ASYLUM SEEKER VICTIMS:
A SPECIAL GROUP

The different needs of asylum seekers and tailoring to those needs

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Abstract

This thesis attempts to answer two research questions: 1. To what extent are the needs of asylum seeker victims different from the needs of non-asylum seeker victims? 2. To what extent is victim aid tailored to the needs of asylum seeker victims in the Netherlands and how can the tailoring be improved? It does so with a qualitative mixed-methods approach. All in all, this thesis found that asylum seekers have different needs in the psychosocial, social and financial/juridical areas. These differences in needs can be related to factors that are different for asylum seekers before, during and after their victimization, but more research is needed to establish a causal relation. Areas of interest for Slachtofferhulp Nederland (SHN) to tailor to are the cultural aspect of psychosocial support, and the managing expectations of asylum seekers about financial/juridical aid they can receive. For the social support needs, it is more difficult because it relies on a social network that a victim has, already before their victimization.

Keywords: asylum seekers, the Netherlands, victimization, victim aid, asylum seeker victimization, Slachtofferhulp Nederland
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1. Introduction

In the Netherlands,\(^1\) as well as in the rest of the European Union,\(^2\) everybody has the right to be supported when they have become a victim of a criminal fact. The group of victims in the Netherlands that can claim these rights includes anyone that has become a victim of a crime in the Kingdom of Netherlands; not only Dutch citizens but also people that have arrived from another country, including undocumented individuals.\(^3\) This Dutch law thus establishes that everyone has a right to victim aid in the Netherlands. Victim aid has as a main goal to help victims re-enter and participate in society after a crime. This is important because victims tend to withdraw from a society that they consider unsafe due to their victimhood (Slachtofferhulp, 2017a). This establishes the following: victimhood can cause withdrawal and victim support might be necessary to re-integrate the victim in society.

In 2015, the influx of asylum seekers entering Europe, including the Netherlands, increased substantially compared to the period before. In the Netherlands, asylum seekers often stay in reception centres until a decision is made with regards to their asylum application (COA, n.d.a). This means that during their stay in reception centres in the Netherlands, asylum seekers have a right to victim aid if they become a victim of a crime. However, the knowledge about how asylum seekers react to victimization in their host country, and whether this reaction might be different compared to a non-asylum seeker, seems to be limited; there is almost no academic literature on this topic, although there are indications that they could be a particularly vulnerable group. On top of that, one of the goals of the Dutch government is to integrate asylum seekers, especially once they have a (temporary) residence permit (Rijksoverheid, 2019; COA, n.d.c). This establishes the third

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\(^2\) idem

\(^3\) Someone that is not legally allowed to be in the Netherlands, for example someone whose asylum claim was rejected and their appeals exhausted, but did not leave the Netherlands
important point: asylum seekers have to be integrated into the new host society. As pointed out above, victims have the tendency to withdraw from society, so the integration of asylum seekers who have been victims is possibly complicated or frustrated by their victimhood.

Combining these three points, namely i) that there is a need for asylum seekers to integrate into Dutch society, ii) that this integration can become complicated due to their victimhood and iii) that asylum seekers have a right to victim aid that has the expertise to reintegrate victims into society, it is relevant to assess to what extent victim aid providers are capable of dealing with this special group of victims. However, several factors complicate giving asylum seekers victim aid. Firstly, there are cultural differences, secondly asylum seekers might have a different past regarding trauma and previous victimization than non-asylum seekers, and thirdly, there are many practical issues with asylum seekers that are not present with non-asylum seekers, like language differences, and difficulties meeting up with asylum seekers.

This thesis attempts to explore victim aid for asylum seekers, based on a case study of the Netherlands, by answering the following research questions: 1. To what extent are the needs of asylum seeker victims different from the needs of non-asylum seeker victims? 2. To what extent is victim aid tailored to the needs of asylum seeker victims in the Netherlands and how can the tailoring be improved? This thesis has used a qualitative, mixed-method approach, consisting of a literature review and interviews. The reason this study focuses on the Netherlands is because the author had already established contacts within the victim aid organization in the Netherlands. victim aid in the Netherlands is provided by Slachtofferhulp Nederland (SHN), the main, non-for-profit, victim support organisation in the Netherlands.

SHN supports victims in two ways. First, there is the emergency service (piketdienst). In most cases SHN gets called by the police to assist victims. They can be victims from a wide range of events like car accidents, suicide of a loved one, crime and

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4 Other actors can also ask for SHN
natural disasters. SHN is usually present within hours of the incident and helps victims deal with their first reaction to the incident and is also meant to help victim get home or get picked up by a loved one. The second form of support is psychosocial support. This support has a narrower target audience, which includes only people that have been witness to, or have been victimized by a car accident or a crime. if someone falls outside of the target audience of the second form of support, they are referred to other organizations.

For the first question, it is important to analyse differences between asylum seeker victims and non-asylum seeker victims. However, there is almost no literature on the possible interaction between their victimhood after arrival and possible traumatic events that might have happened in their home country or during their journey. The literature that the author did find mainly concerns itself with the prevalence of mental disorders like depression and PTSD among asylum seekers, due to events in the country of origin or during the transfer (Silvone, 1999, Gerritsen et al. 2006, Alisic & Kartel, 2019). In order to answer this question, I interviewed multiple experts who have experience with asylum seekers, victimhood and the consequences of victimhood. SHN assisted with the data collection. Where possible, I tried to corroborate the respondents’ accounts with literature from different fields. For the second question, I used the same interviews and method as described above. The literature was mainly based on other fields then victim support like psychotherapy and medical settings. On top of that, I used the knowledge of the SHN respondents and of the other respondents to find out how SHN tailored their aid currently, and what

The different chapters in this thesis all contribute to answering the main research questions. The second chapter of this thesis is the methodology. This chapter elaborates on how the research was conducted, and what considerations and assumptions were made during the research. The third chapter gives contextual information about victim support in the Netherlands, and about asylum seekers in the Netherlands. It covers the rights that victims have in Europe and more specifically in the Netherlands and the different organizations that give victim support in the Netherlands. On top of that, it gives an overview of the methods used
by SHN to support victims. This chapter also gives an overview of the numbers of asylum seekers in the Netherlands, what the Dutch Asylum procedure looks like and what different organizations are involved with asylum seekers. The fourth chapter gives an overview of existing literature with regards to asylum seeker victimization. The first part defines what victimhood is, what its effects are, groups that might be vulnerable to victimhood and how victims can be supported. The second part examines asylum seekers as a vulnerable group, i.e. whether asylum seekers are more likely to have different needs based on their unique position.

The fifth chapter relies mainly on the interviews but tries to corroborate them on the basis of the literature where possible. The interviews covered the personal experiences with working with asylum seekers of SHN employees and other experts. This chapter thus concerns what they, based on their experience, think about the special needs of asylum seeker victims and the ability of SHN to reach this group and tailor their aid to those needs. The three main themes that are discussed in this chapter are (prior) victimization of asylum seekers, differences between asylum seekers and non-asylum seekers and areas of interest for SHN with regards to those different needs. After the analysis, the sixth chapter will be the conclusion and discussion.

Overall the objective of this research is to give a comprehensive answer to the research questions by examining both the literature and by doing expert interviews. In doing this, I can give a comparison between the literature and the real world, and I can give an answer to a question that has not yet been asked before by considering all facets: prior and current victimization of asylum seekers, how they are supported in dealing with the impact of this victimization, if that support is satisfactory and finally, if there are differences between asylum seekers and non-asylum seekers that should be considered when dealing with victimized asylum seekers in the Netherlands. However, it is important to note that this research is exploratory in nature, and more research is needed on this subject. This thesis could be the first step in getting to know more about the special needs of asylum seeker victims.
2. Methodology

The following section gives an overview of the methodology used in this master thesis. Qualitative methods are used in order to answer the central research question. Both a literature review and interviews were used. This methodology was chosen because victim aid is often a complex subject, with many factors intertwining and influencing each other. Interviewing might provide a more in-depth picture. Half of the respondents (6) are currently employees or volunteers of SHN and have had experience with both asylum seekers and non-asylum seekers in their work for SHN. All respondents of SHN are anonymous. The other half of the respondents (5) are not (directly) connected to SHN, but the researcher approached them for their knowledge on this topic. One of these respondents is also anonymous, the rest have all given permission to use their names in this thesis.

This thesis is furthermore a case study of SHN in the Netherlands. There are some pros and cons to doing a case study. Firstly, this thesis does not compare this case to other cases, which means that it is unsure that the results are generalizable or whether other case-specific factors might also influence the results. In other words, this thesis cannot check for background factors (Bijleveld, 2019). More research on comparable case studies is thus needed before any strong conclusions can be drawn. On the other hand, a case study can give a detailed overview of very local or national and complex issues, details that can be discarded in other kinds of research (Feagin, Orum & Sjoberg, 1991).

In order to find literature, I used multiple websites including google scholar, the VU library, Taylor and Francis and SAGE publications. For the first preliminary search I typed in keywords,⁵ like ‘asylum seeker victimhood’, ‘asylum seeker victimization’ to find out what research existed about this topic. For the preliminary search I also filtered for publications that were published after the year 2000, but I removed that term when I could not find enough literature. In order to do my literature review, I specified the search terms for example by typing in ‘definition victimization’ and I

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⁵ I also searched for the Dutch translation for these terms
searched for educational material in victimology. In order to determine whether asylum seekers are a vulnerable group, I first found out factors that would make a group vulnerable and then searched ‘asylum seekers factor’. For the literature in the analysis, I tried to corroborate what the respondents mentioned by for example searching ‘intercultural communication doctor/psychology’.

2.1 The sample

The sample consists of two subgroups, employees or volunteers of SHN and experts outside of SHN. To approach the respondents outside of SHN, I used multiple methods. Firstly I used search terms like ‘victimology’ ‘professor victimology’, ‘PhD victimology’, ‘asylum seekers victimhood’, ‘asylum seeker victimhood professor’, ‘asylum seeker victimhood PhD’, asylum seekers trauma’, ‘asylum seeker trauma professor’, ‘asylum seeker PhD’, and ‘cultures and victimhood’. On top of that, I sent emails to different organizations to ask for more information, and for people to interview like the Centraal Orgaan Asielopvang (COA), the organisation responsible for housing asylum seekers, providing basic needs and preparing them for the future in the Netherlands or elsewhere, the refugee council the Netherlands (vluchtelingenwerk Nederland), Foundation ’40-’45, Foundation Pharos, ARQ national psychotrauma centrum, an organization specialised in psychotrauma and the Dutch mental health care system (GGZ). After searching these terms, I tried to find out contact details and contacted the persons or organisations. In this way I found respondents E1 and E5.

After I identified the first respondents in this way, I used the snowball method. This means that after I interviewed someone, I asked them if they knew people that I could interview and emailed those contacts. The consequence of this type of non-probability sampling is that the sample is not representative of the experts that are working in this area, and that caution should be exercised when interpreting the results of the interviews outside of SHN. Apart from identifying respondents through the mentioned organisations in the Netherlands, I approached one respondent (E4) during the annual European society of criminology conference because of the relevance of their topic (victimhood of asylum seekers before their arrival in the UK) to this thesis.
To approach respondents within SHN, I used two main methods. During this time, I had access to the intranet of SHN because I used to be a volunteer at the organization. The first method was to post a message which linked to a survey. The last question of the survey was about whether people were interested in being interviewed, and they could leave their email address. I then mailed them to set up dates. A second method was approaching people through their team leaders. It was important that all the respondents had some experience with asylum seekers in their work; there were no other criteria. This means that this sample also is not randomized, and that their experiences cannot be generalized to what all SHN employees have experienced. On top of that, the sample is a convenience sample, and it is based on the availability and interest of people to contribute to this research. This means that this sample is not representative for the larger population of SHN employees and experts. On top of that, because this research is about asylum seekers, there is also no guarantee that the asylum seeker cases discussed during these interviews are representative (Bijleveld, 2019). Because of the methodological limitations of the interviews, it is important to stress the explorative character of this study. However, these limitations do not mean that the results are not valuable. There currently is hardly any research on this topic and that this thesis is a preliminary attempt to fill this gap. This thesis can thus give an indication of possible points of interests for later research (Bijleveld, 2019).

2.2 The interviews and the coding

I conducted semi-structured interviews, with a conversational character. All interviews were recorded. The respondents answered my questions from memory, i.e. without being able to check case files during the interview. For the interviews, I travelled to the respondents’ preferred location. Right after the interview I sat down and transcribed it, when the conversation was still fresh in my mind. During the transcription, I already highlighted some points of interest. After transcribing all

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6 Originally I wanted to use data from this survey as well in my analysis, but in the end there were not enough respondents.

7 The interview with Rianne Letschert was an exception because I transcribed that two months after the interview
the interviews, I used the program QDA Miner for the coding of the interviews. I divided the codes into multiple categories and coded the interviews accordingly. I used these codes to structure the analysis. In the analysis I also tried to triangulate the research with literature from other fields such as psychology, communication, criminology and victimology.

2.3 List of respondents

Table 1. List of respondents

<table>
<thead>
<tr>
<th>R#</th>
<th>Name</th>
<th>Affiliation</th>
<th>Function/relevance</th>
<th>Date interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>Prof. dr. Rianne Letschert</td>
<td>International Victimology Institute Tilburg (INTERVICT)</td>
<td>Chair of the victimology and international law at Tilburg university, research fellow of Clare hall in Cambridge, expert consultant for the Special tribunal of Lebanon on victim issues, director of the International Victimology Institute Tilburg (INTERVICT).</td>
<td>09/04/19</td>
</tr>
<tr>
<td>E2</td>
<td>-</td>
<td>The refugee council</td>
<td>Former volunteer, worked for the refugee council Nederland until 4 years ago</td>
<td>21/08/19</td>
</tr>
<tr>
<td>E3</td>
<td>Elin Hofman</td>
<td>War child</td>
<td>Team Up, which is specifically focused on letting children process their trauma through play</td>
<td>11/09/19</td>
</tr>
<tr>
<td>E4</td>
<td>Amy Cross</td>
<td></td>
<td>PHD student, subject of life-time victimisation of asylum seekers in the United Kingdom</td>
<td>20/09/19</td>
</tr>
<tr>
<td>E5</td>
<td>Pieter van Vliet</td>
<td></td>
<td>POH (praktijkondersteuner) at the GZA, the health care services for asylum seekers, has over 30 years of experience in complex psychopathology</td>
<td>23/09/19</td>
</tr>
<tr>
<td>R1</td>
<td>-</td>
<td></td>
<td>Volunteer/employee SHN</td>
<td>14/08/19</td>
</tr>
<tr>
<td>R2</td>
<td>-</td>
<td></td>
<td>Volunteer/employee SHN</td>
<td>19/08/19</td>
</tr>
<tr>
<td>R3</td>
<td>-</td>
<td></td>
<td>Volunteer/employee SHN</td>
<td>20/08/19</td>
</tr>
<tr>
<td>R4</td>
<td>-</td>
<td></td>
<td>Volunteer/employee SHN</td>
<td>04/09/19</td>
</tr>
<tr>
<td>R5</td>
<td>-</td>
<td></td>
<td>Volunteer/employee SHN</td>
<td>05/09/19</td>
</tr>
<tr>
<td>R6</td>
<td>-</td>
<td></td>
<td>Volunteer/employee SHN</td>
<td>23/09/19</td>
</tr>
</tbody>
</table>

As noted above, of all the respondents (N=11), 5 worked outside of SHN and 6 worked with SHN as a volunteer or a paid employee. Together the SHN employees have 36 years of working experience within SHN, with 15 years being the longest and 1 year being the shortest amount of experience. Whether they had a specialization varied. 3 of them described not having a specialization, one of them mentioned they did the more ‘simple’ crimes like burglary, stalking, assault and threats, the other
mentioned that they mostly did severe assault and situations where someone passed away, and the last one mentioned that they tended to do the more complex cases. All of them had followed the general SHN training and the crisis training (piket). On top of that, other trainings that were followed included grief and loss, child and youths, traffic accidents, SGM specialist, mentor training, sexual crimes, compensation in a criminal case, giving legal counsel during a court case and conversations with victims. The topics of what training they had followed and what experience they had was discussed with all SHN respondents. The outside experts were experts in several different topics ranging from academic topics like criminology, victimology, psychology and psychiatry to knowledge gained while working for specialised organisations like war child and the refugee council and working in a reception centre.

2.4 Ethics and privacy

This thesis aims to comply to the standard rules of ethics as described by Bijleveld (2019). This means that all SHN respondents are kept anonymous and that any mention of a detail that could be used to identify them has been removed out of the transcripts and out of any quotes used in this thesis. This is particularly important because I approached the team leaders to ask their employees to be interviewed via email. Since the interview also contained questions about how SHN is functioning with regards to asylum seekers, I decided to not add any additional information to my list of respondents table, such as location where they are employed. On top of that, the privacy of the asylum seekers discussed must be protected. In all cases the respondents themselves already used anonymized information such as not mentioning someone’s name, or a place where something might have happened. By further deleting all personal information of the SHN respondents like the region where they are working, the asylum seekers are not traceable. On top of that, in some cases we did not discuss any particular asylum seeker, but more so asylum seekers in general. In this case no names or were mentioned at all. Of the outside respondents one is kept anonymous and the others gave permission to use their names.
3. Asylum seekers and victim aid in the Netherlands

This section aims to give context about victim aid in the Netherlands, and about asylum seekers in the Netherlands. The first section (3.1) gives some definitions and explains the asylum procedure in the Netherlands. The second section (3.2) gives an overview of the laws that give victims’ rights and which organizations support victims. The third section (3.3) explains more in depth how SHN works.

3.1 Asylum seekers in the Netherlands

The terms refugee, asylum seeker and (irregular) immigrants are often confused. This thesis follows the definitions given in international and European conventions and laws. The short definition is as follows: an irregular migrant enters a territory without permission, if they apply for asylum, they become an asylum seeker. An asylum seeker can be granted asylum, either as a refugee or under another form of international protection. The definitions are discussed more below. Refugees are defined by the 1951 refugee convention, in article 1. According to this treaty, refugees are persons that:

“owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it”.

This convention also emphasizes the right of non-refoulement, addressed in article 33: this means that host countries are not allowed to send refugees back “where his

life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion”.

The qualification directive of the EU mentions that asylum is a fundamental right of all persons. It furthermore states that asylum is granted if people are “fleeing persecution or serious harm in their own country and therefore in need of international protection” (EC, 2019, n.p.). The Dutch asylum system in effect does not distinguish refugees and beneficiaries of subsidiary protection but legally (and internationally) there is a difference: refugees are individually targeted while subsidiary protection is for people facing real risk of serious harm, in general situations of insecurity. To summarize: an asylum seeker applies for (inter)national protection; the host state assesses the claim and decides whether someone is recognised as a refugee, given another protection or residence status, or denied residence.

In this study, I will focus on asylum seekers; people in the asylum procedure. I compare them to non-asylum seekers, people that have Dutch citizenship, have a residence permit or are otherwise legally in the Netherlands on a visa or due to the fact that they are EU citizens. However, there is also a group of people that deserves special attention. People who have recently obtained a status and until recently were asylum seekers; they are still in the integration process and are likely to face the same problems to some extent as asylum seekers, but they may be more easily reached by SHN. This makes a division between asylum seekers and non-asylum seekers difficult, because this group falls in the middle and can have characteristics of both groups. For clarity’s sake, this thesis does not consider this as a separate group and only concerns itself with asylum seekers and non-asylum seekers.

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9 idem
10 European parliament and council, 13 december 2011, qualification directive 2011/95/EU
In 2018, a total of 24,025 asylum requests were made in the Netherlands (Eurostat, 2019). The graph above (fig. 1) shows the different nationalities of the asylum seekers, with most coming from Syria. The other graph (fig. 2) displays the total number of asylum requests in the Netherlands since 2009. A report of CBS mentions that in 2018, the amount of asylum requests from Yemen, Iran, Nigeria, and Turkey is increasing, while the numbers of asylum seekers from Iraq and Eritrea are decreasing, compared to asylum requests since 2016 (CBS, 2019). According to the Dutch government, most asylum seekers in the Netherlands were smuggled to Europe and then travelled over land to the Netherlands. They mention that most go to Libya
and then to Italy or they go to Turkey and then cross to Greece. Asylum seekers do not often use air travel to arrive in the Netherlands (Rijksoverheid, n.d.a).

In the Netherlands, the asylum process goes as follows. When someone arrives in the Netherlands and wants to ask for asylum, they have to go the application centre (AC) in Ter Apel, which is run by the immigration services (IND). Here, the immigration police (vreemdelingenpolitie or AVIM) registers them and starts an investigation into their identity. After that happened, they are taken to a central reception centre (col) which is run by the Central organ for reception of asylum seekers (COA). They can stay for at least 4 days in the col. During this time, an interview is conducted by the IND, they are tested for tuberculosis and they are registered in the Basisregistratie Personen. After all of this has happened, the person is moved to a process reception centre (pol). Here, the asylum seekers can rest and can prepare themselves (for 8 days) for the rest of the asylum procedure, however, in practise it might take longer (COA, n.d.a).

The rest of the asylum procedure starts with a general asylum procedure, while the asylum seeker is still in the pol. The IND can decide on three different courses of action. Firstly, rejection of the asylum request. Secondly, acceptance of the asylum request and thirdly, that they need more time (the so-called ‘verlengde asielprocedure’). If the asylum request is accepted, or if the IND needs more time, the asylum seeker/status holder moves to a reception centre (asielzoekerscentrum, AZC). In general, they spend the most time in an AZC. The IND will contact different municipalities in the neighbourhood of the AZC to give a status holder a place to stay. If the request is denied, then the person can stay in the AZC for a maximum of 28 days, after which they have to leave the country (COA, n.d.a).

The COA (n.d.b) states that around 15-20% of the asylum seekers in Netherland are children, and that there is a 50/50 split in families and people that came alone. Of the people that came alone, the majority is male. Around 3/4 of the asylum seekers

11 A governmental database that contains all the information about people that life or have lived in the Netherlands.
are under 35, and about 58% is under 25 in 2018 (van den Bergh, 2019). Figure 3 gives an overview about how the households of asylum seeker look depending on their nationality.

Fig. 3 asylum seekers households in the Netherlands (van den Bergh, 2019) (translated by author)
3.2 Victim aid in the Netherlands

The Veiligheidsmonitor (safety monitor)\(^{12}\) of 2017 shows that 15% of the Dutch population had become a victim of a property or violent crime in 2017, and 24% of those people reported the crime to the police. The most commonly reported was cybercrime, which victimized 11% of the Dutch population, followed by victimization of property crime (10%), followed by vandalism (5%) and violent crime (2%) (veiligheidsmonitor, 2017). These victims have certain rights, because the Netherlands is part of the European Union and as such, they have to follow their laws and rules. One of these is the victims’ right directive.\(^{13}\) This directive was established on the 25\(^{th}\) of October in 2012, and “establishes minimum standards on the rights, support and protection of victims of crime (…)”. In practice, this means that all member states need to respect the rights of a victim to compensation, their right to justice, their right to short-term and long-term support (physical and psychological), their right to protection from harm from the suspect or accused, and their right to recognition as victims (European parliament and council, 2012; EC, n.d.). In the Netherlands, the minimum rights of victims have been adopted into a law in 2017 (translation by author).\(^{14}\) In total, the law specifies 14 rights that victims have in the Netherlands. The rights are for all victims, including people that are

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\(^{12}\) Every two years a survey is done in the Netherlands about safety, quality of life and victimhood by the ministry of justice.


undocumented. The rights are also meant for family if a relative came to be deceased due to a criminal offence. The rights are:

1. The right to information. This means that the both the police department, and the prosecution department need to keep a victim informed of any updates with regards to their case.
2. The right to support and help. This means that victims should get free advice, support and information. SHN is one of the organizations that do this.
3. The right to protection. If a victim fears for their safety, then they have a right to be protected.
4. The right to report a crime to the police.
5. The right to assistance. A victim is always allowed to be assisted by an attorney, for example during the court case. If the victim wants someone else to assist them, like a family member or an employee of SHN, then they can contact the prosecutor.
6. The right to a translator. This right is for victims that do not understand the Dutch language.
7. The right for compensation for damages. If there is a suspect, the judge or the prosecutor can decide if they need to pay reparations. Otherwise Schadefonds Geweldsmisdrijven might offer a compensation.
8. The right to contact the suspect/perpetrator, if the suspect/perpetrator also wants to be in contact with the victim.
9. The right to a respectable treatment. All organizations and authorities that a victim encounters should give the victim a respectable treatment. Otherwise the victim can file a complaint with the organization/authority.
10. The right to file a complaint when the case is dismissed. A victim can file a complaint to the prosecutor when a case is dismissed. A court then has to re-evaluate the case.
11. The right to go over the criminal dossier. This includes the right to add new documents to the dossier.
12. The right to compensations if someone needs to testify in a criminal case. The government has to pay back costs of travel and of a day of missed worked if someone has to be a witness in a court case.
13. The right to speak in a court room. If someone has become a victim of a serious criminal offense, then they, (or of they passed away, their family) have the right to speak during the criminal proceedings.
14. The right to information about parole, release or escape of the suspect/perpetrator. (Rijksoverheid, n.d.b)
There are multiple organizations that support victims in the Netherlands, although SHN is the main one. This section briefly describes the different organizations, their relation to each other, the government and the victim, and the kind of victims they work with. This section also mentions the organizations that specifically work with migrants, asylum seekers, refugees or people with a different cultural background.

Firstly, there is Fonds slachtofferhulp (victim aid fund). Fonds slachtofferhulp is a non-profit that finances multiple organizations for victims, including SHN. They also have an emergency fund for victims, if they are in a dire (financial) situation that is related to their victimhood. On top of that, they finance research, awareness campaigns, and lobbying for victim’s rights (Slachtofferhulp, n.d.a; fonds slachtofferhulp, 2019). They also run the website Slachtofferwijzer. This website is specifically meant for victims, and outlines where victims can find help, depending on the crime they have been victimized with, and what help they need (slachtofferwijzer, 2019a).

Other victim organizations that might be of particular interest to this thesis due to their focus on asylum seekers in particular. Firstly, there is foundation Equator. This foundation has a special focus on victims of human trafficking and traumatized refugees and asylum seekers. They also do research in this area (slachtofferwijzer, 2019b). Secondly, there are a few organizations that focus on intercultural psychology, psychiatry or other help with regards to mental health. These include I-Psy, NOAGG for transcultural psychiatry and Osperon. Although these organizations do not focus in particular on asylum seekers, they do focus on people with a non-western background, which can include asylum seekers. Then there are also organization that focus on issues like honour related violence. Everyone in the Netherlands, including asylum seekers, have right to support with regards to honour related violence (Huiselijkgeweld.nl, 2019). As Janssen & Sanberg (2017) found on the basis of their research of police files in the Netherlands, around 3% of the cases took place in a reception centre, which means that those kinds of organization can also come into contact with asylum seekers. Organizations that support these victims are Stichting Wende, Fier and Veilig Thuis. The last one also deals with domestic violence in general (Slachtofferwijzer, 2019c).
Off all these organizations, SHN is the main victim support organization in the Netherlands. SHN is a not-for-profit organization. According to their website, they assist around 200,000 victims of crime, car accidents or disasters a year. In addition to victims, they also assist the next of kin (in case of a murder, a missing person, or death as a result of a crime or car accident), and witnesses. On top of that, they collaborate with a number of actors (that are also mentioned in the slachtofferwijzer), including the police, the Dutch Ministry of Justice, schadefonds geweldsmisdrijven, and perspectief herstelbemiddeling.

3.3 SHN’s approach

SHN offers roughly three different services for victims. Firstly, they offer support in the psychosocial realm, secondly, they offer support for victims involved the criminal justice system and thirdly, they help victims get reparations. The way an employee provides these services is dependent on the needs of a victim and is thus different from case to case (Slachtofferhulp, 2019). Before describing the three services SHN uses, it is important to understand what the consequences are of victimization. SHN employs a framework with 4 mechanisms to describe these. These mechanisms are: the sociopsychological, the physical, the societal and the financial/economic (SHN, 2017a). I discuss these mechanisms in depth in this section.

In general, most people who have become victimized do not suffer severe consequences like PTSD or depression. Instead they temporarily have so-called stress symptoms. These symptoms include, among others, being more fearful than before.

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15 Schadefonds geweldsmisdrijven (fund for damages of violent crime) was set up by the Dutch government to give victims of violent crime some form of acknowledgement in the form of monetary compensation, and to contribute to the victim’s trust in society. It also gives this compensations to families when the victim passed away due to a violent crime or manslaughter, or when the victims have permanent physical or psychological damage due to the violent crime. [https://www.schadefonds.nl/](https://www.schadefonds.nl/)

16 Perspectief herstelbemiddeling is an organization that brings victims (or their families) and perpetrators into contact so that they can talk about what happened. [https://www.perspectiefherstelbemiddeling.nl/](https://www.perspectiefherstelbemiddeling.nl/)
the stress-causing event, trouble with sleeping, or being irritable. In most cases, these symptoms last for a few days or weeks after the crime. SHN policy is to refer victims to a general practitioner (GP) if the stress symptoms last for more than 6 weeks, because that could be an indicator of more severe trauma, of treatment goes beyond the scope of SHN.\textsuperscript{17}

Victims do not always suffer physical consequences. However, crimes that involve (sexual) violence often leave injury. In this case, it is important for the victim to document the impact of the injuries on their daily life, especially if they prevent them from working. Victims with severe trauma, or severe injuries have a right to financial compensation. However, it is important to note that stress symptoms often do impact victims physically. For example, having headaches or not sleeping well both have an impact on the victim’s physical wellbeing as well (SHN, 2017a).

The societal consequences refer to everything that could impact the victim, due to their victimhood, from the outside. This mechanism is extremely important, because having a large support network, helps the victim enormously, both with their daily life (think of someone doing their groceries for them) and with their recovery. However, a support network can also have a negative influence, especially on the psychological realm, if they, for example, deny that the crime happened, or tell the victim that they are overreacting. The lack of recognition has proven to be harmful and increase stress symptoms, even in the long term (Kunst & Koster, 2017a; SHN, 2017a).

The last mechanism concerns the financial and legal consequences. As might be expected, this mechanism documents all financial costs the victim makes because of their victimization. These costs include temporary lack of income, health care and replacement of goods. Victims with severe trauma (especially after a violent crime), can have a right to financial compensation, either from the perpetrator (if they are

\textsuperscript{17} Internal documents of SHN: De Lorijn & Wagemakers, 2016; SHN, 2017a; Wagemakers & de Lorijn, 2018.
known with the police, investigated and found guilty), from their insurance, or from ‘schadefonds geweldsmisdrijven’ (SHN, 2017a).

The services that are offered by SHN (psychosocial, juridical, and reparations) are meant to support victims on an emotional and on a practical level. During the psychosocial service, a SHN employee gives information, advice and support with the goal to reduce stress symptoms after a crime or a car accident. Providing information might be important so that the victim understands that the stress symptoms they are experiencing are not abnormal. This normalization is important because it might provide the victim comfort to know that their reaction is normal, and that the stress symptoms will probably not last forever. Providing advice can be a result of the monitoring of stress symptoms by the SHN employee. In short, if stress symptoms last longer than 6 weeks, the victim is advised to go to the GP, this could help a victim understand when their stress symptoms are more serious and require professional help. Giving support often comes in the way of listening to the victim and giving acknowledgement to their pain. This support is often also given by the social environment, but not always.\(^{18}\)

The juridical service gives information, support and advice with regards to the criminal proceedings. This service begins when a victim decides to report a crime to the police.\(^{19}\) The service depends on the needs of the victim, and what the criminal proceedings look like for the case. Generally, information is given about how the Dutch criminal justice system work (e.g. what happens with the report, what is the difference between a single and a multiple chamber (enkelvoudige en meervoudige kamer) court case). SHN employees also can give advice about what to do when a report or an investigation is dismissed, and whether a victim might make use of their right to speak during the court case. Sometimes the juridical service overlaps with the service for reparations, because a victim can ask for reparations from a perpetrator. A SHN employee also knows what right a victim has in the judicial process (e.g. the right to information and the right to respectable treatment) and

\(^{18}\) Internal documents of SHN (de Lorijn & Wagemakers, 2016; Wagemakers & de Lorijn, 2018).

\(^{19}\) Although often a victims comes across SHN after already having reported the crime
can point them out to a victim. Support is given when a SHN employee goes with the victim to a court case to support the victim, or when they help victims to write down their statement if they want to make use of their right to speak. They sometimes can also be the ones to read the statement out loud in the court room. Slachtofferhulp employees are also involved in the Dutch ZSM\textsuperscript{20} procedure.\textsuperscript{21}

The last service is about reparations. Being able to get reparations might help a victim to get a sense of acknowledgement. Getting reparations can happen in multiple ways. Firstly, there is insurance companies. This can be the insurance of the victim, or the insurance of the perpetrator (depending on if the perpetrator is known). An insurance company can give reparations for both intangible and material damage. Secondly, reparations can happen via different non-for profits. For victims of serious violent crime, schadefonds geweldsmisdrijven (SGM) can give reparations. The SGM can also give reparations to families when the victim passed away or when a victim has serious and permanent physical or psychological damage, and sometimes to witnesses that have diagnosed psychological damage as a result of them witnessing the violent crime\textsuperscript{22} (SHN, n.d.c). On top of the SGM, the Pieter van Vollenhovenfonds (also called noodhulpfonds of fonds slachtofferhulp), can offer emergency support of victims of crime, accidents and disasters. This can be financially but also by providing the victim with a good or service they urgently need (SHN, 2017b). The last way to get reparations has overlap with the juridical service. It is during a criminal court case. In general, the juridical employees of SHN support the victim by writing down the exact damages (both material and intangible) that the victim has as a result of the crime. Sometimes a personal injury lawyer can also take this role. The judge

\textsuperscript{20} This is not a criminal court case. Instead after a report an attorney of the state talks with both the victim and the perpetrator and tries to decide how to punish the perpetrator if they are found guilty. The perpetrator needs to agree with the punishment, otherwise it goes to court. The punishment will never be jailtime, because only a judge can decide on jail time (Jongsma, 2019)
\textsuperscript{21} Internal documents of SHN (SHN, 2017a; Jongsma, 2019)
\textsuperscript{22} Internal documents of SHN (Sessink, 2019a; Sessink, 2019b)
generally decides the amount of money that should be paid to the victim by the perpetrator.23

Lastly, an important part of SHN is management of expectations. This can happen in all of the three services. It basically means that a SHN employee has to tell the victim what is and what is not possible. This is crucial because otherwise the victim might expect something from the organization or the criminal court that simply will not happen, for example, people might expect a suspect to get 10 years in prison while the offense that was committed carries a maximum punishment of 5 years.24

For victim support during the provision of these three services, SHN focuses on two core principles: relying on the resilience (veerkracht and weerbaarheid) of victims and on their self-sufficiency (zelfredzaamheid). This means that during the training of SHN employees, the resilience and self-sufficiency of the victim is highlighted.25 The task of employees in not to take over anything from the victim, but to let the victim act as much as possible, and by doing so, employ their resilience. However, resilience and self-sufficiency differ per individual victim. This means that SHN employees need to make a judgement on a case-by-case basis.

It is also important to address children in this section, seeing as according to COA (n.d.b.), around 15-20% of the asylum seekers are children (under 18). Children might be primary victims themselves, but they can also fall into secondary or tertiary groups. On top of that, SHN does work with families with children. In general, they advise parents how to support young children (below 12 years) that became victimized (SHN, 2017a). SHN supports young teenagers (12-15 years old) with permission of the parents and/or legal guardian and the child, and SHN can support teenagers (16+) without consent of the parent and/or legal guardian but with permission of the child.26

23 Internal documents of SHN (SHN, 2017a; Sessink 2019c).
24 Internal documents of SHN (SHN, 2017a; Wagemakers, 2017).
25 I have undertaken this training myself in the period of December 2017- January 2018.
26 Internal documents of SHN (Hoestra & de Lorijn, 2018).
SHN has their own instruction manual for dealing with asylum seeker victims for employees. This manual mentions the following tips: firstly, asylum seekers might not be able to go to the SHN office, so if possible, try to go to the reception centre (after contacting COA). Secondly, make use of the social network of the victim, sometimes the asylum seekers are difficult to reach, but their contact persons at COA are not. This can only be done with explicit permission of the victim. Thirdly, be careful with a translator. Often someone close to the victim can do the translating, but this might restrain the victim from talking openly. A professional translator can be an option but is expensive. Fourthly, asylum seekers often come from another culture, and might not know SHN. This means that it is vital that the employee provides extra information about the Dutch justice system, and the victim aid in the Netherlands (Slachtofferhulp, n.d.b).
4. Literature review

In order to answer the research questions, this section addresses the literature on multiple subjects. The first section conceptualizes victimization in three different axis and examines its effects. It also considers different risk factors and groups that are vulnerable to victimization. The second section focuses on asylum seekers as a vulnerable group by looking at prior victimization and mental health. Is also briefly addresses asylum seeker victimization in the Netherlands. Overall this review finds that asylum seekers can be a vulnerable group to victimization.

4.1 Victimization

4.1.1. What is a victim?

Considering that victimization is a key concept in this thesis, defining it is crucial. To do so, this thesis uses the field of victimology. The discipline of victimology is meant to study everything that concerns victimization and victimhood. However, as Watts, Bessant and Hil (2008) note, many authors do not define what a victim is, except for the common-sense explanation that crime and violence creates victims. However, this means that crime and violence have to be defined as well. What counts as a crime or violence and what does not? Can you only be a victim if something happened to you that is legally defined as a crime? Can a state victimize people? Depending on who you ask, the answers to these questions might be different.

Watts, Bessant and Hil (2008) and Marsh and Melville (2019) state that answering the question ‘who is a victim’ is inherently political and the answer can depend on different factors like time, place, political views etc. It is political because naming someone a victim, is naming the action committed against them as criminal, and might imply that the victim deserves compensation or other support from e.g. governments. The articles highlight three victimology paradigms and their view on victims. Firstly, the positivist paradigm sees ‘victim’ as a neutral and scientific term and often does not further define it. They mainly use victim surveys to research victimhood, which means that people self-identify as victims. Positivists also focus on how victims can cause their own victimization (Watts, Bessant & Hil 2008; Marsh and Melville, 2019).
Secondly, radical victimology was a response to the aspect of ‘victim blaming’ of the positivists (although the positivists did not think of it that way). It connects victimhood with human rights and social status. Radical victimologists include people suffering from poverty, racism and sexism in their definition of victim, even though those people might not be seen as victims by for example the state. Like the positivists, they also mainly use victim surveys, and are therefore still relying on self-identification, just with a broader definition (Watts, Bessant & Hil 2008; Marsh and Melville, 2019). Some radical victimologists saw capitalism as a big part of causing victimhood, and believed that when socialism/Marxism would take over, crime and thus victims would disappear (Rock, 2007).

The third paradigm is critical criminology and it wants to examine the use of the term victims and its implications. This paradigm does not have their own definition, except to say that the term victim is political and that the state often produces victims by enabling state violence or inequality. They do not work with self-identification and instead want to empirically examine processes so that they can also find victims that do not know they are victims. This could be seen as the currently dominant paradigm in victimology (Watts, Bessant & Hil 2008; Marsh and Melville, 2019; Rock, 2007). Thus, the current term ‘victim’ is mostly seen as a political term in academic victimology studies. This also implies that the term victimization is a political term, since it is deducted from the word victim itself, and could be seen as the occurrence of becoming a victim.

However, some researchers like Lünnemann and Mein (2014) do give a direct definition of what a victim is. They follow Dutch criminal law and establish that a victim is a person (or their surviving relative(s))27 who experiences monetary or other damages directly caused by a criminal fact.28 This report was ordered by the Dutch ministry of safety and justice, and proposes different measures to protect victims from multiple kinds of victimization, and therefore probably needs a clear

27 Nabestaande in Dutch
28 “een persoon (of diens nabestaanden) die als rechtstreeks gevolg van een strafbaar feit vermogensschade heeft geleden of ander nadeel heeft ondervonden” (Lünnemann & Mein, 2014, p. 4)
delimitation of the definition of victim. Secondly Lünnemann and Mein (2014) mention the definition used by the European union:

“‘Victim’ means: (i) a natural person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by a criminal offence; (ii) family members of a person whose death was directly caused by a criminal offence and who have suffered harm as a result of that person’s death” (EUCPN, 2016 p. 8).

The definitions of Lünnemann and Mein (2014) are using illegality as a defining point. If someone suffered something that was illegal, then they are a victim, if not, they are not. Some victimologists might not completely agree with this definition.

4.1.2 The first axis of victimization: distance

On top of the discussion about what a victim is, it is important to understand that there are multiple kinds of victimization. In order to avoid confusion, I have named these kinds axes, and I describe them as follows. The first axis this thesis discusses is about the figurative distance between a victim and a crime. The second axis is about the experience of the victim in the system after being victimized and the third axis is related to repeat victimization. Confusingly however, most of these axes use similar or even the same names for their kind of victimization even though the meaning is different. The three axes are explained in more detail below.

On the first axis, of distance, one can distinguish between three kinds of victimization. Scholars like Letschert (2019) and Alisic, Conroy & Thoresen (n.d.) discuss them. These three kinds are called primary, secondary and tertiary victimization. Primary victimization occurs when someone is personally victimized. Secondary victimization happens when a close friend or a family member is victimized. Tertiary victimization is often prevalent in international crimes and refers the community victimization. In other words, because a member of the community was the victim of a crime (for example a hate crime), the entire community becomes victimized (Letschert, 2019; Alisic, Conroy & Thoresen, n.d). In terms of distance, one can say that the primary victim is the closest to the crime, and the tertiary victim is relatively further away from it, although still affected.
4.1.3. The second axis of victimization: the experience after the crime

The second axis, the experience of the victim after the crime, often bears the name ‘secondary victimization’ in literature (see e.g. Orth, 2002; Herman, 2003; Rock, 2007; Wolhuter, Olley & Denham, 2008; Stretesky et al., 2010; Wemmers, 2013; Lünnemann & Mein, 2014; Mendonça, Gouveia-Pereira & Miranda, 2016; Laing, 2017), even though it is a completely different concept than the secondary victimization discussed above. In order to avoid confusion, I will call this type ‘bureaucratic victimization’ in this thesis. In short, bureaucratic victimisation occurs when victims feel victimized again due to the system. This is most often the criminal justice system but can also be other parts of the system including organisations that are meant to help the victim.

Bureaucratic victimization is a result of victims that look to the system for support and recognition but feel rejected by it. Sometimes this is because of deliberate ill-treatment by the authorities, but not always. Bureaucratic victimization is also impacted by the perceived fairness of the proceedings. This means that if victims feel like the procedures were unfair or if they were not satisfied with the outcome, they are more likely to suffer from bureaucratic victimization. In general most, but not all, research on bureaucratic victimization has been done on victims of sexual crimes (Orth, 2002; Wemmers, 2013).

In the Netherlands, Lünnemann and Mein (2014) stated that bureaucratic victimization could appear in three different sorts: firstly, it could worsen the trauma caused by the victimization; secondly, it could have negative consequences for the trust of the victim in society and the system; and thirdly, it could hamper recovery of the victim. The first, re-traumatization, is more likely with victims of sexual violence, severe violence and/or human trafficking. In order to prevent bureaucratic victimization in the Netherlands, victims have the right to for example, compensation and information. SHN also works to lessen the negative impact of the criminal justice system. In general, Lünnemann and Mein (2014) found that these measures worked reasonably well in the prevention of bureaucratic victimization, although parts of the criminal justice system sometimes forgot to implement them.
Bureaucratic victimization is most often spoken of in the context of the criminal justice system, which is relevant for asylum seekers if they have reported a crime to the police. However, other instances can also cause it. For example, the media, (Marsh & Melville, 2019) or whether a victim is perceived belong to an in-group or an out-group (Leyens & Vala, 2016). This means that if a victim is perceived to belong to an out group by society (which for asylum seekers in the Netherlands might be a possibility), they are no longer perceived as innocent, and instead could face victim blaming or the implication that they deserved what happened. On top of that, bureaucratic victimization can be exacerbated when (family of) victims feel like they are being discriminated against, which also implies that the ethnicity of the victim or family of the victim can play a role (Stretesky et al., 2010). The European Crime prevention Network (EUCPN) of the European Union also has guidelines for protective measures against bureaucratic victimization, based on the experience of the different member states (EUCPN, 2016). They define bureaucratic victimization as:

“Secondary Victimization refers to the Victimization that occurs not as a direct result of the criminal act but through the response of institutions and individuals to the victim. This includes, but is not limited to, not recognizing and treating the victim in a respectful manner, an insensitive and unprofessional manner of approaching the victim and discrimination of the victim in any kind (EUNCPN, 2016, p. 9)”

Note that this definition mentions ‘institutions and individuals’ and it is therefore not purely talking about the criminal justice system.

4.1.4. The third axis of victimization: repeat victimization

The third and last axis is that of repeat victimization (sometimes called revictimization (e.g. Walker et al. (2019), Jaffe et al. (2019))). In this thesis, repeat victimization is understood to describe the phenomenon where the same people get victimized multiple times, following the definition of Lünnemann and Mein (2014). It is sometimes also used specifically to describe that individuals that have been victimized during their childhood are victimized again as adults (Karjane, 2010). Other scholars (Farell, 2010; Grove, 2010) distinguish a broader definition of repeat
victimization. Farell (2010) mentions that it can be used to describe all different kinds of repetition on different dimensions. For example, in the spatial dimension, repeat victimization means that multiple victimizations took place on the same spot (geographically). The definition used in this thesis he describes as repeat victimization in the temporal dimension, namely a repeat of a crime against the same victim. Grove (2010) mentions the narrow definition is “repeated offenses against the same person, household, business, or other target however defined. (n.p.)”. This narrow definition is relatively close to the definition used in this thesis, although this thesis only focuses on the same person. However, his broad definition includes the targeting of individuals, products, businesses or households that are equivalent to the past offence.

When discussing repeat victimization, risk factors are a crucial part of it, since those factors might predict who will and who will not be victimized again, that is, what characteristics do victims have that make them experience repeat victimization? After reviewing the literature, the following risk factors are likely to contribute to repeat victimization: age, gender, relationship with the offender, household, place of residence, income, education level, previous trauma/victimization, migration status, and engaging in risk behaviour.

Age is a risk factor in the sense that younger people generally experience more violence than older people. Children are more at risk for sexual revictimization and for repeat victimization of intimidation and retributive crimes (Gador & Mata, 2003; Van Reemst et al., 2013). Gender can be a risk factor for repeat victimization of property crimes, with men generally being more at risk then women while women were more at risk of repeat victimization after childhood sexual victimization. They were also more at risk for a repeat victimization of sexual- intimate partner- and domestic violence. Having a close relationship with the offender was also a risk factor for repeat victimization of sexual- intimate partner- and domestic violence (van Reemst et al. 2013; Karjane, 2010). On top of that, people that were single or divorced were more at risk of repeat personal crimes, which includes theft from a person by someone else, wounding, robbery and assault. While single parents were more at risk for repeat property crimes. The household someone lives in can also be
a risk factor. For personal crimes, living in a household of more than 3 people was a risk factor while people living alone are more likely to experience repeat property crime (Van Reemst, 2013; Pease and Tseloni, 2014).

The place of residence is important in multiple ways. Living in an urban environment, living in a neighbourhood with a high percentage of 5 to 15-year-olds and a high population density are all risk factors for property crime. On top of that, the type of housing can be a risk factor with both people living in town houses and people living in social housing more at risk. If a household makes over 30,000 pounds a year, then that also increases the risk of repeat property crime. This income also made experiencing personal crime more likely (Pease and Tseloni, 2014). On the other hand, having a low income had a heightened risk for violent crime and having a low socio-economic status also contributes to repeat victimization of sexual- intimate partner- and domestic violence. The education level can influence repeat victimization in multiple ways. Firstly, a low education level can lead to a higher risk for sexual, domestic, or intimate partner violence (van Reemst et al., 2013) and to more risk for repeat victimization in general (Gador & Mata, 2004). However, having a university degree might actually heighten the risk for property crime (Van Reemst et al., 2013).

Pease and Tseloni (2014) and van Reemst et al. (2013) also mentioned that having experienced victimization is an indicator of risk for repeat victimization. On top of that, according to Jaffe et al. (2019) having experienced interpersonal trauma is a significant predictor of future interpersonal trauma, while non-interpersonal trauma is not. Additionally, if someone experiences PTSD as a result of their trauma, the PTSD also increased the likelihood for future interpersonal victimization significantly. Someone’s migration status can also be a risk factor. According to van Reemst et al. (2013), people that are undocumented or recently migrated to the Netherlands have a heightened risk (the authors do not elaborate on this any further). The last risk factor is engaging in risky behaviour. For example, drug or alcohol use or offending are risk behaviours. However, if people stopped engaging in risky behaviour, they had a smaller chance to become revictimized in comparison with people that did not stop engaging in the behaviour. This outcome is based on
the data of a 7-yearlong study of juvenile offenders in the USA (Turanovic, Pratt and Piquero, 2018). Iratzoqui (2018) adds an extra link in the chain, saying that that adverse experiences in childhood could possibly lead to repeat victimization, because people might start engaging in risky behaviour to cope with the negative emotions they experience because of childhood maltreatment.

4.1.5. Effects of victimization

This section briefly examines the effects that victimization might have on people according to the literature. It is important to note that not all individuals react the same when victimized. In fact, circumstances might be very similar and the reaction might still be very different. This section therefore is not meant to predict how victimization makes one react, but to point out reactions that are likely to happen. This section firstly gives an overview of why stress symptoms appear after victimization, then it touches upon social support and lastly, fear of crime and coping mechanisms.

The reason why victimization has an impact on people is because their self-image and idea of the world are disturbed; this is also called their social reality. In this social reality, the world is a safe and just place and people feel generally that they cannot be harmed. Becoming a victim shattered this social reality and the feelings of safety that victims had before the crime. This causes a negative reaction which manifests through stress symptoms (Russo & Rocatto 2012; Rühs, Greve & Kappes, 2017). These symptoms manifest in different dimensions, namely the psychological, physiological, financial and social (Rühs, Greve & Kappes, 2017).

The psychological reaction to victimization can be divided into three different reactions: the immediate reaction, the short-term reaction and the long-term reaction. The immediate reaction occurs in the first few days/weeks after the crime and includes feelings of disbelief, numbness, disorientation and denial. During this phase, a victim might experience physical reactions like nausea, headache, sleeping problems and nightmares. During the short-term reaction (between 3 and 8 months) the victim often experiences stress symptoms like anger, fear, anxiety, embarrassment, humiliation, a desire for revenge against the perpetrator, hyper
vigilance and having flashbacks. These feelings fluctuate and victims can experience mood swings. On top of that, victims can experience a loss of self-respect, feelings of self-blame, increased substance abuse and (sometimes) the loss of relationships with others. In the long-term reaction (6-12 months), victims generally regain their sense of self and feelings of safety. However, sometimes emotions like fear, anxiety, anger and self-blame do carry on in the long term and might have a lasting impact on the victim’s life (Frieze & Hymer, 1987; Orth, Motada and Maercker, 2006).

Shapland and Hall (2007) mostly confirm Frieze and Hymer’s (1987) findings. They also did a review of the research to find out what is known about the effects of crime on victims. They mention that direct effects of a crime on a victim are: loss of faith in society, shock, fear, anger and depression, sleeplessness and feelings of guilt. On top of that, victims sometimes have to deal with physical injuries as well, with financial loss or with changes in their lifestyle (often to avoid becoming victimized again). Lastly, most victims will develop a different risk assessment about becoming victimized again. Almost all these effects can also be experienced by the secondary and tertiary victims. They also mention that if a crime was more violent, the effects tended to last longer. They found that physical effects influenced the emotional effects, and the other way around. For example, someone that could not work for a long time due to the physical effects, also felt the emotional effects longer and sometimes even more strongly. Amstadter and Vernon (2008) also found that most victims experience guilt and shame, fear, anger and sadness, but that for sexual assault the emotions increased over time. On top of that, people that experienced violent crime or sexual assault reported feeling the same strength of emotions during and after the event, while the other groups felt the emotions more strongly during the event only.

Although there is psychological distress after victimization, and victimization might be a traumatic experience, victims generally do not become traumatized (Alisic, Conroy and Thoresen (n.d.)) and Kunst and Koster (2007) found that 10-25% of victims
develop PTSD. Development of PTSD also relies on the type of crime someone was a victim of. When a victim does not get recognition of their suffering, they are more at risk of developing psychological problems as a result of the crime. Not receiving recognition might lead to heightened negative self-attribution of the victim such as self-blame and anger at themselves for failing to prevent the crime. This can then lead to more psychological distress. This is summarized in fig. 4.

Social support can play an important role in maintaining the well-being of victims, for example by giving recognition. It can also include being a listening ear, provision of company and giving victims a sense of self-worth, and is often done by family members, friends or loved ones. An important distinction in social support is perceived and received support. Received support relates to what support was provided, while perceived support is the victim’s experience of the social support. These two do not always match. Perceived social support has a negative relation with feelings of anger of the victim and received social support can decrease anxiety (Green & Pomeroy, 2007).

In their longitudinal research, Russo and Roccato (2012) specifically focused on the link between victimization and fear of crime. They found that the duration of the fear differed per type of crime. On top of that, bureaucratic victimization and repeat victimization increased fear of crime in the future, although they had a smaller influence than a first-time victimization. Rühs, Greve and Kappes (2017) add that fear of crime comes from a loss of control experienced during the crime. They examined the relationship between coping mechanisms, depression symptoms and
the fear of crime and established that having coping mechanism reduced the fear of crime people felt in comparison to people that did not report having those coping mechanisms. In addition, coping mechanisms acted like a moderator between the relationship of fear of crime and depressive symptoms.

4.1.6. Vulnerable groups to victimization

Before briefly looking into the different groups that might be vulnerable, it is important to understand the term ‘vulnerability’ with regards to victimization. Green (2007, p. 92) defines it as follows: “vulnerability is often used to express the level of risk posed to certain groups or individuals”. With this, he means that vulnerability is the likelihood that a group or an individual might experience crime. Furthermore, the term vulnerability is also meant to indicate the level of harm a victim might experience when victimized, with a high vulnerability meaning a higher chance of getting a higher level of harm. A level of harm refers to the consequences and the impact of the crime and does not have to be purely physical. He proposes to use the axis of vulnerability to examine the vulnerability of a group/individual (see fig. 5). It is important to note that Green (2007) also sees vulnerability as a political term that can be used to frame situations in a certain desirable way. It is important to note that most other authors discussed in this section often define vulnerability by looking at risk, and not at harm (McDonald, 2018; Aihio et al., 2017).

![Axis of vulnerability](image)

*Fig. 5 axis of vulnerability (Green, 2007 p. 92)*
However, measuring risk and harm might not be easy, since risk might vary per form of victimization (e.g. people that might be at risk for violent crimes are different then people that might be at risk for being victims of a break-in). On top of that, harm can also refer to for example psychological suffering, which could be difficult to measure and compare to other kinds of psychological sufferings. Green (2007) also mentions that there might be a societal expectation as to how someone reacts to being a victim, and that that might also influence how victims express harm and impact of the crime. Even with these limitations, Green (2007) identifies a few groups that could be considered vulnerable to crime. He mentions young people between 16 and 24 (high risk, low harm), women (high risk, high harm), minority groups (high risk, high harm) and people with a low social-economic status (high risk, unknown harm).

Other scholars also found factors like mental health and disability, being unemployed, being socially marginalized, having a different sexuality (then heterosexual) and being religious. On top of that, things like age (between 15-24 and being an elderly person), gender (men were more likely to have been victim of violence or vandalism, women of sexual crimes), living in urban neighbourhoods, mental illness and immigration status also made people more vulnerable (Aihio et al., 2017; Akkermans, 2017; McDonalds, 2018). However, crime type did have an influence on vulnerability, that is, different people are vulnerable for different types of crime.

The last two factors, mental illness and immigration status can be important to this thesis because all asylum seekers are immigrants, and they might have a higher prevalence of mental illness then non-asylum seekers (see 4.2.) Firstly, many scholars mention that people with mental illness have a higher risk of victimization and repeat victimization (Gottfredson, Reiser, & Tsegaye-Spates, 1987; Goodman et al., 2001; Teplin et al., 2005; Eisenberg, 2005; van Reemst, 2013; Teasdale, Daigle & Ballard, 2014, Aihio et al., 2017). Taesdale, Daigle and Ballard (2014) also mention that there is a significant difference in repeat victimization trajectories when comparing people that have depression or substance abuse disorders and people that have a manic or schizophrenia spectrum disorder. Both the prevalence and the
amount of time between the victimization differed. To research immigration status as a factor, McDonalds (2018) conducted a meta-analysis of victimization surveys on the criminal victimization of immigrants and found that being an immigrant also increases the risk of victimization. He found that immigrants might not be able to find the resources needed to help cope with their victimization. This lack of knowledge might possibly lead to a high harm as well.

4.2 Asylum seekers: a vulnerable group?

4.2.1 Their previous experience and mental health

As mentioned in 4.1.6, mental health can be a risk factor for being victimized. On top of that, section 4.1.4 mentions that having a migration history, and having experienced traumatic events in the past, heightens the risk for repeat victimization. For asylum seekers, the migration history is a given, but whether asylum seekers experience more mental health issues than average, or whether they are more likely to have experienced traumatic events, has to be researched.

There is evidence that the prevalence of mental health issues and trauma is higher than average among asylum seekers (Silove, 1999, 2004; Drozdek & Wilson, 2014; Gerritsen et al., 2006; Alisic & Kartal, 2019). These studies give multiple reasons or factors that might explain why this prevalence is higher. Firstly, asylum seekers might have been exposed to prior trauma in their country of origin or during their transfer. For example, they might have been exposed to torture, gross human right violations, death of family members, war, threats to their life and/or serious injuries, human trafficking, sexual abuse, physical abuse, persecution terrorism emotional and economic manipulation, forced domestic servitude, legal uncertainty,29 high risk working conditions, extortion and (political) violence (Silove, 1999, 2004; Alisic & Kartal, 2019; Drozdek & Wilson, 2014; Zimmerman, Hossain & Watts, 2011; Reitano & Tinti, 2015). Asylum seekers can thus suffer from PTSD, depression, anxiety, substance abuse, developmental arrest, dissociative disorders

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29 Individuals in the hands of human traffickers might not be able to travel legally anymore, since the traffickers sometimes confiscate travel documents. This might lead to a dependency on the trafficker and a vulnerability.
and disorders of extreme stress (DES). The latter is especially relevant because people with DES are extremely sensitive to disturbances in their perception of personal safety and justice. Since being a victim of a crime impacts the perception of personal safety and justice, this could suggest that asylum seekers are more vulnerable to the effects of victimization (Silove 1999, 2004; Gerritsen et al., 2006; Alisic & Kartal, 2019; Zimmerman, Hassain & Watts, 2011). Some authors also mention specific percentages for the mental illnesses, for example, Alisic & Kartal (2019) mention that 15-31% of refugees have PTSD and 17-31% depression, while Silove, 2004 mentioned that between 15 and 47% of refugees have PTSD.

There are also other factors that can exacerbate the symptoms that asylum seekers might suffer from, such as a loss of a social network and family, the stress of the asylum procedure, a swift change in social status (compared to their home country), decrease of socio-economic status, cultural differences, loss, racism, language barriers and worries about family in the country of origin (Silove, 2004; Keynauert, Vettenbrug & Temmerman, 2012; Drozdek & Wilson, 2014; Alisic & Kartal, 2019). It is of course important to keep in mind that not all asylum seekers will be traumatized, but if they are, these factors could aggravate the trauma.

In the Netherlands, Gerritsen et al. (2006) researched the physical and mental health of 232 asylum seekers and 178 refugees of Afghani, Iranian and Somali descent. Their study demonstrated that especially Afghani and Iranian asylum seekers had a high risk of PTSD, depression or anxiety. On top of that, being a woman was also associated with chronic physical health conditions and PTSD, depression or anxiety. Asylum seekers were also likely to score higher on chronic physical health conditions and mental conditions like PTSD, depression and anxiety than refugees. The researchers explain this difference by saying that asylum seekers generally had more time to participate in the study than refugees. They did mention that the asylum seekers had been told that what they told the researchers would not have an impact

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30 During the asylum procedure, asylum seekers have limited legal rights and thus cannot participate in day to day life. This might be harmful to their sense of self and might retraumatize asylum seekers further (Drozdek & Wilson, 2014)
on their asylum claim, which could have prevented them from exaggerating. The COA (n.d.b.) mentions on their website that many asylum seekers have been through a lot, but that that does not meant that they have been traumatized or are inherently vulnerable. They also mention that asylum seekers that are traumatized have access to mental health care.

4.2.2 Asylum seekers and victimization after arrival in the Netherlands

For their research, Keynauert, Vettenbrug and Temmerman (2012) conducted 223 interviews with asylum seekers in the Netherlands and Belgium. They found that most asylum seekers (three quarter) either had been victimized or knew someone that had been a victim of sexual and gender-based violence (SGBV) since arriving in Europe. The most common crime that caused victimization was (gang) rape. Other crimes that were reported were sexual harassment, sexual abuse and sexual exploitation. The victims suffered emotional-psychological consequences like feeling depressed and distrustful of others. Socio-economic consequences included consequences like a loss in social support and network, especially when other asylum seekers heard about their victimization. They also suffered from physical consequences and sexual and reproductive consequences. These consequences include, among others, bruises, loss of consciousness, contraction of STI’s, permanent injuries (sometimes with death as a consequences), unwanted pregnancy and miscarriage due to violence. Many victims did not report this to the police (they could still have reached SHN by calling them, but most of the victims reach SHN through the police). Their research mainly focussed on the prevalence of victimization and on the effects of victimization while this thesis has a focus on providing victim support to asylum seekers and comparing asylum seekers with non-asylum seekers.

4.3. Sub conclusion

Firstly, it is important to note that the word victim is a political concept in and of itself. This means that labelling someone a victim is a political statement in some ways. Becoming victimized does not always lead to trauma, but it can generally lead to stress symptoms in the short term. Sometimes it might cause serious trauma like
PTSD or depressive disorders but that depends on many factors like the personality of the victim or the circumstances of the crime.

4.3.1 Question 1: The needs of asylum seekers

The literature suggests that asylum seekers might be a vulnerable group. Firstly, asylum seekers might have a traumatic past that other victims might not have. They also have a higher prevalence of mental illnesses and there are a number of factors that could exacerbate the symptoms of those. Possibly, these factors could also influence the effects of victimization negatively. It also might be the case that some asylum seekers have experienced bureaucratic victimization due to the truth-finding part of the asylum procedure, especially if those proceedings are not perceived as fair. However, more research needs to be done about this. Like all victims, asylum seekers are expected to have needs in the physical, psychosocial, social and financial/juridical needs, but it is unclear how their circumstances influence these needs.

4.3.2 Question 2: Tailoring victim support to asylum seekers

Asylum seekers have a right to victim aid in the Netherlands when they have been a victim of a criminal fact. This aid is offered through the Slachtofferhulp Nederland organisation. However, there is still the question of how many of asylum seekers victims reach SHN. Secondly, it is unclear how asylum seekers experience the aid that was provided by SHN. This means that with regards to this question, more research should be done.
5. Asylum seekers as a victim group in the Netherlands

This chapter analyses data collected through multiple interviews with respondents from SHN and other experts. It is divided into three sub chapters. The first chapter describes victimization of asylum seekers: in their country of origin, during their transfer and in the host country. This chapter is meant to give the background necessary to answer the research questions. The second chapter focuses on the differences between asylum seekers and non-asylum seekers, by examining different factors that play a role and how those factors influence the needs of asylum seekers. This chapter’s main focus is on answering the first research question. The third chapter examines areas of interest for SHN to tailor towards the needs of asylum seekers. In this way, it attempts to answer the second research question.

5.1 Victimization of asylum seekers

This section is divided into three parts, namely victimization in the country of origin, victimization during the journey and victimization in the host country. Victimization here is used in the broader definition, meaning that it does not necessarily have to be as a result from a criminal fact, but can also be caused by other factors like the asylum procedure. Specifically, the stress that is caused due to the procedure and the psychological effect of that is considered victimization by some. It is important to note that SHN only supports people that have become victims of a criminal fact. This means that some of the victimization discussed in this section is not considered part of the target group of SHN. However, it is still crucial to discuss it, because it might still influence the impact of victimization of a criminal fact (see 5.2.2). For this section it is essential to mention that this information is secondary data, in the sense that it comes indirectly from asylum seekers, because the respondents mention what they have been told. Sometimes, the asylum claim may rely on this, which means that asylum seekers may benefit from presenting a situation in a certain way that would lead to them getting a residence permit. However, there is no way to fact-check this. This is a clear limitation of this study.
5.1.1 Victimization in the country of origin

Victimization in the country of origin can be caused by an individual situation, like domestic violence, or a broader more nation-wide situation like for example war. Not all victimization is necessarily connected to the asylum claim.

The victimization in the country of origin described by the asylum seekers included gender-based violence, assault, political violence, religious violence, violence because of the sexuality or gender of the asylum seeker, rape, detention, torture and humiliation. Both R1 and R3 described the experience of two homosexual men from Egypt, one who saw his friend get shot, and another that was detained in Egypt because of his sexuality. R1 also mentioned that he has spoken to a transgender person from China who had to flee because he was being mistreated in China. Other times in the interviews, the traumatic experiences that asylum seekers might have gone through were unspecified, or respondents only mentioned that asylum seekers had had traumatic experiences in the country of origin.

Not all victimization has to be direct, as E1 explained:

“IT does not always have to be direct victimization, but it can also be indirect, people sometimes forget that. If you think about something that happens to your parents, or your uncles and aunts and your cousins and your siblings, that is also victimization.”

This indirect victimization would fit on the distance axis of victimization, as mentioned in 4.1.2. E4 confirmed that especially children of asylum seekers might experience indirect victimization.

5.1.2 Victimization during transit

Overall, the asylum seekers described in the interviews have reached Europe in multiple ways. They were smuggled through the Balkan route, the Mediterranean route or through Libya, or they took a flight to Europe. Some also were trafficked (E4, E5, R4). The victimization of asylum seekers might be dependent on the route and whether they were smuggled or trafficked. E4 mentioned that for the people
that arrived by plane (in the UK), victimization during the journey did not happen. Those that arrived over land or over sea also did not get victimized during the journey, although they were fearful of it. E5 mentioned that the victimization depended heavily on the route that asylum seekers might have been smuggled through. Especially the route through Libya was dangerous and could lead to traumatic experiences. Some respondents also described asylum seekers that had been trafficked. R4 and E5 both mentioned sex trafficking and exploitation in Italy of Nigerian women as victimization.

5.1.3 Victimization in the host country

This section is divided up in two parts: the first part very briefly describes the crimes that asylum seekers might have experienced in the Netherlands, and the second part goes more into detail about the impact of the asylum seeker procedure. Asylum seekers in the Netherlands that reached SHN were a victim of the following criminal facts: assault, threat with a gun, verbal threats, burglary, violence because of their gender identity or sexuality, threatened by an ex, sex trafficking, fraud, armed robbery and sexual assault. All these facts occurred in the Netherlands except for the sex trafficking, which happened in Italy. However, the victims did reach SHN, and SHN can offer psychosocial support to people that experienced a crime outside the Netherlands.

Most of these crimes might have happened to anyone and are not specific for asylum seekers. The exception being sex-trafficking, which could be a more unique problem faced by migrants because it often involves entering another country (although not always). This could suggest that the crimes that asylum seekers face in the host country are approximately the same as the crimes anyone in the host country could face. The seriousness of the crimes encountered also varied. Some crimes like armed robbery or sexual assault might be perceived as more serious than other crimes like fraud.

Several respondents also consider the asylum seeker procedure itself as a traumatic experience (E1, E2, E3, E4, E5, R1). They mentioned that the stress asylum seekers can encounter during the procedure could occur because they have no privacy, they
might feel they are disbelieved, they might face discrimination, they have a low socio-economic status, they live in reception centres with a lot of different people and because they might not have activities to fill their days. Of these, being disbelieved is particularly remarkable. Respondents mention that, according to them, the system often does not give any form of acknowledgement of the suffering of asylum seekers, and that retelling experiences while being disbelieved could increase the vulnerability and the risk of re-traumatization, this could be similar to bureaucratic victimization.

All in all, both the first and the second axis of victimization that are mentioned in the literature (Alisic, Conroy & Thoresen, n.d; Leyens & Vala, 2016; Marsh & Melville, 2019) can be recognized in what was discussed by the respondents, although the second axis, bureaucratic victimization, is generally discussed in the literature with the criminal justice system in mind (Orth, 2002; Wemmers, 2013; Leyens & Vala, 2016; Marsh & Melville, 2019). However, both the criminal justice system and the asylum seeker procedure share similarities like a search for the truth and having to cope with victims that might be traumatized (if indeed they are victims). This could indicate that it is important to do further research on bureaucratic victimization in the asylum seeker procedure.

5.2 Differences between asylum seekers and non-asylum seekers

This section critically examines the differences between asylum seekers and non-asylum seekers on two aspects: firstly, factors that can influence victimization and the impact thereof in 5.2.1, and secondly, the needs that asylum seekers have due to these differences in 5.2.2. The first section aims to find out which factors might be different in the group with asylum seekers compared with non-asylum seekers, and how that can influence the impact of victimization. Firstly, it gives a brief clarification on the factors influencing the impact of victimization, and then it examines both victimization factors and impact factors, with an emphasis on the latter. The second part of this section then checks how these differences in factors can influence the needs of asylum seekers. It is divided into four subsections that address the psychosocial needs, the social needs, the financial/juridical needs and the physical needs of asylum seekers, compared to non-asylum seekers. It is crucial
to keep in mind that both the factors and the needs depend on the individual asylum seeker. This section therefore does not try to give an overall generalizing statement, instead it examines possible areas of interest that should be researched more in the future and takes an exploratory stance.

The figure above gives an overview of the relation between asylum seekers, victimization and impact. Firstly, victimization is influenced by the victimization factors. Victimization factors can have an influence on the prevalence of victimization and on what kind of victimization someone might face. The other factors, the impact factors, have an influence on the relation between the victimization and the impact. Factors emerging from both the interviews and the literature were the culture someone is from, gender, coping strategies, the availability of resources, childhood, personality traits (e.g. do they have a positive outlook on life or not), age, prior trauma and mental illness, perceived social support, acknowledgement, as important impact factors. These factors can be exacerbating or mitigating and receiving victim aid should be a mitigating impact factor.

The differences between asylum seekers and non-asylum seekers with regards to these factors were briefly discussed in the literature review (4.2). Firstly, asylum seekers might have a higher prevalence of mental illness and a higher likelihood of
having experienced trauma. Secondly, asylum seekers have a decreased socio-economic status, and a smaller amount of social support. Thirdly, asylum seekers are going through the asylum procedure, and non-asylum seekers are not. For this thesis, the impact factors are of particular importance because the victimization factors influence the crime and the likelihood of being victimized, and not what happens after the victimization. However, some factors can be both a victimization factor and an impact factor. For example, people that have experienced victimization are more likely to experience victimization again, this is thus prior victimization as a victimization factor. However, prior victimization can also have an influence on the impact of the current victimization. Thus, it is important to realise that these two are not as separate as they might seem.

5.2.1 Victimization factors

The literature review (4.2.3 and 4.2.5) already mentioned a range of victimization factors namely: age, gender, relationship status, household status, place of residence, education level, previous trauma/victimization, migration status, risky behaviour, being part of a minority, low socio economic status, mental illness, disability, sexuality, religion, immigration status and living in an urban environment. This section only briefly examines the two victimization factors that were mentioned by the respondents. E4 and E5 mentioned gender as a victimization factor, because it might influence what kind of victimization someone might suffer. Men are generally more likely to suffer from violence, and women are more likely to suffer from sexual violence. Age was also mentioned by them; generally adult asylum seekers faced direct victimization while asylum seekers that were minor tended to be indirect victims.

5.2.2 Impact factors

This section is divided into two parts. The first section discusses individual impact factors like gender, coping strategies, personality traits and childhood. The second section focuses on the impact factors that can be significantly different in both groups. In this section, the impact factors that will be discussed are culture, prior trauma, (perceived) social support, the effect of the asylum procedure, and mental
illness. It is important to note that the division can sometimes be vague rather than clear. For example, the effect of culture for example cannot be attributed fully to being an asylum seeker, but it is a factor that regularly comes up in the literature and interviews.

5.2.2.1 Individual impact factors

Impact factors that are not different between asylum seekers and non-asylum seekers are gender, coping mechanisms, personality traits, childhood, and resilience. The reason why these are not different is because these are individual differences. The first impact factor, gender, has an influence on feelings of social security, especially in combination with the culture someone is from (R5, E2). It can also have an impact on society’s perception of a victim (Wakelin & Long, 2002; Davies, Rogers & Whitelegg, 2009; Jävergi and Svensson, 2015). This is especially true in cases of sexual assault. Coping mechanisms are a second important impact factor. There are mature and immature coping mechanisms. The immature mechanisms do not help the body and mind process trauma, while the mature ones do (E4, E5 and Rühs, Greve & Kappes, 2017). Personality traits is a third impact factor. Someone’s outlook on life and their reaction to trauma depends on their personality. Childhood is the fourth impact factor that is dependent on individual circumstances. Childhood experiences have a profound effect on the impact of victimization (E4, E5). For example, E4 mentioned that a Pakistani woman was brought with the belief “that children and girls should be quiet, and they don’t have feelings”. This belief then influenced how she handled trauma as a woman. This example shows that the different factors are interconnected. Childhood, gender and culture all play a different role. The last impact factor that needs to be discussed is the resilience of an individual. Different respondents (E1, E2, E3, R1, R2, R3, R5 and R6) all mentioned that resilience differed per individual and depends on factors such as education, social network, mental health, etc.

5.2.2.2 Different impact factors between asylum seekers and non-asylum seekers

This section discusses the impact factors of culture, available resources, prior trauma, perceived social support, acknowledgement, and mental illness. All of these
Impact factors could be different in asylum seekers, compared to non-asylum seekers.

Culture

The effect of culture as an impact factor was mentioned by multiple respondents. Culture has an effect in multiple different ways. Firstly, coming from a culture that shames people that have been victims of sexual assault or rape, might make the impact of the victimization worse for the victim, because they also have to face the disapproval from their peers and they might lose social support. Secondly, culture has an influence on your feelings of personal safety. For example, E4 spoke to two Pakistani female teenagers. Due to their culture and upbringing, they were not used to being around men, and thus they did not feel safe in the accommodation that was shared with the other gender. Thirdly, culture can influence how someone might receive and perceive victim support or psychological support. E5 pointed out that in some cultures, it was not considered normal to talk to someone about what had happened to you, and how that made you feel. R6 also mentioned that victims that he had spoken to from a non-western background were often reluctant to talk about their feelings. The question remains whether this interferes with the giving of support or not. It is also important to note that not all asylum seekers come from the same cultural background, and that there are also non-asylum seekers that come from non-western backgrounds. This is therefore a difference, but it is not unique to asylum seekers.

Available resources

The available resources for aid and support after victimization, and knowledge thereof, can significantly differ between asylum seekers and non-asylum seekers. However, the resources are important as an impact factor because they may determine how much (professional) help someone can reach. Firstly, it is crucial to point out that asylum seekers might not have the same knowledge of the available resources in comparison with non-asylum seekers (R1, R2, R3, R4, R5, E4). This might mean that asylum seekers do not always know where to turn to when asking for support after a victimization. On top of that, the systems that give support might be
ignorant about whether they are allowed to support asylum seekers, or which facilities exist to support asylum seekers that they can refer them to (R2, R3, R4, E4). On top of that, some respondents (E5, E3, R1, R5) mentioned that asylum seekers were given emotional support in the reception centres (or could seek it out), while others said that asylum seekers were not given the emotional support they might need (E2, R2, R3). This might thus also differ per location of the reception centres. Lastly, there might often be a cultural stigma attached to seeking (psycho-emotional) support (E5).

Trauma

Trauma is another important impact factor. Firstly, it is important to note that trauma depends on the experiences of the individual. This means that both non-asylum seekers and asylum seekers can have experienced trauma. However, it is still different between the two groups when viewing the general picture. Gerritsen et al. (2006) found that asylum seekers had a high risk of PTSD, depression or anxiety. Drozdek and Wilson (2014) mentioned that there were multiple factors that could contribute to asylum seekers having trauma, that were not present with non-asylum seekers. E2 and E5 confirmed this. Notably, they stated that in their experience, almost all asylum seekers had experienced some form of trauma. Thus, both the literature and the respondents indicate that prior trauma might be more prevalent in the asylum seeker group, although it is not guaranteed that all asylum seekers have experienced it.

On top of that, respondents (E1, E2, E3, E4, E5, R1, R2) suggested that the asylum procedure, can also be perceived as traumatic or as extremely stressful, the literature confirmed this (Keynauert, Vettenbrug & Timmerman, 2012; Silove, 2004 and Drozdek & Wilson, 2014). The respondents indicated that asylum seekers suffered from stress symptoms like fear of being sent back, insecurity, sleeplessness, frustration, emotional instability and fear for their personal safety. This means that asylum seekers can have multiple stressors going on at the same time. Firstly, the traumatic experiences they may have had due to prior victimization in the home country or during transfer and secondly, the stress that they might feel from the asylum procedure. But what is the effect of this accumulation of trauma that might
happen when someone is also a victim of a criminal fact in the Netherlands? The respondents (E2, E3, E4, E5, R5 and R6) mentioned that asylum seekers used the following reasoning: they had finally arrived in a safe country, and now something happened to them again, while that should not have happened in this safe country. This shows similarities with the articles of Russo & Rocatto (2012) and Rühs, Greve & Kappes (2017). A person with prior trauma comes from an unsafe world, then reaches a (perceived) safe world, and then that second world also turns out to be unsafe. However, it is unclear whether this repeat victimization has a more intense decrease in feelings of safety then single victimization. Other aspects that respondents mentioned that could be caused by an accumulation of trauma are: a change in resilience (can be positive or negative), traumatization, a negative effect on integration and lastly, that it makes the stress overall worse. However, R3 did caution that it can be difficult to attribute an exacerbation of already existing symptoms to one single cause.

Social support

Social support is a crucial part of recovering from victimization. Studies have demonstrated that if the perceives to receive social support, it might have a mitigating effect (Green & Pomeroy, 2007). Social support is a multifaceted component. It is affected by the asylum procedure and it can impact the effect of victimization positively and negatively. Social support demonstrates that the factors that are mentioned in this thesis are also affected by each other, on top of the effect the factor itself has. A social network can exist out of family, friends, colleagues, a diasporic community, and a non-diasporic community. Respondents mentioned that social support is a component where asylum seekers might differ significantly from non-asylum seekers.

The first reason for this difference is that asylum seekers in the Netherlands live in a reception centre. Because they are not living in the Dutch community, it might be the case that they have more difficulty connecting to the community and making friends. It also means that they have to form relations with the other asylum seekers that are living in the reception centre. The respondents mentioned in reception centre, people generally tried to form a network with people of their own
nationality. Both Ogaeri (2015) and Boer (2015) confirmed that unaccompanied minor asylum seekers (UMAs) in the Netherlands attempted to do so. Their social network existed mostly out of other UMAs and out of buddies (often volunteers) and aid workers. Respondents mentioned that asylum seekers found a community after getting a residence permit and left the centre. The second reason for the small networks, was the fact that asylum seekers could not work, so they do not have colleagues to form a social network with. However, Weeda, van der Linden and Dagevos (2018) mentioned that nowadays there are activities organized in reception centres that can help asylum seekers with social contact, even if they do not have work. The third reason is that asylum seekers are moved a lot during the process. This meant that even if someone managed to get a social network within a centre, if they their network were moved around, the network dissolved. This is also mentioned by Weeda, van der Linden and Dagevos (2018). Lastly, asylum seeker are immigrants, which means that they left their social support network in their home country. Thus, they cannot rely on family for example, because they might still be in the home country. All in all, the respondents and the literature mentioned that asylum seeker are socially isolated while non-asylum seekers (generally) are not (E1, E2, E4, E5, R1, R2, R3, R5, R6, Mooren & Schoorl, 2009).

Mental illness

The literature and respondents both stated that asylum seekers might have a higher prevalence of mental illnesses like PTSD, depression, anxiety disorder, disorders of extreme stress, chronic burnout and suicide than non-asylum seekers (Silove, 1999, 2004; Gerritsen et al., 2006; Alisic & Kartal, 2019, E1, E4, E5) or have more risk factors that are associated with trauma, like loss of social status and network, loss of their home and home country and loss in socio-economic status (Drozdek & Wilson; Alisic & Kartal, 2019). Silove (1999) also mentioned that some of the mental illnesses that are prevalent among asylum seekers can disturb the perception of personal safety, just like victimization. It could thus be the case that asylum seekers are more vulnerable to the effects of victimization with regards to their perception of personal safety.
Mental illness is both important as a victimization (see 5.2.1.1), and an impact factor. As an impact factor, some authors suggest that the effect of mental illness can worsen the impact of victimization (Gottfredson, Reiser & Tsegaye-Spates, 1987; Perron et al., 2008) Perron et al. (2014) studied homeless people that were victimized and how that victimization impacted their mental health. They found that physical victimization could lead to lower levels of perception of personal safety. The perception of safety was a mediator between victimization and depression. Non-physical victimization was positively associated with depressive symptoms. However, more research is still needed about mental illness as an impact factor and specifically on the population of mentally ill asylum seeker victims.

Overlap between impact and victimization factors

Crime and trauma are an individual experience, and many of the victimization and impact factors overlap or influence each other. The following example of R3 demonstrates this.

“Recently I had a client from Egypt, and he was homosexual, and he lived in the reception centre. He got into contact with a guy via Grindr. This contact did not go as that guy expected so he send all kinds of pictures of him [the asylum seeker] to his family in Egypt. This caused his brother to threaten him via Facebook, like ‘you never have to go back to Egypt because I will kill you’ etc.”

This case might have been very different if this person was not gay or if he was not from Egypt, or if his brother/family had different ideas about whether it was right or not to be homosexual. So, although the crime might be the same (sending (compromising) pictures to someone’s family) the result, (the victim getting death threats from his brother) might have been very different. Generally speaking, all of the aforementioned factors are interconnected, and together they make up a person, but they cannot be separated out easily.
5.2.3 *The needs of asylum seeker victims*

This section examines the needs of asylum seekers with regards to four different categories, namely the psychosocial needs, the social support needs, the financial/juridical needs and the physical needs of asylum seekers. It mentions when and where these needs might differ between asylum seekers and non-asylum seekers and what might be done by SHN or other actors in order to accommodate these differences. However, because these results are based on non-random sampling it is important to view them as a possible indication of a difference in need. More research needs to be done in order to fully understand the differences in needs.

5.2.3.1 *Psychosocial needs of asylum seekers*

All in all, respondents mentioned that the first psychological aid that SHN offered can sufficiently support asylum seekers’ psychosocial needs, because those needs are not necessarily different from those of non-asylum seekers after a criminal victimization. Nonetheless, there are a few factors that should be considered with regards to the psychosocial needs of asylum seekers. Firstly, the asylum procedure and how that affects the occurrence of stress symptoms in asylum seekers. Secondly, possible prior trauma and the effects of that on the psychosocial needs and stress symptoms. Thirdly, the role of culture in determining the psychosocial needs of asylum seekers.

Firstly, as mentioned in 5.1.3. the asylum procedure is often stressful, multiple respondents (E1, E3, E4, E5 and R1) pointed out that the asylum procedure can lead to stress symptoms like sleeplessness, fear, feelings of frustration, insecurity and emotional instability. On top of that, it might even lead to suicidal thoughts or (attempted) suicide. Some of these are also part of the stress symptoms that are mentioned by SHN like fear, insecurity, emotional instability and sleeplessness.31 This means that asylum seekers already experience stress symptoms before the criminal victimization, unlike non-asylum seekers. Thus, asylum seekers might stay

31 Internal documentents, de Lorijn & Wagenmaker, 2016
in at a high stress level before, during and after criminal victimization, while non-asylum seekers might only experience these stress level during the criminal victimization and shortly thereafter. However, the exact effect of the stress that asylum seekers experience on the impact of victimization is not completely clear. Secondly, in some cases with asylum seekers prior trauma or victimization can also play a role. However, non-asylum seekers might also have experienced prior trauma. This is thus not unique to asylum seekers even though experience with prior trauma might be more prevalent among the latter.

With regards to SHN, it is important to keep this in mind while monitoring stress symptoms because the usual knowledge that stress symptoms fade in about 4-6 weeks might not be applicable to asylum seekers. Nonetheless, multiple respondents mentioned that asylum seekers did benefit from the psycho-social aid that SHN provided (R1, R2, R5 and R6). This means that although there is still much unknown about the effect of stress as impact factor, the solution could still be to give first psychological aid like a listening ear and giving acknowledgement like SHN does.

The effect of culture on receiving psychological aid should not be underestimated, people from a non-western background could be more reluctant to speak about what happened and to talk about their feelings (E5, R6). This is confirmed by literature on culture and giving psychological aid. Although all humans have a biological system for emotions, culture regulates what elicits emotions, how people behave towards these emotions and how people self-report their feelings. Culture also gives meaning to emotion (Matsumoto & Hwang, 2019). This can lead to western or Dutch psychological aid being ineffective for people from certain cultures. A way to accommodate for this cultural factor is making sure that the receiver and giver of psychological aid come from the same cultural background. Someone giving psychological aid also should not force a client to talk about private feelings because this can lead to more negative emotions without the relief that is common in western clients, on top of that, it might make the aider seem less credible in the eyes of the client. It is also important to realize that asking for (mental) help might not be acceptable to the ethnic or cultural group someone belongs to (Huang & Zane, 2019). With regards to giving victim aid, it might thus be more difficult to meet the needs
of a client when one is unfamiliar with the cultural background or with intercultural communication. Although SHN does offer intercultural communication as a training, none of the respondents had followed it, and they generally were not aware of its existence. However, even considering the influence of culture, all respondents still mentioned that if a victim was open to talking about their feelings and what happened, they would be supported by the first psychological aid that SHN applies.

5.2.3.2 Social support needs

First and foremost, asylum seekers tend to not have a large social network, and mostly social networks are created after getting a residency permit. Thus, if asylum seekers are victimized, they might have a need for social support. A need that is not filled as easily for asylum seekers in comparison to non-asylum seekers. There are more options nowadays that can help asylum seekers establish a social network. However, the social network needs to be in place before someone becomes a victim to offer acknowledgement, support and a listening ear. Especially because victims might start isolating themselves. But one cannot force asylum seekers to build social networks just in case they might get victimized. Building a social network is dependent on numerous factors like proximity and exposure to persons, common interests, gender, culture and family background (Sacerdote & Marmaros, 2005; Winstead, 2009; Metts & Morse, 2009). The question is how these factors are influenced by someone being an asylum seeker, for example, proximity and exposure could be influenced by having to move during the procedure. On top of that, trauma has an effect on parent-child relationships. Asylum seekers or refugees that have experienced trauma might be more intrusive and hostile towards their child then those that have not (Andringa, 2010).

However, having a social network is not enough to get perceived social support. That depends not only on the existence of a social network but also on the structure and the function of that network. On top of being an impact factor, having social support also helps people deal with stressful situations by giving social support in a number of ways: by giving advice, giving material/practical support and by giving emotional support (Gleason & Iida, 2015). In the case of victimization, acknowledgement is also an important aspect of social support. Therefore, a social network might be able to
somewhat mitigate the stress that asylum seekers experience during the procedure and is a valuable resource to have even outside of victimization. As a respondent mentioned (E4), many asylum seekers feel disbelieved and unacknowledged in their suffering during the procedure. A social support system could perhaps somewhat mitigate these effects, although the negative effects cannot wholly be taken away (E2, E4 and E5).

There is a clear need for asylum seekers to receive social support after criminal victimization (see 5.2.1.2.2). The question remains who is going to give this support. It might be the case that COA or the refugee council can take over that role, however this social support would not be given by friends or family in that case, but by strangers. A SHN employee could theoretically also take that role upon themselves, but only in the short-term. In other words, asylum seekers currently do not seem to have the social network that might give them (long-term) social support after victimization.

5.2.3.3 Financial / juridical needs

This section firstly touches upon the financial needs of asylum seekers and how these can differ from non-asylum seekers, and then it refers to the juridical needs of asylum seekers and the possible differences there. With regards to the financial needs, they might not be very different from non-asylum seekers, but the practicalities can be. For the juridical needs, expectations of the juridical system might differ, but not always.

Generally, asylum seekers do not differ much with regards to the financial aspect in comparison to non-asylum seekers. According to Dutch law, they can get financial compensation as long as the crime they were victimized by took place in the Netherlands. The amount of compensation is established based on their physical or psychological injuries caused by the crime, and is decided either by a judge, an attorney general or a compensation fund (like Schadefonds Geweldsmisdrijven S(GM)). However, the practicalities can be very different, because asylum seekers do not have a (Dutch) bank account while being in the procedure. This means that if they have been awarded money for compensation, it might be difficult to get that
money to the asylum seeker. The following quote from R6 highlights the difficulties that might come with getting money from the Schadefonds Geweldsmidrijven (SGM) to one of his clients after they were awarded compensation.

“In the first instances [SGM] thought that they could send the money to an account of COA, this decision happened on a Wednesday and so I called him to get things started. But then [the victim] said: I am being deported to Germany on Friday. So that route via COA was not possible (...). But SGM was also willing to transfer the money to the account of an acquaintance, so I got that account number of him, send it back to SGM and they transferred to money to that number. (...) eventually it turned out that the bank account did not match with the name of his friend. I asked him about this, but he did not respond. (...) I still have had no contact with him since then.”

This quote shows that sometimes it might be difficult to get compensation money to the asylum seeker, especially if they do not have a bank account or if they get deported and lose contact. In this case, R6 still does not know if the money reached the victim or not. This means that SHN should consider the practicalities of compensation for asylum seekers, and perhaps already discuss them beforehand with the client.

Secondly, the juridical aspect can be different in some cases. Some asylum seekers might have different expectations of the juridical system and about what is just (R2, R3, E1, E4). However, this can depend on the individual, as the following quote from R3 highlights. E4 also mentions that expectations of the judicial system might be dependent on previous experiences, or gender.

“It differs from person to person. (...) In my experience, Syrians might have a higher education and so they generally understand that it is different here than in Syria. But people from Africa, (...) they might find it tough. I have had someone who really wanted an eye for an eye, a tooth for a tooth. Like why are there no corporal punishments here. But it is different. But generally, I feel like they understand why it goes the way it goes. And that it fits their perception of justice.”
The perception of justice cannot simply be reduced to a dichotomy between asylum seeker and non-asylum seeker. Instead there are many different factors like education, gender, previous experiences and culture that could it. With regards to broader knowledge of the system, most respondents mentioned that asylum seekers tended not to have that knowledge, and that it was important for SHN to give a more detailed explanation about what victim aid is, how financial compensation works and how the justice system works.

5.2.3.4 Physical needs

With regards to the physical, there do not seem to be any significant differences between asylum seekers and non-asylum seekers. In the interviews with R1, R5 and R6, they also mentioned that asylum seekers did not seem to be more likely to have more or less injuries after a crime, but that it seemed to be just as random as in the non-asylum seeker population.

5.3 Areas of interest for SHN

This part of the analysis focuses on the areas on interest for SHN. In order to do so, this section focuses on what SHN can add to the support of asylum seeker victims and how they might be able to do that, it also focuses on the different areas of interests for SHN. Currently, SHN does not tailor specifically towards asylum seekers, but it does have a policy to always tailor to the individual (SHN, 2017a). However, tailoring towards asylum seekers can be improved upon in these areas of interest namely the cultural effect on first psychological aid, expectation management, language and interpreter effects, reaching asylum seekers and lastly, some other practical problems that the respondents mentioned.

5.3.1 Psychological aid and culture

The respondents mentioned that SHN could add something for asylum seeker victims in the psychosocial support part. Especially R1 and R2 mentioned that after a conversation, the victim had said that they were appreciative of the fact that they could talk to someone about what had happened, and that that person listened to them. This can indicate that even though there might be cultural differences that
could possibly hinder giving first psychological aid, that might not apply to all asylum seekers (E1, E4, E5, R1, R2, R5, R6).

R5 indicated that he sometimes noticed a difference in how people responded to the psychosocial support SHN offered, depending on the culture of the victim. He said that people from a foreign background generally did not share everything about their emotional state, while Dutch people did. This seems consistent with the literature in 5.2.3.1, which also mentions that people with a non-western cultural background tend not the want to talk about their feelings. E5 also mentioned having the same experience as R5. Knipscheer & Kleber (2005) mentioned that creating a trusting relationship with the client is vital for western psychotherapist giving psychological aid to people from a different cultural background. They stated that building this trust could start by acknowledging the physical problems their clients had and that people with a different cultural background often had more practical questions. It is thus important manage expectations of the client so that they know what to expect. The research also indicated that a psychotherapist should keep an eye out for body language, because sometimes a client might agree with something out of politeness. This is also confirmed by Tribe (2005). Although there are many differences between psychotherapists and SHN employees, this research does echo some of the tendencies that the respondents had mentioned in the interviews (E5 and R5).

R4 remarked that in his case, the support question was not emotional support, but it was helping with the residency permit, which SHN cannot do. He mentioned that the victims got the emotional support they needed in the reception centre, and that he (and SHN) could thus not add anything. On top of that, he was the only respondent of SHN who was supporting victims where the criminal fact (sex trafficking) had taken place in a different country. This also meant that the juridical or financial support SHN can offer was not applicable in this case. This could suggest that when other organisations are already giving asylum seeker victims emotional support, and there is not a lot of juridical or financial support that SHN can give, it might be wise to not involve SHN. However, ultimately the choice should be with the victim.
5.3.2 Expectation management

Whether SHN can offer adequate support depends on if there are practical difficulties and on expectation management according to the respondents (R1, R2 R3, R4, R5 and R6). This thus demonstrates a second area of interest for SHN: expectation management of asylum seeker victims. However, this expectation management does not start with SHN. Rather, COA, the Refugee Council and the Dutch police should also know what SHN can and cannot do. Otherwise, third parties might give asylum seekers certain expectations that SHN cannot fulfil. On top of that SHN might be more sensitive about the fact that asylum seekers generally do not have a lot of knowledge about the system and about victim aid. This means that if a Dutch person gets a letter about SHN stating that SHN is going to support the victim, they might already have some knowledge about SHN. The same letter going to an asylum seeker without that knowledge might lead to expectations that cannot be met. R1, R2, R4, R5 and R6 all mentioned that this can lead to the support question of the asylum seeker not being answerable. For example, victims wanted SHN to help with obtaining a residence permit, they wanted SHN to stop the offending or to punish the offender or they wanted to receive compensation immediately. This illustrates the importance of expectation management, because it might help the victims understand better what SHN can and cannot do, which in turn might lead to other support questions.

5.3.3 Language and the use of an interpreter

The third area of interest is language and the use of an interpreter. As indicated by the respondents (E2, E4, E5, R1, R2, R3, R4, R4) many times asylum seekers do not speak Dutch. Sometimes this can be solved by speaking in English, French or another third language, but many times an interpreter is needed. On the one hand, when they were not working with interpreters but were speaking in a second or third language (like English or French), the experts noticed that it was difficult because it made their own vocabulary smaller, and that of the victim. On top of that, they sometimes could not understand each other’s accents. On the other hand, some mentioned that an interpreter led to (partially) losing the emotional connection with the client. R1 and E5 mentioned that if there was an interpreter and the
victim/client did not speak a language that you could understand, you would lose the dimension of emotional body language, because people tended to look at the interpreter or the phone while talking, and the interpreter would translate things in a business-like manner, which did not convey the emotion with which the story might have been told.

However, research of Brune et al. (2011) on communication in psychotherapy with 190 traumatized refugees demonstrates that there is no clear difference in outcome between speaking a common (second or third) language or using an interpreter. In both groups, the psychotherapy was similarly effective. An important footnote is that all interpreters in this research were professionally trained, with some having special training to work within psychotherapy. On top of that, the same interpreter would always translate for a client during all sessions. Furthermore, research shows that in a study with mental health professionals, both the clinicians and the interpreters need training to work together, and interpreters should be considered part of the staff of the facility, not as outsiders. Moreover, an interpreter should also provide contextual and cultural background to the information that is being discussed (Tribe & Lane, 2009). These studies thus exclude family members or friends that translate for a victim. Aranguri, Davidson and Ramirez (2006) found that interpreters that were not professionally trained (e.g. family members or staff members) tended to change what a patient said to a physician quite drastically. They also mentioned that in these cases, there was a lack of small talk which could help with creating a trusting relationship between the patient and the physician (Dickover & Bot, 2007). It is also important to keep the relationship between the client and the interpreter in mind in these cases. Someone might not feel comfortable speaking about difficult subject while their sibling/parent/child/friend is translating.

However, all of this literature is about having a third person in the room, but that is not always the case in practice. SHN often works with the interpreter phone (tolkentelefoon) when they need to communicate with clients. Lohuis et al. (2018) mention some issues that ‘illegal asylum seekers’ (e.g. asylum seekers whose request has been rejected) have with the tolkentelefoon. The following are also relevant for asylum seekers in general. Firstly, asylum seekers might be hesitant to talk because
they do not know what the interpreter will do with the (personal) information they might tell. Secondly, sometimes an interpreter belongs to a tribe or ethnicity that is seen as adversarial by the asylum seekers (e.g. a Hutu interpreter for a Tutsi asylum seeker). Thirdly, asylum seekers might also feel uneasy speaking about their emotions to the interpreter. All in all, the ideal solution would be to find a SHN employee that can speak the native language of the client. In practice, this could be difficult if not impossible. Thus, using interpreters, professional or not, or speaking in a second or third language is necessary. Nonetheless it is important to be mindful of the possible pitfalls that accompany this.

5.3.4 Reaching asylum seekers

Another area of interest for SHN is what percentage of asylum seeker victims they are actually reaching, and what percentage they are not. This is dependent on multiple factors. Firstly, the knowledge of COA or the refugee council employees about SHN, and when SHN support is appropriate. Because these organizations are in close contact with asylum seekers, it is important that they have the correct information to refer an asylum seeker victim to SHN. E5 mentioned that generally speaking, staff of the reception center was not informed about SHN and did not know it could be a resource. This could particularly help victims that do not want to report their victimization to the police.

According to the SHN respondents the victims reached them through the police after reporting a crime. This means that in the current system, any victim the police might miss (the dark number), SHN will also miss. Another way to address this is giving asylum seekers information about SHN (and other social institutions), including the phone number and the website so that they themselves can also seek victim aid. According to the preliminary results of an ongoing research of SHN, SHN reaches less asylum seekers then non-asylum seekers while more crime (violent and sexual crime,
burglary, vandalism and destruction of property) than average was committed in the reception centers.\textsuperscript{32}

\textbf{5.3.5 Other practical areas of interest}

This last section gives a quick overview of the other areas of interest. Firstly, respondents mentioned that they would like to have more knowledge of the facilities that are available for asylum seekers and would like to know more about the life of an asylum seeker (R2, R3, R4, R5). Secondly, R3 commented that in cases of compensation that would be decided by the court, it was sometimes difficult to separate the past psychological trauma from the current psychological trauma. However, for the compensation it was crucial to be able to say that the trauma was caused by the criminal fact. Not being able to separate them meant that it was more difficult to prove causation. Thirdly, many respondents cited (R3, R5, R6 and E5) that they had difficulties with reaching or contacting the asylum seeker. They all mentioned that it might be more difficult to stay in contact with an asylum seeker, or to go to a reception centre. On top of that, they mentioned that asylum seekers get moved around quite often, and due to privacy laws, SHN is not able to get the new address. Some also mentioned that asylum seekers themselves seemed to have a tendency to not contact a SHN employee even if they could, or that they would not respond to attempted communication.

\textsuperscript{32} E-mail of project leader of the research (12/07/19).
6. Conclusion/discussion

6.1 Conclusion

This thesis is a first step into the research of victim aid for asylum seekers in the Netherlands. It is an exploratory case study, and the conclusions are based on a convenience sample. This means that the conclusion is a first attempt at highlighting areas of interest on this subject but cannot be generalized further. This thesis attempted to answer the following research questions: 1. To what extent are the needs of asylum seeker victims different from the needs of non-asylum seeker victims? 2. To what extent is victim aid tailored to the needs of asylum seeker victims in the Netherlands and how can the tailoring be improved?

6.1.1 Question 1: The needs of asylum seeker victims

Based on the literature and the interviews, the needs of asylum seekers can be different in three areas, namely the psychosocial needs, the financial/juridical needs and the social needs. The psychosocial needs are different due to multiple factors. Firstly, asylum seekers might experience stress symptoms before any form of criminal victimization due to the asylum procedure. This means that the stress symptoms that are displayed by the asylum seeker after victimization might not be caused by that victimization and might not disappear until the end of the procedure. On top of that, some asylum seekers might have experienced traumatic occurrences before, might cause the psychological impact of a crime to be more severe than what could be expected. Another impact factor that could play a role for asylum seekers is the higher prevalence of mental illness among asylum seekers which makes them more vulnerable for the victimization effect on their perception of personal safety.

For the financial/juridical needs, the laws and rules for asylum seekers are the same as for non-asylum seekers. however, there are practical problems in the group asylum seekers that might not be present in the group non-asylum seekers. for example, asylum seekers generally do not have a (Dutch) bank account. This might make it more difficult for them to receive compensation. With regards to the juridical needs, sometimes asylum seeker can have different perceptions of justice. This means that expectation management in this area is vital. On top of that, many
times asylum seeker do not have knowledge of the Dutch system so it might be more difficult for them to understand where to go and what is happening.

With regards to social needs, asylum seekers tend not to have a large social network. This means that after criminal victimization, an asylum seeker cannot expect to rely on their network. However, the structure of the network is also important, because the presence of a network an sich is not enough to help mitigate some of the effect of victimization. On top of that, sometimes social networks can also share trauma which can be detrimental. Asylum seekers also might not always have the opportunity to build a network due to the fact that they often have to move.

6.1.2 Question 2: Tailoring to the needs of asylum seekers

Currently, SHN’s approach is generalized to all individual victims. Although according to respondents their current approach can support victims, there are still multiple areas of interest for SHN to improve their tailoring to the needs of asylum seekers. However, it is not only SHN that might need to tailor to these needs. For some of the needs, more structural issues have to be changed, things that go beyond SHN.

At the moment, respondents reported that receiving psychosocial aid can be beneficial for asylum seeker victims. However, SHN could still tailor their psychosocial aid to the culture an asylum seeker victim is from because that culture has an impact on how someone receives psychosocial aid and how effective it can be. To tailor to the financial/juridical needs, it is important to realise that asylum seekers do not generally have a lot of knowledge about the Dutch justice system, they also may have different expectations about justice. This means that it is vital to practice expectation management specifically tailored towards asylum seekers by starting at a very basic level. On top of that, asylum seekers might face practical problems because they are moved or because they do not have a Dutch bank account. Where possible, SHN could anticipate these problems, and have discussed this with the asylum seeker beforehand. Tailoring to the social needs of asylum seekers is difficult because the social network should preferably exist before the criminal victimization. This means that SHN is at that moment not yet involved. The issue of
creating a social network should thus be addressed in reception centres, and other places.

6.2 Limitations

As mentioned in chapter 2, the sample of this thesis is a sample of convenience. This means that the sample is not representative, and the results from this sample should be very carefully interpreted. This is an exploratory study only, and more research needs to be carried out on this topic. On top of that, the subject of this thesis is asylum seekers, however, no asylum seekers were interviewed. This means that all the information about asylum seekers did not come from the direct source, but from indirect sources. Because this information is not given firsthand, there is a chance that it could have become warped, and it is subjected to the interpretation of the indirect source. This thus also presents a limitation to this research.

Another issue is how representative the asylum seeker victims that reach SHN are of all asylum seeker victims. Victims reach SHN through three different means, namely via the emergency service, after reporting to the police or by contacting SHN themselves. Some of the respondents mentioned that sometimes asylum seeker victims also reached SHN via organizations like the refugee council or via the COA. The question remains how many asylum seekers are not linked to SHN in any ways, even though they were victimized in the Netherlands. A lot of research about victims face this problem, because there is no place where one can get an overview of all victims. One always has to rely on self-report surveys, police reports or victim support organisations like SHN. this is thus a limitation that is shared throughout the victimology discipline, but that needs to be mentioned, nonetheless.

A third limitation can be the interviewer bias. Although I tried to keep my questions open and neutral, it is possible nonetheless that I might have unconsciously influenced the respondents due to for example suggestive questions, body language or behaviour. I tried my best to prevent interviewer bias, but it could still have occurred. A fourth limitation is the fact that I did not test for intercoder reliability while coding the interviews. This could mean that others could have interpreted the interview data differently than I did.
6.3 Future research

There are a number of subjects mentioned in this thesis that need to be researched further. Firstly, intercultural victim aid. Although there are sources about intercultural psychological aid for psychotherapists and other professional, giving victim aid can differ and is much more short term. Thus, it is important to research how to conduct first psychological aid after criminal victimization in an intercultural manner. It is also important to research what role language differences and interpreters play in giving victim aid, and someone’s reaction to it. This research can be practically focused to see what works and what does not work.

A second subject that should be researched is how the asylum procedure affects asylum seeker victims specifically. How does one monitor stress symptoms if they can be caused by the asylum procedure, how do those stress symptoms interact with stress symptoms from the criminal victimization, or is there no interaction, or are they indistinguishable?

Another area of study with regards to the asylum procedure is whether the procedure can cause bureaucratic victimization in asylum seekers that have gone through traumatic experiences. Furthermore, from a methodological standpoint, this future research should be done with a representative sample of asylum seekers as direct sources. This research should also be done on other case studies in other countries to find out if there are local factors that play a role and how the different victim support organization manage asylum seekers in different countries.

On top of that, more research should also be done on how many asylum seeker victims are actually reached by the police, SHN or COA and how many of them get offered victim aid.

Lastly, the research should also venture into the area of integration. What is the effect of receiving victim support on asylum seeker victims with regards to integration (if indeed there is one)? This might be a difficult question to answer, but it is important to know this, especially since integration of asylum seekers and former asylum seekers is important for Dutch society.
6.4 Recommendations

Based on this thesis, there are a number of recommendations for tailoring victim support to asylum seeker victims specifically. To meet the psychosocial needs of asylum seekers, SHN might need to tailor their psychosocial approach to the culture an asylum seeker is coming from. This means that it is important to educate SHN employees on intercultural psychological aid and support giving, more than what is already being done. SHN does have an intercultural training, but none of the SHN respondents had taken it and they generally were not aware of it. This means that SHN should find a way to either motivate more employees to take this course, or perhaps to integrate intercultural training into the mandatory intake training for all starting SHN employees. This could also mean making the intercultural training mandatory. At the moment, the respondents I spoke to were either not aware that the training existed or had not followed it.

In addition, expectation management needs to be tailored to asylum seeker specifically, instead of victims in general, so as to not give asylum seekers expectations that SHN cannot meet. This means expectation management not only about the juridical and financial system, but also about their expectations and meaning of justice, about what the victim has to arrange in practical ways, and where SHN can step in, about how SHN is separate from the state or the police and other topics that one might expect an non-asylum seeker to know. This can also mean tailoring the letters that victims can receive from a general ‘SHN can help’ to a more specific description of the support that SHN can offer. A part of this expectation management is also a cooperation between SHN and organisations that work with asylum seekers, so that these organisations also do not raise the expectations of asylum seeker victims. Another advantage of cooperation is that those organisations might also be more aware of SHN and can point asylum seeker victims in SHN’s direction. Furthermore, it could be important to already anticipate on practical problems that asylum seekers might face, for example by already discussing what would happen when an asylum seeker is moved, or when compensation is rewarded, and the asylum seeker does not have a bank account. For example, it might be the case that SHN can develop a policy in cooperation with compensations organisations
about giving compensation to asylum seekers that do not have a Dutch bank account. This could mean that both employees and victims know what to expect.

The issue of creating a social network could be addressed in reception centres, and by other organizations that are in contact with asylum seekers, by giving opportunities to develop a network for asylum seekers and by removing hindrances to the creation of such a network. For example, by making sure that asylum seekers are not moved around a lot. On top of that, it might be beneficiary to find a way to include non-asylum seekers in the network of asylum seekers because they might have knowledge about the Dutch system that asylum seekers do not have. This means that when an asylum seeker has become a victim, this social network can also help them navigate all the different systems and organisations that a victim might meet.

In order to widen to reach more asylum seekers, multiple steps can be taken. Firstly, staff and volunteers at the reception centres should become aware of the existence of SHN, and when they can support victims. Secondly, asylum seekers could be informed about the existence of SHN by e.g. placing flyer in reception centres, specifically explain what SHN can and cannot do in multiple languages. Thirdly, most victims reach SHN via the police. This could mean that if the number of reporting asylum seekers goes up, more might also be able to reach SHN through the police. However, this is a complicated problem that cannot be easily solved.

SHN should also review the possibility to match an asylum seeker with an employee that speaks the same language. This is difficult and cannot always be done, but it would do away with the issues surrounding interpreters.

The respondents also brought forward a number of recommendations. First, the mention that it was important to treat asylum seekers like any other human being (E1, E4, E5, R1, R3, R4, R5). They said that asylum seekers were human being that reacted like any other to trauma, and that the support given to them was thus not by definition different. Some respondents mentioned that asylum seekers might not always feel like they have been treated with humanity and dignity during the asylum procedure. They said that by treating them as human beings in your conversation, you can give them back that human dignity. E5 summarized this as follows:
“When someone notices that a volunteer travelled here specifically to listen to them: Deep, deep gratitude, that they are not alone, that they are welcomed in this way when they are in distress. That’s how you restore their humanity, just by offering that. Without even saying a word.”

The other recommendations are practical as well like managing expectations, getting an interpreter, making sure that the asylum seekers now that SHN support is different from immigration and confidential, to offer first psychological aid (emotional support), to try to make an appointment via COA because that is easier, to give more explanation about the system to the client, know when you can and cannot help and if you cannot help, to not put your powerlessness at the client because they also cannot help it. Lastly, past trauma was mentioned often as something that a SHN employee should be aware of, even though it is not discussed directly in the conversation.
7. Reference list


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