

Futureproof Sexual Assault Centre (CSG)

An administrative and organizational evaluation in support of the continued development of the CSG

Summary

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Title: Futureproof Sexual Assault Centre (Centrum Seksueel Geweld -CSG-)
An administrative and organizational evaluation in support of the continued development of the CSG

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Summary

1. Introduction

In the Netherlands, one in eight women and one in 25 men are reported to have been a victim of rape. Every year, the Netherlands has about 100,000 victims of rape. Of these, 90% are women and 10% are men. 45% of women and 65% of men are at risk of post-traumatic stress disorder after this experience.¹ In order to be able to provide integrated, accessible, and early care to victims of sexual assault, the Sexual Assault Centre (Centrum Seksueel Geweld -CSG-) was established in the Netherlands in 2012, where nurses, police, (forensic) doctors and care providers work together in an integrated manner. Currently there are 16 regional CSG locations spread across the Netherlands. Within the CSG, medical, forensic, and psychological experts work together to provide multidisciplinary care to victims. The regional CSGs work according to national quality criteria and use a multidisciplinary approach that interlinks the treatment of the medical and psychological consequences of sexual assault with responsible forensic medical research for the purpose of establishing the truth (Bicanic et al., 2016).

The CSG annual reports show that the number of reports of sexual assault reported to the CSG continues to grow. This leads to the need for more capacity, associated funding, and administrative commitment for the CSG to be able to continue their help to victims. At the same time, the growth raises administrative and organizational questions for the Ministry of Justice and Security (Justitie & Veiligheid -J&V-), the Ministry of Health, Wellbeing and Sport (Volksgezondheid, Welzijn en Sport -VWS-), and the Association of Netherlands Municipalities (Vereniging van Nederlandse Gemeenten -VNG-). This concerns, among other things, financing and who is responsible for which part, as well as the division of tasks between CSG and other organizations in the field. After stagnated budget discussions in 2019 between the CSG and the municipalities, the CSG indicated to the ministries that the financial resources were insufficient to ensure the provision of good care.

Clarity about the substantive division of tasks and about the division of responsibilities in policy and financial terms is important to prevent future stagnation in budget discussions and to ensure the durability of the CSG. Therefore, it was decided that a study would be conducted on the financial aspects of the CSG (see: Gupta Strategists 2020) and another study on the administrative embedding and organizational structure of the CSG. The findings of this second study are presented in this report.

The following sub-questions were the focus of this research:

1. How has the Sexual Assault Centre (CSG) developed - from an administrative and organizational point of view - from the establishment of the first CSG location to the current national network of 16 locations?
2. What does the CSG's administrative organizational structure look like and how is the CSG embedded in an administrative-organizational way?
3. How does the cooperation between the organizations involved within the CSG work? Which success factors, vulnerabilities and bottlenecks exist with regard to the organization of the cooperation?
4. Based on the answers to research questions 1 to 3, how can the organization of the CSG be further designed with a view on the further administrative development of the CSG? What are the preconditions for a future-proof organization with a strong administrative embedding? How do these preconditions relate to the current organization of the CSG?

¹ Centrum Seksueel Geweld – *Factsheet: Cijfers over seksueel geweld in Nederland*. Online accessible via: <https://centrumseksueelgeweld.nl/wp-content/uploads/2020/01/FIER005-Flyers-factsheet-NL.jpg>

Various research methods were used to answer the research questions. To start with, available sources on the current CSG and on the development of the CSG have been studied. Subsequently, online interviews were conducted with members of the Executive Board and the Supervisory Board of the CSG, policy officers from the ministries of J&V and VWS, the VNG, Victim Support Netherlands (Fonds Slachtofferhulp) and the municipality of Utrecht. In addition, six regional CSGs were involved in the study. A total of forty-one online interviews were conducted at the level of regional CSGs. These included CSG coordinators, case managers, various network partners and municipal policy officers. Prior to the interviews, a brief survey was sent to the various network partners, in which questions were asked about their experiences with working within the network. In the final phase of this research, two online conferences were organized with the aim of jointly reflecting on the interim findings. The first was with the Executive Board of the CSG, two representatives of the Supervisory Board and five members of the Advisory Board (consisting of coordinators from regional CSGs). The second conference was with the Executive Board, two representatives of the Supervisory Board and the relevant policy officers from the Ministries of J&V and VWS and the VNG.

2. Research Perspective

Sexual assault is a complex issue for which there is no simple solution. There are many forms of sexual assault and very different groups are involved. Various professionals, such as nurses, police-officers, doctors, and psychological care providers, work together to provide good care to victims in the reception, tracing, care, and aftercare of victims. The CSG is therefore a typical network organization that works across the boundaries of organizations and disciplines.

The pressure on the network is increasing because the number of reports is growing, the available capacity of resources and manpower from network organizations is limited and the demand for additional financial resources is critically viewed by financiers because the pressure on public resources is high.

Because network organizations bring together expertise from different public organizations and are dependent on the commitment of these organizations for expertise, capacity, and resources, and on public resources for financing, they are confronted with different logics of public management (Noordegraaf, 2015). To begin with, they have to deal with a divergent *professional logic*, in which different professions operate from their own professional standards. This logic concerns issues such as quality, professional autonomy, customization, and the type of contact with the client. A second logic that network collaborations have to deal with is the *performance logic*, which involves financial accountability and performance agreements with the financiers. A third logic they face is a *political/public logic*; The authorities involved must be able to explain to citizens how the network is an appropriate response to the social problem. This logic is about bringing together diverse stakeholders, interests and ideas, the public debate and making political choices within limited financial resources. We know from scientific literature that these logics can be at odds with each other or can reinforce each other. This study examined, among other things, how the CSG deals with these different logics and what can be learned from this for the future.

Furthermore, we know from the literature on network collaboration that the following *six elements of successful collaboration* are important for the proper functioning of such a network. These elements are: (1) the reason and history of the collaboration; (2) the institutional framework and rules; (3) leadership within the collaboration; (4) the interaction processes between the professionals and organizations involved; (5) the results of the collaboration and (6) accountability and explanation. Holding the six elements of network collaboration in mind, the regional network collaborations were examined to see where the opportunities lie for possible improvements to ensure the durability of the CSG.

3. Historical Context of CSG

This study made a brief historical overview of the CSG to gain insight into its development over time. At the beginning of the 21st century, there was no integrated approach towards sexual assault, despite the existence of a few regional partnerships. Prior to the establishment of the CSG, there was no clear central desk where victims and their immediate environment could go to. The care and security organisations in the field of sexual assault were fragmented.

The establishment of the CSG in 2012 responded to the need to improve the approach to sexual assault. The aim was to prevent fragmentation and to ensure that victims could go to a central desk. The initiatives originated bottom-up as a type of grassroots movement. A group of dedicated central initiators set up and developed the CSG in the pioneering phase. Several national and local policy officers were also involved in this process.

After a pioneering phase in the first years since 2012, the CSG has grown into a national network with 16 regional CSG locations. The CSG has further professionalised in recent years and has acquired a central position in the Netherlands in the field of sexual violence. In recent years, the CSG has become increasingly visible and the number of reports (acute and non-acute) of victims has increased.

4. Positioning and Embedding

The national CSG and the regional CSGs operate in a multidisciplinary care and security field with a wide variety of actors. The national CSG has been professionalized in recent years and has since been set up as a foundation with an Executive Board, a Supervisory Board, and an Advisory Board. The 16 regional CSG coordinators form the Advisory Council of the foundation and thus form the formal bridge between the national CSG and the regional CSGs.

The regional CSGs are set up as network organizations with shared national quality criteria for acute victims of sexual assault.² These quality criteria are endorsed by all central municipalities. The working method is therefore broadly comparable, but the local organizational embedding and partners differ. The regional CSGs have the freedom to organize the care process suited to the local situation. The regional CSGs have established partnerships per region based on cooperation covenants. Some covenants focus on the most intensive cooperation partners, others on a wider range of cooperation partners.

The CSG falls under the (financial) responsibility of the municipalities. Since 2018, the CSG has been funded through the 35 central municipalities as classified for the Decentralization Allowance for Women's Shelter (Decentralisatie-uitkering Vrouwenopvang -DU VO-). At the same time, the central government carries 'system responsibility' for the approach to sexual violence in the Netherlands. This division of responsibility is ambiguous. The regional CSGs themselves must organise financing with their central municipality (or municipalities). Some CSGs have to meet annually with several central municipalities in order to arrange the funding. Many municipalities are experiencing significant financial constraints that affect the options to (more broadly) finance regional CSGs. The costs for medical care and mental healthcare treatments are financed from regular financing flows. The deployment of the police, including the forensic medical investigation, falls under the budgetary responsibility of the Ministry of J&V.

There is an increasing number of victims who are able to find the regional CSGs, partly due to public information from the CSG and due to various developments within society. For acute care, it is obvious to financiers that the CSGs are the key players in the Netherlands. There is also hardly any discussion for non-acute cases. However, it becomes less evident when it concerns the care for

² The national quality criteria for non-acute cases have recently been established by the CSG. At the time of writing, the national CSG and the Association of Netherlands Municipalities have indicated that the quality criteria for non-acute cases will be submitted to the aldermen of the 35 central municipalities on a very short term.

victims of online sexual assault and the CSG's function as a centre of expertise. These tasks require further discussion with the financiers.

5. Network Collaboration

The regional CSGs are designed as network organizations to be able to offer integrated care to victims. The different expertise in the field of the treatment of victims is brought together in these centres. Each regional CSG works together with local partners. The regional CSGs work together as relatively autonomous organizations in a national network. In order to map out the strengths and points for improvement in the network collaboration, the six aforementioned success elements of network collaborations were examined.

In general, there is a good cooperation within the regional CSG networks. There are short lines of communication, and the networks usually connect well with existing structures in the region. The *starting position/history* (1) of the network collaboration shows a shared sense of urgency to tackle this problem integrally. The regional CSGs fill a gap that existed until 2012 in the provision of care to victims of sexual assault. This starting position forms a solid basis for the regional network collaborations.

The *institutional framework and the rules* (2), such as the covenants and the quality criteria, provide the network partners with guidance to properly shape their activities. Although the regional networks partly differ in the way in which they work, they use the quality criteria as a shared basis for their working method. The scope that exists for one's own interpretation of the working method offers many advantages. However, it is a condition that the network partners remain well involved by joining work consultations. This is the only way to ensure that the agreed working method is properly followed upon and that partners remain well informed about each other's roles and tasks.

The *leadership in the network collaboration* (3) is clearly vested in the coordinators and case managers. The coordinators play a crucial role in managing the network and maintaining contacts with stakeholders. The case managers are the linchpin in the care for clients. Both roles are crucial for the functioning of the CSGs and are a critical success factor. Various network partners even equate the CSG with the coordinators and case managers. The downside of this, is the vulnerability that this rather narrowly invested ownership entails. The network partners are generally well connected but do not always see themselves as CSG. More shared ownership, also in dealing with the challenges in the future such as substantive and financial choices and the continued involvement of network partners, seems important to ensure that the coordinators do not become isolated in dealing with these challenges.

The *interaction between the professionals and organizations involved* (4) differs between the regions. In certain cases, it seems to be difficult to continue to properly involve the network partners in consultations because some parent organizations make limited time available for this task and do not finance this task. This entails risks for the quality and continuity of the collaboration and for learning with and from each other.

The *benefits of the collaboration* (5) are felt and seen by the network partners. In cases in which client experiences have been gathered, they are positive about the care provided by the regional CSG. However, there is still limited attention for the systematic retrieval of client experiences.

Accountability about the way of working (6) is given in various places. This mainly happens regionally between the regional CSGs and the central municipalities. The way in which this is done differs greatly per region and depends on what the relevant financier asks. More systematic retrieval of client experiences is important as feedback for care and for informing financiers about the benefits of regional network cooperation.

6. CSG seen from the three logics

The growth of the number of victims reporting to the CSG is putting pressure on the national CSG, the regional CSGs and the network partners involved. There is great political and societal attention for the issue and there is an increased pressure felt to help more people. At the same time, the resources are limited, the professionals want to deliver the best possible quality and an emotionally charged and stressful task must be done within the limits of the available resources, time, and capacity. This means that the CSG, like many other (network) organizations in the public domain, must simultaneously act professionally, perform and be accountable, all in a political context in which the struggle for public resources plays an important role. In other words, the CSG must continuously combine three logics, namely the professional logic, the performance logic, and the political/public logic.

The professional logic is paramount for the CSG. First and foremost, it is about providing high-quality care to victims of sexual assault. In order to be able to deliver this, the regional CSGs are strongly oriented towards connections between different areas of expertise, i.e., integral cooperation. Quality is paramount and for the professionals it is the central criterion on which one should assess the network. Quality assurance takes place in the form of protocols, routines, quality criteria and covenants. And the CSG intends to make further improvements in quality in this regard, among other things by means of recurring visitations, sample covenants and quality criteria for care to victims of sexual assault that took place more than seven days ago.

The professional logic is put under pressure by the performance logic. For example, a clear pressure is experienced on the available resources and with it the capacity to offer help to anyone who asks for it. According to both the national and regional CSGs, this is the main bottleneck for the futureproofing of the CSG. The growing number of victims of sexual assault that seek for help leads to increasing (work) pressure for the network as a whole and for the regional coordinators and the case managers in particular. The national CSG has indicated that the CSG has met all kinds of professionalization and accountability requirements and that it is time for more clarity about the financial and administrative commitment of the various tiers of government (central and decentralized).

In the political/public logic it is about the extent to which the CSG is able to engage the various involved parties and to convince them of the role and tasks of the CSG in relation to other players in the field. In order to create support for their work, it is also very important to have a good overview and to keep an eye on the interests of the other parties (financiers and network partners). Only then can the divergent interests be discussed and brought together as effectively as possible.

In practice, these three logics can be at odds with each other or reinforce each other. For the time being, the CSG is strongly focused on the professional and performance logic. Ensuring customization and quality are central and the concern about for the limited resources to do so predominates. In order to grow into a future-proof organization, the political/public logic will have to be given a more solid place at the CSG, both nationally and regionally. This concerns on the one hand the political agenda and the discussion of the central tasks that the CSG focuses on with the various stakeholders, which is already happening to a considerable extent. On the other hand it requires strategically navigating between and working with the interests of the CSG and the interests of the various stakeholders (such as -potential- financiers and collaboration partners), both nationally and regionally.

7. Conclusion and Recommendations

This study looked at four sub-questions, which are briefly answered below.

Sub-question 1 was: How has the Sexual Assault Centre (CSG) developed - from an administrative and organizational point of view - from the establishment of the first CSG location to the current national network of 16 locations?

Although there were some regional partnerships, an integrated approach against sexual violence was lacking in the early 21st century. Prior to the establishment of the CSG, there was no clear central desk where victims could go. The CSG was created as a solution for the fragmented care through initiatives for collaboration at the operational level. The initiatives started bottom up. The CSG has now grown into a nationwide network with 16 regional CSG locations. The CSG has been further professionalized in recent years and now plays a central role in the Netherlands when it comes to aiding victims of sexual violence. The CSG is becoming increasingly visible as a core player and the number of reporting victims has increased.

Sub-question 2 was: What does the CSG's administrative organizational structure look like and how is the CSG embedded in an administrative-organizational way?

The CSG operates in a multidisciplinary care and security field with a range of different actors. The national CSG is an independent foundation with an Executive Board, a Supervisory Board, and an Advisory Board, which includes the coordinators of the 16 regional CSGs. The regional CSGs are set up as network organisations. The national CSG gives direction to the working method of the regional CSG, among other things through national quality criteria for acute (and soon also non-acute) victims of sexual assault. The working method of the CSG is broadly comparable but can differ per region. This is partly due to regional differences in network partners involved and differences in local organizational embedding. The partnerships are established by the regional network partners per region on the basis of cooperation covenants.

Since 2018, funding has been channelled through the 35 central municipalities as classified for the DU VO. These municipalities are therefore financially and administratively responsible for the CSGs. The central government holds 'system responsibility' for the approach to sexual violence. The regional CSGs themselves must organise funding annually with their central municipality or municipalities. Some CSGs have to meet annually with several central municipalities. This leads to many, and because of the short financing cycles, quickly recurring meetings. In addition, the short cycles lead to uncertainty among CSGs about long-term funding.

Sub-question 3 was: How does the cooperation between the organizations involved within the CSG work? Which success factors, vulnerabilities and bottlenecks exist with regard to the organization of the cooperation?

Within the regional networks there generally is a good network cooperation. This is the result of the existing involvement of network partners, the short communication lines, the connection to the existing structures in the region, the leading role of the coordinators within and around the network and the directing role of the case managers in coordinating the care for individual cases. Continued attention is needed, however, for the sustainable involvement of the network partners and the strengthening of the covenants to that end. Investing the ownership of the CSG more broadly within the network is also important. This can be achieved, among other things, by closely involving the network partners in current and future decisions regarding the course of the CSG, both nationally and regionally. Continued attention is also required for internal information sharing, awareness of the work of the CSG's among and referral to it by adjacent professionals, the position of the hospitals within the network collaboration and the workload of case managers and coordinators.

Finally, we arrive at answering sub-question 4: Based on the answers to research questions 1 to 3, how can the organization of the CSG be further designed with a view on the further administrative development of the CSG? What are the preconditions for a future-proof organization with a strong administrative embedding? How do these preconditions relate to the current organization of the CSG?

Based on the findings in this report, we arrive at the following recommendations for the further development of the CSG. These recommendations require shared and parallel efforts from the

Ministry of J&V, the Ministry of VWS, the VNG, the Central Municipalities, the national CSG and the regional CSGs, including the network partners of the CSGs.

- *Strengthen the network collaboration.* Although the required partners have generally been well involved so far, the involvement in the longer term is uncertain. The national CSG is working towards a template of a covenant that can serve as a basis for all regions. It is important in this respect that guidelines are provided for a longer-term connection of network partners to the regional collaboration, and that the felt sense of ownership is invested more broadly, among other things, by closely involving network partners in current and future developments. In addition, it is important to strengthen the key positions that coordinators and case managers fulfil. This requires for the networks to inquire how the pressure on these positions can be better distributed and to see who is the 'next in line of responsibility' if one of the central professionals should drop out.
- *Set up a systematic quality system, aimed at reflection and learning.* In order to be able to properly reflect on quality, it is important to work towards a more systematic quality system with room for reflection and learning. This is in line with one of the goals in the CSG's strategic multi-year strategy. Such a system should be aimed at the continuous assurance of the quality of care. This could include organizing internal visitations more systematically, organizing an external visitation every 3 to 5 years, collecting client experiences more systematically, and exchanging best practices between the different regions and with other network organisations. The national CSG has a clear role to play in setting up this quality system. At the same time, sufficient space should be left for the local characteristics of the regional CSGs.
- *Find a balance between the professional, political/public and performance logic and broaden the discussion about tasks and funding.* A careful interplay between the three logics and the proper design of the collaboration facilitates professional, high-quality and efficient care for victims that is equipped for the challenges that the future will bring. It is also important for both the national and regional CSGs to discuss in more detail with various parties the tasks of the CSG that are contested by some parties. For sustainable involvement, it is important that these discussions are conducted more extensively with the ministries, the VNG and the central municipalities, but also with the national and regional network partners.
- *Move towards longer budget cycles and broader financing.* A widely shared concern among both the regional networks and the national CSG concerns the structural financial shortfalls that exist in many municipalities. Partly due to decentralization, the financial resources of the municipalities in the social domain have come under pressure. This, combined with the annual budgeting cycles used by most central municipalities, makes medium or long-term thinking and planning very difficult. It is important for the formulation of multi-year policy and for better safeguarding the care that municipal budgets include multi-year cycles that facilitate thinking and planning ahead by the CSGs. An additional risk is that hospitals partly pay for the work they provide to the CSG network themselves. It is important that resources are allocated for the involvement of hospitals so that the involvement is not put under pressure and sufficient room exists for knowledge exchange and participation of hospital staff in the consultations.
- *Strengthen the dialogue at different levels.* Finally, we recommend in a more general sense to strengthen the dialogue at different levels. To start off with, within the regional network collaborations to shape future-proof networks in close collaboration with the network organizations and between the regional CSGs to learn with and from each other. This is very important in terms of continuous quality assurance and for the purpose of strengthening the political-administrative sensitivity of the network. The national CSG plays an important role in

facilitating this development and to ensure that the CSGs continue to deliver comparable quality. In addition, the medium-term dialogue between central municipalities and regional CSGs and between the national CSG, the VNG and the ministries involved is important to discuss additional and more guaranteed funding and to discuss the future core tasks of the CSG.

In short: The recommendations as described in this final paragraph are important for the continued development of the CSG and are in line with the phase of further professionalization that the CSG has entered. It should be clear that this further professionalization also requires time and resources from the CSG. It is therefore important that further discussions are held with the ministries and municipalities responsible to discuss how this further development can be addressed and which resources are needed and available to take these additional steps.