 - Is translation or interpretation available?
- *Features of the crime*
 - How is information collected on the features of the crime? By whom? Is it recorded?
- *Special groups of victims*
 - how are vulnerable groups treated? Eg communication, shock etc
- *Children and minors*
 - Do special procedures apply for children?
- *Involvement*
 - How are the individual victims involved in identification?
- *Results:*
 - What are the potential outcomes of the identification procedure?
- *Assessment:*
 - Are identification procedures effective?
 - What works and what does not work?
 - Good practices? Bad practices?
 - Main challenges?

- *Other comments - remarks :*

2. Individualised assessment of needs

- *Existence of procedure*
 - Is there a legal procedure for individual assessment of the victims' needs?
 - When is this procedure applied?
- *Actor/s:*
 - Who conducts the individual assessment? Where? When? Are others involved? Who?
- *Timeliness:*
 - When does the assessment take place?
 - Is this recorded?
 - What happens if assessment is not timely?
- *Details on procedure:*
 - Please describe the procedure for individual assessment step by step?
 - What questions are asked? Are any internal guidelines or written rules available? Role of the victim?
 - Who reports to whom?
- *Decision making criteria?*
 - What criteria are used to make decisions on individual needs?
 - Is there any training on how to identify vulnerability, special needs to how to communicate with victims?
- *Special protection needs:*
 - how do you identify special protection needs in a person?
 - What questions are asked? By whom? In what language? Are there guidelines or other tools?
 - Do special provisions apply?
- *Special protection measures:*
 - How are the required measures determined? By whom?
 - Are there any information documents? What kind of information is included?
 - How is the opinion of the victim taken into account?
 - What special measures can be provided? What is the procedure?
- *Particular vulnerability:*
 - How is particular vulnerability to secondary and repeat victimisation, to intimidation and to retaliation identified? Is any training available?
- *Personal characteristics:*
 - During the individual assessment what are the procedures for taking into account (a) the personal characteristics of the victim; (b) the type or nature of the crime; and (c) the circumstances of the crime?
 - What specific questions address them?

- How do professionals use the information provided by the victim?
- *Special groups of victims:*
 - how is particular attention paid to victims who have suffered considerable harm due to the severity of the crime/victims of crimes committed with a bias or discriminatory motive /victims with close relationship to the offender / victims of terrorism, organised crime, human trafficking, gender-based violence, violence in a close relationship, sexual violence, exploitation or hate crime, and victims with disabilities?
 - How are privacy issues addressed?
- *Child victims:*
 - what procedures apply for child victims? How are their specific protection needs and vulnerability assessed?
 - How are the risks of secondary and repeat victimisation, intimidation and retaliation addressed?
- *Involvement:*
 - How are victims involved in individual assessment? how are their wishes taken into account? How are these recorded? What happens when a victim does not wish to benefit from special measures?
- *Update of individual assessment procedures:*
 - How is the condition of the victim monitored and updated?
 - How is the information shared or communicated to other actors involved (eg those offering services)?
- *Assessment:*
 - Are procedures for the individualized assessment of needs effective?
 - What works and what does not work?
 - Good practices? Bad practices?
 - Main challenges?
- *Other comments - remarks :*

3. Existence, procedure and effectiveness of referral mechanisms (authorities that refer and authorities that receive referrals)

- *Existence of procedure:*
 - Is there a procedure for referral?
 - What does it involve?
 - Who does it involve?
 - Who coordinates this procedure?
- *Actor/s:*
 - Who can refer to whom? Where? When? How? What information is available? Are there any electronic tools or databases to support referrals?
- *Timeliness:*

- When does the referral take place? How are decisions on referrals made?
- *Details on procedure:*
 - Is the referral recorded/reported?
 - Is there follow-up or monitoring?
- *Communication of data and needs:*
 - Is data on the individual transferred/shared? How? With whom?
- *Special protection needs:*
 - what happens to individuals with special protection needs?
 - How are special protection needs and personal characteristics reported?
- *Special protection measures:*
 - Who decides where the individual will be referred?
 - How is the opinion of the individual taken into account?
- *Child victims:*
 - what procedures apply for child victims?
- *Involvement:*
 - How are individuals involved in referral? Is their opinion asked? How? Please explain the procedures/steps
 - What happens if they do not wish to be referred or wish to be referred to another authority?
- *Assessment:*
 - Are referral procedures effective?
 - What works and what does not work?
 - Good practices?
 - Main challenges?

- *Other comments - remarks :*

Thank you