

English summary of the final report of the
Temporary Commission on Organised Sadistic
Abuse of Minors – *Hendriks Commission*

21 December 2022 (Dutch version)

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Disclaimer

This is an elaborate English summary of the final report of the *Hendriks Commission*. The summary follows the original text as closely as possible but it is not a literal translation. It does not contain all the information of the original Dutch version of the final report, nor does it contain information not included in the original report. Some details, context and nuances are inevitably lost in this summary compared to the original version. Therefore, for any potential debate and for legal purposes, the original Dutch version of the report prevails over this English summary.

Chapter 1. Introduction

The debate about organised sadistic abuse

Argos is an investigative journalistic platform and is part of the Dutch broadcasting companies *VPRO* and *HUMAN*. In the 2018 radio broadcast, *The story of Lisa*, a girl called Lisa (not her real name) and her relatives tell about alleged sexual abuse by Lisa's father and several other men. Following the broadcast, *Argos* received many replies from people who recognised some of the gruesome details of Lisa's story. In 2019, as a result, *Argos* started an investigation into organised sexual abuse in the Netherlands. They collected stories from 200 victims of sexual abuse, of which 140 stories showed elements of ritual and/or satanic abuse. This led to a radio broadcast on organised ritual abuse titled *Glasscherven en duistere rituelen (Shards of glass and dark rituals)* on June 27th, 2020.¹ The broadcast contained shocking victim stories supported by interviews with psychotherapists and researchers. Details included torture and ritual sacrifice of newborns. The journalists also found similarities between several stories. Moreover, several broadcast interviewees stated that the police and the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* (in Dutch: *Landelijke Expertisegroep Bijzondere Zedenzaken, LEBZ*) were not doing enough to help victims of ritual abuse.

The *Argos* broadcasts were not the first time ritual abuse was discussed in the Netherlands. The *Satanic Panic* of the 1980s and 1990s was a period of social turmoil in the United States, during which ritual abuse was alleged approximately 12,000 times.² This phenomenon spread to other countries, including the Netherlands. Ritual abuse was reported to the Dutch Ministry of Welfare, Health and Culture and the Ministry of Justice several times in the early 1990s. In 1993, the TV programme *NOVA* also broadcast a series of episodes about the topic.

Consequently, the State Secretary of Justice installed the *Workgroup on Ritual Abuse* in 1993. This workgroup aimed to investigate the phenomenon of ritual abuse and identify problems concerning reporting ritual abuse to the police. The workgroup published its report in 1994. It concluded that although there were several reports of ritual abuse by both minors and adults, the abuse claims in those stories could not be proven. Moreover, the workgroup stated that there are valid reasons to doubt whether the ritual abuse phenomenon truly exists in the way presented in the victim stories and provided several explanations for how these stories could have originated. However, the possibility that ritual abuse could indeed exist was left open. Furthermore, the workgroup advised initiating a council to examine the phenomenon of ritual abuse during a longer period. The conclusions of the *Workgroup on*

¹ An English transcript of this broadcast can be found here:

<https://www.vpro.nl/argos/lees/nieuws/2020/glass-shards-and-dark-rituals-english-transcript.html>

² Introvigne, M. (2016). *Satanism: A social history*. Brill.

Ritual Abuse were similar to the findings of formal investigations in the United Kingdom and the United States (Goodman et al., 1994; La Fontaine, 1994; Lanning, 1992; Lanning, 2018).

In 2000, the Minister for Health, Welfare and Sport asked the Health Council of the Netherlands to provide scientific advice on *recovered memories* of traumatic childhood experiences, particularly sexual abuse during childhood. A commission initiated by the Health Council published its findings in a report titled *Controversial Memories* in 2004. In it, the authors state that people usually have good memory formation of traumatic events, but these memories can be fragmented. It is plausible that these memories are wholly or partly inaccessible, which can be temporary and depends on the context. Extreme anxiety and stress influence memory functioning, but the exact mechanisms of forgetting traumatic events are unknown. Psychotherapy can enable retrieving and accepting traumatic memories (Health Council of the Netherlands, 2004). The report's authors also state that suggestions by therapists can cause false memories, especially when therapy aims search for explanations for existing symptoms. This is particularly relevant for patients with certain personality traits or psychiatric diagnoses. Some therapy types, such as hypnosis and guided fantasy therapy, can increase the chance of creating false memories (Health Council of the Netherlands, 2004).

The *Argos* broadcast of June 27th, 2020, also caused a political debate. Multiple questions were asked in the Dutch House of Representatives (in Dutch: *Tweede Kamer*), and several motions proposing to investigate ritual abuse were filed. Importantly, the term "organized sadistic abuse" was introduced in the parliamentary debates. Eventually, this led to the establishment of the *Temporary Commission on Organised Sadistic Abuse of Minors*. Additionally, the *Research and Documentation Centre (WODC)* of the Dutch Ministry of Justice and Security examined if and how the extent of abuse of minors, including organised sadistic abuse, could be estimated. They concluded that no reliable estimate could be made. Reasons include suboptimal registration of these types of cases, difficulty assessing the reliability of registered cases, and a frequency of registered cases too low to allow data extrapolation (Wilms & Huberts, 2022).

The (renewal of the) social and political debate about ritual abuse is not limited to the Netherlands. In Germany, the Ministry for Family Affairs, Senior Citizens, Women and Youth established an Independent Commissioner for Child Sexual Abuse Issues in 2010, supervising a workgroup studying ritual abuse. There is also a national hotline (including a website) for victims of sexual abuse, as well as a specific hotline/website for ritual abuse victims. In other countries, the debate about ritual abuse mainly occurred in the 1980s and 1990s.

Establishment of the Commission

The *Temporary Commission on Organised Sadistic Abuse of Minors* was officially installed on April 19th, 2021. The initial running period was from April 1st, 2021, to April 1st, 2022. The Commission consisted of Prof. Dr Jan Hendriks (president) and Dr Anne-Marie Slotboom and was supported by a secretariat provided by the Ministry of Justice and Security. Prof. Dr Trudy Mooren became an additional Commission member on July 1st, 2021. The running period of the Commission was extended several times, with the eventual delivery of the report in December 2022. The Commission operated independently, and members of the secretariat were obliged to keep all the Commission's information confidential.

The tasks of the Commission were:

1. To report to the Minister about the available information on the phenomenon of organised sadistic abuse of minors in the Netherlands by using as many different sources as possible (including victims, therapists, scientific sources and experts on this topic) and to use the findings to offer advice to law enforcement.
2. To advise the Minister about the establishment and functioning of a helpline for victims of organised sadistic sexual abuse, as requested in the parliamentary motions filed by Representatives Van den Berge and Van Nispen.
3. To inform the Minister about the Commission's action plan before commencing investigative activities.

None of the Commission members were directly involved in research into organised sadistic abuse of minors, nor did they previously express opinions about the topic in the media. Inevitably, they were acquainted with other scientists that did share their viewpoints on (the existence of) organised sadistic abuse.

Considerations

Several previous commissions investigated the sexual abuse of minors in the Netherlands. The *Deetman Commission* investigated sexual abuse within the Catholic Church. The *Samson Commission* and the *De Winter Commission* investigated the sexual abuse of minors living in youth centres and with foster parents, respectively. The reports of these commissions contained stories of abuse of minors by people who were supposed to care for them. Perpetrators were often fellow minors or foster brothers. Most stories concerned one perpetrator, but especially in cases where minor perpetrators were involved, the abuse took place in a group context (*Samson Commission*, 2012).

Cases of sexual abuse can also frequently be found in the media. The nature of the abuse often differs. Sometimes cases involve the production of child sexual abuse material (CSAM), which can involve many perpetrators if this material has been shared among many people.

Sometimes abuse takes place within families and sometimes within networks. The motives and methodology of the perpetrators can differ between these different types of (organised) sexual abuse and between different perpetrators within the same abuse network. Organised sexual abuse of minors within a group is not new, and the perpetrators' motives and level of organisation are often unclear.

Caleidoscoop, a national association for people with dissociative disorders, conducted a survey among its members about reporting sexual abuse to the police or to other institutions. Twenty-four people participated in this survey, which included stories of their personal experiences. These stories contained elements of organised abuse, which often involved ritual elements.

Sexual abuse of minors by one perpetrator has a long-lasting negative impact on physical and mental health. This includes chronic physical health issues, anxiety, depression, suicide, eating disorders, post-traumatic stress disorder, dissociative disorders and problems with emotion regulation (Cummings et al., 2012; Dong et al., 2004; Rutherford et al., 2015; Silberg, 2022; Yates et al., 2008). Moreover, victims of groups of perpetrators are known to suffer from more severe health problems (Ullman et al., 2007). Therefore, it is even more important to protect victims of organised sexual abuse and to prosecute perpetrators.

How does the Commission define organised sadistic abuse of minors?

The terms *organised*, *sadistic* and *abuse* had to be defined to determine which cases could be included in the Commission's investigation. For instance, the Commission had to consider whether cases in which minors are groomed and then exploited for prostitution (the *loverboy* tactic), cases in which parents offer their children for prostitution on the internet, or international cases should be included in the investigation. All of these cases involve sexual abuse; in most, there is some level of organisation. Moreover, these cases could be considered sadistic because physical, sexual and/or psychological abuse often has a sadistic component. However, cases like the abovementioned examples are not within the scope of the Commission's assignment. The Commission used the following definitions:

Organised: the Commission considers a case organised when two or more people collaborate to commit crimes. Concerning the Commission's assignment, a case should involve multiple victims who have been abused multiple times.³ This definition agrees with the one defined by the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* in 2008:

³ Victims cannot always know whether there have been other victims.

"[...] A report of ritual abuse filed to the police expands over time and usually involves multiple perpetrators and multiple victims" (Nierop & Van den Eshof, 2008, p. 46).

Sadistic: in forensic psychiatric literature, "sadistic" generally means that a person takes pleasure in mentally, physically or sexually degrading or hurting another person. An obstacle to the Commission's investigation is that the perpetrators are unknown, and therefore, their motivations are too. The Commission has thus chosen to consider a case "sadistic" if it involves clear elements of extremely violent behaviour or threats of extreme violence. The abuse cases within the Commission's assignment often involve ritual and/or satanic characteristics, like wearing robes, drinking blood and inverted crucifixes. In this regard, the Commission follows the definition of the *Workgroup on Ritual Abuse* (1994):

"[...] sexual sadistic abuse of multiple minors involving rituals and performed in a group context, in combination with extreme forms of physical violence and threats" (Ministry of Justice, 1994, p. 18).

The alleged perpetrators often use ritual elements to legitimise their extreme violence. The abuse usually takes place in a group, but not always. Rituals can be satanic but can also have a different nature. In this report, ritual abuse is considered a particular form of organised sadistic abuse. If appropriate, the term "ritual satanic abuse" can be used. This is, for instance, the case when discussing child sexual abuse material that could involve satanic elements like robes or inverted crucifixes.

Abuse: the Commission's investigation involves sexual abuse of minors⁴, often combined with physical and psychological abuse and neglect.

The examples mentioned above involve minors who are sexually abused with a certain level of organisation of the abuse. However, those cases do not include ritual elements and are therefore not within the scope of the Commission's investigation.

The Commission realises that using definitions can lead to cases that may or may not fall within the scope of the investigation. This is a common issue within social sciences. Moreover, the Commission has chosen to use the term "victim" and not "survivor". The Commission does not have the task of finding the truth about victim stories but does consider those stories from the victims' perspective.

⁴ Although the investigation focuses on minors (below age 18), sometimes the childhood experiences of adults are discussed in this report.

Aims and research questions

The Commission was set up with two aims. First, the Commission wanted to provide a comprehensive perspective on organised sadistic abuse. Second, it wanted to formulate advice on help and support for victims, law enforcement, and a potential help and reporting centre for victims and its functioning. For these purposes, as many different sources as possible have been consulted. After a provisional overview of all relevant subjects and organisations that are involved with this topic, the Commission came to the following four overarching themes, with corresponding research questions:

1. The nature and context of organised sadistic abuse
 - What information can be found about the nature and context of organised sadistic abuse in different sources, particularly in stories of victims and therapists?
 - What types of external manipulation play a role in this type of abuse?
 - What is the current scientific insight into complex trauma in relation to dissociation, memory functioning and recovered memories?
2. Help and support for victims
 - Which positive and negative factors influencing proper care are mentioned by victims and therapists?
3. Law enforcement and prosecution
 - What information can different sources provide about the willingness and possibility to file a police report, and about its handling by police, in particular regarding stories from victims and therapists?
 - What experiences does the police have with these types of cases?
 - How does the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* evaluate the facts in these types of cases, and which criteria are used to determine whether a case should be further pursued?
 - How can the willingness to file a police report and the chance of prosecution be increased, considering the limitations that have come forward in the investigation?
4. The help and reporting centre for victims
 - To what extent could a new help and reporting centre contribute to increasing knowledge about organised sadistic abuse and increasing the willingness to report it, and how could it fit in with existing help and reporting centres and helplines?

Chapter 2. Methods

Conduct, integrity and confidentiality

For safeguarding an ethical conduct of its investigation, the Commission drafted a research protocol, a code of conduct and a Privacy Impact Assessment. Additionally, all Commission members and supporting staff signed a declaration of integrity and confidentiality.

Research procedure

Orientation phase

The investigation started with exploratory conversations with several organisations that are, or have been, involved with the phenomenon of organised sadistic abuse. This included the three main interest groups for victims of this type of abuse in the Netherlands: *Spotlight*, the *Centre for Knowledge of Transgenerational Organised Violence* (in Dutch: *Kenniscentrum Transgenerationeel Georganiseerd Geweld, KTGG*) and the foundation *Stichting Misbruikt!* Moreover, conversations were held with *Caleidoscoop*, *Argos* journalists, the *Workgroup on Fictional Memories* (in Dutch: *Werkgroep Fictieve Herinneringen, WFH*) and *Pandora's Box* (in Dutch: *De Doos van Pandora*, a website about recovered memories and retractors). Further conversations were held with employees of the help and reporting centres *Meld Misdaad Anoniem* (a centre for anonymously reporting a crime) and *Sektesignaal* (a help and reporting centre for victims of sects). Finally, the Commission spoke with former members of the *Workgroup on Ritual Abuse* and representatives of the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*. These conversations were held between April and mid-June 2021.

The Commission identified several research topics based on the exploratory conversations and a preliminary literature study. These topics became the subjects of the focus reports. The Commission strived to use as many methods and sources for its investigation as possible to examine the full scope of the phenomenon of organised sadistic abuse. Interviews were held with stakeholders, experts and a diverse range of organisations. The results of the focus reports, interviews and work visits formed the basis of this final report of the Commission and the advice formulated by the Commission.

Executive phase

Various methods and sources have been used in the executive phase of the investigation and will be discussed below.

Interviews

Interviews were conducted with victims, interest groups for victims and therapists. *KTGG*, *Spotlight*, *Stichting Misbruikt!* and *Argos* were all asked to refer therapists and victims to the Commission. *Argos* was also requested to provide anonymised data of their investigation, but they did not consider this possible due to privacy concerns. Some other interest groups for victims were also approached, but they chose not to cooperate with the Commission. Nevertheless, the cooperation of the abovementioned interest groups meant that victims' perspectives on organised sexual abuse could be thoroughly investigated.

Victims received an information letter and signed an informed consent form before participating in the investigation. This included an agreement to the anonymised storage of interview reports on separate servers of the University of Utrecht. Commission members Anne-Marie Slotboom and Trudy Mooren conducted all the interviews with victims and wrote the reports of those interviews. They both have extensive experience with conducting interviews. Trudy Mooren also has extensive experience with interviewing traumatised children and adults. Only these Commission members could access the storage server with the interview reports.

Some victims wished to remain anonymous, which was respected. The interviews aimed to provide insight into what happened to the victims, how it was able to happen and how it could continue to happen, the impact on their health and well-being, their experiences with law enforcement and the provision of help and support, and suggestions for a potential centre for help and reporting. A qualitative analysis was performed on the interviews. Results were described in global terms for privacy reasons and because the interviewed group did not constitute an independent and representative sample. The research protocol was approved by the Faculty Ethical Committee of the University of Utrecht (21-0472).

The Commission also spoke with scientists and experts in early life trauma, dissociation or memory functioning. Moreover, clinical experts working with victims of organised sadistic abuse were interviewed. Further interviews were conducted with representatives of the police, the Netherlands Public Prosecution Service, and organisations involved with detecting CSAM. Finally, representatives of several centres for help and reporting for victims of sexual abuse, organised violence and human trafficking were interviewed.

To gain insight from the experiences with a hotline and help centre for victims of ritual abuse in Germany, the Commission visited their Independent Commissioner for Child Sexual Abuse Issues on September 2nd, 2022.

Literature

Scientific publications and (internal) documents of the government and other relevant organisations were studied. The Commission focused on papers that discussed the situation in the Netherlands, but English and German publications were also included. A literature search for studies of organised sadistic abuse (with or without ritual elements) or dissociation or memory functioning was performed. Literature research into extreme methods of manipulation, disinformation, and the social-historical context of ritual abuse and Satanism was conducted by external researchers.

Other sources of information

In addition to the abovementioned research methods, several specific analyses were performed. An analysis of notifications and police reports of organised sadistic abuse (with or without ritual elements) was conducted using the digital police systems. Several case reports from the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* were examined. Furthermore, court verdicts were analysed to investigate potential convictions of perpetrators of organised sadistic abuse. The letters of victims received from *Caleidoscoop* were analysed for common descriptions of this type of abuse and experiences with law enforcement. Additionally, language use patterns in these letters were analysed. Finally, Dutch media sources describing organised sadistic abuse since 1990 were examined.

Focus reports

The findings of the Commission are described in fourteen focus reports:

1. Interviews with victims
2. Letters from victims
3. Conversations with therapists about organised sadistic abuse
4. Overview of research into organised sadistic abuse of minors
5. Child sexual abuse material
6. Neuroscientific and psychological insights into memory function, trauma and dissociation
7. Accusations of sexual abuse and doubts about memories
8. Media coverage of organised sadistic abuse of minors
9. Coercive control, extreme manipulation, and disinformation in relation to organised sadistic abuse of minors
10. Organised ritual abuse. A social scientific analysis

11. Reports of ritual (satanic) abuse of minors from help and reporting centres
12. Police registrations
13. The evaluation of police reports with elements of ritual abuse by the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*
14. Lawsuits and police reports of organised sadistic abuse of minors

The research for focus reports #9, #10 and #12 and the analysis of language patterns in report #2 were performed by external researchers. They are responsible for the contents of their respective focus reports. The Commission bears responsibility for all other focus reports. The final version of each focus report was discussed with the author(s) and approved by all Commission members.

Final report

As mentioned, the final report integrates the findings from the focus reports, the interviews with experts and representatives or organisations, and the reports of work visits. The final report is centred around four themes: the nature and context of organised sadistic abuse, help and support, law enforcement and prosecution, and help and reporting centres. For each theme, the experiences of victims and therapists are discussed first. The final report is a concise overview of the Commission's findings. More details are given in the appendices and the focus reports (not translated).

Four experts in the field of sexual abuse of minors have proofread the concept version of the final report and have provided helpful advice on how to improve the report. These experts are not responsible for the report's contents or the advice formulated by the Commission.

The interest groups for victims, *Spotlight*, *Stichting Misbruikt!* and the *KTGG*, also read the concept version of the final report. Factual errors pointed out by these organisations were corrected in the final version. Their full responses have been included in the Dutch version of the report as appendices.

All documents of the Commission will be transferred to the Ministry of Justice and Security, where they will be kept in accordance with the Dutch Archives Act (*Archiefwet*, 1995). There is a separate regulation for requesting documents from the archive. After 20 years, all documents will be transferred to the National Archive for permanent storage. The reports of the interviews with victims and the interest groups for victims will not be kept at the Ministry but at a separate server of the University of Utrecht until 2030. Only the previously mentioned Commission members will have access to these files. After this period, whether these files will be kept elsewhere outside of the Ministry or destroyed will be determined.

Chapter 3. The nature and context of organised sadistic abuse

In this chapter, the following three questions are discussed:

- What information can be found about the nature and context of organised sadistic abuse in different sources, particularly in stories of victims and therapists?
- What types of external manipulation play a role in this type of abuse?
- What is the current scientific insight into complex trauma in relation to dissociation, memory functioning and recovered memories?

The Commission has chosen to use as many different sources as possible to examine the nature and context of organised sadistic abuse. Various viewpoints have been taken into consideration, thereby preventing a one-sided description.

Several focus reports (not translated) form the basis of this chapter. Information from victim interviews, questionnaires filled out by victims, attachments they provided and letters they wrote have been used. Focus reports #1 and #2 describe this information in more detail. Additionally, information was collected from interviews with psychotherapists (focus report #3), (former) help and reporting centres (focus report #11), media coverage (focus report #8), and scientific studies about this topic (focus report #4). Moreover, the viewpoints of people who question or are sceptical about the stories of victims were discussed (focus report #7). Further sources were insights from neuroscientists and legal psychologists (focus report #6) and a social scientific viewpoint of the stories about ritual (satanic) abuse (focus report #10). Finally, the roles of manipulation within networks and disinformation and conspiracy theories (focus report #9) have been discussed.

Nature and context of organised sadistic abuse according to multiple sources of victim stories

The Commission interviewed 21 victims and received written statements from another four victims. Moreover, 24 letters from victims or people close to them have been analysed. These letters were initially collected by the interest group *Caleidoscoop*. There may be an overlap between the interviewed victims and victims who wrote letters for *Caleidoscoop*. Additionally, psychotherapists experienced in treating victims of organised sadistic abuse were interviewed. Finally, scientific studies of victim experiences were examined. A limited number of studies describe victim experiences. The authors of these studies point out that verifying information provided by victims is impossible.

All different sources indicate that the abuse started at a young age and almost always continued for years, sometimes even until now. Of the interviewed victims, only two indicated that the abuse happened once. In all sources, abuse also involved physical abuse

and neglect. Family members were often directly or indirectly involved. Multiple sources indicate that parents of victims often suffered from psychological problems themselves or had experienced sexual and physical abuse.

A large number of victim stories from different sources describe rituals and religious or ideological elements. Apart from religious or satanic elements, characteristics from other ideologies are mentioned. A small number of interviewed victims describe the sacrifice of babies. One or multiple pregnancies, after which the baby was said to be murdered or taken away, are described in a number of victim stories. Many victim stories include sadistic and cruel acts like physical abuse, being tied up and raped, sex involving strangulation, being drugged, electroshocks, being held underwater for an extended period, and being forced to abuse other children.

Many cases involve organised abuse within a network, often called a “cult.” The exact nature of these networks remains unclear. Most of the interviewed victims indicated that the abuse originated within a family context; for other victims, this was unclear. According to interviewed victims, networks were often organised regionally or within a community or town, but national or international networks were sometimes mentioned.

Victims feel manipulated by (a) perpetrator(s) to such an extent that they comply and remain compliant, which allows the abuse to continue. Because they are deliberately confused by perpetrators, both victims and psychotherapists have difficulty establishing what factually took place. Different sources use different terminology for influencing, including manipulation, indoctrination, intimidation and isolation. Also, more extreme terminology like “mind control”, “programming”, or the deliberate induction of dissociative identity disorder (DID) is regularly used. Victims state that they are threatened or physically assaulted if they do not comply with the demands of perpetrators. Victims also claim to be coerced to abuse or torture others, or sometimes animals, thereby “making them accomplices.” Moreover, victims talk about being used to report other people in the network. Photo or video footage of sexual or physical abuse involving the victim is often mentioned. In this footage, the victim is either the subject or the perpetrator of the abuse. This footage is used for control and blackmailing.

The dependency of victims on perpetrators, often family members, and the associated social network is an important factor contributing to the difficulty leaving the abusive situation in the network. Notably, many victims only realised at a later age that their family situation was not normal. The difficulty of escaping abuse is also apparent in stories from victims who managed to escape: they often had to stop all contact and start a new life. German research shows that about half of the victims manage to successfully escape from the network without help from outside the network.

Several victims state that the people who were supposed to protect them played a role in the abuse or the failure to stop or prevent it. An important aspect is mistrust of the police, the justice system and sometimes the help and support staff. Victims state that individuals from these institutions are involved in the network. However, this could also be deliberately suggested by perpetrators. According to psychotherapists interviewed by the Commission, systematically suggesting certain things can be an effective control mechanism, especially for young children.

Exerting power and control and creating the sense of owning a victim are often-mentioned motives of perpetrators. Sexual satisfaction, sadism and psychopathy are also presumed characteristics of perpetrators. Blackmailing by people with authority who are part of the network is also supposed to play a role. Finally, financial gain is mentioned as a motive.

A linguistic analysis of letters from victims shows an “us-versus-them” discourse, in which help and support staff and psychotherapists are seen as allies, contrary to officials from the police and justice systems. The letters also show that victims resist opinions that ritual abuse would not exist or would always concern recovered memories. Moreover, the letter writers are very critical of the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*, although this committee analysed only one of the police reports of one letter writer. The victim interviews showed that only a few had experiences with the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*.

Victims of organised sadistic abuse often suffer from severe psychological, physical and social problems. Psychological problems include (complex) post-traumatic stress disorder (PTSD), personality disorders, problems with self-esteem and trusting others, attachment issues, anxiety and depression. The DID diagnosis is often mentioned.

Methods of influence and control within networks

The methods of influence and control within networks or high control groups (HCGs) were studied. The victim stories show that victims often get involved in an abuse network through family members. The network has an array of relationships, including friends and family. Consequently, fear of exclusion and isolation if they would leave the network is an important reason for victims to remain compliant. Additionally, victims state that they have been made accomplices in influencing, controlling and sexually and physically abusing others. This complicity is used for blackmailing to discourage leaving the network.

Coercive control can be exerted by isolating a (young) victim, such as denying access to certain information or physically locking up a victim. Extensively monitoring a victim's behaviours and controlling their contacts and communication may also occur. This is for instance possible using mobile devices and technologies like *stalkerware*. The enforcement of complacency can be seen as a form of operant conditioning. This means that victims can be punished or threatened with punishment if they do not comply. Operant conditioning can also be done by rewarding desired behaviour. This way, victims learn to do as told or expected.

Other possible means of manipulating victims within a network are (social) isolation, controlling access to information, rhetorical influencing, and the use of emotionally charged language. For rhetorical influencing, the power of suggestion is often sufficient. The suggestion by perpetrators that authority figures from the highest echelons of society are part of an abuse network is a potential explanation for the mistrust of victims in law enforcement and the justice system.

'Programming', the deliberate induction of DID, and *mind control* are often mentioned in the context of ritual abuse. It is not always clear what victims mean by this; these terms are also used to refer to the abovementioned methods of manipulation and control. *Extreme* forms of conditioning, in which multiple personality states and behavioural programs are created that can be evoked with code words or light flashes, are not in line with scientific insights about the possibilities and limitations of conditioning. However, perpetrators in a network can suggest that these things are possible and are being applied to victims.

Reports of ritual abuse

The Commission asked several former and current help and reporting centres and care and expert centres if they had encountered victims of ritual abuse in recent years. Most organisations did not have a registration system suitable for investigating specific details of abuse. For this reason, the Commission inquired with employees and volunteers of the respective organisations.

Most (former) help and reporting centres did not encounter ritual abuse cases. The former organisations *Sektesignaal* (specific for sects) and *Tegen Je Wil*, as well as currently active organisations *Centrum Seksueel Geweld*, *Fier*, *Het Reformatorisch Meldpunt*, *Blauwe Maan* and *Meld Misdaad Anoniem* mentioned one or a few reports of ritual abuse in the last few years. The focus of these organisations was to provide help and support. Victim interest group *Stichting Misbruikt!* Explicitly stated that they received regular reports in the last year. Many reports concerned grey areas around ritual abuse, such as reports about abuse within sects or organised abuse of minors without ritual or satanic elements.

Media coverage

An analysis of traditional media coverage of the past 25 years shows that in the 1990s, attention was focused on themes like recovered memories, DID and the existence of ritual abuse. The existence of ritual abuse and other themes triggered a polarised debate. The first decade of the current century offered generally less media coverage and more focus on themes like the quality of police interrogations and the work methods of psychotherapists. The most recent decade shows a renewed interest in the same themes as the 1990s. Nowadays, the influence of conspiracy theories also plays a role. In contrast with traditional media, modern media more often describe the experiences of victims, the nature of abuse, perpetrators and networks, the involvement of authority figures, the motives of perpetrators, cover-up of the abuse, *mind control*, manipulation, and the influence of disinformation.

The perspective of people accused of organised sadistic abuse and retractors

The former *Workgroup on Fictional Memories* (*WFH* in Dutch) was started by parents who stated that they were falsely accused of (ritual) sexual abuse. Workgroup members noted a pattern in the reports the *WFH* received: the relationship between (usually) the daughter and her parents would deteriorate after the daughter started psychotherapy. After a while, this would be followed by an accusation of incest. A police report was made in 20% of cases. One case resulted in a criminal prosecution; other police reports were dismissed and remained without legal consequences.

Twenty of the *WFH* reports contained elements of sadistic or ritual (satanic) abuse. Just five cases specifically concerned ritual abuse and satanism. All individuals who made accusations were being treated by a psychotherapist or under the influence of a church pastor at the time of the accusation. Notably, family members of the accused and involved psychotherapists had the same religion. Remarkably, the accusations could not be verified, and details of what allegedly happened remained unclear to those involved.

The Commission also spoke to two retractors: people who made accusations of ritual abuse based on recovered memories and later retracted those accusations. Stories of other retractors on websites about recovered memories were also examined. These stories show that retractors often had psychotherapy focusing on recovering memories. A diagnosis with DID was often seen, and regularly also of PTSD. After a while, retractors found that their recovered memories could factually not be accurate. The consequences of these recovered memories are often severe: depressive episodes worsen, and victims become estranged from family and friends.

Scientific insights into complex trauma, dissociation, DID and memory

Victims of organised sexual abuse often suffer from complex trauma, previously also called trauma type II. Complex trauma results from multiple traumatic experiences that often happen at an early age and regularly involve people the victim depends or depended on. Diagnostically, this usually results in complex PTSD with comorbidity.

Dissociation is a common and functional response to experiencing extreme stress. Turning off attention can be a coping mechanism to deal with unbearable violence and pain. Victims of sexual violence often describe an “out-of-body experience.” However, it is not functional if dissociation occurs in situations without exposure to extreme stress. In this case, a person may suffer from a dissociative disorder. Dissociative identity disorder (DID) is a severe dissociative disorder. There are different models that explain the causes and nature of DID. According to some models, a traumatic event triggers fragmentation of the personality, thereby causing multiple personality states. The structural dissociation model is a trauma model that assumes amnesia between the different personality states, meaning that memories are not shared between these states. Memories can be recovered by integrating memory states during psychotherapy. The existence of multiple personality states between which no memories are shared is controversial. For example, the sociocognitive model states that dissociative symptoms can result from suggestions from psychotherapy or the patient’s sociocultural environment. Importantly, most scientists and therapists do not place themselves on the extremes of the discussion concerning DID.

Numerous neuroscientific studies show that accurate memories of situations and events before age four are rare. This is related to the development of brain structures involved in memory formation. Also, language development is important since most memories are told as a story. Memories of early childhood events are often imprecise. It has also been shown that memories can be influenced and should be considered reconstructions rather than recapitulations. It is also possible to induce false memories of events that did not take place.

Scientists agree that it is possible not to think about certain events for a long time. According to some theories, memories can be repressed, but it is almost impossible to confirm this

experimentally. At the same time, it is known that emotionally charged events are remembered better than emotionally neutral events. This implies that (sexual) trauma after age three would be remembered well and for a long time. This appears contradictory to the concept of repressed memories. Regardless of what theory of memory function or model of DID one believes in, it is almost impossible to determine whether recovered memories reflect real situations unless verifiable or falsifiable facts are mentioned. In the victim interviews conducted by the Commission, only two victims explicitly mentioned recovered memories. It is unclear whether others did not mention it because they know it is a controversial topic. Approximately a third of the interviewed victims had memories of abuse that took place before age three.

A social scientific perspective on stories of ritual abuse

Stories about ritual abuse are often associated with Satanism. The reappearance of particular stories throughout history implies a sociocultural function in society. In social science, Satanism is seen as a worldview that has existed since the 20th century, predominantly focusing on resisting social dogmas. It has little to do with the Christian view of the Devil or its worshipping. Conversely, there is anti-Satanism, in which one group accuses another of Satanism and Devil worshipping. The same elements can be recognised in these accusations: the performance of macabre rituals often involving sacrificing humans, cannibalism and perverse sexual acts. Throughout history, Christians, Jews, and those deemed heretics or witches have been accused of these acts. These stories reappeared in later historical periods. Examples are stories about a satanic organisation that tried to take over France during the French Revolution or freemasons who performed satanic rituals at the end of the 19th century. In the 20th century, these stories reappeared during the *Satanic Panic* of the 1980s and 1990s.

These stories share the element of inversion. The accused group does the opposite of everything considered correct. The Devil is worshipped, and babies are killed and eaten. Some people see evidence for the existence of an ancient, powerful and evil organisation in the similarities between these stories. However, this assumption is discredited by the fact that a different group in society is accused of Satanism each time.

The function of these stories is partly sociocultural. Contrasting one social group against another, which may or may not actually exist, can reinforce the own group identity. Especially in periods of significant social change, problems or frustration, people are vulnerable to believe these kinds of stories. It also has an individual-level function: the conviction that an evil organisation exists with a purpose and plan to cause suffering to its victims might be a coping mechanism to deal with a person's own suffering.

The influence of disinformation and conspiracy theories

Dis- and misinformation can be used as methods for extreme manipulation *within* an abuse network, but also play a role in stories *about* child sexual abuse, mainly through conspiracy myths. The most commonly known examples of conspiracy myths about child and human trafficking are “*The Great Conspiracy*” and *QAnon*. In the *Great Conspiracy*, a secret elite operates from the shadows, controls the world and executes an unknown plan. The *QAnon* movement claims, among other things, that a network of paedophiles and Satanists sexually abuse children and murder babies. Several politicians and other authority figures in the United States and Europe have been accused of being part of these kind of networks. These types of conspiracy theories easily spread through the internet and social media, allowing people to be easily manipulated and take part in creating and spreading these conspiracy myths. The danger of this type of disinformation is that actual child abuse cases are mistaken for conspiracy myths and are, therefore, not pursued. It also leads to a reluctance of victims to report their stories out of fear of not being taken seriously.

Chapter 4. Help and support for victims of organised sadistic abuse

This chapter deals with the following question:

- Which positive and negative factors influencing proper care are mentioned by victims and therapists?

To answer this question, the Commission chose to use multiple sources, which have been described in more detail in the focus reports. The experiences of victims are discussed using information from the interviews, questionnaires and letters (focus reports #1 and #2). This is supplemented with information from interviews with therapists (focus report #3) and scientific articles that systematically describe patients' and therapists' experiences with positive and negative factors influencing proper care (focus report #4).

Negative factors influencing proper care

Victims interviewed by the Commission mention that it took a long time to seek help. For a long time, they did not have the words or the knowledge to realise that the abuse suffered was not normal. They also indicate that it took a long time to find proper care. Once they found help or support, it focused on actual physical or psychological problems, but early life trauma was often not recognised or not acknowledged. This can complicate making the right diagnosis, for example, with (complex) PTSD or a dissociative disorder. According to victims, care is often difficult to access, with long waiting lists or treatment that only consists of a limited number of sessions.

Therapists mention the treatment strategy for victims of organised sadistic abuse and the hurdles that caregivers encounter in mental health care as negative factors that influence proper care. Some therapists state they felt isolated because colleagues were unfamiliar with this specific group of patients. Therapists also state that victims lack confidence in proper care. If one or multiple family members were responsible for the abuse, getting out of this dependent situation would complicate successful treatment.

If the abuse is ongoing at the time of treatment, the professional code of conduct obliges therapists to ensure that the victim's children are not in danger. Although this can negatively impact the relationship with the patient, caregivers are obliged to prioritise the safety of minors.

Another negative factor mentioned by therapists, and supported by scientific research, is the lack of experience treating this type of patient. This results in insufficient knowledge about organised abuse and its consequences. The relatively low number of patients who seek help makes it difficult to expand this knowledge. The limited experience treating this type of patient increases the importance of intervision and consultation. Intervision is also essential

to manage the emotional burden and potential negative impact on therapists' moods and professional functioning.

Experts state that trauma and dissociative disorders such as DID are difficult to treat and require a long treatment period. The usual short-term treatment standards and protocols of the mental health care system are insufficient. Moreover, the negative associations tied to ritual abuse and DID can lead to institutions turning away patients with a history of organised sadistic abuse.

An essential element in treating victims of organised sadistic abuse is the balance between a neutral, respectful and serious approach of the patient, recognising and believing their stories and their more extreme parts, and keeping professional integrity. Some victims find it important that therapists believe their stories. Many victim stories contain elements that are bizarre or hard to believe. It is not the task of a therapist to find the truth, nor are they able to do so. Therefore, it is important that therapists are aware of their own responses like disbelief and aversion and do not allow this to affect their professional attitude during the treatment. If certain parts of a story are evidently untrue, this does not mean that the entire story is false. Simultaneously, psychotherapists have to avoid getting emotionally involved in a patient's situation or being uncritical in their approach. This includes the risk of encouraging stories about events that did not actually take place. Importantly, therapists need to be aware of the possibility that this happened in previous treatments the patient has undergone. The 2004 report of the Dutch Health Council titled *Controversial memories* contains recommendations for therapists to maintain a professional attitude towards patients.

Positive factors influencing proper care

Healthy relationships between victims and people outside the abuse network positively affect treatment. This allows a victim to build a life outside the network with healthy relationships. Patients with solid *ego strength* tend to have a better prognosis.

Managing expectations about treatment aims can also contribute to its success, taking into consideration a history of severe trauma and related psychological problems. Treatment aims differ between patients. For one patient, the aim can be to get out of the abusive situation, and for another, to treat dissociative symptoms. Some victims experience an improved quality of life after reducing the number of destabilising moments. Proper care can also make victims feel they "can think for themselves" and "become strong enough to resist the abuse network." Clinical experts indicate that the needs of patients should be the top priority. The focus should not be on ritual elements. If the abuse is ongoing, placing victims in *safe houses* should be possible. Caregivers agree with this view. Finally, experts emphasise

the need for more research and knowledge gathering to develop proper diagnostic methods and effective treatment options.

Chapter 5. Law enforcement and prosecution

This chapter deals with the following three questions:

- What information can different sources provide about the willingness and possibility to file a police report, and about its handling by police, in particular regarding stories from victims and therapists?
- What experiences does the police have with these types of cases?
- How does the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* evaluate the facts in these types of cases, and which criteria are used to determine whether a case should be further pursued?

The Commission thoroughly examined the problems that victims encounter when reporting abuse to the police, as described in some of the focus reports. First, information from the victim interviews, questionnaires and letters from victims has been analysed (focus reports #1 and #2). This was supplemented with information from interviews with therapists and scientific studies (focus reports #3 and #4). Furthermore, input from the victim interest groups has been used (Appendix A10, not translated). Moreover, the number of notifications and formal reports of organised sadistic abuse (with ritual elements) to the police was investigated (focus report #12). In addition, police officers and staff members of the Netherlands Public Prosecution Service were interviewed (Appendix A11, not translated). The existence of child sexual abuse material of organised sadistic nature with ritual elements was studied (focus report #5). Court verdicts were analysed concerning ritual abuse (focus report #14). The role of the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* was also examined (focus report #13). Finally, the Commission received information about a formal police investigation into ritual abuse in the Netherlands from the Dutch National Police Force (in Dutch: *Landelijke Eenheid*; Appendix A12, not translated).

Few police reports about organised sadistic abuse exist, specifically about ritual abuse. Victims are reluctant to file a police report because they fear being punished by the perpetrators and because they are afraid to be seen as accomplices. They are also afraid of not being believed by the police. Some victims have doubts about (relevant) details of the abuse because it happened a long time ago. Moreover, the lack of trust in the police and the justice system contributes to victims not filing reports. Therapists can only discuss the advantages and disadvantages of filing a police report, but ultimately, victims have to decide for themselves.

During the psychotherapeutic treatment that often lasts several years, therapists learn about the hurdles for patients to file a police report. The average police officer does not have sufficient knowledge about abuse within organised networks that sometimes involve family members. For many victims, it is difficult to tell a coherent story. Therapists find that

filing a police report and describing traumatic events in an environment that is experienced as unsafe and frightening can negatively impact a victim's psychological well-being.

Victim interest groups find it important that law enforcement for cases concerning organised sadistic abuse is pursued by the unit for human trafficking and not by the vice police unit. Furthermore, they point out several safety aspects for victims and the possibility for victims to take someone along for support during conversations with police officers or when filing a police report.

National and international scientific publications about organised sadistic abuse are often based on victim experiences. In these publications, fear of law enforcement, incoherent official statements and a lack of trust in the police are mentioned.

If victims cannot or do not want to provide verifiable information, evidence collection in a police investigation is obstructed. Most police reports about ritual abuse do not lead to prosecution but are dismissed due to a lack of evidence, such as a lack of photo or video footage. Victims state that photo or video footage of the abuse has been made. Perpetrators sometimes told them that footage exists that shows victims as accomplices in the abuse. Victims and therapists can almost never confirm whether this kind of footage actually exists or has existed. The Commission inquired with several agencies tasked with detecting and investigating (online) child sexual abuse material whether they ever encountered material with ritual and/or satanic elements. None of the agencies had ever encountered material like this. However, they did find severely sadistic child sexual abuse material with (very young) children.

Under special conditions, vice cases can be referred to the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* by a public prosecutor. This requires an official police report filed by the victim. The criticism about the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*, among other organisations stated in the victim letters, does not appear to be based on victims' own experiences. The expert committee only evaluated a limited number of police files concerning sexual abuse with ritual elements. On average, the committee evaluated one case per year since its start 20 years ago. An analysis of four randomly selected files shows that lack of evidence is often the problem. Furthermore, the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* clearly explains the basis of their advice.

Police officers and staff members of the Netherlands Public Prosecution Service reflect on their own work methods and are critical about communication with victims about certain elements. There is often confusion about for instance the "informative conversation" that can precede an official police report filing and about the criterion that allows a victim to wait for two weeks before filing a report. Also often unclear are the possibility of having a person

present for support during the informative conversation and the aims and function of different parts of the police investigation and legal trajectory.

Since 2014, there have been hardly any official registrations of police alerts and reports of ritual (satanic) abuse cases. Especially for cases of ritual abuse, it is known that police reports are not filed or that the police investigation strands. As a result, prosecution and court verdicts do not take place.

An overview of Dutch court verdicts of the past three decades shows no verdicts for ritual (satanic) abuse cases. This period does have court verdicts against perpetrators operating in organised networks for (sexual) abuse of minors without ritual (satanic) elements. Media sources also mention police reports of organised sadistic abuse from this period. Some police reports concern the involvement of authority figures in sexually abusing minors at (private) parties. In recent years, some police reports specifically about ritual (satanic) abuse have been filed. These police reports are often filed against the government or specific authority figures and are only described in media sources. Interestingly, the people who have publicly accused authority figures have themselves been prosecuted for libel, defamation or sedition in civil or criminal court.

Chapter 6. The help and reporting centre for victims

This chapter answers the following question:

- To what extent could a new help and reporting centre contribute to increasing knowledge about organised sadistic abuse and increasing the willingness to report it, and how could it fit in with existing help and reporting centres and helplines?

The answer to this question uses information from interviews with victims, therapists, (former) helplines and organisations, victim interest groups, and experiences from abroad (focus reports #1, #2, #3 and #11 and Appendices A8 and A10, not translated).

In interviews with victims and therapists, the Commission asked whether they thought a help and reporting centre for organised sadistic abuse would be helpful. This included asking about the desirability of a help and reporting centre specifically for ritual abuse. The call for victim letters did not include this question, nor did victims write about it on their own accord.

Several victims mentioned the conditions for a possible help and reporting centre: safety, anonymity, regional or central locations and the availability of *safe houses*.

Victim interest groups also stress the latter. In addition, they stress the importance of integration with existing specialised help and support services. They also consider specific knowledge about organised sadistic abuse at a help and reporting centre desirable, partly by involving the expertise of a panel of abuse victims.

Therapists indicate that a help and reporting centre could offer victims recognition but may, at the same time, risk triggering re-traumatisation. A help and reporting centre, they say, should not be biased towards this type of abuse, but neither should it be uncritical. Most important, according to social workers and mental health professionals, is that a help and reporting centre has expertise in trauma, dissociation and ritual abuse. Helping a victim via a help and reporting centre requires excellent cooperation with existing help and support services using a multidisciplinary approach. Involving law enforcement can help lower the threshold for reporting or filing a police report. A help and reporting centre can also contribute to data collection, increasing knowledge about organised sadistic abuse.

Social workers and help and reporting centre staff indicate the existence of many help and reporting centres in The Netherlands. As a result, knowledge of victims' help and support needs is fragmented and cooperation with service partners is not always fast and effective.

Help and reporting centres for specific problems do not always have the desired effect. For example, the *Sektesignaal* helpline for reporting abuse in sects and cults in The Netherlands

had to deal with relatively small numbers of victims each year, which contributed to its closure in 2020. As a result, specific knowledge about cults has been lost. Several employees of (former) helplines and organisations indicate the need for a general help and reporting centre for sexual violence, in which specific knowledge is present on, for example, organised sadistic abuse or dealing with victims with intellectual disabilities. Among others, the *Dutch Centre for Sexual Violence (CSG)*, *Rutgers* (a Dutch centre of expertise in sexuality), *Amnesty International*, and the *National Dutch Reporter on Human Trafficking and Sexual Violence against Children* express this need. They consider an easily accessible help and reporting centre with well-trained staff a critical prerequisite.

Germany has a general help and reporting centre for sexual violence and a specialised one for ritual abuse. Both centres have a telephone helpline and a website with a chat function. Calling the helpline is free and anonymous. According to the Commission, much can be learned from the approach in Germany. The multidisciplinary collaboration between therapists and other (mental) health professionals, social workers, researchers, legal experts and abuse victims provides a platform for knowledge gathering and sharing. Importantly, excellent referral options are needed from the help and reporting centre to specialised help and support services. Finally, better cooperation between the help and reporting centre, law enforcement, and prosecution is advisable.

Concluding remarks

The Commission has sought to investigate organised sadistic abuse of minors, focusing on ritual elements as comprehensively as possible. The Commission maintained this comprehensive perspective with close attention to the problems victims experience in reporting this abuse to social services and the police. It also looked at the possibilities and impossibilities of the police in such cases, the desirability of a help and reporting centre and its functioning and the need for adequate help and support.

The Commission has noted that views vary among scientists, for example, on recovered memories in relation to memory functioning. Without glossing over these contradictions, the Commission is of the view that they have received too much emphasis and are at least partly outdated. For example, the stories of victims interviewed by the Commission appear to be based only to a limited extent on recovered memories or memories before age three. Victims often indicate that they understand how difficult it is to believe their stories because they are sometimes bizarre. They themselves find it difficult to tell a consistent story. Scientists who study organised sadistic abuse and do not question its existence acknowledge the limitations of their research. It is almost impossible to verify victims' stories. Also, it usually concerns small studies conducted by a limited number of researchers. The researchers stress that they do not and cannot engage in truth-finding and that conclusions about organised sadistic abuse with ritual elements based on the literature are mostly tentative. According to some authors, claims of international conspiracies of ritual satanic abuse are speculative. These authors also indicate that speculations about unusual characteristics, such as ritual practices, should not be emphasised. Thus, scientists who do not question the existence of this phenomenon tend to express themselves in a nuanced way and cannot simply be dismissed as *believers*.

Memory scientists and legal psychologists critical of ritual abuse are also nuanced. All scholars interviewed by the Commission agree that organised abuse of minors occurs. However, the extent of this form of abuse is difficult to assess. Evidence exists for the possibility of manipulating and coercing victims into undergoing and performing sexual acts in HCGs or networks. This abuse is not specifically of ritual nature. Scholars who are critical of accounts of organised ritual violence are thus uncritical of the existence of organised sadistic abuse of minors per se and the (far-reaching) possibilities of manipulation.

The various help and reporting centres that victims can turn to with their stories have little to no experience with cases involving ritual elements. However, the victim interest group *Stichting Misbruikt!* explicitly states that it has regularly received reports in the past year. The investigative experts consulted by the Commission all state they have never come across footage of abuse with ritual elements. They did, however, come across footage of severe sadistic child abuse. They indicate that footage of organised abuse with ritual elements

would be helpful for further police investigation because of the presence of multiple people and specific objects. Victims are the only primary source reporting this type of abuse; other sources do not back its existence. However, support has been found for very violent organised abuse of minors.

Stories with ritual and possibly satanic elements can also be interpreted from a sociocultural perspective. Additionally, it is possible that victims of severe sexual abuse find each other through the internet, social media or peer groups, hear each other's stories through these channels and internalise them (in part). Reading about conspiracy theories about a satanic paedophile elite, for example, will further increase some victims' suspicions against certain institutions. At the same time, many victims and their representatives want nothing to do with such conspiracy theories and fear that these stories will negatively affect the credibility of their stories. The Commission supports this view.

The Commission observes that the existence of organised and violent abuse of minors is undisputed. Regardless of whether victims' stories are entirely accurate, it is likely that they are victims of intrusive, traumatising experiences. They experience the consequences to a severe degree. In many cases, their social functioning is severely hampered: victims do not complete their education, find it difficult to hold down a job, avoid or break down relationships, and view the outside world with suspicion. Furthermore, threats may keep coming from the perpetrators' network. Victims and therapists often report psychiatric problems such as depression and PTSD. The problems victims experience are complex and require specialised assistance from, for example, specialised psycho-trauma clinics. The Commission has observed insufficient access to this specialised care for this specific group of victims. Knowledge gaps about these issues also exist. The Commission provides recommendations to improve help and support.

Before victims find help and support, they have to overcome obstacles. They fear the consequences from within the network and fear that these are more severe than the abuse they are experiencing. It strikes the Commission that in Germany, many victims manage to escape the network without help. Furthermore, victims expect that social workers, (mental) health professionals and the police will not believe them. Consequently, they feel there is no point in telling their story. From past experiences, some therapists advise victims against reporting to the police. The Commission considers this an undesirable situation. Conversely, for these and all other victims of sexual violence, the threshold for reporting should be as low as possible. Initially, it should be possible to do so anonymously. Therefore, the Commission considers establishing a help and reporting centre desirable and provides recommendations to this end.

Given the obstacles mentioned earlier, the police rarely receive reports of this kind of abuse. The question is whether they have sufficient expertise to interrogate people with such

complex grievances adequately. After all, the average (vice) investigator rarely, if ever, experiences such a case. The Commission, therefore, does not consider it desirable to organise in-service training focused on ritual abuse for all (vice) investigators. However, the Commission does advise closer cooperation in cases of organised sadistic abuse of minors. The Commission also recommends establishing an academic centre of expertise where the police, social workers and (mental) health professionals can all ask for advice in cases of organised sexual abuse. This could help increase the chances of successfully filing a police report of organised sexual abuse. It should be stressed that underage victims (initially) did not always understand that the abuse was not normal. This, of course, also applies to many other underage victims of sexual abuse. An adequate frame of reference, in which it is obvious what is normal and abnormal sexual behaviour, can help minors report abuse earlier. It is, therefore, essential to pay close attention to the education of healthy sexual behaviour and relations, including in the school system.

In the Commission's view, the role of the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* regarding ritual abuse cases has been exaggerated in the media. On average, the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* was involved in one case with ritual elements every year. Analysis of victims' letters and interviews with victims shows that only a few report an experience with the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*. From the files the Commission reviewed, the procedure always appears comprehensible, and the conclusions logically follow from the analyses. Based on the available police files, the Commission reached the same conclusions as the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*. The Commission supports evidence-based views on the unreliability of statements about abuse before age three and statements based on recovered memories. Nevertheless, even these memories may contain verifiable parts that warrant further police investigation.

Finally, the Commission reiterates that victims of organised sadistic abuse can be severely impaired and that it is a social duty to provide adequate help and support to these victims. Cases concerning organised sadistic abuse, particularly cases where the victim is still in acute danger, should be picked up urgently by social workers, (mental) health professionals and the police to prevent further harm to them and other victims. In this context, the Commission is deeply concerned about the limited access of victims to specialised help and support services. The Commission also calls for more scientific research into the effectiveness of treatment of victims' psychosocial and physical problems. The fact that "regular" abuse cases are shelved for a long time due to personnel shortages in the vice police shows how overburdened this police unit is. A complex organised abuse case requires even more capacity than a "regular" abuse case. In cases of organised abuse or any other form of sexual abuse in which the police were notified or a police report was filed, the

Commission considers the lack of capacity unacceptable. This situation is all the more distressing when minors become victims of (organised) sexual abuse.

Recommendations for help and support for organised sadistic abuse

Victims of organised sadistic abuse have experienced much psychosocial distress with severe mental and physical health consequences. These include traumatic stress (complex, post-traumatic stress disorder, dissociate symptoms, and sometimes dissociative identity disorder), attachment problems, various physical conditions, anxiety and depression. They are often vulnerable people who depend on others to some extent and regularly report being isolated in the network where the abuse occurs. Help and support to victims of organised sadistic abuse will often be long-term. It is recommended to involve different disciplines, including psychological, medical, social and financial help, and to organise access to specific expertise relating to organised sadistic abuse (with ritual elements). The Commission makes the following recommendations for improving assistance to victims of organised sadistic abuse.

Access to expert help and support

1. There should be sufficient possibilities for expert, long-term help and support. Those help and support options should be easy to find through a social service map known to the help and reporting centre. This proves difficult to achieve in the current care system in which short-term interventions are preferred.
2. Intervision or peer consultation is a requirement. Social workers and (mental) health professionals need to be particularly aware of the risks of suggestion and recovered memories, not only from themselves but also from previously undergone therapies and the victim's environment. Maintaining skills and expertise through training and education is also a requirement.

Promoting and sharing expertise and knowledge

3. Through the centre of expertise linked to the recommended help and reporting centre, specialist knowledge on organised sadistic abuse and help and support can be shared. Research on experiences with and effectiveness of specific therapeutic interventions can also be conducted through this centre of expertise. The experience of a panel of abuse victims in the centre of expertise can play a role in this.
4. Education and training curricula for psychosocial support professionals should include more knowledge on dissociation and DID in adults and children. Adequate diagnostics should be addressed, including identifying dissociative disorders and comorbid symptoms.
5. More research into the treatment of dissociation and DID is needed, especially in children. To facilitate such research in The Netherlands, specialised mental health institutions, centres of expertise and universities should collaborate.

Nature of help, support and treatment

6. Clear communication about the treatment plan and realistic expectations of treatment outcome are essential. The aim of the treatment – reducing or remedying psychological and social problems, coping with memories, and improving life quality – should also be explained.
7. There is a particular focus on helping minors. The younger the child when abused, the more worrisome the effects of manipulation.
8. Modelled after the German help and reporting centre, a Dutch version of an “exit guide” should be drawn up to inform victims of the steps they can take to escape the network’s influence.
9. It is important to establish safe shelters, so-called *safe houses*, for victims with recent abuse experiences or who still experience threats. Preferably, this is done in cooperation with existing agencies, such as *CoMensha* or women’s shelters.

Recommendations for filing police reports and law enforcement into sadistic abuse

It proves difficult for victims to notify the police or file a police report of organised sadistic abuse. Police often have to deal with individuals who are unable or barely able to make a consistent statement. However, this should not be a reason to discourage reporting or not initiate police investigations. In addition, victims' distrust of the police plays an important role. On the one hand, this is because victims believe that some police and judicial officers are part of the abuse network. On the other hand, proving abuse cases is generally difficult, and the percentage of solved sexual abuse cases is relatively low. Victims also anticipate a low punishment for the offenders. All this makes victims reluctant to report it. Sometimes they are advised against it by those around them, including therapists. Furthermore, there may be threats from the network or fear of repercussions. Finally, the fear of being accused of complicity plays a role. The Commission offers the following recommendations.

Education and communication

1. Good information and communication on filing a police report and the police investigation are necessary for victims of sexual abuse and victims of organised sadistic abuse. This involves explaining the steps from the moment of reporting and possible filing of a police report, which investigative bodies or police departments may be involved, and what (penal) outcomes can be expected. This is particularly important when the declarant is a minor.
2. When a decision is taken not to prosecute due to a lack of verifiable facts, this decision should be discussed with the declarant in an understandable and nuanced manner.
3. A permanent contact person from the police can increase the victim's confidence in the investigation process and the accessibility of filing a police report. In addition, this person can provide feedback on new developments and elucidate the victim's questions and expectations.

Support in reporting or filing a police report

4. It is essential to properly prepare those who wish to report organised sadistic abuse for reporting or filing a police report. Victims often indicate that it is desirable to have someone they trust present in doing so. That person can then provide support. The Commission recommends that the possibility of involving a support person in the report filing process is evaluated and, where possible, revised, especially if the victims are minors. In doing so, care should be taken to avoid undue victim manipulation by this person.

5. Establishing a registration code in the reporting system distinguishing between organised sadistic sexual violence and ritual sexual abuse can help further the investigation of organised sadistic abuse.
6. If the prosecutor decides to involve the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations*, they should explain why. Any findings of this Committee should be discussed with the declarant. It is essential to make information about the *Netherlands Expert Committee for Equivocal Sexual Abuse Allegations* easily accessible through regular (digital) information channels.

Law enforcement

7. When a notification eventually leads to filing a police report, it is vital to investigate elements of control, coercion, manipulation and deception of victims. Furthermore, reports should only be filed with the help of police officers specialised in this field. Up-to-date knowledge of the declarant's (possibly psychiatric) problems and the specific characteristics of organised sadistic abuse is indispensable.

Cooperation with other organisations

8. Several police departments may be involved in a police report. For example, a police report may end up with the regional vice teams or departments more specialised in human trafficking or organised crime. Human trafficking is central to organised sadistic abuse. It is, therefore, evident that the human trafficking department should coordinate these types of cases in cooperation with the vice squad. For each case, the extent to which the expertise of various police departments such as vice, human trafficking and organised crime can be combined should be examined. The Commission has the impression that in cases of organised sadistic abuse, these components do not yet benefit sufficiently from each other's expertise.
9. To find (linking) evidence of (internationally operating) networks, different police departments and the proposed centre of expertise should cooperate. This will allow better insight into patterns based on individual notifications and police reports.

Recommendations for establishing a general sexual abuse help and reporting centre

The Netherlands has many help and reporting centres for victims of (domestic) violence, (sexual) abuse, exploitation and human trafficking. Some of these help and reporting centres are government-run or funded; others are independent. Some operate nationally, while others operate regionally. Victims of organised sadistic abuse do not always know which centre is best to turn to for help. The Commission offers the following recommendations for establishing a help and reporting centre linked to a centre of expertise.

The prerequisites of a help and reporting centre

1. The help and reporting centre and the centre of expertise mentioned below are facilitated by the government, guaranteeing a certain degree of continuity and certainty of funding. It also allows quality requirements to be imposed.
2. The help and reporting centre and centre of expertise should preferably fall under the responsibility of the Dutch Ministry of Health, Welfare and Sports because help and support are most important. In that case, there will be no dependence on a particular foundation or person, ensuring that continuity can be better guaranteed.
3. The help and reporting centre should cooperate with existing organisations relating to its various functions (referral to help, support and treatment, discussing the option of filing a police report). This ensures the embedding in existing (care) facilities.
4. The help and reporting centre should have an excellent registration system so that knowledge and expertise in the field of (organised) sexual abuse can be expanded.
5. The proper functioning of a help and reporting centre requires embedding in a centre of expertise.
6. The help and reporting centre and associated centre of expertise need to be evaluated periodically.

Nature of the help and reporting centre

7. A general, nationally organised help and reporting centre for sexual abuse is preferable, partly because this enables the integration of expertise and the development of a well-functioning registration system. All forms of sexual abuse can be reported there, enhancing victims' overview of where to turn. It would also tie in with a social reality in which different forms of sexual abuse exist – from online abuse to sexual violence within a (work) relationship to organised sexual exploitation. The help and reporting centre should, in any case, consist of a telephone helpline and a website with a chat function. The existing infrastructure in Germany can serve as an example.

8. Specific knowledge about organised sadistic abuse (with ritual characteristics) should be present at the help and reporting centre. A separate help and reporting centre for this type of abuse is undesirable because it would become too small. In that case, it would also not be linked to other expertise, which would, for example, prevent tunnel vision.

Functioning of the help and reporting centre

9. Victims can anonymously report to the help and reporting centre.
10. Excellent knowledge of the social service map should be present, and the help and reporting centre should offer support in finding psychological and social support services, among other services.
11. Advice and support can be offered, such as when filing a police report. Help can be provided by phone and chat and is preferably available 24/7.
12. The help and reporting centre should also be easily accessible to minors. Specific expertise in handling reports from minors should be available at the centre.
13. Reporting victims can make a number of phone calls to the same contact person, modelled after the German helpline. This requires representation of professionals from various disciplines, including psychology, social work and legal services. The centre of expertise can provide specific expertise in organised sadistic abuse (see the following recommendation).
14. Good cooperation with regional vice teams, police departments dealing with human trafficking and organised crime, and *CoMensha* is important to pool specific expertise, such as law enforcement or sexual exploitation.

A multidisciplinary centre of expertise

15. The multidisciplinary centre of expertise should gather and share expertise in sexual abuse and should include professionals specialised in these issues. Like the help and reporting centre, the centre of expertise can be broad, uniting specialised professionals. Expertise in organised sadistic abuse (with ritual elements) should be included. Social workers, (mental) health professionals, researchers, legal experts and abuse victims should participate in the centre of expertise.
16. Knowledge of control, influence and manipulation within networks should be present in the centre of expertise, as is knowledge of how to combat and escape it. Furthermore, knowledge of the psychiatric problems of these victims and their consequences for help, support and police investigation should be present.
17. Expertise of abuse victims should be facilitated in the centre of expertise, enabling direct feedback of experiences with help, support and law enforcement. The German help and reporting centre's "*Betroffenenrat*" can be an example. Victim interest

groups can play a role in this. The involvement of abuse victims can also boost confidence in the affiliated healthcare institutions and the justice process.