



**ECPAT Submission to the UN Special Rapporteur on the
Sale of Children, Child Prostitution and Child Pornography
Maud de Boer Buquicchio on
Care and Recovery of Child Victims**

ECPAT International welcomes the opportunity to contribute to the thematic study of the United Nations Special Rapporteur on sale of children, child prostitution and child pornography (UNSR) on the care and recovery of child victims of sale and exploitation to be presented at the 70th session of the General Assembly in October 2015.

ECPAT International is a global network of civil society organisations, working to eradicate all forms of sexual exploitation of children. Over the past 25 years, ECPAT has become an international watchdog monitoring States' response to sexual exploitation of children and advocating for robust international measures to protect children from sexual exploitation. ECPAT currently has 85 network members (affiliates as well as ECPAT groups) operating in 77 countries across eight regions of the world.

I. Introduction

Every child survivor has a right under international law to receive care and reintegration services to ensure their full recovery from the psychological and physical harm of sexual exploitation. According to Article 39 of the United Nations *Convention on the Rights of the Child*

State 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 health, self-respect and dignity of the child.

Article 9 of the *Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography* (2000) further adds

3. State Parties shall take all feasible measures with the aim of ensuring all appropriate assistance to victims of such offences, including their full social reintegration and their full physical and psychological recovery.

States' obligation to provide child victims with recovery and reintegration services also forms part of their duty under international law to provide effective remedy and reparations to victims of human

rights violations. According to the UN Committee on the Rights of the Child, '[f]or rights to have meaning, effective remedies must be available to redress violations.'¹

The content of the right to recovery and reintegration, however, remains largely undefined under international legal standards. ECPAT International welcomes the Report of the UNSR on the care and recovery of child victims of sexual exploitation as an opportunity to provide greater clarity on the content of this right under international law. ECPAT offers concrete input from its global network and its expert consultant Dr. Katherine Hargitt on the implementation of a child's right to care and recovery.

As a starting point, any care and recovery programme must to be informed and guided by the four general principles of the *Convention on the Rights of the Child*:

- 1) The best interests of the child as a primary consideration in all actions concerning children;**
- 2) The child's right to express his or her views freely in 'all matters affecting the child' and for those views to be given due weight;**
- 3) States' obligation to respect and ensure the rights of every child within their jurisdiction without discrimination of any kind; and**
- 4) States' obligation to ensure to the maximum extent possible the survival and development of the child.**

It is critical that every care and recovery plan is individualized for each child victim, taking into account the four guiding principles, especially the best interests of the child, at each step of the recovery process. As Dr. Hargitt explains

There are different forms of child sexual exploitation as well as different dynamics and circumstances involved. Recovery, reintegration and aftercare services must be tailored to the unique and complex needs of each child victim, and when possible to the needs of his/her family. For example, the recovery, reintegration and aftercare trajectory for a child who has been rescued from a brothel in a foreign country will require certain services that are different from those required to assist a child who is/was brainwashed and prostituted on the streets by a pimp; is/was prostituted freelance; or is/was exploited through cyberporn or cybersex. Services must also take into consideration such factors as length of the sexual exploitation experience; magnitude of the trauma; stages of change; family dynamics; region or country of origin; the child's age; developmental maturity and cognitive capacity; gender and sexual orientation; culture and religion; preferences, skills and interests; medical and mental health needs; attachment styles; prior developmental trauma, substance abuse and addiction; literacy...²

¹ United Nations Committee on the Rights of the Child, General Comment No. 5 on 'General measures of implementation of the Convention on the Rights of the Child,' UN Doc. CRC/GC/2003/5, para 24.

² Dr. Katherine Hargitt, p 1.

On this basis, ECPAT International recommends that the four guiding principles of the UN Convention, notably the principle of best interests of the child, inform all care and recovery programmes involving child victims of sexual exploitation.

II. Methodology

ECPAT International makes the following submission on behalf of its network members. The submission is a compilation of responses received from our network members between 29 April and 18 May 2015. ECPAT International received feedback from eighteen ECPAT network members (affiliates and national groups) representing sixteen countries across six regions:

- (1) **Asia Pacific** – ECPAT Taiwan, Samoa Victim Support Group (SVSG)³,
- (2) **South Asia** – Child Rights in Goa (India)⁴, Sanlaap (India),⁵ Ain o Salish Kendra (Bangladesh)⁶
- (3) **Europe** – ECPAT UK, ECPAT Netherlands and Defence for Children Netherlands, ECPAT Austria, ECPAT Germany, Russian Alliance against Commercial Sexual Exploitation of Children⁷
- (4) **Middle East** – Dar Al Amal (Lebanon)⁸
- (5) **Africa** – ECPAT France in Madagascar, Uganda Child Rights National Network⁹
- (6) **South and Central America** – ECPAT in Nicaragua,¹⁰ Comité and Argentino de Seguimiento y Aplicación de la Convención Internacional de los Derechos del Niño (CASACIDN – Argentina)¹¹ ONG Raices (Chile)¹²
- (7) **North America** – ECPAT USA, ECPAT Mexico

ECPAT International also received a submission from Dr. Katherine Hargitt, a clinical psychologist specializing in sexual exploitation, currently leading ECPAT’s multi-country study on recovery and reintegration mechanisms for child victims of sexual exploitation. The submission made by Dr. Hargitt is attached for your reference under Annex I.

Due to time constraints and ethical considerations regarding the disclosing of unfinished research with child victims, ECPAT was unable to respond to the UNSR’s questions relating to child participants. ECPAT International would welcome the opportunity to engage child participants, if additional time permits. Equally, ECPAT will share with the UNSR the findings of its multi-country study on recovery and reintegration as soon as the Study is finalized in October 2015.

ECPAT network members provided responses to five questions taken from the UNSR’s information request, reproduced below:

³ Affiliate ECPAT member.

⁴ Affiliate ECPAT member.

⁵ Affiliate ECPAT member.

⁶ Affiliate ECPAT member.

⁷ Affiliate ECPAT member.

⁸ Affiliate ECPAT member.

⁹ Affiliate ECPAT member (‘ECPAT Uganda’).

¹⁰ Affiliate ECPAT member (‘ECPAT Nicaragua’).

¹¹ Affiliate ECPAT member (‘ECPAT Argentina’).

¹² Affiliate ECPAT member (‘ECPAT Chile’).

- (1) *Based on your experience, what elements are necessary for a comprehensive and rights-based care and recovery system of child victims of sale and exploitation, including sexual exploitation?*
- (2) *Provide examples of good practices and successful initiatives of assistance and rehabilitation programmes which facilitate the recovery and reintegration of child victims of sale and exploitation, including sexual exploitation.*
- (3) *Describe the challenges that your organization has identified in the establishment and management of assistance and rehabilitation programmes for child victims of sale and exploitation, including sexual exploitation.*
- (4) *How do you ensure that the views and needs of children are duly taken into account in the design and provision of care and recovery services?*
- (5) *How do you ensure access of child victims to support services?*

III. ECPAT Guidelines on Recovery and Reintegration

ECPAT International and ECPAT's network members have produced a number of resources on recovery and reintegration programmes, available for download on the ECPAT International website

- (1) ECPAT INTERNATIONAL, ***The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited*** (1999, updated in 2005), *Training Guide* (available in English and Turkish)¹³
- (2) ECPAT INTERNATIONAL, ***The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited*** (1999, updated in 2005), *Self Study Material* (available in English, Russian, Spanish and Turkish)¹⁴
- (3) ECPAT INTERNATIONAL, ***Child Protection Policies and Procedures***, 2006 (available in English, Thai and Bangla)¹⁵
- (4) ECPAT INTERNATIONAL, ***Child-Safe Organisations – Training Toolkit***, 2006 (available in English, Spanish, French, Thai, Russian, Bahasa, Hindi, and Vietnamese)¹⁶
- (5) ECPAT INTERNATIONAL, Save the Children, UNICEF, ***Child-Safe Organisations: Self-Study Manual, A practical child protection resource for grassroots organisations***, 2006 (available in English, Thai and Bangla)¹⁷

¹³ ECPAT International, ***The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited***, 1999, updated 2005, (Bangkok, Thailand), accessed at: http://www.ecpat.net/sites/default/files/rehab_trainingmanual_eng.pdfhttp://resources.ecpat.net/EI/Publications/Care_Protection/GUIA%20FORMATIVA%20ECPAT%20WEB.pdf

¹⁴ ECPAT International, ***The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited***, 1999 updated 2005, (Bangkok, Thailand), accessed at: http://resources.ecpat.net/EI/Publications/Care_Protection/Rehab_Self-study_ENG.pdf

¹⁵ ECPAT International Secretariat, ***Child Protection Policies and Procedures***, 2006, (Bangkok, Thailand), accessed at: http://resources.ecpat.net/EI/Publications/Care_Protection/Child_Protection_Policies.pdf

¹⁶ ECPAT International Secretariat, ***Child Safe Organization: Toolkit***, 2006, (Bangkok, Thailand), accessed at: http://resources.ecpat.net/EI/Publications/Care_Protection/CSO_toolKit_Eng.pdf

(6) ECPAT INTERNATIONAL, *Training the Trainer*, 2008 (available in English and Russian)¹⁸

(7) Giulia Patane, 'A crucial gap: Addressing the physical and psychological consequences and recovery of child victims of commercial sexual exploitation,' *ECPAT Journal*, Series n. 7, 2014¹⁹ (available in English)

(8) ECPAT France in Madagascar, *Etude d'Impact: Réinsertion Socioéconomique de Mineurs en Situation de Prostitution*, ECPAT France, Lot V A 1 bis 1 Ampasimalo, 101 Antananarivo, Madagascar²⁰

IV. Responses to the UNSR Information Request

1. Based on your experience, what elements are necessary for a comprehensive and rights-based care and recovery system of child victims of sale and exploitation, including sexual exploitation?

All of the respondents agreed on the need for 'a child-friendly, trauma informed, and specialized care and recovery system' to be in place, operating with the 'best interests of the child' as its primary consideration and committed to providing 'long-term services,' which are accessible to all child victims, irrespective of their gender, nationality, legal status, ethnicity, sexual orientation, gender identity or any other ground of discrimination. The necessary components for an effective care and recovery system should include:

- (a) **Prompt victim identification** – An unidentified victim is an unreachable victim. Without an effective identification system, child victims are denied any possibility to access care, recovery and reintegration services. Whatever form victim identification may take (i.e. self-referral, 24-hour hotlines, medical screening, outreach services, police raids, etc), it is critical that an effective and functioning system be in place. Victim identification is particularly challenging, however, when the child does not have a legal identity, has no documents or false documents or does not have a proper birth registration.
- (b) **Outreach** – Outreach services are a critical avenue for identifying and connecting with child victims of sexual exploitation. Outreach services are also an important avenue for prevention and information: knowledge received prior and during incidents of sexual exploitation can enable and empower children to strive towards recovery, and can also help minimize harm. Examples of outreach initiatives include:

¹⁷ ECPAT International, Save the Children, UNICEF, *Child Safe Organisations: Self Study Manual, A practical child protection resource for grassroots organizations*, July 2006, (Bangkok, Thailand), accessed at: http://www.ecpat.net/sites/default/files/cso_selfstudy_eng.pdf

¹⁸ ECPAT International, *Training the Trainer*, 2008 (Bangkok, Thailand), accessed at: http://resources.ecpat.net/EI/Publications/Care_Protection/TT_Guide_ENG.pdf

¹⁹ http://resources.ecpat.net/EI/Publications/Journals/ECPAT%20Journal_JUL_2013_ENG.pdf

²⁰ ECPAT France in Madagascar is also developing a Manual for social workers, aimed at providing guidance on the recovery and reintegration process for child victims, from the point of identification to the socio-economical reintegration of the child. The manual is still in draft form but could be shared with the UNSR upon her request.

- Making contact with children on the streets in local hangouts, red light areas, bars, karaoke/videoke bars, strip bars, dance clubs, Internet cafes
- Inviting children to visit drop-in centres and shelters, or to call outreach workers (i.e. outreach workers are given mobile phones)
- Providing children with basic needs (i.e. food, condoms, clothes)

(c) Prevention and information – Educating the community about sexual exploitation and trafficking can empower children and families, while also assist in the reintegration process. As community members become more aware of sexual exploitation, they may become more understanding and respectful, and hence less judgmental of the child and his/her family. Examples of initiatives can include:

- Prevention education at the community level about sexual exploitation, and trafficking
- Child friendly information about rights and services available to victims
- Information about sexually transmitted diseases and sexual health (i.e. condom use, STD testing)

(d) Properly trained and dedicated staff – The people who work directly with child victims of sexual exploitation need to have specialized skills, that include a solid understanding of the unique needs of this population and the various dynamics of sexual exploitation; children’s rights; mental health and counselling; as well as patience, tolerance, and understanding (among many other qualities). They must come from a place of commitment, dedication, and patience, and provide care that is free of judgment.

(e) Multi-disciplinary partnerships and networks – Governmental and non-governmental organizations, as well as the private sector need to work closely together through the sharing of information, services and expertise at the local, national, regional and international level. It may not be possible, or in the best interests of the child, for one agency to provide all of the services for the recovery, reintegration and aftercare of children who have unique and complex needs. In any partnership or network, confidentiality and respect for the privacy of the child is paramount.

(f) Protection Services – Basic protection needs are critical to ensuring comprehensive rights-based care and recovery. Confidentiality and guaranteeing the child victim’s right to privacy is critical to ensuring a child’s protection. Different elements of protection services include:

- a. Basic needs (food, water, shelter) –
 - i. Safe shelter (food and lodging)
 - ii. Confidentiality
 - iii. Healthcare
 1. Medical and Dental Care
 2. Mental and Emotional Health
 - iv. Rehabilitation services and support for substance abuse and other addictions
- b. Support to the child’s parents and family
- c. Education
- d. Childcare support
- e. Legal Assistance and support
- f. Spiritual Support

- g. Life-skills activities
- h. Livelihood and Vocational training and activities

(g) Repatriation and reintegration – A structured, comprehensive and carefully monitored system of repatriation and/or reintegration is critical to a child victim’s successful return to their country of origin or community. Any recovery and reintegration programme must work closely with parents, families and communities, involving them in the process as soon as possible. ‘Durable solutions’ are imperative but rarely developed in practice. Any repatriation and reintegration programme should also be linked with a system of aftercare, which provides the child victim and their family sustained support after reintegration has taken place.

(h) After-care – long term response – Recovery and reintegration do not end once the child reaches home. Full recovery is a long-term process which requires commitment and consistency. For many child victims, recovery won’t necessarily happen overnight, or in two weeks, or three months, or even a year. A long-term system of aftercare must be available and accessible for as long as the victim needs it. Aftercare support is often the difference between a child breaking out of the cycle of exploitation or returning to it.

(i) Adequate support and assistance for caregivers – Support for caregivers is crucial to maintaining a sustainable and balanced care and recovery programme. As observed by Dr. Hargitt: *[W]orking directly with this population often leads to vicarious traumatisation, compassion fatigue and/or burn out. In order to sustain the quality and long term care of recovery and reintegration services, it is essential that those at the front lines (i.e. outreach workers, house parents, social workers, counsellors) be afforded supervision, debriefings, days and weeks off, knowledge on identifying signs of vicarious trauma, compassion fatigue and burn out, and workshops on self-care.*²¹

Individual ECPAT network members emphasized additional elements, some of which are linked to their national settings.

ECPAT Germany stressed the importance of implementing international and regional human rights instruments, such as the EU Directives, to be able to guarantee a rights-based approach.²² ECPAT Mexico also mentioned the importance of developing laws which comply with international human rights law, and guarantee the protection, care and rehabilitation of child victims of sexual exploitation.²³

ECPAT Austria highlighted the importance of having strong referral and coordination mechanisms in place between all relevant actors.²⁴ ECPAT Austria also emphasized the importance of having a national rapporteur (or equivalent), who could collect data and monitor care and recovery systems in an objective and independent manner.²⁵

²¹ Dr. Kathrine Hargitt, p 2.

²² ECPAT Germany, p 1.

²³ ECPAT Mexico, p 1.

²⁴ ECPAT Austria, p 3.

²⁵ ECPAT Austria, p 3.

ECPAT UK emphasized the importance of a ‘holistic and multi-agency’ long-term approach that leads to a durable solution.²⁶ ECPAT UK also stressed the importance of child participation - informing the child (through child-friendly and age-appropriate language) and encouraging them to participate in decisions affecting them.²⁷

ECPAT Taiwan spoke about the need for a victim-centred approach, taking into account the child’s right to family, education, employment, entertainment, psychological support, medical service, economic support, legal aid, shelter and independence.²⁸

ECPAT Uganda advocated for a ‘needs assessment’ to be done on each child victim throughout the care and recovery process to inform and guide the recovery process.²⁹

Dar Al Amal from Lebanon spoke about the need for a multi-disciplinary team, which brings together government and non-government sectors, as well as the private sector.³⁰ This was supported by ECPAT Nicaragua, who added that the multidisciplinary team should have capacity (and ongoing education) in human rights and advocacy, child rights (including the right of a child to a family) and therapy (including alternative therapies).³¹

Ain o Salish in Bangladesh stressed the need to guarantee that every birth is registered. A child who is not recognized under the law will not be able to access care and recovery systems.³²

Sanlaap from India discussed the importance of tailoring the care and recovery programme to address the specific needs of the child. The child should feel safe, secure and happy whatever the outcome of their case or their situation. It is important that the child feel that the staff are listening and addressing their specific needs within the care and recovery programme as soon as the child arrives. For example, the staff should as far as possible try and accommodate the needs of the child, whether it’s a request for a specific food (i.e. roti instead of rice) or specific activity.³³

Sanlaap further stressed the importance of maintaining confidentiality to ensure the safety of the child. Often child victims come under significant threats of violence or harassment when they escape from situations of sexual exploitation. It is imperative that the child not only feel physically safe but know that their information and identity are protected and not disclosed to anyone without their prior consent.³⁴

Child Rights in Goa and Sanlaap (India), as well as ECPAT Uganda, ECPAT France in Madagascar and ECPAT Nicaragua stressed the importance of involving the family in the recovery and reintegration process. It continues to be common practice in many regions of the world to provide care and

²⁶ ECPAT UK, p 1.

²⁷ ECPAT UK, p 1.

²⁸ ECPAT Taiwan, p 1.

²⁹ ECPAT Uganda, p 1.

³⁰ Dar Al Amal (Lebanon), p 1.

³¹ ECPAT Nicaragua, p 1.

³² Ain O Salish (Bangladesh), p 1.

³³ Sanlaap (India), p 1.

³⁴ Sanlaap, conversation with Indrani Sinha, 7 May 2015.

recovery programmes primarily in institutional care settings: however, it should be encouraged for the family to be involved in the care and recovery process as soon as possible and where possible.³⁵

ECPAT Netherlands focused on the importance of keeping the child victim continuously informed of the process.³⁶ ECPAT Netherlands also mentioned the need to ensure that child victims are not criminalized for conduct undertaken as a result of their sexual exploitation.³⁷ ECPAT Germany, in stressing the need to comply with international human rights law and standards, also stressed the importance of ensuring child victims were not criminalized.³⁸

The Russian Alliance against Commercial Sexual Exploitation of Children highlighted the importance of specific care and recovery programmes for child victims of commercial sexual exploitation, to address the specific needs of this group. The Russian Alliance further stressed the importance of a multi-disciplinary team, which cooperated across different institutions to offer comprehensive rights-based care and recovery to child victims of commercial sexual exploitation.³⁹

ECPAT Argentina mentioned the importance of ongoing training and education of caregivers and other professionals working with child victims of sexual exploitation.⁴⁰ ECPAT Uganda also suggested that standardized training materials and curriculums, as well as victim-direct assistance protocols and guidelines be developed to ensure a minimum standard of care for child victims of sexual exploitation.⁴¹

The Samoa Victim Support Group (SVSG) emphasized the need to provide quality and accessible services to children at all times, to prevent and respond to violence, abuse and exploitation.⁴² The SVSG gave the example of its own 24-hour Free Helpline. ECPAT Austria also stressed the importance of low threshold drop-in centres for child victims of sexual exploitation as well as street children, who may be at high-risk of sexual exploitation.⁴³

ECPAT Mexico mentioned the need to ensure that governments allocate the necessary resources to ensure a sufficient programme of care and recovery for child victims.⁴⁴

All groups agreed that minimum standards for institutions of care should be articulated and regulated by the State.

In summation, ECPAT International makes the following recommendations as the necessary minimum requirements to ensure a comprehensive and rights-based care and recovery system for child victims of sale and exploitation:

³⁵ Sanlaap and CRG (India), ECPAT Uganda and ECPAT Nicaragua.

³⁶ ECPAT Netherlands and Defence of Children International, p 1 ('ECPAT Netherlands').

³⁷ ECPAT Netherlands, p 2.

³⁸ ECPAT Germany, p 1.

³⁹ Russian Alliance against Commercial Sexual Exploitation of Children, p 1.

⁴⁰ ECPAT Argentina, p 1.

⁴¹ ECPAT Uganda, p 1.

⁴² Samoa Victim Support Group, p 1.

⁴³ ECPAT Austria, p 3.

⁴⁴ ECPAT Mexico, p 1.

- (a) A multi-disciplinary team, which brings together concerned actors (law enforcement, social workers, medical professionals, mental health professionals, child protection agencies, justice sector providers)
- (b) A system of ongoing and individual assessments to inform the care and recovery plan, ensuring that a specific plan is created and continually updated and modified to address the specific and unique needs of each child victim;
- (c) A care and recovery system that is victim-centred and rights-based, taking into account the best interests of the child as its paramount consideration and ensuring that throughout all processes, the child is able to participate in and be informed of all decisions affecting them;
- (d) A system of care and support for the frontline workers (i.e. caregivers, skilled persons and professionals) engaging with child victims, which includes ongoing education and professional development as well as mechanisms to address vicarious trauma, burn out and compassion fatigue.

2. Provide examples of good practices and successful initiatives of assistance and rehabilitation programmes, which facilitate the recovery and reintegration of child victims of sale and exploitation, including sexual exploitation.

There are some basic practices, which when applied, will generally lead to better care and recovery programmes:

- (a) **Effective outreach programmes** – Effective and coordinated outreach programmes, such as a health care provider or outreach worker going out into the streets, red light areas, bars/karaoke/videoke bars, strip and dance clubs, and/or Internet cafes to assess needs, provide basic provisions (food, medicine, condoms, information), and accompany, where requested, child victims to health centers for care and/or health check-ups.
- (b) **Accessible and available drop-in centres** – Low threshold drop-in centres, open 24 hours a day, seven days of week, where children feel safe (i.e. can sleep, bathe, feed themselves) and where they are offered opportunities to resume schooling or engage in other training or activities.
- (c) **Specialized shelters and services for child victims of sexual exploitation** – Shelters specializing in the care and recovery of child victims of sexual exploitation. This is important to ensuring durable and long-term rehabilitation.
- (d) **Rights-based, victim-centred care and recovery programming** – A rights-based, victim-centred approach, acting in the best interests of the child and ensuring child participation, where possible. This is critical to maintaining a care and recovery programme that not only complies with States’ obligations under international law but also maintains the dignity of the child victim.
- (e) **Multi-disciplinary assessment teams for child victims of sexual exploitation** – A multi-disciplinary team which draws together all concerned actors, agencies, institutions in a trusting, well-structured coordinated system. The multi-disciplinary assessment team should conduct an individual assessment of each child victim, updating and reviewing the assessment on an ongoing basis to ensure the care and recovery plan for the child is meeting the specific and ongoing needs of the child victim.

- (f) **Minimum training for caregivers** – Programmes with caregivers who have received a minimum of six months training in psychosocial counselling, and who collaborate closely with psychotherapists, psychologists and psychiatrists.
- (g) **Support and assistance to caregivers** – Caregiver staff, who are well supported, supervised, afforded a reasonable amount of leave days, and provided with ongoing education and professional development.
- (h) **Positive and energetic environment** – A positive and energetic environment within the programme, offering fun, stimulating and recreational activities (such as sports, music, games, fieldtrips, graduations), involving both caregivers and children.

Examples of good practices and successful initiatives from ECPAT's global network are set out below.

ECPAT UK runs a successful Youth Group, empowering young people who have been victims of trafficking and other forms of sexual exploitation to use their voices and skills to contribute to the global campaign to eradicate all forms of sexual exploitation. ECPAT UK runs two youth groups – one for girls and one for boys – to offer child victims and survivors the opportunity to connect and share their experiences in a safe environment. The ECPAT UK youth group is focused on empowering youth, through activities which foster new skills, engender independence, stimulate new learning, and promote friendship and peer support. ECPAT UK offers a mentoring scheme to help young people improve their literacy and numeracy. A key component of the ECPAT UK programme is to encourage youth to contribute and feed into awareness-raising campaigns, policy positions and trainings to professionals on sexual exploitation of children. In 2011, the ECPAT UK girls group created and edited a short film about their experiences in the UK.

The Russian Alliance against Commercial Sexual Exploitation of Children cited a programme called JewelGirls run by Safe House Charity Fund. The JewelGirls programme targets at-risk children (primarily girls), offering psychosocial support and skills development through jewellery-making.

The Samoa Victims' Support Group offers a Young Person Post-Natal Programme for pregnant child victims. The three-month programme focuses on restoring the self-esteem and confidence of child victims, giving them an opportunity to forge new friendships, learn new skills and build personal confidence. The Samoa Victims' Support Group also engages in psychosocial support programmes, which rely on dance, music, sports and other recreational activities to promote emotional healing.

ECPAT Taiwan's Girls Independent Living project was cited as another successful programme. It is a transitional centre between institutional care and community reintegration. Its focus is to empower victims to live independently.

Dar Al Amal is one of the few organizations to work directly with child victims of sexual exploitation in Lebanon. Dar Al Amal has centres located in poorer areas – where there is a higher proportion of at-risk children. One programme, Amane au Maroc, implemented in partnership with ECPAT – Acting For Life (ECPAT France), the European Union and Air France, engages in awareness-raising and prevention activities, including outreach within at-risk communities.

Initiatives which seek to foster the self-esteem and confidence of children through sports, music and other activities⁴⁵ have also been quite successful. In Northern Thailand, projects involving law enforcement in the recovery and reintegration programme through recreational activities (i.e. sport, music, trips, education, etc) have had significant results.⁴⁶ Such partnerships show that it is possible to change perceptions, breaking down some of the prejudice and mistrust between police and child victims of sexual exploitation.

In general, and given the complex dimension of sexual exploitation, coordination among all sectors is needed to properly respond to a child's victimization. A network of professionals (including specialized law enforcement, social services, psychologists, medical staff, caregivers, criminal justice system actors, etc.) should be developed and encouraged to cooperate.⁴⁷

3. Describe some of the challenges identified in the establishment and management of assistance and rehabilitation programmes for child victims of sale and exploitation, including sexual exploitation.

Many of the ECPAT network member groups cited similar challenges in managing care and recovery programmes. These challenges included

(a) Lack of consistent funding and resources to establish long-term care and recovery services

⁴⁵ The Mekong Region Indigenous Children Home (MRICH), located near Chiang Rai, offers a 'hydrotherapy' programme. The MRICH has a 50-metre pool onsite and offers swimming lessons and coaching to children who are residing in the shelter. Child victims of sexual exploitation are encouraged to learn how to swim and are coached by a professional swimming instructor. Some of the child victims go on to compete at local and national swimming competitions. Through hydrotherapy, children rebuild their self-esteem and confidence, 'Update form our Mekong Regional Indigenous Child Rights Home,' accessed 20 May 2015: <https://depdcblog.wordpress.com/category/mekong-regional-indigenous-child-rights-home/>

⁴⁶ The Hug Project and the Big Brother Project, in Chiang Mai, Thailand. More information about the Hug Project and Big Brother Project on file with ECPAT International.

⁴⁷ The Centre for Protection of Children's Rights Foundation (CPCR) is a Thai NGO working for the protection of child victims of abuse, exploitation and neglect. The services provided include including monitoring, investigation, protection, treatment, reintegration and prevention in a multidisciplinary approach. The CPCR consists of four units. One unit is focused on services such as investigation, legal support, protection, primary treatment (Child Protection Unit). The second unit is a temporary shelter developed for needs and risk assessment, fact-finding, and planning development programs (Gatehouse). Care, treatment, support and education are part of this unit. A specialized Treatment Shelter offers programs on physical and psychological aspects through a rehabilitation approach that involves both governmental and non-governmental organizations, such as shelters, schools and hospitals. Lastly, there is the Child and Family Development Unit, based on a preventive approach to build strengthening capacities of children, parents, schools, and communities. The composition of the multidisciplinary team working within CPCR therefore includes medical, both physical and psychological, legal, and social welfare professionals in a holistic cooperation (ILO and CPCR, 2006).

The Hug Project and the Big Brother Project represent a good practice of joint venture of governmental and nongovernmental organizations working closely together. The organizations provide a comprehensive response to child victims of CSEC – from witness protection, to recovery and reintegration, from education, to counselling and legal assistance. The strength of these organizations is the constant communication and cooperation between the different sectors and a non-institutionalized approach toward the recovery of victims.

- (b) Lack of specialised caregivers, mandatory training or minimum qualifications to caregivers and minimum standards for care institutes
- (c) Lack of understanding of child sexual exploitation – failing to take complaints of child sexual exploitation seriously
- (d) Discrimination on the basis of legal status, gender or sex and age

A further elaboration of each of these categories is provided below.

(a) Lack of consistent funding and resources

The lack of consistent and long-term funding was cited as the single largest challenge in establishing and managing care and recovery programmes.

Dr. Hargitt explains why stable and sustained long-term funding is critical to maintaining an effective care and recovery programme

For most child victims, recovery doesn't happen overnight, or in two weeks, three months, or even a year. The system of care and recovery must be available and accessible for as long as the victim/survivor needs it. For example,

- i. *Children victims of some forms of sexual exploitation may take a long time before they finally commit to the journey of recovery, and many relapse. It is essential that programs maintain an open door policy for as long as it takes.*
- ii. *Access to counselling may be needed for the rest of a victim/survivor's life.*
- iii. *Medications for chronic illnesses should also be available in the long term (i.e. STDs, HIV, TB), as well as surgical procedures and follow-up care related to injuries incurred as a result of the exploitation.*
- iv. *Many child victims/survivors also have attachment and trust issues, and/or have no supportive parents/families. Hence, an important piece in their care and recovery is the attachment and trust they develop with those providing them with care and services. It is important that these relationships remain available in the long term.*

[...] It is critical that the recovery, reintegration and aftercare system of care be ensured in the long term. Children victim of sexual exploitation cannot fully engage in their recovery if they have no certainty of whether the caregivers, services and programs, or shelters will be there tomorrow. Serving child survivors of sexual exploitation requires specialized care and long term funding.⁴⁸

All of the ECPAT network members responding to the UNSR information request stressed that inconsistent and insufficient long term funding significantly impaired their ability to provide and

⁴⁸ Dr. Katherine Hargitt, p 2.

maintain effective care and recovery programmes for child victims of sexual exploitation. Many groups noted that ‘project-based’ funding for care and recovery services led to disjointed and inconsistent programming, which was time-limited and not sustainable.

The Samoa Victim Support Group explained that it ran three shelters for child victims of violence, abuse and exploitation, none of which received any funding from the Government. The SVSG was the only organization in all of Samoa to provide direct services to child victims. According to the SVSG, ‘[a]t any time, there is an average of 80 children in the shelters, which are self-funded by SVSG in partnership with businesses, and local village and church communities.’⁴⁹

The Russian Alliance against Commercial Sexual Exploitation of Children noted that even governmental organizations faced resource constraints, lacking supplies to provide effective assistance to child victims of sexual exploitation.

ECPAT Taiwan noted that governments and donors were often driven by a quantitative ‘results-oriented’ approach, choosing not to allocate resources to high-resource long term projects. ECPAT Uganda echoed this concern, stating that ‘there is no commitment from government to allocate resources to address social problems, especially sale and exploitation of children.’⁵⁰

Sanlaap in India and ECPAT Mexico cited irregular resources and inconsistent funding as its biggest challenge.

ECPAT UK cited a lack of resources specifically for child victims of trafficking, notably specialist accommodation and support as well as specially trained practitioners.⁵¹

ECPAT France in Madagascar noted a general lack of State funds allocated to child welfare issues and also noted a general need to improve awareness on child rights.

Dar Al Amal mentioned the influx of 1.5 million Syrian refugees in Lebanon over the past five years. While the lack of resources had been an ongoing issue, the influx of refugees has significantly exacerbated the problem. It has also placed more children at risk of sexual exploitation, as a result of the poor living conditions.⁵² Dar Al Amal mentioned that foreign aid, if it did come, was either not enough to cover critical assistance required for child victims of sexual exploitation, or not directed to this area of programming.⁵³

The Rotherham Inquiry, undertaken in the United Kingdom in 2013 to examine State response child sexual exploitation made the following recommendation:

Recommendation 9: All services should recognise that once a child is affected by CSE [child sexual exploitation], he or she is likely to require support and therapeutic intervention for an extended period of time. Children should not

⁴⁹ The Samoa Victim Support Group, p 2.

⁵⁰ ECPAT Uganda, p 1.

⁵¹ ECPAT UK, p 2.

⁵² Dar Al Amal, p 2.

⁵³ Dar Al Amal, p 2.

be offered short-term intervention only, and cases should not be closed prematurely.

(b) Lack of specialized caregivers, mandatory training or minimum qualifications for caregivers, and minimum standards for care institutes

Lack of specialized training and minimum qualifications for caregivers was cited as another key challenge in the establishment and maintenance of quality care and recovery services. Lacking qualified staff (outreach workers, house parents, social workers, mental health professionals) able to work effectively and sensitively with child survivors is a significant challenge. According to Dr. Hargitt,

...[T]he recovery and reintegration needs of children victim of sexual exploitation differ in various ways from the needs of children who are “simply” victim of familial neglect, physical abuse or incest. The needs of child victims of sexual exploitation tend to be more complex and their behaviours more challenging to manage. Specialized and separate services and programmes are needed to best serve this population...⁵⁴

Under-qualified, underpaid and overworked staff can lead to situations where child victims are not properly identified, listened to, or treated with compassion and respect.

The Russian Alliance against the Commercial Sexual Exploitation of Children emphasized that many stakeholders working in child protection – social workers, medical professionals, and law enforcement – lacked knowledge and basic skills to provide effective care and rehabilitation services to child victims of sexual exploitation.

ECPAT UK noted a lack of mandatory specialized training for social workers handling sexual exploitation cases, resulting in victims not being identified quickly or often not at all.

ECPAT Uganda noted a lack of protocols and guidelines to inform and ensure a minimum standard of training for child protection and support workers working with victims of sexual exploitation. ECPAT Uganda further noted many child protection and support workers lack qualifications, resulting in caregivers with limited skills and expertise.⁵⁵

Staffing care and recovery programmes with personnel who lack qualifications can lead to the re-traumatization of children, slowing down the overall recovery and reintegration process.

(c) Lack of understanding of child sexual exploitation

Closely related to the issue of inadequate training for caregivers, is the lack of awareness or understanding about the unique nature of sexual exploitation and the often difficult behaviour of child victims of sexual exploitation. As a result of this general lack of understanding, allegations or complaints made by victims of sexual exploitation are often disregarded, overlooked or simply not taken forward.

⁵⁴ Dr. Katherine Hargitt, p 2.

⁵⁵ ECPAT Uganda, p 1.

ECPAT UK cited a striking example – the recent situation in Rotherham. An Independent Inquiry commissioned by the Rotherham Metropolitan Borough Council in 2013 uncovered an estimated 1400 cases of children subjected to sexual exploitation occurring between 1997 and 2013 with just over a third of cases involving children who were known to child protection authorities to be at-risk of abuse or neglect. According to the report, child protection authorities were made aware of the allegations but senior authorities refused to act on the allegations: ‘the collective failures of political and officer leadership were blatant.’⁵⁶ Former Deputy Chief Inspector of Office for Standards in Education, Children’s Services and Skills testifying before UK Parliamentary Committee on Communities and Local Government publicly admitted that ‘Our [Ofsted] understanding of child sexual exploitation was limited.’⁵⁷ Mr. Goldup further added that until 2012, the Officer for Standards in Education, Children’s Services and Skills [Ofsted] operated under a framework which focused on the danger to a child within homes rather than addressing the risk of exploitation by adults outside the care setting.⁵⁸ In failing to act on these complaints, child victims were denied any care or support.

According to ECPAT UK, in many high-profile cases of sexual exploitation and internal trafficking, authorities have admitted to having ‘limited knowledge’ of exploitation, particularly when dealing with child victims aged 16 to 18 years or above the age of consent. This lack of awareness for victims of trafficking has resulted in authorities engaging in victim-blaming or questioning the credibility or veracity of the child’s complaint.⁵⁹

Ain o Salish (Bangladesh) along with Sanlaap (India) and Child Rights in Goa also cited slow law enforcement as a major challenge in getting child victims the care and recovery needed. According to Child Rights in Goa, a case can drag on in Children’s Court for a many years, forcing a child victim to relive their trauma and preventing him or her from getting on with their life.⁶⁰

ECPAT France in Madagascar cited an overwhelming problem of impunity for the sexual exploitation of children. Allegations of sexual exploitation are not investigated properly; not charged under the appropriate laws relating to sexual exploitation; or simply not taken forward. There have been almost no convictions against perpetrators for crimes of sexual exploitation in Madagascar.⁶¹

The Russian Alliance against Commercial Sexual Exploitation of Children wrote that ‘one of the most challenging aspects of providing assistance to child victims is starting a criminal case and securing a criminal conviction against offenders.’⁶²

(d) **Discrimination on the basis of legal status**

⁵⁶ Alexis Jay OBE, *Independent Inquiry into Child Sexual Exploitation in Rotherham: 1997 – 2013*, 21 August 2014, accessed on 19 May 2015, at: http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham

⁵⁷ ‘Ofsted ‘lacked focus’ to spot Rotherham child sexual exploitation,’ 10 February 2015, *BBC News*, accessed on 19 May 2015, at : <http://www.bbc.com/news/uk-england-south-yorkshire-31360800>

⁵⁸ *Ibid.*

⁵⁹ ECPAT UK, p 2.

⁶⁰ Child Rights in Goa, p 2.

⁶¹ ECPAT France in Madagascar, p 2.

⁶² Russian Alliance against Commercial Sexual Exploitation of Children, p 2.

Many groups cited the challenges of trying to assist child victims who are not resident or citizen in the country where they seek care and recovery services. According to the Russian Alliance against Sexual Exploitation, under current Russian law, foreign child victims of trafficking are not provided with legal status to stay in Russia, even when returning to their country of origin would endanger their lives.

ECPAT Netherlands echoed this concern, citing that under current Dutch law, foreign children are not immediately granted a temporary residency permit when they are identified as victims of trafficking. According to the 'Aliens Act', and its related regulations (B8/3 Regulation (Victim of Human Trafficking Residence Regulation)), the right of child victims to stay temporarily in the Netherlands is contingent on their willingness and ability to cooperate with law enforcement.⁶³ An exception is made for threatened victims who, due to mental or physical reasons, cannot cooperate with the police.⁶⁴ According to ECPAT Netherlands, the current Regulations do not comply with Directive 2011/36/EU.⁶⁵ ECPAT Netherlands has proposed amending the regulations, stating that

[t]he right of residence should not depend on the will of the victim to file a report with the police. Protection of minor victims taking their age and youth into account should be a central element of Victims regulation – not their willingness to cooperate with the police for the duration of the investigation.⁶⁶

ECPAT Germany affirmed this same concern, citing that there are no special measures in respect of issuing residency permits for foreign child victims of sexual exploitation. As observed by ECPAT Germany and ECPAT Netherlands, members of the European Union are obligated under the *EU Directive 2011/36/EU preventing and combating trafficking in human beings and protecting its victims*⁶⁷ to ensure unaccompanied child victims are identified and provided assistance with the aim

⁶³ Under the B8/3 Regulation (victim of Human Trafficking residence regulation), '(child) victims of trafficking can get a temporary residence permit with regard to specific 'temporary humanitarian grounds' under Chapter B8/3 of the Aliens Act (*Vreemdelingencirculaire*). Access to this regulation can only be provided by police. Information about the possible trafficking case shall be requested by the police. If the information of the victim leads to a reasonable-grounds indication, the victim receives a residence permit for three months which aims to give the opportunity for him/her to decide on co-operation with the police. After the 3-month period the residence permit can only be extended if the person decides to file an official complaint against the offender and only for the time period during which police investigation and prosecution by the Public Prosecutor takes place,' see ECPAT Netherlands, Defence for Children, UNICEF, Non-Governmental proposal for a better implementation of the EU directive and a stronger protection of child victims in human trafficking cases in the Netherlands, p 2.

⁶⁴ Under B8/3.1, 'There is a special provision in the B8/3 regulation for severely threatened victims or victims who, due to mental or physical reasons, cannot cooperate with the police. They will be offered the temporary residence permit without having to cooperate with the police or the Public Prosecutor.' See ECPAT Netherlands, Defence for Children, UNICEF, Non-Governmental proposal for a better implementation of the EU directive and a stronger protection of child victims in human trafficking cases in the Netherlands, p 2. Netherlands, Defence for Children, UNICEF, 'Non-Governmental proposal for a better implementation of the EU directive and a stronger protection of child victims in human trafficking cases in the Netherlands.'

⁶⁵ ECPAT Netherlands, p 2.

⁶⁶ ECPAT Netherlands, p 2.

⁶⁷ EU Directive 2011/36/EU of 5 April 2011 on preventing and combating trafficking in human beings and protecting its victims, and replacing Council Framework Decision 2002/629/HJA, accessed at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:101:0001:0011:EN:PDF> ('ECPAT Netherlands Briefing Paper')

of securing a durable solution, which includes 'integration into the host society, granting of international protection status or granting of other status in accordance with the national law of the Member State.'⁶⁸

ECPAT UK noted that the lack of specific services for foreign child victims has had a devastating impact on the protection, care and recovery of this population. According to ECPAT UK, 'there are no commonly agreed safety and protection standards across the UK for the placement of children who are suspected or known to be trafficked.'⁶⁹ There is currently no system of legal guardianship for child victims of trafficking in England, Scotland and Wales, despite recommendations from the Fundamental Rights Agency, UN Committee on the Rights of the Child, the Joint Committee on Human Rights, GRETA⁷⁰ and others.⁷¹

ECPAT UK provided an alarming statistic that 'an estimated 60 per cent of trafficked children in care go missing'. According to ECPAT UK, '[m]ost are never found and it is assumed they have been re-trafficked in the UK or abroad.'⁷² In 2012, an all-party parliamentary group, focusing on runaway and missing children and adults conducted a parliamentary Inquiry⁷³

Trafficked children from abroad are particularly being let down and their needs ignored because the authorities view child trafficking as an immigration control issue. Hundreds of them disappear from care every year, many within 48 hours and often before being registered with children's services. The majority of these children are never found again.⁷⁴

ECPAT UK recommended that the Government of the UK introduce a consistent system of legal independent guardianship for all trafficked and separated children across the England, Scotland and Wales.

(e) Discrimination on the basis of gender or sex

ECPAT USA cited unequal awareness over sexual exploitation of boys as a major challenge in establishing care and recovery programmes for child victims of sexual exploitation. According to their 2013 Report, *And Boys Too*,⁷⁵ there continues to be limited outreach to boy victims of sexual

⁶⁸ EU Directive 2011/36/EU, preamble (26); see also Articles 14 and 16 of EU Directive; see also ECPAT Netherlands Briefing Paper.

⁶⁹ ECPAT UK, pp 2-3.

⁷⁰ GRETA stands for Group of Experts on Action against Trafficking in Human Beings. This body is responsible for monitoring the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings.

⁷¹ ECPAT UK, p 3.

⁷² ECPAT UK, p 2.

⁷³ Report from the joint inquiry into children who go missing from care, Department of Education, 15 June 2012, accessed on 19 May 2015: <https://www.gov.uk/government/publications/report-from-the-joint-inquiry-into-children-who-go-missing-from-care>

⁷⁴ *Ibid*; see also Jenny McCall, 'Just how badly does the UK protect victims of trafficking?' 26 March 2015, ***Our Kingdom: power & liberty in Britain***, accessed on 19 May 2015: <https://www.opendemocracy.net/ourkingdom/jenny-mccall/just-how-badly-does-uk-protect-victims-of-trafficking>

⁷⁵ ECPAT USA, *And Boys Too*, 2013.

exploitation, alongside the perception that boys are not victims of exploitation but choose to engage in the sex trade. The Report recommended awareness-raising among law-enforcement and other care providers on sexual exploitation of boys; more outreach programmes for runaway boys and homeless boys as well as in known areas of male prostitution; support establishing male-focused care and recovery programming.⁷⁶

ECPAT Germany also raised the same concern, citing that emphasis is often on female child victims. Despite the growing need for assistance and protection of boys, many governmental as well as non-governmental stakeholders still only recognize and focus on girls who have been victims of human trafficking for sexual purposes.⁷⁷

(f) Discrimination on the basis of age

Adolescent child victims are often subjected to discrimination on the basis of their age. As noted above, ECPAT UK cited a tendency of child protection authorities to engage in victim-blaming when handling cases involving adolescents. There is also a greater likelihood of adolescent victims not being believed or having their credibility questioned. This has affected the ‘identification, safeguarding and [..]protection’ of adolescent victims of sexual exploitation.⁷⁸ In some jurisdictions, there is a lack of awareness of the specific care and recovery needs of adolescent victims, which may result in older child victims being denied appropriate care and recovery services. It is imperative that care and recovery programmes assess and take into account the specific needs of adolescent child victims.

4. How do you ensure that the views and needs of children are duly taken into account in the design and provision of care and recovery services?

Most groups responded with the same basic message: build trust with the child victim and seek their views at every stage of the care and recovery process. Dr. Hargitt provided four useful tools to ensure that the views of children are duly taken into account in the design and provision of care and recovery

- (1) Educate of all caregivers on the importance of taking account the views and needs of children in their care;**
- (2) Engage the feedback and opinion of child survivors at each step of the recovery, reintegration and aftercare process;**
- (3) Encourage peer committees and youth leadership activities throughout the recovery process;**
- (4) Apply a rights-based approach to each step of the recovery, reintegration and aftercare process, ensuring children are treated with respect, dignity and compassion.**

Different ECPAT member groups offered model strategies on how to engage with children in their programming.

⁷⁶ *Ibid*, p 8.

⁷⁷ ECPAT Germany.

⁷⁸ ECPAT UK.

ECPAT Argentina proposed designating Child Advocates as an effective means to ensure the views and needs of children and adolescent victims are included and taken seriously in a credible and consistent manner.⁷⁹

ECPAT Uganda suggested training children on their rights and empowering them to make informed decisions about their lives. ECPAT Uganda stressed the importance of using participatory inquiry as the primary means to engage and consult with child victims.⁸⁰

Sanlaap (India) recommended engaging with the child from the very beginning, in an incremental way, starting with small things. First, the Sanlaap housemother will ask the child victim what they would like to eat; or what activities they might like to engage in; or what things they want to do. Involving the child in the discussions, even on day-to-day matters, from the beginning builds trust and establishes a relationship of respect between the child and caregiver. From that foundation, the child will be willing to engage more and become more involved and active in their own care and recovery plan. It is through a relationship of trust, respect and consistency that effective engagement with child victims is possible.⁸¹

The Samoa Victim Support Group (SVSG) highlighted three possible engagement tools: (1) regular surveys conducted with child victims cared for in shelter facilities; (2) pre and post awareness surveys of a sample of children from schools involved in awareness raising programs; (3) responses from pre and post evaluation completed during child admission and permanent release from the shelter facilities.⁸²

ECPAT Taiwan suggested engaging in dormitory meetings, and facilitating interviews between child victims and social workers regularly to ensure children have a platform to express their perspectives. ECPAT Taiwan stressed the importance of taking children's perspectives into account, and revising or suspending a care and recovery programme where it is in-line with a child's wishes.⁸³

ECPAT UK emphasized the importance of a child victim having access to an advocate or legal guardian. As noted above, there is currently no system of legal guardianship in England, Scotland and Wales. As a result, children often feel isolated and dislocated from decisions regarding their care and recovery.⁸⁴

ECPAT UK has seen first-hand the benefit of having someone independent engaging with and advocating on behalf of a child victim. Having an independent person accompany a child throughout the process fosters a relationship of trust which enables the child to speak more freely. It also provides a measure of accountability over the decisions of care providers in the care and recovery process. Often the guardian can act as a link between various actors (i.e. lawyers, social workers, foster carers, police, non-governmental organizations, etc), liaising between them as well as with the child. As noted above, the general lack of awareness and knowledge about trafficking and other

⁷⁹ ECPAT Argentina.

⁸⁰ ECPAT Uganda.

⁸¹ Sanlaap.

⁸² ECPAT Samoa, p 2.

⁸³ ECPAT Taiwan.

⁸⁴ ECPAT UK, p 3.

forms of sexual exploitation has meant that often even when a child does speak up, they are not believed or seen as 'not deserving' of assistance. An independent advocate or legal guardian, bringing the voice of the child to the table ensures such misguided perceptions do not prevent a child from having his or her viewpoint taken into consideration in the care and recovery plan. At a practical level, when a child does not speak English, it enables the child to participate throughout the process without the need for an interpreter to be present at all meetings. ECPAT UK strongly recommends that a system of legal guardianship is implemented for all trafficked or unaccompanied child victims of sexual exploitation, so that child victims have an independent guardian to ensure their perspective is heard and taken into account at every stage of their care and recovery.⁸⁵

Child Rights in Goa (CRG) has a strong child participation component, engaging with children regularly to assess their needs, concerns and perspective. Child Rights in Goa reaches out to nearly 30 formal schools every year with the permission of the Directorate of Education to conduct sessions for students of Class VII on child rights and responsibilities and Class VIII on Village Child Committees. These sessions are interactive. The discussion with the students helps CRG in understanding children's mindset, maturity, concerns, perspective and opinions with regard to child rights and child abuse. This helps in designing programmes to *prevent* children from becoming victims.⁸⁶

Children's Rights in Goa (India) provided two models of engagement where children were engaged as advocates for other children

- 1. FLiP Clubs at the FLiP Centres run by Child Rights Goa in the north coastal belt of Goa namely Baga, Calangute and Candolim:** The FLiP Club is a platform where nominated child representatives meet to express their views and grievances and report any type of abuse. These meetings are held on a regular basis, roughly twice a month. The members report about the cases to their Child Rights Facilitators who then take necessary action, such as filing a police complaint or making referrals. The child representatives are children's informers. The Facilitators also suggest steps that can be taken to assist the child's rehabilitation.
- 2. Bal Sabha & Bal Panchayat as an integral component of the Village Child Committee:** CRG has been instrumental in assisting the setting up of Bal Sabhas (children's meetings) and Bal Panchayats (representatives of the village children) in around 10 villages in North Goa. The Village Child Committee (VCC) is an important child protection mechanism at the village level. It is comprised of adults who are concerned about the children and at least one child member. Children are encouraged to communicate their difficulties to the VCC. This facilitates an interface between children and adult members of the village including elected representatives of the Village Panchayat. The VCC plays an important role in identifying vulnerable children. In two villages VCs steps were taken to protect vulnerable children and community members play an important role in assisting vulnerable children and securing justice for them.

⁸⁵ ECPAT UK, p 3.

⁸⁶ Children's Rights in Goa, pp 3-4.

In summation, ECPAT International makes the following recommendations to ensure effective youth engagement

- (1) Educate and raise awareness amongst all caregivers, stakeholders and professionals about the importance of seeking the views and perspective from child victims and taking those perspectives into account at each stage of the care and recovery process**
- (2) Apply a rights-based approach to engagement with children, which includes treating the child with compassion, respect and dignity.**
- (3) Where possible, provide a guardian or consistent caregiver to the child, to enable him or her to build a relationship of trust with one individual. This enables and facilitates child participation and engagement.**
- (4) Where possible, involve the child in the decision-making for simple, every-day things such as chores, food and activities.**
- (5) Encourage peer committees and engagement with peer groups. Allow children to take on youth leadership roles within the house and community throughout the recovery process**

5. How do you ensure access of child victims to support services?

Care and recovery services must be made available to all child victims irrespective of their legal status, gender, ethnicity, religion, sexual orientation, or on any other grounds. ECPAT network members from India,⁸⁷ Samoa,⁸⁸ Taiwan,⁸⁹ Russia,⁹⁰ Lebanon,⁹¹ the United Kingdom,⁹² Madagascar,⁹³ Nicaragua⁹⁴ and Argentina⁹⁵ suggested the following interventions to ensure access to support services:

- (a) Effective outreach programmes, targeting areas where at-risk children or children involved in sexual exploitation live or hang-out to ensure better awareness of care and recovery services. Ensuring that outreach staff are accessible and available by mobile phone whenever a child victim wishes to reach out or make contact with them.
- (b) Comprehensive referral system between government and civil society, directing child victims to services when they seek assistance.
- (c) Multi-faceted awareness-raising and education campaigns with different stakeholders on how to identify child victims of sexual exploitation, and how to reach out to child victims once identified.
- (d) Public Directories listing support services available to children, which are disseminated to police, NGOs, schools, and other public areas.
- (e) Awareness raising and education campaigns with communities and families on the different services available to communities for child victims of sexual exploitation.

⁸⁷ Child Rights in Goa; Sanlaap.

⁸⁸ The Samoa Victim Support Group.

⁸⁹ ECPAT Taiwan.

⁹⁰ The Russian Alliance against Commercial Sexual Exploitation of Children.

⁹¹ Dar Al Amal.

⁹² ECPAT UK.

⁹³ ECPAT France in Madagascar.

⁹⁴ ECPAT Nicaragua.

⁹⁵ ECPAT Argentina.

- (f) Child participation programmes such as the FLiP clubs and Baga, Calangute & Candolim Centres (noted above) to raise awareness among children about rights and services available to them.
- (g) Child friendly materials discussing child rights and services available for children.
- (h) A 24-hour child helpline that is available and confidential for children to call when seeking help or assistance, and public advertisements (i.e. signboards) displaying the number of the 24-hour child helpline. The public advertisements should be written in the different languages in which the helpline is available.
- (i) Multi-disciplinary teams or networks, ensuring that there is coordination and referrals made when a child victim is identified or in need of care and recovery services.

V. Conclusion

Every child victim of sexual exploitation is entitled to effective remedy and reparations, which includes the right to access and receive services to ensure their full recovery from injuries and trauma incurred as a result of their exploitation. As part of its duty to guarantee victims' right to remedy and reparations, States are obligated to take measures to establish and maintain an effective care, recovery, reintegration, and aftercare services for child victims of sexual exploitation. Any system of care and recovery for child victims of sexual exploitation must be informed and directed by the best interests of the child victim, taking into account the views and perspectives of the child at each stage of his or her recovery.

ECPAT International makes the following recommendations to guide States in establishing care, recovery, reintegration and aftercare systems, which are victim-centred, trauma-informed and in-line with international human rights law and standards for the protection of the child. A care, recovery, repatriation/reintegration and aftercare programme should have:

- (a) A prompt and effective victim identification system, which aims to reach all child victims, even those lacking legal status or proper birth registration;**
- (b) An effective outreach programme, which targets child victims and children at risk of sexual exploitation;**
- (c) A developed prevention programme which seeks to educate and empower children, families and communities about sexual exploitation and sexual violence;**
- (d) A victim-centred and rights-based approach, which involves the family where possible and is informed by the principle of the best interests of the child;**
- (e) A multi-disciplinary team to provide care, recovery, reintegration and aftercare services for child victims, which brings together concerned actors (law enforcement, social workers, medical professionals, mental health professionals, child protection agencies, justice sector providers)**
- (f) A care and recovery system, which involves ongoing and individual assessments to inform the care and recovery plan, ensuring that a specific plan is created and continually updated to address the unique needs of each child victim;**
- (g) A structured system of child engagement (i.e. an advocate or guardian for the child, regular meetings with the child victim, peer committees) to ensure the child victim is involved in the decision making process at each stage of his or her recovery programme;**
- (h) A structured, comprehensive and carefully monitored system of repatriation and/or reintegration, which works closely with parents, family and community;**

- (i) A consistent and committed long-term system of aftercare to provide child victims and families with support for as long as needed;**
- (j) A system of care and support for the frontline workers (i.e. caregivers, skilled persons and professionals) engaging with child victims, which includes ongoing education and professional development as well as mechanisms to address vicarious trauma, burn out and compassion fatigue;**
- (k) Training for child protection workers and other allied sectors on the unique nature of child sexual exploitation and the behaviour of child victims of sexual exploitation;**
- (l) Specialized shelter or institutional care facilities for victims of sexual exploitation, which are regulated by the State and in line with international child rights laws and protection standards; and**
- (m) Caregivers who have received specialized training to work with child victims of sexual exploitation.**