Identification of Victims of Loverboys by Healthcare Professionals

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Preface

Dear reader,

In front of you is my “Precious” - I present to you the thesis:

“Identification of Victims of Loverboys by Health Professionals”

I began this journey in February of 2020. Only 1.5 months in, COVID-19 struck in the Netherlands. This impacted the research when everything went in lockdown. Thus, everything needed to be done while working from home and social-distancing whenever something needed to be done in person. But most importantly: the target group was mostly unavailable due to helping with COVID-19 patients. Despite this unique period, I am very proud of the results I've accomplished, my commitment, and all that I have learned throughout this period, not only about this subject, but also about myself. This thesis is the final component to achieve the title ‘Master of Health Sciences’, specialising in Innovation in Public Health, at the University of Twente: a title I'm very proud to earn!

However, without the guidance of my supervisors throughout the whole process, this would not have been possible. I want to thank Ariana Need, Guus Meershoek, and Reina Timmer for their excellent guidance, great feedback, and also their different insights regarding the loverboy issues. They kept me sharp; while I never would have thought I could be grateful to someone for keeping me up with sleepless nights spent questioning how I might better my thesis, in hindsight I can’t thank them enough!

Thank you so much Ariana, Guus, and Reina!!

I would also like to give a special thanks to the participants for their contribution to my research; without them it would not have been possible. Not only for their contribution to my research, where they invested their precious time but also for being on the battlefront against the worldwide pandemic!

Last but not least, I would like to thank my family and friends for their support and my partner for being my rock when things were getting a bit hard; sleepless nights make me no fun.
I wish you a lot of reading pleasure and hope to give you some insights on this subject!

Gabriëlla Kuling
Nijmegen, February 2021

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Samenvatting

Inleiding Nederland kampt momenteel met een probleem rond jeugdprostitutie, specifiek gericht op loverboyslachtoffers. Er is momenteel een grote kloof tussen het geschatte aantal slachtoffers en het aantal gerapporteerde slachtoffers. Bovendien worden de geïdentificeerde slachtoffers van loverboys onvoldoende doorverwezen naar de gespecialiseerde jeugdzorg.

Doelstelling Deze studie heeft als doel om te evalueren hoe het signaleringsproces van slachtoffers van loverboys is op de reguliere middelbare scholen en scholen voor speciaal onderwijs. Dit is specifiek gefocust op jeugdartsen en -verpleegkundigen die werkzaam zijn bij de GGD Twente. Hierbij hoort de hoofdvraag: *"Welke factoren bepalen de effectiviteit van de signalering van slachtoffers van loverboys door de jeugdartsen en -verpleegkundigen van de GGD Twente?"*

Methode Er is een mini-systematische review uitgevoerd om te onderzoeken welke signaleringsfactoren in de wetenschappelijke literatuur en van overheidsorganisaties in Nederland voorkomen. Daarbij wordt er gekeken naar welke protocollen er zijn voor de jeugdartsen en -verpleegkundigen om slachtoffers van loverboys te signaleren en te melden. Naast de mini-systematische review zijn er semigestructureerde interviews afgenomen met drie jeugdartsen en een jeugdverpleegkundige.

Resultaten De mini-systematische review identificeerde drie protocollen; het protocol van NJi voor het identificeren van slachtoffers van mensenhandel en loverboys voor professionals, de RiS-L wat een risicotaxatie-instrument is voor seksueel grensoverschrijdend gedrag gefocust op loverboys en de 11VB is een instrument gefocust op het signaleren van meiden met een licht verstandelijke beperking die potentieel slachtoffer kunnen worden van loverboys. De mini-systematische review toonde ook identificatiesignalen zoals kwetsbare meisjes, gemakkelijk beïnvloedbare meisjes en schoolverzuim. Uit de analyse van de interviews bleek dat de meeste professionals een aantal signalen kennen die in de wetenschappelijke literatuur werden genoemd. Bij de vraag om de elf identificatiesignalen te beoordelen gaven de professionals aan dat meerdere problemen en plotselinge nieuwe contacten de meeste kans zouden geven om slachtoffer te worden van loverboys. De professionals gaven ook aan dat kenmerken van mensen het belangrijkste kenmerk is om te worden beschermd tegen het slachtoffer zijn van loverboys.

Conclusie Om de hoofdvraag te beantwoorden; er zijn vier factoren die de effectiviteit van signalering van slachtoffers van loverboys bepalen:

- Bewustwording van het loverboyprobleem
- Kennen/ herkennen van de signalen om slachtoffers van loverboys te signaleren
- Weten welke protocollen te gebruiken in geval van nood
- Weten welke meldcode u moet gebruiken

Discussie Omdat er veel kennis en ervaring is van de professionals, die minimaal 5 jaar bij de GGD werken, verbreden zij de factoren van de literatuur, die aan de signalering van de slachtoffers toegevoegd moet worden. Verder zijn de professionals door de GGD niet verplicht om het protocol tot in detail te kennen, maar om het indien nodig op te zoeken. Hierdoor ontstaat er ruimte voor eigen interpretatie, wat in bepaalde gevallen gunstig kan zijn. Dit is echter een punt van discussie, want zonder het protocol in detail te kennen, kan een professional zich anders gedragen dan officieel bedoeld wordt in het protocol, of erger nog, een slachtoffer niet identificeren. De bevindingen van dit onderzoek dragen op verschillende manieren bij aan ons begrip van het signaleringsproces en signalering. Er zijn beperkingen aan dit onderzoek, zoals een laag aantal deelnemers door COVID-19 en de weinig ervaring die de professionals hebben met het signaleren van slachtoffers van loverboys. Bovendien zijn er extra interviewvragen gewenst, specifiek gericht op discretie en zelfeffectiviteit.

Aanbevelingen Er wordt aanbevolen om preventiemaatregelen te nemen, dit betekent het informeren van leerlingen, ouders en professionals die met de leerlingen werken. Daarnaast moet er een training worden verstrekt aan de professionals één keer per jaar, op deze manier houd je de professionals up-to-date over het loverboyprobleem. Om de professionals te informeren zou een beslisboom gemaakt moeten worden door de GGD en een aandachtskaart voor de professionals om te weten waar ze op moeten letten met het signaleren van mogelijke slachtoffers van loverboys. Als laatste wordt aanbevolen dat de niet of minder ervaren professionals meelopen met ervaren professionals. Op deze manier kunnen zij zien hoe er gesignaleerd moet worden en gemeld moet worden.

Abstract

Introduction Currently the Netherlands faces a problem surrounding youth prostitution, specifically focused on loverboy victims. There is a big gap between the estimated number of victims and the number of reported victims. Furthermore, the identified victims of loverboys are not sufficiently referred to specialized youth care.

Objective This thesis aims to evaluate the identification processes for the victims of loverboys at regular high schools and special education schools. Specifically focused on Dutch youth doctors and nurses who work at the GGD Twente. The main research question is: "*Which factors determine the effectiveness of the identification of victims of loverboys by doctors and nurses of the GGD Twente?*"

Method A mini systematic review is conducted to examine which identification signals exist in the Netherlands in the scientific literature and governmental organisations and which protocols are applied by the youth doctors and nurses to identify and report victims of loverboys. Besides this, semi-structured interviews are conducted with four professionals, three youth doctors and one youth nurse.

Results The mini systematic review identified three protocols; the protocol of NJi which is focused on how professionals can identify victims of loverboys, the RiS-L, which is a risk assessment tool that is focused on sexual misconduct specifically for loverboys, and the 11VB, which is a tool focused on the identification of girls with a mild intellectual disability. Additionally, the mini systematic review showed identification signals, such as vulnerable girls, easily influenceable girls, and school absenteeism. The analysis of the interviews shows most of the professionals know a couple of signals which are mentioned in the scientific literature, although some signals, which were mentioned multiple times in the literature, were missing. When asking to rate the eleven identification signals, the professionals mentioned multiple problems, and sudden new contacts would give the most chance of being victimized by loverboys. The professionals also mentioned that the characteristics of people are the most important characteristic of being protected from being a victim of loverboys.

Conclusion To answer the main research question, four factors explain the effectiveness of identification of victims of loverboys:

- Awareness of the loverboy problem
- Knowing/recognizing the signals to identify victims of loverboys
- Knowing which protocols to use in case of need
- Knowing what reporting code to use

Discussion Because there is a lot of knowledge and experience from the professionals –who worked at least 5 years at the GGD-, they broaden the factors of the literature, which should be added to the identification of the victims. Furthermore, the professionals are not required by the GGD to know the protocol in detail, but to look it up when needed. This creates room for own interpretations, which can be beneficial in certain occasions. However, this is a point of discussion, since without knowing the protocol in detail, a professional might act differently than officially intended in the protocol, or worse, miss identifying a victim. The findings of this thesis contribute in several ways to our understanding of the identification process and identification factors. There are limitations to this research, such as a low number of participants due to COVID-19 and the little experience the professionals have with identifying victims of loverboys. Additionally, the interview questions could have been altered to include more specific questions about discretion and self-efficacy.

Policy Recommendation It is recommended there are prevention measures, this means informing pupils, parents and professionals who work with the pupils. This is done by implementing prevention packages. Additionally, a recommendation is to have training once a year to keep the professionals updated regarding the loverboy issue. To inform the professionals a decision tree needs to be created by the GGD and an attention card for the teachers to know what to watch out for regarding identification factors of loverboys. The last recommendation is to have less-experienced professionals follow along with professionals who have experience regarding identifying and reporting a victim of a loverboy.

1 Victims of loverboys identified by Dutch youth healthcare professionals

In the Netherlands, there is a problem regarding youth prostitution. On average, 2 girls from every high school are sexually exploited every year by human trafficking (Blommers, Hamers, & Zwegers, 2019). One of the groups that target girls from high school is loverboys. Loverboys are boys who are trying to get girls into prostitution by getting the girl dependent upon them. Loverboys are also seen as human traffickers (Ministerie van Justitie en Veiligheid, 2019). Similarly, there are lovergirls, who are girls who will try and get their "friends" into prostitution, mostly being a victim themself first (Politie, n.d.). Nevertheless, being a female is not a limit from becoming a victim to loverboys or lovergirls. There are also a lot of boy victims (van Gelder, Smit, Bakker, & de Vaan, 2017). However, since 2019 there were only reports of girl victims (CoMensha, 2020). There are also both loverboys and lovergirls, but there are more cases of loverboys. Therefore the focus will be on girl victims and loverboys.

The girls who are a victim of loverboys are often not identified and if they are identified, they are not always referred to the youth health care they need. That is what this thesis is about. But first, let's talk about how loverboys get their victims.

1.1 Procedure of loverboys

Loverboys often have a standard procedure in how they recruit their victims. There are four common steps loverboys usually take to make a girl their victim according to the police in the Netherlands (Politie, n.d.), which are:

1. They seek girls who are emotionally unstable and/or insecure. This is mostly done through the internet. They often groom these girls by buying them presents, complimenting them and giving them a lot of attention, which will lead to them falling in love with them and trusting him.
2. When they have succeeded in getting the girls smitten over them, they will make them dependent on them. They will make sure the girls will distance themselves from friends and family by having them arguing. They will make sure the girls are only talking with them and hanging out with them.
3. When they have the full dedication of the girls to them, they will make the girls do things they normally would not do. For example, get a loan which they will get on their name but the loverboys would use it constantly. This is so the girls can show the loverboys how much she loves them. They also ask girls to have sex with their friends.
4. When the girls have sex with the loverboys' friends it is a small step to get the girls to have sex with other people. So, without realising it, they become a prostitute.

Apart from this, the girls are not only dependent on the loverboys, they sometimes stay with the loverboys. They can long for adventure, money and glamour (Pretty Woman, n.d.). For this reason, the victims will stay with the loverboys and this will tie them to the loverboys. The girls are also often in a phase where they are denying or downplay force, humiliation and violence, this is called the honeymoon phase. In this phase, the girls sometimes do not recognize these problems themselves. (Politie & Veiligheidshuis Kennemerland, 2014).

In this section, it has been explained what steps loverboys take to make a girl their victim and why girls could stay victims. The section that follows moves on to how many underaged victims are reported.

1.2 Reported (underaged) victims of loverboys

The Dutch Health and Youth Care Inspectorate (Inspectie Gezondheidszorg en Jeugd [IGJ], 2018) published a report in 2018 about the quality of specialised youth care to victims of loverboys based on the numbers of the study of CoMensha of 2017. Figure 1 shows the numbers of CoMensha in 2017. At the top of the pyramid, the number of victims of loverboys who were in treatment (IGJ, 2018). There is a big difference between the annual estimated number of underaged victims of loverboys and the reported number of underaged victims every year. There is also a large gap between the number of reported victims and the number of victims who get specialised treatment (in the spring of 2017), as shown in Figure 1. If the gap is that large, it could mean the identification is inadequate or something went wrong with reporting to CoMensha. The number is an estimate, so the number could be lower or higher, but the difference in the estimate and the definitive number of reported victims seem quite high. One of the conclusions the IGJ (2018) made in their report was about the identified victims of loverboys not being sufficiently referred to specialised youth health care. According to the IGJ (2018), the reason for the lack of referral is because it is not clear which options are available regarding specialised care by the referrers. So, the identified victims of loverboys cannot get the specialised help they need. When looking at the report of the IGJ (2018) questions arise about the effectiveness of the process of identifying the victims of loverboys.

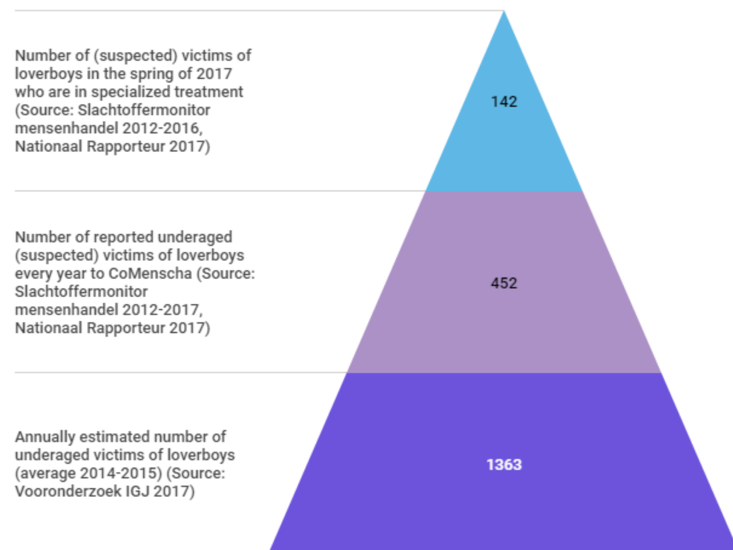

Figure 1 - Number of underaged victims (translated, original source: IGJ, 2018)

CoMensha released a report in 2018 with numbers of reported victims of loverboy techniques. According to this report, most victims of loverboy techniques are 17 years old, there are a few who are younger than 14 years old and a few who are older than 30 years old. Additionally, a large part of victims of loverboys are minors (CoMensha, 2018) and girls who have a mild intellectual disability (Koraal, n.d.). Furthermore, almost 40 per cent (38%) of 139 victims of loverboy techniques are minors. Therefore, it is important to focus on the minors since they are most likely to be impressionable than adults and would likely be more easily a victim of loverboys.

CoMensha released another report in 2019. When comparing the reports of 2017 and 2018, there is a noticeable difference between the numbers of 2017 (CoMensha, 2018) and 2018 (CoMensha, 2019). Namely, there have been **17** victims of loverboy techniques which have been registered in 2018, which is noticeably lower compared to 2017, where **139** underaged victims of loverboys identification in school were reported. The report of CoMensha (2019) suggested one of the causes which could create the difference in registered victims could be the application of the General Data Protection Regulation (GDPR). The GDPR has been applied in Europe from the 25th of May 2018, so that is why there are fewer victims reported compared to 2017 since they stopped tracking since the 25th of May 2018 (CoMensha, 2019). CoMensha cannot register victims of loverboy from the 25th of May 2018, because of the GDPR. So, there were 17 registered victims until the 25th of May 2018. Furthermore, CoMensha recommends investing heavily in early identification and in reporting more (CoMensha, 2019). Only the tip of the iceberg is now known by CoMensha.

Let us now turn to who the reporters of the victims of loverboys are.

1.3 Reporters of victims of loverboys

Reporting of the victims is done by either professionals in the ambulatory, youth care, Royal Netherlands Marechaussee (KMar), shelter, police, care coordinators and others. These professionals are obligated to refer the victims to specialised help. Care coordinators have registered 16 out of the 37 victims of loverboys, which is 43% in 2019 (CoMensha, 2020). Though it is unclear exactly what professionals here are covered, but youth doctors and youth nurses are in contact with the pupils and are also in care, so it is a plausible assumption that these professionals fall within the care coordination. The police reported 18 out of the 37 victims in 2019 to CoMensha, which is 49% (CoMensha, 2020). Although the police are the biggest reporting force, they are not specialised in referring the victims to the needed care. Therefore, youth doctors and youth nurses are the people who would refer victims to specialised youth care.

The youth doctors and youth nurses are a part of the Municipal Health Services, which is called Gemeentelijke GezondheidsDienst (GGD), which is a public health service in the Netherlands. They keep track of the wellbeing of the children, both mentally and physically (Ministerie van Onderwijs, Cultuur en Wetenschap, 2019).

The GGD Twente is the commissioner of this research, they asked to look at why there is a lack of identification of victims of loverboys. Since the GGD Twente is the commissioner, the focus of the research will be on the region of Twente. In the region of Twente, the youth doctors are checking the children twice when they are around 5-6 years old and 10-11 years old (GGD Twente, n.d.-b) and they are handing out a health test to children in the second year of high school, age of 13-14 years old (GGD Twente, n.d.-a). Additionally, there is a youth health care team, which consists of a youth doctor, a youth nurse and a doctor's assistant. The team has regular meetings with the high schools about general affairs regarding the health and well-being of the pupils. It is different in special education, there are other contact moments than in regular education. The contact moments in special education are:

- Preventive health check (preventief gezondheidsonderzoek in Dutch (PGO)) when applying or admission in to (higher) special education.
- Younger than 8 years old: a PGO every two years.
- From 8 years old: a PGO every three years (Lijs-Spek, 2010).

In regular education, there are fewer contact moments with the GGD than in special education. A child in regular education will meet the youth doctor or youth nurse around three times in their educational life. While a pupil in special education will meet the youth doctor or nurse around seven times if you will count they start from age 4 and will end school around 19 years old. The basic job package of the youth health care contains these contact moments in special education, these are for the ages of 0 till 19 years old (Ministerie van Volksgezondheid, Welzijn en Sport, 2002).
Let us now turn to the problem definition.

1.4 Problem definition

It is now well established that there is a lack of identification of victims of loverboys. Furthermore, it is important to know the process of identifying a pupil since there is currently not enough identification (IGJ, 2018). Apart from the fact that it is important to identify, it is necessary to prevent girls from being victims of loverboys. This could be done by informing the pupils and their parents (Noordenburg, 2020).

However, when focusing on identification, there can be more focus on the different identification signals which will make a pupil a victim easier to identify. This can be mentioned in a meeting with the youth health team. The youth health team could look at different risk factors of pupils, such as an intellectual disability or an unstable home. Additionally, they could look into the risk factors and help the pupils if they are (possible) victims or are targeted by loverboys.

In conclusion, there is a lack of identification of victims of loverboys from the youth doctors and nurses, and when they are identified they are not properly referred due to the lack of knowledge by

the referrers, such as youth doctors, youth nurses or school staff according to the IGJ (2018). It is a possibility the activation of the GDPR is a factor of the lack of identification since it protects personal data, and it is harder to identify a possible victim without knowing some personal information. Dutch youth doctors and youth nurses, who work for the GGD, check on pupil's health and well-being in all forms of lower education, such as primary school, high school, special education. This research is focused on high school and special education since minors are more impressionable and easier targeted by loverboys.

1.5 Aim of the study and research questions

This thesis aims to evaluate the identification processes for the victims of loverboys at regular high schools and special education schools in the region of Twente and to write a policy recommendation for the GGD Twente.

Main research question: Which factors determine the effectiveness of the identification of victims of loverboys by doctors and nurses of the GGD Twente?

It is focused on youth doctors and nurses who work in the region Twente in high schools and special education. To achieve the aim of this thesis and answer the main research question, the following sub-questions were formulated:

1. *What are the signals and characteristics to identify victims of loverboys according to the literature?*
2. *What protocols are there for youth doctors and nurses and to what extend refer these to signals to identify victims of loverboys?*
3. *To what extent do personal and/or organisational factors influence the identifications of the victims of loverboys by youth doctors and nurses?*
4. *To what extent do personal and/or organisational factors of Dutch youth doctors and nurses influence the way they handle potential victims of a loverboy?*
5. *How could the identification and treatment of victims of loverboys be improved?*

Firstly, in Chapter 2 different ways are discussed of the approach of professionals and why they do not always adhere to the set protocols. Chapter 3 contains a mini systematic review to answer the first two sub-questions. In Chapter 4, the method and data collection of the research is written for answering sub-questions 3, 4 and 5. In Chapter 5 the results are shown of the research for sub-questions 3, 4 and 5. After this, the results will be discussed in Chapter 6 and there will be a conclusion to the research question and sub-questions and a discussion. Lastly, a policy recommendation will be made in Chapter 7.

2. Theoretical Framework

In this chapter, the adherence to protocols, and the approach of the situations of healthcare professionals is discussed. Furthermore, it is explained why the GDPR could lead to a reduction of registrations of victims of loverboys.

2.1 Adherence to protocols

There are two theories used in this research to find out about the approaches of professionals. These theories explain why people, in this case, youth doctors and youth nurses, do not always adhere to the set guidelines and rules and how they approach situations.

2.1.1 Street-level bureaucracy by Lipsky

The first theory is the theory of street-level bureaucrats explained by Evans which is based on Lipsky's theory. Lipsky's theory is used to look at professional discretion and explains the origin of discretion in social work (Evans, 2010). Evans' book (2010) on street-level bureaucracy focuses on the professional discretion in welfare services, which is what this thesis a part of. Street-level bureaucrats are frontline workers and/or policy implementers in government agencies. Youth doctors and nurses fall into both since they work in healthcare, welfare and education. The sector they fall into is social work.

To explain Lipsky's theory, it is necessary to know what discretion entails. There are a lot of different ways to describe discretion. But overall, it comes down to the freedom to decide about the implementation of policies in the work of the street-level bureaucrats (Evans,2010). There are different degrees of discretion, but there are two main types according to Evans (2010):

1. De facto discretion

   Having the power to act, though not necessarily officially recognised
2. De jure discretion

   Having the power to decide as an officially recognised entitlement

Now with a clear understanding of discretion in the research, it is useful to know why it is important to know how it is used in social work. One of the key characteristics of professional workers, which could also be street-level bureaucrats, is discretion (Freidson, in Evans, 2010). Discretion is necessary since public service is chaotic and complex and there is a need to make the policies applicable. According to Lipsky (2010), the problem lays in the fact that before the policy is applied, the choice of whom to help is already made. This threatens the policy implementation. The professional workers make the policies at the street level. They organise complex and confusing policies into applicable policies.

With these confusing policies in mind, professional workers need to manage their own work. They act through interpretation and careful consideration. The professional workers often use what Lipsky describes as "coping mechanisms" for discretion. One of these coping mechanisms is cherry-picking. Cherry-picking is selecting or accepting the best and most desirable outcome (Lipsky, 2010).

There is a degree of discretion in the Netherlands regarding youth healthcare professionals. There are restrictions to their discretion though. There are legal frameworks where the youth healthcare professionals have to work in. The youth healthcare professionals also have to have a professional attitude and be competent. Furthermore, they need to justify how they approached a situation and what their actions were towards the child and/or the family, the organisation, cooperation partners, colleagues and the society (Beroepsontwikkeling: Professionalisering Jeugdhulp en Jeugdbescherming, 2017).

This theory is used in this thesis to have a gist about why professional workers do not always adhere to guidelines or deviate from the policy. Since the policy has to be interpreted to apply it to the situation and a policy cannot deal with grey areas, it can be misinterpreted (Preston-Shoot and Wigley, in Evans, 2010). Besides, this theory is needed, to understand that deviation is needed in these professions.

2.1.2 Self-efficacy theory by Maddux

The second theory is the self-efficacy theory. Self-efficacy theory is that people believe in their capabilities and their capabilities produce the desired effects (Bandura, in Maddux, 2012). It is a set of beliefs, which is people can coordinate their skills and abilities to get the desired goals in particular domains and circumstances (Maddux, 2012). With self-efficacy, people choose to engage and how much effort they are willing to put in, even when looking at obstacles and challenges. Self-efficacy is not a perceived skill, it is about believing in what they can do with their skills under certain conditions. A likely conclusion is that people who have been practising their profession for a long time, normally maintain the belief their skillset would lead to the intended results, and thus they would have self-efficacy.

Since the process of identifying the victims is crucial, the youth doctors and nurses need to rely on their skillset and judgement. The youth doctors and nurses are trusted that they are competent to identify victims of loverboys through different methods, such as guidelines or they know the identification signals. With self-efficacy, the belief in their own capabilities and the desired effects as a result, is needed. Because without self-efficacy, the professionals may not identify a victim officially and act accordingly, which could be problematic. This theory is relevant to this research because the youth doctors and youth nurses need to believe what they can do which will result in the wanted effects, such as identifying victims of loverboys.

2.1.3 Expectations regarding the theories on this research

There are two hypotheses created regarding the theories of Lipsky and Maddux.

The first hypothesis is participants would deviate from the official process, due to their experiences and insight into what is best, but they will adhere to the guidelines or rules as much as they can. However, they have to make decisions based on the pupils' situation.

It is expected from the professionals they would deviate from the official process, due to their experiences and insight into what is best, but will adhere to the guidelines or rules as much as they can. However, they have to make decisions based on the pupils' situation. It could further mean that since they see a lot of pupils, they have to make a choice in which signal they seem as potentially dangerous and in which they think it is normal behaviour for someone their age. This could be due to their routines and devices which have been developed to cope with the policies and uncertainties. As a result thereof, it is expected that the identification of victims is low and lead to a lack of referrals to specialised youth care.

The second hypothesis predicts the respondents would answer they do not need to ask for advice from colleagues since they are confident in their skills producing the desired outcome. The expectation of self-efficacy in relation to youth doctors and nurses who are being interviewed is they have self-efficacy since they will work at the GGD for a longer time. It is predicted the professionals will answer that they do not need to ask for advice from colleagues since they are confident in their skills that they produce the desired outcome. If the self-efficacy theory is applied to this research, it will mean the youth doctors and nurses believe their actions will get the goal they desire. One of the goals would be to identify (possible) victims of loverboys. It is necessary that youth doctors and nurses need to believe what they are doing is getting the wanted result since they are being relied on about identifying (possible) victims of loverboys.

Therefore, when not asking advice from their colleagues, it can lead to miss-identifying of victims, or to not following the best fitting protocol. Another colleague could give other insight due to their experience.

2.2 GDPR

In 1.1 it is mentioned the General Data Protection Regulation (GDPR) could have been an influence on the fewer registrations to CoMensha of victims of loverboys when comparing 2017 (139 registrations) to 2018 (17 registrations).

It is important to know what the GDPR is to explain why it could be an influence on the registrations. The GDPR is a regulation that has been applied on the 25th of May in 2018 throughout the European Union. The regulation is for protecting personal data in organisations. Every organisation which processes personal data has to adhere to this regulation. Every organisation also has to ask the individual in question if they can use their personal information and data and if they may distribute it (Autoriteit Persoonsgegevens, n.d.).

It is clear what the GDPR is, but how could it impact the number of registrations to CoMensha? The National Rapporteur on Trafficking in Human Beings and Sexual Violence Against Children (Nationaal Rapporteur Mensenhandel en Seksueel Geweld tegen kinderen, 2019) says there are two reasons for a declining rate in registrations of victims of loverboys, other than that there is a reduction of victims and perpetrators in the years between 2014 and 2017.

The first reason is there is less attention concerning human trafficking in the last years, so the priorities have shifted. The second reason is the GDPR. Since the 25th of May of 2018, the attention of healthcare professionals is focused on the explicit declaration of consent which is needed to register a victim to CoMensha by the detectors. The detectors mention they cannot register victims anymore and have outed their concerns about this. The concerns are because there are fewer reports, and fewer reports lead to fewer victims mapped and that leads to less insight into the human trafficking problem.

The youth doctors and nurses have to adhere to the GDPR but also use discretion. They need to take the GDPR into account, but not let it be more important than a girls safety and possibly others safety. Since there are fewer registrations, there is less overview of the problem of loverboys. The youth doctors and nurses need to take into consideration that the parents or the victim do not need to give consent, due to the precedence of the right to report of the Reporting Code Act over the GDPR. However, the youth doctors and nurses need to have a thorough and transparent conversation with the parents and victim (NJi, 2019).

For this research, the GDPR is expected to be an influence on the decisions of the youth doctors and nurses, since it is very important to protect personal data.

2.3 Summary of chapter 2

This section has reviewed the two key theories regarding the approach of professionals to how they manage and make their decisions by keeping the policies in mind. This section also reviewed how the GDPR could lead to a reduction of registrations of victims. In the next chapter, the first two sub-questions are going to be answered through a mini systematic review.

3. Protocols and identification signals – a mini systematic review

To answer sub-questions 1 and 2, it was necessary to do a literature review. In this chapter, a mini systematic review was conducted.

3.1 The identification process of victims of loverboys of youth doctors and nurses

Since the victims were not sufficiently enough identified according to the report of the Health and Youth Care Inspectorate (2018), it was important to know what was already known about identifying the victims of loverboys, such as the factors of the identification process, and how the process of identifying victims was among youth doctors and nurses. The sub-questions which have to be answered were:

1. *What are the signals and characteristics to identify victims of loverboys according to the literature?*
2. *What protocols are there for youth doctors and nurses and to what extend refer these to signals to identify victims of loverboys?*

3.2 Method of the mini systematic review

To find out what the identification signals of victims of loverboys were according to the literature, a mini systematic review has been conducted. When selecting studies some criteria had to be met (Table 1). These criteria have been determined since loverboys is a term that is Dutch and sometimes used in English. The last eight years, from 2012 till 2020, were important because loverboy protocols have been changed since 2012 (Centrum voor Criminaliteitspreventie en Veiligheid [CCV], 2012) when there was an increase in victims of loverboys who have been registered (CoMensha, 2018). So, the last eight years were relevant.

Table 1 - Selection criteria

Inclusion Criteria	***Exclusion Criteria***
Full text	No full text
2012 - 2020	Before 2012 or after April 2020
Text in English or Dutch	Text not in English or Dutch
Identification process or identification signals	Not about the identification process or identification signals
Identification process in school	Not focused on victims of loverboys
The identification process for youth care	Not focused on youth care
About children or adolescents who are going to high school	Not about children or adolescents

Search strategy

The studies were searched in the search engine Google Scholar and the databases PubMed, Scopus, also in the library of the police academy in the Netherlands was looked at for studies as well as the website of GGD Twente since the youth doctors are a part of the GGD. The website of the Centre of Child Trafficking and Human trafficking (Centrum van Kinderhandel en Mensenhandel [CKM]) was used since these are focused on research on human trafficking, which the topic loverboys was a part of. The websites of NJi and NCJ were used since these are focused on youth health care in the Netherlands and also have information about loverboys. There was further searched under the heading of “Loverboys” if they were available on the website of NJi, NCJ, CCV and CKM since there was a special section for loverboys on those websites. The website of the police academy in the Netherlands was additionally used since they are focusing on preventing loverboytechniques. The filters which were used are relevance and the last eight years, from 2012 till 2020.

The search terms which were used, are “slachtoffers AND loverboys”, “signalering AND slachtoffers loverboys” and “stappenplan OR signalering AND slachtoffers loverboys school”.

With the first two search terms, only the first four pages of the search results were scanned, since it was predicted there were a lot of search results there. It can be seen, in Figure 2, how the selection of the literature was done.

Overall, there have been few results since the search terms were narrow, the most results were 326 in Google Scholar. In the databases of PubMed and Scopus were no results for all the search terms, so they were not used further in the research. The websites of GGD Twente, NJi, NCJ, CCV, CKM and the police academy gave results.

3.3 Findings of the review

When selecting the studies for the research there were a few steps. Firstly, there was a selection based on the title of the study if it was relevant. Then the duplicates were compared and looked at if they met the set criteria. Thirdly, there was a selection that was based on the abstract and lastly, the full text was read and there were four studies excluded. So, there were seven studies included in the literature review.

In Table 2 the studies which were selected can be found. The studies which are selected are protocols, reporting codes, manuals and guides, a qualitative research study, and pages on the websites which were searched.

The quality of all these studies was high since they all are based on extensive research or other literature.

The NJi, and CCV and are knowledge centres that base their information on extensive research, Ministerie van Volkdgezondheid, Welzijn en Sport is a part of the government and gets their information on research they produce or can find, Meldpunt Loverboyproblematiek Twente is a reporting point of the government who advise on reporting loverboys and their victims who have experience with loverboys and their victims, and the manual of Koraal was based on various researches. Besides, there is a book, which leads from the website of the NJi, about the research of who the girls are who become a victim of loverboys from Dijke et al., 2012. This is high quality since it is extensive research in the care facility called Asja.

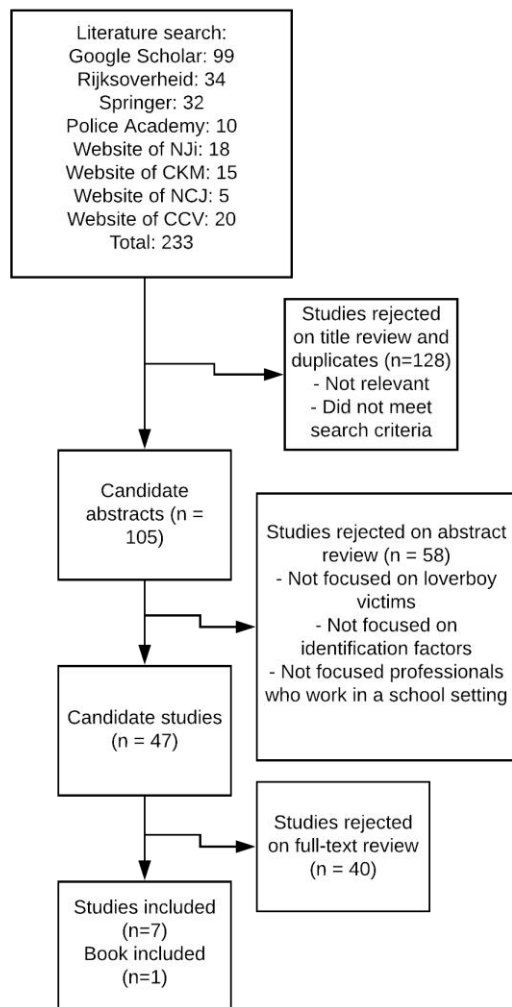

Figure 2 - Selection literature mini systematic review

Table 2 - Quality of selected studies

#	Studies	Kind of study/website	Is quality low or high?
1	Koraal (2020)	Manual to use the tool 11VB	High
2	Meldpunt Loverboyproblematiek Twente (n.d.)	Page on the website of a reporting point regarding signals and characteristics	High
3	Ministerie van Volksgezondheid, Welzijn en Sport (2018)	Reporting code	High
4	NJi (n.d. -a)	Page on the website regarding risk profiles	High
5	NJi (n.d -b)	Page on the website regarding the identification	High
6	NJi (2017)	Protocol for professionals to identify a loverboy victim	High
7	Centre for Crime Prevention and Safety [Centrum voor Criminaliteitspreventie en Veiligheid, CCV] (2012)	Guide to tackling the loverboy problem	High
8	Dijke et al., 2012	A book about who the victims are and what the problems are	High

3.4 Conclusions of the mini systematic review

To answer sub-questions 1 and 2, the studies which are mentioned before are used.

3.4.1 Identification signals of victims of loverboys

There are different reporting points in the Netherlands, but Twente has a reporting point specifically focused on loverboy problems [2]. The reporting point of Twente has a list of signals and characteristics of recognising and identifying a (possible) victim of loverboys. These signals and characteristics are often combined and in a short period, it could represent victimisation. Some of the signals and characteristics are overlapping, such as sudden new contacts and withdrawal from the existing social network, which can lead to a different social life. Since they have some overlap, they are put into categories. There are seven categories made according to the signals and characteristics. The seven categories are appearance, health complications, location, absence from school, social life, behaviour and financial. A mind map is created for these signals and characteristics to organise them(Figure 3).

In addition, there are a few existing risk profiles, which contain the identification signals and characteristics, of victims. Five of these profiles focuses on girls and three focuses on boys [4]. Since this thesis is focused on girls, only the risk profiles for girls are discussed. These risk profiles are used as an identification method, and the risk profiles are a combination of identification signals. These risk profiles could also give a healthcare professional a warning that a pupil could be at risk of being a victim of loverboys (Figure 4). The risk profiles consist of different identification signals [8]:

1. Phaseproblem
    i. Two different cultures
    ii. Violent behaviour due to puberty
2. Highly influenceable girls
    i. Mild intellectual disability
    ii. Psychiatric issue
    iii. Raised (extremely) protective
    iv. Not getting enough attention from parents
    v. Gain control due to different situations
3. Traumatised girls
    i. Unsafe attachment issues
    ii. Sexual abuse
    iii. Physical or mental abuse
4. Multi-problem
    i. Faced with a multitude of problems for a long time
    ii. Addiction
    iii. Psychiatry
    iv. Attachment problems
    v. Sexual Abuse
    vi. Homelessness
    vii. Debt problems
5. Honour-related
    i. Family in which honour comes first
    ii. Insufficiently equipped for the prevailing youth culture

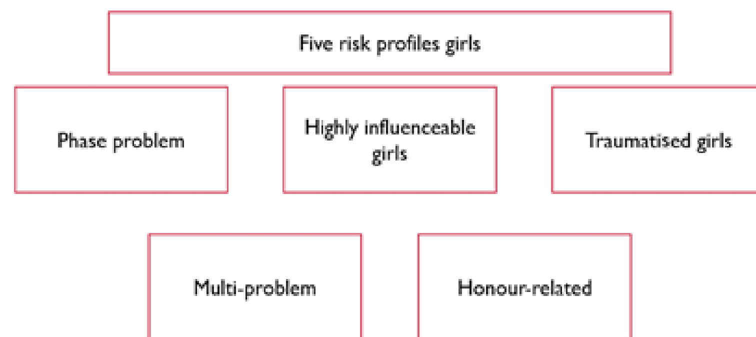

Figure 4 - Risk profiles of girl victims of loverboys

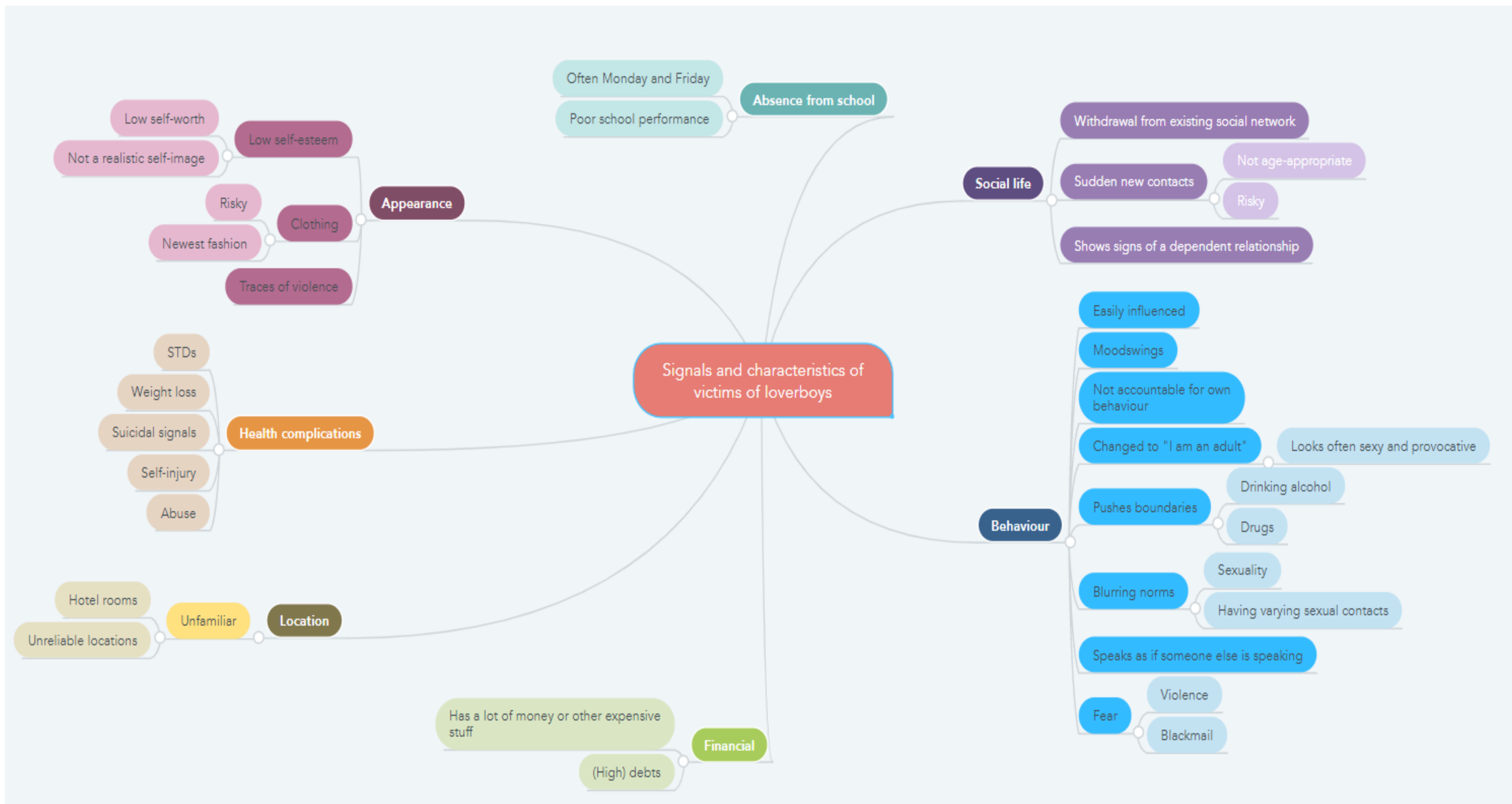

Figure 3 - Signals and characteristics of victims of loverboys

There is also a set of characteristics that can indicate who could easily be targeted by loverboys, usually they have (one or multiple of) six characteristics (Figure 5) [7]. These characteristics can be seen as signals since these are indicators professionals can look for and identify a victim.

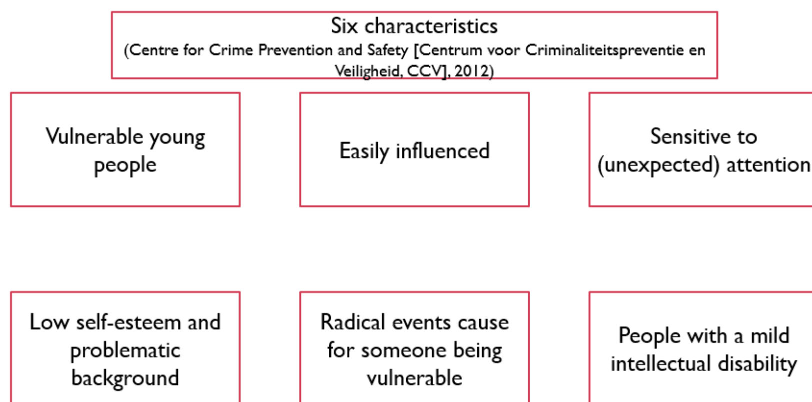

Figure 5 - Characteristics of victims of loverboys

Furthermore, there are eleven identification signals which could determine if someone who has a mild intellectual disability would be at risk of being sexually exploited, these can be seen in Figure 6 [1].

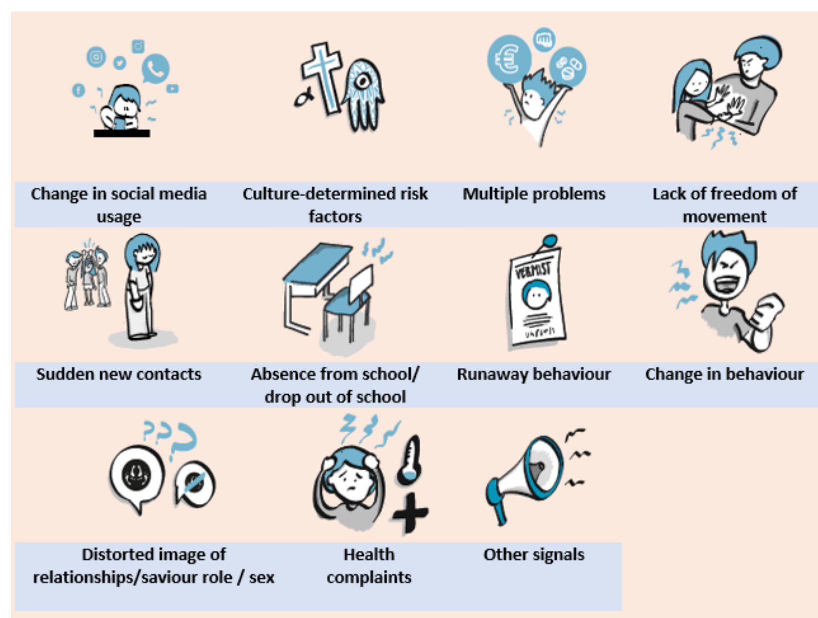

Figure 6 - Eleven identification signals of the 11VB

Additionally, there are three protective characteristics [1], which decrease the risk of being a victim of loverboys, which are:

1. *Characteristics of people (with mild intellectual disability)*
   When someone who (has a mild intellectual disability) is strong, has a positive self-image and is socially skilled has less risk of becoming a victim of loverboys
2. *Characteristics of the parents*
   A harmonious family which provides attention, care and understanding for the person with a mild intellectual disability is the risk decreased of sexual exploitation
3. *Characteristics of the social environment*
   Good ties with different communities lead to good social control and a safe and trusted environment

To answer the first sub-question: *What are the signals and characteristics to identify victims of loverboys according to the literature?*

In summary, it is shown from this review that it is often a combination of different signals and characteristics which indicate someone as a (possible) victim of loverboys. The studies often frequently cite identification signals or characteristic, such as (easily) influenceable girls, girls who have a problematic background, and absence from school, but also mention signals or characteristics once, such as the difference in clothing, being in an unfamiliar location, and being sensitive to (unexpected) attention (Table 3). The most commonly referenced signals or characteristics mean these are the more common to identify a victim. The other signals or characteristics, the ones mentioned once, could also signal that a pupil might be a victim, but might be less known or might be a more overlapping signal or characteristic with other problems. These are divided since the more common signals and characteristics are signals the loverboy victims might express earlier and seen earlier than the signals which are mentioned once.

Table 3 - Identification signals or characteristics according to the literature

Most commonly referenced signals or characteristics	Signals or characteristics which are referenced once
(Easily) influenceable girls	Difference in clothing
Vulnerable girls	Traces of violence
Multi-problem	Unfamiliar location
Change in behaviour	Being afraid
Problematic background	Other signals
Absence from school	Change in social media usage
Low self-esteem	Runaway behaviour
Health complaints	Sensitive to (unexpected) attention
Traumatised girls	Phase problem
Sudden new contacts	Lack of freedom of movement
Norms are blurring regarding sexuality	
Mild intellectual disability	
Culture related factors	

3.4.2 Protocols to identify victims of loverboys for youth doctors and nurses

The answer to sub-question 2 is discussed in the following section. The second sub-question is: What protocols are there for youth doctors and nurses and to what extend refer these to signals to identify victims of loverboys?

The first protocol is of the NJi, about how to identify victims focused on human trafficking and loverboys. It is a roadmap for professionals in healthcare who work with youth [6] to identify potential and probable victims of loverboys. This protocol of NJi is available online for everyone to research. The protocol of NJi describes five steps a health professional needs to take when suspecting a pupil is a victim (Figure 7). These steps are comparable to the reporting code of domestic violence and child abuse (Meldcode huiselijk geweld en kindermishandeling), but not the same [3]. The five steps entail [6]:

1. Map signals and factors
2. Consult with a colleague and possibly external experts
3. Discuss the signals and factors with the girl (and her parents).
4. Consider the collected information
5. Decide what actions are needed

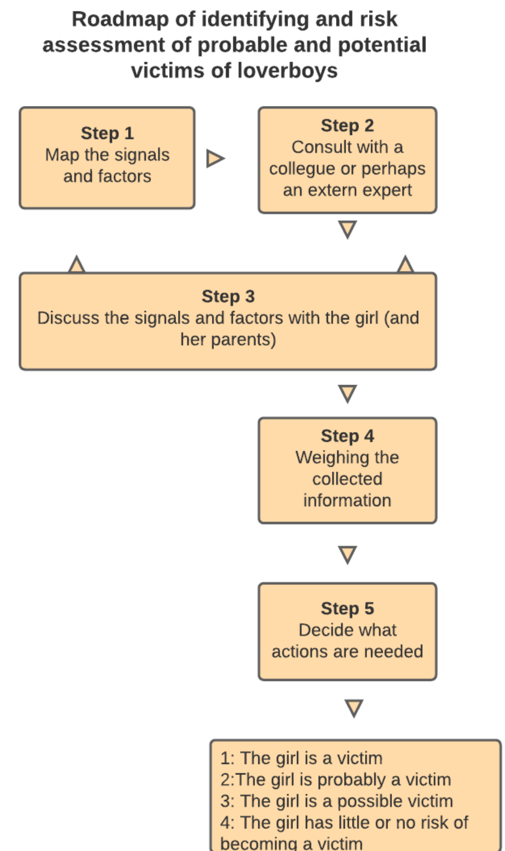

Figure 7 - Roadmap of identifying and risk assessment of probable and potential victims of loverboys by the NJi (translated)

With the first step, the professional has to decide if there is immediate danger or not. If there is immediate danger, the police must be involved. Otherwise, there needs to be more evidence gathered from multiple sources and involve the parents as well as other people in their network.

The second step is to find a colleague or expert in their organisation who has specific knowledge of loverboy problems. The professional has to verify the gathered evidence and discuss further steps.

The third step is to discuss the suspicions the professional has, with the signals and evidence they have gathered. The professional needs to have an open conversation with the girls and look at which steps to take further with her and her parents.

The fourth step is to look at the knowledge which was gathered from the signals, consult and conversation and decide which steps to take. This can be done through another conversation with an expert. After the decision, it is discussed with the girls and the involved parties.

After the fourth step there are four possible outcomes:

1. The girl is a victim
2. The girl is probably a victim
3. The girl is a potential victim
4. The girl has little or no risk of becoming a victim

The four outcomes have different ways to approach the girls. These are all explained in the NJi protocol.

The second protocol is the risk assessment tool, which is used in the first protocol. The risk assessment tool focuses on sexual misconduct, or as it is called in Dutch seksueel grensoverschrijdend gedrag (RiS). Since it is focused on identifying victims of loverboys and looking at the risks of this, it is called RiS-L, with the L representing "loverboys". It is only available in a safe environment of youth care in the Netherlands and BergOp, others could ask for more information or the RiS-L via an email to NJi [5]. So not everyone has access to the RiS-L. The RiS-L is a protocol on its own since it has a specific way to signal and screen victims of loverboys. The signals in the RiS-L are only to be known for specific professionals, so because of this limited access, they cannot be compared to the signals in the literature.

The last protocol is focused on people with a mild intellectual disability regarding identifying victims of loverboys. This protocol is called the 11VB, which are eleven identification signals which could determine if someone who has a mild intellectual disability would be at risk to be sexually exploited (Figure 6). The 11VB is intended for the usage of people who work with pupils who have mild intellectual disabilities [1]. The 11VB is accessible for everyone and is found on their website. The signals in this protocol are the used signals found for identification for victims of loverboys, as seen in Figure 6.

To conclude, the answer to the second sub-question: "*What protocols are there for youth doctors and nurses and to what extend refer these to signals to identify victims of loverboys?*" is that the literature identified there are three protocols for youth doctors and nurses to identify victims of loverboys in the Netherlands:

1. NJi protocol

The first protocol is a protocol of how to identify a victim of human trafficking by the NJi for professionals

2. RiS-L

The second protocol is the RiS-L, which is a risk assessment tool to identify victims of loverboys

3. 11VB

The third protocol is the 11VB, which is to identify if someone with a mild intellectual disability is at risk to be sexually exploited

Now the first two sub-questions are answered with the knowledge of the signals and characteristics, and protocols, there are still three remaining sub-question. In the following chapters, the remaining sub-questions and the main subject question will be answered.

4 Method

4.1 Study design

To answer the sub-questions 3, 4 and 5, semi-structural interviews have been conducted in June and July of 2020. There were four participants, three who work as a youth doctor and one who works as a youth nurse. The youth nurse worked in regular education and special education, one of the doctors worked only in regular education, one of the doctors special and regular education and the last doctor worked only in special education. They worked at the GGD ranging from 5 years to 17 years.

The interview was conducted online via video call, due to the COVID-19 crisis. This study was approved by the BMS Ethics Committee of the University of Twente, by request number 200094. Amberscript was used to transcribe the interviews. The transcripts and analyses were sent to the first supervisor of the University of Twente to keep them in case of sudden problems in the future. For analysing the transcripts the software Atlas.ti was used. The rating was analysed through SPSS.

4.2 Participants

The youth doctors and nurses were selected by convenience sampling, this was picking the first four who were willing to participate. Due to COVID-19, it was not possible to interview the youth doctors and nurses face to face and to interview more than four people. It was a difficult period to get a hold of youth doctors and nurses since they were mostly unavailable due to the COVID-19 crisis.

The participants also needed to have worked for the GGD Twente for more than 5 years. Youth doctors and youth nurses were employed by the GGD Twente. The youth doctors and nurses had to work in either a regular high school and/ or a school which was specialised in special education.

4.3 Conduct of sessions

A semi-structural interview was developed to guide the conversation with the youth doctors and nurses and to be comparable to different functions (Appendix 1). The respondents have gotten an email that explained the research and if they wanted to participate in the interview. The email can be read in Appendix 2. If they had questions, they could email the researcher and after they approved of being a respondent. After this, the respondent had to fill in the informed consent form regarding participating in the interview and being videotaped (Appendix 3). The interview script was in Dutch since the interview was done in Dutch. The length of the interview was approximately 30 to 45 minutes. The main interview questions can be seen in Table 4.

Table 4 - Main interview questions

Interview questions
1. Have you ever encountered victims of loverboys? 2. How do/would you discover there is a potential loverboy victim? 3. What signs were there at the time that the pupil was a victim of a loverboy? 4. What other signals are there besides those you have experienced? 5. How did you recognise these signals? 6. What signs are there that could indicate that the pupil is a potential victim of a loverboy? 7. I have a list of 11 risk factors made by Koraal, called 11VB and it also has 3 protective factors with the associated signals. The 11VB identification instrument is based on the working methods of human traffickers and the inner and outer behavioural characteristics and physical signals of (potential) victims with mild intellectual disabilities. However, these signals can also be compared to potential victims without a mild intellectual disability. For each signal, can you indicate whether it increases the risk on a scale from 1 to 5, where 1 is that the risk is not increased at all and 5 is that the risk is greatly increased? 8. We just got through 11 risk factors, which I will display on the screen. Which risk factors would you approach and why? 9. What do you do if you suspect that a pupil is a victim of a loverboy? 10. Where do you report the potential victim of a loverboy? 11. What is your experience reporting potential victims of loverboys? 12. There is an identification and risk assessment to identify a victim, are you familiar with this? 13. What are your experiences with the identification process? 14. How would you like to improve the process of identifying and reporting the victims of loverboys for yourself and fellow professionals? *15.* Do you have any other things you would like to say about the research that I have not yet asked about?

5. Results

5.1 Analysing the interviews according to sub-questions 3, 4 and 5

When analysing the interviews, it stood out that only one of the respondents had dealt with victims of loverboys. The respondent who has dealt with victims of loverboys was respondent 1, although it was more remotely. Besides this is respondent 1 a child abuse attention officer. The other three do not speak from experience, they provide insight from a theoretical point of view. Apart from this, only respondent 2 worked at the GGD Twente for less than 10 years. The other three participants worked from 13 years to 17 years at the GGD Twente.

5.1.1 Identification signals to identify victims of loverboys

The answer to sub-question 3 is discussed in the following section. The third sub-question is: *"To what extent do personal and/or organisational factors influence the identifications of the victims of loverboys by youth doctors and nurses?"*

There were a few identification signals which the respondents knew, but there were also general identification signals to identify if a pupil is in trouble. In Table 5 it is seen which of the identification signals the Dutch youth doctors and nurse knew, which is focused on victims of loverboys. The 1's are that they mentioned the identification factor, the 0's that they did not mention the identification factor. All four of the participants mentioned a behaviour change, a complex home situation and school absenteeism.

When getting into the subject of educational levels, three of the four respondents mentioned an educational level does influence the possibility of a girl becoming a victim, while respondent 4 indicated it does not matter as much. Respondent 4 said everyone from HAVO and below could be a potential victim of loverboys. They mentioned VWO would not give themselves quickly, so they would not suspect they can become a victim more easily. Respondent 2 mentioned they think people who attend ROC are more easily a victim since they are a bit older.
Respondent 1, who has dealt with victims of loverboys, indicates they are more alert to certain target groups. Respondent 1 comments:

"In any case, these are target groups, which you may be more alert to because I think that with a VMBO HAVO I would even think of a HAVO VWO a lot less quickly, and that is, I think, one of our pitfalls. But it is a target group that is already more useful." (Respondent 1, line 43).

Other factors which are mentioned by three out of the four participants are the behaviour of a pupil, a combination of factors, negative feelings (such as fear or not feeling comfortable with themselves) and the whole picture of a pupil.

In summary, it has been shown from this analysis that the respondents' knowledge is different when comparing it to the literature. The literature shows vulnerable girls and easily influenced girls are identification signals. This together with school absenteeism, multiple problems and sudden new contacts. When comparing the respondent's answers to the literature, all four agree with school absenteeism and change in behaviour, but a complex home situation is not mentioned as much in the literature while it is mentioned by the participants. When comparing the literature, it mentions vulnerable girls and easily influenced, but they are not mentioned by all participants. Vulnerable is mentioned by respondents 2 and 3 and easily influenced by respondents 3 and 4. The respondents mentioned more signals for identifying the victims, but they do not have experience in identifying them. So this is just theoretical.

Table 5 - Known identification signals by Dutch youth doctors and youth nurses (0; signal not mentioned, 1; signal mentioned)

	Respondent 1	Respondent 2	Respondent 3	Respondent 4
Attention	0	0	1	1
The behaviour of a pupil	1	1	1	0
Change in behaviour	1	1	1	1
Child factors	0	1	0	0
Combination of factors	0	1	1	1
Complex home situation	1	1	1	1
Education level: Does not matter	0	0	0	1
Education level: Low (VMBO Basis Kader, Practical education) or Special Education	1	1	1	0
Educational level: ROC	0	1	0	0
Having expensive stuff	1	0	1	0
Feelings: Negative	0	1	1	1
Feelings: Positive	0	1	1	0
Influenceable	0	0	1	1
Lower IQ	0	1	1	0
School absenteeism	1	1	1	1
Underlying reason	0	1	0	0
Vulnerable	0	1	1	0
Whole picture of a pupil	0	1	1	1

5.1.2 Handle potential victims of loverboys

The answer to sub-question 4 is discussed in the following section. The fourth sub-question is: "*To what extent do personal and/or organisational factors of Dutch youth doctors and nurses influence the way they handle potential victims of a loverboy?"*

All four participants said the first step is to have a conversation with the pupil when they would suspect a victim of loverboys. This is through one of the contact moments or when they get a report from school, parents, friends or one of their colleagues. All of the respondents mentioned including other people in the conversation, such as a mentor, someone whom the pupil trusts, their parents and maybe their friends. Respondent 3 even reckoned the police might be involved in this conversation, which is part of the code in case of immediate danger. In this conversation, they will ask questions of the pupil and share their concerns. From this conversation, the youth doctor and nurses will determine different factors of the pupil and look at the situation if it is dangerous or not. If it is necessary, respondent 2 mentioned starting intervention for the student.

Only the respondent who had dealt with victims of loverboys, respondent 1, has mentioned they will activate the reporting code. Respondent 1 is also a child abuse attention officer. The other respondents mentioned there is a reporting point, but do not know where it is. Participants 2, 3 and 4 also mentioned they are not aware of the process to make a report of victims of loverboys, although respondent 2 would discuss it with the child abuse attention officer.

Respondent 2 mentions reporting and identifying victims:

It is difficult for me because for me it is more theoretical because I have not yet experienced it myself, and as far as that is concerned, I think it is a bit more difficult to frame that way (Respondent 2, line 42).

The three respondents mentioned they did not know the protocol of identifying a victim of loverboys, but two of the respondents noticed it was similar to the reporting code of domestic violence and child abuse. One of the participants had further training where this was covered. Even respondent 1 shared they did not know the protocol to identify a victim from NJi. Respondent 1 commented this about knowing the protocol of NJi, and how reporting is now going:

My experience is that in I think as JGZ, we still really fall short, in the sense that not everyone thinks about it. Of course, I have been working on this for a while now, a bit warier than maybe some other colleagues and no, what I said it is customary with us that you start the reporting code. I had already indicated that I am a child abuse attention officer, but I hardly get any questions about this. So also, from that role, I still think gosh. That is actually quite special, and I think a lot of people are not aware of this piece, because I think if I don't know it, (…) I'm a child abuse attention officer, so I'm actually thinking gosh, I should have known that one too, but I think when I know him that I know a lot of people don't know him and unless they might have dealt with it and looked up. I can still imagine that. (Respondent 1, line 147)

When considering organisational factors, the administrative structure was thought about. The first respondent mentioned they spent too much time on administrative work, but they had a lot of secondary tasks in which they did not spend with the target audience. When talking about administrative work, it consists of completing the files of the pupils and processing the forms the pupils fill in for monitoring their health. Respondent 3 revealed they thought there was too much time spent on administrative work, but brought up it was important for the file of the pupil that it was complete. The second respondent told since COVID-19 started they spent more time on administrative tasks than before, now it is around 8 to 12 hours, while before COVID-19 it was around 4 hours. This is because there are less in-person contact moments because of COVID-19 and there is more paperwork to process. Respondent 4 mentioned they spent a quarter of their time on administrative work but did not indicate they found it a problem or as the other respondent mentioned too much time.

To summarise, the first step Dutch youth doctors and nurses take is having a conversation with the pupil. The respondents also wanted to include people into the conversation, such as parents, friends, mentor or someone else whom they trust. In this conversation, the concerns would be addressed. After this conversation, they would report it and look at taking further actions. Only respondent 1 mentioned the usage of the reporting code. The other participants did mention reporting it somewhere but did not know where to report their concerns. When looking at the overall steps the respondents would take, it corresponds with the steps of the reporting code, but they do not follow the steps of the reporting code since they do not know it.

5.1.3 Improvement of identification and treatment of victims of loverboys

The answer to sub-question 5 is discussed in the following section. The fifth sub-question is: *How could the identification and treatment of victims of loverboys be improved?*

When talking to the participants, all the participants remarked there needed to be more aware of the loverboy issue and most importantly be alert this is still an issue. Not only for the youth doctors and youth nurses but also the teachers and their mentors in school. It is not as present as a few years back, so they do not know what to look for and where they have to report if they suspect a pupil is a victim. Respondent 1, the one who has experience with victims of loverboys, mentioned creating more awareness for the problems regarding loverboys and their victims. Respondent 1 and 2 mentioned creating more attention to know what Veilig Thuis is doing, so they know the process and how they are included in the process. Respondent 1 further commented collaboration is the key in this, so the school, youth healthcare team, Veilig Thuis, and police should all work well together.

Another way to improve the identification and treatment of victims of loverboys is through the contact moments of the students by focusing more on the loverboy issue in their conversation since it is now often forgotten acknowledged respondent 2.

Inclusion of instruments at the contact moments or other conversations was also mentioned by respondent 1. Two respondents gave clear options for the instruments regarding identification and

awareness for the employees involved. One of the respondents suggested a decision tree for a teacher, since they interact with the students the most often, to look at which factors are alarming and know whom to approach. Respondent 3 suggested an "attention card", which has different risk factors on it. The further explanation of the attention card from respondent 3 was:

> *So, I think that's actually that, so you can also think of a kind of attention card, for example, what are risk factors, a brief overview of that, do you understand that you are thinking of okay, what should we actually ask. I think that in any case, progress can still be made in recognising, say. but you have to ask specifically about it because such a girl will never come on her own. So yes, you will have to be a bit more direct about that, I think, and of course, it starts with, with me and my colleague whether it is discussed in the care team of course or that you just see them yourself, but then you have to also have the risk factors in mind. And of course, you should also know that yes, they will never report it on their own, they almost never will. So, you do have that with other problems such as bullying or whether well or crossing your boundaries. These are often things they discuss on their own. But of course, this will rarely if ever bring girls out of themselves, so you really have to ask specifically about it. I think that could be a great improvement there (Respondent 3, line 163).*

In this section, it has been explained there needs to be more attention to the issue regarding loverboys and their victims. This can be through obtaining more knowledge about the issue and identification signals and letting the youth doctors and youth nurses know what the partners do, such as Veilig Thuis, in the process for the victims of loverboys. One of the respondents also recommended focusing on the loverboy issue in the contact moments with the pupils.

There were two resolutions given by the participants regarding identifying possible victims of loverboys, which were a decision tree for teachers, and an attention card for everyone who works with the pupils.

5.2 Analysing the ratings

To answer the third sub-question "*To what extent do personal and/or organisational factors influence the identifications of the victims of loverboys by youth doctors and nurses?*", the eleven identification signals and three protective characteristics are rated by the respondents. The participants have rated each of the eleven identification signals and the three protective characteristics from 1 to 5. There is a difference in rating between the identification signals and protective characteristics, with the identification signals 1 being totally not increased chance of being a victim and 5 totally increased chance of being a victim, while with protective characteristics it is about importance. So, 1 being the least important and 5 the most important with the protective factors.

When looking at the means of the eleven identification signals in Figure 8, the 11VB, there are differences. It has shown the two identification signals which the respondents found had the most increased chance of being a victim of loverboys are multiple problems and sudden new contacts. There are two identification signals which have a mean below 3, these are health complaints and other signals. The respondents commented on these identification signals that these could mean a lot of other things instead of being a possible victim of loverboys.

When analysing the protective characteristics (Figure 9), they are all important (above 3), but it shows the characteristics of the person are the most important factor for being protected.

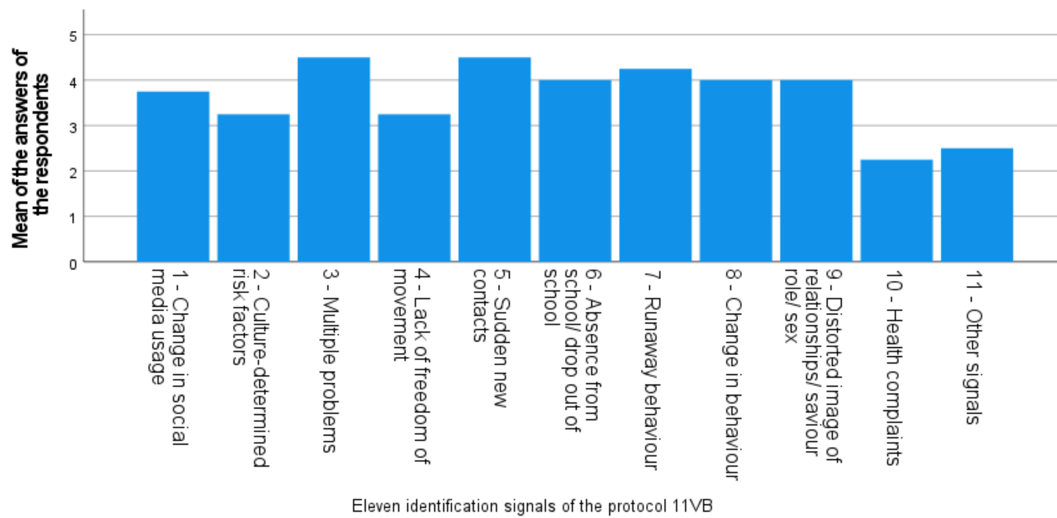

Figure 8 - Mean of the answers of the respondents regarding the eleven identification signals of 11VB

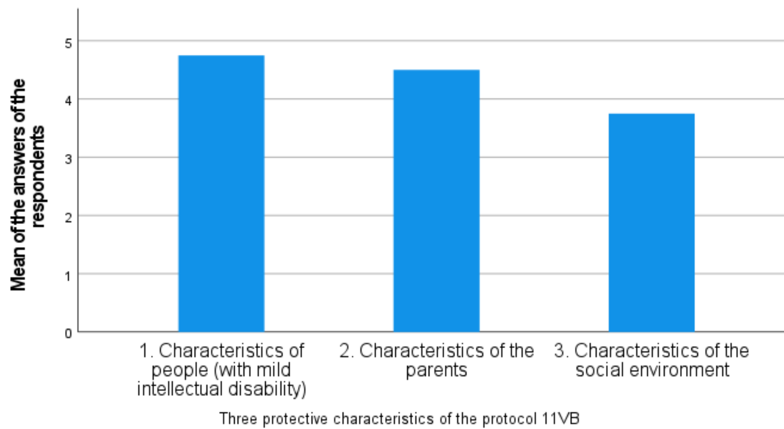

Figure 9 - Mean of the answers of the respondents regarding the three protective characteristics of 11VB

6. Conclusion and Discussion

6.1 Conclusion

The purpose of the current study is to determine the identification process what the factors could be to determine the effectiveness of the identification of victims of loverboys. This thesis aims to evaluate the identification processes for the victims of loverboys at regular high schools and special education schools. The main question of this research is: "*Which factors determine the effectiveness of the identification of victims of loverboys by doctors and nurses of the GGD Twente?*"

Overall, the results show there needs to be more knowledge and awareness regarding the identification process. The following factors explain the effectiveness of the identification:

- **Awareness of the loverboy problem**
  If the youth doctors and nurses do not know how big of a problem it still is, they cannot watch out for it. There is less awareness since they have not heard of it for a while.
- **Knowing/recognising the signals and characteristics to identify victims of loverboys**
  If the youth doctors/nurses cannot recognise or do not know the signals, they cannot identify a victim. This is a key factor in the effectiveness of the identification.
- **Knowing which protocols to use in case of need**
  If the youth doctors/nurses do not know which protocol to use, they cannot use the right way of identifying a victim.
- **Knowing what reporting code to use**
  If the youth doctors/nurses do not know which reporting code to use, they cannot use the right way of reporting a victim. Which can lead to not take the proper further steps, which can result in not taking care of the girls as needed.

The Dutch youth doctors and nurses generally know which identification signals there are, but three out of four professionals did not know the process of reporting a victim.
Let us now turn to the five sub-questions and their answers.

6.1.1 Sub-question 1

The investigation of sub-question 1 *"What are the signals and characteristics to identify victims of loverboys according to the literature?"* has shown there are 23 identification signals and signals according to the literature (Table 6). These are divided into two columns, one is for identification signals or characteristics which are most commonly referenced throughout different studies, and the other one are identification signals or characteristics which are referenced once in the studies. The most commonly referenced signals are more common to identify a victim, the signals mentioned once could indicate a less known signal or might be a more overlapping signal with other problems.

Table 6 - Identification signals according to the literature

Most commonly referenced signals or characteristics	Signals or characteristics which are referenced once
(Easily) influenceable girls	Difference in clothing
Vulnerable girls	Traces of violence
Multi-problem	Unfamiliar location
Change in behaviour	Being afraid
Problematic background	Other signals
Absence from school	Change in social media usage
Low self-esteem	Runaway behaviour
Health complaints	Sensitive to (unexpected) attention
Traumatised girls	Phase problem
Sudden new contacts	Lack of freedom of movement
Norms are blurring regarding sexuality	
Mild intellectual disability	
Culture related factors	

6.1.2 Sub-question 2

The literature review of sub-question 2 *"What protocols are there for youth doctors and nurses and to what extent refer these signals to identify victims of loverboys?"* has revealed which protocols there are for identifying victims of loverboys in the Netherlands. There are three protocols youth doctors and nurses have to identify victims of loverboys, which are the NJi protocol about identifying victims of loverboys for health professionals, the risk assessment tool RiS-L to assess the risks of pupils regarding being a victim of a loverboy, and the 11VB which is a protocol focused on identifying victims with a mild intellectual disability. The professionals have to know about the protocols but do not need to memorise them. Since there are a lot of protocols for every problem, they need to memorise a lot of them. So, the professionals need to know where they can be found since the RiS-L is not available for everyone. The protocol of NJi and 11VB are available to everyone. It is not clear to what extend the protocol of the NJi and RiS-L refer to the signals to identify victims of loverboys since this was not available or accessible. The signals of the 11VB referred to the signals to identify victims of loverboys, this was used in the mini systematic review for the first sub-question.

6.1.3 Sub-question 3

The third sub-question in this study is investigated, "*To what extent do personal and/or organisational factors influence the identifications of the victims of loverboys by youth doctors and nurses?"*

The results show when comparing the literature to the interviews, it seems absence from school, the vulnerability of the girls, girls who are easily influenced, and multiple problems came back from the interviews and literature. As a result of the low respondent rate, it is difficult to measure in practice. When reviewing to what extent personal factors influence the identification of victims, it is mentioned that the professionals are less concerned for pupils with a HAVO or VWO education than lower education or special education. Considering HAVO or VWO pupils are less likely to give themselves to others than pupils with lower or special education.

When analysing the eleven risk factors of the 11VB, multiple problems and sudden new contacts are the risk factors that had the most increased chance of being a victim of loverboys. Along with the three protective factors of the 11VB, all three are important, but the characteristics of the person are necessary for being protected against loverboys.

6.1.4 Sub-question 4

The investigation of sub-question 4, "*To what extent do personal and/or organisational factors of Dutch youth doctors and nurses influence the way they handle potential victims of a loverboy?",* has shown the Dutch youth doctors and nurses do not follow the protocol since they do not know the protocol of identifying and reporting a victim. When analysing the overall steps the participants would take to report a victim, it corresponds with the steps of the reporting code, but since they do not know if they cannot adhere to it. It is an intuition they have about what steps they should take.

However only one respondent mentioned the usage of the reporting code, the other three respondents did not. When looking at organisational factors, administrative tasks play a role. Three out of the four respondents mentioned they spend too much time doing administrative tasks. When considering personal factors, three professionals do not have experience regarding handling potential victims. They only know it theoretical, thus this influences the way they handle potential victims of a loverboy. The only professional who has experience is the child abuse attention officer, who knows generally how to handle a potential victim of a loverboy.

6.1.5 Sub-question 5

When analysing sub-question 5 *"How could the identification and treatment of victims of loverboys be improved?"* it resulted in different options for improvement.

The identification and treatment of victims could be improved by getting more attention to the issue, obtaining more knowledge and implementing instruments. Two options were given by the professionals, regarding instruments, which were a decision tree for teachers, and an attention card for everyone who works with pupils.

Taken together, the findings of the study recommend further research since there are four professionals interviewed and only one has experience regarding identifying victims of loverboys. There is more research needed touching on the issue concerning the knowledge and approach of the youth doctors and nurses working at the GGD Twente. This thesis can be used as the groundwork for future research. Other researchers could use the questions of this research and use it on a larger population but add questions regarding discretion and self-efficacy.

Having discussed the sub-questions, the theories are discussed concerning the interviews with the participants of this research.

6.1.6 Relating to the theories of Lipsky and Maddux

When considering the organisational and personal factors regarding sub-questions 3 and 4, there were two hypotheses created.

The first hypothesis was participants would deviate from the official process, due to their experiences and insights into what is best, but they would adhere to the guidelines or rules as much as possible. However, they have to make decisions based on the pupils' situation.

Considering this hypothesis, it was not entirely proven correct. The respondents mentioned what steps they would take when they considered a pupil a victim of loverboys, which corresponded mostly with the reporting code. However, they did deviate from the researched protocols, because they did not know about these protocols. So, they could not adhere to the protocols. Furthermore, three of the professionals did not have any experience relating to identifying victims of loverboys. Because of this, their answers were purely theoretical.

Also, when considering if the participants maybe use a coping mechanism when identifying a victim, this could be the case. The participants mentioned administrative tasks play a role. Three out of the four participants mentioned they spend too much time doing administrative tasks.

The second hypothesis predicted the respondents would answer they do not need to ask for advice from colleagues since they are confident their skills produce their desired outcomes.

This hypothesis was not entirely proven correctly, the questions were not specific enough to answer this question. Although there was one respondent who said they would ask advice from the child abuse attention officer. Furthermore, three out of the four respondents could not have self-efficacy since they did not have experience identifying victims of loverboys. Self-efficacy comes with experience, but they did not have experience regarding identifying victims of loverboys. Since they do not have the experience, they cannot have the skills which could produce the desired outcome.

6.2 Discussion

This thesis has provided a deeper insight into the knowledge of the youth doctors and nurses concerning the identification of victims of loverboys. As a result of the respondents working for a longer time at the GGD, they have an idea of how the process goes and how the identification of victims is progressing

The analysis of the identification signals and the protocols regarding the identification of victims of loverboys undertaken here due to the mini systematic review has extended our knowledge of these subjects. These findings contribute in several ways to our understanding of the identification process and identification factors and provide a basis for the knowledge of the youth doctors and nurses and potentially school employees.

This research would be a good base for future research about identification. Seeing it gives an indication of what problems there are in identifying a potential victim and what the general knowledge is about identification factors for victims of loverboys.

Being limited due to COVID-19, this study lacks representative data. It was not possible to interview the youth doctors and nurses face to face and to interview more than four people. It was a difficult period to get a hold of youth doctors and nurses since they were very busy due to COVID-19. For further research, it would be preferred to have more participants for more representative research. Furthermore, it would be preferred to use random sampling instead of convenience sampling. Convenience sampling showcases the most enthusiastic respondents while also overlooking the respondents who are not as invested in this subject to know their knowledge and how they approach the victims of loverboys. With random sampling there would be equal addressing of respondents, encompassing the enthusiastic youth doctors and nurses, as well as the less enthusiastic youth doctors and nurses.

Furthermore, the participants which were interviewed had little experience with victims of loverboys. The only respondent who had experience with identifying a victim of a loverboy was a child abuse attention officer, the others did not have any experience with identifying any victims.

Additionally, different questions would be added to the interview questions regarding the theories of Lipsky and Maddux. The questions would be more specific on the performance of the participants along with questions about their confidence in their skills in producing the desired outcomes.

7. Policy recommendations

There are several important changes which need to be made. Prevention is the number one priority to confront the loverboy issue.

A key policy priority should therefore be to plan for the long-term to inform all parties involved and draw more attention to the issue. The professionals also mentioned that there was not enough attention devoted to this problem and they would like there to be more awareness. This can be done by giving lessons about the loverboy issue. Several different existing prevention packages are addressing the loverboy issue. One prevention package is offered by the Knowledge Centre of Child and Adolescent psychiatry (Kenniscentrum van kind- en jeugdpsychiatrie). The prevention packages are meant for the pupils, parents and professionals. These can be used for:

- Informing the pupils in sex-education classes
- Incorporating into training and/or courses for professionals

I would recommend once a year of training to keep the professionals updated regarding the loverboy issue since the professionals did not know the protocols regarding the loverboy issue such as the NJi protocol. This is recommended to reinforce how important this issue is and how to identify victims.

Furthermore, the professionals mentioned the use of tools to make the identifying of a victim more accessible. A decision tree needs to be created of the different signals and where the professionals can go for help or advice by the GGD to inform teachers. With this decision tree, the teachers will know what they should do when they suspect a pupil might be a victim of loverboys. The professionals do not see the pupils as much as the teachers and the teachers could identify a change more easily. So, along with the decision tree, an attention card should all be distributed, containing different identification signals, such as the most commonly referenced signals which were mentioned in the literature, so the parties involved know what more common signals to watch out for. The signals which were referenced once can also be mentioned, but it has to be clear these signals are less frequent or could indicate another problem. This is recommended since the professionals had commented that they were not aware this was still such a problem, and they also did not know a lot of the factors mentioned in the literature.

To create more self-efficacy for the professionals there is more experience needed in identifying loverboys. Since only one respondent had direct experience, it would be recommended that professionals who have not dealt with victims of loverboys follow along with their colleagues who have experience. In this way, the less-experienced professionals can learn what signals to look out for in their pupils and not miss a victim.

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Appendix

Appendix 1 – Interview script (in Dutch)

Introductie

Datum:
Tijdstip:
Namen van de deelnemers:

Voorstellen: Mijn naam is Gabriëlla Kuling en ik volg de master Health Sciences, gericht op Innovation in Public Health van de Universiteit Twente. Mijn onderzoek is in opdracht van de GGD Twente en gaat over het signaleren van slachtoffers van loverboys.

Doel van het onderzoek: Er is behoefte vanuit de GGD Twente naar dit onderzoek, aangezien er nog te weinig onderzoek naar is gedaan. Aangezien jeugdartsen en verpleegkundigen een grote rol spelen binnen de jeugdgezondheidszorg is het interessant naar uw ervaring met betrekking tot het signaleren van slachtoffers van loverboys. Ik ben dus geïnteresseerd naar hoe uw ervaring is met het signaleren van potentiele slachtoffers van loverboys.

Content: Het interview zal starten met algemene vragen, daarna komen er drie onderwerpen aan bod. Het eerste onderwerp stipt de signaleringsfactoren aan, het tweede onderwerp over het proces van signaleren gaat en als laatste gaat het over de signalering en risicotaxatie van (vermoedelijke en potentiële) slachtoffers van mensenhandel/loverboys.

Duur van het interview: Het interview duurt ongeveer 30 minuten tot 45 minuten.

Verwerking gegevens: Het interview wordt vertrouwelijk verwerkt en de antwoorden worden apart opgeslagen van uw naam en adresgegevens. Alles wat u zegt wordt alleen in dit onderzoek gebruikt.
Heeft u verder nog vragen voordat wij beginnen?

Dan kunnen wij nu beginnen.

Vervolgens starten van de video-opname en starten met het interview

Algemene vragen

Basisvragen:
1. Wat is uw functie?
2. Hoe lang bent u al in dienst bij GGD als schoolarts/schoolverpleegkundige?
3. Met welke doelgroep werkt u?
4. Bij welke schooltypen werkt u allemaal?
5. Hoeveel uur werkt u in de week?
6. Hoeveel van deze uren besteedt u aan administratieve werkzaamheden?

Vragen

Dan wil ik het nu hebben over het signaleren van slachtoffers van loverboys en signaleringsfactoren.

7. Heeft u weleens te maken gehad met slachtoffers van loverboys?
8. Op welke manier ontdekt u/kunt u ontdekken dat er een potentieel slachtoffer van een loverboy is?
    - Van wie krijgt u doorgaans een melding?

[Als de respondent ja heeft geantwoord op vraag 7]

9. Zo ja, dan wil ik u terug laten denken aan vorige slachtoffers van loverboys. Over deze slachtoffers wil ik de volgende vraag stellen.

- ➔ Welke signalen waren er destijds die erop wezen dat de leerling een slachtoffer was van een loverboy?
- ➔ Hoe heeft u deze signalen herkend?
- ➔ Welke signalen zijn er verder nog naast degene die u heeft ervaren?

[Als de respondent nee heeft geantwoord op vraag 7]

10. Zo nee:
    - ➔ Welke signalen zijn er die kunnen wijzen op dat een leerling een potentieel slachtoffer is van een loverboy?

11. Ik heb hier een lijst met 11 risicofactoren liggen die gemaakt is door Koraal, genaamd 11VB en het heeft ook 3 beschermende factoren met de daarbij behorende signalen. Het signaleringsinstrument 11VB gaat uit van de werkwijze van mensenhandelaren en de innerlijke en uiterlijke gedragskenmerken en fysieke signalen van (potentiële) slachtoffers met een licht verstandelijke beperking. Echter zijn deze signalen ook te vergelijken voor potentiële slachtoffers zonder een lichte verstandelijke beperking. Kunt u bij elk signaal aangeven of deze het risico verhoogt op een schaal van 1 tot en met 5, waarbij 1 is dat het risico totaal niet verhoogd wordt en 5 het risico heel erg verhoogd wordt.

#	Risicofactoren	1 (Totaal niet verhoogd)	2	3	4	5 (Heel erg verhoogd)
1	**Plotselinge verandering in het gebruik van social media** *Jongeren brengen een groot deel van hun tijd online door, kijken voortdurend op hun smartphone. De smartphone is volledig geïntegreerd in het leven van bijna alle jeugdigen. Dit is normaal gedrag. Echter wanneer een jongere plotseling en onverklaarbaar dit 'social media - gedrag' verandert, kan dit wijzen op een onveilige situatie.*					
2	**Cultuurbepaalde risicofactoren** *Jongeren uit gezinnen waarin eer voorop staat, waardoor ze bijvoorbeeld chantabel kunnen zijn wanneer zij met een partner naar bed zijn geweest. De eer- en schaamtecultuur kan ervoor zorgen dat deze doelgroep een makkelijk doelwit vormt voor de loverboy. Immers, vanwege die cultuur zijn deze slachtoffers eerder geneigd hun slachtofferschap te verzwijgen en geen hulp te zoeken*.					
3	**Multiproblematiek** *Ouders en dus ook kind hebben op verschillende gebieden langdurig problemen zoals: verslaving, vroege hechtingsproblemen, seksueel misbruik en andere trauma's, zwervend, schulden, huiselijk geweld*.					
4	**Ontbreken van zelfstandige bewegingsvrijheid** *Hieronder worden verstaan: kenmerken die duiden op afhankelijkheid in relaties en eigen positie. Het is bekend dat het niet vrij kunnen kiezen (ontbreken van autonomie) kan leiden tot dwanggedrag, apathie en pessimisme.*					
5	**Ineens andere sociale contacten** *Er is sprake van een zichtbaar veranderend patroon in de omgang met bestaande vrienden en de tot nu toe sociale omgeving. Dit geldt ook voor contacten op social media. Het ronselen gebeurt steeds vaker online. Sociale media worden gebruikt om gemakkelijk vertrouwen te winnen en af te spreken.*					

6	**Schoolverzuim/schooluitval** *Schoolverzuim en schooluitval is een belangrijke risico-indicator voor risico op slachtofferschap door seksuele uitbuiting. Bij deze indicator moet er sprake zijn van opvallend en niet verklaarbaar schoolverzuim of schooluitval.*					
7	**Wegloopgedrag** *Een loverboy probeert een wig te drijven tussen zijn potentieel slachtoffer en zijn omgeving. Het meisje wordt langzaam losgeweekt en geïsoleerd uit de 'normale' omgeving (school, thuis, vriendenkring, werk, etc.). Dit leidt tot een totale afhankelijkheid en wegloopgedrag, schoolverzuim en andere sociale contacten.*					
8	**Onverklaarbare gedragsverandering** *Het gaat hier om plotselinge en (deels) onverklaarbare gedragsveranderingen. Elke opvallende gedragsverandering zal per situatie afgewogen moeten worden.*					
9	**Vertekend beeld van relaties/reddersrol/seks** *Meisjes hebben door hetgeen zij zien op internet vaak een vertekend beeld over seks, liefde en relaties. Bij LVB-meisjes kan dit een versterkend effect hebben. Zij hebben niet altijd goed inzicht wat onder seksuele handelingen wordt verstaan en zijn daardoor sneller te manipuleren en seksuele handelingen te doen.*					
10	**Gezondheidsklachten** *De huisarts zegt dat ik niet beschadigd ben vanbinnen. 'Maar waarom heb ik dan zo'n pijn in mijn onderbuik?' Een citaat uit een relaas van een meisje dat 'in de molen' zat om geronseld te worden voor gedwongen prostitutie, maar op tijd uit het 'circuit' is getrokken.*					
11	**Overige signalen** *Het gaat hier om signalen die niet direct vallen onder de tien hierboven genoemd, maar toch bepalend kunnen zijn om het risico in te schatten.*					

Kunt u bij elke beschermende factor aangeven of deze belangrijk is in het signaleren op een schaal van 1 tot en met 5, waarbij 1 is dat het totaal niet belangrijk is en 5 dat het heel erg belangrijk is.

#	Beschermende factoren	1 (Totaal niet belangrijk)	2	3	4	5 (Heel erg belangrijk)
1	**Beschermende factoren bij de LVB'er** *Het meisje met een licht verstandelijke beperking loopt minder risico wanneer deze onder andere stevig in de schoenen staat, een positief zelfbeeld heeft ontwikkeld en sociaalvaardig is.*					
2	**Kenmerken ouder** *Een harmonieus gezin met aandacht en zorg en begrip voor de LVB'ers draagt bij aan het verminderen van het risico van seksuele uitbuiting.*					
3	**Kenmerken sociale omgeving** *Een goede binding met de (buurt)gemeenschappen, sportverenigingen, kerk en school dragen bij aan een goede sociale controle, een veilige en vertrouwde omgeving.*					

12. Wij hebben nu de 11 risicofactoren doorgenomen, deze zal ik ook even op het scherm tonen. Op welke factoren zou u ingaan en waarom?

Dan wil ik het nu hebben over het proces van signaleren.

13. Wat doet u als u denkt dat een leerling een slachtoffer is van een loverboy?
    - Welke stappen onderneemt u?
    - Met welke mensen neemt u contact op tijdens dit proces?
14. Waar meldt u het potentiele slachtoffer van een loverboy?
15. Wat is uw ervaring met het melden van mogelijke slachtoffers van loverboys?

Dan wil ik het nu gaan hebben over de signalering en risicotaxatie van (vermoedelijke en potentiële) slachtoffers van mensenhandel/loverboys.

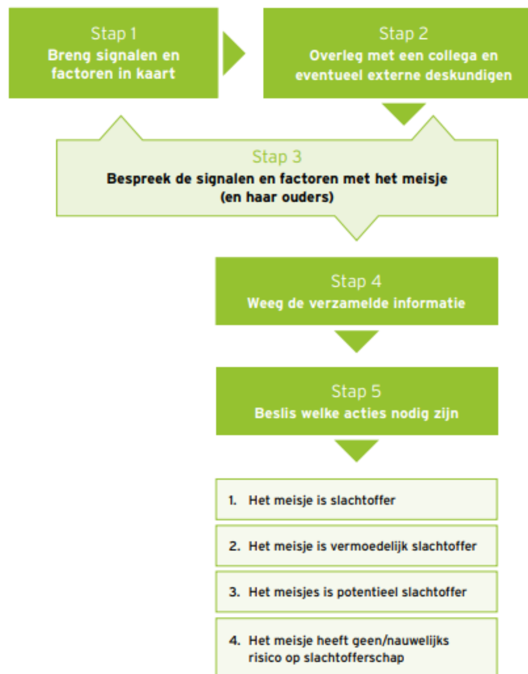
16. Er is een signalering en risicotaxatie om een slachtoffer te identificeren, bent u hier bekend mee?
    - Uit laten leggen wat het is door de respondent als deze het weet, zo niet, dan legt de interviewer het uit en laat het zien aan de respondent door het scherm te delen.
17. Wat zijn uw ervaringen met het proces van signaleren?
18. Hoe zou u het proces van signalering en melden van slachtoffers van loverboys willen verbeteren voor uzelf en medeprofessionals?
19. Heeft u nog zaken die u kwijt wilt over het onderzoek waar ik nog niks over heb gevraagd?

Afsluiting

Heeft u nog vragen of opmerkingen met betrekking tot dit onderzoek of dit interview?
En als allerlaatste vraag: Wilt u het onderzoek ontvangen of een samenvatting van het onderzoek?
Ik wil u heel erg bedanken voor uw medewerking, u kunt mij bereiken via mijn emailadres of telefoon.

Stappenplan

Signalering en risicotaxatie van (vermoedelijke en potentiële) slachtoffers van mensenhandel/loverboys.



Stap 5

Beslis welke acties nodig zijn

- Beslis of jouw organisatie voldoende hulp en bescherming aan het meisje kan bieden of dat er meer nodig is. Maak deze afweging ook, indien relevant, voor andere kinderen uit het gezin of de omgeving van de jongere. Doe een melding bij Veilig Thuis bij signalen van onveiligheid van broertjes en zusjes of anderen in de omgeving van de jongere.
  Voor het bepalen van passende acties bepaal je eerst tot welke 'categorie' van slachtoffers het meisje behoort:
  - Het meisje is slachtoffer: het meisje heeft aangegeven dat zij slachtoffer is van een mensenhandelaar/loverboy en/of er zijn feiten die hier op wijzen. Zie stap 5.1 voor passende acties. Stem hierover af met een deskundige collega.
  - Het meisje is vermoedelijk slachtoffer: er zijn signalen die wijzen op slachtofferschap van een mensenhandelaar/loverboy. Zie stap 5.2 voor passende acties. Stem hierover af met een deskundige collega.
  - Het meisje is potentieel slachtoffer: het meisje is geen slachtoffer, maar er zijn risicofactoren die kunnen leiden tot slachtofferschap van een mensenhandelaar/loverboy. Zie stap 5.3 voor passende acties. Stem hierover af met een deskundige collega.
  - Het meisje heeft geen/nauwelijks risico op slachtofferschap: er zijn geen of weinig signalen en risicofactoren aanwezig die kunnen wijzen op slachtofferschap van een mensenhandelaar/loverboy. Mogelijk zijn er juist ook beschermende factoren aanwezig die de kans op slachtofferschap verkleinen. Zie stap 5.4 voor passende acties. Stem hierover af met een deskundige collega.

5.1 Wat doe je bij feitelijk

- Bied acute veiligheid en bescherming. Bied, in overleg met de politie en/of zorgtafel, waar mogelijk open (of anders gesloten/geheime) specialistische opvang. Het maken van een plan voor huisvesting en hulp biedt het meisje perspectief en helpt haar bij de keuze te breken met het loverboycircuit.
- Betrek waar mogelijk de ouders en het netwerk.
- Motiveer het meisje tot het doen van aangifte bij de politie of doe zelf een melding. Advies vragen aan de politie kan altijd, maar moet zonder toestemming van het meisje geanonimiseerd gebeuren. Zie voor meer informatie de Handreiking samenwerking Politie en Justitie.
- Motiveer het meisje om medisch onderzoek te laten doen, bijvoorbeeld bij het Centrum Seksueel Geweld.
- Regel casusregie en een vertrouwenspersoon voor het meisje, voor zover nog niet gebeurd.
- Zorg voor inzet van gespecialiseerde behandeling (zie kwaliteitskader) en nazorg.
- De behandeling wordt aangepast aan de aanwezige LVB.
  Raadpleeg de Richtlijn Effectieve Interventies LVB voor het uitvoeren van interventies voor jeugdigen met een LVB. De hierin gepresenteerde aanbevelingen dragen bij aan een zo positief mogelijk behandelresultaat.
- Werk aan versterking van de eigen kracht van het meisje en van haar netwerk/omgeving. Geef het netwerk een duidelijke positie. Bied psycho-educatie over de werkwijze van mensenhandelaren/loverboys. Blijf in gesprek met het meisje, ook over de leegte die doorgaans wordt gevoeld als de mensenhandelaar/loverboy wegvalt. Als het meisje afkomstig is uit een eercultuur is afstemming met specialisten van bijvoorbeeld Veilig Thuis of aandachtsfunctionarissen bij de politie aan te bevelen.
- Laat de gegevens van het meisje, met toestemming van het meisje of haar ouders, voogd, registreren bij CoMensha. Zie voor meer informatie de handreiking Melden van (vermoedelijke) slachtoffers loverboys/mensenhandel bij CoMensha.

5.2 Wat doe je bij vermoedelijk slachtofferschap?

- Tijd is een belangrijke factor in deze stap. Zorg voor nauw (dagelijks) contact met het meisje, en andere betrokkenen (bijv. haar ouders). Voer acties zo snel mogelijk uit. Daarmee doe je er alles aan om (verder) slachtofferschap te beperken of te voorkomen.
- Betrek waar mogelijk de ouders en het netwerk.
- Stel een veiligheidsplan op. Regel, in afstemming met het meisje, bescherming en opvang. Neem concrete afspraken op in het plan over wie in welke situatie wat doet. Evalueer het plan en stel het waar nodig bij. Het veiligheidsplan van Signs of Safety kan als voorbeeld dienen. Zie voor meer informatie de Handreiking samenwerking Politie en Justitie.
- Onderdeel van het veiligheidsplan is een netwerkanalyse. Maak samen met het meisje een schema van steunende en risicovolle personen. Probeer de steunende personen in het netwerk te motiveren.
- Overleg met de politie over het motiveren van het meisje tot het doen van aangifte of het doen van een melding. Advies vragen aan de politie kan altijd, maar moet zonder toestemming van het meisje geanonimiseerd gebeuren. Zie voor meer informatie en uitzonderingen de Handreiking samenwerking Politie en Justitie.
- Motiveer het meisje om medisch onderzoek te laten doen.
- Zorg voor inzet van gespecialiseerde behandeling (zie kwaliteitskader) en nazorg.
- Werk aan versterking van de eigen kracht van het meisje en van haar netwerk/omgeving. Geef het netwerk een duidelijke positie. Bied psycho-educatie over de werkwijze van loverboys/ mensenhandelaren.
- Regel casusregie en een vertrouwenspersoon voor het meisje, voor zover nog niet gebeurd.
- Laat de gegevens van het meisje, met toestemming van het meisje of haar ouder(s)/voogd, registreren bij CoMensha. Zie voor meer informatie de handreiking Melden van (vermoedelijke) slachtoffers loverboys/ mensenhandel bij CoMensha.

5.3 Wat doe je bij potentieel slachtofferschap?

- Tijd is een belangrijke factor in deze stap. Zorg voor nauw (meermalen per week tot minimaal eens per week) contact met het meisje en andere betrokkenen (bijv. haar ouders). Voer acties zo snel mogelijk uit. Daarmee doe je er alles aan om slachtofferschap te voorkomen.
- Betrek waar mogelijk de ouders en het netwerk.
- Bied psycho-educatie over seksualiteit, weerbaarheid, seksueel grensoverschrijdend gedrag en de werkwijze van mensenhandelaren/loverboys.
- Stel een veiligheidsplan op. Regel, in afstemming met het meisje, bescherming en opvang. Zie voor meer informatie de Handreiking samenwerking Politie en OM.
- Onderdeel van het veiligheidsplan is een netwerkanalyse. Maak samen met het meisje een schema van steunende en risicovolle personen. Werk aan versterking van de eigen kracht van het meisje en van haar netwerk/omgeving. Geef het netwerk een duidelijke positie.
- Verken samen wat het meisje op internet en sociale media doet en bespreek: hoe wil je dat anderen je zien? Hoe kijk je naar jezelf? Hoe maak je contact met anderen? Zie voor meer informatie de handreiking Hoe was jouw dag op internet?
- Betrek een (externe) deskundige. Dat kan iemand zijn die werkzaam is bij een specialistische afdeling of organisatie.
- Overleg met de politie.
- Regel casusregie en een vertrouwenspersoon voor het meisje, voor zover nog niet gebeurd.

5.4 Wat doe je als er geen/nauwelijks risico is op slachtofferschap?

- Versterk de eigen kracht van het meisje en van haar omgeving.
- Blijf in gesprek met het meisje over seksualiteit en relaties.
- Blijf alert op signalen en (risico- en beschermende) factoren. Wees daarbij specifiek alert op signalen van eerder (seksueel) misbruik en trauma-gerelateerde klachten.

Appendix 2 – E-mail to respondents

Geachte heer/mevrouw,

Mijn naam is Gabriëlla Kuling en ik volg de master Health Sciences, gericht op Innovation in Public Health van de Universiteit Twente. Mijn onderzoek is in opdracht van de GGD Twente en in samenwerking met de Academische Werkplaats Jeugd Twente en gaat over het signaleren van slachtoffers van loverboys. Er is behoefte vanuit de GGD Twente naar dit onderzoek, aangezien er nog te weinig onderzoek naar is gedaan. Aangezien jeugdartsen en verpleegkundigen een grote rol spelen binnen de jeugdgezondheidszorg is het interessant naar uw ervaring met betrekking tot het signaleren van slachtoffers van loverboys. Ik ben dus geïnteresseerd naar hoe uw ervaring is met het signaleren van potentiele slachtoffers van loverboys.

Het interview duurt ongeveer 30 minuten tot 45 minuten en wordt via videobellen afgenomen.
Het interview wordt vertrouwelijk verwerkt en de gegevens worden apart opgeslagen. Alles wat u zegt wordt alleen in dit onderzoek gebruikt.

De doelgroep die ik graag wil interviewen zijn jeugdartsen en verpleegkundigen die werken in de omgeving van GGD Twente en in het speciaal onderwijs en/of voortgezet onderwijs actief zijn.

Als u verdere vragen heeft kunt u gerust contact met mij opnemen door middel van een e-mail naar g.a.j.m.kuling@student.utwente.nl of mij bellen op 06-50215040.
Als u wilt deelnemen aan het onderzoek dan kunt u mij mailen naar mijn email-adres met als onderwerp: “Deelname onderzoek”.

Als u wilt deelnemen aan het onderzoek verzoek ik u een toestemmingsverklaring in te vullen en mee te sturen in de e-mail, deze is in de bijlage.

Ik hoop gauw iets van u te horen!
Met vriendelijke groet,
Gabriëlla Kuling

Appendix 3 – Informed Consent Form

TOESTEMMINGSVERKLARING

Naam onderzoek: Identification of Victims of Loverboys
Verantwoordelijke onderzoeker: *Gabriëlla Kuling, 06-50215040, g.a.j.m.kuling@student.utwente.nl*

Verklaring deelnemer
Ik heb uitleg gekregen over het doel van het onderzoek. Ik heb vragen mogen stellen over het onderzoek. Ik neem vrijwillig deel aan het onderzoek. Ik begrijp dat ik op elk moment tijdens het onderzoek mag stoppen als ik dat wil. Ik begrijp hoe de gegevens van het onderzoek bewaard zullen worden en waarvoor ze gebruikt zullen worden.

Ik stem in met deelname aan het onderzoek zoals beschreven in het informatiedocument.

Ja	**Nee**
☐	☐

Toestemming video opname

Ik geef toestemming om (s.v.p. aankruisen wat van toepassing is):

Ja	**Nee**	
☐	☐	Video-opname van mij te maken voor dit onderzoek en deze opnames op te slaan voor alleen het gebruik van het onderzoek. *Zodra de video-opname is getranscribeerd wordt deze verwijderd.*
☐	☐	De video-opname uit te schrijven (transcriptie)
☐	☐	De anoniem gemaakte transcripten te gebruiken voor wetenschappelijk onderzoek

Naam: …………………………………………………………..........

Handtekening: ....   Datum: …………………………………….................