

Connecting the Dots: Supporting the Recovery and Reintegration of Children Affected by Sexual Exploitation

Thematic Report





ECPAT International is a global network of civil society organisations working together to end sexual exploitation of children. We aim to ensure that children everywhere enjoy their fundamental rights free and secure from all forms of sexual exploitation.

THE INTERNATIONAL CENTRE
RESEARCHING CHILD SEXUAL EXPLOITATION,
VIOLENCE AND TRAFFICKING



The International Centre: researching child sexual exploitation, violence and trafficking at the University of Bedfordshire is committed to increasing understanding of, and improving responses to, child sexual exploitation, violence and trafficking in local, national and international contexts.



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Author: Claire Cody

Overall project coordination by: Mariana Yevsyukova

Design and layout by: Margarita de Forteza and Manida Naebklang

Illustrated by: Vicky Yang

Published by:

ECPAT International

328/1 Phaya Thai Road, Ratchathewi, Bangkok 10400, Thailand

Tel: +66 2 215 3388, Fax: +66 2 215 8272

Email: info@ecpat.org

Website: www.ecpat.org

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Access to Justice and Right to Remedies for Child Victims of Sexual Exploitation Research Project

is a multi-country initiative focusing on child survivors' experiences in accessing judicial remedies and other reparations for sexual exploitation. With its unique focus and prioritization of the voice of the child survivor, the Project empowers children to be active agents in their protection, strengthening access to judicial remedies; identifying the specific recovery and reintegration needs of child victims of sexual exploitation; and improving the opportunity of monetary relief for victims to rebuild their lives.

The research findings and recommendations are presented in thematic papers and reports focusing on Access to Criminal Justice; Access to Recovery and Reintegration; and Access to Compensation.

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FOREWORD

Despite the lack of a solid evidence base when it comes to understanding how best to support children affected by child sexual exploitation (CSE), we (ECPAT and the International Centre) continue to hear the same recurring themes from children and young people about what is important to them. Many of these same messages emerge in this report. Those affected by CSE want to be able to speak with and work with an adult that they trust, who does not judge them and who genuinely cares about them. They also want to know that information they choose to share is kept confidential, that they are privy to what is happening around them and why, and that they know their options and are involved in the decision-making about their care. Likewise, children and young people seek services that are sensitive, appropriate and non-discriminatory, and that make them feel ‘normal’, like any other child or young person.

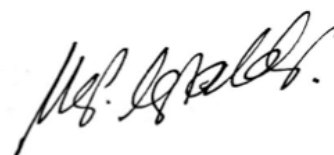
Through listening to what children and young people have told us, not only in the field research that this report draws on, but in other studies and consultations, this report attempts to ‘connect the dots’ and piece together what we think we know is important for children affected by CSE in their recovery and reintegration.

Taking a trauma-informed, rights-based approach to thinking about engaging and supporting children, the report identifies nine key principles as particularly pertinent when working with children affected by CSE. The report also reflects on the important role of caregivers in underpinning the experiences of children who access care. Areas of support that appear to be helpful for children following their experiences of exploitation are also explored.

In conclusion, a set of general recommendations are presented, with the caveat that more research and evaluation is needed in order to draw a more complete picture of recovery and reintegration.



Dr. Helen Beckett,
Director
The International Centre: researching child sexual
exploitation, violence and trafficking and
Reader in Child Protection and Children’s Rights



Dr. Mark Capaldi,
Head of Research and Policy
ECPAT International Secretariat



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- ECPAT International's Secretariat, including Mark Capaldi, Head of Research and Policy, Mariana Yevsyukova, Global Coordinator for Children's Participation and interns Daniel Swaisgood and Nadia Ortega.



EXECUTIVE SUMMARY

Introduction

The child protection sector lacks a robust evidence-base conveying what effective support during the recovery and reintegration process for children affected by CSE looks like. This report starts to collate evidence on what appears to be important to children who have experienced sexual exploitation. Recognising the current gaps in knowledge, this report represents a first attempt to start ‘connecting the dots’ between primary data and existing literature to help states and service providers better respond to the needs of children affected by CSE.

How the Report was Developed

This report builds on the findings from field research carried out in Nepal, Thailand and the Philippines in 2015 with survivors of CSE and their service providers.¹ This fieldwork was led by Dr. Katherine Hargitt, an independent researcher, and commissioned by ECPAT International. This report draws on this research and shares the experiences and views garnered from the in-depth interviews conducted by Dr. Hargitt with 67 survivor respondents and 72 service providers. For the purposes of this report, an initial review of the literature was carried out by a Research Fellow at the University of Bedfordshire (the author of the report) in 2016, in order to provide context and to place the findings from the field research alongside broader messages from the existing body of research.

Key Barriers to Accessing Quality Care and Assistance During Recovery and Reintegration

In the fieldwork and from the broader literature, six key barriers and challenges have been identified as affecting both, service providers’ ability to provide quality care and support to children, as well as children’s ability to access care and, over a period of time, ‘move on’ and attempt to recover from their experiences.

The key barriers identified are:

- Discrimination,
- Fear,
- Lack of child friendly, confidential, consistent, and long term support,
- Survivors’ lack of knowledge and awareness about available resources,
- Lack of resources, including funding associated with care, and
- Barriers to accessing identity documents.

1 See page 21 for details on the use of terminology in this report.



There are a range of barriers that prevent children from gaining the support they need. Fear, discrimination, the lack of information and access to documentation, and the lack of child friendly support all influence children's ability to access services they may need to help them in their recovery and reintegration. At the same time, a general lack of available resources impacts on service providers' ability to address some of these issues and help children access, and engage with, appropriate support.

Approaches and Key Principles for Supporting Children Affected by CSE in their Recovery and Reintegration

Through the initial literature review, two 'promising' and overarching approaches to providing care were identified: (1) trauma-informed approaches, and (2) rights-based approaches.² These two approaches are complimentary and prioritise many of the same principles. Considering these approaches, and drawing from the initial review of literature and messages from the field research, nine cross-cutting elements or principles of professional practice have been identified as particularly pertinent when supporting children in their recovery and reintegration.

These principles are:

- Establishing trust,
- Committing to the child and building a solid relationship,
- Prioritising safety,
- Promoting agency,³
- Taking a non-judgemental approach,
- Promoting acceptance and belonging,
- Encouraging hope,
- Providing access to information, and
- Ensuring and maintaining confidentiality and privacy.

These nine elements are not distinct areas and in many ways are interrelated. For example, developing trust may allow a strong relationship with a caring adult to grow and develop. Maintaining confidentiality may help children to trust and keep them safe. And establishing a sense of belonging may be an important protective factor to help keep them safe.

These elements of care do not cost much in financial terms, nor do they require years of training or the initiation of a new 'project'. They are instead, things that all service providers, in any given context, should be made aware of and supported to prioritise, nurture and develop in their everyday interactions with children affected by CSE.

2 Muraya, D. and Fry, D. (2015), "Aftercare services for child victims of sex trafficking: A systematic review of policy and practice," *Trauma, Violence and Abuse*, Vol. 17(2), 204-220; Macy, R. and Johns, N. (2010), "Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice areas," *Trauma, Violence and Abuse*, Vol. 12 (2), 87-98.

3 See Warrington, C. (2016), "Young person-centred approaches in child sexual exploitation (CSE) - promoting participation and building self-efficacy," *Research in Practice - for a definition of agency, 'When referring to young people's 'agency' we refer to their independent capability, or ability, to act according to their will. It is important to recognise that individual agency is always situated within (and hence constrained to some degree by) biography, circumstances and/or social structures.'*



It is important to note that features of these basic elements are not specific to CSE and have been identified as key foundations for developing a child-centred, rights-based, trauma-informed approach to caring for children affected by broader forms of adversity.

Key Findings

Case Management and the Role of Professional Caregivers

A range of learning about the role of professional caregivers and case management emerged from this review. Key lessons are summarised as follows:

- Case management, assessment and planning are key functions in determining what areas of support a child affected by CSE may require.
- Professional caregivers play a central role when it comes to engaging and working effectively with children affected by CSE.⁴
- The child's relationship with their caregiver(s) will impact upon their entire experience of accessing support. When the relationship is strong and supportive, this can positively influence a child's safety, sense of self-worth, acceptance and agency.
- Many children affected by CSE can eloquently identify what traits are important to them in a caregiver.
- Children want to be able to 'look up' to their caregiver(s), and in some cases may feel more comfortable being supported by those who have gone through similar experiences. Most importantly though, they want someone who they trust, respects them, is kind, and genuinely cares about their wellbeing.
- Working with children affected by CSE can be challenging. Feelings of distress, frustration, and in some cases failure, can take a toll on caregivers' emotional and physical health.
- Given this, and recognising the crucial role that caregivers play, it is imperative that they are able to access supervision, support and training to ensure they are well equipped to carry out this complex role.
- Without this type of support, not only are there risks in terms of the quality of care that children receive, but organisations also risk losing staff.
- As consistency and continuity are key in working with this group of children, supporting and retaining good staff should be a priority for service providers.

Key Domains of Support

Through reviewing findings from the field research, and through exploring the literature, a number of key areas, or 'domains' of support, have been identified - in addition to the fundamental need for care - as important in assisting children in their recovery and reintegration. These include:

- Basic needs and shelter,
- Health,
- Education, vocational training and livelihoods,
- Life skills and peer support,
- Access to cultural, religious and recreational activities,

4 In this report the term 'caregiver' refers to professional caregivers who are employed to care and support children in a range of care settings.



- Legal support, and
- Family and community strengthening.

Basic Needs and Shelter

- Children have a right to an adequate standard of living, particularly in regards to food, clothing and housing.
- Through the findings of the field research, it was evident that these standards were not being met by all those services supporting children as some survivor respondents explained that they had to share soap, toothbrushes, bedding and beds.
- Survivor respondents talked about wanting to have their basic needs met. This meant having access to fresh, familiar food and clean water, having appropriate clothing, having their own, and enough, hygiene products and having their own bedding and sleeping space.
- Through listening to children and providing them with these basic items, this can signal to children that their views matter and that they are respected and cared for.
- Through involving children in decision-making about their basic needs, for example when it comes to meal planning and preparation, this can also promote agency and a sense of control for children.
- There were a number of issues relating to the care settings for children. For some groups, such as boys and transgender children, it was difficult to find suitable shelter and for others, it appeared that they were spending long periods of time in shelter facilities as it was perceived that they could access better care and opportunities not available at home.
- The fact that shelter facilities often appeared to be the only option, and that children were spending long periods of time in facilities that were designed for short term stays, is concerning.
- Survivor respondents shared that they needed clear information about care placements and needed to know if, why and where they may be moved to next.
- Survivor respondents expressed how small things made them feel welcomed and cared for when arriving at a new care setting; i.e., staff members talking to them, being asked if they were ok, and being offered food.
- A number of survivor respondents felt that movement between facilities was unhelpful and that they needed information to help prepare for moves.
- Survivor respondents talked about the difficulties they sometimes faced in shelter homes due to teasing, bullying and the everyday stresses of living with other children.
- Although some survivor respondents felt that physical security measures, such as having security guards at shelter homes, helped them feel safe, others did not understand why they were living in locked and guarded facilities.
- Survivor respondents shared that they had, or in some cases, were planning on running away from shelter facilities. For a number, this appeared to be due to the restrictions which meant they were unable to spend time, communicate with family or friends or ‘have fun’ outside the shelter.
- There is a need to recognise the value of building other dimensions of safety, alongside physical safety, such as relational safety, through establishing solid relationships between children and their caregivers.
- In understanding the importance of acceptance and belonging for children, organisations should prevent isolation and promote opportunities for children to build positive connections with family, friends and the community. Evidence suggests that such relationships will help build resiliency and enable smoother transitions.



Health

- All children have a right to access the highest attainable standard of health.
- Children affected by CSE are likely to suffer from an array of physical, mental, sexual, and reproductive health problems as a result of their experiences.
- Addiction, substance misuse and compulsive behaviours are also issues that affect children harmed by CSE. Service providers struggle to address these due to the lack of specialised programmes.
- Children affected by CSE report a range of 'stressors' that exist prior to, during and following experiences of CSE.
- It is important to be aware of the multiple forms of trauma that children may have experienced and may continue to experience due to the on-going stress and uncertainty that survivors of CSE are likely to be living with.
- Through the field research and literature review, it is apparent that there are many reasons why children affected by CSE may be unable or unwilling to access health care services. This may be due to discrimination that they face, the absence of documentation to access care, fears of finding out that something is wrong with them, a lack of trust that information about their health status will be kept confidential, because services do not exist, or because they cannot cover the cost.
- Understanding and responding to children's mental health concerns is complex given the absence of shared language, the differing views and perspectives of service providers, and the lack of trained professionals. This makes it challenging to understand what support is being provided.
- In the countries where the field research took place, the lack of resources and trained mental health professionals meant that the gap is being filled by untrained, unqualified individuals.
- Survivors employ a range of different coping mechanisms to help them 'move on' from their experiences and it is important to recognise the diversity of individuals' needs.
- Children affected by CSE want confidential services and they want to talk to non-judgemental professionals who will listen and have the skills and training to help them deal with their problems.
- Service providers have a role to play in helping children access other services and accompanying them to appointments.
- Service providers must also advocate for confidential, consistent, child-friendly and sensitive health service provision for the children they are supporting.
- The challenges in accessing appropriate support calls for more creative solutions to address these gaps. In the short-term, this may involve working with children to help them strengthen their own coping mechanisms.

Education, Vocational Training and Livelihoods

- Children have a right to education and vocational training. There is evidence that engaging in education or training can help children establish a sense of 'normality', help place children on an equal footing with other children, and lead to respect and acceptance in their wider communities.
- There is a variety of forms of education, training and income-generation activities, and it is important that children are both informed about their options and supported to make decisions about what is the best fit for them.
- Survivors want more than just access to training; they want help in gaining work experience and securing a job or starting their own business.
- There are numerous problems with existing vocational training programmes, this includes the lack of materials required for training and that training rarely leads to income generation and employment.



Life Skills and Peer Support

- The development of life skills are important for all children, including those affected by CSE.⁵
- Through the development of life skills children may build up a number of protective factors which can aid in recovery and reintegration and help keep children safe.
- Children who develop skills and undergo training may be interested in using these skills to help other children and young people affected by CSE.
- Some survivor respondents shared that they learnt about services from their peers, felt comfortable talking to their friends, and therefore felt that peer-to-peer communication could be a useful way to provide education and support.
- Not all children are comfortable sharing information with their peers however, and if peer education or support programmes are developed, the selection, training and supervision of peer educators is key, and requires resources and support.
- Engagement in services and peer support programmes may help to build a sense of self-worth for those involved, may help provide children with a purpose and give meaning to their experiences.
- Due to the lack of evaluations of such programmes, further research is needed to understand the value of these different models of support.

Access to Cultural, Religious and Recreational Activities

- For some children spiritual and religious coping strategies may help them make sense of their experiences and provide them with hope for the future.
- In the field research there were examples of survivors feeling pressured to convert to different faiths while accessing services from faith-based organisations, and reports that in some cases children's beliefs were disrespected by services they were accessing support from.
- Children have a right to participate in cultural and religious activities. Through such activities, they may also develop a sense of belonging and connectedness that can be so important for children.
- Children have a right to play and access recreational activities that are age appropriate.
- Survivor respondents illustrated that children want 'normality'. In other words, they want to be like other children of their own age who are not affected by CSE. Therefore having opportunities to play, 'hang out' with friends and take part in other activities will be an important part of the overall recovery and reintegration process.

Legal Support

- As child victims, children affected by CSE have a number of rights and interests that must be protected during the criminal justice process.
- It is clear from the field research and review of the literature that survivors find the legal process particularly challenging. Specific aspects identified as particularly difficult include having to make tough decisions, having to retell their stories, the drawn out nature of the legal process, the fear of retribution, the discrimination they face, and the sense of a lack of justice.
- Survivors highlight that they often feel a lack of power and control during the legal process and that they need better communication and information from professionals during this period.
- Given the lengthy nature of legal cases, children should be provided with on-going information and ideally maintain a consistent relationship with a support worker throughout.

5 The term 'life skills' refers to the knowledge, abilities and behaviours that enable individuals to deal with the world around them.



Family and Community Strengthening

- Children have a right to family life and, where safe to do so, should be supported during reunification with family members.
- There are differing views over when children, if they are able, should return home and it is unclear how decisions are made on the ground, including who is involved in the decisions regarding reunification.
- Assessments are essential in establishing the readiness of the child, family and community for reunification and all relevant parties should be involved in this process.
- Service providers must ensure that they are aware of legal frameworks and implement existing guidelines and procedures while making decisions regarding reunification.
- Service providers should prioritise working with and strengthening the family as this is key to successful reintegration.
- Children value and recognise the importance of being 'accepted' by their family and community and yet they may experience stigma and discrimination if they return home.
- There is a general need to work with communities on challenging discrimination and stigma against children affected by CSE.
- Monitoring children once they return home can be resource intensive and must be done with sensitivity so as not to further stigmatise children.
- Children should have access to long-term support accessible from their home communities. As specialist service providers may be unable to provide this support due to geographical barriers and resource constraints, it is important to explore the potential of working with local community organisations and structures to provide on-going support.
- Given the sensitive nature of this work, plans or activities involving the community should be fully considered, discussed with the child and family, and should assess risk to ensure that actions are appropriate, protect the child's right to confidentiality and do no harm.

Conclusions and Recommendations

Through reviewing the findings of this field research, it is clear that they closely align to many of the messages from the existing body of literature around the recovery and reintegration needs and experiences of children affected by CSE.

Although the field research focused on three countries in the Asia region, many of the themes mirror what other children in different areas of the world have shared. They point to similar barriers when it comes to accessing care, identify similar principles of care as being important, and talk about related areas of support as being helpful.

It is clear that discrimination is a key barrier to all children accessing support and services. In addition, the field research identifies particularly pervasive discrimination against those children who identified as transgender. The fears that children face, and the lack of sensitive, child-friendly, confidential, consistent support, greatly influences a child's willingness to engage with services.

States have a duty to provide care and support to children affected by CSE and it is clear from this report that states are falling short. Although there is a need for more resources, what is striking from the messages from survivors is the seemingly small things that can also make a difference. Through their interactions with service providers and the wider community, children can feel cared for and respected. Implementing the nine key principles for practice may go some way in improving children's experience of support during their recovery and reintegration. Although the field research identified examples



of service providers promoting these principles in their practice, there are, it could be argued, more examples that detail experiences where these principles were disregarded.

Traditionally the focus of recovery and reintegration work has been on supporting the child, and in some cases the child's family. Programmes need to consider the wider contexts children inhabit and how those within these shared spaces can be trained and supported to contribute to a positive environment for promoting successful recovery and reintegration. All actors involved in the recovery and reintegration of children affected by CSE must work to hold states accountable to their obligations to provide resources to support children. In designing and implementing programmes, having an understanding of the context and resources available is critical. There is therefore, a need for more research, particularly with children and their families, to understand fully the contexts where recovery and reintegration takes place. The recommendations that follow are general recommendations that would need to be further developed and shaped based on in-depth information on the national and local levels.⁶

Recommendations

Organisations and service providers supporting children affected by CSE must:

Use existing legal frameworks and guidelines to ensure organisations' policies, procedures and programmes are 'rights-based' and in line with international 'good practice' standards and national law and policy.

- Ensure that the best interests of the child are the primary consideration in any action taken.
- Provide opportunities for children to take part in decision-making in regards to their own care and for informing and shaping the organisations' services.
- Ensure that those individuals involved in supporting children are properly screened, appropriately trained and supported.
- Support all individuals who are involved in the care of children to develop an understanding of trauma-informed, rights-based approaches to engaging and working with child survivors.
- Ensure that trusted caregivers and case managers have the time and information to advocate for, and accompany, the child on appointments and court visits.
- Work in partnership with other organisations and services to ensure the best support and advice is available.

Funders and programme managers must:

- Assess and develop services' policies and programmes against standards and guidance from existing instruments.
- Think beyond the individual and address the need for changes to the wider context impacting on the individual.
- Recognise the impact of short-term funding cycles and work to mitigate disruption to services, and ultimately children, that occurs as a result.
- Challenge the idea that shelter-based models of care are appropriate long-term placements for children.
- Explore creative ways to overcome geographical barriers to enable children to receive support at home and in their communities.
- Ensure that interventions and tools are culturally appropriate and respectful.

6 For more specific recommendations provided during the field research please see Hargitt, K. (2017).



- Support further research and evaluation in order to better understand what approaches and interventions work and why.

States and Governments must:

- Ensure that the national legislative and policy framework aligns with international standards and guidelines and put in place monitoring mechanisms to assess services against these standards.
- Meet their obligations and ensure that sufficient funds are allocated to enable children affected by CSE to access comprehensive, rights-based, trauma-informed care throughout their recovery and reintegration.
- Promote and support screening mechanisms, training and support for professionals working with children to ensure that children receive confidential, sensitive, non-judgemental, high quality support.
- Consider the sustainability of services for children and promote partnership working to ensure that children and their families are provided with the best quality care, support and advice available.



INTRODUCTION TO THE REPORT

Over the last 25 years child sexual exploitation (CSE) has become a high priority issue for the international community. Multiple commitments, congresses and the introduction of conventions and protocols have attempted to prevent CSE, prosecute perpetrators and protect victims. Despite these efforts, the ever-changing landscape of exploitation and abuse persists and children continue struggling to access appropriate support and services in line with their rights.

Through the Sustainable Development Goals (SDG), the international community again acknowledged the widespread nature of CSE and set the ambitious target to *'End abuse, exploitation, trafficking and all forms of violence against and torture of children'* by 2030. Ending abuse and exploitation means not only preventing it in the first place, but ensuring that those affected can access confidential, high quality, consistent, long-term support so that they can overcome these experiences and are not re-victimised in the future.

A recent global evidence review focusing on preventing and responding to child sexual abuse and exploitation concluded that *'robust research and evaluation in this area is seriously lacking, particularly in LMICs [low and middle income countries]'*.⁷ In high-income countries, there is a similar dearth of evidence-based interventions for children affected by CSE.⁸ This means that where recovery and reintegration programmes are designed, funded and implemented, they are not yet grounded on a sound evidence-base.⁹

The lack of evaluation studies also makes it difficult to understand how effective support is, for who, why and in what circumstances. While the research community attempts to address this gap, service providers need to know how best to respond and support children, families and communities currently affected by CSE. This report attempts to fill this gap, drawing on an initial review of the literature and findings from field research carried out in Nepal, Thailand and the Philippines with victims/survivors of CSE and their service providers.¹⁰ This report 'connects the dots' and pieces together existing evidence on priorities for children affected by CSE in their recovery and reintegration.¹¹

The first chapter provides an overview of key definitions and overall context surrounding the recovery and reintegration processes. This chapter also gives a brief overview of the local contexts where the fieldwork, which this report draws on, took place. Chapter two outlines how the report was developed,

7 Radford, L., Allnock, D. and Hynes, P. (2015), *"Preventing and responding to child sexual abuse and exploitation: Evidence review,"* accessed 3 February 2017, <https://core.ac.uk/download/pdf/42138011.pdf>

8 Countryman-Roswurm, K. and DiLollo, A. (2017), "Survivor: A narrative therapy approach for use with sex trafficked women and girls," *Women and Therapy*, Vol. 40, Iss. 1-2.

9 Asquith, S. and Turner, E. (2008), *"Recovery and reintegration of children from the effects of sexual exploitation and related trafficking"*. Geneva: Oak Foundation.

10 The fieldwork was carried out in 2015 by an independent researcher commissioned by ECPAT International, Dr. Katherine Hargitt, PsyD and details are shared in the report *"Casting light on the care, recovery and (re)integration needs of commercially sexually exploited children. From the voices of children & adult survivors, and their service providers, in Nepal, the Philippines, and Thailand"*, Access to Justice & Right to Remedies Research Project, Bangkok: ECPAT International. The initial review of the literature was carried out in 2016, by the author of this report, Claire Cody.

11 This report is the output of a 30-day desk-based consultancy.



explaining the methods used for the field research and the initial review of the literature. Chapter three highlights the key barriers that impact children’s ability to access quality care and support.

Chapter four identifies overarching approaches and key principles critical to working with children affected by CSE. Chapters five and six outline the process of case management and the key role of caregivers in supporting children’s recovery and reintegration. Chapters seven to twelve explore the different areas or domains of provision highlighted during the field research and which are echoed in the literature as being necessary or helpful for children during their recovery and reintegration. Chapter thirteen explores the key role of the family and community in supporting children’s reintegration. In conclusion, chapter fourteen summarises the main findings of the report and provides a series of overarching recommendations.



CHAPTER 1

KEY DEFINITIONS AND CONTEXT

Key Definitions

Children

In line with the UN Convention on the Rights of the Child (1989), in this report the term ‘children’ refers to those under the age of 18. In the field research, all survivor respondents experienced CSE as children. At the time of the research some respondents were 18 years and over. The terms used in the report to refer to the age of survivor respondents are as follows:

- ‘Young girl/boy’ refers to survivors 12 years old or under,
- ‘Girl/boy’ refers to survivors between the ages of 13-17 years old,
- ‘Young woman/young man’ refers to survivors between the ages of 18-25 years old and,
- ‘Woman/man’ refers to those survivors aged 26 years old or over.

Child Sexual Exploitation

A child may be considered to be a victim of sexual exploitation ‘when she/he takes part in a sexual activity in exchange for something (e.g. gain or benefit, or even the promise of such) from a third party, the perpetrator, or by the child her/himself’.¹² The notion of exchange is the key marker differentiating CSE from other forms of sexual violence and abuse.¹³ Despite the growing consensus over the definition of CSE, the concept of CSE remains complex.¹⁴ With advances in technology, and the identification of ‘new’ forms of CSE, the concept continues to ‘stretch’ to encompass additional types of exploitation.¹⁵

Victim/Survivor

The terminology guidelines for the protection of children from sexual exploitation and sexual abuse explore the use of the terms ‘victim’ and ‘survivor’.¹⁶ The guidelines conclude that the term ‘survivor’ is increasingly being used in the child protection sector. However, the authors caution against labelling children, noting that both labels may be rejected by the children themselves. In the field research, respondents preferred to be referred to as ‘survivors’. This is therefore, the term adopted in discussing

12 Greijer, S. and Doek, J. (2016), “Terminology guidelines for the protection of children from sexual exploitation and sexual abuse,” ECPAT International and ECPAT Luxembourg, p 24

13 *Ibid.*

14 Child trafficking for the purposes of sexual exploitation is a form of CSE. Much of the literature explored in this report focusses on this form of CSE.

15 Melrose, M. (2013), “Young people and sexual exploitation: a critical discourse analysis” in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.

16 Greijer, S. and Doek, J. (2016), “Terminology guidelines for the protection of children from sexual exploitation and sexual abuse,” ECPAT International and ECPAT Luxembourg.



the respondents in this report, and for the sake of consistency, this term is used when drawing from the wider literature. The term ‘children affected by CSE’ is used at other points in the report to recognise that children who experience CSE are affected in many different ways.

Recovery and Reintegration

In international policy and practice the term ‘recovery and reintegration’ is widely used to describe the process following a child’s exit from CSE. For the purposes of this report, ‘recovery’ refers to a process where by those who have exited the exploitative situation attempt to:

- Overcome difficulties associated with their exploitation,
- Address physical, emotional and psychological health concerns,
- Develop a sense of safety,
- Develop protective attributes for resiliency, and
- (Re)build relationships and skills to enable them to ‘move on’ with their lives.

The interagency group’s guidelines on children’s reintegration defines reintegration as ‘*The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.*’¹⁷

Not all children affected by sexual exploitation will return to their family or community, however ‘reintegration’ for the purposes of this report, refers to the process of moving from an environment or situation of exploitation to one where the child has the same opportunities as other children in the community, such as attending school and socialising with friends.

It has been noted that professionals view the process of recovery and reintegration differently. Some believe that reintegration occurs only after recovery, while others see the two happening simultaneously.¹⁸ There have been attempts to put a timeframe on the process of recovery and reintegration with some professionals seeing recovery as happening in the short term, over a number of months, and reintegration happening once a child is returned to their family or is integrated into a new, permanent setting.

In this report recovery and reintegration are viewed as fluid, long-term processes that do not fit into an established timeframe. They begin once children leave, or begin to leave, a situation of exploitation and continue through the process of accessing support and services, addressing various concerns and rebuilding their lives.¹⁹

Reunification

‘Reunification’ refers to the process whereby a child separated from his or her family due to exploitation is *physically* reunited with them.

17 Interagency group on children’s reintegration (2016), “*Guidelines on children’s reintegration,*”. Family For Every Child/ Interagency group on children’s reintegration, p. 1.

18 Asquith, S. and Turner, E. (2008), “*Recovery and reintegration of children from the effects of sexual exploitation and related trafficking,*” Geneva: Oak Foundation.

19 It is important to recognise that ‘exiting’ CSE is itself part of a process. During this phase outreach services, hotlines and drop in centres can play a vital part in helping children to exit. These elements are not addressed in this report however see Hargitt (2017) for more details.



Not all children affected by CSE will be living separately from their families and not all of those separated will be reunified. Some children may be placed with other family members or in alternative care for a period of time or, if they are older, they may be supported through semi-independent living arrangements. Some children will return to their home communities and others will integrate into a different community.

Repatriation

Repatriation refers to the process whereby a child who has become separated and crosses an international border is physically returned to that country. Again, there are variances in how this term is used. For example, in the field research respondents used the term 'repatriation' in discussing cases where children were 'sent back' to different regions within the same country.

Context

Who CSE Affects?

Measuring the number of children harmed by CSE is challenging, and reflects the wider shortcomings with data on child sexual abuse. We know that many children do not report sexual abuse for a number of reasons, or if they do report, their accounts may not be taken seriously.²⁰ A study by UNICEF in 2014 estimated that around 120 million girls under the age of 20 (around 1 in 10) had been forced into sexual intercourse or forced into a sexual act.²¹ The data on the sexual abuse and exploitation of boys has been harder to generate due to additional barriers to disclosure and reporting. However, it is widely acknowledged that boys are likewise harmed by CSE.²²

Studies on CSE tend to focus on the needs and experiences of girls, although there is growing recognition of the need for more research on boys. The experiences of Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) children is also an area that has in the main been neglected.²³ There is still a gap in our understanding of how gender and sexuality, as well as other aspects of identity such as disability and ethnicity, influences the recovery and reintegration experiences of those affected. Research that has taken place points to the added layers of vulnerability and discrimination that some children may face as a result of their gender, sexuality, ethnicity or disability.²⁴

20 Beckett, H. (2011), *“Not a World Away,”* Belfast: Barnardos.

21 UNICEF (2014), *“Hidden in Plain Sight: A statistical analysis of violence against children,”* New York: UNICEF.

22 Edinburgh, L., Pape-Blabolila, P., Harpin, S. and Saewyc, E. (2015), “Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center,” *Child Abuse and Neglect*, 46, 47–59; Cockbain, E., Ashby, M. and Brayley, H. (2015), “Immaterial boys? A large-scale exploration of gender-based differences in child sexual exploitation service users,” *Sexual Abuse: A Journal of Research and Treatment* 1–27; Frederick, J. (2002), *“Innocenti Working Papers: Sexual abuse and exploitation of boys in South Asia. A review of research findings, legislation, policy and programme responses,”* Florence: UNICEF.

23 It is recognised that different acronyms exist such as LGBTIQ, however, the term LGBTI was the term used in the original field research and for consistency is used throughout this report.

24 Fox, C. (2016), *“It's Not On The Radar: The hidden diversity of children and young people at risk of sexual exploitation in England,”* Barkingside: Barnardo's; Franklin, A., Raws, P and Emilie, S. (2015), *“Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation,”* Barkingside: Barnardo's; Davis, J. and Miles, G. (2014), “More than gender: Looking at the vulnerabilities and resiliencies of transgender sex workers in the Phnom Penh, Cambodia,” *Sixth Annual Interdisciplinary Conference on Human Trafficking 2014. Paper 4.*, accessed 5 February 2017, <http://digitalcommons.unl.edu/humtrafcon6/4>.



The International Legal and Policy Framework on Recovery and Reintegration

It is widely acknowledged that tackling CSE requires a multi-agency and multi-pronged approach. Over the years, this has led to the development of a number of frameworks for action by the international community. In the anti-trafficking field, the ‘three Ps’ approach placed the emphasis on prevention, protection and prosecution. In later years, additional ‘Ps’ were added to emphasise the importance of punishment of abusers and the promotion of international cooperation.²⁵

The ‘protection’ element relates to the care and support of children identified as having experienced CSE. The international community also emphasised the importance of the ‘three Rs’ in addressing the exploitation and trafficking of persons through redress, rehabilitation or recovery, and reintegration.²⁶

States have a duty to provide care and support to children affected by CSE. There are a number of specific international provisions in place to assist children in their recovery and reintegration. Beyond national and regional obligations, Article 39 of the UN Convention on the Rights of the Child states that:

‘States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.’²⁷

In addition to the UN Convention on the Rights of the Child, the rights of children to recovery and reintegration are enshrined in a number of instruments including:

- The optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (2000),
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000), and the
- ILO Worst Forms of Child Labour Convention (1999).

Regional instruments also highlight the duty of states to assist ‘victims’. Such instruments include:

- The Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention: 2007),
- The EU directive on preventing and combating trafficking in human beings and protecting its victims (2011),
- The EU directive on combating the sexual abuse and sexual exploitation of children and child pornography (2011), and
- The South Asian Association for Regional Cooperation Convention on Preventing and Combating Trafficking in Women and Children for Prostitution (2002).

There is therefore, a plethora of legal tools in place that clearly lay out the duty of states to support children affected by CSE. That said, it has been argued that the absence of effective monitoring mechanisms mean that implementation and action do not necessarily follow.²⁸

25 Ezeilo, J. N. (2014) *“Report of the Special Rapporteur on trafficking in persons, especially women and children, Joy Ngozi Ezeilo,”* accessed 10 April, 2017, <http://www.refworld.org/pdfid/53981f7f4.pdf>

26 *Ibid.*

27 United Nations (1989), *“United Nations Convention on the Rights of the Child (UNCRC),”* Geneva: United Nations, Pp. 11.

28 Asquith, S. and Turner, E. (2008), *“Recovery and reintegration of children from the effects of sexual exploitation and related trafficking,”* Geneva: Oak Foundation.



A series of standard-setting instruments such as the guidelines for the alternative care of children and the recently published interagency group's guidelines on children's reintegration, although not specifically established for children affected by CSE, nevertheless provide important guidance relating to recovery and reintegration.²⁹ Additionally, as highlighted by others, such standards provide a baseline against which existing services' policies and programmes can be measured.³⁰

The Role of Service Providers in Supporting Recovery and Reintegration

Despite states being the primary duty bearers when it comes to 'promoting' recovery and reintegration, in reality, in many countries it is non-governmental organisations (NGOs) that provide the majority of specialised care and support for those affected by CSE.³¹ For example, research in the Greater Mekong Sub-Region found that no government in the region was able to offer a comprehensive package of support to trafficked persons.³² The same research identified that services provided by NGOs and international organisations tended to be better resourced and more comprehensive than government services.³³

It is also important to recognise that not all children affected by CSE who could be viewed as 'reintegrated' received formal care and support from a government or NGO service provider. However, most of the research carried out with survivors of CSE has accessed respondents through service providers. This means we know very little about the choices, experiences and paths taken by those who rely on informal support from family and friends during their recovery and reintegration. That said, research in the Greater Mekong Sub-Region, which explored the reintegration of trafficked persons, identified numerous reasons why individuals went unassisted or why assistance was declined. These included that:

- Services were not available,
- Services were not available for some 'types' of victims,
- Survivors were not aware of services,
- Survivors felt they could manage on their own,
- Survivors needed to maintain an income, and
- Survivors declined support due to lack of trust, shame, the fact that they felt assistance identified them as a victim, and a lack of confidence that services could meet their needs.³⁴

What does 'Successful' Recovery and Reintegration look like?

Although we are beginning to build a picture of what children who have accessed support feel is important in their recovery and reintegration, our understanding of what 'successful reintegration' looks like is based on limited evidence. One project has attempted to understand potential 'indicators'

29 Interagency group on children's reintegration (2016), "Guidelines on children's reintegration," Family For Every Child/ Interagency group on children's reintegration; UN General Assembly (2010), "Guidelines for the Alternative Care of Children," accessed 4 February, 2017, https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf.

30 Asquith, S. and Turner, E. (2008), "Recovery and reintegration of children from the effects of sexual exploitation and related trafficking," Geneva: Oak Foundation.

31 Macias Konstantopoulos, W., Ahn, R., Alpert, E., Cafferty, E., McGahan, A., Williams, T., Palmer Castor, J., Wolferstan, N. and Purcell, G. (2013), "An international comparative public health analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response," *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 90, No. 6.

32 Surtees, R. (2013), "After Trafficking: Experiences and Challenges in the (Re)integration of Trafficked Persons in the Greater Mekong Sub-region," Bangkok: UNIAP/NEXUS Institute.

33 *Ibid.*

34 *Ibid.*



which may illustrate that a child has been successfully reintegrated into their families or communities.³⁵

In this project, boys and girls in seven countries in Eastern Europe and Africa who had experienced various forms of adversity (including experiences of CSE), and received formal support, shared their views on reintegration. They felt that the most important indicators of successful reintegration should be whether a child's basic needs are being met.

Young people also gave equal importance to the area of emotional support, safety and the child's relationship with the family and community. After these priority areas, children identified how certain internal strengths, skills and behaviours could indicate successful reintegration. Children and young people also acknowledged indicators related to a child's educational and employment status as an important factor in successful reintegration.³⁶ In this particular project, although similar indicators were provided across the different country settings, an understanding of the local context where reintegration takes place is critical.

The UN Convention on the Rights of the Child, and other tools, provide us with internationally accepted frameworks of every child's rights. It is also important to have an understanding of the local realities, i.e., what is categorised as an acceptable standard of living and how wellbeing is understood, in order to plan, develop and implement contextually relevant assessment processes and interventions.

The Local Context of the Countries where the Fieldwork took Place

The fieldwork drawn upon in this report took place in three countries in South Asia; Nepal, Thailand and the Philippines.³⁷

Nepal is considered a low-income country and is ranked 145th out of 187 in the United Nations Human Development Index. The Philippines ranks 115th, and is generally classified as a low-middle income country, whereas Thailand, with its growing economy, ranks 93rd and is acknowledged as an upper-middle income country.³⁸

In all three countries, the trafficking of women and children for the purposes of sexual exploitation has been the main form of CSE that organisations have focused their efforts upon. The US State Trafficking in Persons Report highlights specific forms of CSE as being prevalent in the different countries.

For the Philippines, it draws attention to the reports of an increase in very young children being coerced into sex acts for live internet streaming, which increasingly takes place in private residences and internet cafes. The report also notes the increase in sex tourism in the country. In Nepal, the same report highlights the on-going problem of the trafficking of women and girls for sexual exploitation into a number of countries and regions. In Thailand, the report draws attention to the ever growing

35 Veitch, H. (2013), *"Feeling and being a part of something better": Children and young people's perspectives on reintegration*, Perth Home: The Child Recovery and Reintegration Network; Cody, C. (2016), "We can't collect comprehensive information on all of these changes: The challenges of monitoring and evaluating reintegration efforts for separated children," in Malloch, M. and Rigby, P. (eds.) *Human Trafficking: The Complexities of Exploitation*, Edinburgh: Edinburgh University Press.

36 *Ibid.* Cody, C. (2016).

37 ECPAT International selected these three locations to undertake fieldwork in due to these countries having strong and active member groups.

38 UNDP (n.d), "International Human Development Indicators", accessed 21 December 2016, <http://hdr.undp.org/en/countries>.



'extensive commercial sex industry' in the country. For all three countries, the report points to the need for further resources to improve responses.³⁹ Across these three countries, the majority of existing research focuses on the experiences of women and girls from Nepal who have been trafficked for sexual exploitation.⁴⁰

In the context of Nepal, the majority of the research highlights the high levels of stigma that returnees often face and the difficulties in gaining acceptance from families and communities.⁴¹ In one report, the authors comment on how a research respondent described girls who had experienced CSE in the country as 'dead meat'.⁴² Reports suggest that because of this, marriage may be difficult for returning girls and women. However, one study highlights how some survivors in Nepal appear to choose marriage in order to lessen rejection by their families and communities and improve their access to livelihoods.⁴³ This finding has been supported in other countries in the region.⁴⁴

There appears to be little research exploring the recovery and reintegration experiences of children affected by CSE in the Philippines. Research reviewed from Thailand, presents a mixed picture when it comes to understanding the acceptance of those associated with the sex industry. For example, in one study of girls' experiences of involvement in commercial 'sex work' in rural areas in Northern Thailand, it has been reported that there is little social stigma involved. In such societies, providing and supporting for family is the number one priority and involvement in the sex trade allows some young women to fulfil this duty.

Therefore girls may not be looked down upon if they have been 'successful' and sent back remittances which have allowed the family to buy 'status symbols' such as new motorbikes and electrical goods.⁴⁵ In another location in Thailand, where young children were living at home with their parents, in a community that survived due to the children's involvement in prostitution, the researcher concluded that stigma was also lessened within that particular community.⁴⁶ In such cases, where the family or community are benefiting directly, it appears that the social damage may be reduced for some individuals who have returned home.⁴⁷ This of course does not in any way suggest that the harm or suffering for these children is less, it instead points to the need to better understand the context in

39 U.S. Department of State (2016), "Trafficking in Persons Report 2016," U.S Department of State, 3 February, 2017, <https://www.state.gov/j/tip/rls/tiprpt/2016/index.htm>.

40 Buet, L., Bashford, P., and Basnya, M. (2012), "Looking Towards Tomorrow: A Study on the Reintegration of Trafficking Survivors," Asha Nepal, Shakti Samuha and Terre des hommes Foundation; Crawford, M. and Kaufman, M.R. (2008), "Sex trafficking in Nepal: Survivor characteristics and long-term outcomes," *Violence Against Women*, 14: 905; Richardson, D., Poudel, M., Laurie, N. (2009), "Sexual trafficking in Nepal: constructing citizenship and livelihoods," *Gender, Place and Culture*, Volume 16, Number. 3, 259-278.

41 Chen, C. and Marcovici, K. (2003), "Exploring the status of reintegrated girls: A participatory study," Save the Children US/Nepal; Simkhada, P. (2008), "Life histories and survival strategies amongst sexually trafficked girls in Nepal," *Children and Society*, Vol 22, pp. 235-248.

42 Crawford, M. and Kaufman, M.R. (2008), "Sex trafficking in Nepal: Survivor characteristics and long-term outcomes," *Violence Against Women*, 14: 905, p.909.

43 Richardson, D., Poudel, M., Laurie, N. (2009), "Sexual trafficking in Nepal: constructing citizenship and livelihoods. *Gender, Place and Culture*," Vol. 16, Number. 3, 259-278.

44 School of Women's Studies, Jadavpur University (2012), "Summary report: 'Look at Us with Respect' Perceptions and Experiences of Reintegration: The Voices of Child Survivors of Sexual Exploitation and Practitioners in West Bengal and Jharkhand," Centre for Rural Childhood, Perth College, University of the Highlands and Islands.

45 Rende Taylor, L. (2005), "Dangerous trade-offs: The behavioural ecology of child labor and prostitution in rural Northern Thailand," *Current Anthropology*, Vol. 46, Number, June 2005.

46 Montgomery, H. (2007), "Working with child prostitutes in Thailand: Problems of practice and interpretation," *Childhood*, Vol. 14: 415.

47 See Cody, C. (2013), "What do we know about ... returning home: one option for children affected by sexual exploitation and related trafficking?," Home: The Child Recovery and Reintegration Network.



order to develop more effective responses and interventions that take account of the different factors influencing recovery and reintegration.⁴⁸

Given how fundamental the response from family and community is when it comes to reintegration, there is a clear need to understand the context in which the child has come from and an appreciation of where they will end up. A contextual approach to safeguarding, or child protection, recognises that children's experience of harm occurs in, and is perpetuated or mitigated by a range of interrelated settings: the home, peer groups, educational settings and community spaces. When viewing child protection through this lens, the role of individuals, institutions and structures in each of these contexts in preventing, identifying and intervening in abuse and discrimination becomes key.⁴⁹ Such an approach also recognises that the policies and organisations that shape and govern these spaces affect the ability to keep children safe and, can in turn, contribute to their successful reintegration.⁵⁰

48 Montgomery, in her paper exploring child prostitution in Thailand in the 1990s, highlights the importance of developing a better understanding of family relationships and children's obligations to their parents and argues that without this understanding, interventions designed to protect children will and do fail. Montgomery, H. (2015), "Understanding child prostitution in Thailand in the 1990s," *Child Development Perspectives*, Vol. 9, number 3, 154-157.

49 See work by Dr Carlene Firmin and the Contextual Safeguarding Network at <https://contextualsafeguarding.org.uk/>

50 *Ibid.*



CHAPTER 2

HOW THE REPORT WAS DEVELOPED

The Field Research

In early 2015, ECPAT International commissioned Dr Katherine Hargitt, an independent researcher, to undertake field research in Nepal, Thailand and the Philippines.⁵¹ The fieldwork aimed to gather insights and recommendations from children and adult survivors of CSE and their service providers about what could help children in their recovery and reintegration.

The Method

In-depth and unstructured trauma-informed interviews/discussions with survivor respondents were undertaken in the three countries.⁵² Semi-structured interviews were also carried out with service providers in these countries. The interviewer was a trained clinical psychologist with expertise in trauma and working with CSE survivors.⁵³ The key questions underpinning the research with respondents included:

- What are the needs of survivors of CSE in terms of their recovery and reintegration?
- What can we learn from the current services and programmes?
- What are the key barriers and challenges faced by survivors in accessing services and programmes?

The Respondents

One hundred and thirty-nine respondents were involved in the field research. This included 67 survivor respondents who had experienced one or more forms of CSE and were at different stages of their recovery and reintegration.

The survivors were:

- Between the ages of 10 to 36 years old, and
- 44 female, 13 male and 10 transgender (male-to-female).⁵⁴

51 See details of the field research in the field research report, Hargitt, K. (2017), *“Casting light on the care, recovery and (re)integration needs of commercially sexually exploited children. From the voices of children & adult survivors, and their service providers, in Nepal, the Philippines, and Thailand”*, Access to Justice & Right to Remedies Research Project, Bangkok: ECPAT International. Following the completion of the field research, a Research Fellow at the International Centre: researching child sexual exploitation, violence and trafficking at the University of Bedfordshire was commissioned to conduct an initial review of the literature and write this thematic report which draws on the findings of the field research commissioned by ECPAT International.

52 Trauma-informed interviews are designed and undertaken based on an understanding of trauma.

53 Dr Katherine Hargitt PsyD.

54 In the fieldwork the term LGBTI was used in discussions. However, respondents mostly referred to and used the terms ‘transgender’ and ‘gay’.



All survivor respondents in Nepal and Thailand were receiving services through NGO-run shelters and drop-in centres. A quarter of the survivor respondents from the Philippines were receiving services through governmental programmes. Just over half of the survivor respondents (across all three contexts) were living at an NGO or governmental shelter at the time of the research. All other respondents either lived with family or friends, on their own or on the streets.

72 service provider respondents who had varying years of experience in working with survivors of CSE were also interviewed.

This included frontline staff such as:

- ‘House parents’,⁵⁵
- Outreach workers,
- Case managers,
- Social workers,
- Mental health professionals (i.e., psychosocial counsellors, psychologists and psychiatrists), and
- Other child protection professionals (i.e., project managers, executive directors).

A small number of the service provider respondents shared during interviews that, as children, they had experienced CSE.

Table 1: Survivor respondents⁵⁶

Country	#	Minor (between 10-17)	Adult (18 – 36)
Thailand	15	10	5
Nepal	25	18	7
Philippines	27	13	14

Table 2: Service provider respondents

Country	#	Female	Male	Transgender
Thailand	16	15	1	
Nepal	30	24	5	1
Philippines	26	23	3	

55 The term ‘house parents’ refers to individuals who live and work, taking care of children, in shelter homes.

56 In the report the terms ‘young girl/boy’ refers to survivors 12 years old or under. ‘Girl/ boy’ refers to survivors between the ages of 13-17years old. ‘Young woman/ young man’ refers to survivors between the ages of 18-25 years old and ‘woman/man’ refers to those aged 26 years old or over.



Analysis

The researcher analysed field notes and, where available, transcripts of interviews thematically. Audio-recordings of interviews, where available, were also checked by the researcher when clarification was required. Data was organised under pre-set themes and analysed for emerging subthemes.

Ethics

A number of steps were taken by the researcher to ensure that the fieldwork met ethical standards.

- The researcher consulted with a number of academics, researchers and practitioners to develop an in-depth research protocol, ethical standards and tools. These were then reviewed and approved by ECPAT International's Head of Research and Policy and an external reviewer.
- The researcher met with service providers, who acted as gatekeepers, prior to interviews commencing to discuss the research.
- A plan for referring respondents to appropriate counselling or mental health support was developed.
- Where possible, interviews took place in locations selected by respondents.
- Respondents were given the choice of having a friend or someone else to be in the interview for support.
- It was explained to gatekeepers and respondents that participation in the research was voluntary.
- The research and process was explained to respondents in their own local language.
- Confidentiality and the limits to confidentiality were explained.
- Confidentiality agreements were signed with all those involved in the fieldwork (e.g. translators, gatekeepers).
- Respondents were asked to sign consent forms prior to the interviews and where required, guardians also gave consent.
- Through different means, respondents were assured that the research did not aim to learn about their own personal experiences of CSE, but instead focused on needs, experiences and barriers to recovery and reintegration.
- On the few occasions that signs of stress or discomfort arose during data collection, the interviewer paused the discussion to allow respondents time and space.
- Respondents were free to end discussions and refrain from answering questions during the interviews.
- In cases where information was shared, or where the researcher felt concern for respondents wellbeing, without breaching confidentiality, the researcher made recommendations to the relevant child protection gatekeeper that additional monitoring or support might be required.
- All data was anonymised and confidential information kept and stored in a safe and secure location.



Limitations to the Fieldwork

There were a number of limitations to the fieldwork including:⁵⁷

- **Budget limitations** – this meant that only a small percentage of the recorded interviews were professionally transcribed.
- **Tight deadlines** – this meant that the researcher was unable to field test interview protocols in each country or use other data collection tools and methods to triangulate findings.
- **Sample** – gatekeepers ultimately selected respondents. Attempts were made to access survivors who had reintegrated into rural settings and to include those with disabilities; however, this was not possible due to the lack of identification of these survivors and the logistical challenges involved. Most respondents were accessed through drop in centres and shelters and therefore only represent survivors who had experiences of formal support. More than half of the survivor respondents were living in shelters at the time of the research. Therefore, their ability to reflect on their experiences, or comment on reintegration within the community, is limited because they had not yet left the confines of the shelter programme. The sample of respondents included in this study is not a representative sample and findings are therefore not generalisable.
- **Language** – interviews were conducted in English with a translator interpreting information back and forth. The researcher did speak some Nepali and was also familiar with the Filipino culture, which aided in developing rapport in these settings. There are challenges and barriers unique to working with interpreters which influence the experience and the quality of information collected. The researcher carried out training with the interpreters and took part in de-briefings with them to try to mitigate these challenges.

An Initial Review of the Literature

Method

For the purposes of this report, an initial review of the literature was carried out by a Research Fellow at the University of Bedfordshire over a short time frame (four days) in order to provide context and to place the findings from the field research alongside broader messages from the existing body of research. It is important to emphasise that this was not a systematic review of the literature and some of the literature included in the report would not meet the quality standards required in such a process. This review built on a number of literature reviews which had previously been carried out by the author.⁵⁸

Using the University of Bedfordshire's search tool DISCOVER (an online database search engine) a combination of key words were used to search for relevant academic articles. Key words included 'children', 'child', 'young people', 'youth', 'victim', 'survivor' in combination with the following terms 'child sexual exploitation', 'child prostitution', 'trafficking', 'recovery', 'reintegration', 'intervention', 'case management', 'shelter', 'livelihood', 'education', 'health', 'life skills' and 'legal support'. In addition

57 For more details on the field research method and findings please refer to the full field report Hargitt, K (2017), *"Casting light on the care, recovery and (re)integration needs of commercially sexually exploited children. From the voices of children & adult survivors, and their service providers, in Nepal, the Philippines, and Thailand"*, Access to Justice & Right to Remedies Research Project, Bangkok: ECPAT International.

58 This includes the series of briefs on recovery and reintegration - *'what do we know about....?'* - available at <https://riselearningnetwork.org/>.



to the database search, additional online searching, using the same key terms, was carried out to identify additional sources including grey literature and relevant guidelines and reports from NGOs and international organisations.

The search uncovered a limited number of peer reviewed academic articles that specifically explored the recovery and reintegration of children affected by CSE. However, the search did identify separate bodies of both academic and grey literature deemed useful for providing context to the report. This included evidence drawn from:

- The experiences and needs of children affected by CSE in high income settings, particularly in the USA and UK.
- A number of qualitative (in most cases small-scale) studies with adults and young survivors of CSE (in particular those affected by trafficking for the purposes of sexual exploitation) across a number of medium and low-income countries in the Asia region.
- A number of quantitative studies, including large scale studies exploring the mental health status and needs of individuals who have experienced trafficking in the region.
- The experiences of children and young people affected by varying forms of adversity who, similar to those affected by CSE, have had to overcome separation and marginalisation to heal, transition, integrate and gain acceptance within families and communities and;
- Guidelines and policy documents relating to care and support of children and victims/survivors.

Through reviewing this combination of literature, together with the lessons from the field research, a number of overarching messages emerge in relation to how to work with individuals affected by CSE and what support may be helpful in terms of aiding their recovery and reintegration.

Analysis

Abstracts that were identified during the database search were read to check for relevance. Where papers were viewed to be useful for the study, the full article was reviewed and key themes were identified and coded by hand. In reviewing the articles and grey literature alongside the full field research report, the themes were subdivided into chapters for the purposes of this report.

Limitations

The review of the literature was commissioned by ECPAT International as part of a short term consultancy to develop this report. Given the holistic nature of children's recovery and reintegration there are a broad range of topics to explore. While the strength of a report like 'connecting the dots' is that it provides insights into, and links between, a comprehensive range of aspects of children's lives following CSE – it also limits the depth of what can be explored in anyone area. Due to the limited timeframe available for the review, and the broad topics addressed, the analysis of secondary data can only be considered to be 'an initial' assessment as time did not allow for a more in-depth, systematic approach to the existing evidence-base. Each chapter therefore presents an overview of evidence and may warrant further dedicated research in the future. The author recognises the limits of this and the fact that the review did not include evidence available in languages other than English.



CHAPTER 3

KEY BARRIERS TO ACCESSING QUALITY CARE AND ASSISTANCE DURING RECOVERY AND REINTEGRATION

In the fieldwork and from the broader literature, six key barriers and challenges have been identified as impacting on:

- Service providers' ability to provide quality care and support to children, and
- Children's ability to access care and, over a period of time, 'move on' and attempt to recover from their experiences.

These are outlined below.

1. Discrimination

"...those people if they have like kind of judgment or idea that they could be sex workers, entertainment people, even if it's their turn, they call another person. It's like they don't want to give service to them." (A girl in Nepal)

One theme that dominated the findings of the field research was that of prejudice and discrimination. Survivor respondents talked about the day-to-day discrimination they faced in society. For some, they felt that this discrimination hindered their ability to get an education, secure a job, access healthcare and find a place to live. Although their experiences of exploitation were believed to be the basis for this discrimination, other aspects of identity such as being from a low caste, being young and pregnant or a single mother, or being transgender compounded experiences of discrimination.

"The lower caste children do not get to study. People discriminate on the basis of caste and they say that low caste cannot study or be educated" (A male-to-female transgender child in Nepal).

Transgender survivors involved in the field research highlighted high levels of discrimination, although again, in some cases, it was not clear if this discrimination was due to their experiences of exploitation or identity as transgender.

"I dropped school because I was bullied and I couldn't take it anymore." (A male-to-female transgender child in Nepal)

"Some bosses are nice but most take us negatively." (A male-to-female transgender child in Nepal)



“The doctors don’t give us proper treatment either. Some doctors don’t see us as normal human beings. But things have changed slowly.”
(A male-to-female transgender child in Nepal)

A transgender male-to-female young adult in Nepal shared more details about how difficult it was for the transgender community to access treatment at hospitals due to the discrimination they faced saying, *“...they differentiate and discriminate just because I am LGBTI and it is not just in hospital. I do not feel comfortable in public as a transgender person. In Nepal it is difficult... I think for HIV infected transgender it is close to impossible to get treatment. It is double victimization”*.

She further explained that at the hospital you, *“Have to take ticket and on ticket line there is a man or woman line. They are bullied either line”*.

She clarified, in other words, that due to the discrimination and difficulties in accessing healthcare, many transgender survivors just visit a pharmacy and self-medicate for any health problems they might have. This highlights the challenges that some children affected by CSE may face when accessing health care.

When it came to education, several respondents shared examples of teachers discriminating, bullying and making inappropriate statements towards survivors. One girl in Thailand shared that, due to legal proceedings, she had missed a large chunk of her education and soon after she returned she became pregnant. She said that she *“felt shamed and judged by teachers”* and this led her to quit school. She reflected on this noting that because of her lack of education she did not have a certificate which, in turn, meant she could not get a job. In this case, it was her pregnancy rather than her experiences of exploitation that prevented her from finishing her education and led her to feel that she was being judged. This does though highlight how the intersection of different experiences, aspects of identity and forms of adversity can compound exclusion and discrimination.

It was not only the wider society that was identified as being the cause of this form of discrimination. Survivors also spoke about the discrimination they faced during their stays in drop in centres and shelters that accommodated different groups of children.

It is quite common for survivors to be accommodated in shelters that serve children who have not experienced CSE but may be there for other reasons. Survivors felt that in such contexts bullying and teasing occurred when children affected by CSE shared their stories or problems with other children. Although the sample of survivor respondents did not include the views and experiences of children with disabilities, it was noted, and witnessed, by the field researcher that children with disabilities or deformities were also teased in the shelter homes.

During the fieldwork survivors also shared how they felt discriminated against by the service providers who were meant to be supporting them.

A girl in Nepal during the fieldwork told a story where she had heard a caregiver tell a new girl at a centre, *“You came from a dirty place. They have done dirty things to you, bad things to you. Don’t come near me. I don’t like being with you. I don’t want to share food with you”*. The girl added that the new girl at the centre *“felt very bad, she cried many times, and she often felt like she doesn’t want to live there”*.



Such attitudes and discriminatory behaviour exhibited towards survivors by service providers has been highlighted as a concern in other research in the region.⁵⁹ Children affected by CSE consistently share stories of discrimination and identify the need for non-judgemental support and services.⁶⁰

2. Fear

“We have to go alone to hospital and we are scared about what others might think or say about us”. (Male-to-female transgender child from Nepal)

Fear was identified by respondents as another barrier which prevented children seeking help from services. For example, one boy from Thailand explained that some children are scared to visit hospitals for treatment as they have a fear of needles and also are scared that by going to hospital they may learn that there is something wrong with them. Although this may be a concern for many children, children affected by CSE may not have, or may be less likely to have, a supportive adult at hand to help them address their fears or to accompany them when seeking treatment.

Service provider respondents also spoke about how children were often fearful of filing cases against their perpetrators.

“The process of deciding or the dilemma is very difficult for the children because their constant fear is whether or not will they be supported by anyone during the legal process. The second fear is being harmed. They’re very afraid because most of the families, they don’t support the child. And, the other most crucial point is most of the traffickers are from within their community. Most of the time they are relatives or neighbours from the surroundings. So, after the case, if the child would have to go back to the community, he or she is definitively very scared”. (A service provider in Nepal)

This quote illustrates how children can fear for their personal safety. A number of survivors also shared fears around returning home. This may be due to them feeling they would be judged and stigmatised or for fear of returning empty-handed. If children are able to develop a trusting relationship with a caring, well informed adult, this may help them to talk about, gain access to information and address these fears so that they do not prevent them from accessing services and seeking justice.

59 Aron, L., Zweig, J.M. and Newmark, L.C. (2006), “Comprehensive services for survivors of human trafficking: Findings from clients in three communities,” Washington DC: Urban Institute Justice Policy Center; Hudd, S. (2003), “Sold like chickens: Trafficked Cambodian girls speak out,” The NGO Coalition to Address the Sexual Exploitation of Children in Cambodia; School of Women's Studies, Jadavpur University (2012), “Summary report: ‘Look at Us with Respect’ Perceptions and Experiences of Reintegration: The Voices of Child Survivors of Sexual Exploitation and Practitioners in West Bengal and Jharkhand,” Centre for Rural Childhood, Perth College, University of the Highlands and Islands; Surtees, R. (2013), “After Trafficking: Experiences and Challenges in the (Re)integration of Trafficked Persons in the Greater Mekong Sub-region,” Bangkok: UNIAP/NEXUS Institute.

60 See pg 47 for more information on the importance of taking a non-judgemental approach.



3. Lack of Child Friendly, Confidential, Consistent and Long-Term Support

Survivor respondents gave examples where the lack of privacy, and the lack of confidential and sensitive services, particularly when it came to health care services, made it difficult for them to confidently access support. Given the very personal and sensitive nature of what children affected by CSE have experienced, a desire for privacy is understandable.

One transgender respondent in Nepal shared that it was difficult to access medical services, *“especially in hospitals that are not private. It is very difficult for us to tell them what happened to us”*.

Some respondents also noted that it was common for children to have to see different medical professionals which meant having to recount personal details which was considered to be re-traumatising for the child. In terms of accessing mental health support, in some settings this was provided by volunteers who provided rotating short-term support. This again meant that children were expected to recount stories and problems. It was also noted by service provider respondents that children were often given short appointment slots which was not thought to be conducive to effectively working with this population.

Children affected by CSE taking part in other research studies have also identified similar problems with the lack of confidentiality and continuity of staff when accessing health care.⁶¹ As highlighted in the following chapter, confidentiality and establishing a consistent, trusting relationship with professionals are key principles to working effectively with children affected by CSE.

4. Survivors’ Lack of Knowledge and Awareness

In the fieldwork, service providers talked about survivors not knowing where they could go to get help and support and not knowing where they could access, for example, free healthcare. Survivors identified that some children did not know their rights. As a young woman in Nepal stated, most of them *“do not know anything about legal issues, laws, and their rights”*.

Research has highlighted that survivors of exploitation and trafficking may not always be aware that they are victims and that they have rights. They may not have been provided with all the information or have not, for whatever reason, understood their rights to support and assistance.⁶² Again, this illustrates the important role service providers have in terms of providing children with accurate information, working with them to explore their options and advocating on their behalf.

61 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), “The health needs and healthcare experiences of young people trafficked into the UK,” *Child Abuse & Neglect*, 59, 100–110.

62 Surtees, R. (2013), *“After Trafficking: Experiences and Challenges in the (Re)integration of Trafficked Persons in the Greater Mekong Sub-region*, “Bangkok: UNIAP/NEXUS Institute.



5. Lack of Resources, Including Funding Associated with Care

The fieldwork found that the financial cost associated with supporting children's recovery and reintegration was a key barrier preventing children from getting the support they required. This included the costs of, or associated with the following:

- Gaining an education,
- Accessing health care,
- Buying medication,
- Accessing specialist psychological or psychiatric support,
- Finding somewhere safe to live,
- Accessing training, and
- Fighting court cases.

These costs were a burden for survivors, their families and the service providers who struggled to meet them.

For example, although attending school may be free in some circumstances, respondents mentioned a number of expenses associated with attending school, including transport costs, the costs of school supplies and uniforms.

The lack of resources available was clearly visible when exploring mental health support. The small numbers of trained psychiatrists, psychologists and counsellors in the countries where the fieldwork took place meant that those who required specialist interventions were not always able to access them. The limited resources in rural settings in particular, made it difficult for survivors who were reintegrated into such settings to access on-going psychosocial and mental health support. The lack of mental health services available in rural settings has also been reported as an issue in the wider region.⁶³

The resources required to fill these gaps has led to concerns around the sustainability of reintegration services for those affected by exploitation and trafficking.⁶⁴ The lack of support from governments and the short term, competitive nature of funding from international donors makes it challenging for service providers to plan for and provide long-term, consistent, holistic support.

63 Devine, S. (2009), *“Psychosocial and mental health service provision for survivors of trafficking: Baseline research in the Greater Mekong Subregion and Indonesia,”* Bangkok: IOM; Aberdein, C. and Zimmerman, C. (2015), *“Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study,”* *International Journal of Mental Health Systems*, 9:16.

64 Asquith, S. and Turner, E. (2008), *“Recovery and reintegration of children from the effects of sexual exploitation and related trafficking,”* Geneva: Oak Foundation; Surtees, R. and de Kerchove, F. (2014), *“Who Funds Re/integration? Ensuring sustainable services for trafficking victims,”* *Anti-Trafficking Review*, Issue 3.



6. Barriers in Accessing Documents

Throughout the field research there were examples where survivors were unable to access services as they did not have the necessary paperwork and identity documents.

In terms of education, some children said they did not have the necessary documents to enrol in formal education. For some children this was because general paperwork regarding their education had to be transferred from a different locality which was a lengthy process. For others, the lack of identity papers, such as birth certificates, precluded them from attending school, accessing training, applying for jobs or receiving health care.

One boy in Thailand explained that it was hard to get medical treatment because *“we need document and pay 30 Bhatt which we don’t have”*.

The lack of identity documentation has previously been identified as an issue for those affected by exploitation.⁶⁵ The information contained in a birth certificate, which is in most cases the ‘key’ identity document, can enable access to education and health care, be used to prove a child is in fact a child and therefore entitle them to specific rights and protection, and may, in some contexts, prevent children from becoming stateless.⁶⁶

Research has also drawn attention to the importance of securing citizenship for those who have been trafficked.⁶⁷ For example, research in Nepal identified that for trafficked girls and women, if they did not have citizenship status their rights to property ownership, banking services, land ownership, health, education, travel, employment, political representation and justice could all be limited.⁶⁸

Assisting children to access identity documentation through birth registration or helping to assist with citizenship may be an important part of ensuring their right to a much wider range of services today and in the future.

Summary

It is clear there is a range of barriers preventing children from gaining the support they may need. Fear, discrimination, the lack of information and access to documentation, and the lack of child friendly support, all impact the child’s ability to access services they need to help them in their recovery and reintegration. At the same time, the wider lack of sustainable funding and resources impacts on service providers’ ability to address some of these issues and help children engage with and access appropriate support.

65 Cody, C. (2010), “Birth registration: A tool for prevention, protection and prosecution in the context of child slavery” in Craig, G. (Ed) *Child slavery now: A contemporary reader*, Bristol: The Policy Press; Cody, C. (2009), “Count every child: The right to birth registration,” Woking: Plan Ltd; Richardson, D., Poudel, M., Laurie, N. (2009), “Sexual trafficking in Nepal: constructing citizenship and livelihoods,” *Gender, Place and Culture*, Volume 16, Number. 3, 259-278.

66 *Ibid.*

67 Richardson, D., Poudel, M., Laurie, N. (2009), “Sexual trafficking in Nepal: constructing citizenship and livelihoods,” *Gender, Place and Culture*, Volume 16, Number. 3, 259-278.

68 *Ibid.*



CHAPTER 4

APPROACHES AND KEY PRINCIPLES FOR SUPPORTING CHILDREN AFFECTED BY CSE IN THEIR RECOVERY AND REINTEGRATION

The initial review of the literature confirmed that the child protection sector lacks a robust evidence-base on what effective support during the recovery and reintegration process for children affected by CSE looks like.⁶⁹ That said, two systematic reviews which have sought to explore and understand ‘good practice’ in providing support to survivors of trafficking for the purposes of CSE, have identified two ‘promising’ overarching approaches to providing care: trauma-informed and rights-based approaches.⁷⁰

Trauma-informed approaches and rights-based approaches can be viewed as complimentary as they share and prioritise many of the same principles. Considering these approaches, and drawing from the initial review of literature and messages from the field research, nine cross-cutting elements or principles of professional practice have been identified as particularly pertinent when supporting children in their recovery and reintegration. In this chapter, trauma-informed and rights-based approaches are briefly outlined and the nine cross-cutting principles are introduced.

Key Approaches

Trauma-Informed Approaches

In recent years, those working with survivors of CSE have begun to discuss the importance of ‘trauma-informed’ care and practice.⁷¹ For example, in one systematic review exploring aftercare services, the authors note general agreement in the literature for supporting a trauma-informed approach to caring for child victims of trafficking for the purposes of sexual exploitation.⁷²

69 Radford, L., Allnock, D. and Hynes, P. (2015), “Preventing and responding to child sexual abuse and exploitation: Evidence review,” accessed 3 February 2017, <https://core.ac.uk/download/pdf/42138011.pdf>.

70 Muraya, D. and Fry, D. (2015), “Aftercare services for child victims of sex trafficking: A systematic review of policy and practice,” *Trauma, Violence and Abuse*, Vol. 17(2), 204-220; Macy, R. and Johns, N. (2010), “Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area,” *Trauma, Violence and Abuse*, Vol. 12 (2), 87-98.

71 Sapiro, B., Johnson, L., Postmus, J and Simmel, C. (2016), “Supporting youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency,” *Child Abuse & Neglect*, 58, 99–110.

72 Muraya, D. and Fry, D. (2015), “Aftercare services for child victims of sex trafficking: A systematic review of policy and practice,” *Trauma, Violence and Abuse*, Vol. 17(2), 204-220.



Trauma-informed care starts from an understanding of what it means to be a victim of trauma. It also requires an understanding of how standard care responses can be re-traumatising. It acknowledges that the responses of the child (for example disengagement, running away or anger) are associated to the trauma a child may have experienced and should be viewed as coping strategies rather than problematic attitudes and behaviours.⁷³

The literature around trauma-informed responses recognises that even if children are able to access specialist psychological care, other adults in non-clinical settings who surround the child, caregivers, police, social workers, teachers, case managers and family, are the ones who provide the majority of care and support.⁷⁴ Therefore, it is these individuals who need to have an understanding of the impact of trauma and how to respond.

‘Trauma-informed’ responses do not require individuals to have specialist qualifications or for children to have access to highly specialised therapeutic interventions. For those working in low resource settings, where such specialist care is often unavailable, training on ‘trauma-informed care’ may be particularly helpful. Supporting those working with children harmed by CSE so that they understand the impact of trauma and can develop skills in responding appropriately, may be a more realistic and sustainable approach to improving overall levels of care. That said, such approaches do not negate the need for specialist mental health care and interventions for children where this is deemed necessary.

Trauma-informed responses are based on a set of principles that aim to:

- Understand and recognise ‘symptoms’ of trauma,
- Build supportive, trusting and consistent relationships,
- Address safety,
- Minimise re-victimisation,
- Adopt a strength-based framework - putting an emphasis on competencies and resilience,
- Empower survivors and create opportunities to build choice and control, and
- Provide clear information.

Rights-Based Approaches

A trauma-informed response aligns to a rights-based approach to care. The authors of one systematic review exploring aftercare services for child victims of trafficking note that the literature clearly points to the need for a human rights centred approach to service provision.⁷⁵ Rights-based approaches are distinguishable from more traditional welfare based approaches by focusing on supporting individuals to claim their rights and hold duty bearers to account.

73 Butler, L., Critelli, F., and Rinfrette, E. S. (2011), “Trauma-informed care and mental health,” *Directions in Psychiatry*, 31(3), 197–212.

74 Bath, H. (2015), “The three pillars of traumawise Care: Healing in the other 23 hours,” *Reclaiming Children & Youth*, Volume 23, number 4, 5-11.

75 Muraya, D. and Fry, D. (2015), “Aftercare services for child victims of sex trafficking: A systematic review of policy and practice,” *Trauma, Violence and Abuse*, Vol. 17(2), 204-220.



When it comes to working with children, this means adopting a child-rights approach and drawing on the principles and provisions outlined in the UN Convention on the Rights of the Child. The interagency group’s guidelines on children’s reintegration also highlight the need for a rights-based approach.⁷⁶ The guidelines draw attention to the indivisible and interdependent nature of children’s rights. However, they also recognise that due to the lack of resources available, agencies may need to make difficult choices about which rights to prioritise in the short term.⁷⁷

For example, children have a right to an education, however, they also have a right to an adequate standard of living (having enough food, water, clothing and shelter). In some circumstances, where resources are limited, service providers may prioritise ensuring that a child has enough food to eat as opposed to spending money on a school uniform and school supplies.

In the literature there is agreement that ensuring any action taken is in the best interests of the child. This is one of the four guiding principles of the UN Convention on the Rights of the Child and should be the primary consideration. In addition, a number of other ‘rights’ have been highlighted as particularly pertinent in recovery and reintegration. These include ensuring that children:

- Receive care without discrimination,
- Are involved in decision-making about their care,
- Are made aware of their rights,
- Have access to accessible information, and
- Have a right to confidentiality.

Key Principles

1. Establishing Trust

“...there are times there are things that you could not disclose, because you can’t trust anybody... you really don’t know what the other person is thinking. It’s like you need to observe them first.” (A girl in the Philippines)
“...the word trust is a big word for us as we came from an experience of being tricked.” (A young woman in the Philippines)

For children who have experienced sexual exploitation, there may be significant barriers to developing trusting relationships. Establishing trust is one of the first, and most critical, steps in recovery.⁷⁸ Those working therapeutically with survivors of trafficking highlight that building trust early on may not only benefit the survivor, but also increase the chances that he or she will engage with other services.⁷⁹

76 Interagency group on children’s reintegration (2016), *“Guidelines on children’s reintegration,”* Family For Every Child/ Interagency group on children’s reintegration

77 *Ibid.*

78 Herman, J. (1997), *“Trauma and recovery: the aftermath of violence – from domestic abuse to political terror,”* New York: Basic Books.

79 Contreras, P., Kallivayalil, D. and Herman, J. (2017), *“Psychotherapy in the aftermath of human trafficking: Working through the consequences of psychological coercion,”* *Women and Therapy*, Vol. 40 , Iss. 1-2,2017.



Service providers in the field research highlighted the challenges in developing positive relationships and in engaging with some children, noting that they could be viewed as ‘difficult’ to work with. In some situations, assistance that may be offered to children will not be wanted or welcomed.⁸⁰ Children are likely to have been betrayed or tricked by people they once trusted and may feel let down or abandoned by family members, friends, social services and the police. This can understandably make it hard for children to know who to trust and who they can rely on; thereby, contributing to the barriers service providers often face when trying to engage children and win their trust. This challenge appears as a constant theme in research among service providers working with child survivors.⁸¹

“These children need help in developing trust and healthy and lasting relationships with people who are trained.” (A service provider in Thailand)

Literature highlights how distrust, estrangement and avoidance by children can be viewed and understood as a reasonable reaction to living in an unsafe and unpredictable world. In fact, such a response may be a highly adaptive coping strategy.⁸² Not allowing oneself to be put in a position to get hurt, betrayed or manipulated again may be a strategy for self-protection for many children. Professionals have suggested that behaviours exhibited by traumatised children, such as avoidance, may be viewed by some as a symptom of a psychiatric disorder, when instead, such behaviour may be a coping strategy developed by the child.⁸³

From the field research, it was suggested that one way trust can be developed is through service providers meeting commitments that they make. Survivor respondents in the field research complained that staff sometimes made promises that they didn’t always keep.

“[Caregivers] always promise me [to go visit my old and sick parent] but they don’t act to what they promise. There is no action, only words. They always let me expect... the staff here are promising ‘yes yes we will go tomorrow, tomorrow, and tomorrow’”. (A girl in the Philippines)

The girl felt that she didn’t trust the staff and because of this she didn’t want to continue to receive services through the organisation. She was committed to running away instead. In writing about their experience of working with children affected by CSE, experienced practitioners highlight the importance of being consistent, following through and meeting commitments in order to build trust.⁸⁴

Given that it can take a substantial period of time for service providers to engage and build trust with those affected by CSE, it follows that consistency and continuity of staff members is also crucial.

80 Edinburgh, L. and Saewyc, E. (2009), “A Novel, Intensive Home-Visiting Intervention for Runaway, Sexually Exploited Girls,” *Journal for Specialists in Paediatric Nursing*, 14 (1), pp. 41–48.

81 Gibbs, D., Hardison Walters, J., Lutnick, A., Miller, S., Kluckman, M. (2015), “Services to domestic minor victims of sex trafficking: Opportunities for engagement and support,” *Children and Youth Services Review*, 54 (2015) 1–7.

82 McKenzie-Mohr, S., Coates, J., and McLeod, H. (2012), “Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention,” *Children and Youth Services Review*, 34 (1), pp. 136-143; Ni Raghallaigh, M. and Gilligan, R. (2010), “Active survival in the lives of unaccompanied minors: coping strategies, resilience and the relevance of religion,” *Child and Family Social Work*, 15 (2), 226-237.

83 Bath, H. (2015), “The three pillars of traumawise Care: Healing in the other 23 hours,” *Reclaiming Children & Youth*, Volume 23, number 4, 5-1.

84 Saldanha, K., and Parenteau, D. (2013), “Well if you can’t smile you should go home!” experiences and reflective insights on providing outreach to young sex trade workers,” *Children and Youth Services Review*, 35 (8), pp. 1276-1283.



2. Committing to the Child and Building a Solid Relationship

“Staff not to abandon us”. (A young woman in Thailand)

Developing a trusting relationship takes time and therefore consistency is critical. Research identifies that a positive relationship is one of the most significant protective factors that leads to effective work with children affected by CSE.⁸⁵ When children feel that caregivers or other professionals genuinely care for them, they are more likely to listen to them and confide in them.⁸⁶ It has been highlighted that ‘good practice’ in work with those harmed by CSE involves caregivers and professionals ‘holding’ the child through transitions, and supporting ‘attachment’.⁸⁷

In practice this can be interpreted to mean being consistent and supporting a child through on going challenges and changes.⁸⁸ Research also suggests that having one ‘case manager’ who is responsible for coordinating the varied support required for survivors of CSE, and providing on-going emotional support to them, is an important part of supporting recovery.⁸⁹ Some service providers in the field research recognised that working with children meant committing for the long-term.

“You can’t just commit... see the children and play with them and walk away. They need more than that”. (A child protection professional in Thailand)

This commitment to staying with them through the ups and downs means that any support or services have to be open and flexible allowing children to return if they do disengage or go back to exploitative situations. Services should ensure the door remains open for when they are ready to re-engage.

In the field research, one mental health professional in Thailand explained how, for her, such ‘relapse’ was expected. She stated that other service providers working with this group often give up at this point and think that either they or the child failed.

85 Beckett, H. (2011), *“Not a World Away,”* Belfast: Barnardos.

86 *Ibid.*

87 Shuker, L. (2013), “Constructs of safety for children in care affected by sexual exploitation,” in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.

88 *Ibid.*

89 Macy, R. and Johns, N. (2010), “Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area,” *Trauma, Violence and Abuse*, Vol. 12 (2), 87-98.



3. Prioritising Safety

‘States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision’.⁹⁰

“There are house mothers who live here with us. It is for our safety. Organization and staff have taken good care of our safety. There are safety sirens here in case of emergency or if someone trespasses. Even if there is no inverter for power supply”. (A young woman in Nepal)

“What would help me feel safe would be that the case be solved”. (A woman in Philippines)

For children who have experienced abuse and exploitation, establishing a sense of safety is one of the first steps.⁹¹ Traditionally safety for victims of trafficking and exploitation has often been interpreted as physical safety; resulting in children being placed in secure shelters or units with locked doors, bars on the windows and in some cases security personnel in place. Although for some children these security measures support them to feel safe, for other children a sense of safety cannot be established by locks or physical security measures alone.

Research exploring foster care placements for children affected by sexual exploitation and trafficking in the UK found that, rather than physical measures, it was the establishment of warm, trusting relationships that created safe and stable placements for children.⁹² This research suggests that, for children affected by CSE, safety has three dimensions.

- Physical – making it as difficult as possible for perpetrators to access children,
- Relational – making it easier for children to develop positive, stable relationships to ‘counteract’ the abuse, and
- Psychological – helping children to develop self-esteem and an identity outside of the exploitative relationship or situation.⁹³

The importance of relationships has led some to conclude that ‘safe accommodation’ for children affected by CSE should be provided at the lowest level of physical security and highest level of ‘relationship security’.⁹⁴

90 United Nations (1989), “United Nations Convention on the Rights of the Child (UNCRC),” Geneva: United Nations. Art 3.3.

91 Herman, J. (1997), *“Trauma and recovery: the aftermath of violence – from domestic abuse to political terror,”* New York: Basic Books.

92 Shuker, L. (2013), “Constructs of safety for children in care affected by sexual exploitation,” in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.

93 *Ibid.*

94 Creegan, C., Scott, S. and Smith, R. (2005), *“The use of secure accommodation and alternative provisions for sexually exploited young people in Scotland,”* Barking: Barnardo’s; Shuker, L. (2013), “Constructs of safety for children in care affected by sexual exploitation,” in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.



4. Promoting Agency

‘States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.⁹⁵

Survivors involved in the field research felt that where possible it was important to let children and young people make their own decisions.

“It’s not right to tell a bechiyeko [child affected by CSE] what to do or what not to do because until the time that they come to the organisation they have been told by almost everyone what to do and what not to do”. (A young woman in Nepal)

She suggested that, *“lecturing the person is not going to help in any way. They have to be given freedom between what to do and not to do”*. Her *“rule would be to tell them the pros and cons of the particular decisions they make”*.

Article 12 of the UN Convention on the Rights of the Child has enshrined the right that children have to be involved in decisions and actions that affect them. Allowing children to make and inform choices and decisions for themselves is critical in supporting them in their recovery and reintegration. The UN Committee on the Rights of the Child highlighted that a child’s right to be heard has particular relevance in situations of violence:

‘As the experience of violence is inherently disempowering, sensitive measures are needed to ensure that child protection interventions do not further disempower children but rather contribute positively to their recovery and reintegration via carefully facilitated participation’.⁹⁶

In the aftermath of a traumatic event, family members or professionals may often attempt to determine the course of action and make plans for the individual’s recovery.⁹⁷ However, evidence suggests that disregarding the wishes of the survivor may further act to disempower them.⁹⁸ Allowing children to ‘take back’ some of this control following their abuse is an important step. However, according to the literature,

95 United Nations (1989), “United Nations Convention on the Rights of the Child (UNCRC),” Geneva: United Nations. Art 12.

96 Committee on the rights of the child (2011), “General comment No. 13 (2011) The right of the child to freedom from all forms of violence,” Pp. 24., accessed 23 March, 2017, http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf.

97 Herman, J. (1997), “Trauma and recovery: the aftermath of violence – from domestic abuse to political terror,” New York: Basic Books.

98 Herman, J. (1997), “Trauma and recovery: the aftermath of violence – from domestic abuse to political terror,” New York: Basic Books; Devine, S. (2009), “Psychosocial and mental health service provision for survivors of trafficking: Baseline research in the Greater Mekong Subregion and Indonesia,” Bangkok: IOM; Beckett, H. and Warrington, C. (2015), “Making Justice Work,” Luton: University of Bedfordshire.



this continues to present challenges for service providers and caregivers particularly in situations when survivors' choices may appear to run counter to what is considered to be in their best interests.

Professionals struggle with the complex balance of allowing children to assert their agency in line with their evolving capacities yet being mindful of, and acknowledging their vulnerability and the need to ensure their protection. Research suggests that professionals working with young people must respect and support the agency of what are often essentially young adults.⁹⁹

It has also been highlighted that providing survivors with a sense of ownership over their recovery and reintegration and working with them as active participants in itself may be therapeutic and a means to start re-building self-esteem and confidence.¹⁰⁰ This does not mean that children always know what is in their best interests, but it does mean that decisions need to be discussed and agreed upon in partnership.

5. Taking a Non-Judgemental Approach

*'States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.'*¹⁰¹

"...children should be respected first". (A girl in Nepal)

Children harmed by CSE often face judgemental attitudes from those who are tasked with supporting them.¹⁰² It is not uncommon for professionals to blame children for any harm or abuse suffered or to act or talk in a way that children perceive as judgmental. The term 'condoned consent' has been coined to explain cases where professionals, either through lack of awareness or through negligence, blame the child for the abuse.¹⁰³

In the field research it was striking to see that a few of the service provider respondents did not view the children they were working with as victims and did not recognise that they may have faced traumatic experiences. These respondents instead appeared to believe that these children were 'choosing' to be involved in exploitative situations. In some examples, they expressed the idea that what these children needed was a shift in 'attitude'. A government service provider in Thailand for example, stated that a number one need is *"Mental rehabilitation for children to adjust their attitude"*. Such views demonstrate the need for proper screening of and training for those working with children affected by CSE.

99 Sapiro, B., Johnson, L., Postmus, J and Simmel, C. (2016), "Supporting youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency," *Child Abuse & Neglect*, Vol 58,99–110.

100 Devine, S. (2009), *"Psychosocial and mental health service provision for survivors of trafficking: Baseline research in the Greater Mekong Sub-region and Indonesia,"* Bangkok: IOM.

101 United Nations (1989), "United Nations Convention on the Rights of the Child (UNCRC)," Geneva: United Nations Art 2.2.

102 Warrington, C. (2013), "Partners in care? Sexually exploited young people's inclusion and exclusion from decision making" in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan; Pearce, J. (2013), "A social model of 'abused consent'" in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.

103 Pearce, J. (2013), "A social model of 'abused consent'", in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.



Within the literature, children affected by CSE repeatedly highlight the importance of working with professionals who are non-judgemental.¹⁰⁴ This was echoed by survivors in the field research who spoke of wanting respect; *“Most importantly, children should be respected first.... We need to open a center or a place where there are people who listen to them without judgment”*. (A girl in Nepal)

6. Promoting Acceptance and Belonging

“I would tell him that this place will give you a sense of belonging. There is nothing to fear here. They will teach you many useful things. We are all same here. We understand each other’s problem because we have gone through the same issues like you. We might not be your relatives but we belong together”. (A male-to-female transgender child in Nepal)

Child survivors can feel isolated for a range of reasons including, due to their physical removal from supportive networks of friends and families. After experiences of CSE, children can find it difficult to maintain connections or establish a sense of belonging. If children do return home, they may find that, due to their exploitation, they are ostracised and discriminated against by the family or community. In a consultation with separated children and young people who had been reintegrated following different experiences of abuse and exploitation, young people talked about the importance of being respected, included and accepted by the community around them.¹⁰⁵

In addition to acceptance, feeling a connection with others, whether with peers or family, may be a helpful source of resilience and healing. ‘Connectedness’ has been identified as an attribute associated with resiliency in young people affected by CSE.¹⁰⁶

Promoting a sense of acceptance, belonging and connection may occur through children feeling part of a family, attending mainstream schools or engaging with other groups in the community. In addition to school and peer support, culture, ritual and religion have also been identified as helpful for some children in developing and fostering this sense of belonging and connectedness.

Findings from literature propose that in some situations, spirituality and religion can help children make sense of what has happened to them and cope. The use of rituals and prayer has been found to aid in the welcoming and acceptance of children in some community contexts.¹⁰⁷ In the field research, survivors in Nepal shared how they enjoyed festivals as it was a time to celebrate their culture and traditions and to see family, thereby providing a sense of ‘normality’ and connection.

104 Gilligan, P (2015), “Turning it around: What do young women say helps them to move on from child sexual exploitation?” *Child Abuse Review*, Volume 25, Issue, 115–127.

105 Cody, C. (2016), “We can’t collect comprehensive information on all of these changes: The challenges of monitoring and evaluating reintegration efforts for separated children,” In Malloch, M. and Rigby, P. (eds.) *Human Trafficking: The Complexities of Exploitation*. Edinburgh University Press.

106 Edinburgh, L., Pape-Blabolila, P., Harpin, S. and Saewycc, E. (2015), “Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center,” *Child Abuse & Neglect*, 46 (2015) 47–59.

107 Denov, M. (no date), *“Girls in fighting forces: moving beyond victimhood. A summary of the research findings on girls and armed conflict,”* CIDA’s Child Protection Research Fund.



“Festivals are the time when you get to meet the family, talk with them, have a reunion”. (A girl in Nepal)

However, it is important to be mindful and aware that violence, abuse and exploitation may also be carried out by religious figures and those in religious groups.¹⁰⁸ Likewise, in some settings religion may be cited as a reason to ostracise and further abuse children affected by CSE.

The evidence suggests that awareness raising and education needs to take place in communities in order to try and shift negative behaviours and attitudes towards exploited children. However, in the short term, children may be able to gain a sense of belonging and acceptance through connecting with others. This in turn may also help children build a sense of self-worth and confidence.

7. Encouraging Hope

“...encouragements are vital... People should not tell her what to do or what not to do. But to actually encourage her in achieving what she wants. And people should not tell her that ‘oh this girl is this or that kind’, but they should see the positive side and think that ‘ok she wants to do this, she should do this”. (A girl in Nepal)

Hope has been identified as an important element for children affected by adversity.¹⁰⁹ When there is a possibility for children to be supported to appreciate any positive aspects of their lives, frame their experience as one of ‘growth’ and retain hope for the future, this may support recovery. However, equal care must be taken not to minimise the traumatic nature of children’s experiences and the long-term impacts that this can have.

Respondents in the field research reported that they appreciated feeling encouraged and motivated by service providers. For example, a young woman in Thailand explained that what she needed from staff and friends to reach her career goal was to give her support and *“encouragement to make her dream come true.... To give hope to her that she dream, and dream high but that dreams can come true, but she got to continue fighting, and continue to work on her dream and she would be able to reach her dream”*.

As one girl in Nepal simply stated, she needed *“motivation from others that you can do it, keep doing it, keep trying”*.

Finding ways to build hope and enable children to explore and reflect on positive things around them appears to be an important element to assist children to ‘move on’.

108 Pinheiro, P. (2006), *“World report on violence against children,”* New York: United Nations Secretary-General's Study on Violence Against Children.

109 Ni Raghallaigh, M. and Gilligan, R. (2010), *“Active survival in the lives of unaccompanied minors: coping strategies, resilience and the relevance of religion,”* *Child and Family Social Work*, 15 (2) 226-237.



8. Providing Access to Information

'The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice'.¹¹⁰

"Need someone who can explain to us what is really happening. We don't know about processing center and all". (A young woman in the Philippines)

For children who have had little control over their lives, and may have lived in unpredictable and chaotic situations, the need to know and understand what is happening to them and what will happen next is critical. Research with abused children highlights that effective information sharing is an important component of their care.¹¹¹

This was supported by the field research for this project, where survivors commented that they wanted to be given information that pertains to them. They needed to know exactly what was happening, where they were, where they were going and what would happen next.

Throughout the field research there were examples of children being 'kept in the dark' about plans for their recovery and reintegration. Survivor respondents spoke about being sent to different care facilities without prior warning and not being kept up to date about legal cases they were involved in. Many suggested that being kept informed would have helped them emotionally prepare for difficult moves and upheavals. One young woman in the Philippines who had been identified through a police raid and rescue operation and taken to a processing centre, shared that she was made to believe that she would then be going home and instead she was taken to a shelter, she said she would have *"liked to know in advance so I could prepare"*.

As is enshrined in the UN Convention on the Rights of the Child, it is critical that children are involved in decision-making around their care. For this to happen, they have to have access to information that they can understand at the right time so that they can make informed decisions and prepare for future moves and transitions.

110 United Nations (1989), "United Nations Convention on the Rights of the Child (UNCRC)," Geneva: United Nations. Art 13.1.

111 Warrington, C. (2013), "Partners in care? Sexually exploited young people's inclusion and exclusion from decision making," in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan; Brown, K. (2006), "Participation and Young People Involved in Prostitution," *Child Abuse Review*, 15 (5), pp. 294-312; Beckett, H. and Warrington, C. (2015), *Making Justice Work*, Luton: University of Bedfordshire.



9. Ensuring and Maintaining Confidentiality and Privacy

‘States Parties shall adopt appropriate measures to protect the rights and interests of child victims of the practices prohibited under the present Protocol at all stages of the criminal justice process, in particular by:

- *Protecting, as appropriate, the privacy and identity of child victims and taking measures in accordance with national law to avoid the inappropriate dissemination of information that could lead to the identification of child victims’.*¹¹²
- *‘No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, or correspondence, nor to unlawful attacks on his or her honour and reputation’.*¹¹³

“The counsellor assures us about confidentiality so we can talk freely about how we are treated at home or outside in society. It is not often that we find people who we can trust or share our feelings and opinions with. Confidentiality makes it very easy to share things. We do not feel scared to talk about our reality”. (A male-to-female transgender child in Nepal)

Children harmed by exploitation are victims and are not responsible for what has happened to them. Some children still may feel responsible for, ashamed by, upset and embarrassed about what they have experienced. When information about their exploitation becomes known to others they may also be stigmatised and ostracised. Maintaining appropriate confidentiality is therefore critical in keeping survivors safe.¹¹⁴

The right to privacy and appropriate confidentiality are a central feature of a rights-based approach and should be respected by all service providers.¹¹⁵ Privacy and confidentiality are of utmost importance and children must feel comfortable and assured that their stories, cases and problems are kept confidential by those they choose to tell. Without this, children may be less likely to disclose.

It is also critical that children are made aware of, and clearly understand when, and under what circumstances, information needs to be shared. Research with children affected by CSE highlights that they understand that some information about them and their experiences may need to be shared with others in order to help them and keep themselves and others safe.¹¹⁶ When this is the case they want

112 United Nations (2000), “Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography,” Art 8.e.

113 United Nations (1989), “United Nations Convention on the Rights of the Child (UNCRC),” Geneva: United Nations. Art 16.1.

114 Muraya, D. and Fry, D. (2015), “Aftercare services for child victims of sex trafficking: A systematic review of policy and practice,” *Trauma, Violence and Abuse*, Vol. 17(2), 204-220

115 *Ibid.*

116 Pearce, J. (2009), “*Young People and Sexual Exploitation: 'It's not hidden, you just aren't looking'*,” Abingdon: Routledge.



to be informed about why information needs to be shared, exactly what information will be shared, when and with who and have confidence that it will be done appropriately on a 'need to know basis'.¹¹⁷

In the fieldwork, many survivors talked about their need for privacy and their concerns that information was not always kept confidential. The need for privacy during 'counselling' was raised as a particular issue by some of the survivor respondents. One girl in the Philippines stated how upset she was as other children were teasing her about her past. She suspected that they had overheard her conversation with a 'counsellor'.

Another area that was touched upon during the field research was around respecting the wishes of a child when it comes to not sharing information about his or her exploitation with the family. A child may want to conceal what has happened to him or her, or may wish to keep, for example, any medical conditions private. In these cases, it is important that service providers are clear about the legal frameworks in place regarding the limits of confidentiality. Service providers should work together with children to explain what information may need to be shared and why.

Summary-Connecting the Dots

The nine elements outlined above are not distinct areas and in many ways are interrelated. For example, developing trust may allow a strong relationship with a caring adult to grow and develop. Maintaining confidentiality may help children to trust and keep them safe. Establishing a sense of belonging may be an important protective factor and also help to keep them safe.

These elements of care do not cost much in financial terms, nor require years of training or the initiation of a new 'project'. They are instead things that all service providers, in any given context, should be made aware of and supported to prioritise, nurture and develop in their everyday interactions.

It is important to note that features of these basic elements are not specific to CSE and have all been identified as key foundations for developing a child-centred, rights-based, trauma-informed approach to caring for children affected by broader forms of adversity.

117 Warrington, C. (2013), "Partners in care? Sexually exploited young people's inclusion and exclusion from decision making," in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.



CHAPTER 5

CASE MANAGEMENT—ASSESSMENTS AND PLANNING

Case management plays a key role in helping to identify and address problems and setbacks that can occur during the recovery and reintegration process for child survivors of sexual exploitation.¹¹⁸ Assessment processes are a similarly critical part of ensuring that the best interests of the child are maintained during support and assistance.

Case Management

Comprehensive case management is a critical part of ensuring that children get access to services and are supported through their recovery and reintegration.¹¹⁹ The four basic components of case management are:

- Identification and assessment,
- Individual support planning,
- Referral and liaison with support services, and
- Monitoring and review of cases including case closure.¹²⁰

It has been established and argued by the Special Rapporteur on the sale of children, child prostitution and child pornography that every child should have a case manager who coordinates services based on their needs, providing information and referring onto other agencies and organisations where necessary.¹²¹ The case manager should be consistent, available and a trusted individual.

From the field research it was unclear if, or how well developed and comprehensive case management systems were in the organisations involved in the research. Service provider respondents did identify case management as an area where they required further training and support.

118 Surtees, R. (2013), *“After Trafficking: Experiences and Challenges in the (Re)integration of Trafficked Persons in the Greater Mekong Sub-region,”* Bangkok: UNIAP/NEXUS Institute.

119 Muraya, D. and Fry, D. (2015), “Aftercare services for child victims of sex trafficking: A systematic review of policy and practice,” *Trauma, Violence and Abuse*, Vol. 17(2), 204-220.

120 McCormick, C. (2011), *“Case management practice within Save the Children child protection programmes,”* London: The Save the Children Fund.

121 Special Rapporteur on the sale of children, child prostitution and child pornography (2015) *“Report of the Special Rapporteur on the sale of children, child prostitution and child pornography,”* UN General Assembly, accessed 5th February, 2017, http://www.un.org/en/ga/search/view_doc.asp?symbol=A/70/222. It is worth noting that across Europe, ‘guardianship’ arrangements for children deprived of parental care, including those who have been trafficked internationally, are viewed as the best approach to responding to the needs of trafficked children. The tasks and duties vary from country to country however the most common tasks surround ensuring the child has access to shelter, education, healthcare and legal representation. Due to the locations of the field research, guardianship models were not discussed. For more details on guardianship models, see European Union Agency for Fundamental Rights (2015), *“Guardianship systems for children deprived of parental care in the European Union with a particular focus on their role in responding to child trafficking,”* <http://fra.europa.eu/en/publication/2015/guardianship-children-deprived-parental-care>.



Assessments and Planning

When it comes to supporting a child through their recovery and reintegration, there is a need to constantly assess the child's needs and situation and plan on-going support from the start of the intervention to case closure. The literature highlights that as soon as a child is identified it is important that a needs assessment is carried out to determine what support may be required.¹²² During this process, it is important to capture as much information about the child and family, without pushing the child to disclose more than they are ready to. This process should lead to the development of an individualised care plan, which should be revisited and updated on a regular basis.

Risk assessments should be carried out at intake and at key points, such as prior to reunification with family.¹²³ The risk assessment should be carried out by the case manager in partnership with the child as it is likely that the child will be able to identify risks that the worker may be unaware of.¹²⁴ As being in the care of an organisation can in itself, increase risks for children, it is important that case managers and organisations also assess the risk for the child in terms of them accessing care and services. As highlighted in the interagency group's guidelines on children's reintegration, organisations should each have their own organisational safeguarding or child protection policies and procedures in place to reduce the risk of children experiencing abuse from staff and volunteers.¹²⁵

Case management, assessment and planning are key functions in determining what areas of support a child affected by CSE may require.

122 Muraya, D. and Fry, D. (2015), "Aftercare services for child victims of sex trafficking: A systematic review of policy and practice," *Trauma, Violence and Abuse*, Vol. 17(2), 204-220.

123 *Ibid.*

124 Cody, C. (2015), "*They don't talk about it enough*," Luton: University of Bedfordshire.

125 Interagency group on children's reintegration (2016), "*Guidelines on children's reintegration*," Family For Every Child/ Interagency group on children's reintegration.



CHAPTER 6

THE ROLE OF CAREGIVERS

*‘States Parties shall take measures to ensure appropriate training, in particular legal and psychological training, for the persons who work with victims of the offences prohibited under the present Protocol’.*¹²⁶

*‘States Parties shall, in appropriate cases, adopt measures in order to protect the safety and integrity of those persons and/or organizations involved in the prevention and/or protection and rehabilitation of victims of such offences’.*¹²⁷

The crucial aspect that underpins a child’s experience of professional care and support is their caregiver. As noted earlier, having a consistent, trusted caregiver is key when it comes to supporting a child’s sense of safety, acceptance, agency and self-worth.

In the fieldwork survivor respondents talked about the importance of feeling loved and being met with kindness.

“...love and respect is what a human needs”. (A girl in Nepal)

“The most important thing is they need someone to love them and to understand the way they are, understand how they feel. And they need someone to talk to and trust a few people”. (A young man in Thailand)

In describing the type of person that a caregiver should be, the words survivors used included loving, happy, gentle and calm.

Within the field research, survivor respondents mentioned how, for example, they want to be spoken to: e.g., *“not talk[ing] aggressively or not shout[ing] or scold[ing] the children”* (A boy in Thailand). Interestingly, the need to be spoken to softly was expressed by several of the survivor respondents.

“If I were a house mother, I would be calm, I would not shout because there are tendencies that the house mothers here easily get angry, are hot tempered, and that makes the other children angry at the same time... a house mother should not be frowning, they should smile”. (A young girl in the Philippines)

126 United Nations (2000), “Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography,” Art.8.4.

127 Ibid Art.8.5



Survivor respondents felt that a caregiver should be a role model to children. Some children may not have had, or may not be able to identify a positive role model in their lives. As one young man in Thailand said, a caregiver should be *“a good adult to look after them properly, and teach them how to be a good person”*. Several survivors reported looking up to their caregivers. A number of them stated that they wanted to study so that they could work as child protection professionals in the future, prevent CSE and help other children.

Survivor respondents in the study appreciated receiving advice and guidance from their caregivers, it made them feel reassured, supported and encouraged.

In reflecting on the gender of caregivers, some of the service provider respondents felt that as the majority of survivors they worked with were girls who had been abused by men, female caregivers would be more appropriate. Others felt that it was important to have male workers who could serve as positive role models. Those working with the transgender community expressed that it was helpful to have transgender staff so that children could relate to them. It is clear that children want a caregiver who is kind to them and who genuinely cares for them and respects them. They want to be able to trust that person, look up to them and rely on them.

Survivor Caregivers as Role Models

Some survivor respondents in the field research felt it was helpful if those caring and supporting them were themselves survivors.

“House mothers they don’t necessarily go through the experiences that girls go through so they cannot really empathize with them, however they should try to understand their feelings... the [housemother] who has gone through it, they will know the person at the feeling level. What it feels like”. (A girl in Nepal)

A number of organisations supporting children now recognise the benefits of employing adult survivors. Such individuals may be more able to understand, relate to, and may be perceived by the child, to be more credible and less judgemental than other adult workers. However, given the emotional and testing nature of this work, as explored in the following section, it is critical that survivor caregivers are in the ‘right place’ psychologically to be able to offer support to others and that they are able to access continued support themselves.

It is also important to note that during the field research several survivors shared that they did not necessarily trust service providers who were themselves survivors. Whether adult survivors are hired or not, all staff caring for children affected by exploitation should have specialist knowledge and skills, support, and a strong desire to work with this group of children.¹²⁸

128 Clawson, H, and Goldblatt Grace, L. (2007), *“Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking,”* US Department for Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



The Impact of Working with Survivors

Supporting children harmed by CSE can be challenging. There is limited research on the impact on individuals working with survivors of CSE. Research that has been undertaken in high-income settings underscores the negative effect on practitioners' emotional and physical health due to prolonged feelings of distress, frustration and fatigue.¹²⁹ In low-income settings, the additional stresses and concerns that service providers are likely to face can only increase the negative impact on their health and well-being.

In the field research, service providers provided an insight into what they had to deal with on a day-to-day basis.

“...you obviously have to have the heart and you have to be strong enough... we've had cases who've passed away. We've had cases where I lost them because we failed. They got beaten up or they got damaged...” (A child protection professional in Thailand)

“They will make bad decisions. It's not the end.... Prepare your heart. You will hear very bad stories. You can be so sad and may want to cry with them. Stay strong.” (A service provider in the Philippines)

During the field research, a few survivors spoke of seeing staff upset and distressed. Service providers are not only listening to, witnessing and addressing cases of extreme abuse, but they may also be dealing with children who do not want to accept their help. Service providers may be working intensely with children for long periods only for them to return to exploitative situations, which can compound feelings of frustration and failure.

“...they still have pain inside. They keep secret their pain. Not tell. Not talk to us. Not accept our help. Don't succeed. Run away. Makes us sad”. (Two service providers in Thailand)

In some cases the failures of the system and the discrimination children continue to face from society can escalate feelings of frustration.

“...seeing the level of discrimination... for our clients in terms of working with prosecutors, and people in law enforcement, and lawyers and judges and how it can be really discouraging for young people, our clients going forward with their cases... And just ignorance about the population and how to talk to, respond to, and support the population”. (A service provider in the Philippines)

Service providers may also feel unsafe. For example, service provider respondents shared how they received threats because of working in this field. In other cases, they may fear for their physical health when working with children with infectious diseases.

129 Ahern, E., Sadler, L., Lamb, M and Gariglietti, G. (2016), “Wellbeing of professionals working with suspected victims of child sexual exploitation,” *Child Abuse Review*, Volume 26, Issue 2, 130–140.



The majority of service provider respondents in Nepal identified burnout and stress as one of the biggest challenges in their work. Service providers in all three settings explained that their organisations were understaffed and that it was hard to take days off work.

Given the emotional nature of this work, and the vital role that service providers and caregivers play in supporting children, it is critical that all those working with children affected by CSE have access to good support and training.

Access to Support and Training for Caregivers

In the field research service provider respondents articulated that there was a need for supervision, support and self-care. However, due to the lack of resources this was not always prioritised or possible.

“You have to have counseling. I didn’t have counseling for a long time... We’ve had one very severe case... this boy... he was just broken, his body was completely broken. He was five years old. So I just started throwing up in the bathroom. So you know, it just gets to a point where your body can’t handle it, whether you can handle, whether you feel you could handle it. So I started counseling then just to talk about it. And that helped me. You can manage, but when those cases come you do need weekly or biweekly check-up with somebody just to talk about it, so you can get it off your chest... If you can provide some kind of access at least for them to talk to someone. It can be on Skype but you need to share.... I think culturally they are not used to that [counseling], so they talk amongst themselves. And culturally they’ll say yes, yes, yes. But they actually need to be productive and get people a structured counseling sessions. Perhaps that will be helpful... They do burn out. You know high trauma kids they are not easy to take care”. (A child protection professional in Thailand)

This quote highlights the difficult situations and stresses that those working with children affected by CSE can face. In order to better protect children and in order to enable children to develop trusting, long term relationships with caregivers, professionals must be able to access emotional and psychological support to help them manage the stress and difficulties that they face on a day to day basis and to prevent burnout.

When asked about training, service provider respondents commented on the lack of training, education, knowledge and skills of those supporting children affected by CSE. For example some staff members from organisations were involved in counselling children when they did not have the training or background to do so. Service provider respondents raised concerns about how this might affect the child and their ability to access proper support. All service provider respondents in the field research



stated that they wanted and needed training to help them better support children affected by CSE. Training needs identified included:

- Training on how to better understand and support children affected by CSE, including male survivors,
- Training in different types of counseling and communication skills,
- Training in stress management and self-care,
- Training on the legal frameworks related to CSE, and
- Training related to specific aspects of the job such as outreach, case management and report writing.

Summary

Caregivers play a central role when it comes to engaging and working effectively with children affected by sexual exploitation. The child's relationship with their caregiver will influence their entire experience of accessing support. When the relationship is strong and supportive, this can positively impact on a child's sense of safety, self-worth, acceptance and agency.

Many children affected by CSE are able to identify what traits are important to them in a caregiver. They want to be able to 'look up' to their caregiver, and in some cases may feel more comfortable being supported by those who have gone through similar experiences. Most importantly though, they want someone who they trust and who respects them, is kind and who genuinely cares about their wellbeing.

Working with exploited children can be challenging. Feelings of distress, frustration and in some cases failure can take a toll on caregivers' emotional and physical health. Given this, and recognising the crucial role that caregivers play, it is imperative that caregivers and those working with children are able to access supervision, support and training to ensure they are well equipped to carry out this complex role.

As highlighted in legal instruments, children have a right to be supported by professionals who have received adequate training. Without this support and training, not only are there risks in terms of the quality of care that children receive, but organisations also risk losing staff. As consistency and continuity are key in working with this group of children, protecting, supporting and retaining good staff should be a priority for service providers.



CHAPTER 7

DOMAINS OF SUPPORT

In addition to the fundamental importance of care, a number of key areas, or ‘domains’ of support, have been identified as important in assisting children in their recovery and reintegration. These include:

- Basic needs and shelter,
- Health,
- Education, vocational training and livelihoods,
- Life skills and peer support,
- Access to cultural, religious and recreational activities,
- Legal support, and
- Family and community strengthening ¹³⁰

Basic Needs and Shelter

*‘A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State’.*¹³¹

*‘States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development’.*¹³²

*‘States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing’.*¹³³

“Many girls who came here during my one year here, they need clothes and also food because some of them come starving. Some of them when they come here they come without taking a bath for many days. So they need to bathe”. (A young woman in Nepal)

130 The field research also looked at prevention efforts, outreach services, and hotlines as part of the overall approach to protecting and supporting children affected by CSE. See more details on these areas of support in Hargitt (2017).

131 United Nations (1989), “United Nations Convention on the Rights of the Child (UNCRC),” Geneva: United Nations. Art.20.1.

132 Ibid Art.27.1.

133 Ibid Art.27.3.



Survivor respondents were living in different situations at the time of the research. 54% (n=36) of survivor respondents were living in shelters, others were still on the street and accessing services through drop in centres, some were living on their own and others were living with their parents or other family members or friends. Despite the variety of living arrangements, most of the discussions focussed on children's experiences of living in shelters. This included their experiences of short term shelters; i.e., those set up to provide emergency housing and which were used as processing centres, as well as longer term shelters which included small group homes and large dormitory style shelters housing children affected by various forms of adversity.

Food and Water

In the field research a number of survivor respondents complained about the food they received in the shelters and drop in centres. Some reported that they were concerned about food hygiene practices and others said that there was not enough and that they were regularly hungry. Others felt the food was not fresh, was mouldy or out of date. Some were also concerned about the safety of the water they had to drink.

Several survivors reported that they enjoyed being able to participate in decision making over what meals were to be served. In one context, specific meals were prepared to cater for different cultural dietary requirements. However, in this context some respondents felt that this led to those children feeling segregated by this measure, as they had to eat separately from the other children.

While many of the respondents appreciated the food provided, some wanted foods to which they were more accustomed. In responding to these preferences, there were instances where some service providers acknowledged this and were able to cater to these preferences, even engaging children in choosing and creating menus. Some survivors were happy to take on roles preparing food and working in the kitchens. One young woman in Nepal, when asked what one of the best parts of being at the shelter was, said that it was, *"being allowed to work in the kitchen and to cook for everyone"*.

Research has highlighted how food can be an important signifier of care for children.¹³⁴ In research in the UK with children affected by CSE and trafficking who were in foster care, respondents talked about how food and mealtimes could make them feel welcome and loved and could help them to develop relationships and trust with their caregivers. Children felt that when efforts were made by their carers to find food that they were accustomed to and that were culturally appropriate for them, this was a sign that they genuinely cared about them. In the same study, the child's ability to choose what to eat and when to eat was also identified as an area where children could begin to take some control and power.¹³⁵

Although food and eating may be seen as just an everyday occurrence, these insights from children highlight how small changes to everyday practices can make children feel loved, included and respected and can help to give them a sense of power and control again.

134 Shuker, L. (2013), *"Evaluation of Barnardo's safe accommodation project for sexually exploited and trafficked young people,"* Luton: University of Bedfordshire.

135 *Ibid.*



Clothes

“When they first arrive they need clothes.... Most of them don’t come with clothes”. (A young girl in Nepal)

When children arrive at a shelter they may only have with them the set of clothes they were wearing when identified. In some cases, due to the nature of their experiences of exploitation, these clothes may not be suitable for the climate or context. When survivors were asked in the field research what is needed but not available at the shelter, a few said clothes as *“they really lack clothes”* (A girl in the Philippines).

Personal Hygiene

“...there is no water or electricity.... We don’t even get to wash cloths pads when we have menstruation”. (A girl from Nepal)

Basic items such as toothbrushes, toothpaste, shampoo, soap and towels are necessary items that, due to the lack of funds, are not always provided in shelters. In the field research, in a few settings, children reported that they did not have access to soap or towels. One survivor shared that they had to share a broken piece of toothbrush with other children. Several children pointed out to the researcher that it is extremely important for them to have enough soap and that it is their own personal soap, as there are other children who have contagious diseases such as scabies.

For females, access to sanitary pads or cloths is also necessary and was raised by a number of girls and young women during the field research. Girls talked about not being provided with enough sanitary pads and not always having clean water available to wash sanitary cloths.

Sleeping Space and Bedding

“...about ten of them would have to share the mattress with their friend”. (A boy in Thailand)

Some survivor respondents talked about poor sleeping arrangements at government shelters. For example, one young woman noted that there were 10 people in her room at the government shelter, but that they only had five beds. In another governmental shelter, there were 59 children and yet only 11 beds. Children in this shelter described how they often had to share bedding, with one survivor respondent noting how there had been a contest to decide who would get to use the blanket first. It also appeared usual in some shelters for children to sleep on the floor without any bedding at all.

Although some service provider respondents noted that in some cases children did not always want to sleep alone in their own beds, it would appear that in most examples identified in the field research bed sharing occurred due to an inadequate supply of beds and bedding.

Arriving at or Moving to a New Shelter

At various points during the field research respondents talked about the need for children to be equipped with information about what is happening to them and why. This was a particular issue during



key transition points, such as movement to or between shelters.

Understandably, young respondents in the field research reflected on the fact that they felt scared, upset and anxious when they first arrived at care facilities. One boy mentioned that he was afraid he might be lured into another exploitative situation or cheated. There were also examples where survivors had been given inaccurate information.

One young woman from the Philippines reported that during her rescue she was told that she was going home but instead was brought to the shelter. This had a negative impact on her as she felt she had been deceived by the organisation involved and did not want to engage with them.

Respondents spoke about the need to be given truthful reassurances and needing to have more information about the shelter and their stay.

“Before the children come to this home, they will need to be informed about where they are going because they are mostly nervous about the place that they are going”. (A girl in Nepal)

“When they arrive here, they are still in a state of fear where they constantly worry about whether the perpetrator will come here and take them away, whether they would be treated differently because they have been sexually exploited”. (A girl in Nepal)

Respondents talked about small things that made them feel welcomed and cared for when arriving at a new place. This included:

- Being given information about their stay,
- People being friendly,
- Being offered food,
- Having the chance to bathe,
- Being shown around,
- Having rules and schedules explained,
- Being asked if they were ok,
- Staff talking to them,
- Not being asked too many questions, and
- Not being expected to do too much during the first few weeks.

One girl from Nepal shared how she had had a positive experience when arriving at a shelter.

“Mummy [housemother] also asked me how the journey was for me. I felt like there is someone who cares for me. I had never come to [name of area] in my life before. I was scared about what would I be doing or where would I be taken. But when we reached here, mummy gave me food. I was very hungry. She also showed me where to eat. She called me ‘chori’ [daughter] which made me feel very good. After eating mummy said I should take a bath, it made me feel good”.



Movement Between Placements

It is quite common for children to be moved from a short-term holding or processing centre to a longer-term residential shelter. A few survivor respondents in the research questioned whether such movement was always necessary as they felt it was disruptive for children to be moved.

A young woman in the Philippines said that it would be better if *“one center that would process us for recovery and (re)integration. Because, what usually happens, we are transferred from one centre to another. Lots of adjustment and the trauma goes back again”*.

Although in some cases movement will be necessary, it is generally accepted that while there should be regular reviews of care arrangements, changes should be kept to a minimum. Where movement is necessary, legal guidance should be followed to ensure that children are involved in decision-making and are provided with information as to why such a move is necessary. With the consent of the child, case files should be confidentially transferred so that the child is not expected to share personal details again unnecessarily. There should also be communication between the old and new case manager to ensure a smooth handover.

Physical Safety Measures Impacting on Children’s Freedom of Movement

It is common for those caring for trafficked and exploited children to have a range of security strategies in place.¹³⁶ This is to keep the children, and the staff who care for them, safe from perpetrators. Physical safety measures reported in the field research included:

- Keeping shelter addresses confidential,
- Requiring GPS location features to be turned off on staff and visitors’ mobile phones,
- The use of fencing and gates,
- The installation of cameras, and
- The use of security guards.

Some survivor respondents noted that having security guards in place and being escorted when they left the shelter helped them feel safe. Others shared that they did not understand why, as victims, they were in locked and guarded facilities, and not allowed to leave the confines of the shelter. For these children, being in a highly guarded, closed facility may send the message to children that they have done something wrong and because of that are effectively being imprisoned or detained.¹³⁷ If such security measures are necessary, the reasons for these should be clearly explained to children so they understand that these measures are being put in place to keep them safe from harm.

Research with children who have returned home following experiences of exploitation, shows that children may also find their freedom of movement is curtailed if they return to the community. Girls in India who were interviewed once they had gone home talked about how their parents placed limits

136 Clawson, H, and Goldblatt Grace, L. (2007), *“Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking,”* US Department for Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

137 Gozdzia, E. and Bump M.N. (2008), *“Victims no longer: research on child survivors of trafficking for sexual and labor exploitation in the United States,”* US Department of Justice; Hudd, S. (2003), *“Sold like chickens: Trafficked Cambodian girls speak out,”* The NGO Coalition to Address the Sexual Exploitation of Children in Cambodia. Read more on the detention of trafficked persons in Gallagher, A. and Pearson, E. (2008), *“Detention of trafficked persons in shelters: A legal and policy analysis,”* Bangkok: The Asia Regional Trafficking in Persons Project.



on their freedom of movement. They were not able to move around in the community, go to school or meet with friends. The reasons given for these restrictions were based on concerns about them going missing and to protect them from teasing and bullying from those in the community.¹³⁸

Evidence from the literature suggests that there are a number of reasons why children may run away from care settings.¹³⁹ Some children may return to the exploitative situation or relationship. They may have developed an attachment to their abuser or believe this is the best choice for them. Other children may be fearful of the consequences for them, or their family, for leaving the situation. Children may also be concerned about where they will be moved or returned. In other cases, children may be bored with or frightened by the stifling nature of shelters and miss certain aspects of their old life.

In the field research, some of the survivors outlined the reasons they had, or planned to, run away from shelters. This included:

- To visit family members who were ill,
- Because they feared being sent home or to a government shelter,
- To get back to their own life,
- Because they found the rules at the shelter restrictive,
- To spend time with friends, and
- To have fun (go to the movies, go dancing, play video games).

Paradoxically, for some children the physical measures put in place to protect children, which restrict their movement, may in fact be the very same factors that are ‘pushing’ children to leave and potentially putting them at more risk. As highlighted earlier, it is important that caregivers recognise the different dimensions of safety. Physical measures provide one route for keeping children safe, but it is also important to recognise the value of building solid, trusting relationships between children and their caregivers, which are based on honest discussions alongside the provision of information, as a pathway to keeping children safe.¹⁴⁰

Isolation from the Family and Community

In some cases children may be in touch with their families but may have to stay in the care of the shelter while their legal case is under review or while assessments are being undertaken. In these instances, a number of survivor respondents shared concerns about their inability to communicate with family members. Due to restrictions on cell phone use and there being strict visiting policies in place, survivor respondents shared that they were not always able to regularly communicate with family members or friends. For some, this led to additional worries, particularly when they had been financially supporting family members in the past, when family members were ill, or where they had their own children.

138 School of Women's Studies, Jadavpur University (2012) *“Summary report: 'Look at Us with Respect' Perceptions and Experiences of Reintegration: The Voices of Child Survivors of Sexual Exploitation and Practitioners in West Bengal and Jharkhand,”* Centre for Rural Childhood, Perth College, University of the Highlands and Islands.

139 See Cody, C (2013), “What do we know about...safe accommodation and alternative care for children affected by sexual exploitation and related trafficking,” Home: The Child Recovery and Reintegration Network.

140 Creegan, C., Scott, S. and Smith, R. (2005), *“The use of secure accommodation and alternative provisions for sexually exploited young people in Scotland,”* Barkingside: Barnardo's; Shuker, L. (2013), “Constructs of safety for children in care affected by sexual exploitation,” in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.



In cases where family members lived far away from the shelter homes, the cost of travelling limited the amount of visits that family members could afford. In one case, service providers explained that contact between the child and the family was prevented as the family had filed a complaint against the organisation, claiming unlawful custody of their child.

Respondents also talked about the impact living in shelters had on their friendships. One boy in Thailand explained that his “*friends from outside*” were allowed to come play with them “*according to the play schedule*”.

A number of researchers have noted that prolonged stays in residential care can negatively impact on a child’s ability to reintegrate back into society.¹⁴¹ In the field research, this same fear was shared by one professional who felt that the isolation that occurs within some facilities does not adequately prepare children for the ‘real world’.

Children have a right to live with their parents, or if this is not possible, have the right to maintain family relations unless this is deemed unsafe.¹⁴² Families and communities play a critical role in successful recovery and reintegration and it is therefore important that service providers understand how to support children in maintaining links with family members and friends. This may mean learning how to assess and manage associated risks rather than simply preventing contact.

Shelter Homes Offering ‘Better Care’

On a number of occasions service provider respondents talked about some survivors having access to ‘better care’ or better opportunities when they were under the care of organisations. Some service provider respondents felt that when children were being supported by, for example, well-funded, foreign, faith-based organisations, these organisations were providing children with a lifestyle that was well above what could be provided by these children’s families. However, some felt that being placed in such programmes may not be in the best interests of these children as it impacted on the reintegration process.

Some service providers also shared that some children’s families wanted their children to stay in the care of organisations so that they could receive an education, as families could not cover these costs. This has been reported in other research in the region.¹⁴³ Globally, it is believed that some children enter residential care in order to gain an education or benefit from other services, rather than because they need care and protection outside of the family home.¹⁴⁴ This is an issue that has raised concern as it may prolong the separation from family and can promote the institutionalisation of children.

141 Hilton, A. (2008), “*I thought it could never happen to boys*” *Sexual abuse and exploitation of boys in Cambodia*,” Hagar; Delap, E. (2011), “*Scaling down: Reducing, reshaping and improving residential care around the world*,” *Positive care choices*. London: EveryChild.

142 United Nations (1989), “*United Nations Convention on the Rights of the Child (UNCRC)*” Geneva: United Nations. Art 8.1. 8/1.

143 Miles, G. and Miles, S. (2010), “*The Butterfly Longitudinal Research Project. The Chab Dai study on (Re-)integration. Researching the lifecycle of sexual exploitation and trafficking in Cambodia End of year progress report 2010*,” Chab Dai Coalition.

144 Delap, E. (2011), “*Scaling down: Reducing, reshaping and improving residential care around the world*,” *Positive care choices*. London: EveryChild



The interagency group's guidelines on children's reintegration, in recognising this potential problem, state that 'interim care' should be '*designed to provide conditions similar to the level of the child's family, while providing an adequate level of care to minimise the risk of creating dissatisfaction with the home setting. Agencies may also want to consider helping children get used to the types of food and clothes associated with their home communities.*'¹⁴⁵

Service providers must carefully assess and reassess the child and family's situation to ensure that on-going separation is in the best interests of the child. If care outside the family home is deemed necessary, institutional care should still not be viewed as a long-term solution.¹⁴⁶ Organisations need to be cognisant of the fact that the support they offer can end up becoming a reason for prolonged family separation.

The Population and Size of Shelters

Survivor respondents, in sharing their views on their care experiences, talked about their preference for staying at smaller group homes or shelters that housed fewer children. They felt that this allowed for a friendlier environment and more individualised support. Although two survivors talked about wishing to have their own room, the majority were happy to share. Sharing meant that they did not feel as lonely or scared, and that they had people to talk with and have fun. However, they stressed that they would only want a small number, in most cases two or three roommates.

“Together we have someone to talk to. We have someone when we feel pain inside we can talk to that person, or anger can release it. Living together is like we stay in society. That helps with self-development. It gives us the courage to face the problem and society, to face the world outside. We can share the experience and knowledge. But if we stay on our own, it's like individualistic, as if we were not part of the society which it doesn't work with the rehabilitation recovery or self-development process”. (A young woman in Thailand)

A number of service provider respondents noted that some children affected by CSE were unable to find long-term placements in shelter homes. A number of respondents talked about the lack of spaces in shelters for specific groups of survivors. One service provider in the Philippines, talking about boys, noted “*we don't have a place for them*”. This means boys may end up spending a long time in transit or in processing centres designed for stays of a few days or weeks.

“Organizations only focus on girl children but boys are being victimized and abandoned too. So there should be a shelter home for boys as well. Where they could stay, they could get education”. (A girl in Nepal)

Survivors who were pregnant or had children were another group that often struggled to find placements, as although some shelters took young children, many did not. In cases where siblings were affected by CSE, for example through web-cam abuse, there were also concerns about siblings of different genders being separated in care facilities that cared for boys or girls. Additionally, concerns

145 Interagency group on children's reintegration (2016), “*Guidelines on children's reintegration*,” Family For Every Child/ Interagency group on children's reintegration Pp. 20,

146 See the UN General Assembly (2010), “*Guidelines for the Alternative Care of Children*,” accessed 4 February, 2017, https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf.



were raised regarding children with disabilities. Some service providers felt that these children were sent to homes specifically for children with disabilities but that this meant that their experiences of CSE were not addressed.

A number of respondents talked about the ages of those being accommodated. Some felt that older children bullied younger ones and that they should therefore be separated. Others felt that with such a spread of ages, it meant that activities provided were not always age-appropriate.

The Stress and Risks Involved in Shared Living

Some survivor respondents talked about the additional stress they experienced from living with other children. There were numerous examples provided during the field research of survivors being teased and bullied by other children. Due to shelters often serving a diverse population, children who have experienced CSE may be more likely to be targeted and stigmatised because of their experiences.

Children may also face other stress from living with children who have faced different forms of adversity. A young woman in Nepal gave an example of a stressful experience that had occurred at a centre. She explained that, *“There was a girl who had mental disorder. [The service provider] was sick so she told me to show the bed to the new girl. She slept well the first night but next morning she started crying and she said she wants to go home... We had a hard time handling her and to stop her from running away. She also defecated on the bed. The other girls were very scared of her and didn’t want to live in the same room with that girl. She also beat other girls randomly. When the staff told her to stop beating others, the staff was pushed away by her”*.

Service providers in Thailand and the Philippines raised concerns specific to caring for boys. They reported that some boys who were being cared for were sexually abusing other boys in the shelters and drop in centres.

***“Girls will not go into the bathroom and rape another girl, usually. With boys that’s an every day occurrence. So we save children only to put them in a home where they get re-exploited”.* (A child protection professional in Thailand)**

This is a significant safeguarding concern. It raises questions about the place of shelters in keeping children safe and requires immediate action.

Meanwhile, as some children may be suffering from contagious diseases such as tuberculosis, or hepatitis, there may also be health risks to other children if children are not properly assessed and precautions are not followed.



Summary

Children have a right to an adequate standard of living, particularly in regards to food, clothing and housing. The environment in which children affected by CSE are cared for will impact on their health and development and influence how they feel about themselves, their recovery and their reintegration. In addition to ensuring that children's basic needs are met, service providers should also be mindful of the nine principles highlighted above. Children should be provided with clear information about care placements and any measures that are put in place to keep them safe. Working together with children it may be possible to better assess risks and together find ways of appropriately managing risks which do not compromise other rights or freedoms.

Service providers should ensure that they follow legal frameworks and relevant existing guidelines, such as the UN guidelines for the alternative care of children, when providing care to children.

Recognising the importance of relationships when it comes to building trust and safety, service providers should prioritise the development of caring and consistent relationships between caregivers and children. Such relationships are essential mechanisms for protecting and engaging with children affected by CSE. Understanding the importance of acceptance and belonging for children, organisations should prevent isolation and promote opportunities for children to build positive connections with family, friends and the community. Such relationships will help build resiliency and enable smoother transitions.



CHAPTER 8

HEALTH

'States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services'.¹⁴⁷

Survivors of CSE are likely to suffer from a wide range of physical, psychological and sexual health problems as a result of their experiences.¹⁴⁸ In addition, while children are in an exploitative situation it can be very hard for them to make decisions about their health or to access appropriate healthcare.¹⁴⁹ This means that children may have a host of long-standing, untreated physical health problems.

Physical Health

Studies exploring the healthcare needs of children who have been trafficked have reported that survivors report an array of physical health problems including:

- Broken bones,
- Headaches,
- Dermatological problems,
- Scabies,
- Lice,
- Unhealthy weight loss, and
- Stomach, back and dental pain.¹⁵⁰

147 United Nations (1989), "United Nations Convention on the Rights of the Child (UNCRC)," Geneva: United Nations. Art.24.1.

148 Macias Konstantopoulos, W., Ahn, R., Alpert, E., Cafferty, E., McGahan, A., Williams, T., Palmer Castor, J., Wolferstan, N. and Purcell, G. (2013), "An international comparative public health analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response," *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 90, No. 6; Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), "The health needs and healthcare experiences of young people trafficked into the UK," *Child Abuse & Neglect* 59, 100–110.

149 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), "The health needs and healthcare experiences of young people trafficked into the UK," *Child Abuse & Neglect*, 59, 100–110.

150 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), "The health needs and healthcare experiences of young people trafficked into the UK," *Child Abuse & Neglect*, 59, 100–110; Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M., Bimbi, F., Adams, B., Jiraporn, S., Beci, L., Albrecht, M., Bindel, J., and Regan, L. (2003), "The health risks and consequences of trafficking in women and adolescents. Findings from a European study," London: London School of Hygiene & Tropical Medicine (LSHTM).



The findings of the field research were consistent with these reports with respondents reporting general illnesses and ailments such as:

- Coughs and colds,
- Toothache,
- Headaches,
- Scratches and wounds,
- Asthma,
- Skin problems, and
- Malnutrition.

In addition, respondents reported a number of communicable diseases including:

- Tuberculosis,
- Lice,
- Scabies, and
- Hepatitis.

Some transgender survivors also reported suffering from the side effects of hormone treatment.

Sexual and Reproductive Health

“We have many teenager pregnancy. 12 years old. 13 years old. Already mother. As abortions are not always legal”. (A girl from the Philippines)

In the field research, a number of sexual health issues were discussed with respondents. It was reported that survivors were affected by:

- HIV,
- STIs,
- Multiple pregnancies, and
- Abortions.

This is consistent with research findings from other studies with sexually exploited and trafficked children.¹⁵¹

151 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), “The health needs and healthcare experiences of young people trafficked into the UK,” *Child Abuse & Neglect*, 59, 100–110; McClelland, G. T. and Newell, R. (2013), “Youth Sexual Exploitation (United Kingdom) Managing Health Needs, Alongside Criminal Justice Interventions,” *Journal of Psychological Issues in Organizational Culture*, 3(1), pp. 247-275.



Service provider respondents shared details about the challenges girls faced if they became pregnant. They explained that where girls chose to have an abortion there were a number of barriers. In the Philippines for example, abortion is illegal. In Nepal, although abortions are available, if the child is under 16 her legal guardian's consent is required and there is also the cost of the procedure. Such barriers mean that children may turn to illegal, unsafe methods if an abortion is sought. If children are born to survivors, respondents shared that in some cases girls may arrange for informal adoptions or abandon their babies as they are unable to care for them. It is unlikely that children would have access to information and support to help them make informed decisions about all of their options.

A number of the survivors in the field research were parents. Recent research has highlighted that survivors who are parents may require additional support during their recovery and reintegration. The impact of trauma on survivors' parenting and on their children's development is something that has previously been overlooked.¹⁵² The needs and experiences of children born to survivors of CSE is, in itself an under-researched area requiring greater attention.¹⁵³

Substance Misuse, Addiction and Compulsive Behaviours

“..to work in this field you need a lot of courage and girls they come as innocent people from the villages, so they find courage to face their situation when they drink and they have to dance, they have to perform, do what the owner asks, or guest asks, so to do things that your morality doesn't allow you need courage and that's why they drink”. (A young woman in Nepal)

One area that was highlighted in the field research by service provider respondents, which impacted on the physical and mental health of children, was that of addiction and substance misuse. Children affected by CSE may have been plied with alcohol and drugs while being exploited or may use substances in order to deal with the pain and suffering they experience. Some service provider respondents in the field research spoke about substance addiction being the *“most challenging part of work”*. The substances identified as commonly used by children affected by CSE included:

- Alcohol,
- Cigarettes,
- Marijuana,
- Solvents,
- Amphetamines,
- Cocaine,
- Heroin, and
- Methamphetamines.

152 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), “The health needs and healthcare experiences of young people trafficked into the UK,” *Child Abuse & Neglect*, 59, 100–110.

153 Surtees, R. (2017), “What's Home? (Re)integrating Children Born of Trafficking,” *Women and Therapy*, Volume 40.



“Their family disowns those who come out and society harasses them. To forget such pain they drink and get into drugs. Also they are very lonely.”(A male to female transgender child in Nepal)

In addition to substance abuse and dependence, a number of compulsive behaviours were also mentioned related to sex, gaming and social media. In Thailand and the Philippines, children’s obsession with gaming was given as a reason for why some children were being exploited. For example, service provider respondents shared that some children who were spending time in internet cafes playing games were being exploited through web-cams so that they could earn money to continue to play. The desire to play computer games was also given as a reason for some children wanting to run away from the shelters.

Support from Addiction

“So, 15-16 year old boys who have drug addiction and are sleeping with foreigners, there’s absolutely nowhere, no services for those guys. And nowhere to place them, nowhere to take them to get over the addiction and to help them”. (A child protection professional in Thailand)

From the field research, it appeared that organisations did not have specialised services to tackle the addictions or compulsive behaviours they witnessed and did not always understand the concept or value of such services. In most cases, it was presumed that those entering shelters simply had to stop whatever they had been doing in the past. The strategies used to address these issues that were mentioned by service providers included ‘distraction techniques’. This included getting children involved in vocational training, work, school or recreational activities. Some survivors said that they also got guidance from service providers who in some instances encouraged them to reduce the amount of substances they were consuming gradually, aiming to use less every day.

In some cases service provider respondents spoke of specialist drug and alcohol rehabilitation facilities in the country, but they expressed these were rare and expensive.

It was clear from the field research that addressing substance misuse, addiction and compulsive behaviours was not being tackled in a consistent or systematic way. Service providers provided variable resources and did what they could to support children in the absence of any formal programmes or services.



Mental Health

Previous studies with survivors of trafficking, including children trafficked for sexual exploitation, have shown high levels of symptoms for post-traumatic stress disorder (PTSD), depression and anxiety.¹⁵⁴ Reports with young people who have been trafficked also point to high incidences of suicidal ideation.¹⁵⁵

Throughout the field research, there were a number of limitations in fully understanding the mental health problems and needs of survivors. Different cultures view, understand and address mental health symptoms in a variety of ways. Western concepts from the global north are not always translatable and terms are understood differently which can make it a challenging area to explore. Additionally, problems may be viewed and addressed through different lenses.

Through one lens, symptoms may be viewed as being ‘normal’ reactions to abnormal situations, through another the presence of symptoms may indicate the need for more medical-focused interventions. For example, in the field research, service provider respondents in Thailand and the Philippines expressed concerns in regards to the overmedication of survivors. These respondents believed that anti-depressants and other medication were too readily prescribed. In other research, this overreliance on medication has been partly blamed on the limited availability of counselling services which means medication is used as a substitute.¹⁵⁶

Despite the complexity in understanding and responding, respondents to the field research mentioned an array of symptoms and problems which indicated levels of psychological distress in survivors. This included:

- Sleep problems,
- Flashbacks,
- Depression,
- Anxiety,
- Paranoia,
- Loss of appetite,
- Cutting, and
- Suicidal tendencies and attempts.

154 Hossain, M., Zimmerman, C., Abas, M., Light, M and Watts, C. (2010), “The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women,” *American Journal of Public Health*, 100(12): 2442–2449 ; Abas, M., Ostrovski, N., Prince, M., Gorceag, V., Trigub, C., and Oram, S. (2013), “Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study,” *BMC Psychiatry* 2013, 13:204; Rimal, R. and Papadopoulos, C. (2016) “The mental health of sexually trafficked female survivors in Nepal,” *International Journal of Social Psychiatry*, Vol. 62(5) 487– 495; Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), “The health needs and healthcare experiences of young people trafficked into the UK,” *Child Abuse & Neglect*, 59, 100–110; Kiss, I., Pocock, N., Naisanguansri,, V., Suos, S., Dickson, B., Thuy, D., Koehler, J., Sirisup, K., Pongrunsee, N., Anh Nguyen, V., Borland, R., Dhavan, P., Zimmerman, C. (2015), “Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study,” *The Lancet*, Vol 3, March, 2015.

155 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), “The health needs and healthcare experiences of young people trafficked into the UK,” *Child Abuse & Neglect*, 59, 100–110.

156 Aberdein, C. and Zimmerman, C. (2015), “Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study,” *International Journal of Mental Health Systems*, 9:16.



In discussing suicide, service providers said that in some cases survivors blame themselves, and think that it is *“better to die than live in [the] presence of [the] perpetrator”* (A service provider in Nepal). For the transgender community in particular, both survivor and service provider respondents voiced concerns that this group were at higher risk of suicide.

“Relationship problems are what makes them [transgender] think about suicide. Some of them have family problems and some are stressed and do not know how to solve issues”. (A male-to-female transgender child from Nepal)

“Most of them have depression which is why they commit suicide”. (A male-to-female transgender youth from Nepal)

Although most service providers shared some concerns over the mental health of survivors, there was some divergence in opinion. A few service providers, those who it appeared did not fully understand the dynamics of CSE and viewed children’s exploitation as a ‘choice’, felt that there were *“no mental health issues”* and *“no signs of psychological trauma”* in the children they worked with.

“...most cope well, [and] are functional and active in activities at the center. Most of their behaviors show in court. Crying, fearful when see the parents. But here they seem ok, happy with activities. No reports of bad dreams”. (A mental health professional at a government shelter in the Philippines)

Alternatively, others were mindful of the need to address these issues on a case by case basis and avoid a presumption that every survivor would need mental health interventions: *“not all will experience trauma, even with bad experiences. So it is important to assess situation and needs”* (A child protection professional in Nepal).

Stressors Prior to and During CSE

In the field research, respondents reported a number of adverse experiences prior to, during and following their experiences of CSE. There were examples of children, prior to exploitation, witnessing the murder of their parents, suffering neglect, experiencing physical and sexual abuse and growing up on the streets. During their time in exploitative situations respondents also reported physical abuse, rape and witnessing the torture and abuse of other children.

This is consistent with other research findings indicating that children harmed by CSE have often suffered multiple traumatic experiences prior to their experience of exploitation. Studies show for example that survivors often report being forced to have sex prior to being trafficked and also often report previous abuse including child sexual abuse.¹⁵⁷ Research has shown that in some cases these experiences form

157 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), “The health needs and healthcare experiences of young people trafficked into the UK,” *Child Abuse & Neglect*, 59, 100–110; Abas, M., Ostrovski, N., Prince, M., Gorceag, V., Trigub, C., and Oram, S. (2013), “Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study,” *BMC Psychiatry* 2013, 13:204.



independent risk factors when it comes to the likelihood of developing a mental disorder.¹⁵⁸ In the literature, 'poly-victimisation', i.e., experiencing different forms of abuse, violence and harm, is more highly related to trauma symptoms.¹⁵⁹

Stressors Post-CSE

Following their exit from exploitative situations, survivors also talked about the day-to-day stress they faced during their recovery and reintegration. Stressors included:

- The fear they felt from their abusers,
- In cases involving online child sexual abuse, the fear that images of their exploitation would be viewable by others and shared with family and friends,
- The stress of living with other children,
- The stress of going through the legal process, and
- The difficulties they faced in making decisions about taking cases to court and appearing in court; and going home, staying in the shelter or, in some cases, returning to the streets to be reunited with friends.

Previous research has highlighted the issue of post-trafficking stressors for survivors, suggesting that poor social support and unmet needs may influence survivors' mental health outcomes.¹⁶⁰ The stigma that many survivors face is also thought to compound psychological distress.¹⁶¹ Research in high-income countries has identified multiple challenges in responding to the mental health needs of survivors of child trafficking including:

- Unfit placements or accommodation,
- The fact that legal cases often go on for a number of years which in turn means support is needed over a long period of time,
- The lack of continuity of services, and
- Concerns that young people have regarding deportation.

Such challenges have all been identified as impacting the ability of mental health responders to effectively support young people¹⁶².

It is important therefore, to be aware of the layers of trauma that may exist and the on-going stress and uncertainty that survivors of CSE are likely to be wrestling with. This calls for individual assessments and sensitive, flexible support that recognises that psychological distress is often a 'normal' reaction to abnormal situations that these children may have experienced prior to, during and following CSE.

158 Abas, M., Ostrovschi, N., Prince, M., Gorceag, V., Trigub, C., and Oram, S. (2013), "Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study," *BMC Psychiatry* 2013, 13:204.

159 Turner, H., Finkelhor, D., Ormrod, R. (2010), "Poly-Victimization in a National Sample of Children and Youth," *American Journal of Preventive Medicine*, 38(3), pp. 323-30.

160 Abas, M., Ostrovschi, N., Prince, M., Gorceag, V., Trigub, C., and Oram, S. (2013), "Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study," *BMC Psychiatry* 2013, 13:204.

161 Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M., Bimbi, F., Adams, B., Jiraporn, S., Beci, L., Albrecht, M., Bindel, J., and Regan, L. (2003), "*The health risks and consequences of trafficking in women and adolescents. Findings from a European study*," London: London School of Hygiene & Tropical Medicine (LSHTM).

162 Domoney, J., Howard, L., Abas, M., Broadbent, M and Oram, S. (2015), "Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care," *BMC Psychiatry*, 15:289.



Mental Health Support and Counselling

Who Responds?

There are a number of challenges related to accessing mental health support in the region where the field research took place. Researchers have pointed to the challenges of developing mental health services in low-income and middle-income settings.¹⁶³ In some contexts mental health is not seen as a public health priority which means financial resources are limited.¹⁶⁴ The reality is that there may be very few trained professionals residing in these countries.¹⁶⁵ This means that accessing mental health services for the general population is challenging. For survivors of CSE there are of course additional layers of complexity. Discrimination by service providers and issues related to shame and trust on the part of survivors can hinder uptake of any services that are available.

In one study, which assessed health care support for trafficking survivors in eight cities in different regions, findings suggested that trafficking victims' lack of access to health care was a significant gap. In this study, respondents in all eight cities, which included cities in high-income countries, identified poor and limited health systems for survivors of trafficking and noted that on the whole NGO service providers filled the gap.¹⁶⁶ Questions have been raised around the competency and educational background of those offering mental health support to trafficked persons.¹⁶⁷ In the field research outlined in this report, service provider respondents talked about the low numbers of trained professionals and therefore their limited capacity to respond.

In the case of the Philippines, it was explained that psychologists were too expensive to hire to work in shelters and therefore psychology student interns or social workers provided counselling. In Nepal respondents mentioned that some individuals were being trained in general 'psychosocial counselling', however one respondent felt that this training might not prepare them to deal with the complex issues that some survivors may face and that this training may actually prevent children being referred on to specialists. The respondent in Nepal felt that those trained in psychosocial support "*cannot differentiate between psychosocial and mental health... they do not understand what the mental health piece is*".

In Thailand, it was noted that in some organisations this gap was being filled by foreign volunteers who had undertaken some form of mental health training but often had little experience of the context, population or language. This meant that support was short-term and that volunteers had to rely on translators who were often not trained and lacked sensitivity.

163 Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., Sridhar, D., Underhill, C. (2007), "Barriers to improvement of mental health services in low-income and middle-income countries," *Lancet*, 370: 1164–74.

164 *Ibid.*

165 Aberdein, C. and Zimmerman, C. (2015), "Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study," *International Journal of Mental Health Systems*, 9:16; Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., Sridhar, D., Underhill, C. (2007), "Barriers to improvement of mental health services in low-income and middle-income countries," *Lancet*, 370: 1164–74.

166 Macias Konstantopoulos, W., Ahn, R., Alpert, E., Cafferty, E., McGahan, A., Williams, T., Palmer Castor, J., Wolferstan, N. and Purcell, G. (2013), "An international comparative public health analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response," *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 90, No. 6.

167 Aberdein, C. and Zimmerman, C. (2015), "Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study," *International Journal of Mental Health Systems*, 9:16; Devine, S. (2009), "*Psychosocial and mental health service provision for survivors of trafficking: Baseline research in the Greater Mekong Subregion and Indonesia*," Bangkok: IOM.



‘Counselling’ or Talking?

It was evident from the field research that in general those who were said to be providing ‘counselling’ and doing ‘therapeutic work’ with survivors did not always have an educational background or formal training in the area. One child protection professional in Nepal who reported that she provided counselling shared that she did not *“know if she is really doing counselling”*.

It appeared that in some situations anybody talking to the child was seen as a ‘counsellor’. This meant that it was challenging to understand what professional mental health support survivors were actually accessing. Some service providers shared concerns over staff members providing counselling when they were not qualified and had only received *“just short course on counselling and that’s it”* (A mental health professional in Thailand).

Although it was not clear whether professional mental health support was being provided, or whether survivors were simply having the chance to talk to someone who would listen, ‘counselling’ was the most common form of support that was mentioned by respondents.

In all three countries survivors shared that they felt that ‘counselling’ is vital because it enables them to talk about their problems and *“get it off their chest”*; *“leave a little package of their problems behind”* and *“feel refreshed”*. Some survivors appeared to appreciate the chance to talk and share and felt that it helped them.

Some respondents however mentioned that talking about one’s problems was hard and that culturally, in Thailand, people did not *“talk about private matters, and not common to talk about feelings”*. (A service provider in Thailand). One respondent from Nepal also stated that *“people do not trust therapy because therapy is not in our culture”*.

The Type of Person Children Want to Talk to

Survivors talked about the type of person who they would wish to talk to about their problems. They said that the person should be easy-going, soft, polite and kind. Respondents said it would be important for counsellors to:

- Know how to listen,
- Build rapport,
- Be non-judgemental,
- Have the right skills, and
- Have training as it is hard if they *“open wounds [they] don’t know how to close”*.

“For me, the importance of the counsellor is that this person is strong [and] of course knows how to counsel...A counsellor should not advise and should know how to listen”. (A young woman in the Philippines)



As explored earlier, the fact that many survivors find it difficult to trust, means that it's important for children to have someone consistent to talk to about their problems. During the field research one of the service providers in the Philippines shared that survivors had complained to her about the short-term commitment of student interns who were providing counselling support in the shelter home. She said that a survivor complained that:

"...after a few sessions she will leave me. She just studied me. Only study our case and then leave us". (A service provider in the Philippines)

In settings where organisations rely on foreign volunteers and student interns it is unlikely that survivors will be able to develop a trusting therapeutic relationship due to the short term nature of the support such individuals can offer.

Coping Strategies

Some survivors will not want to talk about their experience of CSE while others will have already had to talk about their experiences with the police, social workers, lawyers and others.¹⁶⁸ One coping strategy may therefore be to simply try and forget what has happened to them.

Survivors during the field research mentioned a variety of ways that they coped with their experiences. Many survivors talked about how they 'kept busy' and service providers echoed this believing that 'distractions' helped children forget about their experiences.

"...among friends. We will joke and we have fun and we forget about it". (A boy in Thailand)

"... if you're busy and happy, then you can forget". (A girl in the Philippines)

One theme that strongly emerged, particularly in respondents from Thailand, was around survivors focussing on their future rather than on their past. Survivors shared a number of 'mottos' such as:

- *"...Just move forward". (A young woman in Thailand)*
- *"What is past is past. Like the wind, it's past. I move forward. Can learn from experience". (A young man in Thailand)*
- *"No need to be afraid with the past. Past is past, it's already gone. Look for the future". (A girl in Thailand)*

Service providers also talked about how they felt that survivors should *"not concentrate too much on past, but on present and what next"* (A government social worker from Thailand).

Although not all respondents who talked about this approach to recovery were Buddhist, this approach aligns with the Buddhist tradition which emphasises the importance of acceptance and moving forward.¹⁶⁹ Although this may be helpful for some and help provide a sense of hope for the future, for others this may mask underlying problems which may surface at a later date.

168 Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), "The health needs and healthcare experiences of young people trafficked into the UK," *Child Abuse & Neglect*, 59, 100–110.

169 Devine, S. (2009), "Psychosocial and mental health service provision for survivors of trafficking: Baseline research in the Greater Mekong Subregion and Indonesia," Bangkok: IOM.



Therapies

During the research, various forms of therapeutic approaches were mentioned by service providers as being helpful to survivors. This included:

- Trauma-focused cognitive behavioural therapy (TF-CBT),
- Eye movement desensitisation and reprocessing (EMDR),
- Play therapy,
- Narrative therapy,
- Nature therapy, and
- Adventure therapy.

It was not however, clear how common or effective these forms of therapy were or when, how or by whom they were administered.

There is a strong evidence base for cognitive behavioural therapy and EDMR in effectively addressing symptoms of PTSD, however such approaches require that there are skilled, trained professionals available.¹⁷⁰ TF-CBT has been recommended for use with individuals affected by trafficking¹⁷¹ and it has been designed for use with survivors of CSE in some low/middle-income settings.¹⁷² However, some professionals in these contexts argue for the need for a less structured, more holistic and culturally acceptable approach to intervention.¹⁷³

170 Aberdein, C. and Zimmerman, C. (2015), "Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study," *International Journal of Mental Health Systems*, 9:16

171 Macy, R. and Johns, N. (2010), "Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area," *Trauma, Violence and Abuse*, Vol. 12 (2), 87-98.

172 Bass, J; Bearup, L, Bolton P, Murray L, Skavenski, S. (2011), "Implementing trauma focused cognitive behavioural therapy among formerly trafficked sexually exploited and sexually abused girls in Cambodia: A feasibility study," Johns Hopkins Bloomberg School of Public Health, World Vision International.

173 Aberdein, C. and Zimmerman, C. (2015), "Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study," *International Journal of Mental Health Systems*, 9:16.



Summary

All children have a right to access the highest attainable standard of health. Children affected by CSE may have a number of physical, mental, sexual and reproductive health issues that need to be assessed and addressed. Through the field research and literature review, it is apparent that there are many reasons why children affected by CSE may be unable or unwilling to access health care services. This may be due to discrimination that they face; the fact that they don't have the right documentation to access care; because they are afraid of finding out that something is wrong with them; because they may not trust that information about their health status will be kept confidential; because services do not exist; or because they cannot cover the cost of them.

Service providers therefore have a role to play in helping children access services and accompanying them to appointments. Service providers must also advocate for confidential, consistent, child-friendly and sensitive health service provision for the children they are supporting. Children affected by CSE want confidential services and they want to develop relationships with non-judgemental medical professionals.

Children affected by CSE have a right to be supported by professionals who have received appropriate training. The field research highlights that in reality this does not happen due to the lack of trained professionals and lack of mental health and drug, alcohol and substance misuse services in the region. The challenges in accessing appropriate support calls for more creative solutions to address these gaps. In the short-term, this may involve working with children to help them strengthen their own coping mechanisms.



CHAPTER 9

EDUCATION, VOCATIONAL TRAINING AND LIVELIHOODS

‘States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

- Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;¹⁷⁴*
- Make higher education accessible to all on the basis of capacity by every appropriate means;¹⁷⁵*
- Make educational and vocational information and guidance available and accessible to all children.¹⁷⁶*

‘Each Member shall, taking into account the importance of education in eliminating child labour, take effective and time-bound measures to (c) ensure access to free basic education, and, wherever possible and appropriate, vocational training, for all children removed from the worst forms of child labour’.¹⁷⁷

Education

“Education is important. It’s needed. I dropped out but now I am back in with assistance of staff here. But not all children have the same opportunity, so they are pushed to go back to sexual exploitation. Others can’t go back to school because of costs, such as school activities, and others it’s because of nationality issues”. (A girl in Thailand)

Children who have experienced exploitation often miss large chunks of schooling and are likely to need support to reengage in education.

The survivors who took part in the field research had very different educational backgrounds. Around 10% were illiterate, others had missed years of school, and some were in college or studying at university. For many, education was seen to be an important aspect of their lives and a way to secure a better future.

174 United Nations (1989), “United Nations Convention on the Rights of the Child (UNCRC),” Geneva: United Nations. Art 28.b.

175 *Ibid* Art.28.c.

176 *Ibid* Art.28.d.

177 ILO (1999), “ILO Worst Forms of Child Labour Convention,” No. 182.Art.7.c.



For some having an education, or being in school, had a ‘normalising’ affect, it meant that they were like everybody else and were on an equal footing with their peers.

“To become equal to other people and fight for other opportunity like everybody... It is a capacity building to make economic conditions better”.
(A young woman in Nepal)

Having an education can also provide children with something to be proud of and a way to gain respect in the community.

“...it is important to know how to encourage, motivate children because education is the only way to prepare and be ready to face the world and feel proud. People will not easily judge you, look you down”. (A young woman in the Philippines)

Formal and Non-Formal Education

There were different opinions on the best form and delivery of education amongst respondents. Some felt that for some survivors of CSE non-formal education was more appropriate. Non-formal education is often provided on site in shelter homes or drop in centres. The reasons given for children attending this form of education included that:

- It could be hard for children to engage and concentrate on their studies,
- Children may not feel comfortable being placed in classrooms with younger children in situations where they were ‘behind’, and
- They may be bullied or teased in mainstream schools.

On the other hand, during the field research there were concerns raised about the quality of non-formal education. It may also be important for children to access education that leads to qualifications that are recognised by different bodies including higher education institutes and future employers. Some service providers also felt that getting children enrolled in formal education could be a helpful way to establish some ‘normality’ in their lives. Going to school in the community could help them make friends and integrate outside of the shelter home or programme.

If survivors did attend formal education, service providers were aware of the potential for discrimination and bullying and spoke of the importance of preparing children to deal with questions they might face about themselves and their circumstances. This included ensuring that they knew how to answer questions about themselves and their histories and to learn what information was appropriate to share with classmates. Preparation also means service providers working with the school and teachers to support children’s reintegration into the formal classroom. However, again being mindful of confidentiality and non-judgemental responses.

Whichever form of education taken, survivors spoke of the importance of not being ‘forced’ and moving into education when they were ready *“it should be step by step”* (A young woman in the Philippines).



Vocational Training and Livelihoods

“...some of them... reach a certain period of their life where they don’t care about studies”. (A girl in Nepal)

Although formal education is something that many survivors and service providers feel is key to children’s recovery and reintegration, some survivors in the field research felt that they wanted to ‘get on with their lives’ and this meant pursuing training or work rather than their studies. This need to ‘move on’ has been highlighted in other research with young people who have missed large periods of schooling due to exploitation.¹⁷⁸ Vocational training was viewed by some service provider respondents as a way for survivors to gain some independence, acquire new skills and provide them with something to feel positive about.

“...because these kids need something to be proud of. And so far they only carry shame and guilt”. (A service provider in Thailand)

“It is good to learn a skill. We cannot stay in this organization all our life. If I got married and my husband wanted to leave me, I could tell him that I am not scared because I have skills at hand. I could take care of my children. If I have skills in my hand I can do anything to survive in the world. If I didn’t have skill I would have to bow my head down in front of the husband all the time and on top of that the husband would be the boss and beat us, abuse us. If I have skill, I can tell the husband to go mind his own life”. (A girl in Nepal)

Respondents acknowledged that in some cases survivors felt pressure to earn money as soon as possible as they needed to support themselves and/or families and were used to earning an income.

Experiences of Vocational Training and Income Generation Schemes

Many survivor respondents were being trained in a variety of skills at the time of the fieldwork and some of these courses would lead to certification. However, survivors identified a number of problems with the training that was being provided.

“We took trainings for becoming a beautician, we do tailoring training, but we are sitting just like that. We don’t have jobs”. (A girl in Nepal reporting on her conversations with peers)

“Most of them leave the jobs [in entertainment sector] they are doing to go to the training but after training they don’t get job placement so they have to stay without an income”. (A girl in Nepal).

178 Boothby, N., Crawford, J. and Halperin, J. (2006), “Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts,” *Global Public Health*, February 2006; 1(1): 88/10. Mailman School of Public Health, Columbia University, USA.



This is a finding that has routinely been identified in research with survivors; that training often does not lead to employment.¹⁷⁹ There may be different reasons for this. For example, research with female survivors in India who had received vocational training while residing in shelter homes, highlighted an array of problems. These issues were faced both during their training and subsequently in attempting to utilise their skills. This included that:

- In the shelter home there were not enough sewing machines to practice their skills,
- The training came to an end when they left the shelter,
- They forgot the skills they learnt when they got home and were not confident in using their skills,
- They did not have the money to buy the raw materials to make products to sell, and
- There was no market or buyers for their products as training courses had not been based on an adequate understanding of the market.

In this same study, practitioners identified other problems including that:

- Training was often used as a 'distraction' and viewed as 'therapeutic' rather than a route into employment,
- There were no individually tailored training or career plans for survivors,
- There was no 'career counselling',
- There was no understanding of the market in the locations where survivors may end up living, and
- Training programmes are unsustainable as they are funded by NGOs with short-term funding cycles rather than supported through government schemes.¹⁸⁰

In the field research, a number of these findings were echoed. Respondents spoke of the lack of basic materials needed for certain training, such as:

- Beads for jewellery making,
- Cloth materials for quilting,
- Cooking utensils, or
- Cosmetics for beauty training.

In the field research, service provider respondents appeared to describe a spectrum of 'activities' that could have been viewed as 'vocational training'. Service providers shared that involvement in such activities provided multiple benefits for survivors, viewing their engagement as:

- Therapeutic,
- A way to entertain or 'distract',
- A means to generate income for the organisation or 'pocket money' for the survivors, or
- Training to provide skills for future employment.

179 School of Women's Studies, Jadavpur University (2012), "Summary report: 'Look at Us with Respect' Perceptions and Experiences of Reintegration: The Voices of Child Survivors of Sexual Exploitation and Practitioners in West Bengal and Jharkhand," Centre for Rural Childhood, Perth College, University of the Highlands and Islands; Lisborg, A. (2009), "Re-thinking reintegration: What do returning victims really want and need? Evidence from Thailand and the Philippines," SIREN Report. UNIAP III: Bangkok, Thailand.

180 School of Women's Studies, Jadavpur University (2012), "Summary report: 'Look at Us with Respect' Perceptions and Experiences of Reintegration: The Voices of Child Survivors of Sexual Exploitation and Practitioners in West Bengal and Jharkhand," Centre for Rural Childhood, Perth College, University of the Highlands and Islands.



What Else could be Offered?

A number of survivors had thoughts on how to improve the current situation. They wanted the opportunity to explore different career options, gain work experience and they wanted help to secure a job or start their own business.

“...it would be really helpful if, after trainings, the organisation could show them ways where to get jobs or how to get jobs”. (A girl in Nepal)

“The organisation should provide them loan to start some small business or earn a livelihood in some way. They should not be given money that they don’t have to return back because it will make people dependent and organization will not be able to sustain itself. So organization should give seed money to start income generating programs”. (A young woman in Nepal)

Research emphasises that it is useful if survivors can access basic life skills training before embarking on vocational training.¹⁸¹ Research also suggests that in order to improve family reintegration it may be helpful to assist the wider family in securing a livelihood.¹⁸² In the field research, one young man in Thailand shared that an organisation had helped his parents to set up a small business which he felt was helpful. One service provider also highlighted that it was important that the family could take financial responsibility of their children if they do return home.

Giving Children a Choice

One finding from the field research was that survivors wanted more choice and control when it came to pursuing their education and training. This aligns with the important principle of agency, providing options and choices and enabling children to be more involved in decision-making. The field research highlighted that some survivors did not always know what they wanted to do in the future, but that they wanted help and information to make informed decisions about their education and training.

Not surprisingly, children may not know what skills they have or need to develop in order to work in different occupations.¹⁸³ They may also be unaware of the average salaries for different careers. Therefore, others have pointed to the need for individual ‘career counselling’.¹⁸⁴ Often survivors may be asked or forced to make a decision about their education or training as soon as they arrive at a shelter, and while they are still dealing with the impact of trauma. In addition, they may not have all the information to enable them to make informed decisions.¹⁸⁵

181 Macy, R. and Johns, N. (2010), “Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area,” *Trauma, Violence and Abuse*, Vol. 12 (2), 87-98.

182 Chaffin, J. and Kalyanpur, A. (2014), “What do we know about economic strengthening for family reintegration of separated children?,” New York: Child Protection in Crisis Network.

183 Reimer, J.K. (2013), “What do we know about...education and training for children affected by sexual exploitation and related trafficking,” Home: The Child Recovery and Reintegration Network

184 *Ibid.*

185 Women’s Commission for Refugee Women and Children (2008), “Market assessment toolkit for vocational training providers and youth: Linking vocational training programs to market opportunities,” Columbia University School of International Public Affairs (SIPA): for WCRWC.



In the field research, it appeared that children were sometimes forced to make a decision to either pursue education or vocational training. In some cases, it appeared that service providers made decisions for them and some survivors spoke about not having the opportunity to pursue areas they were interested in as training in those areas was not available, too costly, or inaccessible.

Often due to resource limitations, service providers are not able to offer a wide range of education or training options. However, survivors expressed a need for more choice and more power in decision-making over their future career paths. In a context of limited resources, this is challenging but important as *'identifying and meeting the child's own aspirations for the future and fostering their ability to reach their potential should be central to recovery and reintegration processes'*.¹⁸⁶

Within the field research, there were examples of survivors pursuing training but then realising that they did not want to work in the area. For young adults this may be a common thing and research identifies that, particularly for survivors who may be suffering trauma, there is a need for flexible programming.¹⁸⁷ For example, such programming should expect that survivors may miss sessions or change their mind but should be allowed to come back or start a different training course. However, in the field research service providers expressed frustration with the fact that survivors constantly changed their minds.

The influence of the family was also mentioned as limiting choices for survivors. A male-to-female transgender child in Nepal disclosed how she would like a career in dance but was training to be a waitress instead. She said:

"I had interest in dancing from before and I had expressed my interest to my mom but my mom refused. I had even participated in dance competition and won and my name was published in the newspaper! My mother wanted me to become someone big and also take care of my siblings so they did not permit me to learn dancing".

186 Asquith, S. and Turner, E. (2008), *"Recovery and reintegration of children from the effects of sexual exploitation and related trafficking,"* Geneva: Oak Foundation.

187 Chaffin, J. and Kalyanpur, A. (2014), *"What do we know about economic strengthening for family reintegration of separated children?"* New York: Child Protection in Crisis Network; Clawson, H, and Goldblatt Grace, L. (2007), *"Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking,"* US Department for Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; SARI (n.d.), *"South Asian resource book on livelihood options for survivors of trafficking and other forms of violence,"* SARI/Equity: New Delhi, India.



Summary

Children have a right to education and vocational training. Children also have a right to receive guidance and information in regards to their education. Education, training and work can be vehicles to independence and survival. Drawing on the nine principles, being in school or learning new vocational skills can also establish a sense of 'normality' for children and help them to connect and establish a sense of belonging in the community. Through engaging in education or training, this may help build children's sense of self-worth and also contribute to acceptance in society.

There are varieties of forms of education, training and income-generation activities and it is important that children are informed about their options and choices and supported to make decisions about what is the best fit for them. Each child will be dealing with a different set of circumstances and the influence of their experiences, their families and their future plans must be considered and explored. Children want more choice and decision-making power when it comes to choosing what path they will pursue. In the context of limited resources, it is unrealistic to think that service providers can single-handedly support the different desires and aspirations of each individual child. Partnership working with schools, colleges, training institutes, recruitment agencies, businesses and others is of central importance in facilitating access to high quality education, training and livelihoods.



CHAPTER 10

LIFE SKILLS AND PEER SUPPORT

Life Skills

The term 'life skills' refers to the knowledge, abilities and behaviours that enable individuals to deal with the world around them. All children need to develop life skills. However, children who have been affected by CSE may encounter particular difficulties in developing, or re-building such skills. According to one systematic review the following skills are thought to be particularly important for those affected by CSE:

- Life planning,
- Financial management,
- Decision-making,
- Conflict resolution,
- Problem solving,
- Communication,
- Emotional management,
- Transportation use, and
- Safety planning.¹⁸⁸

According to service providers in the field research, they felt that life skills training could be helpful for survivors. They noted that in their view life skills programmes could:

- Help survivors become resilient,
- Equip them with skills to make the right decisions,
- Improve self-esteem,
- 'Normalise' children's experiences,
- Foster independence,
- Empower them,
- Enable socialisation by helping them to understand how to make friends, how to trust, and whom to trust,
- Help them protect themselves and others to stay safe,
- Learn how and where to seek help and report abuse,
- Learn how to advocate for themselves and share their opinions,
- Learn how to cope with their experiences,
- Learn how to problem solve,
- Maintain boundaries,
- Learn about time management, and
- Prepare them for work.

188 Muraya, D. and Fry, D. (2015), "Aftercare services for child victims of sex trafficking: A systematic review of policy and practice," *Trauma, Violence and Abuse*, Vol. 17(2), 204-220.



A number of survivor respondents in Nepal talked about how decision-making skills and learning how to be independent were particularly useful in navigating their relationships with their husbands. One girl in Nepal stated that *“it is very important that we start making our own decisions for ourselves”*.

Life skills training also provided survivors with a number of techniques, such as meditation and deep breathing, to help them manage their emotions and deal with stress.

“When we meditate, our bodies feel easy and relaxed”. (A young woman in Nepal)

One girl with a history of self-harm (cutting), reported that she had learnt an alternative way to deal with her emotions.

“Now, whenever I am angry, I write or paint random things on the paper with paint or I sketch”. (A girl in Nepal)

Survivor respondents also spoke about learning more about sexual and reproductive health, hygiene and about sexual violence and abuse.

“We were taught about what we should do when we have menstruation, we should change pads regularly, about symptoms of diseases. We were also taught about what happens when one gets pregnant. We were taught about temporary contraceptive and permanent contraceptive”. (A girl in Nepal)

In addition to the development of these skills and learning, which overlap with aspects explored in the health domain, survivors mentioned learning other practical skills too such as how to cook and sew. One survivor in Nepal suggested that it would be helpful to learn other skills such as how to fill out forms, use a computer and open a bank account. Another survivor shared how, through life skills training, she had built up the courage to speak up and demand that she was paid fairly in her workplace.

There is a limited evidence base when it comes to understanding the impact of life skills programmes on children. In many cases life skills training may be delivered but there may be no standardised approach, no clear documentation surrounding the process and no evaluation of outcomes. Life skills programmes have traditionally been a key component in tackling HIV in young people. A review of literature for this population concluded that life skills training has a valuable role to play in educating and keeping young people safe but that it only works when the conditions are right, so for example when training:

- Takes place over a number of sessions,
- When training follows a standardised curriculum,
- Is part of a wider package of support, and
- Takes a gender sensitive approaches.¹⁸⁹

It is also important to note that engagement in such programmes may improve knowledge but it is not always clear how this impacts on behaviour change. This particular review concluded that life skills programmes should be designed together with children and young people to allow them to incorporate their perspectives.¹⁹⁰

189 Yankah, E. and Aggleton, P. (2008), “Effects and effectiveness of life skills education for HIV prevention in young people,” *AIDS Education and Prevention*, 20(6), 465–485.

190 *Ibid.*



There is a need for more evaluations of life skills programmes for those affected by CSE in order to understand how helpful these programmes can be at building skills and protective factors for children. One evaluation conducted in the USA of a programme, which included a life skills element for young people affected by and at risk of CSE, found mixed results. However, evidence suggested that participation in the programme did lead to better outcomes in terms of sexual assault victimisation, educational aspirations, self-efficacy, and employment attitudes.¹⁹¹

Additional Responsibilities

In the field research, there were examples of children being given additional responsibilities in the drop in centres and shelter homes where they accessed support. These responsibilities included:

- Helping to provide guidance to newcomers,
- Acting as an 'older brother or sister' to younger children,
- Helping staff, and
- Getting involved with the governance of shelters and organisations through their participation on forums and councils (where children are involved in decision-making around rules and regulations etc).

In addition, there was one example of children getting involved in external advocacy activities. This was in the Philippines where one organisation partnered with a mobile community theatre group where children took part in community awareness sessions around CSE.

It was not clear in the research how decisions were made regarding which children took on these roles or what training, support or incentives were involved. As some of the organisations who took part in the research were set up by survivors, it was also reported that some survivors may go on to work for these same organisations that supported them, but again, it was not clear how common this was.

Peer Education and Support

There appeared to be some consensus in the field research over their being a clear role for survivors in peer-education and support. This included children sharing information about services with peers who may be in exploitative settings and in talking with peers about health problems and other concerns children may have.

191 Cohen, M., Edberg, M., Gies, S. (2011), "Final Report on the Evaluation of the SAGE Project's LIFESKILLS and GRACE Programs," Accessed 4 February, 2017, <https://www.ncjrs.gov/pdffiles1/nij/grants/234464.pdf>.



Service providers explained that survivors who make positive changes in their lives can become important role models to their peers. Service providers also believed that peer educators and supporters were often best placed to impart information and talk to other children as they:

- Understood what children have been through,
- Could relate to them,
- Spoke the same ‘language’ (understanding certain terms and phrases),
- Often knew what children needed or wanted,
- Could develop trust more easily, and
- Got faster disclosures from children.

Despite this, it is equally important to recognise the challenges and limitations of peer support which are discussed below.

A number of survivors agreed that peer educators and supporters could be useful:

“Peer Educators can help more because they have experience.” (A boy in the Philippines)

“Because we can be sure that they understand us first hand”. (A male-to-female transgender child in Nepal)

“Necessary that the person have similar experiences”. (A male-to-female transgender child in Thailand)

“Peer education is very important because it is one thing to be taught or guided by a staff from the organization but if the peers start sharing information and awareness, it spreads more quickly”. (A girl in Nepal)

In the field research, a number of survivors shared that they had learnt about services and programmes from their peers. Research shows that for children and young people, their peers are often an important source of support and information, and may be more influential than family members.¹⁹² For example, a study on child maltreatment illustrated the different ways friends provided support for those who had experienced abuse. This included that friends:

- Recognised when things were wrong,
- Offered an emotional ‘escape’,
- Helped children seek support from adults, and
- Provided emotional, moral and practical support.¹⁹³

The influence of peers and the support they provide is one of the main arguments for supporting peer education models.

192 Allnock, D. (2015), “Child maltreatment: How can friends contribute to safety?” *Safer Communities*, 14, 1, pp. 27-36.

193 *Ibid.*



Survivors in the field research said that speaking with friends was one way to cope with their experiences, with some feeling more comfortable talking to peers about their problems rather than adults. However, not all survivors were comfortable with sharing information with other young people and some children still said that they would prefer to talk with adults rather than trained peer supporters.

There is little research around how, for who, and in what conditions peer education and support is an effective strategy for providing information and support to survivors of CSE. Evidence that exists however suggests that peer educators, or peer counsellors, who ‘match’ the group of children may be more influential and effective.¹⁹⁴

Research also underlines the importance of ensuring that ‘peer educators and leaders’ must be the ‘right people’. This means the selection, training and supervision of peer educators is key and requires resources and support.

In the field research, concerns were raised around how an organisation would select peer educators and ensure that they were ‘ready’ and would not be further traumatised through such work. There were also concerns raised over the safety of young people who peer educators would be working with. These concerns were based on the fact that peer educators could potentially draw children back into exploitative situations.

Peer Support Programmes can give Young People a Purpose

In the field research, there were examples of survivors who wished to help other young people. Children talked about wanting to help other children like them, both now and also in the future.

“Because it’s a nice feeling to be able to reach out and help other CSEC children. It’s a nice feeling if I would boost their self-esteem, and encourage them to be here [at the drop in centre]”. (A girl in the Philippines)

“There are many girls like me. I do not want other girls to suffer what I suffered.... I want to stop other girls from taking a wrong path”. (A girl in Nepal)

There are different ways that children may be able to ‘help’ other children. Consultations with children and young people, including those affected by CSE, that explored young people’s roles in sexual violence prevention work, highlighted a number of ways that young people could help. For example, young people talked about peer education and support, but also suggested that children could get involved in different prevention activities such as campaigning and developing materials for other children.¹⁹⁵

194 Hotaling, N., Burris, A., Johnson, J., Bird, Y. and Melbye, K. (2004), “Been there done that: SAGE, a peer leadership model among prostitution survivors,” *Journal of Trauma Practice*, 2, pp. 255-265; Rawsthorne, M., Hoffman, S. and Kilpatrick, E. (2010), “Women educating each other...women in safe and equal relationships,” *Women in Welfare Education*, 9, pp. 13.

195 Cody, C. (2015), “‘They don’t talk about it enough’,” Luton: University of Bedfordshire.



Summary

Evidence from the field research and wider literature review suggests that life skills and programmes may lead to the development of a number of protective-factors which can aid in recovery and reintegration and help keep children safe. Children who develop skills and undergo training may be interested in using these skills to help other children and young people affected by CSE. Although the evidence-base is unclear over the benefits of such training or peer support models, anecdotal evidence suggests that with the right selection, training and support, such models may be beneficial to survivors themselves and to their peers. However, it is equally important to recognise the challenges and limitations associated with these models and the fact that not all individuals may feel comfortable receiving support from peers.

Evaluations and other reports of initiatives that have engaged children and young people affected by CSE suggest that some children do want to get involved in actions that help other children who are in a similar situation.¹⁹⁶ Taking on such roles can help provide children with a purpose and give meaning to their experiences. Those involved in initiatives that aim to prevent exploitation or improve young peoples' experiences of support, talk about how their negative experiences can be turned into something positive through helping others.¹⁹⁷ Such engagement can provide hope to other children and build a sense of self-worth for those involved. Through engaging in such work, this may also help to promote children's acceptance in the community.

196 Batsleer, J. (2011), "Voices from an edge. Unsettling the practices of youth voice and participation: arts-based practice in The Blue Room, Manchester," *Pedagogy, Culture and Society*, 19, 3, pp. 419-434; Levy, L. (2012), "Hidden nobodies: female youth in care participate in an arts-based trauma informed empowerment intervention program," *Relational Child and Youth Care Practice*, 25, 1, pp. 5-19.

197 Levy, L. (2012), "Hidden nobodies: female youth in care participate in an arts-based trauma informed empowerment intervention program," *Relational Child and Youth Care Practice*, 25 (1), pp. 5-19.



CHAPTER 11

ACCESS TO CULTURAL, RELIGIOUS AND RECREATIONAL ACTIVITIES

'States Parties shall respect the right of the child to freedom of thought, conscience and religion'.¹⁹⁸

'States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts'.¹⁹⁹

'States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity'.²⁰⁰

Spirituality and Religion

A number of respondents in the field research talked about spirituality and religion playing a positive role in their recovery. Survivors described how their beliefs:

- Helped them to cope,
- Relieved feelings of guilt,
- Brought a sense of belonging,
- Provided them with inspiration, hope and encouragement, and
- Provided guidance and support.

The power of religious and spiritual beliefs in providing strength and support has been noted in a number of studies exploring post-trafficking in the South Asian region.²⁰¹ For those who wish to make use of spiritual and religious coping strategies, the belief in a higher power may help individuals to make sense of their experiences and provide them with hope for the future.²⁰² Prayer, spiritual guidance,

198 United Nations (1989), "United Nations Convention on the Rights of the Child (UNCRC)," Geneva: United Nations. Art.14.1

199 *Ibid* Art.31.1.

200 *Ibid* Art.31.2

201 Aberdein, C. and Zimmerman, C. (2015), "Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study," *International Journal of Mental Health Systems*, 9:16.

202 Bryant-Davis, T. and Tummala-Narra, P. (2017), "Cultural oppression and human trafficking: Exploring the role of racism and ethnic bias," *Women and Therapy Vol. 40, Iss. 1-2,2017*.



rituals and support from a faith community may all provide helpful support to survivors of abuse and exploitation.²⁰³ There is additionally some evidence that religiosity can help protect from poor mental health outcomes including PTSD.²⁰⁴

Where faith and religion are a positive part of an individual's support strategy, this should be viewed as beneficial. However, in the field research, there were examples where religion appeared to be 'forced' upon survivors or for their beliefs to be disrespected during the recovery process.

During the field research, there were examples of some survivors feeling pressure to convert when being provided with services from a faith-based organisation. One girl explained how she had been offered the possibility of going to an alternative care programme that would enable her to pursue her studies. However, she had also been informed that she would have "to become a Christian" because the programme was faith-based. Although she was not required to convert, religious activities, such as prayer, were a key element of the programme. Where children do not conform and take part in these activities they may feel excluded. As has been highlighted elsewhere, the value-base of an organisation may influence survivors' perceptions of whether they will truly be accepted.²⁰⁵

Where children do choose to convert, there may be consequences when returning home. One respondent in the research had converted to a different faith whilst receiving services from a faith-based organisation and this had impacted on her ability to reintegrate when she returned to her family. As the only Christian in her family, she was unsure of how to behave during religious festivities at home and felt different from her family members.

In the field research, there were also examples of service providers not making allowances or supporting religious practices that differed from the programme's faith base. In the Philippines for example, some survivors shared that survivors from minority religions were not provided with a space to pray or meditate, and were not included in religious ceremonies that occurred in the shelter. Other survivors shared that in some cases faith-based shelters did not take part in, or celebrate local festivals and religious celebrations.

203 Bryant-Davis, T., & Ocampo, C. (2005) as cited in Bryant-Davis, T. and Tummala-Narra, P. (2017), "Cultural oppression and human trafficking: Exploring the role of racism and ethnic bias," *Women and Therapy Vol. 40, Iss. 1-2, 2017*

204 as cited in Rimal, R. and Papadopoulos, C. (2016), "The mental health of sexually trafficked female survivors in Nepal," *International Journal of Social Psychiatry*, Vol. 62(5) 487– 495.

205 Aberdein, C. and Zimmerman, C. (2015), "Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study," *International Journal of Mental Health Systems*, 9:16.



Recreation

Respondents talked about the importance of having a ‘normal life’ and that meant having fun and doing things that other children do.

“I feel very happy when I dance... I feel happy when I get opportunity to perform”. (A girl in Nepal)

Survivors talked about a range of activities that they enjoyed doing. This included:

- Dancing,
- Playing sports,
- Engaging in the arts,
- Celebrating birthdays and festivals,
- Listening to music,
- Watching movies, and
- Baking.

Some survivors also enjoyed leaving the shelters and centres and visiting places of worship, museums and getting outside to go hiking, swimming and picnicking. There were also examples where service providers would take groups on trips that included team-building and trust-building exercises like rope courses and zip lining.

One girl talked about the need for age appropriate activities suggesting that some activities tend to be targeted at younger children. She expressed that as a teenager she wanted more freedom and to do other things that her friends were doing in school.

“When I was young I want to play and play and play and play! But I grow... I want to go trip and like that, teenager”! (A girl in the Philippines)

Several survivors spoke of wanting to improve their skills in certain areas, such as in sports, and compete or get involved in activities at a professional level. One boy in the Philippines felt it was important to *“ignite their talent and strengths”*.



Summary

Children cope with their experiences in different ways. Service providers should support and help survivors to identify their own positive coping strategies. Children have a right to participate in cultural and religious activities. Through such activities children may also develop that sense of belonging and connectedness that appears to be so important for children.

Likewise, children have a right to play and engage in recreational activities that are age appropriate. Involvement in sports, community groups or other activities may again help children to connect and gain a sense of 'normalcy'. Survivor respondents, through their responses, illustrated that children want a sense of 'normality'; they want to be like other children of their own age. Therefore having opportunities to play, 'hang out' with friends and take part in other age appropriate activities will be an important part of the overall recovery and reintegration process.



CHAPTER 12

LEGAL SUPPORT

‘States Parties shall adopt appropriate measures to protect the rights and interests of child victims of the practices prohibited under the present Protocol at all stages of the criminal justice process, in particular by:

- *Recognizing the vulnerability of child victims and adapting procedures to recognize their special needs, including their special needs as witnesses;*
- *Informing child victims of their rights, their role and the scope, timing and progress of the proceedings and of the disposition of their cases;*
- *Allowing the views, needs and concerns of child victims to be presented and considered in proceedings where their personal interests are affected, in a manner consistent with the procedural rules of national law;*
- *Providing appropriate support services to child victims throughout the legal process;*
- *Protecting, as appropriate, the privacy and identity of child victims and taking measures in accordance with national law to avoid the inappropriate dissemination of information that could lead to the identification of child victims;*
- *Providing, in appropriate cases, for the safety of child victims, as well as that of their families and witnesses on their behalf, from intimidation and retaliation;*
- *Avoiding unnecessary delay in the disposition of cases and the execution of orders or decrees granting compensation to child victims.’²⁰⁶*

Many children affected by CSE may require legal advice, advocacy and support related to a number of different issues. Such support may involve helping children apply for identity documents, arranging civil or birth registration and ensuring that they or their family members can access a range of government-funded schemes and services.²⁰⁷ There may also be needs related to their citizenship and legal status in a country, or if they plan to be repatriated to another country. For survivors with dependents, or who are married, there may be additional legal issues to be addressed.²⁰⁸ If children are going to be involved in legal investigations and proceedings against their perpetrators, legal support and representation will also be required.

Many service providers will not have legal professionals employed as staff to address these needs. Therefore, in many cases service providers will need to provide referrals to meet the legal support needs of children they care for. In the field research only one of the organisations involved had a full time legal professional on staff, others relied on external agencies.

206 United Nations (2000), “Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography”. Art 8.1

207 Surtees, R. (2014), “*Re/integration of trafficked persons. Working with trafficked children and youth*,” Brussels: King Baudouin Foundation.

208 *Ibid.*



Problems with Accessing Legal Support

Research carried out in Nepal, Thailand and the Philippines on the barriers to accessing justice for child victims of CSE identifies numerous issues surrounding the criminal justice system.²⁰⁹ The findings from this study suggest that:

- Children have little time or information to make informed decisions about whether to participate in legal cases,
- Support from family or caregivers is vital yet often lacking,
- The safety of children may be compromised during the legal process,
- The child's best interests are not always put first,
- Gaps in communication between professionals and children are problematic for children,
- The requirement of retelling their stories within the criminal justice system can be unduly painful for survivors,
- Children have little power or control during the legal process.

Similar findings have been reported in research in other settings.²¹⁰ Research in the UK with young people who had been involved in CSE legal cases identified an array of issues including:

- That professionals are often insensitive and have inappropriate responses to children,
- Ineffective communication between criminal justice professionals and children or their carers regarding their cases,
- Children's lack of power and control during the criminal justice journey,
- The negative impact on children's overall wellbeing that stems from their involvement in cases as victims or witnesses,
- The lack of adequate welfare support during the legal process,
- The disappointment that is often felt with the outcomes, and
- The overall lack of a sense of justice.²¹¹

In the field research, respondents spoke of the emotional impact and frustrations that survivors felt with the legal process.

From the very start of the criminal justice process, i.e., filing a report with the police, respondents explained that their cases were not always taken seriously.

“People think that when someone belongs to LGBTI community, they were born to be sex workers so it is not unusual to be abused. Police almost never agrees to file the case of LGBTI abuse. So, abuses mostly go unreported”. (a male-to-female transgender survivor in Nepal)

Initially, survivors must go through the process of deciding whether to initiate legal proceedings against their abuser. Service providers explained that children may feel pressure from those providing support to take cases to court. In one setting, children were told that if they did not speak out against the perpetrators, they would have to stay longer at the shelter. Children also face different pressures from

209 See the full report by Lynch, D. (2016), *“Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation. Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand”*, Bangkok: ECPAT International.

210 Beckett, H. and Warrington, C. (2015), *“Making Justice Work,”* Luton: University of Bedfordshire

211 *Ibid.*



their parents or community members who may ask them not to bring a case to court. If the abuser is a family member or lives in the local community this adds extra layers of complexity. Children may also be scared of the repercussions of going to court.

“In the beginning when they give the child the option of whether to file a case or not, it’s very difficult for the child to decide whether to file a case or not. The process of deciding or the dilemma is very difficult for the children because their constant fear is whether or not will they be supported by anyone during the legal process. The second fear is being harmed. They’re very afraid because most of the families, they don’t support the child. And, the other most crucial point is most of the traffickers are from within their community. Most of the time they are relatives or neighbours from the surroundings. So, after the case, if the child would have to go back to the community, he or she is definitively very scared”. (A service provider in Nepal)

If children do decide to go to court, it is likely to be a long, drawn out journey for justice. A young woman in the Philippines expressed frustration at how some cases may go on for six to eight years. She highlighted the negative impact that this can have on survivors explaining that survivors have to “go back to what happened to them, previously. Like the trauma, it will go back again. They will experience again. Their self-esteem would be affected again”.

The ‘retelling’ of stories of abuse can be difficult for children and appearing in court can be an incredibly stressful process.

“...sharing such pain, over and over again, is hard. It is even harder when people have done wrong to you and you have to repeat it in front of people again and again. The feeling of being wronged is difficult to express because you cannot be sure who understands it and who doesn’t”. (A girl in Nepal)

During the field research, one service provider described an incident she experienced while accompanying a child to court. She described how they came across the perpetrator on the way to the bathroom. The perpetrator initially threatened to harm the child if she did not drop the case before attempting to use kindness to persuade her to change her mind.

In addition to this example, several respondents expressed concerns over the lack of child-friendliness among criminal justice proceedings and actors.

Despite the challenges and stress that going to court can have for children, some survivors still felt it was an important part of the recovery process.²¹²

212 See more in Lynch, D. (2016), “Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation. Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand”, Bangkok: ECPAT International.



“If he didn’t get punishment how else would we get justice”? (A girl in Nepal)

“We need justice when people do wrong things to us... If there is anything that has been done forcefully, they should be reported. No one should be forced to do anything against their will”. (A male-to-female transgender child in Nepal)

The Importance of being Prepared and Informed about Legal Cases

In order for survivors to make an informed decision about whether to prosecute, they need all the relevant information about the case and process from the start. This needs to cover the following:

- The type of services they can get support from,
- How to obtain support,
- How and where to report offences,
- How the criminal law operates (including consequences of going to court, the length of trials, their role, the chances of a judgement being enforced),
- Information about the costs,
- Legal remedies available to them including compensation,
- How and what protection they may have,
- Their right to privacy and protection, and
- Any special arrangements (for example if they are required to remain at a shelter).²¹³

During the field research survivor respondents shared that if children decided to go to court, it was helpful to be prepared for legal proceedings so that children can understand.

“...what’s going to happen next; who to expect to see; what they are going to ask; and how to respond or how to behave”. (A young woman survivor in Nepal)

During the field research, several survivors complained of not knowing anything about the status of their legal case. Survivors also shared that they could not directly access their legal representative to find out information.

Respondents said that children should also have a sense of how to confidently answer questions in the court room and how to deal with the dynamics in the room. One legal professional respondent agreed that preparation was central to getting a successful prosecution in court.

Some strategies that organisations used to prepare survivors for court were shared during the field research. This included service providers taking groups of survivors to a court hearing to help orient them.

213 Thomson, K. (2015), “International and European standards in relation to victims and survivors of human trafficking,” in Malloch, M. and Rigby, P. (eds.) *Human Trafficking: The Complexities of Exploitation*. Edinburgh University Press.



Summary

As child victims, children affected by CSE have a number of rights and interests that must be protected during the criminal justice process. It is clear from the field research and review of the literature that survivors find the legal process particularly difficult. Having to make difficult decisions, having to retell their stories, the drawn out nature of the legal process, the fear and the discrimination they face and the sense of a lack of justice mean it is often a painful process. Although some of the problems survivors report may be impossible to address – for example not all court cases will lead to perpetrators being punished – other issues point to the need for better information, communication and support.

Children have the right to be provided with accurate, detailed child-friendly information about their rights, different options and the possible implications of these options. Children must also have the space and time to reflect on their options. Children have a right to safety and support during this process. Given the fact that cases can drag on for years, children should be provided with on-going information and ideally maintain a consistent relationship with a support worker.

As service providers may not be able to offer specialised legal advice or representation, it is important that legal experts from other organisations that service providers work with are aware of, and are able to sensitively and appropriately provide the necessary support and information to children.



CHAPTER 13

FAMILY AND COMMUNITY STRENGTHENING

'In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family'.²¹⁴

'States Parties shall promote awareness in the public at large, including children, through information by all appropriate means, education and training, about the preventive measures and harmful effects of the offences referred to in the present Protocol. In fulfilling their obligations under this article, States Parties shall encourage the participation of the community and, in particular, children and child victims, in such information and education and training programmes, including at the international level'.²¹⁵

Timeframes

Children have a right to family life and where safe to do so, children should be supported to be reunited with family members. It was unclear from the field research as to how decisions were made in the different settings in regards to whether reunification should take place and who was involved in the decision making process. In some contexts there are legal requirements that mean that best interests determination procedures must be followed when making decisions on children's care.²¹⁶

As every situation is different and the circumstances surrounding exploitation vary greatly, it is impossible to give a timeframe for when reunification with family may be possible. In the field research, some service providers spoke about how it could take up to a year to identify a child's family, especially where children do not know the name or location of their family home. There were mixed views concerning when children should be reunified with family members. Some felt that it was helpful for children to be reunited as quickly as possible, others felt that this transition should be gradual, and some felt this should only happen once the child was independent, had completed their education or training and could earn a living.

214 United Nations (2000), "Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography." Art.10.1

215 *Ibid* Art 9.2.

216 Interagency group on children's reintegration (2016), "Guidelines on children's reintegration," Family For Every Child/ Interagency group on children's reintegration



“Fix family first and then bring the children to them. Children should not stay here long”. (A mental health professional in the Philippines)

“At the initial period, children should not be sent to the family full time because children need a period of adjustment to adjust being with their family again. It would be good initially to send them overnight for 2-3 days”. (A girl in Thailand)

In some cases service provider respondents talked about using ‘reintegration checklists’ to help them assess when children were ready to leave the care of the service. Some service providers also organised for the child to visit the family before he or she was permanently reunited. In regards to government services, a few respondents mentioned that there was a set timeframe for reunification in place. They noted that after six months children were sent home regardless of whether they were ready. It was stated that in these cases that *“Those children often get kicked out of their home soon after”*. (A young woman in Nepal)

On the other hand, the same respondent said that some NGOs do not let survivors leave their care until they are *“certain [that they are] able to live independently”*.

Assessments

Respondents in the research spoke about the importance of working, where possible, with the child’s family from the very beginning. Service provider respondents noted that where children had family members, it was important to understand:

- The relationships between the child and family,
- Their economic situation,
- The ability and willingness of the family to keep the child safe, and
- The family’s ability to access services for the child.

The interagency group’s guidelines on children’s reintegration give clear guidance surrounding reunification and the process for carrying out assessments with the child, family and community.²¹⁷ The guidelines emphasise the need to carry out in-depth assessments to determine the readiness of the child, family and community for reunification. Such processes should assess whether the family understand the impact of the separation and harm to the child.

The use of assessments should also help to understand and address the causes for separation. The guidelines make clear that assessments should assess risks but also the resources that would influence the child’s wellbeing and development. The development of ‘context specific criteria for assessment’ is deemed crucial. This is particularly important as in some cases, as was noted in the field research, some foreign, well-funded care programmes provide children with a standard of living that is well above what the child’s family and community could ever offer. If these same organisations are assessing the family home in relation to such standards, it is unlikely that families would be assessed as being able to maintain these same high standards. This again, aligns to the lack of transparency over who makes the decision as to whether children will be reunited with family members or not.

217 Interagency group on children’s reintegration (2016), *“Guidelines on children’s reintegration,”* Family For Every Child/ Interagency group on children’s reintegration.



The guidelines on children's reintegration emphasise the importance of family unity and note that the benefits of reunification often far outweigh the harm. They note that the existence of some risk should not be used as a reason not to reunify children. The guidelines state for example that the lack of quality education in home communities may be viewed as a 'risk' and therefore a barrier to children returning home. Rather than postponing reintegration, the guidelines suggest that other options should be explored to address what are essentially geographical barriers. For example encouraging the family to move closer so that children can access education or exploring whether, during the academic year, children could be safely placed with relatives.

The guidelines also note that children and families should be fully involved in all assessment processes. In order to reflect on the conclusions of the assessments, the guidelines suggest using 'best interest determination' procedures and bringing together panels to discuss reunification. Following the assessment process, an individualised plan should be developed to set out a strategy for addressing the child's and family's needs and building on their strengths.

Repatriation

Repatriation refers to the process whereby individuals who have crossed borders, are returned to their country of origin. Repatriation should be a voluntary process and should take place if, after thorough assessments, this is viewed to be in the best interests of the child.²¹⁸

In the field research, only a few of the respondents had experience of the process of repatriation. Some respondents however used the term when talking about children returning to other regions within the same country.

Where repatriation over country borders did occur, some service provider respondents raised concerns over the process. Service providers often were not in a position to travel to another country to carry out assessments with the family and community for themselves and could not ensure children would receive prompt services on their return. There was recognition that Memorandums of Understanding needed to be put in place between organisations and that service providers had to trust that these organisations would be able to support the child on their return. Without this support, some service providers felt that children would simply end up in another situation of exploitation.

The importance of the child maintaining the relationship with their original service provider or caregiver was also highlighted by respondents. A service provider in Thailand noted that due to the time it takes to develop a trusting relationship it was important that that person is available to the child "*no matter where they are sent*". This was seen as particularly important during the transition "*the period of building trust with the second social worker or caregiver*". Again, continuity and consistency were deemed critical.

Safety during the process of repatriation was another issue that arose during the field research. Although survivors should be accompanied, one young woman in Nepal spoke of her experience of having to travel alone by bus saying, "*...the staff are given number of the bus they are coming in [and] then they go and receive them from the bus stop*". She added that, "*If there is a staff along with them, they will feel very secure. Without a staff it would feel very helpless.*"

218 Muraya, D. and Fry, D. (2015), "Aftercare services for child victims of sex trafficking: A systematic review of policy and practice," *Trauma, Violence and Abuse*, Vol. 17(2), 204-220.



The service provider respondents in the field research had relatively little experience of repatriation. The concerns that were raised however echoed the need to ensure that children feel safe and have consistent care with the opportunity to develop trusting relationships with any new service providers who are involved in the care.

Supporting the Family

“When they are reintegrated, the support of family and continued support of staff from the organisation are needed. During the time of reintegration they are in a state of dilemma. They don’t know what’s going to happen or what to do, so the support of the surrounding people is needed”. (A girl from Nepal)

During the field research, it was clear that service providers did not always have access to the children’s families due to resources or geography. This meant that it was not always possible for them to work on strengthening the family. Survivors did however, talk about how they needed the support of their family and how service providers could help mediate their relationship with family members. For example, a girl in Nepal articulated that “...(they) are going to need time to adjust in the society and for that adjustment they need time and support from the family”. (A girl in Nepal)

“Assistance that would be helpful is to continue to support my education and to follow up with my family; that the staff come and talk continuously with my family because I am ok to talk with other but not with my own family. So it would be helpful if the staff continue to talk with my family. It could also be once a week or once a month. And this should continue for a very long long long long time, forever”. (A girl in Thailand)

“Should build relationship with the family. Go and talk with the family and then give them advise when they need help or have problem. Also important for the organisation to have the support from the family. When trust is built, when reintegrate child in family, the organisation can talk openly with them if there is anything they can talk about it. Prepare the family”. (A young woman in Thailand)

In taking a contextual approach to supporting the reintegration of children, working with the family is a key element to ensure children are protected. The family and community can be an important resource when it comes to recovery and reintegration.

‘In the so-called “resource poor” countries, it is only financial resources that are lacking; the family and community as a resource are in ample supply’²¹⁹

The interagency group’s guidelines on children’s reintegration note that investing in families as well as children is vital to successful reintegration. This may require providing material support to the family and assisting the household in economic strengthening so that they can provide for the child. However, the guidelines also stress a need to be mindful of how this may be viewed and interpreted by the wider community.

219 Asquith, S. and Turner, E. (2008), “Recovery and reintegration of children from the effects of sexual exploitation and related trafficking,” Geneva: Oak Foundation Pp.i.v.



Community Strengthening

“Information is needed in the family as well as in the community that those children who have been sexually exploited and who are on the street they are not there out of their own will. Something has gone wrong. Family, and importantly, community, should understand that they are not to be hated but their problems should be listened to and addressed, and they have to be saved from the exploitation. The way to save from the exploitation is the family should guide them. They should be cared for and guided instead of being hated”. (A girl in Nepal)

The Potential for Stigma and Discrimination by the Community

Research with female survivors of CSE in Nepal highlight the potential stigma and exclusion they may face from the community on their return.²²⁰ In Cambodia, girls who had been trafficked perceived that rejection by former friends, the community, society, and family was their biggest problem.²²¹ Stigma and discrimination may affect the ability of a survivor to earn a living or to marry.²²² In addition, the stigma and shame may impact on the wider family leading to strained relationships between the child and family members.²²³

In the field research, the response of the community was not an issue that was explored in detail. A number of transgender respondents talked about the fact that they were not accepted by society, but it was not clear whether that was due to their experiences of CSE or due to their identity as transgender. One young woman in Nepal shared that for survivors returning home:

“It’s difficult for them. They are not treated well by their brothers and siblings. Even the society is not good to them. Society does not understand that the children have gone through trouble and they are not necessarily bad people”.

Children who return to their communities may have other ‘markers’ that may also impact on how they are received.²²⁴ In the field research, it was noted that some survivors for example will wear heavy make-up and act in a manner that could be perceived as hyper-sexualised. This has been found in

220 Richardson, D., Poudel, M., Laurie, N. (2009), “Sexual trafficking in Nepal: constructing citizenship and livelihoods,” *Gender, Place and Culture*, Volume 16, Number. 3, 259-278; Simkhada, P. (2008), “Life histories and survival strategies amongst sexually trafficked girls in Nepal,” *Children and Society*, Vol 22, pp. 235-248; Chen, C. and Marcovici, K. (2003), “Exploring the status of reintegrated girls: A participatory study,” Save the Children US/Nepal.

221 Bolton, P., Nadelman, S. and Wallace, T. (2008), “Qualitative assessment of trafficked girls in Cambodia,” John Hopkins University Bloomberg School of Public Health and World Vision.

222 Reimer, J.K., Langelier, E., Sophea, S. and Montha, S. (2007), “The road home: Toward a model of 'reintegration' and considerations for alternative care for trafficked children for sexual exploitation in Cambodia,” Hagar/World Vision Cambodia; Chen, C. and Marcovici, K. (2003), “Exploring the status of reintegrated girls: A participatory study,” Save the Children US/Nepal.

223 Derks, A. (1998), *Reintegration of victims of trafficking in Cambodia*, Phnom Penh, Cambodia: IOM and Center for Advanced Study (CAS).

224 Interagency group on children’s reintegration (2016), “Guidelines on children’s reintegration,” Family For Every Child/ Interagency group on children’s reintegration.



relation to survivors in other contexts where young people, who may be returning to rural conservative communities, have picked up certain habits that are frowned upon. For example, girls may smoke, drink, wear make-up or dress or act in a particular way which serves as a 'marker' of having been involved in the sex industry.²²⁵ This can determine whether the community accepts the young person.

In the field research, one service provider respondent talked about how the community could ostracise children and family for filing cases against perpetrators, especially if those carrying out the abuse were members of the local community.

In addition to their experience of CSE, there may be other reasons why children and families are discriminated against and excluded by community members. For example, individuals may face jealousy from their neighbours because of the assistance they receive due to their experiences of exploitation.²²⁶ It has been reported that due to the support and services that may be offered, children who have experienced rape or trafficking may be viewed as 'lucky' in contexts where others in the community are struggling to meet their children's basic needs.²²⁷

Nonetheless, as every situation is different, not all children will face stigma on their return. Research points to examples where survivors have seemingly adjusted and have been welcomed home by the family and community.²²⁸

The broader literature suggests that for some children there may be numerous other concerns if they do return home. For example:

- For some children 'home' may have dramatically changed, for example if parents have separated and home itself is unfamiliar,
- Children may be bored, particularly if returning to rural areas after spending time in cities,
- Children may find that their family limit their movement as a strategy to protect them from harm and from discrimination from the community,
- Children may also be forced to marry as a strategy to minimise the shame and stigma, and
- Children may be unable to continue with their education or access services due to economic or geographic reasons.²²⁹

225 Derks, A. (1998), "Reintegration of victims of trafficking in Cambodia," Phnom Penh, Cambodia: IOM and Center for Advanced Study (CAS). Reimer, J.K., Langelier, E., Sophea, S. and Montha, S. (2007), "The road home: Toward a model of 'reintegration' and considerations for alternative care for trafficked children for sexual exploitation in Cambodia," Hagar/World Vision Cambodia.

226 Brunovskis, A, and Surtees, R. (2007), "Leaving the past behind? When victims of trafficking decline assistance," Norway: Fafo and NEXUS Institute; Derks, A. (1998), "Reintegration of victims of trafficking in Cambodia," Phnom Penh, Cambodia: IOM and Center for Advanced Study (CAS).

227 Simcox, A. and Marshall, K. (2011), "Case study evaluation. World Hope International New Steps Reintegration Pilot Project," World Hope International.

228 Crawford, M. and Kaufman, M.R. (2008), "Sex trafficking in Nepal: Survivor characteristics and long-term outcomes," *Violence Against Women*, 14: 905.

229 See Cody, C. (2013), "What do we know about ... returning home: one option for children affected by sexual exploitation and related trafficking?" Home: The Child Recovery and Reintegration Network



The Importance of Community Acceptance

Children and young people who had been deprived of parental care for a number of reasons, including due to trafficking and CSE, were asked what ‘successful reintegration’ looked like for them. ‘Acceptance’, ‘being able to associate with other people in the community’ and being ‘respected by people in the community’ were all identified by children as being important markers of success²³⁰.

Children in a number of studies have talked about the importance of acceptance and strategies to gain this acceptance in the community. For example, in one study a number of girls in Cambodia affected by CSE felt that acceptance may come from:

- Gaining a good education,
- Supporting themselves and their family,
- Having their own children, and
- Being able to send their own children to school.²³¹

Research exploring social integration for children leaving institutional care in India highlighted the importance of ‘social capital’, i.e., one’s network of relationships in the community.²³² Suggestions for building social capital included:

- Helping children develop their interpersonal skills,
- Providing opportunities for children to develop supportive relationships,
- Encouraging visits and time in the community, and
- Encouraging children to invite friends back to their care placements.²³³

The recognition that acceptance and connection with the community is so key to reintegration implores service providers to explore ways to build connections for children and support their acceptance within communities.

230 Cody, C. (2016) “We can’t collect comprehensive information on all of these changes’: The challenges of monitoring and evaluating reintegration efforts for separated children,” in Malloch, M. and Rigby, P. (eds.) *Human Trafficking: The Complexities of Exploitation*. Edinburgh University Press.

231 Miles, G. and Miles, S. (2010), “*The Butterfly Longitudinal Research Project. The Chab Dai study on (Re-)integration. Researching the lifecycle of sexual exploitation and trafficking in Cambodia. End of year progress report 2010*,” Chab Dai Coalition.

232 Dutta, S. (2016), “Institutional care in India: Investigating processes for social reintegration,” *Children and Youth Services Review* 66, 144–153.

233 *Ibid.*



The On-Going Support of Service Providers

“Aftercare is a lifetime program”. (A caregiver in the Philippines)

There was consensus amongst service provider and survivor respondents that it was critical for survivors to have on-going support as they transitioned and left the care of a programme. There was recognition that it was not always possible to predict what would happen for young people or when they may need support and assistance in the future. However, it was important that that support was there when they needed it.

“...you cannot predict when you will fall down. So you need support all the time”. (A girl in Nepal)

“Even after going home we will face many problems. When we face problems, there should be a person who would listen to us, listen to our problems, and help in solving it”. (A girl in Nepal)

Many service providers shared that they did not have the resources to monitor the situation of the child once he or she returned home or integrated into a new setting. Those that did explained how they kept in contact, usually over a number of years, to check how the family was coping and as a way to attempt to prevent children being exploited again. Other service provider respondents did not carry out visits but still shared that it was important for the child to know they were there if they needed support. One service provider loaned phones to children with pre-programmed numbers so that they could easily get in contact at a later stage.

Research highlights that monitoring children who have returned home needs to be done sensitively. There is a risk that on-going monitoring may actually identify the child’s history to the community and may prolong difficulties in their reintegration.²³⁴ The arrival of strangers visiting a household may raise questions amongst the community and therefore needs to be managed carefully. In other cases, children may want to move-on and may not wish to have a constant reminder of their past experiences.

A number of survivors in the field research however did speak of wanting on-going contact.

“...follow-up on me so that I have a sense of belonging somewhere, so that I don’t lose my way”. (A girl in Nepal)

In the field research, a few respondents talked about wanting to move near the service providers so that they could continue to access support.

“When I left the shelter and live on my own, sometimes I feel sad. I would like to come back to the shelter to talk on whatever problem that I have in life. I would like to receive moral support. Sometimes I feel despair and discouraged and think a lot, so I would just like to come back to hear the voice, to hear the advice from the staff”. (A woman in Thailand)

The same woman said that the support in the community was not as good as the support she had from the service provider. Given the need for ongoing monitoring and support, and the geographical barriers

²³⁴ Akello, G., A. Richters and R. Reis (2006), “Reintegration of former child soldiers in northern Uganda: coming to terms with children’s agency and accountability,” *Intervention*, 4(3): 229–43.



that may prevent service providers from continuing this support once children leave shelters, exploring the potential of improving and bolstering local community based support it critical.

In the field research, service provider respondents in the Philippines, mentioned that the Local Government Units (LGUs) are responsible for identifying and assessing the children's families, assisting with the reintegration process, and providing follow-up services and monitoring. However, some respondents were concerned about the care they provided and felt they were unreliable and had too much to do. Moreover, several service providers mentioned that caution was required when working with local community organisations and structures in supporting children who return home. Respondents spoke of examples where confidentiality and anonymity had been breached by local community members. These challenges highlight the need for more attention to be focussed on training and supporting structures that enable community based, long-term care for exploited children.

Strengthening Local Community Support

In a context of limited resources where states are unable or unwilling to meet their obligations, and service providers are unable to reach and support the numbers of children who may require support, the role of the community is critical. There have been calls to harness the 'untapped capacity' of communities in supporting the recovery and reintegration of children.²³⁵

The community plays a vital role in children's well-being and community based support mechanisms are considered to be an essential component of wider child protection systems.²³⁶ There are numerous reasons why community groups and mechanisms may be able to provide support for children in their reintegration. For example:

- In collectivist societies, community groups may have more power in establishing norms and values and therefore may be well placed to challenge harmful behaviours and responses by community members,
- Community groups may be able to create contextually appropriate responses, and
- These responses are likely to be more sustainable than other support mechanisms.²³⁷

The research into community-based support mechanisms for children affected by CSE is slim, however, a number of recommendations have been made by young people and researchers about how the support of the community may be utilised.

Several respondents highlighted the need for some kind of a survivors' support network at the community level. There was recognition however that geographical barriers may make it hard for survivors to access peer support face to face. Some organisations were trying to work around this, so for example starting a private Facebook page for survivors to provide a platform for communication.

235 Asquith, S. and Turner, E. (2008), *Recovery and reintegration of children from the effects of sexual exploitation and related trafficking*, Geneva: Oak Foundation.

236 Wessells, M. (2009), *What Are We Learning About Protecting Children in the Community? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*, Save the Children Fund.

237 *Ibid.*



One social worker in Nepal shared that survivors “...need to really band and stick together in terms of support for one another because there aren’t a lot of support in terms of services outside the community, which they don’t really realize until after they leave”.

In the field research a number of respondents mentioned that there needed to be work targeted at communities. One respondent in Nepal talked about activities such as awareness raising programmes around women’s rights and girls’ education

Others felt that teachers, if they received education, could be involved in supporting and monitoring children during their reintegration. There are of course potential challenges of engaging community members in individual cases linked to confidentiality and the potential for enhancing stigma.

The interagency group’s guidelines on children’s reintegration echo these views around the potential of communities supporting the reintegration process²³⁸. The guidelines provide potential avenues for working with the community, which include:

- Working with the community to raise awareness of the challenges returning children may have faced in the past and highlighting their strengths,
- Working with the media to raise awareness,
- Holding meetings to address any tensions in the community,
- The careful use of traditional or religious ceremonies if appropriate, and
- Offering peer-to-peer support where a number of children are returning to the same areas.

The guidelines also emphasise the importance of schools, highlighting again the need for awareness raising and support to ensure schools can be ‘safe havens’.

238 Interagency group on children’s reintegration (2016), “Guidelines on children’s reintegration,” Family For Every Child/ Interagency group on children’s reintegration.



Summary

Children have a right to family life and, where safe to do so, children should be supported in their efforts at reunification with family members. When it comes to assessing whether family reunification is appropriate, it is critical that those making the decisions are aware of legal frameworks and implement existing guidelines and procedures. Children and family members need to be involved in these processes and involved in decision-making around reunification. As the development of a trusting, caring relationship with an adult has been identified to be vital for children affected by CSE, children should be supported to develop and maintain such relationships, this may not be with a parent, but could be with another family member such as a grandparent, aunt or older sibling. These relationships are potentially the critical things that will help keep children safe in the future.

Some families may have ample resources to enable them to understand, accept and protect their child, and others may need support. Service providers may not always be able to provide this support, but where possible should prioritise working with and strengthening the family because the literature indicates that this is fundamental to successful reintegration.

Similarly, the evidence demonstrates that children value and recognise the importance of acceptance from their community, and therefore it is important to consider the role of the community in terms of protecting and supporting children affected by CSE. States have an obligation to promote awareness about the harmful impact of CSE on children and there is a clear need to also work with the community to challenge discrimination and stigma. This is particularly pertinent when it comes to professionals in the community who are likely to play a significant role in children's recovery and reintegration such as teachers, health workers, police officers and others involved in child protection.

Although there may be great potential in working more closely with communities to support the recovery and reintegration of children, as with all areas of support, it is imperative that any plans or activities are fully considered, discussed with the child and family and risk assessed to ensure that they are appropriate, protect the child's right to confidentiality and do no harm.



CHAPTER 14

CONCLUSIONS AND RECOMMENDATIONS

This report drew on data gathered from primary field research with 67 survivors of CSE and 72 service providers supporting children in Nepal, Thailand and the Philippines.²³⁹ Through reviewing the findings of this field research, it is clear that they closely align to many of the messages from the existing body of literature concerning the recovery and reintegration needs and experiences of exploited children.

Although the field research focused on three countries in the Asia region, many of the themes mirror what other children in different regions of the world have shared. They point to similar barriers when it comes to accessing care, identify similar principles of care as being important to them, and talk about related areas of support as being helpful.

It is clear that discrimination is a key barrier to all children accessing support and services. In addition, the field research identifies particularly pervasive discrimination against those children who identified as transgender. The fears that children face and the lack of sensitive, child-friendly, confidential, consistent support, greatly undermines a child's willingness to engage services.

States have a duty to provide care and support for victimised children. States must ensure that all appropriate measures are taken to promote physical and psychological recovery and social reintegration. It is clear from this report that states are falling short. The lack of financial resources and the lack of trained specialists make it challenging to provide the high quality, long-term support to which children have a right.

Although there is a need for more resources, what is striking from the messages from survivors is the seemingly small things that can also make a difference. Through their interactions with service providers and the wider community, children can be made to feel cared for and respected. What is important to children is:

- Being listened to,
- Being given choices and options,
- Being informed of what is happening,
- Knowing that information about them will be kept confidential, and
- Being treated equally.

²³⁹ See Hargitt (2017).



The nine key principles for practice that are identified in chapter three of this report may go some way to improving children's experience of support during their recovery and reintegration. These elements are all consistent with taking a trauma-informed and rights-based approach to caring and supporting children. These nine principles involve:

- Establishing trust,
- Committing to the child and building a solid relationship,
- Prioritising safety,
- Promoting agency,
- Taking a non-judgemental approach,
- Promoting acceptance and belonging,
- Encouraging hope,
- Providing access to information, and
- Ensuring and maintaining confidentiality and privacy.

Although the field research identified examples of service providers promoting these principles in their practice, there are, it could be argued, more examples which detailed experiences where these principles were disregarded.

It is clear from the research that others in the community, such as peers and those who may be working with the child, or be involved in their care, teachers, community leaders, health care workers, all influence the experiences of the child's recovery and reintegration. Traditionally the focus of recovery and reintegration work has been on supporting the child, and in some cases the child's family. However, evidence from this review suggests that programmes need to consider the wider context and how those who inhabit these shared spaces can be trained and supported to contribute to a positive environment for promoting successful recovery and reintegration.

Recommendations

There are a number of gaps, challenges and barriers that undercut a child's ability to access the support they may need to help them to recover and reintegrate. All actors involved in the recovery and reintegration of children must work to **hold states accountable to their obligations to provide resources to support children affected by CSE during their recovery and reintegration**. Support services must be sustainable and this requires governmental support rather than solely relying on support from international donors. States must do more to provide resources for children's long-term recovery and reintegration.

In designing and implementing programmes, having an understanding of the context and resources available is critical. There is therefore a need for more research, particularly with children and their families, to understand better the contexts where recovery and reintegration takes place. The recommendations that follow are therefore general recommendations that would need to be further developed and shaped based on in-depth information on the national and local context.²⁴⁰

240 For more specific recommendations provided during the field research please see the field research report Hargitt (2017).



Organisations and service providers supporting children affected by CSE must:

- *Use existing legal frameworks and guidelines to ensure organisations' policies, procedures and programmes are 'rights-based' and in line with international 'good practice' standards and national law and policy.*
- *Ensure that the best interests of the child is the primary consideration in any action taken.*
- *Provide opportunities for children to take part in decision-making in regards to their own care and in regards to informing and shaping the organisations' services.* Echoing others' conclusions, *'policies and programmes which ignore the actual experiences of child victims themselves will necessarily fail to be effective because they are based more on assumptions and stereotypes than fact. Standards and protocols have to be influenced by what children themselves tell us'.²⁴¹* It is critical that those affected by CSE, who are 'experts by experience', are involved in developing our understanding of what support and opportunities are needed to help children recover and 'move on'. It is also imperative that children are involved in decision-making around their care.
- *Ensure that those individuals involved in supporting children are properly screened, appropriately trained and supported.* It is essential that caregivers, those who work in organisations that support children, and professionals working for other bodies who are in contact with children affected by CSE (e.g. health care workers, legal professionals, teachers and others) are screened, trained, and adhere to child protection/safeguarding policies and codes of conduct. These individuals should also be able to access guidance and on-going support and supervision to strengthen their ability to provide sensitive, confidential, trauma-informed, child-friendly, appropriate support.
- *Support all individuals who are involved in the care of children to develop an understanding of trauma-informed, rights-based approaches to engaging and working with survivors.* This should draw attention to and prioritise the nine principles highlighted in this report.
- *Ensure that trusted caregivers and case managers have the time and information to advocate for, and accompany, the child on appointments and court visits.* As children face multiple barriers to accessing services, caregivers or case managers have a critical role when it comes to advocating for and accompanying children and young people to different health care and legal appointments. This role may involve providing information to help prepare children for different meetings and appointments and ensuring paperwork and documents are in place. Such support may not only improve access, but the overall experience of receiving care.
- *Work in partnership with other organisations and services to ensure the best support and advice is available.* Due to the impact that CSE can have on every sphere of a child's life, a holistic package of support should be available to children, their families and the wider community. In many instances, one NGO service provider will be unable to provide high quality support across all of these areas.

241 Asquith, S. and Turner, E. (2008) *Recovery and reintegration of children from the effects of sexual exploitation and related trafficking*. Geneva: Oak Foundation



Funders and Programme Managers must:

- *Assess and develop services' policies and programmes against standards and guidance from existing instruments.* Such instruments include the guidelines for the alternative care of children and the interagency group's guidelines on children's reintegration.²⁴² These tools can be used as a baseline to assess where organisations and services are currently falling short and provide a structure for developing further policies and processes.²⁴³
- *Think beyond the individual and address the wider context.* In recognising that the success of 'recovery and reintegration' doesn't rely purely on the child or on the services they access, more thought and action must be directed across the layers of society, including the family and community. Programmes need to apply a contextual approach to thinking about reintegration, recognising the role of individuals, institutions and structures in accepting and supporting children and preventing re-victimisation.
- *Recognise the impact of short-term funding cycles and work to mitigate disruption to services, and ultimately children, that occurs as a result.* As this report demonstrates, for effective practice to take place with children affected by CSE, children need the time to develop trusting relationships with caregivers and other professionals in their lives. Such effective practice is not compatible with the short-term funding cycles that exist in the field. Those organisations supporting children require long-term investment to enable them to maintain staff and focus on providing the best level of care possible. It is also essential that programmes and services are flexible and that children can access support over a long period.
- *Challenge the idea that shelter-based models of care are appropriate long-term placements for children.* Through the field research it is clear that shelter based models of care persist and are sometimes viewed as long-term solutions for children. This appears to be in the absence of other appropriate forms of alternative care such as small group homes and foster care. Funding for and development of other more appropriate forms of care should be prioritised.
- *Explore creative ways to overcome geographical barriers to enable children to receive support at home and in the community where appropriate.* It appears that in some instances children remain in shelters as it is argued that the care or education provided is better there than if they returned home. Finding ways to provide support in the community may help to prevent long-term unnecessary family separation. Such models would also allow service providers to support family counselling rather than focussing solely on the child. The feasibility of providing community-based support, including mental health and psychosocial support for survivors needs further exploration.
- *Ensure that interventions and tools are culturally appropriate and respectful.* Assessment tools and services must be culturally grounded and programmes must be designed to fit the context and respond to individual needs.
- *Support further research and evaluation in order to understand what approaches and interventions work.* There remains a clear gap in the evidence-base when it comes to understanding what works for who, where, why and how. Funding that allows the field to develop a deeper understanding of the process of recovery and reintegration is needed. Monitoring and evaluation mechanisms and longitudinal research may provide some of these answers.²⁴⁴

242 Interagency group on children's reintegration (2016), "Guidelines on children's reintegration," Family For Every Child/ Interagency group on children's reintegration; UN General Assembly (2010) "Guidelines for the Alternative Care of Children," accessed 4 February, 2017, https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf.

243 Asquith, S. and Turner, E. (2008) "Recovery and reintegration of children from the effects of sexual exploitation and related trafficking," Geneva: Oak Foundation.

244 See the RISE Learning Network for information on a learning project which aims to promote monitoring and evaluation to better understand the reintegration of children affected by CSE <https://riselearningnetwork.org/resource/monitoring-evaluation-of-reintegration-toolkit/>



States and Governments must:

- *Ensure that the national legislative and policy framework aligns with international standards and guidelines and put in place monitoring mechanisms to assess services against these standards.* There are numerous international legal tools and guidelines in place that lay out the detail of what children should be able to access during their recovery and reintegration. States must review national frameworks against these international standards. An independent body should be established to assess governmental and non-governmental services that support children affected by CSE to evaluate whether these standards are being met on the ground.
- *Meet their obligations and ensure that sufficient funds are allocated to enable children affected by CSE to access comprehensive, rights-based, trauma-informed care throughout their recovery and reintegration.* In order for children to access a certain standard of care resources are required and states have a duty to ensure that funds are allocated for support services.
- *Promote and support screening mechanisms, training and support for professionals working with children to ensure that children receive confidential, sensitive, non-judgemental high quality support.* The quality of care that a child receives is determined by the professionals that support them. States must take measures to ensure the safety of children and the quality of their care by ensuring that professionals are properly screened, trained and supported.
- *Consider the sustainability of services for children and promote partnership working to ensure that children and their families are provided with the best quality care, support and advice available.* Organisations working with children need to have secure funding in order to provide high quality, long term support. For work to be sustainable, and to ensure that children have access to the best care and support available, recovery and reintegration programming should draw from and be included in broader national child protection systems. States should promote partnership drawing on the expertise from a range of actors to ensure that children and their families are provided with the best support and advice available.



BIBLIOGRAPHY

- Abas, M., Ostrovschi, N., Prince, M., Gorceag, V., Trigub, C., and Oram, S. (2013), "Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study," *BMC Psychiatry* 2013, 13:204.
- Aberdein, C. and Zimmerman, C. (2015), "Access to mental health and psychosocial services in Cambodia by survivors of trafficking and exploitation: a qualitative study," *International Journal of Mental Health Systems*, 9:16.
- Ahern, E., Sadler, L., Lamb, M and Gariglietti, G. (2016), "Wellbeing of professionals working with suspected victims of child sexual exploitation," *Child Abuse Review*, Volume 26, Issue 2: 130–140.
- Akello, G., A. Richters and R. Reis (2006), "Reintegration of former child soldiers in northern Uganda: coming to terms with children's agency and accountability," *Intervention*, 4(3): 229–43.
- Allnock, D. (2015), "Child maltreatment: How can friends contribute to safety?" *Safer Communities*, 14, 1, pp. 27-36.
- Aron, L., Zweig, J.M. and Newmark, L.C. (2006), "Comprehensive services for survivors of human trafficking: Findings from clients in three communities," Washington DC: Urban Institute Justice Policy Center.
- Asquith, S. and Turner, E. (2008) "Recovery and reintegration of children from the effects of sexual exploitation and related trafficking," Geneva: Oak Foundation.
- Bass, J; Bearup, L, Bolton P, Murray L, Skavenski, S. (2011), "Implementing trauma focused cognitive behavioural therapy among formerly trafficked sexually exploited and sexually abused girls in Cambodia: A feasibility study," Johns Hopkins Bloomberg School of Public Health, World Vision International.
- Bath, H. (2015), "The three pillars of traumawise Care: Healing in the other 23 hours," *Reclaiming Children & Youth*, Volume 23, number 4, 5-11.
- Batsleer, J. (2011), "Voices from an edge. Unsettling the practices of youth voice and participation: arts-based practice in The Blue Room, Manchester," *Pedagogy, Culture and Society*, 19, 3, pp. 419-434.
- Beckett, H. (2011), "Not a World Away," Belfast: Barnardos.
- Beckett, H. and Warrington, C. (2015), "Making Justice Work," Luton: University of Bedfordshire.
- Bolton.P., Nadelman, S. and Wallace, T. (2008), "Qualitative assessment of trafficked girls in Cambodia," John Hopkins University Bloomberg School of Public Health and World Vision.
- Boothby, N., Crawford, J. and Halperin, J. (2006), "Mozambique child soldier life outcome study: Lessons learned in rehabilitation and reintegration efforts," *Global Public Health*, February 2006; 1(1): 88/10. Mailman School of Public Health, Columbia University, USA.
- Brown, K. (2006), "Participation and Young People Involved in Prostitution," *Child Abuse Review*, 15 (5), pp. 294-312; Beckett, H. and Warrington, C. (2015), "Making Justice Work," Luton: University of Bedfordshire.
- Brunovskis, A, and Surtees, R. (2007), "Leaving the past behind? When victims of trafficking decline assistance," Norway: Fafo and NEXUS Institute.
- Bryant-Davis, T., & Ocampo, C. (2005) as cited in Bryant-Davis, T. and Tummala-Narra, P. (2017), "Cultural oppression and human trafficking: Exploring the role of racism and ethnic bias," *Women and Therapy* Vol. 40, Iss. 1-2, 2017, <http://www.tandfonline.com/doi/abs/10.1080/02703149.2016.1210964>.



- Buet, L., Bashford, P., and Basnya, M. (2012), "Looking Towards Tomorrow: A Study on the Reintegration of Trafficking Survivors," Asha Nepal, Shakti Samuha and Terre des hommes Foundation.
- Butler, L., Critelli, F., and Rinfrette, E. S. (2011), "Trauma-informed care and mental health," *Directions in Psychiatry*, 31(3), 197–212.
- Chaffin, J. and Kalyanpur, A. (2014), "What do we know about economic strengthening for family reintegration of separated children?" New York: Child Protection in Crisis Network.
- Chen, C. and Marcovici, K. (2003), "Exploring the status of reintegrated girls: A participatory study," Save the Children US/Nepal.
- Clawson, H, and Goldblatt Grace, L. (2007), "Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking," US Department for Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- Cockbain, E., Ashby, M. and Brayley, H (2015), "Immaterial boys? A large-scale exploration of gender-based differences in child sexual exploitation service users," *Sexual Abuse: A Journal of Research and Treatment* 1–27.
- Cody, C. (2009), "Count every child: The right to birth registration," Woking: Plan
- (2010), "Birth registration: A tool for prevention, protection and prosecution in the context of child slavery" in Craig, G. (Ed) *Child slavery now: A contemporary reader*, Bristol: The Policy Press;
- (2013), "What do we know about...safe accommodation and alternative care for children affected by sexual exploitation and related trafficking," Home: The Child Recovery and Reintegration Network.
- (2015), "They don't talk about it enough," Luton: University of Bedfordshire.
- (2016) "We can't collect comprehensive information on all of these changes': The challenges of monitoring and evaluating reintegration efforts for separated children," in Malloch, M. and Rigby, P. (eds.) *Human Trafficking: The Complexities of Exploitation*. Edinburgh University Press.
- Cohen, M., Edberg, M., Gies, S. (2011), "Final Report on the Evaluation of the SAGE Project's LIFESKILLS and GRACE Programs," Accessed 4 February, 2017, <https://www.ncjrs.gov/pdffiles1/nij/grants/234464.pdf>.
- Committee on the rights of the child (2011), "General comment No. 13 (2011) The right of the child to freedom from all forms of violence," Pp. 24, accessed 23 March, 2017, http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.13_en.pdf.
- Contreras, P., Kallivayalil, D. and Herman, J. (2017), "Psychotherapy in the aftermath of human trafficking: Working through the consequences of psychological coercion," *Women and Therapy*, Vol. 40, Iss. 1-2, 2017, <http://www.tandfonline.com/doi/abs/10.1080/02703149.2016.1205908>.
- Countryman-Roswurm, K. and DiLollo, A. (2017), "Survivor: A narrative therapy approach for use with sex trafficked women and girls," *Women and Therapy*, Vol. 40, Iss. 1-2.
- Crawford, M. and Kaufman, M.R. (2008), "Sex trafficking in Nepal: Survivor characteristics and long-term outcomes," *Violence Against Women*, 14: 905, p.909.
- Creagan, C., Scott, S. and Smith, R. (2005), "The use of secure accommodation and alternative provisions for sexually exploited young people in Scotland," Barkingside: Barnardo's.
- Davis, J. and Miles, G. (2014), "More than gender: Looking at the vulnerabilities and resiliencies of transgender sex workers in the Phnom Penh, Cambodia," Sixth Annual Interdisciplinary Conference on Human Trafficking 2014. Paper 4, accessed 5 February 2017, <http://digitalcommons.unl.edu/humtrafcon6/4>.



Delap, E. (2011), "Scaling down: Reducing, reshaping and improving residential care around the world," Positive care choices. London: EveryChild

Denov, M. (n.d.), "Girls in fighting forces: moving beyond victimhood. A summary of the research findings on girls and armed conflict," CIDA's Child Protection Research Fund.

Derks, A. (1998), "Reintegration of victims of trafficking in Cambodia," Phnom Penh, Cambodia: IOM and Center for Advanced Study (CAS).

Devine, S. (2009), "Psychosocial and mental health service provision for survivors of trafficking: Baseline research in the Greater Mekong Subregion and Indonesia," Bangkok: IOM.

Domoney, J., Howard, L., Abas, M., Broadbent, M and Oram, S. (2015), "Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care," BMC Psychiatry, 15:289.

Dutta, S. (2016), "Institutional care in India: Investigating processes for social reintegration," Children and Youth Services Review 66, 144–153.

Edinburgh, L. and Saewyc, E. (2009), "A Novel, Intensive Home-Visiting Intervention for Runaway, Sexually Exploited Girls," Journal for Specialists in Paediatric Nursing, 14 (1), pp. 41–48.

--- and Pape-Blabolila, P., Harpin, S. and Saewyc, E. (2015), "Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center," Child Abuse and Neglect, 46, 47–59.

Ezeilo, J. N. (2014) "Report of the Special Rapporteur on trafficking in persons, especially women and children, Joy Ngozi Ezeilo," accessed 10 April 2017, <http://www.refworld.org/pdfid/53981f7f4.pdf>.

Fox, C. (2016), "It's Not On The Radar: The hidden diversity of children and young people at risk of sexual exploitation in England," Barkingside: Barnardo's.

Franklin, A., Raws, P and Emilie, S. (2015), "Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation," Barkingside: Barnardo's.

Frederick, J. (2002), "Innocenti Working Papers: Sexual abuse and exploitation of boys in South Asia. A review of research findings, legislation, policy and programme responses," Florence: UNICEF.

Gallagher, A. and Pearson, E. (2008), "Detention of trafficked persons in shelters: A legal and policy analysis," Bangkok: The Asia Regional Trafficking in Persons Project.

Gibbs, D., Hardison Walters, J., Lutnick, A., Miller, S., Kluckman, M. (2015), "Services to domestic minor victims of sex trafficking: Opportunities for engagement and support," Children and Youth Services Review, 54 (2015) 1–7.

Gilligan, P (2015), "Turning it around: What do young women say helps them to move on from child sexual exploitation?" Child Abuse Review, Volume 25, Issue, 115–127.

Gozdziak, E. and Bump M.N. (2008), "Victims no longer: research on child survivors of trafficking for sexual and labor exploitation in the United States," US Department of Justice.

Greijer, S. and Doek, J. (2016), "Terminology guidelines for the protection of children from sexual exploitation and sexual abuse," ECPAT International and ECPAT Luxembourg.

Hargitt, K (2017), "Casting light on the care, recovery and (re)integration needs of commercially sexually exploited children. From the voices of children and adult survivors, and their service providers, in Nepal, the Philippines, and Thailand", Access to Justice & Right to Remedies Research Project, Bangkok: ECPAT International.

Herman, J. (1997), "Trauma and recovery: the aftermath of violence – from domestic abuse to political terror," New York: Basic Books.



Hilton, A. (2008), "I thought it could never happen to boys" Sexual abuse and exploitation of boys in Cambodia," Hagar.

Hossain, M., Zimmerman, C., Abas, M., Light, M and Watts, C. (2010), "The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women," American Journal of Public Health, 100(12): 2442–2449.

Hotaling, N., Burris, A., Johnson, J., Bird, Y. and Melbye, K. (2004), "Been there done that: SAGE, a peer leadership model among prostitution survivors," Journal of Trauma Practice, 2, pp. 255-265.

Hudd, S. (2003), "Sold like chickens: Trafficked Cambodian girls speak out," The NGO Coalition to Address the Sexual Exploitation of Children in Cambodia.

ILO (1999), "ILO Worst Forms of Child Labour Convention," No. 182.Art.7.c.

Interagency group on children's reintegration (2016), "Guidelines on children's reintegration," Family For Every Child/ Interagency group on children's reintegration.

Kiss, I., Pocock, N., Naisanguansri,, V., Suos, S., Dickson,B., Thuy, D., Koehler, J., Sirisup, K.,Pongrunsee, N., Anh Nguyen, V., Borland, R., Dhavan, P., Zimmerman, C. (2015), "Health of men, women, and children in post-trafficking services in Cambodia, Thailand, and Vietnam: an observational cross-sectional study," The Lancet, Vol 3, March, 2015.

Levy, L. (2012), "'Hidden nobodies: female youth in care participate in an arts-based trauma informed empowerment intervention program," Relational Child and Youth Care Practice, 25 (1), pp. 5-19.

Lisborg, A. (2009), "Re-thinking reintegration: What do returning victims really want and need? Evidence from Thailand and the Philippines," SIREN Report. UNIAP III: Bangkok, Thailand.

Lynch, D. (2016), "Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation. Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand", Access to Justice & Right to Remedies Research Project, Bangkok: ECPAT International.

Macias Konstantopoulos, W., Ahn, R., Alpert, E., Cafferty, E., McGahan, A., Williams, T., Palmer Castor, J., Wolferstan, N. and Purcell, G. (2013), "An international comparative public health analysis of sex trafficking of women and girls in eight cities: Achieving a more effective health sector response," Journal of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 90, No. 6.

Macy, R. and Johns, N. (2010), "Aftercare services for international sex trafficking survivors: Informing U.S. service and program development in an emerging practice area," Trauma, Violence and Abuse, Vol. 12 (2), 87-98.

McClelland, G. T. and Newell, R. (2013),"Youth Sexual Exploitation (United Kingdom) Managing Health Needs, Alongside Criminal Justice Interventions," Journal of Psychological Issues in Organizational Culture, 3(1), pp. 247-275.

McCormick, C. (2011), "Case management practice within Save the Children child protection programmes," London: The Save the Children Fund.

McKenzie-Mohr, S., Coates, J., and McLeod, H. (2012), "Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention," Children and Youth Services Review, 34 (1), pp. 136-143.

Melrose, M. (2013), "Young people and sexual exploitation: a critical discourse analysis" in Melrose, M. and Pearce, J. (eds) Critical perspectives on child sexual exploitation and related trafficking, England: Palgrave Macmillan.



Miles, G. and Miles, S. (2010), "The Butterfly Longitudinal Research Project. The Chab Dai study on (Re-) integration. Researching the lifecycle of sexual exploitation and trafficking in Cambodia. End of year progress report 2010," Chab Dai Coalition.

Montgomery, H. (2007), "Working with child prostitutes in Thailand: Problems of practice and interpretation," *Childhood*, Vol. 14: 415.

--- (2015), "Understanding child prostitution in Thailand in the 1990s," *Child Development Perspectives*, Vol. 9, number 3: 154-157.

Muraya, D. and Fry, D. (2015), "Aftercare services for child victims of sex trafficking: A systematic review of policy and practice," *Trauma, Violence and Abuse*, Vol. 17(2), 204-220;

Ni Raghallaigh, M. and Gilligan, R. (2010), "Active survival in the lives of unaccompanied minors: coping strategies, resilience and the relevance of religion," *Child and Family Social Work*, 15 (2), 226-237.

Pearce, J. (2009), "Young People and Sexual Exploitation: 'It's not hidden, you just aren't looking'," Abingdon: Routledge.

--- (2013), "A social model of 'abused consent'" in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.

Pinheiro, P. (2006), "World report on violence against children," New York: United Nations Secretary-General's Study on Violence Against Children.

Radford, L., Allnock, D. and Hynes, P. (2015), "Preventing and responding to child sexual abuse and exploitation: Evidence review," accessed 3 February 2017, <https://core.ac.uk/download/pdf/42138011.pdf>.

Rawsthorne, M., Hoffman, S. and Kilpatrick, E. (2010), "Women educating each other...women in safe and equal relationships," *Women in Welfare Education*, 9: pp. 13.

Reimer, J.K. (2013), "What do we know about...education and training for children affected by sexual exploitation and related trafficking," Home: The Child Recovery and Reintegration Network

Reimer, J.K., Langelier, E., Sophea, S. and Montha, S. (2007), "The road home: Toward a model of 'reintegration' and considerations for alternative care for trafficked children for sexual exploitation in Cambodia," Hagar/World Vision Cambodia.

Rende Taylor, L. (2005), "Dangerous trade-offs: The behavioural ecology of child labor and prostitution in rural Northern Thailand," *Current Anthropology*, Vol. 46, Number, June 2005.

Richardson, D., Poudel, M., Laurie, N. (2009), "Sexual trafficking in Nepal: constructing citizenship and livelihoods," *Gender, Place and Culture*, Volume 16, Number 3: 259-278.

Rimal, R. and Papadopoulos, C. (2016) "The mental health of sexually trafficked female survivors in Nepal," *International Journal of Social Psychiatry*, Vol. 62(5): 487– 495.

Saldanha, K., and Parenteau, D. (2013), "Well if you can't smile you should go home!" experiences and reflective insights on providing outreach to young sex trade workers," *Children and Youth Services Review*, 35 (8): pp. 1276-1283.

Sapiro, B., Johnson, L., Postmus, J and Simmel, C. (2016), "Supporting youth involved in domestic minor sex trafficking: Divergent perspectives on youth agency," *Child Abuse & Neglect*, 58, 99–110.

Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., Sridhar, D., Underhill, C. (2007), "Barriers to improvement of mental health services in low-income and middle-income countries," *Lancet*, 370: 1164–74.



SARI (n.d.), "South Asian resource book on livelihood options for survivors of trafficking and other forms of violence," SARI/Equity: New Delhi, India.

School of Women's Studies, Jadavpur University (2012) "Summary report: 'Look at Us with Respect' Perceptions and Experiences of Reintegration: The Voices of Child Survivors of Sexual Exploitation and Practitioners in West Bengal and Jharkhand," Centre for Rural Childhood, Perth College, University of the Highlands and Islands.

Shuker, L. (2013), "Constructs of safety for children in care affected by sexual exploitation," in Melrose, M. and Pearce, J. (eds) *Critical perspectives on child sexual exploitation and related trafficking*, England: Palgrave Macmillan.

--- (2013), "Evaluation of Barnardo's safe accommodation project for sexually exploited and trafficked young people," Luton: University of Bedfordshire.

Simcox, A. and Marshall, K. (2011), "Case study evaluation. World Hope International New Steps Reintegration Pilot Project," World Hope International.

Simkhada, P. (2008), "Life histories and survival strategies amongst sexually trafficked girls in Nepal," *Children and Society*, Vol 22, pp. 235-248.

Special Rapporteur on the sale of children, child prostitution and child pornography (2015) "Report of the Special Rapporteur on the sale of children, child prostitution and child pornography," UN General Assembly, accessed 5th February, 2017, http://www.un.org/en/ga/search/view_doc.asp?symbol=A/70/222.

Stanley, N., Oram, S., Jakobowitz, S., Westwood, J., Borschmann, R., Zimmerman, C., Howard, L. (2016), "The health needs and healthcare experiences of young people trafficked into the UK," *Child Abuse & Neglect*, 59, 100–110.

Surtees, R. (2013), "After Trafficking: Experiences and Challenges in the (Re)integration of Trafficked Persons in the Greater Mekong Sub-region," Bangkok: UNIAP/NEXUS Institute.

--- (2014), "Re/integration of trafficked persons. Working with trafficked children and youth," Brussels: King Baudouin Foundation.

--- (2017), "What's Home? (Re)integrating Children Born of Trafficking," *Women and Therapy*, Volume 40.

--- and de Kerchove, F. (2014), "Who Funds Re/integration? Ensuring sustainable services for trafficking victims," *Anti-Trafficking Review*, Issue 3.

Thomson, K. (2015), "International and European standards in relation to victims and survivors of human trafficking," in Malloch, M. and Rigby, P. (eds.) *Human Trafficking: The Complexities of Exploitation*. Edinburgh University Press.

Turner, H., Finkelhor, D., Ormrod, R. (2010), "Poly-Victimization in a National Sample of Children and Youth," *American Journal of Preventive Medicine*, 38(3), pp. 323-30.

U.S. Department of State (2016), "Trafficking in Persons Report 2016," US Department of State, 3 February, 2017, <https://www.state.gov/j/tip/rls/tiprpt/2016/index.htm>.

UN General Assembly (2010), "Guidelines for the Alternative Care of Children," accessed 4 February, 2017, https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf.

UNDP (n.d), "International Human Development Indicators", accessed 21 December 2016, <http://hdr.undp.org/en/countries>.



UNICEF (2014), "Hidden in Plain Sight: A statistical analysis of violence against children," New York: UNICEF.

United Nations (1989), "United Nations Convention on the Rights of the Child (UNCRC)," Geneva: United Nations, Pp. 11.

--- Art. 3.3.

--- Art. 8.1.

--- Art. 8.1. 8/1.

--- Art. 8.4.

--- Art. 8.e.

--- Art.10.1.

--- Art. 12.

--- Art. 13.1.

--- Art.14.1.

--- Art. 16.1.

--- Art. 2.2.

--- Art. 20.1.

--- Art. 24.1.

--- Art. 28.b.

Veitch, H. (2013), "Feeling and being a part of something better": Children and young people's perspectives on reintegration', Perth Home: The Child Recovery and Reintegration Network;

Warrington, C. (2013), "Partners in care? Sexually exploited young people's inclusion and exclusion from decision making" in Melrose, M. and Pearce, J. (eds) Critical perspectives on child sexual exploitation and related trafficking, England: Palgrave Macmillan.

--- (2016), "Young person-centred approaches in child sexual exploitation (CSE) - promoting participation and building self-efficacy," Research in Practice.

Wessells, M. (2009), "What Are We Learning About Protecting Children in the Community? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings," Save the Children Fund.

Women's Commission for Refugee Women and Children (2008), "Market assessment toolkit for vocational training providers and youth: Linking vocational training programs to market opportunities," Columbia University School of International Public Affairs (SIPA): for WCRWC.

Yankah, E. and Aggleton, P. (2008), "Effects and effectiveness of life skills education for HIV prevention in young people," AIDS Education and Prevention, 20(6), 465–485.

Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M., Bimbi, F., Adams, B., Jiraporn, S., Beci, L., Albrecht, M., Bindel, J., and Regan, L. (2003), "The health risks and consequences of trafficking in women and adolescents. Findings from a European study," London: London School of Hygiene & Tropical Medicine (LSHTM).



