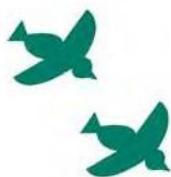




International  
Labor  
Office

# Commercial sexual exploitation

Work proposals for  
comprehensive care for  
underage victims of violence



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## ***BROCHURE 1:***

### ***Commercial sexual exploitation***

***Work proposals for comprehensive care for underage victims of violence***

***The Cyclical Model of Articulated Responses as a  
strategy for ensuring  
integral protection of rights***



***IPEC***

**MARIA CECILIA CLARAMUNT**

## Credits

"Commercial Sexual Exploitation. Proposals of work for an integral attention to underage victims".

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## Presentation

Since the International Labor Organization (ILO) adopted Convention 182 on "the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor" in 1999, the International Program on the Elimination of Child Labor (IPEC), the ILO's technical arm in this area, has been supporting those countries that have ratified it to address the worst forms of child labor as a matter of urgency, as stated in the Convention.

Among the so-called unquestionable worst forms of child labor is commercial sexual exploitation, considered by the ILO as a crime comparable to slavery and forced labor. Although global data are not available, it is estimated that commercial sexual exploitation traps hundreds of thousands of children in Latin America and the world. Many of them, before being trapped in the sex trade networks, have lived through other work experiences in which their rights have been violated, they have dropped out or been expelled from school and have suffered material and emotional deprivation that have made them especially vulnerable to the sex trade.

The ILO, together with its constituents, Ministries of Labor, Workers' Organizations and Employers' Organizations, has actively participated in the global campaign to eliminate this terrible form of child exploitation and has strongly supported the creation of strategic alliances with other actors to address the problem.

Among these alliances we highlight the one that IPEC has made with universities in different countries, in order to increase the knowledge base that will allow us to design more appropriate policies and strategies to combat commercial sexual exploitation. On this occasion, the collaboration has materialized with the School of Psychology of the University of Costa Rica, with which we are developing various lines of work, including a direct action program to remove girls and boys from commercial sexual exploitation in one of the most disadvantaged areas of the country. This experience will also make it possible to pilot a model of care for minors who are victims of commercial sexual exploitation. In addition, several students have already focused their graduation thesis research on this topic, which has substantially increased the knowledge base.

This document focuses specifically on victim assistance and provides a set of proposals to guide, on the one hand, the specific response to certain groups of children and, on the other hand, to facilitate the implementation of actions in the area of family intervention. All the proposals are based on the same principle: the search for tools to guarantee the comprehensive protection of the human rights of minors who are victims of commercial sexual exploitation.

Guillermo Dema

Subregional Coordinator of the International Program for the Eradication of Child Labor for Central America, Dominican Republic, Mexico and Haiti

## Preface

In the last decade, the Latin American region has been confronted with the recognition of the existence of commercial sexual exploitation of children and adolescents. Although it is not a new problem, its recent visualization has generated not only a growing interest in research, but also the search for strategies and mechanisms for its elimination. However, given the complexity of economic, social and cultural factors involved in its emergence and maintenance, an effective response is still a pending and unavoidable challenge.

In the search for and implementation of mechanisms and plans to eliminate the use of children and adolescents in the sex trade, several specific areas of work can be identified: the prevention of the proclivity or adult tendency to have and tolerate sexual contact with minors, the prevention of factors that make certain groups of children and adolescents more vulnerable to being trapped in the sex trade, the effective punishment of exploitative behavior and finally, timely and direct attention that can effectively protect the human rights of those who are victims or are at high risk of being victims. As can be seen, each of these axes requires concrete actions and strategies; however, their success is related to the way in which efforts are articulated among the different axes.

This document focuses specifically on the area of attention to minors and provides a set of proposals to guide, on the one hand, the specific response to certain groups of children and, on the other hand, to facilitate the implementation of actions in the family intervention component. All the proposals are based on the same principle, the search for tools to guarantee the comprehensive protection of the human rights of child victims, using the Cyclical Model of Articulated Responses<sup>1</sup> as a basis. The latter is a guide for the application of the rights-based approach in direct care services.

The elaboration of proposals that give specific content to the Cyclical Model is the result of two fundamental initiatives. The first is the Research Program "Commercial Sexual Exploitation: Contributions of Psychology to the Construction of the Model of Integral Protection for child and adolescent victims", carried out by psychology graduates of the University of Costa Rica and supported by the International Program for the Eradication of Child Labor of the International Labor Office, ILO/IPEC. Within this framework, other contributions have been made, such as the design of an instrument for monitoring the application of the human rights approach in programs and services aimed at victims, and research aimed at generating specific recommendations for direct attention. Among the latter are, for example, a study on the reconstruction of the experience of victimization - by commercial sexual exploitation - in adult women and another on the intergenerational cycle of violence that offers guidelines for the incorporation of the maternal figure in the processes of care for child and adolescent victims <sup>2</sup>.

Taken together, the aforementioned contributions and current proposals constitute the contribution of a new generation of psychology professionals who seek to transcend the individualistic and psychopathologizing paradigm of the responses that have traditionally been applied in the services provided to victims of interpersonal violence and, fundamentally, gender-based violence.

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<sup>1</sup> The model is explained in the first chapter of this document.

<sup>2</sup> All documents are published in: Commercial Sexual Exploitation. Working papers. Reflexiones sobre programas de atención directa. San José, Costa Rica: International Labor Office / International Program on the Elimination of Child Labor. 2003.

Another previous initiative is the implementation by the School of Psychology of the University of Costa Rica of the Social Action Program to Contribute to the Eradication of Commercial Sexual Exploitation. Within this program, there is a project of direct attention to underage victims, carried out in the communities of Golfito and Corredores. This is a joint effort between the School and ILO/IPEC. In this sense, the proposals and the research that nurture them have the express interest of contributing with theoretical and practical tools to the effectiveness of the actions carried out within this project.

One of the first tasks of the research group from which the proposals presented in this document emerge was to identify the main gaps, problem nodes and challenges. Based on these, it was decided to select four areas of work, with the purpose of offering an orientation for the response to each one of them.

The areas where the greatest challenges were identified and, therefore, chosen as the focus of the proposal, are constituted by the particularities of three groups of children and adolescents: boys, girls and adolescent mothers and minors who use/abuse drugs. Another area that poses an enormous challenge is the intervention that can guarantee the right to family coexistence when faced with weakened family networks; therefore, the fourth proposal is a guide to apply the Triad Principle between the State, the family and the minor (Human Rights Doctrine).

The proposals have been elaborated under the individual responsibility of their authors; however, each one has been reviewed and discussed by the research group in order to guarantee an overall vision. Thus, the group was made up of Nadia Blanco, who designed the family intervention proposal; Rogelio Pardo, who elaborated the work guidelines for male victims and for those who use and abuse drugs; and Adriana Rodríguez, who chose to elaborate the guidelines for offering effective responses to girl mothers.

It should be emphasized that the proposals do not constitute a recipe book or a finished result. Therefore, and as of the present publication, they are placed at the service of the community interested in facing the problem, for its enrichment and transformation.

The publication also includes an introductory article on the comprehensive rights protection approach for minors, which, following the logic of the rest of the articles, is intended to invite reflection on the practical meaning of this approach in direct care services for children and adolescents.

**María Cecilia Claramunt**  
*Research Program Coordinator*  
School of Psychology  
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***The Cyclical Model of Articulated Responses  
as a strategy for ensuring  
integral protection of rights***<sup>3</sup>

*María Cecilia Claramunt*

**1. The human rights approach**

The rights-based approach can be understood as the paradigm<sup>4</sup> that highlights a set of values considered essential to ensure respect for human dignity and coexistence in solidarity among individuals and peoples. Although its antecedents date back to the 18th century, when important efforts were made to conceptualize it, leading to the French Revolution, the main document that embodies the principles of dignity and humanity is the Universal Declaration of Human Rights.

The rights enshrined in the Declaration are thus understood as inalienable attributes or qualities of the individual and essential to his dignity and peaceful coexistence. Therefore, they are possessed by all human beings, regardless of their age, gender, ethnicity and any other condition.

Two concepts are key to understanding the approach:

- a. Human dignity
- b. Co-responsibility

Agreement has been reached in the international community to identify those values that give meaning to the concept of human dignity in terms of well-being and security. For example, the right to work, nationality, freedom of movement, property, health, education, etc. The following articles of the Declaration illustrate these values.

***Universal Declaration of Human Rights***

***Article 3:*** *Everyone has the right to life, liberty and security of person....*

***Article 5:*** *No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.*

***Article 25:*** *Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services....*

<sup>3</sup> See also the document "Commercial Sexual Exploitation. Guía de trabajo para proveedores/as y encargados/as de servicios dirigidos a personas menores de edad víctimas". San José, Costa Rica: International Labour Office / International Programme on the Elimination of Child Labor, 2003.

<sup>4</sup> Worldview predominant in a culture or social group.

Co-responsibility - the second concept - refers to the link between one's own dignity and that of others. In other words, the approach emphasizes the principle that all people also have the responsibility to demand and guarantee the exercise of the rights of other human beings. It is intended to emphasize the importance of respect in relations between human beings, communities and nations. Rights are not, therefore, exercised in an individualistic or isolated manner.

Human rights are characterized by being:

- **Universal:** all persons are subjects of rights. This principle opposes, for example, the cultural relativism of their exercise. This means that individuals, regardless of the values or practices accepted by certain cultures or groups, cannot justify the violation of human dignity.
- **Inalienable:** rights are intrinsic to human life. They are never lost or recovered. They are always present, even if they have been violated. In this sense, the concept of "restoring rights" is wrong.
- **Absolutes:** this characteristic means that we cannot speak of partial respect of a right.
- **Integral:** human rights constitute a whole; if one right is violated, all human rights are violated. In the same sense, when one is to be protected, all must be protected.
- **Enforceable:** All persons are subjects of rights and, therefore, can demand them from the authorities.  
Within the approach and related to this principle is the principle of autonomy. This means that people recognize themselves as capable of demanding respect for their rights. In the case of minors, we speak of "growing autonomy". This means that adults should facilitate the development of autonomy in children and adolescents, so that they can demand their rights on their own.
- **Unwaivable:** No one may waive any or all of his or her rights.
- **Individual:** Rights are intrinsic to each individual person.
- **Imprescriptible:** They are not lost with the passage of time.
- **Inviolable:** No one can violate the rights of a person, justifying the saving of the rights of others. rights of a group, except for limitations that may be imposed on their exercise when the common good is endangered (co-responsibility axis).

As can be seen, human rights are exercised by all people; however, given the characteristics of the culture and economic models in force, the representation of the human, generally left out of reach many groups of individuals. Particularly women and minors. This can be interpreted as a result of the prevailing androcentric<sup>5</sup> vision: human = adult male. Thus, until recently, the approach was restricted to the field of political rights and freedom of expression in the public sphere (press media, for example).

Therefore, the identification of the violation of the human rights of women, children and adolescents took longer to be recognized -approximately forty years after the Declaration-. Specifically, the recognition of minors as subjects of rights is embodied in the Convention on the Rights of the Child, approved in 1989 by the United Nations. It stipulates that children and adolescents are subjects of all the rights established in the Universal Declaration. And in consideration of their age and development process, other additional rights are specifically recognized. Among them: the right to family life, education, recreation, special protection and the right to specific regulations for working minors.

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<sup>5</sup> Androcentrism is the tendency to place men and traditional masculine values as synonymous with being human. That is, the masculine constitutes the expected model and women and values traditionally considered feminine as a deviation from the ideal.

The countries of the region made the Convention a law of the Republic through ratification processes in the 1990s<sup>6</sup>. This means that the State, its institutions and officials, civil organizations, communities and all adults have the duty to enforce the norms established in this instrument.

Thus, there are very recent legal norms aimed at guaranteeing the exercise of the human rights of minors. These laws specifically contemplate the State's duty to protect the rights of all children and adolescents who are at risk or are subjected to different forms of exploitation and abuse, and particularly include legislation that prohibits child labor, regulates adolescent labor and punishes crimes related to commercial sexual exploitation with imprisonment.

Legislative changes or reforms are an important step forward and a first step toward making effective the social changes to which they are intended to contribute. However, there are still culturally cherished values that conflict with those that are stipulated as essential values for human dignity. For example, the view that recognizes parental authority to physically punish children as a means of discipline, in contrast to the right of all people, including those under the age of 18, to a life free from abuse.

In this sense, it is important to identify the essential contents of the paradigm prior to the rights-based approach, which for centuries has perpetuated the invisibility of children as social subjects and, at the same time, promotes cultural tolerance for their enslavement and exploitation.

This review is considered important to the extent that such paradigm coexists or remains in the culture, despite the transformations in legal norms. It is known as the Irregular Situation Doctrine or Needs Approach.

**1.1 The irregular situation approach.** It constitutes the predominant view of childhood and adolescence, which reached its peak in the 19th century. The following characteristics describe this worldview.

- The use of the term "**minors**" to designate children experiencing any type of social problem (abandonment, abuse, begging, delinquency) is intended to distinguish two highly differentiated groups: "children" who live under the protection of their families, mainly those who have parental guardianship (and therefore do not require state protection), and others who live in a so-called "irregular situation". For example, boys and girls who are not recognized by their fathers - illegitimate sons and daughters -, who live in fatherless families, in situations of poverty or violence, among many other characteristics that deviate from the ideal family model. State guardianship of "minors" is "ideally" achieved through judicial proceedings.
- Irregularity is interpreted as an exception or deviation from the social norm, mainly in relation to family life. As a result, **society is not questioned**. The social problems faced by children and adolescents (gangs, delinquency, commercial sexual exploitation, among some examples) are the result of a family that does not behave according to the social norm.
- The cause of the irregular situation can be located in the "family inheritance" or in the lack of paternal guardianship; therefore, **the family** is considered to be **directly responsible**. Thus, for example, child sexual abuse and begging are often interpreted as the result of either the absence of maternal supervision or adult "irresponsibility", respectively. From such an approach arise concepts that seek to describe such families; the main one is known as the "dysfunctional family". Since mothers are the main figure in the upbringing of children, they then receive labels such as "abandoning mother".

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<sup>6</sup> All the countries of the Ibero-American region have ratified the commitments set forth in this instrument as a law of the Republic.

- **The family is not considered a sphere of action** because the problems it faces are considered unsolvable: poverty, violence and absence of the father figure, as the main examples. Any action aimed at solving these problems would require understanding the "irregular situation of the child" as a manifestation of a social or structural problem. Similarly, given that in many of these families, the woman is the only responsible adult figure, action on the family would require a focus on supporting the exercise of motherhood, which would contradict androcentric<sup>7</sup> or patriarchal cultural patterns. Consequently, given that the family is considered beforehand as non-modifiable, the child becomes the focus of the "reform". To achieve this, their separation from the family environment is considered necessary and, therefore, institutions for "minors" become the main solution to irregularity.
- **Institutionalization** has two main functions: the "**reform of the minor**" and the protection of society as a whole. The latter, aimed at preventing the harm that the latter may cause to the rest of society (delinquency, bad examples, among others). Thus, the institutions initially called children's asylums or reformatories emerged, which were created and administered mainly by religious organizations, since "reform" was considered a charitable and moral matter. Later, with the birth and rise of social disciplines, "reform" became the focus of professional interest, and psychology and social work, for example, gradually began to replace religious orientation.

*Example of the application of the irregular situation approach to the problem of commercial sexual exploitation.*

***Problems of self-esteem, lack of values, the desire to lead an easy life and stories of sexual abuse, lead teenage girls to choose prostitution***

***Therefore,***

***Fostering self-esteem and self-respect, instilling values, and offering support for abuse stories are resources for these adolescents. abandon prostitution***

**1.2 The human rights approach.** It is drastically opposed to the previous approach and reaches its highest expression in the ratification by almost all the world's states (the only exception being the United States) of the Convention on the Rights of the Child, adopted by the United Nations in 1989. This The instrument has two important international antecedents, the Declaration of the United Nations

Rights of the Child of 1924 and that of 1959. None of them, however, had a relevant effect. This paradigm is formed thanks to different international social movements that see the need to eliminate the separation of childhood between minors and boys and girls, and to identify by consensus, the period of life that requires a higher social interest due to the process of growth and development.

At the same time, an agreement was reached to create international standards that contribute to the recognition of children and adolescents as subjects of rights and not as objects of protection or guardianship. These are characteristics of this approach and are embodied in the Convention:

<sup>7</sup> See footnote 6

- The location of childhood in the **period of life before the age of 18**.
- The universality of human rights. In other words, **the distinction between minors and children is eliminated**. It also rejects any justification for the violation of rights based on ethnicity, religion, social class, migratory status, among others.
- The state's duty to guarantee the exercise of human rights for all persons under 18 years of age. For this purpose, and unlike the previous paradigm, a **triangular relationship** is visualized **between the State, the family and the minor**. The State does not assume the role of the family, but acts as a mediator between the family and the minor. In this sense, it recognizes the child's right to family coexistence and the State's duty to support the family. In this way, the welfare of the family becomes a focus of interest for public policies.
- The origin of the social problems presented by minors (abandonment, child labor, commercial sexual exploitation, school expulsion) is not particularly located in the child or his or her family. **The State assumes responsibility for the absence or weakness of economic and social policies** that underlie the vulnerability or risk of minors in the face of these social problems.
- **The fight against poverty, the guarantee of the right to education and the implementation of mechanisms to act as a mediator between the child and his or her family are identified as the responsibility of state institutions** to guarantee the exercise of human rights.
- Minors are entitled to all the rights established in the Universal Declaration of Human Rights (1949). However, taking into account the particularity of age, the existence of **other age-specific rights** that do not apply to adults is recognized. For example, the right to special protection.
- Rights are integral. No one is more important and protecting one cannot violate another. Given the indivisibility of rights, if one of them is violated, all of them are violated. In this sense, this paradigm is also known as the **integral protection of rights** approach.
- Comprehensive protection is possible through the **coordination of state and community services**. All state agencies are obliged to ensure the best interests of minors. So are communities, civil organizations and families. However, the responsibility of the State is greater because it has the power to monitor and demand this commitment. It also has the obligation to sanction violations of the human rights of minors.
- **The State must guarantee the right to family coexistence**. Institutionalization is conceived only as a last measure of protection -of rights-. It is applied on a temporary basis while the problem that gave rise to the measure is being solved.

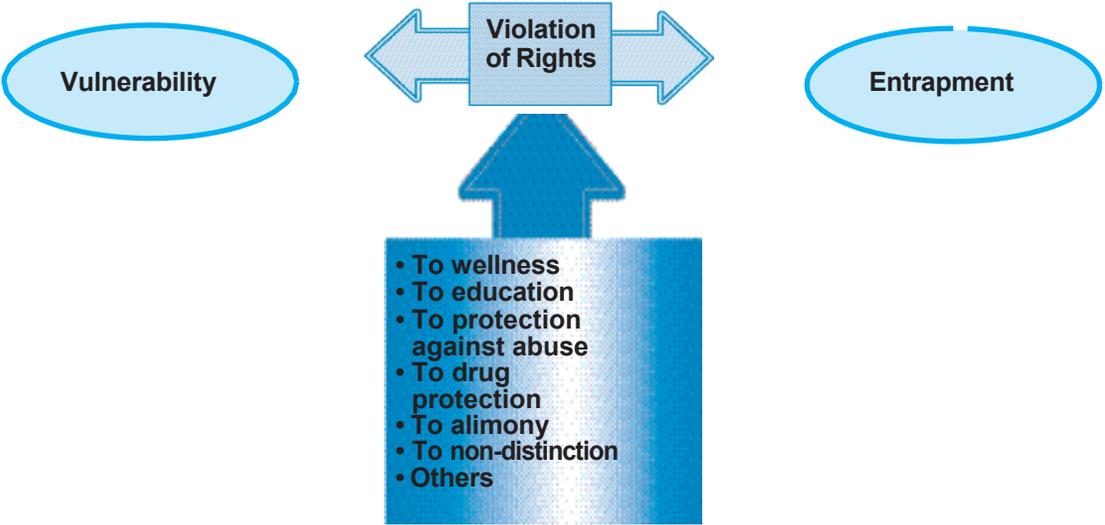
The current moment (21st century) can be characterized by a **juxtaposition of the previous paradigms**, where there is evidence of an advance in legal standards based on the Human Rights Doctrine, but social and cultural practices that are still based on the approach of the irregular situation.

## **2. Application of the principles of the human rights approach**

Some examples of the application of the principles of the approach, specifically related to commercial sexual exploitation, are presented below.

- **The human rights of children and adolescents are indivisible.** In this sense, the services are obliged to verify the exercise of all human rights of each minor cared for and, therefore, offer a comprehensive response. Likewise, when a right is validated, another right cannot be violated to achieve the first one. Example: when a situation of commercial sexual exploitation is detected, the first step is to identify the violation of other human rights, such as the right to well-being, the right to health and the right to education. The second step is to articulate the institutional response to guarantee not only the right to protection from commercial sex, but also the right to justice and the exercise of those rights that are being violated. In order to guarantee the right to protection from commercial sexual exploitation, other rights cannot be violated, for example, the right to family coexistence. Therefore, responses must integrate the attention of the family through the application of the triangulation principle (State / family / minor).
- **Rights cannot be waived.** Therefore, it is contraindicated in services to ask a minor whether or not he/she wishes to exercise his/her rights. For example: asking them whether or not they wish to continue being sexually exploited, or whether or not they want to go to school. Nor can the child or adolescent be held responsible for the re-victimization he/she experiences when he/she does not accept the measures offered by the services. Alternatives should be sought jointly in accordance with **the right to participation**. This means that minors should participate in the solution of the problems they experience and in everything that concerns them.
- **Human rights are universal.** This means, for example, that public services for victims of commercial sexual exploitation cannot be restricted to those born in the country. Or, they cannot be limited to children, leaving out adolescents. Nor can the absence of comprehensive protection services be justified on the basis of the behavior of the minor; for example, denying access to services when he or she manifests violent behavior or behaves or dresses in a way that is not expected for his or her sex, among others.

**Figure N° 1**  
**Violation of rights as a cross-cutting issue in commercial sexual exploitation**



*Figure 1 Conceptual map to understand the role of the violation of rights as a factor of vulnerability and maintenance of minors in the sex trade.*

### **3. International commitments on the care of minors involved in commercial sexual exploitation**

By ratifying a set of international instruments, the country assumes commitments - obligations. Specifically, they emanate from the Convention on the Rights of the Child<sup>8</sup> and its Optional Protocol or Annex 2, on the sale of children, child prostitution and child pornography, and from Convention 182 of the International Labor Organization on the prohibition of the worst forms of child labor.

#### ***Responsibilities of the State under the Convention on the Rights of the Child***

- a. *To take effective legislative, administrative, social and educational measures to protect all persons under the age of 18 years from all forms of physical or mental abuse or prejudice, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.*
- b. *Establish social programs in order to provide the necessary assistance to the child and his or her caregivers, as well as to follow up on them.*
- c. *Adopt measures to assist parents to ensure the right of all minors to a standard of living adequate for their physical, moral and social development. Particularly with regard to nutrition, clothing and housing.*
- d. *Take the necessary measures to ensure the payment of child support by the parents.*
- e. *Guarantee the right to protection from all forms of economic exploitation and from performing any work that is likely to be hazardous or to interfere with their education, or to be harmful to their health or physical, mental, spiritual, moral or social development.*
- f. *Take national, bilateral and multilateral measures to prevent the inducement or coercion of a person under the age of 18 to engage in any unlawful sexual activity, exploitation in prostitution, pornographic performances or materials, or other unlawful sexual practices.*

#### ***Responsibilities of the State in accordance with the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography***

- a. *Pay particular attention to the protection of children vulnerable to commercial sexual exploitation.*
- b. *Take all possible measures to ensure appropriate assistance to victims, as well as their full social reintegration and their full physical and psychological recovery.*
- c. *Ensure that all victims have access to reparations for damages suffered.*
- d. *Strengthen international cooperation with a view to combating the poverty that contributes to the vulnerability of minors to the sex trade.*

<sup>8</sup> Article 1 defines a child as any human being under 18 years of age.

**Responsibilities of the State under ILO  
Convention No. 182  
Article 7**

- a. *Prevent the employment of minors in the worst forms of child labor.*
- b. *Provide the necessary and appropriate direct assistance to free minors from the worst forms of child labor and ensure their rehabilitation and social insertion.*
- c. *Ensure that all minors released from such activities have access to free basic education and, where possible and appropriate, vocational training.*
- d. *Identify children at risk and in particular take into account the situation of girls and adolescents.*

**4. Barriers to incorporating a human rights approach into services**

In spite of the legal regulations, which oblige the application of the principles derived from the rights-based approach, there are some barriers for service providers to incorporate them in their work. Let us look at some examples:

**Examples of Barriers**

- *Lack of knowledge of the approach and legal regulations.*
- *Reduced understanding of the approach.*
- *Use of psychologizing or psychopathologizing theories to explain the causes of commercial sexual exploitation.*
- *Lack of knowledge, stereotypes and false beliefs regarding the characteristics of minors involved in commercial sexual exploitation and their families.*
- *Lack of knowledge, stereotypes and false beliefs regarding the causes and expressions of poverty.*
- *Little theoretical and technical reflection to work on the problems from a comprehensive protection approach.*
- *Disinterest or refusal to articulate responses with the justice system*
- *Hopelessness regarding the success of replacing the irregular situation approach with a comprehensive protection approach.*
- *Institutional culture based on the irregular situation approach.*
- *Little or no experience in working with other services, programs, institutions and families.*
- *Justification for the use of the irregular situation paradigm due to lack of resources.*
- 

In this sense, institutional policies, necessary resources, training and monitoring of staff actions are essential steps to combat barriers to applying the approach in services for minors.

## **5. The Cyclical Model of Articulated Responses**

The success of a program<sup>9</sup> aimed at the comprehensive protection of the rights of minors who are victims of commercial sexual exploitation will depend on the way in which it is articulated with the platform of services available in the country and the community. The program should also, in accordance with the principle of enforceability, pay attention to or monitor compliance with the responsibilities established by law for the different state institutions.

In turn, this platform must be understood in terms of a cycle of available responses<sup>10</sup>, according to the particularities of each child or adolescent and his or her family. This is very important to understand, since if we think in terms of linear or unidirectional responses, we may fail in our objective. At the individual level, for example, an adolescent may require the same or similar responses at different points in the intervention process.

Children who are trapped in the sex trade require, like their families, a wide variety of responses depending on their specific circumstances, and therefore, the search for and implementation of protective alternatives may require several different actions. In other words, if we plan services in a linear fashion for all individuals and families, it means that we are not taking into account the particularities related to the age, number of members, and gender of the victim and the responsible adult, for example. Also, the service requirements of the same person may vary at different times in their lives and in the case of the same family, the services may be different for each of them. This does not mean a change in the objectives, since the goal is the same: to fully protect the rights of minors.

**The linear model** is based on planning a care plan from a series of **uniform and successive procedures**, i.e., one step leads to another. It assumes that all individuals and families require the same responses. This does not mean that we should ignore or reject the existence of protocols, but rather that plans should be considered on the basis of the particularities of each specific situation.

In a linear model, care plans are developed without knowledge of the vulnerability factors that have placed or place the minor at risk of being trapped in the sex trade. For example, family poverty, expulsion from the home due to violence or sexual diversity, drug addiction, individual or family debts, among many other examples. This is the main problem of the linear model.

For example, a shelter will not be necessary for all people, and at the same time, it may be unavoidable several times in the particular life of one of them. Therefore, we say, access to the responses developed by the different state, non-governmental and community institutions must be understood within a cycle of articulated responses.

### **Cyclical Model of Articulated Responses**



The proposed model therefore aims to guide those working in direct care programs for child victims in making decisions aimed at guaranteeing the protection of the right to a life free from abuse and exploitation. Given that this objective is contemplated within a comprehensive rights protection plan, the intervention plans must be based on a platform of accessible responses for the child or adolescent and his or her family.

<sup>9</sup> The programs may be implemented by state institutions or by civil society organizations.

<sup>10</sup> Responses may include different services or actions developed by state institutions, civil society organizations, organized community groups, churches, among others. These responses, in turn, are included within the comprehensive rights protection approach; therefore, the platform should include responses to guarantee the right to education, health, justice, welfare, etc.

***What is the objective of articulating the available responses within a health care program? cation for child and adolescent victims of commercial sexual exploitation?***

*Make available to minors and their families all programs, actions and services available in the community - state, private and community - to ensure the reduction of the factors that have caused children and adolescents to be trapped in commerce. sexual rights and also guarantee the exercise of other violated rights.*

***What does articulation mean?***

*It is the joining of two or more institutional responses to achieve a common objective. Articulation refers specifically to a form of union where there is freedom of movement between them (for example, the services offered by sexual and reproductive health programs are joined with educational programs within the platform, so that they respond to the same objective, but maintain autonomy of their own work).*

***What is the point of articulation?***

The individualized intervention plan for each child or adolescent and his or her family.

Three premises are fundamental to start building a platform of articulated responses:

- a) Institutional, private and community programs, actions or services must be interpreted within a continuum of responses. In other words, responses cannot be considered in isolation. They must have an orientation that articulates and follows up on them. The intervention plan transcends the participation of isolated institutional services or fragmented professional care, i.e., the plan must contain articulated actions offered by public and private institutions and communities.
- b) Minors and their families can access the programs, actions or services available at different times, depending on the action contemplated in the intervention plan and its follow-up.
- c) Responses require the involvement of multiple actors (governmental, community or family, for example). Responses must therefore be inclusive and cannot be limited to the sphere of emotional support.

## Recommendations for the construction of the response platform

**1: Identification of existing institutional and community resources** in the locality for both minors and families. Specifically, and taking into consideration that many of the family groups are under the responsibility of a female figure, it is also necessary to identify resources for their strengthening, such as micro credits; subsidies and specific labor and technical training programs; support programs for battered women and any other existing in the area.

**2: Search for and implementation of accountability mechanisms** for institutions with legal competence in the implementation of actions or programs to guarantee the exercise of human rights.

**3: Search for necessary resources outside the community or country.** For example, determining the institutions responsible for children in other countries when a situation of international trafficking is detected; in the same sense, the existence of specific programs that are needed in the platform and that are only present in other geographic areas of the same country.

**4: Search for and implementation of mechanisms to strengthen the** response platform. This means that actions must go beyond the "good will" of officials.

**5: Definition of success criteria** for the action plans implemented by the platform. These must be verifiable and under the goal of having guaranteed the comprehensive protection of rights.

**6: Design and implement a mechanism for monitoring** success criteria.

Taking the above into consideration, the articulation can be illustrated depending on the phases of the care process. These stages and their respective steps are presented below. They should not be interpreted as a recipe book, but as a guideline to follow.

### Phase prior to the response aimed at the protection of rights:

**Step 1: Detection and monitoring of rights.** It is not enough to identify the situation of exploitation; it is necessary to know the factors that make the child or adolescent vulnerable to commercial sex. These factors are generally found in the individual, family and community spheres. It is also necessary to monitor the exercise of all human rights commonly violated in this population (health, education, etc.).

The screening process also assesses risks for revictimization, death or other associated problems. They should be further categorized in terms of the need to develop an immediate safety plan when the person is in imminent danger. In other words, the risk approach must be considered.

The evaluation requires several procedures such as individual and family interviews, medical examinations, institutional reports, among others.

In this regard, it is important to understand that the causes of commercial sexual exploitation do not lie with the victims, but rather with the economic, cultural and social factors that drive adults to have sexual contact with minors and to profit in order to satisfy this demand. In this sense, there is a substantive difference between causes and vulnerability. The latter refers to the individual, family and community context that places certain groups of children and adolescents at greater risk of entrapment.

Vulnerability is a socially constructed process and attacking the factors that have promoted it is the strategy to achieve protection against this form of modern slavery. The construction of vulnerability as a process that takes place over time (in some cases from the child's birth) and in various spheres of life therefore involves actions of various kinds in the family and in the community. Impacting these factors is the objective of the cyclical model of articulated responses.

This impact requires, for example, specific knowledge of the family and community conditions that, when intertwined, place minors at risk for the sex trade.

In the Latin American region, several routes of vulnerability have been identified, depending on age, gender and sexual diversity. However, there are common elements in almost all of them. A common factor, therefore, is poverty, which forces the child to seek strategies for his or her own survival, that of his or her family or that of his or her own children - in some cases all of these possibilities - and in these situations, selling one's own body is the only viable alternative to obtain income. The route also identifies the following as vulnerability factors: violence in the family and intolerance of sexual diversity; both situations precede expulsion from the home in the majority of cases. When expulsion is combined with prolonged stay in the street, children and adolescents frequently encounter unscrupulous adults who offer them food or shelter in exchange for sex. Open or implicit expulsion from the home is thus a common factor of vulnerability.

Taking into account the above, the intervention aimed at the family is key not only for the underage person specifically assisted for his or her victimization in the sex trade, but also for the rest of the group of children and adolescents living in the family who are vulnerable to this and other forms of violence and exploitation.

Once the situation of the child trapped in the sex trade has been assessed, including that of his or her family, which is often the first link in the chain of rights violations, it is necessary to design a work plan that modifies the conditions of daily life. This requires a combination of institutional responses that promote alternative lifestyles in accordance with the guarantee of the exercise of human rights.

**Step 2: Develop an emergency safety plan** to reduce the risk of imminent revictimization, death or other serious danger.

For example, when an adolescent is detected in a brothel, when a minor is seriously intoxicated by a drug overdose, when an adolescent reports that he or she is threatened with death and is afraid, or if a pregnant girl has a vaginal hemorrhage, when the girl or boy is living on the street, among other situations.

**Step 3: Develop a plan to reduce vulnerability to the sex trade.**

The plan generally involves two components: the minor and his or her family. In order to guarantee the right to family coexistence and taking into account that in most cases, institutionalization is not a viable alternative for minor victims, it is necessary to work with the family or reference group of the minor. In this sense, a set of responses must be available both for the child or adolescent and for the family group.

**To be taken into account for the elaboration of the plan:** children and adolescents should be involved, according to their age, cognitive development or other variables involved in decision making. Likewise, the participation of the family in the elaboration and implementation of the work plan should be favored.

### Response implementation phase

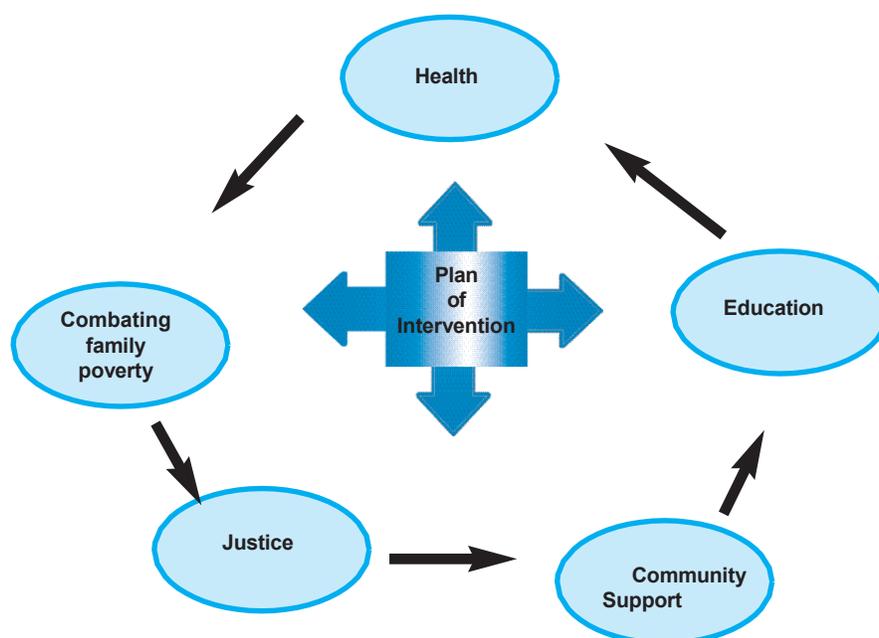
This is the phase that requires the articulation of the actions that should or can be offered by the different institutional or community programs or services.

Examples:

- a. education
- b. health
- c. justice
- d. nutrition
- e. welfare (income generation, subsidies, housing vouchers, among others).
- f. physical security for the minor and his/her family (police, public prosecutor's office, family courts, etc.)

Each program or service has the purpose of carrying out a specific action within the individual and family intervention plan. This action must be articulated with those offered by other programs or services in order to achieve continuity and comprehensiveness of responses.

Let's look at the platform concept illustrated in the following chart



## Follow-up and monitoring phase of the plan

Just as the platform requires a coordinating body, the follow-up of individualized plans also requires a person in charge of articulating and following up on the effectiveness of actions. This person monitors and evaluates the fulfillment of the responsibilities of the different government services that are legally obliged to plan and implement specific responses and, therefore, makes the necessary modifications to achieve the goal.

In summary, the effectiveness of the platform requires:

1. A body in charge of coordinating services and monitoring the fulfillment of institutional responsibilities and competencies.
2. Coordination meetings for the planning of actions
3. Follow-up meetings to evaluate the effectiveness of intervention plans for individual cases
4. Indicators of success to assess the relevance and effectiveness of actions
5. Joint monitoring and evaluation of intervention plans. This process can be carried out on the basis of common elements, typical or atypical situations, emblematic, among other criteria.
6. Enforceability mechanisms for compliance with institutional responsibilities within the platform. To this end, it is suggested that public, private and community institutions design mechanisms for monitoring, sanctions and incentives.

## Final consideration

The articulation of the response platform is a challenge, as it requires transcending institutional cultures characterized by a lack of medium- and long-term planning and of mechanisms and instruments for evaluating the impact of their own services. At the same time, it is necessary to transcend isolated or fragmented institutional and professional responses in the search for a coordinated and articulated response.

## **PAMPHLET 2:**

### **Commercial sexual exploitation**

***Work proposals for comprehensive care for underage victims of violence***

***Intervention Proposal for the Integral Protection of Girls and Adolescent Mothers  
Victims of Commercial Sexual Exploitation  
and their sons and daughters***



***IPEC***

**ADRIANA RODRÍGUEZ FERNÁNDEZ**

## Credits

"Commercial Sexual Exploitation. Proposals of work for an integral attention to underage victims".

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## Presentation

Commercial sexual exploitation implies a violation of the integrity and human rights of minors. This includes all types of violence and abuses, which from the patriarchal ideology that prevails in our society, are perpetuated by delegitimizing the rights that all minors should enjoy as human beings.

Early motherhood represents one of the risks that sexually exploited girls and adolescents may suffer. As Treguear and Carro (1998) point out, due to the frequency and conditions of the sexual contacts to which they are exposed, this population represents a high-risk group in terms of the possibility of contracting sexually transmitted infections and the occurrence of unplanned pregnancies.

The purpose of this article is the elaboration and design of an intervention proposal aimed at the care of girls and adolescent mothers involved in commercial sexual exploitation and their children. In order to achieve this objective, it is essential to describe and make known the psychosocial context in which some of these girls and adolescents must assume their experience of motherhood, as well as to identify their main psychosocial needs and support networks.

This proposal is based on a qualitative research that included three main strategies: a) documentary research related to the topic as well as the review of national and international legal provisions. b) consultation with experts and key informants, developed through several personal communications with service providers from public and private institutions. c) case studies.

The case study consisted of an in-depth interview with two girl mothers<sup>11</sup> who were victims of commercial sexual exploitation. This interview was based on different thematic axes whose objective was to delve into the history surrounding the pregnancy and motherhood of each one. The use of this methodological strategy does not seek to generalize results, but rather, the objective is to approach the understanding of the problem based on the experience of these girls and to listen to their needs.

To locate the participants, we used as an external resource the detection of underage victims of commercial sexual exploitation carried out within the framework of the Project "Contribution to the prevention and elimination of commercial sexual exploitation of children and adolescents in the communities of Corredores and Golfito"; executed by the School of Psychology of the University of Costa Rica and with the support of the ILO/IPEC Time-Bound Program. The girls interviewed were selected on the basis of several criteria, including their age, having been assisted by the project, and their willingness to participate voluntarily. It is worth mentioning that in all research involving minors, the protection of their integrity must be guaranteed. In this sense, for the purposes of this study, the identity of the participants or other personal data is kept confidential in order to protect their anonymity.

<sup>11</sup> The term "child mothers" is adopted by the author to refer to girls and adolescent mothers victimized in the sex trade or victims of sexual abuse, in order to emphasize their condition of vulnerability when making decisions about motherhood as a free and voluntary option. In addition, from this perspective, the aim is to break with the adult-centric approach in the care of early motherhood cases, where adolescents are adultized for the fact of becoming mothers. The use of this term has political implications, as it is intended to promote social change at the level of public policies and legal regulations. Pregnancy in girls under 15 years of age is a serious violation of human rights and a form of violence, which is why social and state actors must develop effective actions to protect the life and integrity of this population.

The presentation of this work includes, in the first instance, a review of some theoretical background and concepts related to the problem of interest, in order to encourage reflection on the situation of girls and adolescent mothers, social exclusion and the violation of their rights. Subsequently, the results of the case analysis are presented and finally, a proposal for intervention aimed at this specific population is developed.

The aspects developed in this article are based on a human rights approach and a gender-sensitive perspective. Likewise, the intervention proposal presented is based on the Cyclical Model of Responses presented by Claramunt (ILO/IPEC, 2003), which establishes a series of general aspects regarding the care of minors who are victims of commercial sexual exploitation. Based on this intervention model, a series of specific guidelines are established for the care of girls and adolescents who are mothers.

The development of this intervention proposal is considered of vital importance, since the results of this study, in addition to confronting us with the reality experienced by child mothers who are victims of exploitation, show that we are currently faced with an extremely weak institutional response that does not always have the tools and resources to provide comprehensive protection to this population and to prevent their revictimization. On the other hand, the ideological schemes used to intervene in this type of situations often do not respond to the real needs of the girls and adolescents who need to be attended to, as they sometimes reproduce visions that further objectify these minors and revictimize them due to their condition:

...the magnitude of the social crisis, with its devastating effects of exclusion-expulsion, is added to the objectification to which children in crisis are exposed by traditionally positivist discourses. These, together with the fundamental degradation of rights caused by economic globalization, are determinants of the state of social vulnerability, particularly in children and adolescents (Dobón, 2004:41).

## **Intervention Proposal for the Integral Protection of Children and Adolescent Mothers Victims of Sexual Abuse and Violence**

### **Commercial Sexual Exploitation and their sons and daughters**

*Adriana Rodríguez Fernández*

#### **Executive Summary**

*Early motherhood in girls and adolescents is a dimension of the problem of commercial sexual exploitation, which is inserted as another link in the violation of rights suffered by minors trapped in sex trade networks. The main objective of this article is to establish an effective proposal of attention for these girls and adolescents and their children. For the elaboration of this proposal, a qualitative study was carried out, which included among its strategies the case study; carried out with the purpose of deepening the experience of motherhood from the girls' own experience.*

*In general, the stories of the girls interviewed reveal the route of vulnerability to being trapped in the sex trade networks, where the experiences of domestic violence, child sexual abuse, social exclusion, poverty and school expulsion are some of the conditions suffered; factors that are also related to the occurrence of their pregnancies. The results of the study include the way in which the link between commercial sexual exploitation and motherhood is manifested, where the latter places girls in a condition of greater vulnerability both to be victimized in the sex trade and to favor their permanence in it. Likewise, they face their maternity in a generalized lack of protection, extended to the institutional apparatuses that should ensure the guarantee of their rights. Based on these results, some specific guidelines are derived for the comprehensive protection of this population, which are developed from the human rights approach and the gender approach.*

*In general, the proposal developed has as its main objective the construction and reinforcement of a protective environment for the mother and her children. This process comprises three main phases: the first corresponds to Detection, where the primary objective is to assess the vulnerability of girls and adolescent mothers to be exploited in the sex trade, through the evaluation of their health, contact with the girl/adolescent and her family. Subsequently, the second phase corresponds to the First Order Intervention where efforts are aimed at protecting the life, safety and health of the girl/adolescent and her children. Finally, the second-order intervention is aimed at developing guidelines for the comprehensive protection of all the rights of girls and boys and their children.*

## I. Some theoretical considerations

### ***Commercial sexual exploitation and motherhood: What is known about these girls and adolescents?***

Several studies confirm that unplanned pregnancies are a real consequence that girls and adolescents are prone to suffer within commercial sexual exploitation, being early motherhood in many cases, one more link in the violence and violation of rights (Treguear and Carro 1994, 1998, Claramunt 1998, ILO/IPEC, 2002); Claramunt 1998, ILO/IPEC, 2002) One of the first systematizations of the problem of child sexual exploitation in Costa Rica by Treguear and Carro (1994) indicates that out of 30 girls and adolescents in commercial sexual exploitation between the ages of 13 and 16:

4 of them had their first child between 11 and 12 years  
of age 12 of them had their first child between 13 and 14  
years of age 3 of them had their first child between 15  
and 16 years of age 2 of them had their first child at 17  
years of age

Years later, Claramunt (1998) presented the findings of a study carried out with 121 children in commercial sexual exploitation, where more than 80% were female. Of these, one third of the girls were mothers of one or two children and only half of them lived with their children, since most of the rest were in the care of a state institution or a paid caregiver.

Likewise, a similar investigation carried out with 100 minors involved in commercial sexual exploitation shows that 40% of the adolescents are mothers. Despite their young age, thirty-three of them are mothers of one child and six mothers of two children. Of these, some were pregnant at the age of 10, which is linked to experiences of child sexual abuse and incest (ILO/IPEC, 2002).

### ***Girls and adolescent mothers: social exclusion and violation of rights***

Motherhood can be understood as:

...a very complex biological and psychological process that confronts women with a series of physical and emotional changes, which begin with pregnancy. As motherhood is a central axis in the female identity, the relationship they establish with the new being is mediated by their gender (UNICEF, 2001:80).

When motherhood occurs in girls and adolescents, the changes involved in becoming a mother become more acute because adolescence is a vital stage where physical, mental and emotional transformations take place. In addition to these transformations, a whole set of stigmas and stereotypes that are placed on girls and adolescents related to their age, their sexuality and the "non-planning" of their pregnancies must be taken into account:

In the case of adolescent women, this situation is aggravated by the guilt they carry and that society hardly forgives, even if there has been psychological blackmail, harassment or sexual abuse against them (UNICEF, 2001:80).

In this way, the idea of "punishment" of the girl or adolescent for her condition is popularly used, expecting them to lose the freedom and rights they should enjoy as minors, since they must assume a whole series of adult responsibilities. The meaning of motherhood in these girls and adolescents is then lost sight of through the imposition of compliance with social and cultural mandates.

The occurrence of unplanned pregnancies in girls and adolescents is a social phenomenon that occurs mainly in areas of high socioeconomic deterioration, which are characterized by high unemployment rates, precarious housing conditions, food deficiencies, school expulsion, lack of access to basic services, among others. These deficiencies affect the physical and psychosocial development of both the mother and her children.

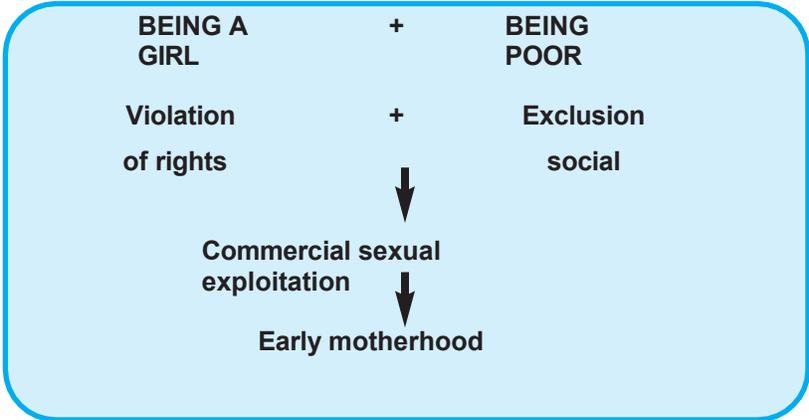
Thus, being an adolescent or girl and also being immersed in a situation of poverty are characteristics that undoubtedly place this population in a condition of risk and vulnerability to sex trade networks. In this regard, it must be recognized that the prevailing discriminatory economic policies in our social sphere have led to the lack of protection of these population sectors, for whom the possibility of integration into the dominant socioeconomic model is increasingly distant.

Extreme poverty is a social condition in which many families are immersed and experience a marked exclusion from access to basic resources such as housing, public services, adequate nutrition, education, clothing and the possibility of recreation. This exclusion will modify both their structure and the way in which families fulfill their social functions of reproduction and primary socialization (Porrás and Rojas, 2003).

The real possibilities of these sectors of the population are skewed by deprivation. In this sense, they are excluded from the dominant socioeconomic model and cannot access a better quality of life because they face unemployment, expulsion from the school system and difficulty in satisfying their basic needs.

According to Treguear and Carro (2002), many of these girls and adolescents face motherhood from the lack of family and social protection: "Thus, it is not risky to argue that, being a woman, being a minor and being poor, constitutes a latent risk factor in the life of each young woman, including the aspect of sexuality and reproductive health" (Treguear and Carro, 2002:8).

The situations that these "excluded" girls and adolescents must face represent an enormous difficulty since it limits their possibilities of self-affirmation, growth and personal development. According to Treguear and Carro, this becomes even more complex when they have to assume a pregnancy: "a situation in which the young woman is forced to reconcile her needs as an impoverished class with the needs of adolescence and the demands of an often unplanned maternity" (Treguear and Carro, 2002:8):



It can be affirmed, then, that the risk factors for pregnancy in girls and adolescents are closely related to the psychosocial and material conditions in which they develop. In general, the situation faced by these girls and adolescent mothers is quite complex; as already mentioned, their rights are socially invisibilized and they are exposed to a generalized lack of protection, extended to the institutional apparatuses that are supposed to ensure the fulfillment and guarantee of the rights that they should enjoy as minors.

On the other hand, it should be noted that pregnancy in girls under 15 years of age should be considered a serious violation of their human rights and in such cases their best interests should be prioritized. Likewise, it should be considered that sexual activities with girls constitute a crime insofar as they threaten their life, physical, psychological and emotional integrity.

**II. Case studies**

The results of the case study are developed in two sections. First, we begin with a brief general description of each case in order to make a first contact with the reality of the two girls. Likewise, the history surrounding the pregnancy is reconstructed and the conditions under which they became mothers are described. A second section analyzes their experience of motherhood, as well as their main psychosocial needs and support networks. It is worth mentioning that fictitious names are used to refer to the interviewees, and any personal data is omitted in order to protect their identities.

**1. A look at reality: the reconstruction of stories**

Below is a descriptive table with some data on the girls interviewed:

	AGE	Age at time of pregnancy	Age of entrapment in commercial sexual exploitation	Last year in the educational system	Assists the system educational
<i>Janet</i>	14 years	12 years	12 years	Third grade	No
<i>Tatiana</i>	16 years old	15 years	15 years	Sixth grade incomplete	Yes

**A. Janet's story**

The story of Janet, a 14-year-old girl, reveals the route of vulnerability that many girls and adolescents suffer to be trapped in the sex trade networks. When she was 6 years old, she began to suffer a chain of sexual abuse committed by various male figures in her family, a situation that lasted until she was 10 years old. Her childhood was characterized by both economic and family instability, that is, she never had a stable family nucleus over time, nor did she live in the same place, but moved from one place to another. This undoubtedly weakens her social support networks and places her in a situation of greater vulnerability; for example, as she herself states, it prevents her from continuing in the educational system "... because they changed sides, let's say they lived here, another day they lived there... they were not in one place...". They were not in one place". Likewise, this leads the girl to live a process of streetization which is related to the fact that at 12 years of age she begins to be victimized in the sex trade.

Among the consequences of the sexual victimization suffered, Janet experienced some situations of physical violence by the exploiters. In addition, as she herself states, "being on the street" she has other experiences such as drug and alcohol consumption and abuse. On the other hand, as the table shows

In the previous case, this girl became pregnant at the age of 12, which was directly related to the situation of commercial sexual exploitation of which she was a victim: *"I was 12 years old when I became pregnant. I found out about a month later because I was in a drug rehabilitation boarding school, I went and took the test and it came out positive"*.

In the case of this girl, early motherhood is a direct consequence of being exploited in the sex trade. Due to the exploitative conditions to which she was exposed at the time she became pregnant, the girl does not know for sure who the father of her child is; however, she thinks it was one of the men who offered her money in exchange for sexual contact. During her pregnancy, Janet continued to be exploited in the sex trade, a situation that lasted until the sixth month of pregnancy. She herself narrates how at that time it was already obvious that she was expecting a child and the exploiting men were aware of it. This undoubtedly reveals how Janet was doubly victimized by these men, who continued to exploit her despite her pregnancy.

On the other hand, at the time of the pregnancy the girl had some support resources, among them her mother and some relatives. However, these support resources did not last over time as affective support networks; on the contrary, they responded to very immediate needs and did not constitute sources of containment or protection.

### **B. Tatiana's story:**

Tatiana's story is also tinged with pain and multiple experiences of violence. She herself describes it with a phrase: *"My life was very hard, and my past was also very hard..."*. Her first experiences of violence were in her family, where she was a victim of physical abuse by her father.

Although the girl recognizes that her mother plays a protective role, her relationship with her mother has been characterized by a certain ambivalence, since on occasions she has also suffered abandonment on her part: *"...I had accused my mother of abandonment because she left me alone, abandoned as a little girl"* In general, the living conditions of her family group have been characterized not only by economic but also affective deprivation.

Contrary to Janet's story, in Tatiana's case the pregnancy was not linked to commercial sexual exploitation. She affirms that this was a "planned pregnancy": *"it was a wish I fulfilled for my mother because my mother wanted a baby, a little grandchild of mine..."*. It is then that Tatiana "decides" to have a child with her partner at the time, an adult man eight years older than her. It is worth mentioning that although she affirms that this was the partner of her choice, it is characterized as an asymmetrical relationship, which places her in a condition of greater vulnerability. In addition, her partner was not a source of support, but on the contrary, he endangered her life: *"...I went to the hospital for a month, we had a fight and he hit me, the baby was two months old and I could not stand the pain and there was an abortion..."*.

In Tatiana's case, motherhood is a vulnerability factor for being trapped in the sex trade, since her socioeconomic conditions do not allow her to meet her basic needs and those of her daughter. The girl had to develop "survival strategies", among which commercial sexual exploitation was a real possibility. Added to this is a fact that undoubtedly acted as a trigger: the absence of her mother, who was imprisoned for drug-related crimes. This situation meant that the girl and her siblings had to suffer multiple geographical relocations and were left without the supervision of an adult:

*"...not before because my mother was there, she had not been imprisoned... after I had the baby, she was one month old and my mother fell... and so I had to do what I had to do, for my baby..."*

In addition to the above, she began to use and abuse drugs and alcohol, which is related to her situation as an exploited child and the abandonment in which she and her siblings are left. Due to this situation, the girl had to leave the care and upbringing of her daughter in the hands of another person, since, as she herself acknowledges, she could not take charge due to the multiple economic needs she currently suffers and the risk this represented for the baby's life.

From the stories of Tatiana and Janet, it is possible to determine the main factors that construct their route of vulnerability both to entrapment in the sex trade and to experiencing early motherhood. A summary of these aspects is presented in the following tables:

***Vulnerability factors for pregnancy***

<i>Janet</i>	<i>Tatiana</i>
Commercial sexual exploitation Little information on sexuality and contraception Exploiters refused to use condoms Weakening of emotional support networks School expulsion	Idealization of motherhood Relationship with an older man School expulsion

***Vulnerability factors for commercial sexual exploitation***

<i>Janet</i>	<i>Tatiana</i>
Presence of child sexual abuse Expulsion from school  Poverty Weakening of the networks of emotional support Absence of parental figures Alcohol and drug use and abuse Alley Staying in adult sites (bars, discotheques, etc.)	Maternity (inability to meet their needs and the needs of their children). his daughter) School expulsion Poverty Family disintegration Absence of parental figures Alcohol and drug use and abuse Abandonment by your partner (father of daughter)

## 2. The experiences of her motherhood

### a. What is it like to be a mom?

When referring to the subject of motherhood, the girls interviewed asked themselves the question "*What is it like to be a mother?*" To answer this question, both refer first of all to the experience of childbirth and the birth of their child. In other words, childbirth is the most significant thing to describe what it is like to be a mother, and it also represents an experience filled with multiple feelings of happiness, joy, fear and pain: "*It was a joy, when he was born... it was in the hospital, I was hospitalized about eight days before because the baby was late, as he was high risk*" (Janet).

At the time of delivery, the adults around the girls expected them to behave like adult women, to show courage, to be strong and to "hang in there". When this was not the case, they received criticism and insults from others, for example, Janet describes how the doctor who attended her during childbirth called her a "*pendeja*". It is worth mentioning that both pregnancies were high risk due to the age of the girls, an issue that is not always taken into consideration by health centers and service providers.

On the other hand, with respect to the relationship that girls establish with their children, that is, the bond that unites them, it is worth mentioning that sometimes they face multiple contradictions and sometimes ambivalent feelings: "*Sometimes I thought I was going to love him, sometimes I thought I hated him, sometimes I told people I was going to give him away. But when he was born everything changed*" (Janet).

This ambivalence is observed more in the case of Janet, given the conditions in which she becomes pregnant; however, it is evident that these feelings become clearer with the passage of time and daily coexistence. As mentioned by Treguear and Carro (1998), the feelings that girls and adolescents have towards their sons and daughters represent a "*field of contradictory affectivity*"; since their existence can stigmatize them even more, favor their socio-labor exclusion and hinder the elaboration of a personal future project. But at the same time, their children come to represent the possibility of making up for their lack of affection, becoming the repository of their psycho-affective needs.

In Tatiana's story, the daughter has represented a possibility of making up for this lack of affection, in this sense she idealizes motherhood; but contradictorily she does not have the possibility of being a mother, since due to the extreme poverty that characterizes her living conditions she had to leave her daughter in the hands of someone else: "*sometimes I start crying and think about my baby...when I had her...it hurt me so much to leave her there*".

On the other hand, latent in the discourse of these girls is the concern for being "a good mother", which undoubtedly responds to the socially constructed ideal of motherhood. The impossibility of fulfilling this social ideal places the girls in the position of "bad mothers", which gives rise to feelings of guilt and, as in the case of Tatiana, feeling bad for not being able to assume her role as mother: "*It hurt me, I didn't sleep, I wanted to have the baby next to me, unfortunately all that happened*".

In both cases motherhood has been linked to commercial sexual exploitation. In Janet's case, becoming a mother was a consequence of being victimized in the sex trade. Conversely in Tatiana's story, being victimized in the sex trade is a consequence of becoming a mother. In both conditions, motherhood can both strengthen the link to commercial sexual exploitation and weaken it. According to Janet, this link is weakened by her motherhood: "*...it made me less into it. Because after I had my baby, I didn't do that anymore, I wanted to be with him more and be less in the street...*".

The opposite can be said to be true for Tatiana, as becoming a mother is a trigger for being caught in the sex trade. In this way, the needs surrounding her

motherhood, such as child support for her daughter, are conditions that reinforce the girl's link to commercial sexual exploitation. Added to this are a series of psychosocial factors that made her even more vulnerable:

*"...because I was very sick, the baby got sick, they hospitalized her, they put needles everywhere, so I didn't have enough money for diapers...then a friend of mine would come and take care of the baby while I went out and went to get diapers".*

One of the similarities in the stories of both girls is having to leave some of the functions of motherhood, such as caring for and raising their children, in the hands of others. In Tatiana's case, this experience is lived with great pain and, in addition, exposes her to life-threatening conditions: *"After the pregnancy I started to drink alcohol, having given the daughter to my sister derailed me a lot..."*.

All this shows that being a mother under these conditions implies facing a series of contradictions related to their young age, the socio-affective context in which they become mothers and social exclusion. Regarding this, Treguear and Carro (n.d.) have pointed out some of the contradictions that these girls must reconcile; in Tatiana and Janet we find the following:

Financial difficulties (where the new child reduces the family income)  
Restriction of educational opportunities  
High risk of early pregnancy  
Uncertainty about the future  
Learned hopelessness  
The process of sexual maturation and elaboration of one's own identity.  
Rejection or abandonment by their family group and by society.

#### **b. How did I learn to be a mom?**

When the girls asked this question, both said that at first they were unaware of what being a mother and caring for a newborn baby entailed. Later, they refer to the presence of a female figure who "teaches how to be a mother" and explains the care to be taken with a newborn: *"I didn't know how to bathe a baby, I didn't know how to change her. I didn't know how to put on a diaper, so my mother taught me, while she was with me" (Tatiana)*.

However, the girls did not always have the support of these women and, as they say, they sometimes had to fend for themselves and look to others for help with specific needs, such as friends, neighbors and people close to them.

#### **c. What are my needs?**

When the girls are asked about their main needs, they do not manage to express in words an answer to this question, that is, they do not manage to express the full magnitude of the needs they experience on a daily basis. In this sense, they do not understand what "having needs" means, despite the lack that is more than present in their lives. This could be evidence that not being able to directly recognize what their needs are, is related to the lack of knowledge about what their rights are. These are girls who have been accustomed to very limited life possibilities, always biased not only by economic or material, but also affective deprivation.

Listening to their stories, it is possible to identify a large number of needs, first of all, material or economic needs, mainly related to their functions.

maternal tasks such as: dressing the child, feeding him/her, buying diapers, buying milk, among others: *"What I didn't have was a move to take him/her out of the hospital" (Janet).*

These economic needs link them even more to commercial exploitation, since they are more vulnerable to being trapped by pimps and exploiters because they do not have the means to satisfy their basic needs:

*"... there are times when I have gone through that, because there are many needs that one goes through ... when I didn't have the baby's diapers I went out and looked for them. So, all that was for my baby, because I helped her a lot" (Tatiana).*

Likewise, becoming mothers places them in a different social position. For society, they are no longer girls, they are now "women" and as such must contribute financially both for the support of their children and for the sustenance of their family reference group. This "adultization" is introjected by the girls, who have had to manage to support their children.

This links them to adult responsibilities at a very early age, so there is a concern and at the same time a very strong sense of responsibility for "the duty to help" their family group. In addition, these girls are involved in hazardous child labor, such as child domestic work and agricultural work. Such is the case of Janet, who has to work planting cassava on a farm far from her home. There she is exposed to risk at all levels, including the risk to her life and health, as she has to stand for long hours in the sun and work extremely tiring hours. She also suffers the risk of being exploited or sexually abused again because, as she says, many men work in this place: *"It's very hard for me, it's very tiring. I have to bend down, I have to sunbathe for part of the day and it's very hard because the boss is after me..."*.

Child labor under these conditions is a violation of the rights of children and adolescents, as it represents an imminent risk to their life and integrity. As defined by ILO Convention 182, Article 3.d, hazardous child labor is "work which by its nature or the circumstances in which it is carried out is likely to harm the health, safety or morals of children".

On the other hand, in the case of Tatiana, her survival strategies are focused on the sex trade, as a way to meet her economic needs and those of the rest of her family: *"my aunt tells me ugly things, that I have to find a way to bring home and help her because she is in great need..."*.

Likewise, there are needs with respect to the paternity of their children, related to child support and the absence of support from the child. For example, in Janet's case, there is a complete lack of knowledge about the paternity of her child and the possibility of receiving any type of child support.

The girls also face a series of affective needs, which are mainly related to their maternal reference figure. For both there is an impossibility of being close to the mother, who despite sometimes representing an ambivalent and contradictory figure, is perceived by the girls as one of their main support figures.

There is also a set of educational needs related to the impossibility of establishing a life project that favors their personal integrity, as well as uncertainty about the future. For the girls, studying represents the possibility of "being better", however, this possibility is always biased by the lack and the lack of opportunities, since they do not have the optimal conditions to enter the educational system: *"it is very nice to study, but I almost had no choice" (Janet).*

Finally, we detected needs related to their health, both current and throughout the pregnancy process, which, due to the young age of the girls, represented a risk to their lives.

### Your main needs

As girls...	As mothers...
<p>Economic needs:</p> <ul style="list-style-type: none"> <li>- Satisfaction of basic needs such as nutrition, clothing, health.</li> <li>- Recreational opportunities.</li> </ul> <p>Socio-affective needs:</p> <ul style="list-style-type: none"> <li>- Protection by your family group.</li> <li>- Affective support networks.</li> <li>- Enjoy your childhood and adolescence.</li> <li>- Relationship with the mother figure of reference.</li> <li>- Relationship with people of their own age.</li> <li>- Recovery from painful experiences (exploitation, sexual abuse, domestic violence, etc).</li> </ul> <p>Educational Needs:</p> <ul style="list-style-type: none"> <li>- Inserting into the educational system.</li> <li>- Remaining in the educational system.</li> <li>- To have the ideal conditions to study (educational materials, books, transportation, food).</li> <li>- Information on comprehensive sexuality and contraception.</li> </ul>	<p>Satisfaction of their children's basic needs:</p> <ul style="list-style-type: none"> <li>- Adequate nutrition.</li> <li>- Clothing, diapers, etc.</li> <li>- Health conditions.</li> <li>- Medical insurance for them and their children.</li> </ul> <p>Support networks for the care and upbringing of their children. Guidance regarding motherhood.</p> <p>Possibility to stay with their children.</p> <p>Resignify their experience of motherhood.</p> <p>Legal support in terms of child support.</p>

#### d. Who can help me?

The answer to "Who helps me?" is quite complex, since sometimes some of the girls' support figures became people who later turned their backs on them. In addition, these support figures are not always stable or long-lasting, such is the case of their former partners: *"the months I lived with him, he was so mean to me I remember, he left me with the baby and I was on my own, but there was a time when I gave up"* (Tatiana).

For both girls, the mother has represented a very important figure and has been a source of support at some moments in their lives; but as mentioned before, this figure has sometimes been very contradictory and they were not always protective mothers of their daughters, which also responds to the psychosocial context surrounding these families. Likewise, there have been other sources of support, mainly from the community, but these have not been constituted as long-term support networks but rather have responded to immediate needs, i.e., they have not represented emotional support figures over time.

#### e. And the institutions...?

It can be affirmed that the girls' contact with the institutions supposedly in charge of their care and protection has been scarce. In some of them, the response and solution to this type of situation continues to be centered on the institutionalization of the most vulnerable girls and adolescents, which on many occasions is added to the chain of rights violations that have characterized their histories.

Contact with health services has been mediated by bureaucratic procedures that stand in the way of the needs and rights of minors. In general, institutional care has been limited to intervention in very specific situations, but no comprehensive care has been provided to protect all their rights. It is evident, then, how the lack of protection experienced by girls has been extended to the institutional apparatuses that should look after their welfare.

From the study of these cases, it is clear that both commercial sexual exploitation and the condition of motherhood place girls and adolescents in situations of risk and greater vulnerability. In this sense, both experiences represent a chain of violations of fundamental rights over time, making evident the absence of prompt and effective institutional interventions for their comprehensive protection.

In addition, it is important to recognize that their children are children who are growing up in a situation of vulnerability, under very limited living conditions and exposed to situations of violence. These children, like their mothers, are not exempt from suffering serious violations of their rights.

Taking into consideration the above, as well as the type of response that has characterized the institutions responsible for caring for this population, it is necessary to take urgent measures in favor of the comprehensive protection of these child mothers and their children, and to deploy effective actions that promote the guarantee of their rights.

### III. Intervention proposal

#### ***Towards the comprehensive protection of child and adolescent mother victims and their children***

From a human rights perspective, care is a right that must be guaranteed to all minors who are at risk. In this sense, as stated by Claramunt (ILO/IPEC, 2003):

...those who offer care services are obliged to look for the real causes of commercial sexual exploitation in order to understand from them how to guarantee that all minors trapped by exploiters can live in an environment of well-being (ILO/IPEC, 2003:41).

When it comes to children and adolescents exploited in the sex trade, the type of care provided must be aimed at protecting all the rights that have been violated and violated, i.e., care must be synonymous with comprehensive protection. In this intervention, maternity is an aspect that requires particular attention within the existing care programs. For the development of specific intervention policies for this population, some basic principles for the care of victims of exploitation should be taken as a starting point, based on the ILO/IPEC (2004, a):

Commercial sexual exploitation must be conceived as a crime and therefore any intervention must be articulated with the justice system. In this sense, victims are not responsible for the situation of abuse experienced.

The removal and protection of minors from the sex trade must be guaranteed and their physical and emotional recovery must be promoted.

All human rights must be respected in both the design and implementation of the care plan. In this regard, it is the responsibility of civil society and state institutions to protect minors and ensure their best interests.

The right of children and adolescents to have a say in matters that concern them and in the development of the action plan must be respected.

Work must be carried out with the victim's family of origin or extended family to ensure the success of the intervention and the sustainability of the protection of the victim's rights.

Based on the aforementioned principles, it is recommended to use as a reference the model proposed in the first article of this publication and which is extensively developed in the document *Commercial Sexual Exploitation. Working Guide for Providers and Managers of Services for Underage Victims* (ILO/IPEC, 2003). According to this model, care:

- It must be based on a rights-based approach.
- It must respond to the needs and particularities of the population served.
- It must be articulated within an inter-institutional platform of services aimed at protecting the rights that have been violated; services must be available to both the minor victim and his or her family.
- It should comprise two basic types of interventions: First Order intervention and Second Order intervention.

It is considered essential to direct the care process towards victimized girls and adolescent mothers in this sense, since the basic premise of this model is to develop strategies that protect minors from sex trade networks and guarantee the full exercise of their rights. As noted above, *"The care response must be understood as a continuum of articulated services"* (ILO/IPEC, 2003:19) and for this there must necessarily be an inter-institutional platform, i.e., a cycle of services available to the minor and according to his or her particular needs. Such care must always be early, timely, efficient and effective.

In this regard, some specifics are proposed for the care of girls and adolescents who are mothers or in the process of pregnancy. Firstly, this intervention should be directed in two main directions:

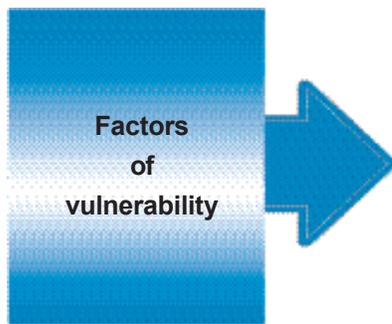


- 1) Eliminate the vulnerability factors, which can be eliminated, present in the critical path for both commercial sexual exploitation and pregnancy of the girl or adolescent.**
  
- 2) Reduce the impact of those vulnerability factors that cannot be eliminated.**

For a better understanding of the meaning of this intervention, the case study developed previously<sup>12</sup> will be used as a reference. From the analysis of both stories, it is possible to construct a critical or vulnerability route for both Tatiana and Janet to be trapped in the sex trade.

Likewise, some of these same factors act as a critical pathway for the occurrence of pregnancy. The vulnerability pathway common to both girls, which could also be similar in other cases, is presented below. This route is not a linear or cause-effect process, but is the result of a chain of violation of fundamental rights.

<sup>12</sup> See section II for case studies.



- ▲ Poverty and social exclusion.
- ▲ School expulsion
- ▲ Weakening of family and community networks.
- ▲ Absence of parental figures
- ▲ History of sexual abuse
- ▲ Witnesses of domestic violence
- ▲ History of alcohol and drug abuse.
- ▲ Pregnancy and childbearing

In the diagram, the first four vulnerability factors correspond to conditions that can be eliminated in the short, medium or long term. In other words, they can be reduced through effective inter-institutional intervention. In this sense, poverty, school exclusion and the lack of family and community support networks are modifiable conditions, based on actions aimed at protecting the rights of child and adolescent victims and strengthening their families or reference groups.

On the other hand, the remaining four factors are conditions that cannot be eliminated, as they have had a major impact on the physical, emotional and social aspects of the lives of girls and adolescents, such as exposure to experiences of violence and sexual abuse. Likewise, drug abuse leads to deterioration at both the physiological and psychological levels, which is why it is necessary to provide care aimed at reducing its consequences and preventing recidivism<sup>13</sup>. Finally, early motherhood is a factor that cannot be eliminated, but since it is a condition that makes one vulnerable to the sex trade, the needs related to it must be reduced. In this sense, through comprehensive care that guarantees their rights, the impact of these consequences can be reduced and the minor can be protected from their occurrence in the future.

This brief exemplification provides an overview of where this intervention should be directed; in addition, it is important to keep in mind that although in the critical path there are a series of vulnerability factors common to minors trapped in the sex trade, each girl and adolescent has a unique and particular history, so it must first be established what their specific vulnerability path was. Taking into account the above, and based on the Cyclical Model of Responses, as well as the Guidelines on Care (ILO/IPEC, 2004, a) and Detection (ILO/IPEC, 2004, b), we will proceed to describe each of the phases of the intervention process. It is worth mentioning that this is not a static or linear process; on the contrary, the actions must be adjusted to the reality of each child and adolescent.

### 3.1 Detection Phase

This first phase is very important because the comprehensive protection process for child and adolescent mothers who are victims of exploitation and their children can only begin when the detection process has been carried out. This process includes a series of procedures aimed at verifying or ruling out that the minor has been a victim of commercial sexual exploitation, and may be initiated based on: suspicion, identification by the responsible institutions or referral by third parties. In order to make the detection, the service provider must rely on a series of high probability indicators related to commercial sexual exploitation.

In addition, the overall screening plan should include a medical assessment, a psychosocial assessment and a family assessment. Screening should therefore be an evaluative process of: the facts related to the victimization in commercial sexual exploitation, the risk of being revictimized

<sup>13</sup> It is recommended to consult Rogelio Pardo's article on commercial sexual exploitation and drug use included in this publication.

in the sex trade, individual and family needs, and available resources (ILO/IPEC, 2004, b) Specifically, in the case of girls and adolescent mothers, it is recommended:

**3.1.1 Evaluate the girl's health:** a rigorous medical evaluation must be carried out in order to determine the girl's or adolescent's state of health, including a general physical examination and prenatal or postnatal evaluation, as the case may be.



- **If the girl/adolescent is suspected to be pregnant, appropriate laboratory tests should be done to check whether or not she is pregnant and to determine the presence of sexually transmitted infections or HIV/AIDS.**
- **If the girl/adolescent is pregnant, gynecological examinations should be performed to assess the status of her pregnancy or the presence of sexually transmitted infections or HIV/AIDS.**
- **If the girl/adolescent is a mother, a general gynecological examination should also be performed to determine the presence of sexually transmitted infections. In addition, a complete evaluation of your child's health should be included.**

**3.1.2 Interview with the child/adolescent: in order** to carry out a psychosocial assessment, an individual interview should be conducted with the child/adolescent, preferably by a female official trained to do so, and with characteristics such as the ability to listen, empathy, gender sensitivity, respect for the rights of minors, clarity in communicating with socially disadvantaged groups, among others. The interviewer should create a space of trust and security, free of myths or blaming the child/adolescent. In addition, the interview should be conducted in a private place where the child/adolescent feels comfortable and safe.

In this interview, a series of aspects related to the critical or vulnerability route for commercial sexual exploitation and aspects related to pregnancy or motherhood of the girl/adolescent should be investigated (**See Sheet14 1**). It is recommended to use clear and simple language, which means not using complex words and that the style of communication is in accordance with the level of development and cognitive capacity of the minor, as well as her psychosocial context. Likewise, it should be taken into account that although the objective of this interview is to collect important data about the child/adolescent, the child's right to receive emotional or psychological support if required should be respected. In this sense, the interview should not become an interrogation, but rather a space in which the child/adolescent can express him/herself freely within a context of sympathetic listening and emotional support.

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<sup>14</sup> The purpose of the sheets presented in this intervention proposal is to guide the process of care provided by the service provider. The aspects included in each sheet must be addressed and monitored throughout each phase of the intervention process, in order to ensure the comprehensive protection of the child and her/his children, and the enforcement of all their rights.

## FACT SHEET 1 Detection Phase

- Is the child's/adolescent's life or the child's life at risk?
- Is the child or child in imminent danger?
- Was/is the child/adolescent being exploited in the sex trade, or is she/he at risk of being exploited?
- Of what manifestations of commercial sexual exploitation has the child/adolescent been a victim (paid sexual relations, sexual shows, pornography, trafficking, sex tourism, pseudo-affective relationships<sup>15</sup>)?
- Have you received threats (against yourself, your child, and/or family) from exploiters, pimps, brokers, or anyone else associated with the sex trade?
- Is the child/adolescent caught up in any exploitation, drug trafficking, or other network that puts her/his life and safety at risk?
- Are there safety measures in place to protect the child and her/his children from exploitative networks?
- Have the child/adolescent and/or your son/daughter/your son/daughter undergone street processes?
- Has the child and/or your child been institutionalized in any center or shelter for minors?
- Does the child/adolescent currently live with his/her child? (If not, explore the child's situation and who is in charge of him/her).
- Does the child/adolescent suffer from any physical illness or sexually transmitted infection that puts her/his life or that of her/his child at risk?
- Does your child have any health problems?
- Does the child/adolescent suffer from any type of addiction to alcohol or drugs that endangers his/her life or that of his/her children?
- Are there any other conditions that put both the child's health and the child's health at risk?
- Does the child/adolescent have adequate information regarding her/his health condition and that of her/his child?
- Do you have family or community support figures?

***In the case of pregnant girls and adolescents, this must be taken into account:***

- Did the child/teenager know she was pregnant?
- How long does it have to be?
- Is the pregnancy the result of sexual abuse, incest, commercial sexual exploitation, or other?
- Does the child/adolescent know who the father of her/his child is?
- Have you received prenatal care and information about childbirth?
- Does the pregnancy put the life of the girl/adolescent at risk?
- Do you have any health problems that put your pregnancy at risk?
- Has the child/adolescent had other pregnancies?
- Has the girl/adolescent been exploited and victimized during her pregnancy?

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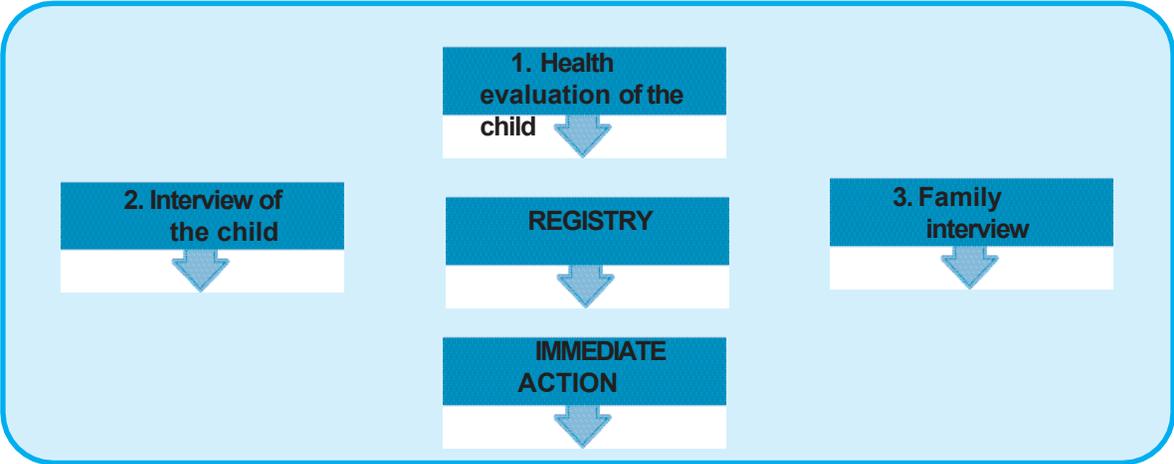
<sup>15</sup> The term pseudo-affective relationships refers to the existence of an asymmetrical bond or relationship between a child/adolescent and an adult, where there is some type of benefit, whether material or not, both for the minor and for her/his family, including early marriage.

**3.1.3 Contact with the child's family:** an interview should be conducted with the person in charge of the child/adolescent, who will most likely be a female figure, be it her mother, grandmother, aunt, sister or other relative. This first contact with the family is of vital importance as it will make it possible to detect whether the child has any support figure in her family, and will also provide the service provider with an overview of the child's socio-family situation<sup>16</sup>. In terms of this intervention proposal, such an interview may pursue the following objectives:



- To know the main psychosocial needs of the family or reference group of the child/adolescent.
- Assess whether these family needs translate into factors of vulnerability of the child/adolescent to commercial sexual exploitation.
- Determine the main sources of support (family and community) available to the child/adolescent and their willingness to take part in the intervention plan.

Throughout the detection phase, the service provider should have sufficient data to respond to the contents of **Sheet 1**, which should be rigorously recorded. Once this information has been completed, this first phase will end and the First Order Intervention should begin as soon as possible. The following diagram summarizes the main components of the screening phase:



**3.2 First Order Intervention**

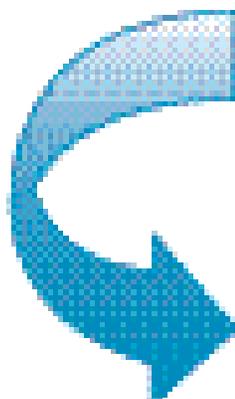
Based on the general guidelines for the care of victims of commercial sexual exploitation described by ILO/IPEC (2004, a) during the First Order intervention the main actions should be aimed at protecting the right to life and the right to health, as well as safeguarding the girl or adolescent from being exploited again. An important aspect of this intervention is to include the children of the girls in the plan, which means that the platform of services must also be available to them throughout the entire process. In this sense, attention in this phase should be directed to the achievement of the following objectives:

<sup>16</sup> In order to conduct the interview with the family of the child/adolescent mother, it is recommended to take into account the guidelines established by Nadia Blanco in "Propuesta de intervención familiar para la protección integral de niños, niñas y adolescentes víctimas del comercio sexual" (Proposal for family intervention for the comprehensive protection of child and adolescent victims of the sex trade).

***The protection of the life and safety of the pregnant girl/adolescent mother and her children.***

***The protection of the health of pregnant girls/adolescents and their children.***

In order to achieve these objectives, the critical path of the child/adolescent must have been previously established and the vulnerability factors for being trapped in commercial sexual exploitation must have been clearly determined, as well as those factors that may contribute to their permanence or new entrapment. The vulnerability factors that led to early motherhood should be taken into account, although as has been pointed out throughout this study, these factors are sometimes very similar, as they respond to the violation of rights that has characterized their lives. Likewise, a protection plan should be established, which should be constructed jointly with the child/adolescent and her family support figures. To this end, it is considered important to address some priority areas such as:



- Risk of commercial sexual exploitation (includes threats from exploiters or pimps towards the child/adolescent, her/his child and family group).
- Risk of sexual abuse, incest, domestic violence (for both her and her child).
- Health problems of the child/adolescent and her/his child
- Nutritional problems of the child/adolescent and his/her son/daughter
- Drug or alcohol use and abuse
- Basic needs of the child/adolescent and her/his child
- Pregnancy (prenatal control, medical care)

In this phase, very specific needs must be addressed, which also respond to the condition of poverty that may characterize the family context of the child or adolescent victim. These needs may be related to her maternity and the maintenance of her children, for example: not having milk for the baby or other types of food, not having the money to buy diapers, not having a way to dress her child, among others. All these issues, as simple as they may seem, are factors that can increase the girl's vulnerability to being trapped again in the sex trade, since, as evidenced in the case study<sup>17</sup>, **motherhood is a condition that can reinforce the link with commercial sexual exploitation. In this sense, the service provider must ensure that the basic needs of the girl/adolescent and her children are being met at all times. In the event** that the family group is unable to meet these needs, it is the obligation of the respective public agencies to provide economic or labor support to the persons in charge of the girl/adolescent.

<sup>17</sup> See section II.

It should also be remembered that all minors have the right to family coexistence, and therefore shelter or institutionalization should always be the last option. In the event that the family of origin cannot take care of the child/adolescent, sources of support should be sought from the child's extended family and later from the community. It is important to make sure that these people are trustworthy and willing to watch over the protection of the minor. In this regard, the following table contains some recommendations:

<i><b>For the child/adolescent mother...</b></i>	<i><b>For their children...</b></i>
<p>▲ Seek female support figures, since they can inspire greater confidence in the girl/adolescent and accompany her in her pregnancy and motherhood process.</p> <p>Poverty is never a valid reason for the institutionalization of the child/adolescent and/or her/his child. In such a case it is the state's responsibility to create favorable conditions for the family in the socioeconomic and labor sphere.</p> <p>The right of the child or adolescent to decide about her maternity must be respected.</p>	<p>▲ The child's right to live with his/her mother must be respected, despite the fact that the child is a minor. In this sense, actions should be directed to form support networks for the child, and to build favorable conditions to face their maternity.</p> <p>If the child/adolescent is hospitalized or hospitalized due to health problems or drug dependency, the child must stay with the closest relative and will be taken to visit his/her mother periodically.</p> <p>In the event that the child/adolescent mother is unable to take care of her child, the child's right to have a family must be guaranteed and actions must be taken for her protection and safety. This means that institutionalization of children should not be the first option, nor the only possibility.</p>

It is worth mentioning that the service provider must take into account the specific situation of girls/adolescents who have been victims of trafficking, which refers to the transfer of girls to other areas both inside and outside the country, in order to sexually exploit them. The recruitment of girls to other geographic areas represents some limitations in contacting their families and having access to their personal documents. In these cases, efforts must be made to identify other community support networks and, in addition, it is essential to locate sources of family support. It should not be forgotten that these girls enjoy the same rights as other minors, even though they are not in their place of origin, and it is important to seek legal support.

Likewise, children/adolescents may be exposed to threats related to the custody of their children and fear that both institutions and people close to them (father of the child, relatives, exploiters, etc.) may actually take their children away from them. In such cases, it is also necessary to have legal counsel and provide protection for both.

On the other hand, it should be kept in mind that in most cases, **these pregnancies were the result of violence and violation of rights to which these girls and adolescents have been exposed.** The girl should never be blamed for her pregnancy, nor should we try to make her "aware of the consequences of her actions"; this would be completely wrong because, due to her condition, the girls have not had the possibility of deciding on motherhood as a free and conscious choice. Thus, interventions of this type would add to the chain of violence that has shaped their lives.

So what is to be pursued through this process of care?

***To reduce the impact of motherhood and pregnancy  
as factors of vulnerability  
and violence in general:***

- ▲ Commercial sexual exploitation should **NEVER** be a survival strategy for the girl to meet her basic needs and those of her child.
- ▲ The impact of pregnancy as a vulnerability factor for physical, sexual and psychological violence should be reduced.

In this way, the service provider must ensure that a series of essential aspects are met in order to fulfill the two basic objectives of this stage. **Sheet 2** can be used as a guide, and other aspects that are considered important can be included. Subsequently, the Second Order Intervention can be initiated.

**FICHE 2  
First Order Intervention For  
the child/adolescent:**

*Protection of your life and safety...*

- Protect the child/adolescent from commercial sexual exploitation and from any type of threat.
- Protect the child from any physical, sexual, psychological or patrimonial violence.
- Carry out the corresponding complaints for commercial sexual exploitation, sexual abuse, domestic violence, or others.
- Ensure that the child/adolescent lives with her/his family group or trusted adults in a safe place.

*Protecting your health...*

- Ensure that the child/adolescent is in good health.
- Provide prompt attention and access to adequate medicines for the treatment of sexually transmitted diseases and infections, HIV/AIDS.
- Monitor that the child/adolescent periodically attends medical appointments, or prenatal checkups if applicable, and is being accompanied by a trusted person or source of support. Otherwise, **the attending service provider should attend appointments with the child/adolescent.**
- Provide or refer for specialized care for their addictions, if applicable.

- Ensure that basic needs are being met (clothing, food, etc.)
- Ensure that the child/adolescent feels supported and that her/his best interests have been respected.
- Ensure that their right to information is respected, taking into account their age, cognitive development and educational level.
- Allow the child/adolescent to participate in the construction of strategies and decision making at all times.

***For your child:***

*Protection of your life and safety...*

- Protect you from any dangerous situation that threatens your life and safety.
- Protect you from any physical, sexual, psychological or patrimonial violence.
- Ensure that he/she lives with his/her mother, or with a trusted figure in his/her family group.
- Ensure the legal recognition of the child and the legal procedures related to responsible paternity and child support in cases that merit it. \*\*
- Protect their best interests.

*Protecting your health...*

Ensure that you receive prompt and appropriate pediatric care.

Monitor that he/she receives treatment for his/her illnesses and access to appropriate medications.

Ensure that he/she has received the appropriate vaccinations.

Ensure that their basic needs are being met (milk, food, diapers, clothing).

*It is essential to provide emotional and affective support to the child/adolescent and her/his child throughout the process.*

\*\* When the pregnancy of the child/adolescent was a consequence of victimization in the sex trade, issues related to paternity should be handled with extreme caution, as this is a serious situation of violence and a crime on the part of the exploiters. In these cases, it is recommended to seek specialized legal advice on children and adolescents, and to ensure that the State provides protection to the child and protects all his/her rights.

### **3.3 Second Order Intervention**

In this axis of the care process, the objectives should be aimed at:

- ▲ *Develop strategies aimed at guaranteeing the full enjoyment of other rights that have been violated.***
- ▲ *Ensure follow-up and monitoring of the actions initially implemented (ILO/ IPEC 2004, a).***

To this end, the service provider must ensure that all the aspects included in **Worksheet 3**, and any others deemed necessary, are fulfilled. In addition, each of these actions must be followed up in the medium and long term. It should be noted that in preparing this sheet, some of the elements mentioned by Porras and Sooten (ILO/IPEC, 2003) in the checklists for the incorporation of a rights-based approach in programs for the care of victims of commercial sexual exploitation were included.

## FACT SHEET 3

### Second Order Intervention

#### HEALTH:

- ❑ Monitor regular attendance at general medical check-up appointments for both the child/adolescent mother and her child.
- ❑ Follow-up of STIs, HIV/AIDS.
- ❑ Ensure that the child is being properly cared for in the health services.
- ❑ Provide information regarding your child's health and the means to ensure it.
- ❑ Provide access to milk if unable to breastfeed.
- ❑ Ensure that the child/adolescent and her/his children are adequately nourished.
- ❑ Ensure that the girl has a source of support in teaching tasks such as breastfeeding, changing diapers, feeding the child. **If not, health care providers should do the teaching.**
- ❑ Provide comprehensive information on contraception and comprehensive sexuality.
- ❑ Monitor attention to drug dependency problems in the child/adolescent.
- ❑ Encourage self-care strategies.

#### EDUCATION:

- ❑ Ensure insertion into the educational system and facilitate resources for their permanence (e.g., procedures for school scholarships, student dining services, transportation, student uniforms, etc.).
- ❑ Provide educational and didactic materials, as well as space and time for study and homework.
- ❑ Convey information about their rights, the laws that protect mothers under the age of 18, and the laws that protect their children.  
age, responsible paternity issues and alimony.
- ❑ Promote participation in technical training and personal strengthening programs for adolescent mothers over the age of 16.
- ❑ Provide vocational guidance and information on other educational options.
- ❑ Build alternative care strategies for your child to facilitate his/her educational process.

#### EMOTIONAL RECOVERY:

- ❑ To provide therapeutic support and emotional accompaniment in the process of motherhood and pregnancy.
- ❑ Facilitating emotional recovery from any experience of sexual abuse, incest, exploitation, etc. commercial sexual violence, domestic violence, etc.
- ❑ Provide emotional or therapeutic accompaniment to their children.
- ❑ Spiritual support to the child/adolescent and her family (this should be free of any myth or victim-blaming).
- ❑ Resignifying the experience of early motherhood through the identification, recognition and and validation of the child/adolescent mother's feelings towards her motherhood and her children.
- ❑ Psychological support in legal processes and complaints.

#### RECREATION:

- ❑ Participation in leisure activities, such as sports, recreational activities, artistic and cultural activities.
- ❑ Participation in spaces that promote spiritual formation.
- ❑ Facilitate contact with people their age in support groups, recreational programs, clubs, etc.

***In case the child/adolescent is pregnant, she should be monitored:***

- ❑ Prenatal and postnatal care.
- ❑ Adequate gynecological-obstetrical treatment.
- ❑ Knowledge of your health status and the condition of your pregnancy. This includes being informed if she may suffer any complications or if her pregnancy is high risk. In such a case, her best interests must be prioritized.
- ❑ Childbirth and childbirth preparation courses.
- ❑ Information if they have any disease, sexually transmitted infection, etc., that puts their life and pregnancy at risk.

In general, throughout this phase of intervention, it is essential to provide the girl with support that "allows for the creation of spaces for empathic reflection that make it possible to re-signify the experience of re-victimization, in a transforming experience that incorporates, rescues and highlights the potential of periods of crisis as a possibility for positive change" (ILO/IPEC, 2004, a:34).

In this regard, not only should the situation of sexual exploitation be reflected upon and redefined, but also the experience of early motherhood and the particular condition in which each one becomes a mother, as well as the feelings and thoughts associated with this experience. In addition to a rights-based approach, it is important to adopt a gender-sensitive approach in this phase of care that allows for listening to and understanding the girl or adolescent, analyzing the expectations and myths surrounding her motherhood and placing them in a specific psychosocial and historical context.

As Barg (2003) states, some approaches to this problem include a demand on girls and adolescent mothers to demonstrate to society and institutions that they are "good mothers", which undoubtedly responds to the feminine ideal that has been socially established as a mandate. Likewise, a double discourse is used since these mothers are considered irresponsible and are often judged because they have defied what is established as "normal" by engaging in precocious sexuality.

It is essential to break with this type of approach and with the stigmas built around girls and adolescent mothers in general, and even more so with those who have been doubly stigmatized through commercial sexual exploitation. Approaching the situation based on this type of schemes only leads to a "forced adaptation" and does not produce transformations that allow these girls and adolescents to fully develop.

Contrary to the above, it is necessary to develop an intervention approach from the point of view of the rights of girls and adolescents as social actors. As Barg (2003) points out, it is a matter of deploying an approach that takes into account their opinion, their best interests and those of their family; where respectful accompaniment is encouraged in the process of building their autonomy as well as in their particular way of being a mother in accordance with their psychosocial development.

As mentioned above, the objective in the second phase of intervention is to **protect and guarantee those fundamental rights that have been violated for both the child mother and her children**. In this regard, some essential considerations must be taken into account in order to facilitate and guarantee this comprehensive protection process:

- 1. It is essential that every child and adolescent participates in the construction of strategies for unveiling their reality.**

Throughout the intervention process, it is necessary for each girl and adolescent to be heard and to be able to participate in any decision or action involving both herself and her children. These minors "are subjects of law with a unique and interchangeable history; with needs and with knowledge that the struggle for survival has given them, knowledge that is not disqualified but incorporated into the subsequent approach strategy" (Frías, 2004:38).

It is necessary that the actions developed in relation to the problem consider as a priority the best interests of the child/adolescent, for which purpose their degree of maturity and personal conditions must be taken into account. In addition, it is essential to recognize and take into account the socioeconomic and historical conditions in which each girl is immersed.

**The right to health is an issue that must be monitored throughout the care process.**

In this regard, care must be taken to ensure optimal health conditions for both the child/adolescent mother and her child: access to health services, medical care for both, vaccinations and pediatric check-ups for her children. In this regard, all bureaucratic procedures should be avoided in order for both to be attended to in this type of services and the State and its institutions should be the guarantor of the provision of such care, i.e., no bureaucratic procedure should take precedence over the exercise of these rights. For example, if a child or adolescent does not have medical papers or insurance, it is the responsibility of the health personnel to provide timely, prompt and adequate service, so that the lack of documents is never a justification for not doing so.

It is essential to provide the child/adolescent with adequate, clear and understandable information regarding her/his health condition and to provide the necessary training for the healthy development of her/his children. Likewise, the treatment received by the child/adolescent in health centers should be monitored and any situation that may be detrimental to his/her integrity should be reported.

**It is necessary for girls and adolescents to be able to remain in the educational system and complete their schooling.**

It is the responsibility of the different social actors to facilitate this process and provide them with the necessary resources. The right to non-discrimination must be respected and, as far as possible, the child or adolescent must not be isolated or transferred from the formal education system. In the event that the girl or adolescent is pregnant, it is up to the State and public policies to make it possible for them to remain in the educational system during pregnancy and return to school after their early recovery. In order to effectively monitor the schooling process, it is recommended that the service provider maintain continuous communication with the teachers in charge of the child/adolescent.

In addition, the child/adolescent should be informed about the educational options offered by the State and their reintegration should be facilitated, taking into account the abilities, needs and conditions of each child/adolescent. In Costa Rica, for example, some of these alternatives are:

- ▲ *Regular education system*
  - ▲ *Open education system (any other type of center or institute that is endorsed by the Ministry of Public Education).*
- New Opportunities System (educational modules) Distance bachelor's degree*

As UNICEF points out, the educational environment, after the family, is the second circle that protects children: "Schools can play a very effective protective role in the lives of children, especially the most vulnerable" (UNICEF, 2004:51). According to the above, the school can physically remove the child from potential dangers, contribute to the development of skills and learning of information that will favor her protection:

The protection afforded by having received an education continues to be important in preventing child labor and in combating commercial sexual exploitation and trafficking of children, which mainly threatens girls (UNICEF, 2004:51).

It has also been found that girls who have received schooling, especially those whose life skills education has given them greater self-confidence, become less vulnerable to domestic violence and commercial sexual exploitation: "A schooled girl is less likely to be drawn into exploitative work outside the home, and is also less likely to perform household chores that are excessive for her age" (UNICEF, 2004:51).

Taking into consideration the age of the girl or adolescent and the importance of respecting her right to education, alternatives for the care of her children should be mobilized and promoted, as well as economic support and subsidies from the State.

**4. Throughout the intervention process, it is essential to strengthen the network of emotional support and solidarity between the girls, their families (family of origin and extended family) and other sources of support.**

Expanding this network should be a priority, since the girl or adolescent needs external resources to enable her to cope with her condition of motherhood and the maintenance of her children. To this end, the first-order intervention should have identified the main **sources** of support (especially female figures who provide support in the process of motherhood), which in this second-order intervention should be strengthened and turned into consolidated, stable and lasting **support** networks<sup>18</sup>.

As already mentioned, these sources of support should initially be sought from the child's family of origin. If this is not available, trusted figures from the child's extended family should be involved; finally, other sources of support can be sought in the community context.

It should be emphasized that the service provider should also be a support network that the child/adolescent can count on in any circumstance. This implies abandoning traditional approaches that seek to "keep a distance" from the person being served. Such a way of intervening prevents the development of an empathetic relationship where the caregiver becomes a person the child trusts. On the contrary, it is necessary to develop more child/adolescent-centered approaches, where these schemes are transcended in order to guarantee the child's well-being and protection.

For example, if the girl does not have a person who can fulfill these functions, the service provider can accompany her in processes related to maternity, such as: important medical examinations, prenatal appointments, the time of delivery, leaving the hospital after delivery, medical interventions for her children, as well as legal and educational processes, among others. These are all very valuable efforts, which, although they could transcend the established institutional functions, should be part of the professional and personal commitment of each service provider to the protection of the human rights of girls/adolescents and their children.

<sup>18</sup> It can be very positive to contribute to strengthening the relationship between the child/adolescent and her mother (biological or foster) and to encourage her to participate and collaborate in the care plan. It should be taken into account that this is not possible in all cases.

## **5.Emphasis should be placed on the sexual and reproductive health of girls and adolescents.**

It is important to provide clear and simple information about sexuality and contraception, free of myths and stereotypes. To this end, it should be taken into consideration that many of these girls and adolescents did not have the possibility of deciding when to become mothers, since both sexual abuse and commercial sexual exploitation prevent them from appropriating their sexuality and assuming motherhood as a free and conscious decision. In this sense, it is vital to provide emotional and spiritual accompaniment that allows them to resignify the repeated experiences of abuse and reduce the psychological sequelae of victimization. Such accompaniment should be provided not only to the child or adolescent mother, but also to her children, taking into account their age and stage of development.

In addition to the above, it is important for the child and adolescent to be able to find and give meaning to her motherhood, to recognize herself as a mother and to identify and accept the feelings involved. It should be taken into account, as Barg (2003) states, that they will not be able to give meaning to "being a mother" if they feel that society and institutions judge and expel them. It is important that throughout this process the girls feel accompanied and understood:

...But what is clear is that it is necessary to accompany her, because in this process she may be able to experience situations different from the successive abandonments to which she was exposed, learning together with "others", "us", how she can be a mother" (Barg, 2003:142).

It is the task of each service provider to respect the privacy and confidentiality of the minor cared for, as well as to collaborate with the development of a progressive autonomy in these girls and adolescents; "...to help them form opinions that allow them to make adequate decisions in the face of the awakening of their sexuality in relation to self-care and protection" (Barg, 2003:142).

## **Throughout the care process, efforts should be made to strengthen a healthy bond between the child or adolescent mother and her child.**

The importance of respecting and protecting the child's right to live with his or her mother, despite their young age and the conditions surrounding them, has been pointed out. It is therefore necessary to focus efforts on creating and facilitating a protective environment for the mother and child, as well as creating external support networks for their care and maintenance. As Vargas (2003) states, in most care programs, girl mothers and their children are not a priority population and in many cases are discriminated against, since several of the institutions consider adolescent pregnancy as a criterion for exclusion from their programs. However, the permanence of the girl or adolescent with her children is something that should not be questioned unless the life of one of them is in danger. This is consistent with the rights-based approach, since both the mother's desire to be close to her child and the child's right to have a family should be respected.

The possibility for an adolescent girl to stay with her children in an institution that offers protection from commercial sexual exploitation is consistent with the Convention on the Rights of the Child because it does not violate the rights of children to live with their mothers. It is also an effective intervention to promote responsible motherhood in adolescents and to reduce the risks of the generational cycle of abuse (Vargas, 2003:56-57).

When the girl/adolescent is in charge of raising her child, it is extremely important that in this last phase of intervention, guidance can be provided regarding "learning about motherhood". **Many of these girls and adolescents have not had a trusted figure to teach them what it is to be a mother and how to care for a child.** In this sense, in the process of caring for and raising a child, girls may experience insecurity, fear, uncertainty, and guilt for "not doing it right". This is compounded by society's remarks, where instead of guiding and teaching the girl, she is labeled as a "bad mother". Hence, it is necessary to include in this axis of care, guidance and education processes around:

Prenatal care and delivery.

Newborn care (including aspects related to breastfeeding and other alternatives)

Rights of the child.

Childcare (related to child grooming and hygiene: how to change diapers, proper nutrition, breastfeeding period, child health, vaccination, special care)

Child growth and development. Child

education and parenting patterns.

Development of limits to their children.

Affective communication with their children.

Importance of physical contact for their children.

To carry out this task, one must take into account the girl's age and stage of development, her learning pace and her personal resources. Do not impose on the girl functions that she is not yet ready to fulfill, but rather facilitate a gradual learning process that respects her condition as a minor, i.e., **do not expect her to stop being a girl because she is a mother....**

### Final Considerations

Throughout this article we have analyzed the situation of child mothers involved in commercial sexual exploitation and have emphasized the need to develop new intervention policies for their comprehensive protection and that of their children. There is no doubt that these girls and adolescents have lived through a situation of social exclusion and have faced countless experiences of extreme violence. These experiences must be redefined throughout the care process, but not only from a psychological or emotional point of view; it is also necessary, on some occasions, to facilitate a redefining from a legal point of view.

On the other hand, it is important to achieve actions that allow to glimpse effective possibilities so that the basic needs of girls and their children can be satisfied. As has been analyzed throughout this work, motherhood can be the trigger for the beginning of commercial sexual exploitation, can reinforce the girl's link with the sex trade and can determine her permanence in it. In this sense, the way in which motherhood acts as a vulnerability factor should be understood in each case, and action plans should be established to reduce its impact.

In this regard, it is important to develop highly supportive and empathetic interventions, for which the team of professionals in charge of care must be well trained in the human rights and gender approach.

The development of a strong, healthy, supportive and understanding bond with the girls and adolescents being cared for should be encouraged. This is very valuable if we take into account that in a large number of cases, these girls and adolescents have experienced the repetition of bonds full of exploitation, violence and disrespect. It is therefore vitally important to monitor the entire care process to ensure that it is not experienced as revictimizing by the child or adolescent.

Likewise, all interventions should focus on the child and her particular experience and be directly related to the violation of her rights and the harm she has suffered at all levels, with the objective of promoting and facilitating a process of growth, self-affirmation and development.

In general, as has already been pointed out, the care plan should contain multidirectional strategies directed at different levels of action: physical, psychological, social, legal, among others, which will allow the care provided to the girl to be deployed for her integral protection and that of her children. It is clear that this must be an inter-institutional and intersectoral work, involving different actors and social sectors, and that in order to be carried out successfully, a platform of services must be available to meet the needs of each of the girls and adolescents as well as their children. In this regard, it is important to emphasize that care cannot be limited only to the psychological component, but that it is vital to carry out interdisciplinary work involving professionals from other areas of health, social work, law, education, among others.

The primary goal of this care process should be the construction and reinforcement of a protective environment for the girl-mother and her children, i.e., the establishment of support networks for the comprehensive protection of girls and adolescents that are stable and lasting over time. For this, the role played by the State and its different institutions is indispensable; therefore, it is necessary to reinforce public policies and enforce current legal regulations, in order to guarantee actions in favor of minors in situations of risk and vulnerability.

In general, it should be kept in mind that in this type of intervention, care should always be synonymous with protection. This means that care should always be aimed at protecting girls and ensuring the guarantee and enjoyment of their rights. Unfortunately, this has been one of the greatest limitations of the models currently in force, which provide "attention" to girls without necessarily deploying actions aimed at the "protection" of their rights.

In conclusion, some final recommendations for service providers are offered:

Abandon the adult-centric approach that predominates in our society, which has led to denying the child mother or pregnant woman her status as a minor. That is to say, she is adultized because when she is pregnant she "ceases to be a child", and as an "adult", actions in favor of the protection of her rights are no longer deployed; placing on her more responsibilities than she is capable of fulfilling.

It is necessary to develop an approach that integrates ethnicity and considers the particular situation of indigenous girls, as well as the specific condition of trafficked girls who have been moved from their city or country of origin.

The child or adolescent should be accompanied and provided with emotional support during all legal proceedings, and care should be taken to ensure that these are not experienced as revictimizing. It may be positive to include strategies in which group spaces for support and empowerment are provided, where child/adolescent victims can share their experiences with each other, learn from group experiences and find other forms of support.

You do not know more than the child: this means that her opinion must be listened to and respected at all times, since the child's experience and experiences carry more weight than what the professional has accumulated in scientific knowledge. In this sense, it is the child who knows her situation best and her best interests must be considered at all times.

Use clear, simple and accessible language to communicate with the child/adolescent and his/her children.

Develop strategies for monitoring and evaluating the care process, involving the governing bodies for children and adolescents in each State.

It should be taken into account that many of these girls and adolescent mothers have never before had the possibility of accessing the educational system, so we should not speak of a school "re-insertion" but rather of a true first insertion.

It is essential that the service provider be able to develop effective strategies for self-care and the channeling of his or her own emotions.

The institutional response can be improved by opening up to new paradigms of intervention: the training of gender-sensitive professionals committed to human rights.

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## **PAMPHLET 3:**

### **Commercial sexual exploitation**

*Work proposals for comprehensive care for underage victims of violence*

*Integral Protection of Male Victims of Sexual  
Exploitation*

*Commercial: Guidelines for the Provision of Services*



**IPEC**

ROGELIO PARDO HERNÁNDEZ

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## ***Comprehensive Protection of Male Victims of Commercial Sexual Exploitation: Service Delivery Guidelines***

***Rogelio Pardo Hernández***

### ***Executive Summary***

This paper presents an intervention proposal with guidelines, suggestions and key aspects for the approach to male victims of commercial sexual exploitation, from a gender-sensitive, age and human rights perspective. These guidelines seek to have a significant impact on the comprehensive protection of this population, taking into account the particularities and vulnerability of these children and adolescents.

The elaboration of the proposal is based on a study carried out with male victims and survivors of commercial sexual exploitation. Direct work with the population made it possible to establish the vital moments and circumstances in the biography of these children and adolescents that build their vulnerability to the sex trade, thus defining their critical path. Likewise, experts in masculinity and in the subject of commercial sexual exploitation provided valuable information for the understanding of the vulnerability factors present in the life history of these minors.

This made it possible to define some of the particular axes that should be taken into account in the intervention with male victims of commercial sexual exploitation, since they should cut across all actions implemented by service providers. These include elements such as the construction of masculinity, identity and sexual diversity, the role of family expulsion and street life, discrimination, drug addiction and sexually transmitted infections.

The intervention also seeks to be framed within a strategy aimed at reducing and impacting vulnerability factors in this population, as established in the Cyclical Model of Articulated Responses proposed by Claramunt (ILO/IPEC, 2003), which serves as a general framework for the proposal to work with male victims. It offers recommendations and guidelines on the modifications to be made by the inter-institutional platform, and the services that should be included to provide an adequate approach to children and adolescents trapped in the sex trade, precisely according to the particularities they present.

In this sense, methodological recommendations are established to reduce the vulnerability of the victims by working with their families and with themselves, and especially by strengthening the institutional response in services such as health, education, technical training and protection.

## Presentation

Despite the importance and public relevance given to the problem of commercial sexual exploitation in recent years, the theoretical and methodological development to address this serious violation of the human rights of minors is still in its infancy. This implies that many aspects related to the knowledge of the reality that entails the entrapment of children and adolescents in the sex trade are only just being developed, as well as the strategies of care that seek to have a positive impact on the comprehensive protection of the rights of these victims.

In this sense, one of the methodological developments that is currently urgently needed is a proposal to address male victims of commercial sexual exploitation. Undoubtedly, these children and adolescents make up one of the most invisible groups of victims of this severe violation of rights. This invisibility and the social stigma with which they live, only significantly increase the risk of suffering a pronounced integral deterioration, without resources and services that are oriented to solve their specific situation.

Institutions have generally ignored the need and usefulness of constructing individualized action plans to achieve an impact with respect to severe human rights violations for the population of minors. This individualization has to do with the conditions, experiences and particularities of male victims, unequivocally transverse, not only because of their condition as children and adolescents, but also because of the construction of their masculinity and sexual diversity.

In this sense, and from the Comprehensive Protection Approach, this article aims to provide guidelines for addressing male victims of commercial sexual exploitation, based on the Cyclical Model of Articulated Responses. Therefore, the proposal aims to reduce and impact the vulnerability factors of children and adolescents to commercial sex, through an inter-institutional service platform that takes action in an articulated and coordinated manner, ensuring the exercise and enjoyment of all the rights of child and adolescent victims.

The work proposal outlined in this article is the result of the systematization of the information gathered through a methodological strategy that included the following aspects:

- ▲ *Interviews with male victims of commercial sexual exploitation.*

- ▲ *Discussion workshop with adult male survivors of commercial sexual exploitation.*

*Focused interviews with experts. Experts on masculinity and male victimization, experts on the issue of commercial sexual exploitation and people who have participated in the construction of proposals to address this problem from a comprehensive protection approach were included.*

- ▲ *Review of findings regarding male population in previous research on commercial sexual exploitation.*

*Collection of information from the files of male victims. Specifically children and adolescents served by projects specialized in addressing the problem of commercial sexual exploitation.*

The article begins with a presentation of significant elements to take into account when addressing the comprehensive protection of male victims of commercial sexual exploitation, especially aspects related to masculinity and sexual diversity, HIV/AIDS and other sexually transmitted infections, the role of drugs in male victimization, and the importance of an approach centered on the particularities of the individual child or adolescent.

The second part of the article explores the specific characteristics of the victimization of children and adolescent boys, the vital events that mark the construction of their vulnerability and the particular needs they face, which must be taken into account in order to achieve the comprehensive protection of their rights.

Finally, the third part of the paper presents the main elements related to the construction of a strategy aimed at achieving the full enjoyment of the rights of male victims of commercial sexual exploitation. Recommendations are included from the process of evaluation and construction of the intervention plan, through the implementation phase of the plan and the monitoring of its impact on the situation of child and adolescent victims.

### ***1. General considerations for approaching male victims of commercial sexual exploitation***

Through the exploration of the vulnerability pathway of male victims of commercial sexual exploitation, it was possible to define certain elements that should be taken into account when outlining a protection strategy for children and adolescents trapped in the sex trade. These elements include factors and aspects related to male victimization, the development of which in this working document is intended to provide the service provider with significant knowledge that will cut across the responses and services offered to this population.

In this sense, a brief explanatory development of the elements that may be key when defining the type of solutions aimed at reducing the vulnerability of male victims of commercial sexual exploitation is made. These are the following:

- a. Masculinity, adolescence and victimization.
- b. Sexual diversity and commercial sexual exploitation.
- c. The presence of drugs in male victims of commercial sexual exploitation.
- d. Sexually transmitted infections and HIV/AIDS.
- e. Survival on the street and violence.
- f. Individuality as the basic axis of intervention.

This section will refer to these aspects, which should be taken into account when establishing a methodological strategy for approaching this population.

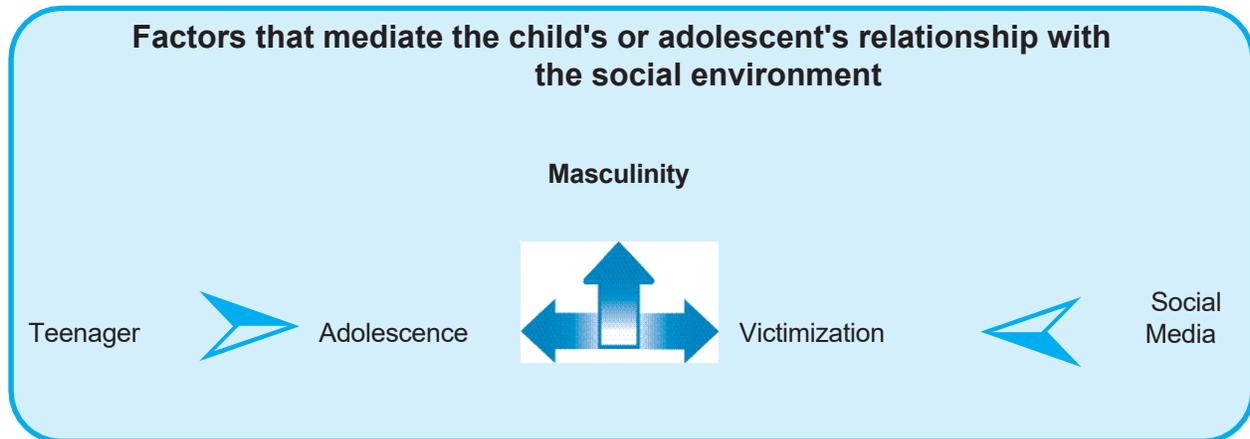


#### ***1.1 Masculinity, adolescence and victimization***

This conceptual triad will be important when dealing with male victims of commercial sexual exploitation, as it permeates the way in which children and adolescents relate to the environment and to other people, and of course, how they react to the possible responses that service providers may try to ensure the full exercise of their human rights, starting with living free from violence and exploitation.

In this sense, these elements will serve as conditioning factors that not only interact with each other, but will also mediate between the minor and the social context in general, which makes it essential to achieve an adequate understanding of the way in which such conditioning occurs.

**Diagram 1**



As can be seen in the suggested diagram, the response of the child or adolescent to the social environment is significantly influenced by factors related to the construction of masculinity in our societies, the age stage the minor is going through (adolescence) and the previous and current experience of victimization. These three elements are interrelated and form a sort of filter that will affect the way in which the male victim of exploitation will understand the environment around him and, therefore, how he will react to it. Within this social environment, the efforts made by the service platform to ensure the full enjoyment of the minor's rights would, of course, fall within the scope of this social environment. Although there may be other elements in the psychology or in the specific context of a child or adolescent that affect his or her response and interaction with other people, these three elements were identified by experts in male victimization as the most influential in this regard.

The relationship between masculinity and adolescence is especially significant. As Garita (2001) will tell us:

*Adolescence for boys means leaving the world of their mothers and women at home and establishing a 'manly' identity. This requires a gradual change of roles towards fathers and adaptation to models provided by other boys or male adults around them (Garita, 2001:24).*

In this sense, adolescence is a time when, in addition, a series of roles begin to be cemented, learned mostly through social modeling, and which will establish a person's identity as a male in society. These roles are undoubtedly associated with behaviors often related to the ostentation of power over others. Thus, Campos and Salas (2002) explain that

*... in the peer group, the masculine culture transmits or teaches the young man to be aggressive, competitive and insensitive. For a boy to be accepted by his peers, he must develop some level of aggressiveness, while submission is associated with the danger of feminization (Campos and Salas, 2002: 28).*

Thus, the boy learns that "being a man" often implies an acquired behavior associated with violence and demonstrations of power over others, distancing himself from notions of femininity (associated with vulnerability), projecting himself as an independent person who does not need help and who, on the contrary, can take advantage of or even violate other people.

Victimization is the third element of this triad that mediates the relationship of the minor victim of commercial sexual exploitation with others and the social environment in general. The experience of victimization is primarily related to a violent social context, which questions their condition as men because it victimizes them, placing them in a submissive role. This can lead boys and adolescents trapped in the sex trade to tend to overcompensate, through their own use of violence, for the questioning of their sexual or gender identity. This sometimes leads them to become not only victims resistant to receiving support or even basic services (which would imply acceptance of their victimhood) but, in some specific cases, to become victimizers of others who are more vulnerable than they are, a possibility that increases as they progress through adolescence. This is reinforced by the models of masculinity with which they have had contact, which are precisely the people who have violated them (stepfathers, neighbors, exploiters, etc.).

This has important implications for the services offered by institutions for male minors. This does not imply that it should be assumed that every male victim will be violent a priori, far from it. If they do become violent, they generally direct their aggression towards other vulnerable people, such as other child victims. However, some boys or adolescents may exceptionally be resistant or even aggressive, a possibility that must be taken into account.

When dealing with male victims of commercial sexual exploitation, service providers must take into consideration that they are children and adolescents who have suffered systematic abuses, and also those whom institutions and adults in general have failed to protect. In this sense, building the empathy and trust necessary to work with them may take longer than expected.

In this sense, it must always be clear that from the comprehensive protection approach, human rights are inalienable, and that not even the express request of the child or adolescent, or his or her behavior or attitude, can justify not working to achieve comprehensive protection. It is the obligation of the State and its service providers to ensure that minors have all their rights protected.



### **1.2 Sexual diversity and commercial sexual exploitation**

Through the studies carried out in Costa Rica in relation to the commercial sexual exploitation of minors, it has been possible to determine some of the main factors involved in this severe violation of the rights of children and adolescents. As part of the panorama drawn by these incipient investigations (Claramunt, 1998, ILO/IPEC, 2002), it has been possible to identify the main consequences of the sex trade on the lives of the victims, as well as the vital events that contributed to build their vulnerability to exploitation.

Another aspect that was clearly identified is the sexuality of the exploiters: the perpetrators are, by a very wide margin, men (ILO/IPEC, 2002). More than 90% of the minors interviewed were exploited exclusively by adult men.

This was confirmed by what was stated by the experts interviewed during the research process. Although some children and adolescents may occasionally be victimized by women, the truth of the matter is that the exploiters are primarily men. This implies that male victims are generally subjected to homosexual practices as part of the victimization they suffer.

This is also related to the fact that among the male victims there is a very significant number of children and adolescents with non-heterosexual<sup>19</sup> sexual diversity: whether they are

<sup>19</sup> For the purposes of this article, sexual diversity will be understood as non-heterosexual sexuality, even though heterosexuality by definition is part of such diversity. See glossary in the annexes to the article.

identify themselves as homosexuals or even transvestites, or that their sexual practices are associated with these categories (see part 3 of this article: "Who are the male victims of commercial sexual exploitation?")

In this regard, it is important to establish some aspects related to sexual diversity in children and adolescents. First of all, it is important to point out that the United Nations, since early 2004, stated that it accepted that "a correct understanding of the fundamental principles of human rights inevitably leads to the recognition of sexual rights as human rights" (Amnesty International, 2004, accessed at <http://web.amnesty.org/library/index/esIPOL300202004>).

Likewise, it is worth noting that there are domestic regulations in most countries derived from the Convention on the Rights of the Child, which protect the right of minors to have their own identity, which ultimately includes sexual identity.

In this sense, service providers have the obligation to respect the sexual identity of children and adolescents, beyond their own sexual practices or identity, or the moral-religious precepts they have. This respect must be manifested when outlining guidelines and actions from a human rights approach.

Therefore, in the case of minors with sexual diversity, whether homosexual or transgender (including transvestites, transsexuals, intersex and transvestites<sup>20</sup>), the intervention should not be aimed at repressing or attempting to change the identity of the child or adolescent. Such an action would violate the right of the minor to have his or her own sexual identity and experiences, and would unequivocally be a manifestation of violence against him or her that would have significant consequences for his or her well-being, such as trauma or running away from home or any other context where such violence occurs.

***The sexual rights of minors are human rights. Respect for the way they live their sexuality, beyond situations of abuse or exploitation, must be a pillar in the approach to victims of commercial sexual exploitation and to children and adolescents in general. They have the right to have their own sexual identity.***

In any case, male victims of commercial sexual exploitation should be provided with information related to their sexual rights, from a position of absolute tolerance with respect to the sexual orientation and experiences of the child or adolescent. Any attempt to repress any sexual behavior (as long as it does not imply abusive actions towards other people or against themselves) would be contrary to the human rights approach, which should be the guideline to be followed in services oriented to this population. However, this basic premise of respect for the right to define one's own sexual identity should not be used as an excuse for not intervening in situations where a minor is being abused or exploited. No minor should be subjected to these situations, and the obligation of service providers is to ensure that in the process of shaping their own sexual identity, there are no experiences and situations where an abuser or exploiter will take advantage of the vulnerability that this process implies. The right to live free from exploitation and abuse is inalienable.

While it is true that adolescence as a stage of definition and transition in many aspects of human identity (including sexuality) could imply that the behavioral manifestations of children and adolescents could change in the future, what should prevail above all is respect and appropriate guidance, based on tolerance for diversity, in terms of the sexuality of minors.

<sup>20</sup> See appendix.

Some aspects to take into account in the approach to male victims of commercial sexual exploitation in this regard are the following:

*Some children or adolescents perform homosexual acts within the dynamics of exploitation. This does not necessarily make them homosexuals, and they should not be treated as such unless they identify themselves as such.*

*Some adolescents may be reluctant to identify themselves as homosexual because it implies a social stigma, and within the construction of masculinity, it brings them closer to femininity (which from patriarchy and traditional masculinity has a negative connotation) and vulnerability. The service provider's tolerance should be reflected in a position of not reproducing censorship and social stigma toward homosexuals.*

*Children and adolescents with behaviors associated with transgenderism have the same rights as other minors. Transgenderism includes transsexualism, transvestism, intersex, fetishism and transformism. Transgenderism should be seen as another gender identity, and respected as such. However, given the social reality, many of the actions wielded by the interinstitutional platform of services should be aimed at reducing the vulnerability that comes with having behaviors associated with transgenderism, as will be seen below.*

*The provision of services for this population (children and adolescent victims of commercial sexual exploitation, whether or not they are sexually diverse) does not differ to any great extent from that which should be provided to the rest of the underage victims of commercial sex, despite the aspects that are obviously specific to them, and which are addressed in this article. Within this service provision, psychological care should not be a privileged strategy, much less as a tool oriented to achieve protection from abuse and exploitation. Psychological care is circumscribed within the strategies to mitigate the aftermath of sexual victimization, according to the particularities of each minor, and always as part of the approach that follows to ensure the safety, health and life of children and adolescents.*

*Homosexuality and transgenderism are not pathologies, nor do they in themselves imply the need for intervention, especially psychological intervention. In this sense, recent studies have ruled out the causal relationship previously thought to exist between previous experiences of abuse and the experience of sexual diversity.*



**1.3 The presence of drugs in male victims of commercial sexual exploitation** According to what was found during the research process, the presence of drugs is especially strong in male victims of commercial sexual exploitation.

As other authors have already explained (Claramunt, 1998; ILO/IPEC, 2002), the role played by drugs among the victims of the sex trade is varied (see also the article "**Commercial sexual exploitation and drug use**" in this working paper), but among male victims they are used to mitigate the physical and psychological pain produced by the sexual victimization they experience and by the lack of food and shelter.

However, the presence of drugs, especially when drug dependence is created, also becomes an important factor of vulnerability to the sex trade. The important thing, in this sense, is to evaluate precisely the role that drugs have played and currently play in the construction of this vulnerability and in the maintenance of children and adolescents in the sex trade.



#### **1.4 Sexually Transmitted Infections (STIs) and HIV/AIDS**

Victims of the sex trade, children and adolescents are at risk of contracting sexually transmitted infections, including, of course, HIV/AIDS. The implications of such exposure for the health of this population are obvious, even jeopardizing their right to life.

Early studies of commercial sexual exploitation with male victims (Alvarez-Correa and Suarez, 1998) already emphasized the role played by these diseases in the dynamics of the sex trade with children and adolescents and the effect this exposure has on the quality of life of the victims.

The spread of STIs, which in this population is close to an epidemic problem, is evidenced in the testimony of victims and survivors of commercial sexual exploitation. While adult survivors narrate how they have lost a large number of acquaintances (also victims of the sex trade) to HIV/AIDS, an adolescent victim reports that:

*I never used a condom with any client... they didn't like it, and I never asked for it (Mario\*, adolescent victim, 14).*

The adolescent was victimized for five months on the streets and during that time he was infected with syphilis and a chancroid. It is evident that the intervention plan to be developed for these people must include the particularities referred to the presence of sexually transmitted infections and HIV/AIDS.

It is important, when building a platform of services that responds to the needs of male victims of commercial sexual exploitation, to consider at least two services related to this aspect:

**Guidance and information on sexuality and responsible sexuality:** *this is done so that the adolescent can use the knowledge in his or her personal life, with his or her partner, so that he or she can have a healthy and protected sexuality. However, the work of the service provider must be oriented towards the comprehensive protection of the rights of the minor. not in "improving their living conditions" by remaining in the sex trade.*

▲ **Adequate health services for the treatment of STIs and HIV/AIDS:** which may imply modifying and/or adding services by the inter-institutional platform. The necessary tests, medications, and treatments in this regard should be readily available so that this population can obtain them expeditiously.



#### **1.5 Survival on the street and violence**

As will be seen below, survival on the street and the experiences of violence that accompany this experience are important factors to take into account when designing an intervention plan with a male victim of commercial sexual exploitation. Among male victims, the cases of children or adolescents who remain in their homes while suffering exploitation tend to be exceptional.

\* The names of minors have been changed to protect their identity.

This is even more evident for male victims of sexual diversity, especially those who have behaviors associated with transvestism, as will be explained below. In any case, survival on the street could have the following consequences for children and adolescents:

**Diagram 2**  
**Consequences of survival on the street**



It is important to point out that the devastating consequences, intimately related to the human rights violations associated with commercial sexual exploitation, increase significantly as children and adolescents remain on the streets for longer periods of time. Any strategy in this regard should aim at detecting street children as early as possible. Likewise, an important variable to be taken into account when defining the individual solutions to be implemented should be precisely the time that the child or adolescent remained without an adequate place to live.



## **1.6 Individuality as the basic axis of intervention**

The plans and strategies put in place to ensure that children and adolescents fully enjoy their human rights must, by definition, take into account the individual particularities of male victims of commercial sexual exploitation. The presence of homosexual adolescents and/or adolescents with behaviors associated with transvestism is an example of these differences that must be taken into account and that condition the type of response that will be effective for the victim.

Likewise, the existence of other aspects, such as the presence or not of drug dependence, possible family and/or community networks, the particular history of violence, the transmission of sexually transmitted infections or the existence of behaviors in conflict with the law, should always be taken into account in the design of strategies for this population.

It is particularly important to take into account the child's or adolescent's opinion, and to involve him or her in any plan or strategy that is to be carried out, since in addition to being his or her right, this also implies including strategic information in the preparation of the plan and increasing the chances that the adolescent will be able to follow the plan drawn up.

## **II. Who are the male victims of commercial sexual exploitation?**

In order to be able to clearly establish the methodological strategies to be applied to the comprehensive protection of the rights of male victims of commercial sexual exploitation, it is imperative to know in depth who these children and adolescents are.

This knowledge is aimed at knowing in detail the biographical events and social conditions that built their vulnerability to the sex trade, and which, in addition, keep them trapped in the dynamics of exploitation. This would provide valuable information about the specific needs and particularities of this population, facilitating the design of strategies aimed precisely at the effective reduction of such vulnerability. Without knowledge of the dynamics and vulnerability of children and adolescent victims of the sex trade, efforts to guarantee the full exercise of the rights of this population would be fruitless, or at least of little benefit.

The examples of vulnerability pathways mentioned below were constructed based on the accounts provided by male victims and survivors of commercial sexual exploitation, as well as on the opinion of experts in the field.



### **2.1 The construction of vulnerability in children and adolescent victims of commercial sexual exploitation.**

Due to very marked differences between them, two main groups of male victims of commercial sexual exploitation could be established. On the one hand, there are boys and adolescents who present behaviors associated with transvestism, or with markedly feminized behaviors, and on the other, victims who do not have these characteristics.

The possible routes of construction of their vulnerability to the sex trade were constructed, as explained above, by systematizing the experience offered by both direct service providers and experts on the subject. The interviews with adolescent victims were primarily used to illustrate what was pointed out by the key informants and to finalize these possible routes.

### 2.1.1 Children and adolescents presenting behaviors associated with transvestism

According to experts, victims and survivors, the behavioral manifestations associated with transvestism, or highly feminized behaviors on the part of children and adolescents, begin very early in their development. And with their appearance, significant experiences of stigmatization and rejection begin to occur, which will be key factors in the construction of the vulnerability of these children and adolescents.

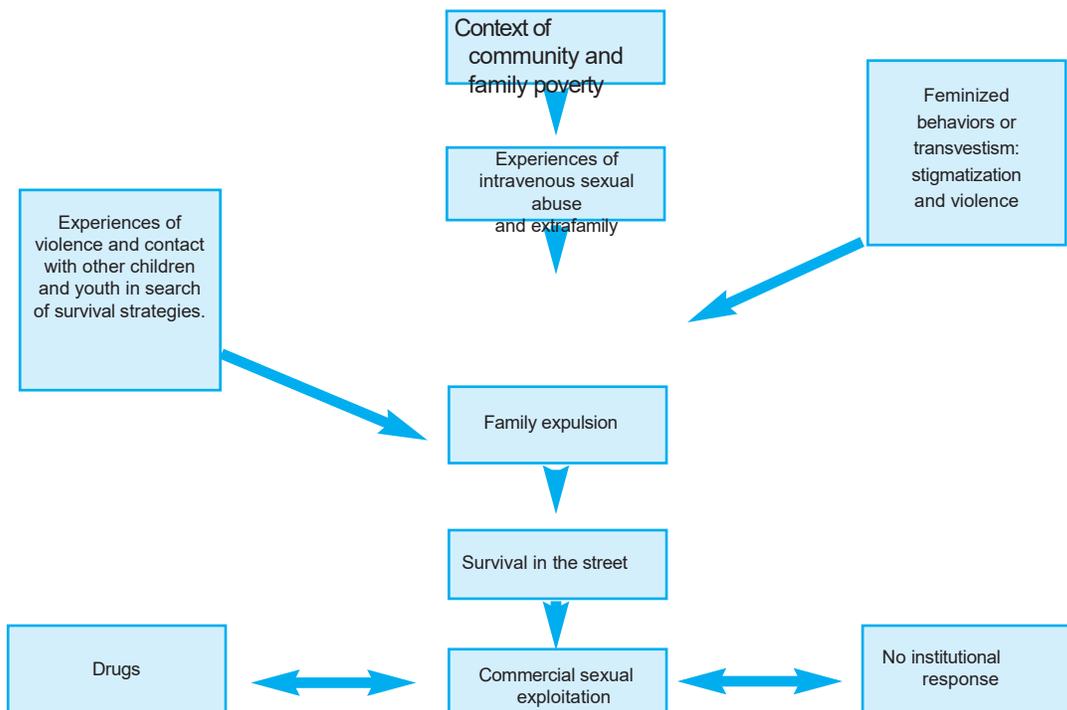
The experiences of discrimination and even violence that children experience from a very early age mark a significant increase in their vulnerability. Often, these manifestations of discrimination and violence originate in the child's own family and, in general, in the social context in which the child develops. This discrimination pushes them to marginalization and isolation, becoming a very important risk factor for suffering severe violations of their human rights, as their support and containment networks deteriorate.

***Intolerant communities will tend to form intolerant families. Incontinent communities will favor the existence of families with difficulties in containing their members. Community strengthening is basic for family strengthening.***

The deterioration of these networks, marginalization and isolation often culminate in family and community expulsion processes, as a result of a process of stigmatization in educational, community and family environments.

Below is a graph that exemplifies the vulnerability route through which children and adolescents with behaviors associated with transvestism or with highly feminized behavioral manifestations go through, which are determinant in the construction of their vulnerability to sexual exploiters.

**Diagram 3**  
**Important conditions and life events in the construction of vulnerability to commercial sexual exploitation**



This is only one possible route for the construction of the vulnerability of children and adolescents with these characteristics, possibly with the most common elements, but nevertheless, it is simply an example, a possibility. In reality, the biographical events that gradually increase the risk of a child or adolescent with feminized or transvestite behaviors to the sex trade vary with each minor. Each history has its own variables that must be evaluated and contemplated in the intervention.

However, as already mentioned, the above proposal contains the elements that appear to be the most common. Being the aspect of feminized or transvestite behaviors a key point in the construction of vulnerability, the issue of poverty, and even sexual abuse, may or may not be present. However, rape and sexual abuse seem to be generally present within the population, not so much poverty. In any case, survival in seriously deprived contexts has a known effect on the possibilities of a person or family to have access to the satisfaction of their basic needs, in an economic system that subsists precisely thanks to the exploitation of a social sector.

As for the sexual abuse suffered by victims, like any event of this nature, it has significant emotional consequences, including psychological trauma and a negative impact on the construction of the self-image and sexuality of the minor, aspects that increase his or her vulnerability to the sex trade.

On the other hand, the existence of feminized and/or transvestite behaviors in this critical path, as already mentioned, are precisely at the core of the increased vulnerability of these children and adolescents, primarily due to the stigmatization and intolerance towards sexual diversity that prevails in our society. As a result, these behavioral manifestations are accompanied by a significant burden of experiences of violence, ranging from discrimination to physical and sexual violence. Such experiences of violence lead to a process of isolation and marginalization of the child or adolescent, precipitating a process of school, family and community expulsion.

This expulsion of the child or adolescent from all of the child's or adolescent's contexts forces him or her violently to remain on the street. This process of staying on the street may occur gradually, as the minor is gradually marginalized from his or her containment spaces, or from one moment to the next, when he or she is literally "thrown out". The street experience brings him/her into contact with peer groups that have been on the street longer, often already involved in the sex trade, who "teach" him/her how to survive through the sex trade.

Once entrapment occurs, drugs play a maintenance role in the child or adolescent's sex trade. Many initiate drug use to mitigate the emotional and physical impact of victimization, but when drug dependence occurs, it ends up becoming an entrapment factor, since the only way to obtain the resources to acquire drugs is through the sex trade.

Likewise, the risk behaviors that they often learn by modeling, imply an increase in vulnerability, as they become offenders in many cases (many steal or sell drugs, according to the reference made by direct service providers and experts in working with this population). This makes it difficult for them to access services related to the exercise of their rights, and to build support networks with people who are not precisely delinquents or minors with behaviors in conflict with the law, increasing the deterioration of their living conditions and making it difficult for them to withdraw from commercial sexual exploitation.

In addition, institutions tend to make the existence of this population invisible, and the supply of services for them is generally non-existent. When they do exist, the particularities of their sexuality and the special needs they entail are not taken into account at all. For example, one of the children interviewed (Mario, 14 years old, transvestite) reported that he was transferred to a shelter.

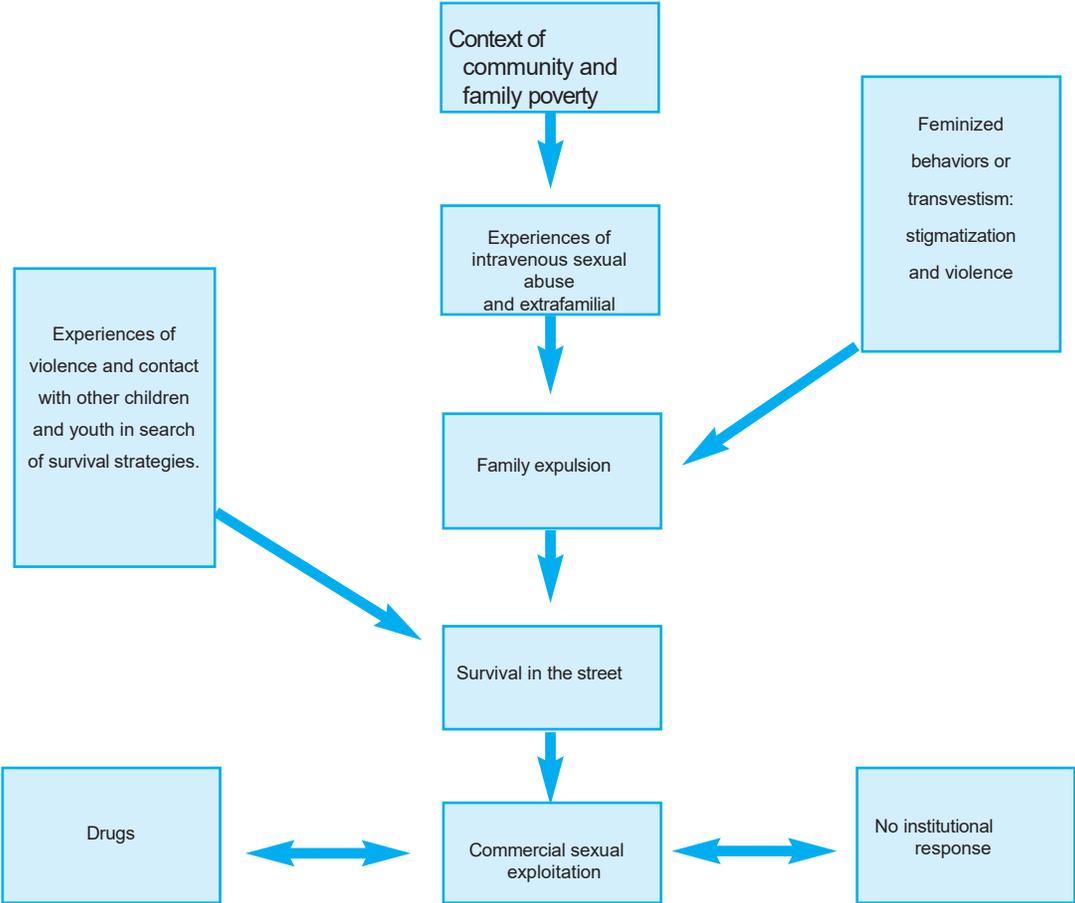
(an institution administered by the public institution in charge of children and adolescents) and in said place he was repeatedly violated during his ten-day stay. At the end of these ten days, and for this reason, he stated that he requested a transfer to a shelter, from which he "escaped" a few days later, alleging mistreatment by the professionals.

**2.1.2 Other children and adolescents trapped in the sex trade**

As mentioned above, there are also child and adolescent victims who do not present feminized behaviors or behaviors associated with transvestism. It could be said that although they have common aspects in terms of the vulnerability pathway described above, there are some elements that distinguish them.

**Diagram 4**

**Important conditions and life events in the construction of vulnerability to commercial sexual exploitation**



For these children or adolescents, in contrast to those previously mentioned, the factor that stands out is that of significant disciplinary problems, often associated with drug use and behaviors in conflict with the law.

In this case, poverty plays a fundamental role in the vulnerability of male victims to the sex trade. It is precisely living in a deprived context, which strongly affects the continent capacity of families, often due to the fact that there are several children, only one adult to take care of them, and who, in addition, must provide for the family, weakening her role as protector of minors. This often results in expulsion, or even lack of insertion in the educational system, which in itself can be considered expulsion due to the poor quality of services, in terms of adapting to the real conditions of children and adolescents and the limited efforts made to keep them inserted.

Parallel to this, in many cases there is violence within the family nucleus and very often severe physical abuse against the minor. This leads to a gradual expulsion of the child or adolescent from the family context, placing him or her in an increasingly prolonged situation of homelessness. Family expulsion is often consummated when the parental figures give up trying to control the behavior of the minor and literally throw him/her out of the home.

Once on the street, the process that follows is very similar to that of the first group of children and adolescents, with a deepening of drug use and a poor, if not non-existent, state response to the needs of these young people.

However, it must be considered that the most important breaking point for most male victims of commercial sexual exploitation, as far as the construction of vulnerability is concerned, is precisely the expulsion from the family environment and their consequent permanence in the street, mainly due to the absence of the necessary tools on the part of the family to manage, understand and/or tolerate the behaviors presented by these children and adolescents.



**2.2 Particularities of the population: human rights violations and the difficulties for their full exercise**

The attention of male victims, according to their particularities and specific conditions, presents certain problematic knots, which must be addressed and resolved by the inter-institutional platform of services, in order for this population to fully enjoy their human rights.

The following are some of the main issues and suggested solutions aimed at the full exercise of the human rights of male minors who are victims of commercial sexual exploitation:

**2.2.1 Right to family coexistence:** since family expulsion is the most important breaking point in the construction of the vulnerability of children and adolescents to the sex trade, the enjoyment of this right is essential to effectively reduce this vulnerability.

*Institutionalization is contrary to the precepts established by the Human Rights Approach for minors, and to their right to live in a family, continent and welfare context. The shelter or institution becomes a risky context for the child or adolescent, as they often suffer physical and sexual abuse in these contexts. It is especially risky for children or adolescents who are feminized and/or have behaviors associated with transvestism.*

However, guaranteeing this right with this population may observe some complications, derived mainly from the intolerance (either towards feminized behaviors or towards problems of indiscipline) that may be found within these families towards these children and adolescents. However, in accordance with the comprehensive protection approach, the following can be noted:

- a) **Work should be done with the family** as the main option, with the objective of reintegrating the minor into his or her family environment. This work will be aimed at ensuring that the family not only receives, but can effectively contain the child or adolescent, providing him/her with an adequate protective environment (see the respective article in this working document).

The work of family strengthening will depend precisely on the original reasons that precipitated the expulsion of the minor. In the case of boys who present significant problems of indiscipline, the work should be oriented towards obtaining the necessary resources so that the parental figures can establish adequate limits for the other members of the family. Undoubtedly, obtaining economic resources, through scholarships, subsidies and economic contributions, that favor the permanence of adult figures in the home and their strengthening as authority figures, should be one of the main steps to be taken.

At the same time, it may be useful to guide the family in the application of alternative forms of discipline to physical punishment and the establishment of limits, in a gradual but effective manner.

In the case of sexually diverse children and adolescents, the work should be aimed at building family tolerance regarding the characteristics and rights of minors. This work with the family can be based on information and sensitization on alternative sexuality. In this sense, there are instances that can orient service providers on the subject of sexual rights, which can be a useful tool for the approach (the Movement for the Fight against HIV/AIDS and the Center for Culture in Sexual Diversity of Costa Rica, CIPAC, are examples of such instances).

However, as mentioned above, the work of strengthening these families is not likely to be an easy task. With a history of not being able to handle the particular characteristics of these children and adolescents, it may become an arduous task to build the necessary tolerance for the victim's reintegration into his or her family. However, no effort should be spared to achieve this goal.

- b) **Seek alternative family resources**, both in the extended family and in members of the community, that present adequate or workable conditions for the insertion of children and adolescents. In the first place, the extended family can be an important resource, since the minor often knows the people beforehand, which would facilitate his or her acceptance. If there is no family that could serve as an instance to receive him or her, one should turn to the community context, in search of other family resources or people with conditions that could receive the minor. In this sense, what should be sought is the

The achievement of a community family resource that, although it may not necessarily have all the desirable characteristics, can be strengthened so that it becomes a supportive environment for the child or adolescent.

Members of the community with characteristics of gender tolerance or even with alternative sexuality experiences, but with the capacity to provide adequate support and protection to the minor, can be very valuable resources in the case of sexually diverse children or adolescents.

- c) **The construction of a cohabitation option** between male minors with similar characteristics would be the last option, after the failure of the previous strategies to offer the child or adolescent an affective environment suitable for his or her development.

Under a **house-home** modality, cohabitation groups of male victims can be established in similar conditions, who receive care and protection services, in order to allow them to build meaningful affective bonds and have an adequate context of limits. Limits can be operationalized in the form of domestic responsibilities, schedules and routines, rules to be respected, among others. This option would be exploratory, since it has never been implemented in Costa Rica, for example. It would imply the following efforts to be made:

- ▲ *Securing a physical location for each group of boys, where aspects of space, physical safety and comfort can be guaranteed.*
- ▲ *Close monitoring by professionals from various disciplines, in a dynamic that allows them to implement effective boundaries with male victims of the sex trade, while developing emotional bonds with them.*
- ▲ *Someone in charge of the day-to-day running of the house-home, who has the necessary profile for working with this population, which implies training in commercial sexual exploitation, street outreach and sensitivity to sexual diversity.*

*A routine that guarantees the exercise of rights for all children and adolescents, including health, protection and education. It may involve constant visits by professionals who provide services related to these rights.*

*A homogeneity in the choice of cohabitation groups, so as to minimize the possibility of victimization of one minor by another. Likewise, vigilance in this regard should be strict. The criteria for choosing the groups should take into account aspects related precisely to age, time spent on the street, and the identity and/or sexual practices of children and adolescents.*

As an option yet to be explored, it would be useful to start with a small group of adolescents of older ages and, as part of the close follow-up provided by the professionals, to prepare reports that allow the systematization of lessons learned in order to improve the model.

**2.2.2 Right to protection from drugs.** Currently, the existing institutional offer is insufficient to meet the needs of the underage population with drug dependence.

In this sense, one of the main problems to be solved is the lack of government options to address the problem. This is because the supply of services is in the hands of the private sector, and the government exercises little control over the nature of the services offered by these entities.

To make matters worse, the vast majority of private agencies, if not all of them, do not offer services for sexually diverse minors, and in general have requirements that are difficult to meet for children and adolescents with prolonged periods of homelessness and the behavioral problems that come with it.

In this regard, it is important to highlight some of the points made in the article on the subject included in this working paper:

*When drug use is moderate or mild, there are alternatives to drug treatment that do not involve institutionalization of the minor. Moreover, work in general to reduce vulnerability to the sex trade tends to have very positive results in terms of protection from drugs in this population, without working directly. However, the drug factor in a victim of commercial sexual exploitation should be closely monitored and never underestimated. Other alternatives include outpatient strategies, through support groups and medical options for managing drug use.*

*In the case of these children and/or adolescents, efforts should be made to avoid institutionalization in a residential center, and the possibility should be sought for treatment to be received on an outpatient basis. The choice of a "sponsor", in the context of a psychopharmacological strategy to reduce consumption, along with a stress reduction model with the idea of controlling the environmental factors that trigger consumption, could be a strategy to be evaluated.*

*When there is drug dependence, this aspect must be addressed as a priority, due to its vulnerability-enhancing role. The existing options are generally residential, i.e., they imply the permanence, for a specific period of time, in an institution. The construction of communities that are effective in protecting a dependent child or adolescent from drug use has not yet proven to be effective, but they are an option that can be implemented with the appropriate guidance of professionals. In any case, if it is necessary to use the residential option due to the high consumption of substances by the minor victim of commercial sexual exploitation, it should be clear that the institution chosen will be the one that facilitates the continuity in the implementation of the intervention plan with the child or adolescent, and that enables the articulation and coordination of efforts, not only to protect the minor from drug use, but also from the sex trade.*

*The change of social context (neighborhood or community) can favor the decrease in consumption and the level of protection of the child or adolescent against both problems, drug dependence and sex trade. The location of a family and/or community resource in a different locality from the one where the victimization occurred would significantly support the probabilities of success of the intervention strategy.*

**2.2.3 Right to study and vocational guidance.** Taking into account the particularities of the population and the needs they entail, minors should have access to an educational, academic and vocational offer that is attractive and, of course, profitable for them. In this sense, it is not a matter of offering only one option, since both options, especially for this population, are essential in the construction of a positive life project. Both options (*formal and vocational education*) should be offered in parallel.

As an example, it can be mentioned that both survivors and victims of commercial sexual exploitation in sexual diversity mentioned that the vocational options that are attractive to them, in general, are not included in the services offered by the Ministry of Public Education, nor by the Institute for the Advancement of Women.

National Apprenticeship Program. In the latter, although many training offers are attractive to them, the requirements make it impossible for them to access them. In general, they referred to activities related to haute couture, beauty and esthetics, professional makeup, among others. In this sense, an adequate range of possibilities should be provided, not only including those mentioned above, but also responding to the needs and interests expressed by these adolescents, as this is a key point to prevent their expulsion from the vocational alternative.

The offerings of educational institutions should facilitate the entry and permanence of this population in the educational and vocational process. Likewise, flexible academic education options should be maintained and strengthened.

### ***III. Methodological recommendations for the approach to male victims of commercial sexual exploitation from the Cyclical Model of Articulated Responses.***

Based on the Cyclical Model of Articulated Responses, specific points to be taken into consideration in addressing male victims of commercial sexual exploitation are presented below. This model is based on the notion of vulnerability reduction as an essential strategy to achieve comprehensive protection for victims of this scourge. For the implementation of the guidelines presented below and the suggestions previously established in this document, the methodological framework established in the documents Guide for Detection (ILO/IPEC - Rahab, 2004, b) and Guide for Care (ILO/IPEC - Rahab, 2004, a) should be used as a starting point.

In this sense, the basic strategy proposed is a phased approach (ILO/IPEC, 2003), which would include the following:

- a) A phase of gathering relevant information and assessing vulnerability factors to commercial sex and developing an intervention plan based on the assessment. This stage is also known as the **detection** phase.
- b) A stage of implementation of the designed plan, with the prioritization of actions in two moments: firstly to guarantee the right to protection against exploitation, the right to safety and health, and secondly to work to guarantee the exercise of the rest of the rights, including the rights to education, family coexistence, recreation, among others. These two moments are also known as **I and II order intervention**.
- c) Implementation of a **follow-up** and monitoring plan, with the objective of ensuring that adequate conditions remain in place for the full exercise of the minor's rights.

As the name itself indicates, the idea of the model is that the process is cyclical and adapts to the particularities of the minor and the contingencies and eventualities that may occur. In this sense, the notion of phases should be understood only as illustrative, in order to understand the idea of prioritization of actions.

Therefore, they should not be understood as a series of rigid and linear steps to achieve a specific objective over time, but rather as a reiterative strategy aimed at reducing the vulnerability of certain aspects in the life of minors in the sex trade.

Thus, the following are some suggestions to be incorporated into strategies aimed at addressing male victims of commercial sexual exploitation. In this sense, they constitute specificities of the proposed model and should be understood within the application of said model.



### **3.1 Elements to be taken into account in the detection process**

The characteristics of male minors who are victims of commercial sexual exploitation, related to the triad proposed in the first section of this article (masculinity - adolescence - victimization) have a direct influence on the way in which the detection process will take place.

It should be remembered that detection in itself is a process, not an action (ILO/IPEC -Rahab, 2004, b), and that it implies the development of actions that include the collection of information related to the victimization and vulnerability of the minor, the evaluation of these aspects, and finally the construction of an intervention plan that prioritizes actions that make it possible to reduce this vulnerability. In this sense, the following methodological aspects are worth mentioning:

- a) Most victims of commercial sexual exploitation have undergone a strong process of streetization and violence, which, together with variables related to the construction of masculinity, imply an important resistance to being approached by strangers and building empathy (a basic aspect for intervention) with service providers. Some of them, in addition to their prolonged stay on the street, may also have friendship networks with other victims and/or perpetrators, and both they and their networks may be aggressive or simply resistant.

This aims to suggest that service providers use some caution when approaching a minor victim of commercial sexual exploitation in public places. This action should be avoided as much as possible, both because it is very likely to be ineffective and because of the risk involved, both for the victim and for the service provider. In this sense, it is suggested to approach the child or adolescent at home (always with caution), or even, as suggested by experts, to offer a safe space to this population, where answers to their needs can be found, so that they themselves can gradually approach the care center. Such an approach must take into account the generic particularities of these children and adolescents.

- b) Closely related to the above is the use of the "snowballing" strategy, where one victim can refer or even bring others. This technique has already proven effective with female victims and may be especially helpful in the case of male victims of sexual diversity.
- c) When developing the intervention plan, the service provider should ensure the active participation of the child or adolescent. In addition to being respectful of the human rights of the victims, this is strategic for the success of the intervention plan, especially in the case of boys, since due to aspects related to masculinity, it is important for them not to feel that nothing is being imposed on them.
- d) When assessing the factors that make the child or adolescent vulnerable, take into account the factors related to gender identity (especially if transgender) and the implications this has for the work of guaranteeing the exercise of all human rights. In this sense, it is worth remembering the difficulties related to the generalized intolerance offered by family, community and institutional contexts.

for the insertion of minors in sexual diversity, without violating their sexual rights. Educational institutions are very often violent instances for these children and adolescents, as well as communities. This should be taken into account when assessing how to reduce vulnerability.

- e) Work with the family should be prioritized and planned almost immediately, since both for victims with feminized and/or transvestite behaviors, as well as for those who do not have them, family containment implies ending their stay on the street, resulting in a very significant reduction of vulnerability to severe violations of their rights. This should take into account what was previously mentioned regarding the right to family coexistence (*see previous section*).

It is at this stage that the first contact with the minor takes place, which should avoid, above all, revictimizing the child or adolescent. Although it is expected that the service provider has the necessary sensitization and training processes for the approach to this population, many times mistakes are made, especially towards children or adolescents in sexual diversity. Any work with these victims, by any professional, must first be accompanied by a significant process of sensitization and information on alternative sexuality. Below are some examples of things that should not be done and suggestions of things that should be done when approaching this population:

#### What not to do What to do

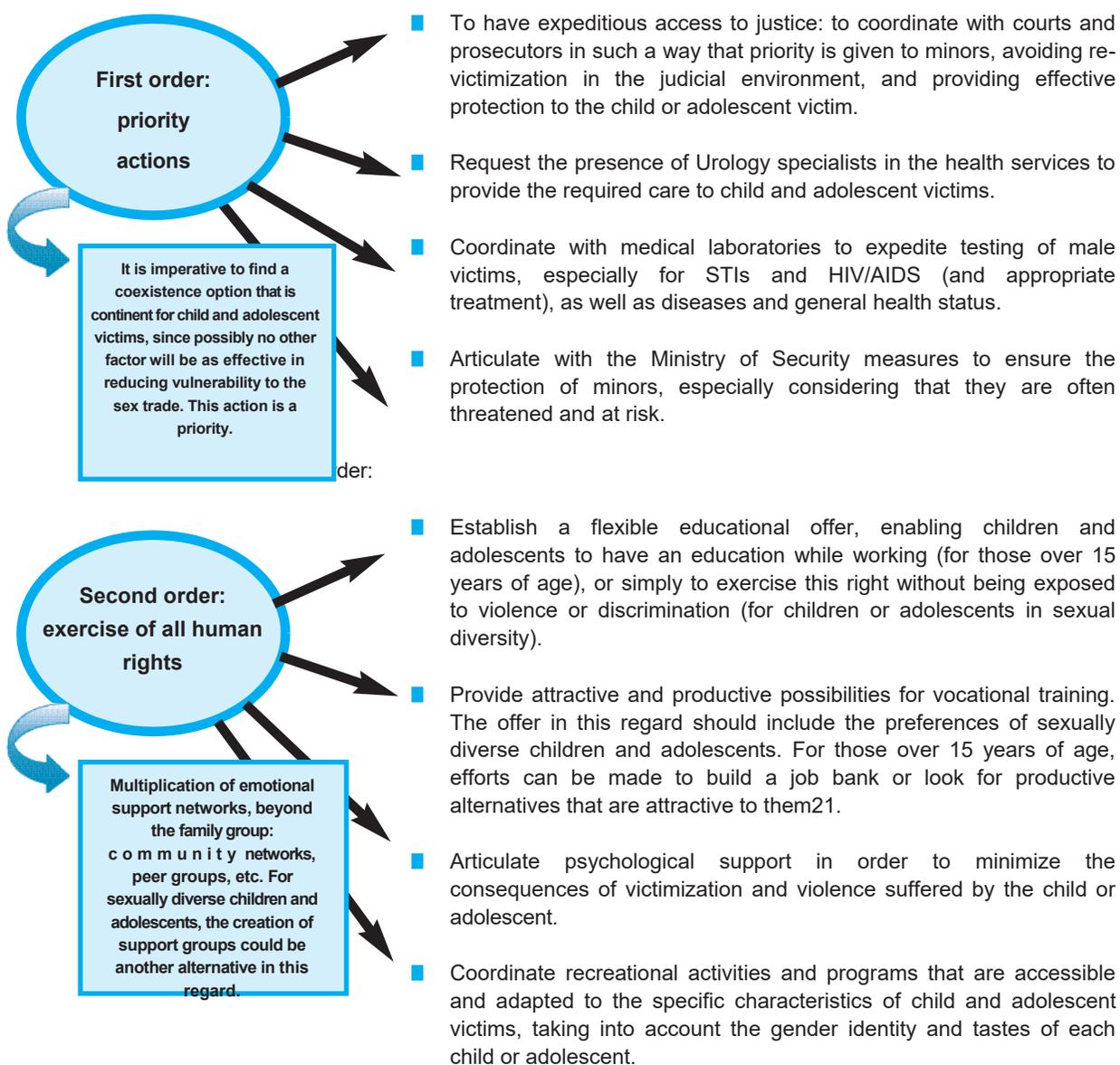
- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>▲ Questioning, criticizing, or censure the child for how he/she dresses, talks or acts.</li></ul> <p><b>Discriminate against or give priority to other children who are not effeminate or transvestites.</b></p> <ul style="list-style-type: none"><li>▲ Attempting to convince the child to change his or her sexual identity, or sexual practices.</li><li>▲ Blaming a third party for the child's or adolescent's sexual identity or practices.</li><li>▲ Psychopathologizing any aspect of sexual diversity.</li></ul> | <ul style="list-style-type: none"><li>▲ Listen openly and without prejudice to the child or adolescent.</li></ul> <p><b>To provide the child or adolescent with the services he or she requires in an expeditious manner.</b></p> <ul style="list-style-type: none"><li>▲ Accept the child as he/she is, and treat him/her like any other.</li><li>▲ Provide you with information about your rights, including your sexual rights, and information about sexual health.</li></ul> |
|--|---|



### 3.2 Elements to be taken into account in the care process

As previously stated, effective care depends on the articulation of an inter-institutional platform of services that provides children and adolescent victims of commercial sexual exploitation with the possibility of fully exercising their rights.

Some of the aspects to be taken into account for such a platform, and which are outlined below, whether at the first or second order stage, may be specific to male victims of commercial sexual exploitation, or may be generalized to other groups of victims. The following suggestions are based on the Guide for Care (ILO/IPEC-Rahab, 2004, a).



<sup>21</sup> In Costa Rica, the minimum age for admission to employment is set at 15 years and, therefore, employment of persons under 15 years of age is prohibited by law.



### ***3.3 Elements to be taken into account for the follow-up***

For follow-up, it is important to prioritize the right to family coexistence as well as protection against drugs. In the case of family cohabitation, the work of strengthening the family should be done over the long term and should be evaluated within a reasonable period of time (depending on the type of support needed in the family context) to monitor that the family is effectively transformed into an instance where the minor is protected and can exercise his or her human rights.

If an affective coexistence option was constructed, as specified in the previous section, the follow-up should be even stricter, as adjustments may have to be made according to the needs of the minors to whom this alternative was provided.

In any case, the creation of an adequate file, where all the information about the child or adolescent is recorded in a secure and accurate manner, will facilitate the establishment of the follow-up process and the continuous evaluation of the intervention process in the long term.

## *Final Considerations*

Knowledge of the biographical events and life circumstances that contributed to the foundation of their vulnerability provides us with information about the main needs and shortcomings that affect children and adolescent victims of commercial sexual exploitation, with the aim of modifying the existing institutional offer in order to provide an adequate and impactful response to these needs.

As the expulsion from the family environment is one of the most important break points in the construction of the vulnerability of children and adolescents to commercial sex, reintegration in an affective and supportive environment is one of the key factors to be taken into account when defining the actions to be prioritized in order to achieve the withdrawal from commercial sexual exploitation and the full exercise of their rights. In this sense, viable alternatives are presented, systematized from suggestions offered by the victims themselves, as well as by experts and survivors of exploitation. Thus, all the people consulted share the same opinion: the institutionalization system ends up being one more violation of the human rights of children and adolescents and one more factor in the increase of their vulnerability.

Likewise, no action program or intervention plan designed for a male victim of commercial sexual exploitation can ignore conditions that are relevant to his condition and must be taken into account when outlining a strategy that by definition must be individual and specific to respond to the particular needs of each child or adolescent. Aspects such as the construction of masculinity in adolescence, the marked presence of a significant number of sexually diverse victims (with behaviors associated with homosexuality and/or transvestism), the presence of drugs and sexually transmitted infections, including AIDS, become elements that must be taken into account methodologically.

In this regard, the range of services available through the inter-institutional platform should be coordinated in such a way as to make available such aspects as access to flexible and attractive educational and vocational processes, health services that include access to urology in an expeditious manner, as well as to appropriate examinations and treatment for STIs and AIDS, and a varied range of drug addiction treatment.

Above all, service providers, who are in charge of making the inter-institutional offer effective, must have the capacity to approach male victims of commercial sexual exploitation from a perspective of respect and tolerance, making it possible to build the empathy and humanity necessary to ensure the success of actions aimed at achieving comprehensive protection of child and adolescent victims of commercial sexual exploitation.

## Recommendations

In order to achieve an impactful approach by the inter-institutional platform responsible for responding to the needs raised by male victims of commercial sexual exploitation, it is suggested that the following recommendations be taken into account:

- ▲ Take the necessary measures (some of which are suggested in this article) to make male victims of commercial sexual exploitation visible and facilitate their access to instances related to the defense of their rights and to the inter-institutional platform of services in general.

Direct the necessary resources to modify the existing supply of services so that the needs of children and adolescents are truly met. On many occasions this does not even involve requesting new resources, but rather the sensible redistribution of existing ones.

Institutionalization should be avoided at all costs. It has been observed that the permanence in institutions of victims of commercial sexual exploitation, especially children and adolescents in sexual diversity, implies an imminent risk to their physical, psychological and sexual integrity, in addition to the fact that it already contravenes the human rights approach.

- ▲ Work with families should be prioritized. Families should not be blamed, but strengthened as much as possible, thus favoring the reintegration of the minor in this context, promoting the protective role of the family. The achievement of family and community alternatives should be part of this strategy, which should be oriented to look beyond the individual child or adolescent.

Since family expulsion is one of the most important factors in the vulnerability of minors to the sex trade and a host of other violations of their rights, a real policy of prevention of family expulsion and the continent-wide role of this social instance should be implemented by institutions related to children and adolescents.

The necessary resources should be directed to sensitize and train service providers in everything related to masculinity and male victimization, as well as sexual diversity. Without professionals with the necessary knowledge and sensitivity to work with the particularities of this population, it is difficult for a service platform to have the desired impact on the problem.

Related to the above, vocational training centers, especially public universities, should focus on training students with the necessary knowledge and sensitivity so that they can make a significant contribution to the reality of Costa Rican society.

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## **Legal Standards**

Convention on the Rights of the Child. United Nations General Assembly. Resolution 44/25 of September 2, 1990.

Costa Rica. Childhood and Adolescence Code. Law No. 7739. La Gaceta, February 6, 1998.

## Annexes

### **Annex 1: Concepts related to Sexual Diversity Sexual Diversity**

Sexual diversity includes all manifestations within the spectrum of sexuality that are considered valid experiences. Expressions of sexuality that affect or go against the rights and integrity of another person or oneself (such as, for example, child sexual abuse, commercial sexual exploitation, among others) should be excluded.

In order to understand the terms related to sexual diversity, a brief glossary is presented below, based on the terminology proposed by Mauro Cabral and Javier Leimgruber in their "A Glossary under construction" presented in issue #3 of the magazine Series for Debate, published by the Campaign for the Convention on Sexual and Reproductive Rights. These rights often escape people's knowledge, because in our society only heterosexuality is allowed as a valid expression of sexuality.

**Gender identity:** the identification of each person in the gender he or she feels, recognizes and/or names as his or her own. It moves away from the permitted binomial of male and female, and includes transgender or trans.

**Transgender or trans:** what characterizes transgenderism is the sense of contingency: in transgenderism there are neither two "natural" sexes between which to transition nor a necessary, "obligatory" relation between anatomy, gender identity, gender expression and sexuality, etc. Trans became a semantic campaign for all those identities that involve movements in gender (transvestites, transsexuals, intersex and transvestites).

▲ **Intersex:** persons with hermaphrodite aspects, who were biologically born with both female and male elements.

▲ **Transvestite:** generally designates a person assigned to the male gender at birth, whose gender expression corresponds to some culturally intelligible version of femininity; it is independent of sexual orientation.

**Transsexuality:** is generally defined by the following traits: enduring conviction of belonging to the opposite sex to the one assigned at birth, intense discomfort with respect to one's own body, persistent desire to adapt the body to the body morphology of the opposite sex through hormonal and/or surgical procedures.

**Transformism:** the use of gender expressions, especially clothing and makeup, corresponding to the opposite sex, but on a temporary (not permanent) basis as a function of a work, or show, is identified as such.

**Gender expression:** this is the way in which each person manifests or externalizes his or her gender, in aspects such as clothing, hairstyle, gestures, expressions of affection, lifestyle, etc.

**Sexual orientation:** refers to the choice of the object of pleasure or love that people have, according to the sex to which they belong. Thus, a person attracted to the opposite sex would be called heterosexual, someone whose object of love belongs to the same sex is called homosexual and someone who does not manifest to have an object of desire would be asexual. It is independent of gender identity. A transvestite, for example, can be heterosexual.

## **PAMPHLET 4:**

### **Commercial sexual exploitation**

***Work proposals for comprehensive care for underage victims of violence***

***Commercial sexual exploitation and drug use.***

***Integration of the topic of drug addiction and substance abuse in the services of direct care for victims of commercial sexual exploitation***



***IPEC***

**ROGELIO PARDO HERNÁNDEZ**

## Credits

"Commercial Sexual Exploitation. Proposals of work for an integral attention to underage victims".

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***Commercial sexual exploitation and drug use.  
Integration of the issue of drug addiction and substance use in direct care services  
for victims of commercial sexual exploitation.***

Rogelio Pardo Hernández

**Executive Summary**

*This article explores how commercial sexual exploitation and drug use among minors are related, and how the presence of both problems places this population in a situation of extreme exposure to repeated and increasingly severe violations of their rights. Due to the very nature of drug dependency, minors who are victims of commercial sexual exploitation present special conditions that significantly hinder the comprehensive protection of their human rights.*

*The strategy is based on a vulnerability reduction approach and is part of the framework provided by the Cyclical Model of Articulated Responses, which guides the evaluation and prioritization of actions by the service platform to address commercial sexual exploitation. In this sense, the article provides, in addition to a conceptual basis for understanding the way in which both problems interact in this population, guidelines and recommendations for addressing drug addiction and substance use in direct care services for underage victims of commercial sex.*

*The proposal presented here seeks to guide the way in which the issue of drugs should be incorporated into the services required by victims of commercial sexual exploitation, with the objective of effectively impacting the vulnerability of this population due to their exposure to psychoactive substances.*

## Presentation

In spite of the progress made in the visibility of the problem of commercial sexual exploitation and in the orientation of efforts in different areas related to this problem, such as repression and investigation, there are still important actions that must be carried out and resources that must be channeled towards the fight for the eradication of commercial sexual exploitation.

Precisely the existence of a series of gaps in knowledge regarding this violation of the human rights of minors has resulted in a lack of implementation of care strategies aimed at the comprehensive protection of the rights of this population.

One of the most significant efforts to structure a general approach strategy was the proposal of the Cyclical Model of Articulated Responses. This model establishes the importance of reducing vulnerability to the sex trade as the guiding thread of the evaluations and prioritization of actions to be carried out by service providers in order to achieve comprehensive protection of the rights of minors in the sex trade (ILO/IPEC, 2003).

In the context of this important advance, this working paper focuses on understanding the relationship between commercial sexual exploitation and drug use and dependence on the part of the victims, pointing out how the presence of these human rights violations increases the vulnerability of the child or adolescent to such use, and on the other hand, substance dependence places them in a position of greater vulnerability to entrapment in the sex trade. This is explained under the term *concomitant vulnerability*.

In addition to exploring this relationship, the second part of the working paper offers basic guidelines and recommendations for integrating the issue of drug use and dependence into the services provided directly to victims of commercial sexual exploitation. The role of drugs as a vulnerabilizing factor for the victims of commercial sex work is zealously sought to be reduced.

## Conceptual Framework: Where do we start from?

### 1.1 Drug use and dependence

The dependence of minors on psychoactive substances should be understood as a situation that implies a significant condition of vulnerability to other severe violations of their rights, including sexual abuse and exploitation, and in itself as a violation of their human rights:

*Drug use and dependence significantly affect people's quality of life and, because of its magnitude, importance and high social and economic cost, it is considered one of the greatest public health problems (CICAD/OAS, 2000: 8).*

This implies that drug use among the underage population has a significant impact on their quality of life in terms of physical deterioration and the presence of diseases, psychological and psychiatric consequences, as well as exposure to other rights violations and their respective consequences.

In this regard, the need to protect minors from drug use and the negative consequences it has for their overall well-being has been internationally recognized.

Related to this recognition, the Convention on the Rights of the Child (UN, 1989) states that:

*States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances listed in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances (Article 33, Convention on the Rights of the Child, UN, 1989).*

In this context, it is necessary to distinguish between three different categories of psychoactive substance use: **use, abuse and dependence.**

According to Martín and Fernández (1999), when speaking of use, it should be understood as isolated, occasional, episodic consumption, without any rhythm of habitual use and without tolerance or dependence. According to this definition, the isolated use of psychoactive substances by adults does not in itself imply a risk for the subject or a violation of rights. However, in the case of minors, we cannot understand a consumption that does not imply a level of risk. This is because, due to the development process and the stages of growth they go through, the effects of exposure to drugs always imply a risk to their physical and psychological integrity. Therefore, this category, although it can be used for adults, cannot be applied to children.

As for substance abuse, it can be understood as:

*Any drug use that harms or threatens to harm the physical or mental health or social well-being of an individual, of various individuals or of society in general (Royal College of British Psychiatrists, cited by Martín and Fernández, 1999: 5).*

Martín and Fernández (1999) point out that drug abuse is a circumstance that generally implies an evolutionary process towards drug dependence and that, in any case, it already implies risks and consequences for the health of the persons who engage in such behavior. They point out, however, that many consumers can maintain substance abuse behavior for a relatively long period of time without becoming drug dependent. In any case, abuse is defined by the risk, which may be given by the conditions in which it is consumed, the amount or type of substance, or a combination of both circumstances.

With respect to drug dependence, the American Psychiatric Association, in the DSM-IV, specifies that

*The essential feature of substance dependence consists of a cluster of cognitive, behavioral, and physiological symptoms that indicate that the individual continues to use the substance, despite the occurrence of significant substance-related problems...there is a pattern of repeated self-administration that often leads to tolerance, withdrawal, and compulsive ingestion of the substance. (DSM-IV, APA, 1994).*

In any case, it should be considered that dependence is currently categorized according to whether it is physical, psychological or social. All three have specific characteristics but share the criterion that the subject is dependent on obtaining and compulsively consuming the drug and should generally be considered as interacting elements that affect addictive behavior.

It should be noted that the use of psychoactive substances and especially drug dependence, due to its recognition as a condition of vulnerability to suffer a significant deterioration in the quality of life of minors, is considered a severe violation of the human rights of children and adolescents.

However, there are few specific criteria related to the consumption and dependence on addictive substances that are constructed from the reality of children and adolescents, and applicable to the specific conditions of minors (including their age, degree of maturity, capacity for discernment and their specific condition as subjects of rights).

As an example, we can point out the elements for the definition of substance abuse (whose diagnostic criterion is primarily the existence of a level of risk derived from the consumption for the well-being of the person or those around him/her), which implies an exploration of the situations and circumstances in which the consumption takes place. However, in the case of minors, there is no situation of consumption that does not imply a significant risk to their wellbeing.

### **1.2 First indications of a link between commercial sexual exploitation and drug use**

Although they have not focused on the link between the commercial sexual exploitation of minors and drug use by the victims, they have highlighted the presence of a significant level of interaction between the two problems.

In one of the first studies that contemplated the drug variable, commercial sexual exploitation and the human rights of minors, (Claramunt 1998) found a very high consumption of alcohol and drugs by victims of commercial sexual exploitation, especially alcohol (87.6%), marijuana (70.2%), Cocaine (43.0%), Crack (45.5%) and Basuko (41.3%).

The figures show a significant presence of drugs among this population, with the consequent exposure to situations of abuse and dependence and the consequences for the quality of life that they entail.

The study establishes that nearly 60% state that alcohol and crack are consumed on a daily or very frequent basis, which is a clear indicator of dependence on these substances. Something very similar occurs with the rest of the substances that have a greater presence among victims of commercial sexual exploitation. It is also important to note that there is a significant consumption of pills, generally psychoactive drugs such as depressants, tranquilizers, antidepressants and antipsychotics (Claramunt, 1998).

The same author establishes in this study that there is a connection between drugs and the sex trade. On the one hand, she was able to establish a correlation between the ages of onset of drug use and entrapment in sexual exploitation, as well as to identify drugs as an important factor that helps exploiters to keep minors trapped, since the sex trade gives them the resources to acquire the drug. Some of the reasons that could be related to victims' use of these substances include peer group pressure and the experience of traumatic events that can be alleviated by drug use.

Another study (ILO/IPEC, 2002) also found a high prevalence of drug and psychotropic substance use among victims of commercial sexual exploitation. More than 85% reported alcohol use, 80% of the victims surveyed reported marijuana use, and more than 40% reported crack use. In addition, almost a third (29%) reported daily use of drugs other than alcohol, which clearly shows the significant degree of dependence they present.

CONSUMPTION OF DRUGS AND PSYCHOTROPIC SUBSTANCES		
Drug/ Active Substance	Consumption	
	YES	NO
Alcohol	86.0	14.0
Tobacco	82.0	18.0
Marijuana	80.0	20.0
Cocaine	34.0	66.0
Crack	41.0	59.0
Basuko	30.0	70.0
Tablets	7.0	93.0
Cement	11.0	89.0
Gasoline	2.0	97.0*

\*One young woman did not answer the question so the data does not add up to 100%.

**Table 1. Source: ILO/IPEC, 2002**

The same study points out that there are several ways in which the problem of commercial sexual exploitation is linked and intersects with the drug phenomenon. It is mentioned, for example, that in many cases the payment received by the victim of commercial sexual exploitation, either from the client-exploiter or the intermediary, may be in the form of drugs. Likewise, because the sex trade is linked to other crimes and illicit actions, many of the minors caught up in the sex trade are used for drug transportation and distribution. This also points to the link between commercial sexual exploitation networks and drug trafficking networks.

In this sense, the dependence of underage persons on drugs becomes not only an important vulnerability factor for entrapment, but mainly a

This is an element that consolidates the maintenance within the dynamics of exploitation and makes it very difficult to fully protect the rights of children and adolescents in the sex trade. This is especially because it is used as a strategy by the exploiters (they force them to pay drug debts) or because they are used by the minors themselves as a way to "anesthetize" the pain of being exposed and exposed to abuse and violence so intensely, and even to reduce the dissatisfaction of basic needs present in many of these cases.

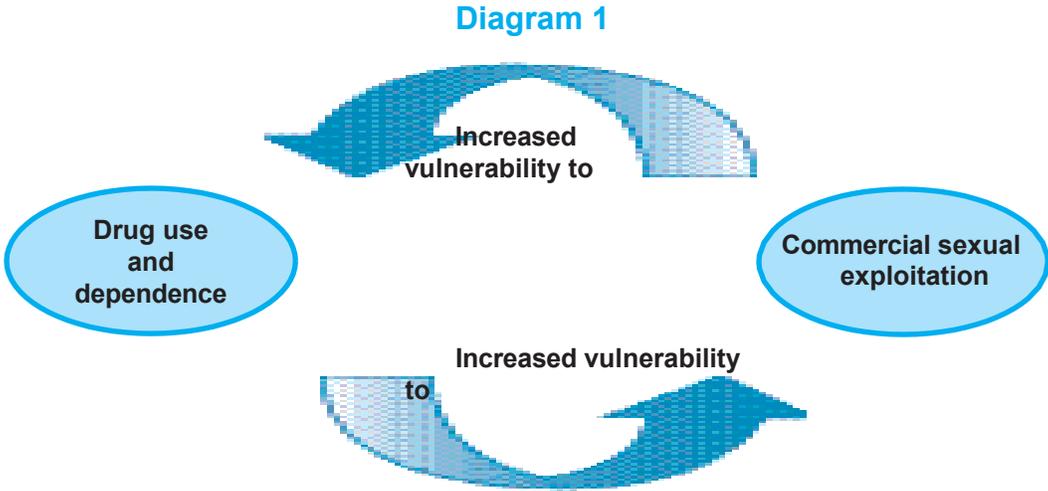
**II. General guidelines for the approach to victims of commercial sexual exploitation with psychoactive substance use.**

**2.1 General Considerations**

The following are general guidelines that are intended to serve as a methodological guide for approaching victims of commercial sexual exploitation who present abuse or dependence on psychoactive substances.

As mentioned above, the relationship between the two issues leads to a significant increase in the vulnerability of minors to possible violations of their human rights, including severe violations of their right to health, to a life free of violence and abuse, and the right to life.

The relationship between drug use and commercial sexual exploitation must be taken into account in the first place, with respect to the increased vulnerability of minors:



In this way, it is possible to observe the effect of one problem as a factor of vulnerability, increasing the risk of entrapment in the other, a reciprocal relationship. In this sense, commercial sexual exploitation, as a violation of rights, and as a phenomenon that implies serious psychological traces in terms of suffering due to the repeated violence received, has as one of its main effects that minors resort to the consumption of psychoactive substances as a way of anesthetizing or coping with the experiences of sexual exploitation suffered, and even unsatisfied basic needs, mitigating the sensations of hunger or physical pain.

On the other hand, drug use, and especially drug dependence, places minors in a situation of greater vulnerability to sexual exploiters. Whether because of the need to cover the cost of drugs, or simply because both phenomena, as criminal activities (drug trafficking and commercial sexual exploitation networks often overlap) take place in the same context, drug-dependent children and adolescents become easy targets for sexual exploiters. And even if drug use does not directly lead to entrapment in the sex trade, it does contribute significantly to keeping the victims within the dynamics of exploitation.

What this indicates is that both are violations that can frequently be associated, and that when they coincide they tend to significantly worsen the vulnerability of the victims. Consequently, the approach should be aimed at resolving the existence of both situations.

Likewise, the effective approach to this concomitance of phenomena must necessarily entail certain preparatory aspects: the search for and securing of specific resources, and the construction and application of specific intervention instruments by the professionals in charge of the direct provision of services for victims of commercial sexual exploitation.

On the other hand, the guidelines offered are adaptations of the Cyclical Model of Articulated Responses (developed by Claramunt in the first article of this document) for the approach to victims of commercial sexual exploitation, based on recommendations and technical specifications provided by experts, as well as specialized bibliography on drug dependence. In this sense, the guidelines contained in this article can be logically applied by reading the general documents that explain the approach model (*Working Guide for Providers and Managers of Services for Underage Victims*, ILO/IPEC, 2003; *Guide for Detection*, ILO/IPEC-Rahab, 2004, b; *Guide for Care*, ILO/IPEC-Rahab, 2004,

a) since what is indicated in this paper is a specific development of this model of care for victims of commercial sexual exploitation.

Thus, the guidelines offered are defined from the stages of the Intervention Model, namely:

- ➔ Detection and Registration
- ➔ Attention: First and Second Order Intervention
- ➔ Follow-up.

In addition, basic recommendations are offered to address the problem in terms of intervention in emergency cases related to drug use (acute intoxication and overdose).

There is also a section systematizing the previous steps that must be taken into account to ensure the necessary instrumentation to address the concomitance of commercial sexual exploitation and drug use and dependence by minors.

## **2.2 Procedures prior to the approach to drug use in victims of commercial sexual exploitation**

As part of the procedures prior to the development of general intervention strategies with victims of commercial sexual exploitation, and given the high possibility of cases involving drug use, the following actions are suggested in order to have a significant impact on the existence of both problems and thus provide responses in accordance with the particularities of the children and adolescents.

▲ **Articulate an adequate platform of services for the care of victims of commercial sexual exploitation who present abuse or dependence on psychoactive substances.**

This involves a multi-stage process. First, all institutional resources, both local and national, that provide services to minors facing the problem should be identified and an institutional directory should be developed with this information. The directory should include a general evaluation of the quality of the services provided by the agencies<sup>22</sup>, especially in relation to respect for the human rights of minors. Finally, and very importantly, a coordination process should be established with the institutions that are chosen as suitable for the referral of cases, so that such actions are taken expeditiously when required. Therefore, the type of requirements of the institution and the implications for the service provider should be clear. This coordination should include negotiating the possibility of giving continuity to the intervention plan aimed at the comprehensive protection of the human rights of minors, especially in cases where the resource is a therapeutic community (residential treatment). The latter should be an important criterion to be taken into account for the referral of minors to specialized addiction centers.

On the other hand, if the area does not have health professionals specifically trained in the management of minors with addictive behaviors, the government authorities should be contacted to obtain this resource, either by incorporating new professionals or by training those already existing in the area.

**The service providers of the institution that attends to victims of commercial sexual exploitation should undergo a training process regarding the management of the use of psychoactive substances in minors.** This training should include aspects such as the management of drug-related emergencies (first aid), management of minors under the influence of psychoactive substances, and guidance in the development of protocols and instruments for approach.

**The development of procedures and protocols to address the concomitance of the phenomena of commercial sexual exploitation and the use of psychoactive substances.** This implies the construction of instruments for the detection and care of drug abuse and dependence present in victims of commercial sexual exploitation, such as interview guides, tools for the identification of drug dependence, referral and counter-referral forms to be used with agencies that provide services to children and adolescents with addictive behaviors, among others. Existing instruments can be used as a basis, but it is recommended, in order to adapt them to the specific reality of the minors to whom services are provided, that the instruments not be applied as they are, but rather that they undergo a process of adaptation to the specific context of the agency. This is in order to obtain a greater benefit by trying to respond to the particular needs of the victims of commercial sexual exploitation being addressed.

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<sup>22</sup> Review the book "Standards of Care. La Dependencia de las Drogas y su Tratamiento" CICAD/OEA, 2000.

## 2.3 Detection Axis

The first step in the intervention in cases of commercial sexual exploitation from the Human Rights Approach, and specifically from the Cyclical Model of Articulated Responses is the implementation of the detection process<sup>23</sup>. In this sense, detection is understood as

*...a process and not an action. It is defined as the set of procedures to confirm the suspicion and assess the situation (ILO/IPEC-Rahab, 2004, b: 17).*

Therefore, the detection process initiates and guides the comprehensive protection strategy. It involves both the confirmation of the suspicion or identification of the child's entrapment in the sex trade, as well as a psychosocial and family assessment of the child or adolescent, and of the victimization situation itself, including related risks.

The screening process involves a process that is set in motion once a victim of commercial sexual exploitation is identified and involves an assessment of the personal, family and community factors that place the victim at risk for entrapment in the commercial sex trade. In such an assessment, the underage person's drug abuse and dependency should be explored and analyzed.

### Screening is an evaluative process of:

- A) the facts related to commercial sexual exploitation victimization**
- B) the risk of revictimization within the sex trade**
- C) individual and family needs**
- D) available resources**

Source: Guide for Detection, ILO/IPEC-Rahab, 2004, b.

Since detection is an evaluative process of the factors associated with commercial sexual exploitation (including aspects such as the risk that the minor runs of being revictimized, in addition to the particularities that both the minor and her family present), the process of **detection of psychoactive substance use** must necessarily take place within this general process of detection of commercial sexual exploitation.

This is because, as noted above, the presence of drug abuse or dependence may be related to the initial entrapment or maintenance of a minor in the sex trade. In any case, as has been reiterated, the presence of this problem leads to an increase in the vulnerability of children and adolescents to severe violations of their human rights.

### 2.3.1 Guiding principles for the detection of drug use in victims of commercial sexual exploitation.

The first and most important observation in this regard is that all the guiding principles outlined by ILO/IPEC-Rahab (2004, b) apply. However, the corresponding emphasis should be made to provide an adequate response to the possible needs that may arise in the event of a positive detection of drug use.

<sup>23</sup> the same as detailed in the Screening Guide (ILO/IPEC-Rahab, 2004, b), which should be reviewed in detail as a general framework for the screening process.

Thus, the following guiding principles for the detection of drug use in victims of commercial sexual exploitation could be pointed out:

The detection of psychoactive substance use involves a series of actions that very often involve collating information from various sources, including the minor, his or her family, the community, and peer group. The aim is to be as certain as possible about the presence or absence of the problem.

The use of drugs, licit or illicit, should never be underestimated by service providers. Any drug-taking behavior should be assessed for the inherent risk involved in drug use by a minor.

The process of detection of drug use should be oriented to confirm or rule out the ingestion behavior, and if positive, to obtain relevant information for the development of the intervention plan, which should be oriented to the comprehensive protection of the rights of the minor. Intervention in the problem of drug addiction will aim to reduce the vulnerability of the child or adolescent to the sex trade. This implies the evaluation of two significant aspects of the consumption behavior: the relationship with victimization by commercial sexual exploitation, and the type of consumption (including type of substance, presence of abuse or dependence and type of risk involved).

### **2.3.2 Procedures for the detection of drug use in victims of commercial sexual exploitation**

These procedures should be framed within the general process of detection of commercial sexual exploitation and should be carried out in parallel. Screening for drug use in this population should be included as a basic axis in the screening process. Screening and evaluation should be accentuated in case of suspicion or identification of drug use, which may be motivated by the recognition of some indicators, such as:

Alteration in perception (perceptions without object, you hear things that others do not hear.  
Alteration in attention.  
Alteration in psychomotor behavior.  
Alteration in thinking (e.g. delusions).  
Impaired judgment.  
Sudden change in mood or attitude.  
Sudden and continuing decline in school attendance and underachievement.  
Sudden and continued resistance to discipline at home or at school.  
Thefts at home, school or work.  
If a hypodermic needle, dropper and/or spoon are found in your possession.  
If you sometimes notice glassy, reddened eyes and dilated pupils.  
If sometimes the sleeves of the shirts show signs of small blood stains.

Adapted from Carrero, Alfredo: "*Drugs that Produce Dependencies*".  
Monte Avila Publishing House, Dominican Republic, 2001.

With respect to working with the victim, the following strategies can be followed:

1. Interviews
2. Application of instruments
3. Toxicological medical examinations

**Interviews** should follow the same general guidelines indicated by ILO/IPEC (2003). In this sense, the interview should be above all an element that on the one hand facilitates the building of empathy between the service provider and the minor (psychological contact), and on the other hand, it should be a highly effective evaluative instrument.

The interview should focus on the evaluation of the following aspects regarding the presence of psychoactive substance use in the victim:

**A. Relationship between drug use and commercial sexual exploitation.** This implies exploring aspects such as the role that drugs may be playing as an agent for trapping and maintaining minors in the sex trade. For this, it is necessary to consider whether there is a direct link (payment through drugs, exploiters as suppliers of substances to facilitate abuse, concordance between drug trafficking and exploitation networks, use of the minor in drug trafficking and distribution) or rather an indirect one (the money received is used to buy drugs).

**B. Definition of the type of consumption presented by the minor.** This can be estimated in a general way during the interview, according to the consumption behavior described by the child or adolescent. However, in this regard it is useful to use tools or instruments (such as short questionnaires) specifically designed for this purpose. The idea is to determine the periodicity and intensity of consumption and to evaluate the presence of indicators of physical and psychological dependence.

**C. Delimitation of vulnerability to suffer severe violations of rights derived from drug use.** This involves determining which of the minor's human rights are at greater risk of being violated as a result of the vulnerability that drug use entails. This derives precisely from the aspects mentioned above as objectives of the interview. Undoubtedly, the right to health will be one of the rights that will unequivocally have a very high probability of being violated, as well as the right to live free of violence and abuse, due to the significant danger of revictimization by commercial sexual exploitation that a victim with dependence or abuse presents. But situations are different for each child or adolescent, and therefore, such vulnerability must be carefully explored in each case.

**D. The resources available to the underage person that can be oriented to solve the situation of substance use.** In this aspect, family and community resources stand out, which in addressing problems related to drug dependence have proven to be significant bastions for the remission of the phenomenon. It is necessary to take into account the specificities that these resources may include, as the service provider will often need to work in parallel with family or community elements before they can really be used as valuable support resources (see Nadia Blanco's article on family intervention, in this working paper).

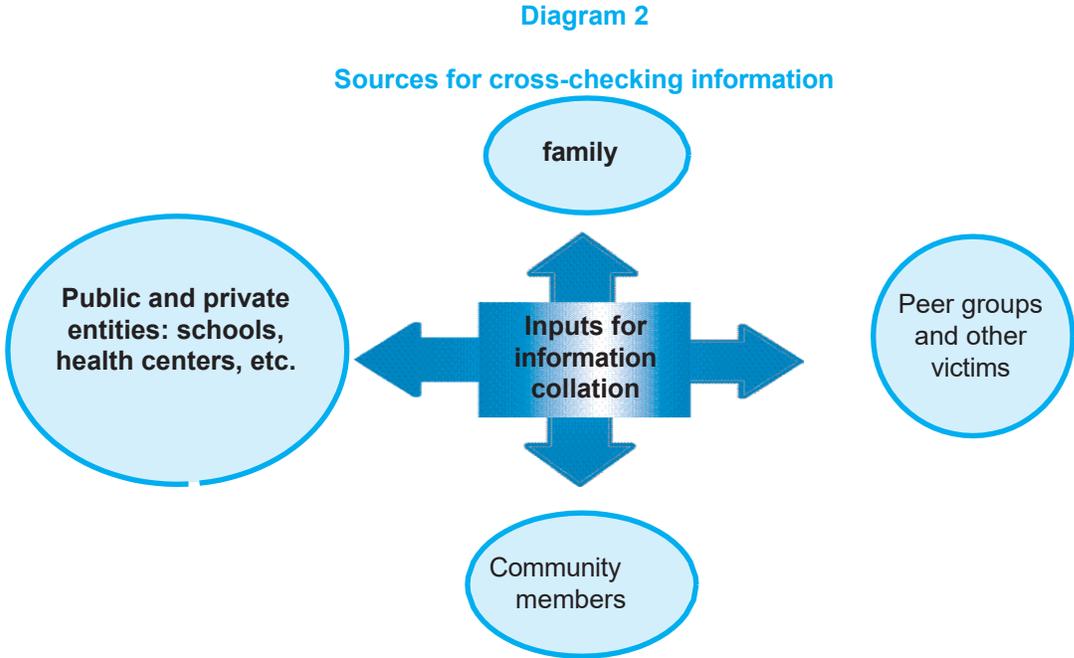
In any case, the support of an adult in the follow-up and accompaniment of the drug addiction treatment given to the minor is invaluable in this process. Likewise, the insertion of the victim in alternative community spaces (youth pastorals, groups that practice sports, among others) can be very useful.

**The instruments** should be considered as tools aimed at strengthening the process of detecting substance use in victims of commercial sexual exploitation. It is especially useful to have available cards for the verification of dependency indicators and detection of abuse, as well as interview guides to explore consumption in the first contacts with the minor, and monitoring and follow-up.

An example of an instrument is provided in the annex, which, as mentioned in the section on *previous procedures*, should be reviewed and adapted, along with all the other tools, before being applied to the population. Those offered are tools recommended by the United Nations, initially developed in the United Kingdom. It is significantly important to construct an instrument that allows a clear definition of the existence of dependence in consumer behavior. For this, it is essential to use the DSM-IV or ICD/10 criteria as starting points for its development.

**Toxicological medical examinations** would be aimed at reinforcing the entire process of detecting substance use in the child or adolescent victim of commercial sexual exploitation. If there is a suspicion of consumption, but it is difficult to confirm it with the minor, one of the resources that arise as an alternative is the use of blood and/or urine tests as tools in this regard.

These tests would allow confirming or rejecting the suspicion of drug use by the minor, and even some idea about the type of use. This can be used as input for the approach with the child or adolescent. In this sense, it is valuable to take some prior measures, in the sense of coordinating with the health authorities (clinics, hospitals) that have this resource, in order to expedite obtaining it for the minor.



Finally, it is worth noting that *the associated existence of commercial sexual exploitation and drug use poses difficulties for the identification, and therefore the detection, of victims*. The low incidence of cases of drug dependency detected within the projects for the care of victims of commercial sexual exploitation, as reported by the direct providers of services to this population (in contrast to the research on this phenomenon) suggests that service providers are not trained to detect the problem.

Two basic strategies to address this situation would involve: **a)** training to detect and assess substance use in specialized services for commercial sexual exploitation, and **b)** training to detect and assess commercial sexual exploitation in specialized services for drug dependence.

The training offered should be clear in the sense of highlighting the importance of identifying victimization by commercial sexual exploitation among underage drug users, since the isolated approach to the problem of substance dependence, without taking into account the circumstances in which the sexual exploitation occurred and its relation to it, could have a poor impact on the attempt to guarantee the victim's enjoyment of rights.

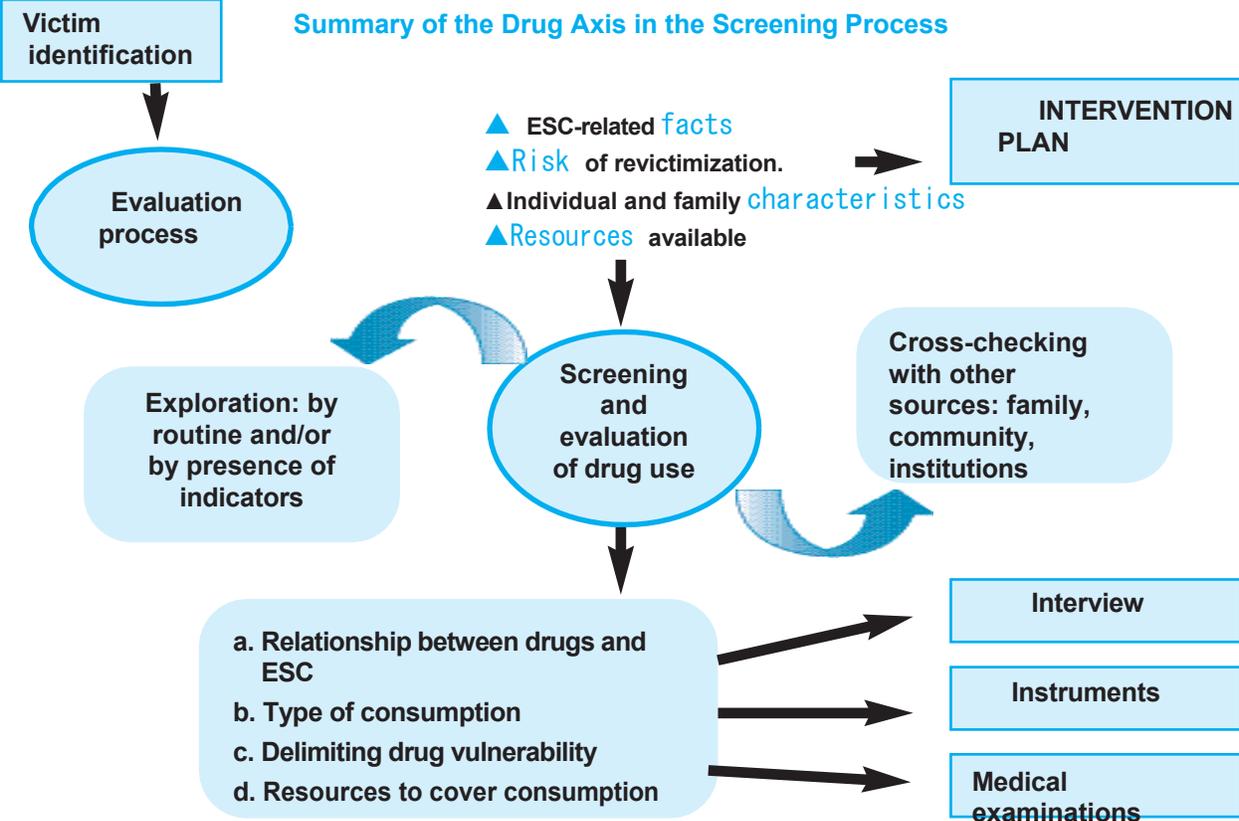
**Professionals and people in general tend not to identify or give importance to the presence of other problems, once they have detected the presence of other problems.**

**substance use.**

**They focus all attention and resources on this phenomenon, thus undermining the possibility of effectively guaranteeing minors the exercise of all their rights.**

The following chart summarizes the main approaches to the screening process.

**Diagram 3**



## **2.4 Focus of Attention**

As previously mentioned, this axis is set in motion once the relevant information has been collected (during the detection process) for making decisions conducive to the minor's ability to exercise all his or her rights.

Attention to the phenomenon of drug use in victims of commercial sexual exploitation should be an integral part of the approach to commercial sexual exploitation. Therefore, with an intervention aimed at the full exercise of human rights by the minor, attention to the reduction and eventual elimination of the use of psychoactive substances should be a central focus of the approach.

The axis includes Intervention of I and II order, and as in the case of the Detection Process, its procedure is developed in the Guide for Care, designed by ILO/IPEC-Rahab (2004, b) based on the Cyclical Model of Articulated Responses.

The idea of the axis of attention to victims of commercial sexual exploitation is to:

*...provide the basic inputs that allow service providers to develop and implement an immediate care plan that offers real protection spaces for child and adolescent victims and favors their emotional and physical recovery from the after-effects of victimization (ILO/IPEC-Rahab, 2004, b: 10).*

Thus, one of the unavoidable objectives of care is to achieve comprehensive protection of the rights of minors through a strategy to effectively reduce their vulnerability.

It also implies an indefinite number of actions, which will depend on the specificity of the problem faced by each victim of commercial sexual exploitation, and most of them are framed in the articulation of the services offered by the institutional platform.

The strategies or tasks to be carried out to address the problem of drug use within the framework of first-order care for victims of commercial sexual exploitation are presented below. In this sense, what is specified are actions to be carried out with respect to this specific axis, and the strategy of care should be much broader according to the particularities of the victim of commercial sexual exploitation.

### **2.4.1 Guiding principles for the treatment of drug use in victims of commercial sexual exploitation.**

The following are some aspects that should guide the intervention of cases of commercial sexual exploitation involving drug use, closely following the logic of the guiding principles set forth by IPEC/ILO (2004, a) in the Guide for Care. It also systematizes some aspects contained in the Principles of Treatment for Drug Addiction, designed by the National Institute on Drug Abuse (NIDA) of the United States (2001):

Providing drugs to a minor is a crime punishable by law and as such implies a mandatory criterion for the service provider in terms of reporting the crime that is being committed to the detriment of the child or adolescent, as is the case with situations of abuse and exploitation.

The same intervention strategy is not effective for everyone. It must provide specific responses to the particular situation faced by the child,

taking into account the information gathered during the screening process and enabling individualized and impactful decision making.

One of the most important starting points when defining the type of intervention to be carried out is the nature of the drug use: whether it is substance use, abuse or dependence. There must necessarily be a correspondence between the definition of this parameter and the measures to be taken in the design and implementation of the intervention plan.

Again, the use of psychoactive substances by minors should never be underestimated in terms of the potential risk involved, even if no abuse or dependence has been detected. This means, moreover, that the existence or repetition of behaviors related to drug use should be monitored very closely, with the idea of either preventing, intervening early or avoiding a new entrapment of the underage person in consumption.

The concomitance between these phenomena can sometimes imply that minors who are victims of the sex trade, who have also been caught up in drug trafficking networks, and even both criminal activities can be carried out by the same criminal organization. This has important safety considerations for both the underage person and the service providers.

The intervention plan must necessarily prioritize those actions or strategies aimed at protecting the life, health and safety of the victims. Therefore, it is essential to evaluate the role of drugs as a risk factor for health (life and well-being) and safety (threats from criminal networks) within the approach.

▲ The minor's substance abuse or dependence intervention plan should be continually evaluated and, if necessary, modified to ensure that the plan keeps pace with changes in the individual's needs. A child or adolescent may require combinations of services and treatment components that vary during the course of recovery. Beyond mere counseling or psychotherapy, the child will most often require social and legal services, family and community outreach, medication and medical testing, educational and vocational services, among many other possibilities.

The family and community approach, essential in the intervention for commercial sexual exploitation, is of particular importance in cases where there is an associated presence of abuse or dependence on psychoactive substances. In particular, the family can become the strategic resource to achieve a decrease or definitive remission of addictive behavior. However, not infrequently this implies a strong previous (and parallel) work with these instances (family and community), so that they can become collaborators in the process of exercising the rights of the minor.

#### **2.4.2 Actions related to drug use within the framework of the First Order Intervention with Victims of Commercial Sexual Exploitation.**

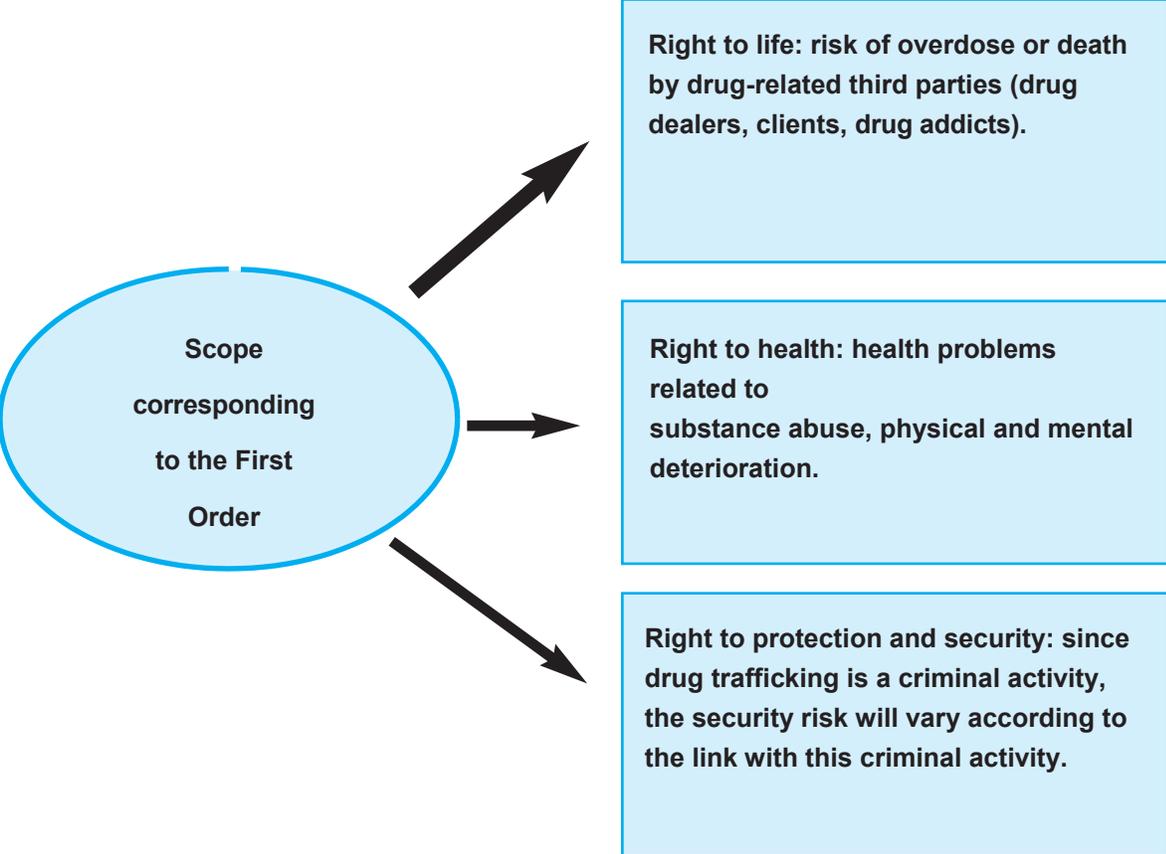
The general recommendations for addressing the issue of drugs in the context of first-order intervention with victims of commercial sex should be differentiated according to the level of consumption of the underage person.

Thus, in cases where significant abuse or drug dependency is detected in the victim of commercial sexual exploitation, the search for a specialized treatment option should be prioritized as a first-order measure.

**Given the existence of drug dependency, it becomes difficult, if not impossible, to work effectively with minors to ensure the full enjoyment of their rights without first having solved the situation of dependency.**

Given the difficulty implied by the existence of a clearly addictive behavior in terms of guaranteeing the enjoyment of the rights of the minor (due to the presence of an imperious need, biologically and psychologically sustained, to obtain and consume the drug), it becomes inevitable to work precisely on substance consumption in the first order of intervention.

This intake, and in general the presence of drugs in the life of the child or adolescent, represents certain problems that must be addressed in the first-order intervention, since they are related to the rights to life, health and safety, which must be prioritized in the approach strategy. Examples include:



For all these problems, appropriate solutions must be sought, solving the needs found in the situation of the minor.

However, it is important to point out that in order to guarantee the right to life and health, decisions must be made specifically aimed at **effectively reducing and eventually eliminating drug use in the medium term**. As long as addictive behavior persists, the guarantee of the exercise of rights for the child or adolescent cannot be fully achieved, and his or her exposure to severe violations will continue.

In any case, one of the alternatives to achieve this specific objective of the first-order intervention (which of course must be articulated with the rest of the actions proposed for this stage, and which are related to the situation of commercial sexual exploitation in general) is to incorporate the minor into a **therapeutic community** (this is a treatment option that requires the temporary and isolated stay of the minor in a center or institution). As mentioned in the previous steps to address the problem, the identification of local and national agencies that provide this type of service (which involves the temporary stay of the user in a specific physical environment, living with other drug addicts) and coordination efforts with them should have been established in advance, as well as the evaluation of the best alternatives in this regard.

The permanence of the minor in the residential drug treatment option involves two aspects related to intervention of the first order:

- a) It implies their temporary internment in an environment isolated from their daily lives, which generally represents a temporary resource to guarantee their right to safety and protection, especially for minors who have been trapped by drug trafficking networks, or those who have received threats to their lives.
- b) The process of intervention in first order for the situation of commercial sexual exploitation, and in general the intervention plan in this regard, should not stop with the internment of the minor in the therapeutic community, despite the fact that the length of stay tends to be relatively long (ranging from one month to one year).

With respect to these points, although the internment of the minor entails a change to a situation where the protection for the minor increases significantly due to the same criteria of security and isolation that these treatment options observe, this scenario should only be temporary. Therefore, work must be done to guarantee these rights when the minor leaves the center. This implies advancing in strategies that generally correspond to the approach to commercial sexual exploitation from this Model: strengthening work with the family, the search for community protection options and the articulation of instances that provide services, etc. (ILO/IPEC, 2003; ILO/IPEC-Rahab, 2004, a).

If the therapeutic community is not a possibility for the minor, for whatever reason, an institutional resource should be found that offers another therapeutic measure with the same objectives, in the sense of reducing and eliminating addictive behavior. Efforts should be made to choose, if possible, options that have the best proven results in addressing drug dependence. Some of the treatment options for dependence other than residential treatment could be the outpatient approach, monitored pharmacological approach, among others. Consultation with health professionals specialized in drug dependence could be especially valuable at this stage of defining the type of treatment.

For cases in which substance use involves **non-addictive** behavior and tends to be more sporadic and in less risky quantities, it should be noted that the drug would not become the priority (at least in the way it is presented when there is dependence) for the approach at this stage, although it should certainly never be underestimated. However, along with adequate monitoring to prevent a change in consumption behavior towards an effectively dependent one or an increase in the level of risk, work in general to guarantee the rights of the minor has proven to have a positive impact in the sense of further reducing and eliminating drug consumption as a collateral effect.

### 2.4.3 Management of emergencies related to the use of psychoactive substances.

Because the work of service providers for victims of commercial sexual exploitation, due to the concomitance between this problem and the use of psychoactive substances, may expose them to emergency situations related to drug use (intoxication, overdose and abstinence), some recommendations and aspects to be taken into account for their management are presented below.

The following is a systematization of information obtained from various sources, especially in *Síndromes de Intoxicación y Abstinencia a Drogas Psicoactivas: recomendaciones para su manejo* (2000) by Dr. Franklin Jiménez Rojas, published by the Instituto sobre Alcoholismo y Farmacodependencia de Costa Rica and the *Policy and Guidelines on the use of Illicit Drugs*, of the University of Exeter, in the United Kingdom.

Regarding the identification of these emergencies, it is important to note that the symptoms or indicators of drug intoxication or overdose vary from one substance to another, but in general the following are noted:

- Abnormal pupil size:
  - dilated (enlarged) pupils
  - pupils in point (very small)
  - nonreactive pupils (pupils that do not change size when exposed to light)
- Sweating
- Agitation
- Seizures
- Tremors
- Staggering or unsteady gait (ataxia)
- Respiratory distress:
  - rapid breathing (tachypnea)
  - slow, shallow breathing (respiratory depression)
  - forced breathing
- Drowsiness
- Loss of consciousness (coma)
- Hallucinations
- Delusional or paranoid behavior
- Violent behavior
- Death

It is important to note that the presence of these symptoms constitutes a medical emergency and, therefore, specialized help should be obtained as soon as possible. This involves calling the emergency service in order to place the person in a setting where medical care can be provided. The procedure should be as follows:

- a) Call an ambulance
- b) Carry out first aid procedures
- c) Save any tablets or substances found, or a sample of the person's vomit, as this can be invaluable in determining the substance ingested and therefore the treatment to be administered at the clinic or hospital.

Regarding the first aid procedure, ideally people within the service provider's staff, if not all staff members, should have specific training in first aid. This should be one of the trainings that people who are in potential contact with emergencies of this type should necessarily undergo. However, if there is no one with adequate knowledge in this regard, efforts should be made to locate someone in the vicinity (other facilities in the vicinity, etc.) who does.

The following are some basic instructions regarding the first aid care that should be provided in these contexts:

**If the person is under the influence of the drug:**

- ▲ Try to remove the drug or substance, but in a non-confrontational manner.
- ▲ Do not reprimand or lecture her, she is not able at that moment to accept or understand it.
- ▲ Help her calm down and reassure her. Avoid threatening her and do not expect normal behavior; she may be unexpectedly violent.
- ▲ Do not put her to sleep, and do not leave her unattended. People have choked to death on their own vomit as a result of this.
- ▲ Make a note of the incident and record it in the person's file.

**If the person is unconscious:**

- ▲ Put it in the position of recovery or lying on the side
- Open windows and loosen clothing around the neck and chest, but keep warm until help arrives.
- ▲ If pulse or breathing has stopped, cardiopulmonary resuscitation should be administered.
  - ▲ Stay with the person until the ambulance or emergency medical services arrive.

**2.4.4 Actions related to drug use within the framework of Second Order Intervention with Victims of Commercial Sexual Exploitation.**

Once the first-order intervention has ensured the safety and real protection of the victim of commercial sexual exploitation (which entails a reduction in the level of consumption to the point of achieving

In a situation where there are no real implications for the health and safety of the victim of commercial sexual exploitation), a second-order intervention can effectively begin, aimed at guaranteeing all other rights and eventually mitigating the consequences of the victimization (ILO/IPEC, 2003; ILO/IPEC-Rahab, 2004, a).

Therefore, it could be considered that all victims with whom the second-order intervention axis is being worked with do not exhibit abusive or dependent drug use behaviors, and ideally most would not ingest at all. Similarly, based on the cyclical notion of the intervention model, it may be necessary to deploy first-order actions at any time during the intervention, as needed.

However, it corresponds to the intervention at this level to provide tools to the minor to manage the consequences of the period in which he/she did present an addictive behavior. This may include:

- ▲ Working with the family, if the family was affected by the child's or adolescent's drug use.
- ▲ Work with the community, especially if consumption was accompanied by actions in conflict with the law (robberies, assaults, among others) and in general the stigmatization of the underage person.
- ▲ Tools to prevent a relapse in consumption.

The last aspect includes the possibility that the commercial sexual exploitation service provider offers the necessary instrumentalization to the minor to improve his or her chances of avoiding a repetition of the abusive or dependent behavior.

In order to provide this service, it would be strategic to coordinate training and obtain the necessary resources for service providers. Consideration should also be given to the different options that can be offered in this regard. The approach can be individual, or a group space can be organized to work precisely on this instrumentalization.

As has been mentioned repeatedly, each service provider must adapt and implement its own protocols and intervention strategies. In the case of empowerment to avoid substance use in the future, there are several options that can be used as a basis, including the one proposed by Argüello (unpublished, 2004) from stress management, which involves training people in techniques that can generally improve their quality of life and cope with everyday stressful situations in a healthier way, thus reducing the harmful consequences of stress, both physically and psychologically.

#### **2.4.5 Follow-Up Axis**

For follow-up regarding the use of psychoactive substances, special consideration should be given to the fact that it should be implemented throughout the process, once clear indications have been obtained that the addictive behavior has been overcome.

This implies that even in the first order intervention (if once the abuse or dependence is overcome, other aspects that threaten the right to life, health or safety of the minor must continue to be worked on), monitoring must be carried out to effectively guarantee follow-up on the consumption behavior and this must be extended to all stages of the intervention for commercial sexual exploitation (second order and follow-up).

This is because it is important to take early measures in the event of a change in the frequency or level of ingestion, in order to avoid a repetition of abuse or dependence on psychoactive substances.

The strategies to carry out this monitoring can be taken from those suggested in the detection axis: interviews, application of instruments and toxicological medical examinations. However, the interview should be privileged and the other two should be used as tools in case of suspicion of the presence of addictive behavior.

It is also strategic, as in the detection phase, to use information provided by other victims, the peer group, family, neighbors, people in the community and officials of institutions whose work brings them into contact with the minor (ATAPS, health sector officials, education sector officials, among others). For this last aspect, the institutional follow-up can include requesting information to carry out this monitoring.

### **Final Considerations**

Undoubtedly, the concomitance of commercial sexual exploitation and abusive or drug-dependent behavior implies a significant increase in the harmful effects on the well-being and quality of life of the minor victim of these phenomena, as well as an intensification of the risk of suffering severe violations of his or her human rights.

It is important to note in this regard that it should be concluded that the objective of an intervention regarding drug use in these cases should be framed within a general strategy to address the situation of victimization by commercial sexual exploitation. However, it is valid to affirm that the priority of addressing substance use is justified, both because it entails risks to the life, health and safety of child and adolescent victims, and because without solving the problem of drug use, especially when it involves abuse or dependence, it is very difficult, if not impossible, to guarantee other rights.

Similarly, it should be noted that in order to offer, within the framework of services aimed at the withdrawal of commercial sexual exploitation and the full exercise of underage victims, an adequate approach to the presence of addictive behaviors, implementing agencies must take specific measures for this purpose, including the development of protocols and tools to facilitate such an approach.

## **Recommendations**

In order to achieve the desired effects, in terms of reducing the problem of commercial sexual exploitation, and to achieve a significant impact in the intervention with victims, the following recommendations are made to be taken into account by different sectors related to the provision of services to this population:

Provide adequate training to service providers related to children and adolescents. For those who are related to commercial sexual exploitation, they should be provided with technical inputs that allow them to carry out an adequate process of detection and approach to drug use in the framework of the intervention they carry out. Likewise, persons providing services related to drug addiction in minors should be trained to adequately address cases of victims of commercial sexual exploitation.

It is vital to strengthen the inter-institutional platform and the supply of services related to the drug problem, especially for children and adolescents. It is necessary to have a variety of possibilities to address the problem, especially in terms of care. Therapeutic communities should not be the only option, and in this sense, the State should support research and implementation of new alternative approaches that demonstrate their impact on the problem.

The State, through the body responsible for the provision of health services, or by the necessary means, should carry out an effective evaluation and monitoring of the services provided by NGOs in relation to the care of the drug addiction problem. In particular, the impact of the intervention models and their consistency with the Human Rights Approach should be verified. These evaluations should be made available to all providers of services related to children and adolescents.

Public Universities should promote the construction of new proposals in relation to approaches to drug addiction, especially in relation to the presence of the problem in children and adolescents. This would place them at an important point as producers of useful knowledge, in a topic that is a priority within the national panorama.

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The patient is currently using drugs by injection. \_\_\_\_\_

The patient has physical disorders or symptoms that may require treatment. \_\_\_\_\_

The patient has psychiatric problems that may require treatment. \_\_\_\_\_

There is a potential for the patient to self-inflict harm \_\_\_\_\_

There is a potential for the patient to pose a threat to the safety of others \_\_\_\_\_

Measures

1. S/he is in treatment or currently in contact with: \_\_\_\_\_

A specialized substance abuse treatment service: \_\_\_\_\_

A general practitioner: \_\_\_\_\_

A community mental health care team: \_\_\_\_\_

A criminal justice program: \_\_\_\_\_

Social services: \_\_\_\_\_

Other type of treatment . (specify) \_\_\_\_\_

Details of treatment or service: \_\_\_\_\_

2. Priority for case referral

*Substance abuse problems (circle one).*

0 = No referral necessary (no drug use problems were identified that require re-evaluation).

1 = Normal referral (substance use problems have been found and substance abuse treatment services should select the form of intervention).

2 = Priority re-referral (significant problems have been encountered that substance abuse treatment services will need to assess as a priority).

3 = Immediate referral (serious and urgent problems have been found that substance abuse treatment services will need to assess immediately).

*Other medical or social problems - 0,1,2,3*

3. Case referred to:

Specialized substance abuse treatment services. General practitioner.

Hospital services in case of accidents and emergency rooms. Social services.

Details: \_\_\_\_\_

In charge of initial recognition: \_\_\_\_\_

Date: \_\_\_\_\_



**PAMPHLET 5:**

***Commercial sexual exploitation***

***Work proposals for comprehensive care for underage victims of violence***

***Proposal for family intervention for the comprehensive protection of children and adolescents who are victims of the sex trade.***



***IPEC***

**NADIA BLANCO GUZMÁN**

## Credits

"Commercial Sexual Exploitation. Proposals of work for an integral attention to underage victims".

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**Proposal for family intervention for the integral protection of children and adolescents.  
and  
adolescent victims of the sex  
trade**

Nadia Blanco Guzman

**Executive summary**

*This article develops a care proposal for the families of minors who have been victims of commercial sexual exploitation. It is addressed to those who work for the fulfillment of the integral protection of the human rights of children and adolescents.*

*The proposal is based on research conducted by the author on the socioeconomic situations and intergenerational dynamics of the families served by the Project "Contribution to the prevention and elimination of commercial sexual exploitation of children and adolescents in the communities of Corredores and Golfito" (ILO/IPEC-University of Costa Rica). In-depth individual and group interviews were used with minors and their families. A questionnaire was added in which the socioeconomic and domestic violence situations of the families were recorded. Semi-structured interviews were also conducted with officials and experts. The theoretical and ethical analysis was carried out from two approaches: human rights and gender.*

*A description was made of processes between the family and the community that make minors vulnerable to exploitative clients. Among the factors that have weakened intergenerational family support networks, some that had already been mentioned in previous research, such as gender and age-based violence, extreme poverty and lack of access to basic social services (Castro and Chaves, 2002), resurface. Other dynamics between the family and the social system were observed, such as impunity for commercial sexual exploitation and lack of development opportunities. In addition, forces originating in a culture of great exclusion are reflected in beliefs and actions within the family and in the community, which hold minors responsible for the very exploitation of which they are victims.*

*Finally, an intervention proposal is presented for the aforementioned families, in order to strengthen their support network, in an efficient and harmonious manner with the integral human development model.*

## I. Basic aspects to carry out the family approach

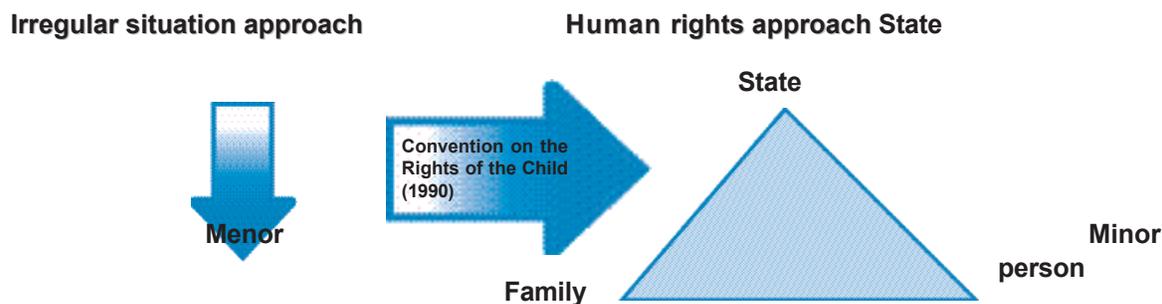
It is important to know that when the States Parties signed the Convention on the Rights of the Child (1990), they committed their institutions to create action policies for the comprehensive care of minors and their families. From the very first paragraphs, the ratified recitals recognize the importance of the family group in the development of children and adolescents and the objectives towards which interventions on this group should be directed:

*Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members, and particularly children, should receive the necessary protection and assistance to enable it to fully assume its responsibilities within the community (Convention on the Rights of the Child, 1990).*

As opposed to the irregular situation approach, which proposed the removal of the minor from his or her family environment to be institutionalized, the human rights approach gives the family a privileged place as a highly significant group, through which the protection of minors should be promoted. The following diagram shows the difference between institutional interventions consistent with each of the above-mentioned approaches.

Diagram 1

Relationship between the State, the family and minors



Family coexistence, under the logic of the *best interests of the child*, must be respected in any intervention plan for the comprehensive protection of the human rights of children and adolescents. If the family environment is not conducive, State institutions are obliged to design a plan in collaboration with the family to improve their living conditions. This is especially important when it comes to the care to be provided to families in conditions of social vulnerability<sup>24</sup>.

<sup>24</sup> The concept of social vulnerability refers to the greater probability that a person or social group has of having their human rights violated throughout their lives (Castel, 1997).

Numerous studies have already shown that the families of children and adolescents victimized by sexual exploiters live in serious situations of social vulnerability, particularly due to poverty and a daily survival style that keeps them away from the development opportunities to which they are entitled (Alfaro and Rojas, 2003; Castro and Chaves, 2002; Claramunt, 1998; Jonhson and Rivera, 2003; ILO/IPEC, 2002; Porras and Slooten, 2003).

On the other hand, these people have reissued and aggravated, intergenerationally, patterns of gender and age-based violence. At the same time, they have had little access to the services of social institutions, and the latter are not prepared to collaborate in strengthening the fabric of family containment, or even have not yet created policies and procedures to identify and address cases of commercial sexual exploitation. Hence the urgency of having a formal approach model for these families.

Professional support aimed at strengthening the fabric of containment cannot be limited to psychological intervention, since the deficiencies to be overcome also have a material basis that must be addressed. Nor can we naively rely on immediate economic solutions (such as subsidies isolated from planned development strategies) that ignore the intergenerational dynamics of violence. From a human rights and gender perspective, a comprehensive approach to the family implies active and creative collaboration on the part of social organizations in the process of strengthening the family support network, in order to maximize both its affective and productive resources. In this way, we would really be working to achieve the social participation of traditionally excluded groups, and we would stop reproducing welfare interventions, which in the long term affect the autonomy of the family group and the future of the minors who are part of it.

The following are some theoretical reflections on the family, domestic violence, social vulnerability, and finally, the type of work that the responsible institutions should implement with vulnerable families to ensure compliance with the human rights of children and adolescent victims of commercial sexual exploitation.

### **1.1 The family**

The family is a historical institution that, as such, has undergone various modifications, depending on the socio-historical context in which it was formed. In recent decades, the family group has undergone a transformation towards more diverse and flexible organizations, such as women with their children, couples with children without marriage, marriages without children, marriages between divorced people, homosexual unions, families of people who have no blood ties, and others.

In the early processes of socialization, the family shapes and programs the child's behavior, as well as his or her sense of identity. The family unit does not constitute a closed system, but maintains a continuous interaction with its environment. Thus, the family is the intermediate and dialectical space between the individual and the social. It can be said, then, that the family group is *interdynamic*, as it relates to other family groups and institutions, and at the same time, *intradynamic*, as there are relationships among its members. In this way, it is influenced by the dynamics of the social system that serves as its context, for example, the degree of development of the country and its community or the differentiation of social classes. This will define the possibility of their participation in the productive, distributive and consumption system. Internal relations are permeated by the dominant ideology and although they are subject to gender and age relations, they are structured to allow each family its own particularity (Campos and Smith, 1999).

Martín- Baró (1996) considers that the family has a privileged place within society, when it comes to reproducing traditional social relations in history. Thus, the family reproduces power relations between individuals and groups. Power" is understood as the character of social relations based on the differential possession of resources that allows some to realize their

interests, personal or class, and impose them on others. "In terms of the possession of resources, one of the subjects of the relationship, person or group, possesses something that the other does not possess, or possesses it to a lesser degree (quantitative or qualitative)" (Martín-Baró, 1996: 97) Power arises, then, in a relationship of imbalance with respect to a certain object or criterion: one of the members of the relationship is superior in something to the other, it may be by age, size, strength, knowledge, health, social position, privileges, etc.

Furthermore, this same author clarifies that the family, as a primary group, "depends essentially on the macro-social context, whose forces it reflects and whose interests it articulates".... "A good part of what happens within the family... is a consequence of class determinisms or cultural or situational conditioning" (Martín-Baró, 1996: 302). In the family, adultcentrism and machismo become part of the common sense, of the family ideology, crystallizing, then, the cultural mandates regarding the legitimate place that each one should occupy both within their subsystems and in the social universe.

## 1.2 Domestic violence

This is defined as "any act or omission that results in harm to the physical, sexual, emotional or social integrity of a human being, where there is a family or intimate bond between the persons involved" (Claramunt, 2001: 7). It manifests itself through physical abuse, sexual abuse, psychological abuse, emotional neglect or deprivation, and any act that results in the degradation, control or coercion of people.

Domestic violence is based on power inequalities due to asymmetrical relationships, such as those that occur naturally between adults and children and adolescents, or due to cultural constructs such as those that occur between genders. Thus, violence within the family environment tends to be exercised generally by those with more power, usually adult men.

*Family violence against women and children, as has been widely researched, is rooted in the immense power that patriarchy confers on men. This leads them to construct a consciousness of superiority that they internalize in their socialization process (Batres, 1993: 43).*

On the other hand, this same gender socialization makes women and other vulnerable people within the family accept this supposed superiority as an irrefutable truth, and consequently, they are placed in a position of inferiority.

The repetition of intrafamilial violence from one generation to the next has been a phenomenon frequently observed by professionals and is a phenomenon that is definitely related to the reproduction of social power relations. Boszormeyi-Nagy and Spark (1994) point out that patterns of violence are repeated in families intergenerationally, as an organizing system of loyalties, disloyalties, justice, injustice, myths, secrets, blames and merits that function among the different members. Family dynamics, thus, can be read from its existential connotations and implications of guilt and obligation transmitted from generation to generation. In relation to this, Castro and Chaves (2003), demonstrate how patterns of violence are intergenerationally aggravated in three generations of families with a member in commercial sexual exploitation, who did not receive adequate interventions. Thus, it is possible to speak of a problem of intergenerational family interaction of human rights violation that is dialectically affected by poverty and weakens the family support network<sup>25</sup>.

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<sup>25</sup> Family support network: the capacity of the family structure as a whole to: a) provide security and protection to each of its members, b) provide a space for affective and bonding development where respect, solidarity and the insertion of individuals within the established social order are promoted, and c) promote and potentiate the development of future life projects. All this in order to provide a healthy frame of reference that allows the linkage with the outside world (Porras and Rojas, 2003:14).

Although it is very clear that domestic violence occurs in all social strata, research shows a strong relationship between poverty and the reported occurrence and severity of child maltreatment, especially neglect. This is not to say that most poor people practice violence toward their family members, but rather that men (and some mothers) are more likely to solve problems through brute force and their attacks tend to be more frequent and intense<sup>26</sup> (National Research Council-Institute of Medicine, 1998, citing Giovannoni and Billingsley, 1970; Pelton, 1981, 1994; Wolock and Horowitz, 1979, 1984; Straus et al, 1980; Wauchope and Straus, 1992). With regard to neglect, these same researchers have had to include other criteria in their studies, in order to visualize that when dealing with households in extreme poverty or in situations that add difficulties, such as motherhood in childhood and adolescence or in conditions of disability, the real possibilities of providing children with adequate affective, nutritional and hygienic care are certainly limited.

In conclusion, domestic violence is a social problem of great magnitude, originated in the inequalities of patriarchal culture. As a tolerated and justified social practice, it is transmitted and aggravated in the family from generation to generation, weakening the fabric of support for minors. The dynamics associated with poverty, such as the tensions and intrusions inherent to the daily survival style, make poor families more vulnerable to the occurrence and severity of violence exercised by those who wield the most power within them.

### **1.3 Poverty and marginality**

The purely material component of the context in which the family interacts with other systems, intervenes in its daily dynamics. The socioeconomic situation of the family conditions to a great extent its real possibilities for development. For a family in a situation of poverty, the main problem is subsistence, therefore, its efforts are directed towards obtaining food, housing and clothing; recreation is almost nil and health is very precarious, the possibilities of education of its members, limited to the maximum and, to a great extent, the subsequent possibility of employment. "In general, the psycho-affective condition is characterized by indifference and early maturity of its members and "...the cycle of family life is linked to the fluctuations of the development of the domestic economy" (Leñero, 1968; cited by Campos and Smith, 1999:14).

Poverty is closely related to marginalization, i.e., to "the lack of an economic role or role articulated to the prevailing social system" (Martín- Baró, 1996) The marginalization of these families, then, has to do directly with their segregation, the lack of basic services, their working conditions and standard of living, their lack of formal and informal participation in decision making at the community or institutional level, their cultural divergences with respect to the rest of the population and their differentiation as peripheral with respect to the central areas of society (Martín- Baró, 1996, citing Germani, 1973).

The lack of access of families to basic social services is an essential aspect in the course of this reflection, since, as noted above, this lack is constant in several consecutive generations of families of child and adolescent victims of commercial sexual exploitation. Although economic deprivation does not completely explain the reoccurrence of patterns of violence against the most vulnerable members of the family, the difficulty in receiving adequate attention for the solution of family problems is maintained over time and does not allow for the modification of abusive patterns.

This is of particular concern if we take into account the fact that these families are immersed in a socio-historical context of such social violence that promotes the placement of the most unprotected people in a market destined to outrage them in the hands of exploitative clients.

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<sup>26</sup> Sexual abuse of children is the only manifestation of violence that affects all social strata equally.

#### 1.4. Professional Intervention with socially vulnerable families

The term "interventions" refers to the set of services and policies used in implementing strategies at the individual, family, and community levels. Interventions include not only organized services, but legal, judicial and regulatory policies and procedures, such as protection orders and mandatory reporting systems (National Research Council-Institute of Medicine, 1998).

An important aspect to consider for family intervention is the fact that services have been very fragmented by traditional practice. There will be a tendency to call one agency or another, depending on the nature, frequency and severity of the event that prompts the intervention, the age, sex and other characteristics of the person affected, who the offender is, the social status of the family, etc. Thus, a single family could be being served by many institutions that are unaware of the work that each one is doing.

This last point makes even more sense when we observe the number and seriousness of the problems faced by the families of minors who are victims of commercial sexual exploitation. It is worth mentioning that any violation of the human rights of any of the members of the family, especially in the case of children or adolescents, must be denounced, as this violation of human rights constitutes a punishable offense.

*The challenge for professionals in the face of the new social issue is to rediscover alternatives and possibilities for professional work, tracing horizons for the formulation of proposals for intervention with families that are in solidarity with the way of life of their members, considering them not only as victims of the system but, above all, as subjects who fight for the preservation and conquest of their life, of their humanity. This discussion is part of the directions pursued by contemporary professional work (Barg, 2003:48).*

For example, some research by Argentine authors, mentioned by Barg (2003), considers the association between the increase in family problems and the large increase in unemployment. Faced with the phenomena of exclusion, then, it is recommended to train critical and competent professionals, to formulate creative and viable institutional policies and to reject institutional procedures that promote social discrimination.

Thus, we find that professional intervention in families trapped in the process of social exclusion must attack many and very different flanks. The strategies, instruments and techniques of intervention must be very agile, in order to effectively counteract the great complexity of family and community problems.

Barg (2003: 118-119) recommends that professional family intervention should be directed towards a transformation that contributes to consolidating more participatory and democratic relationships. To achieve this, it is important to make strategic decisions based on processes of reflection and understanding of the daily reality of family members, referenced in their social life, strengthen their values and ethical principles consistent with respect and human dignity and develop mechanisms of protection and autonomy, according to the evolutionary stage of its members. A family intervention from a critical perspective will be based on the doctrine of rights and will move away from individualistic, unequal concepts and the place of lack or inability, present in the hegemonic model of "normality". Thus, this intervention will have to:

- ▲ Be planned.
- ▲ Apply the dialectical critical method.
- ▲ Include "family knowledge" in the process.
- ▲ Starting from the healthy aspects and strengthen them.
- ▲ Understanding the subject of intervention as a subject of law.

Intervention on family violence in the United States, for example, has articulated social, legal and health sector services. Violence prevention is planned in schools and demanding research mechanisms have been inserted in schools and hospitals. Among the most interesting programs are those dedicated to home visits, permanent and intensive care for families, improvements to the child witness process and mandatory treatment for offenders (National Research Council-Institute of Medicine, 1998).

Currently, systemic family therapists provide an excellent example of how clinical care can be linked to other social services, such as the protection of victims of domestic violence, legal proceedings, preparation of children to testify in trials, etc. (Madanes, 1997; Nannini and Perrone, 2002).

## **II. General characteristics of the families of children and adolescents who are victims of commercial sexual exploitation.**

Based on the information provided by the Project "Contribution to the prevention and elimination of commercial sexual exploitation of children and adolescents in the communities of Corredores and Golfito" (ILO/IPEC- UCR) (Morera, G. and others. Personal communication. March 19, 2005), about the first twenty-five families attended<sup>27</sup>, some essential characteristics are summarized in the following table, which could be taken into account in the planning of institutional policies and actions for this population.

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<sup>27</sup> These data continue to be representative six months later, when the Project already serves a total of seventy-two families (Morera, G. Personal communication. September 18, 2005).

**Table 1**

**Characteristics of the families of children and adolescents who are victims of commercial sexual exploitation.**

***With whom do these children and adolescents live?***

Most of them live with their extended single-parent family: mother, grandparents, aunts and uncles, cousins, etc. It is common to find several underage victims of sexual exploitation in the same family.

- ▲ Slightly more than a third of their mothers are living without a partner. The vast majority are cohabiting with a new partner who is not the father of their older sons or daughters. Only three of the twenty-five participating families are cohabiting with the biological father.

When they do not live with the mother, they maintain contact with her. The opposite is true for fathers, whom they generally have not seen again.

There is a great tendency for the biological father to play no role in the lives of the children. His role is practically nil. In exceptional cases they receive alimony or any other type of economic support. There is one case in which the current provider is a brother-in-law of the adolescent girls.

- ▲ Father figures are irregular providers due to frequent unemployment or occasional employment.

The conflictive or abusive relationship with the stepfather is usually the cause of the child or adolescent leaving the family home.

It is frequent that the little sisters or brothers of the victimized minors do not live in the same family nucleus, since due to problems of financial support they were "ceded" to aunts or grandmothers. In one of the families, the mother is deprived of her liberty, so her children have been distributed in the homes of different relatives, living alone or with neighbors. In another family, when the parents separated, the children were divided between them.

In some cases, it is common for minors to "run away" from home.

family. Sometimes these are temporary "escapades" with a partner. Generally, they say they have supported themselves by stealing, borrowing money or receiving money from sexual exploiters. In one case, the adolescent girl moves for periods of time to the apartment paid for by the sexual exploiter.

Some girls and adolescents, for various reasons, change their living group with great regularity. Sometimes, the situations that generate this instability are economic. Others, at an early age, "decide" to move house or community, or travel to the capital. It is common for adolescent friends who have left their homes and are also being sexually exploited to live in the house temporarily.

***Under what conditions do these families develop?***

- ▲ Older people work in informal jobs, such as construction, street sales, raffles, and domestic jobs, among others. In addition, it is difficult to find that they have completed secondary school: almost all have passed the first grades of primary school, and the fewest have passed the first years of secondary school.

***...Everyday socio-economic dynamics***

These families live in conditions of poverty and extreme poverty. In the vast majority of households, income is lower than expenses: families suffer from hunger or have an "overdrawn" economy, as they are unable to cover basic needs.

- ▲ In a few cases families receive help from other people, such as grandparents.
  - ▲ When people of legal age go out to work, children are left in the care of adolescents.
- Child labor is frequent. Unpaid child labor is performed through domestic work and childcare, and paid child labor is performed in the informal sector.

***...Your homes***

The homes they live in have multiple title problems. Most of them are their own and are very deteriorated. This irregular condition makes it impossible for them to access some state programs for the construction or improvement of housing. Almost no family rents a house or cabin because they do not have the means to do so. Some of the families live in precarious housing.

Almost all households, regardless of the number of inhabitants, have two rooms, a common room and a toilet, which in some cases is located outside the home (latrines).

- ▲ Most have electricity and potable water services, but there are cases where neither is available.

***...Your health and the services you receive***

All of the families live in communities with electricity, garbage collection, primary and secondary schools (although relatively far away), public telephones, local police and health centers.

- ▲ Most seniors are either uninsured or are insured by the state.  
Men are generally uninsured due to the instability of their jobs.
- ▲ The health care they receive is good. Immunization seems to be up to date. Some distancing between the health center and the adolescent persons has been observed.

Malnutrition and anemia are reported in children, as evidenced by low weight and height. Skin diseases are very common (fungi associated with housing conditions).

- ▲ Almost all child and adolescent victims of commercial sexual exploitation consume some type of substance or alcohol, and two of them have serious addiction problems. Their older relatives sometimes have addictions, especially parents are known to have episodes of alcoholism.

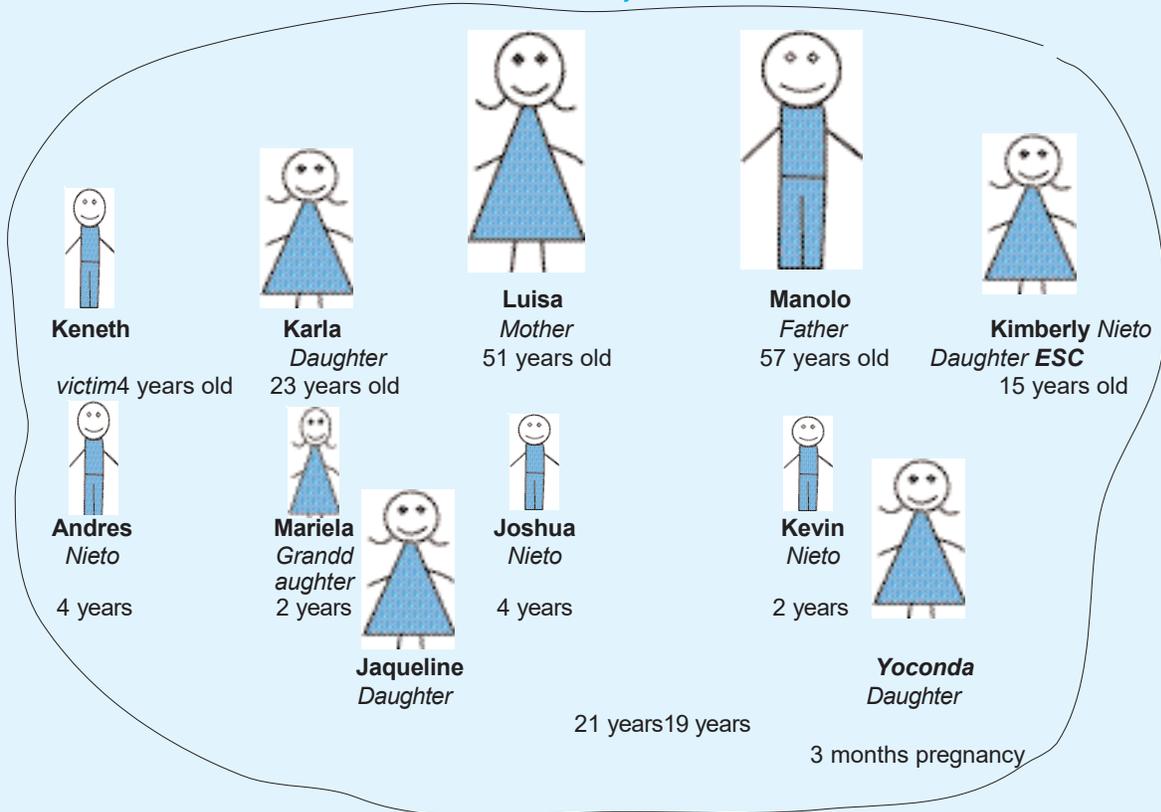
***...In relation to the right to education***

- ▲ Almost all victimized minors have dropped out of the educational system at some point, and the levels of backwardness are very serious (approximately 80% are significantly so).

**III. Delving into intrafamily dynamics...**

The following tables describe the situations and dynamics of two families that participated in the in-depth individual and group interviews; a summary of the problems faced by both families is provided at the end. It is important to emphasize that since this is a qualitative technique, the results are not generalizable; however, both cases exemplify emblematic situations that could occur in other family groups.

**Table 2**  
**Diagram 2**  
**Family A**



**Family A**

The diagram does not show the four eldest children, who currently live with their respective nuclear families in the same community; the eldest is the son of the mother and a man who did not take responsibility for his paternity. Karla, Rosa and Yoconda lived with their partners, but after their separation, they returned to their parents' home, taking their sons and daughter with them.

In the construction of family memory appeared great-grandmothers, grandfathers and great-uncles, who at the beginning of the last century left their plots of land to emigrate and be recruited as laborers for agricultural work in a foreign enclave company. The mother and father lived their childhoods with their extended nuclear families. Luisa was raised by her mother, Benigna, and her uncles; Benigna was in turn raised by one of her uncles, as her mother was "driven crazy" and treated very badly. Manolo lived with his parents, siblings, uncles, aunts, cousins and cousins. The family economies of Manolo's and Luisa's ancestors, and that of her own family, have been eroded by the problems of alcoholism and "women" of the providers.

The grandparents' generation did not attend school at all, so most of them could not read or write. Luisa and Manolo attended a few years of elementary school, and only one of their sons finished high school. The sons were affected by the dynamics of poverty, as were their ancestors: they dropped out of school to work. The daughters have left school, they say, "for vagrancy": after repeating several years, they did not return, and/or became pregnant. The family has never received any kind of school voucher, but has received temporary contributions from the social welfare agency.

Manolo, at 57 years of age, has not had a stable job since the banana enclave company left the country; from informal jobs, he has even been fired without being paid his due salary. This, and his addiction to alcohol, has led to great instability in the family's socioeconomic situation, which has resulted in a daily experience of basic needs. The three older daughters work sporadically in informal jobs, because they have to take care of their children, who are in an age of great dependence; they are mainly supported by the economic contributions of the children's parents, of whom only one pays alimony. Yoconda is currently looking for work during her first months of pregnancy. The older children contribute to the family economy, but even so, the shortages persist.

Luisa worked hard as a young woman to support her first child and her mother, and when she joined Manolo, she dedicated herself to housework; for the past few years she has been suffering from severe circulatory problems (especially in one leg) that force her to stay in bed; in emergencies she seeks state and private medical services. Almost all of the adult members are insured by the state, and have received services from the nearest hospital. At the time of the interview, several family members were suffering from vomiting and diarrhea. In those days the drinking water service had been interrupted for more than eight hours.

As in any extended family, the members of this family belong to various age groups, so the needs of the members are very diverse. Of the daughters, only Kimberly is currently a minor, and as a teenager, she seeks greater independence from her parents.

The three older sisters have experienced conflicts with their respective partners, for which they have separated. Two of them have had temporary cohabitations with different partners. Thus, at a very young age, they have had to assume the heavy responsibilities of motherhood, in situations of great uncertainty. Unlike them, their siblings have developed cohabitation relationships at a more mature age and have a more or less stable job. Kimberly, at the age of 13, lived with two different partners (minors) and their corresponding families.

Currently, Kimberly has serious conflicts with her father, who is constantly verbally abusive to the other members of the family. The mother is apparently the member who functions as the emotional support of the family, since all the children go to her; however, all the blame for family problems falls on her at the same time. The daughters think that their mother "meddles" in their affairs. Yoconda has constant fights with the rest of the family, so she cooks separately.

Both Luisa and Manolo say they raised their sons and daughters the way they were raised themselves. Luisa was in charge of the upbringing, and when Manolo was in the house, he punished the children severely, sometimes with alcohol. The mother deeply resents the strong mistreatment that Manolo once gave her and her sons and daughters. These were scenes in which there were even painful death threats; it seems that the older children were the ones who experienced the most brutal times, especially the one who was not Manolo's son. At that time, Luisa sought help from the police authorities, but there was no intervention on her part.

The family itself justifies the father's great violence, recalling Manolo's accounts of his own cruel childhood. Manolo, in his individual interview, does not talk about these events, and says, instead, that he rarely hit his children, compared to how he was raised.

Initially, the father despotically exercised an authoritative role over his children and his own partner; but the hierarchy of power in the family changed dramatically as the sons grew up and confronted their father. These events have led to a general dislike of the father and his authority, especially on the part of Kimberly. The other daughters tend to maintain a more condescending position toward him.

There is a myth in the family that if Kimberly were treated with an "iron fist", she would obey and be a "home girl". There is no efficient strategy for setting limits that would contribute to her protection, as there is great ambivalence between consent and severe physical punishment. The girl, because of the differences she has with her father, prefers not to be in the house: she feels she is treated badly.

Couple relationships occur when they "get together" and have children. Multiple stories of male infidelity were found, supported by women in different ways. One strategy widely used by women is to fight with "the women" of "their man". Men, on the other hand, are jealous and very controlling, but they do blame their wives, and insult them as prostitutes in front of their sons and daughters.

The daughters blame the mother for the early pregnancies of the three older girls, saying that it was up to her to address the issue of sexuality and that she did not do so out of shame. The father recalls that there used to be a lot of control over the youth, and they were not even allowed to talk to each other. Luisa and Manolo trusted that the school would talk to their children about sexuality, and it was addressed there, but in a biased, sexist and moralistic way.

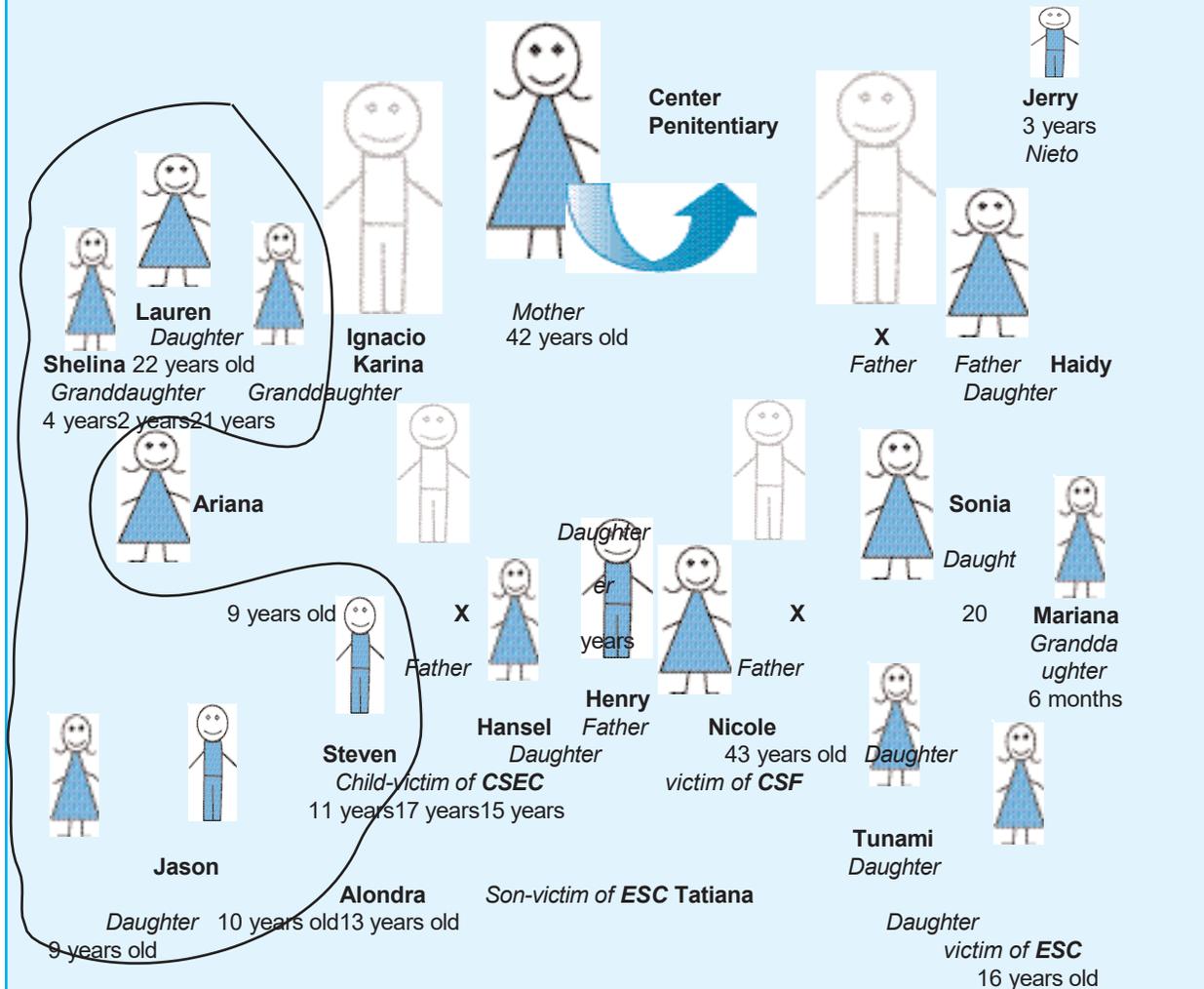
Kimberly refers, as if they were relationships with "boyfriends", situations in which commercial sexual exploitation is identified. It is important to note that the family tells stories of couples in which the men were much older than the adolescents (17-year-old Luisa became pregnant by a 30-year-old man). Currently, Kimberly has a pseudo-affective relationship with a 48-year-old man, with whom she has been "hanging out" since she was 12; he pays for an apartment for her to sleep there for a few days, and gives her money. This man has many legal and illegal businesses; for example, he traffics and sells drugs. The girl takes care of one of the man's children and considers herself in love with him, although she knows that he has parallel relationships with other women; sometimes he has had physical confrontations with some of them. For his part, the exploiter has publicly presented her as his wife and the mother of his child, boasting of her young age.

Family A lives in a border neighborhood. There is a strong stigmatization of the girl by the community, which worries the family. Some neighbors have said that Kimberly sells drugs and is a prostitute.

Most of the family members prefer not to discuss their problems with each other or with anyone else. The whole family is aware of Kimberly's situation. There are two strategies: blaming her or counseling her. Those who blame her explain that it is due to indiscipline and immorality: it is she who has exposed herself to the men who exploit her and it is because she has always been like that (Yoconda narrates a scene in which some cousins sexually touch her younger sister when she was a child, and blames her for it). The older siblings worry about Kimberly, but they get desperate and offend her or complain to Luisa for not setting limits. Those who counsel her think it is only temporary. Luisa asks God to transform her daughter so that she can return to the right path. Karla seems to be more aware of Kimberly's vulnerable situation and thinks that something must be done, but she does not know what or how to do it.

Luisa fears retaliation from the exploiter, or that for some reason she will be arrested. Manolo has filed a complaint against the exploiter with the authorities for children and adolescents, and is very frustrated because he feels that the corresponding investigations have not been carried out.

**Table 3**  
**Diagram 3**  
**Family B**



**Family B**

This diagram is quite complex due to the characteristics of the family, and it does not include the oldest son, aged 26, who is currently on the run. The parents who have not had a significant presence in the family are represented with dashed lines.

Flor, 42, has had 12 children with 5 different partners. With her last husband, Henry, she had a more stable cohabitation relationship and had her 7 youngest children. The five older children, aged 26, 22, 21, 20 and 19, have cohabiting relationships with their current partners.

The mother was recently sentenced to eight years in prison for selling drugs. After her arrest, her seven minor children have been moving to different places to live temporarily on their own or with relatives; at times they have been living in precarious housing, surviving on their own. Currently, the three minors live with their sister Lauren, her nieces and her brother-in-law, who is not the girls' father. Haidy, Ariana and Sonia live with their partners in the capital. Tatiana, 15, has a daughter who is only a few months old and is being raised by her older sister Sonia.

In reconstructing the family past, grandparents and great-grandparents were found who as children worked in the fields with their families, under situations of mistreatment and exploitation by adults. The ancestors left their land to work for a foreign enclave company. Only the paternal grandparents, on Henry's side, lived in the capital, and apparently had no economic deprivation.

Flor was physically and emotionally abused by her mother, María, and was sexually abused by her stepfather, who also abused her biological daughters; at the age of 12, after repeatedly revealing the situation to her mother and finding no protection, she left home. Her sons and daughters say that she worked very hard and sometimes had to "pulsearla", that is, she was also a victim of commercial sexual exploitation. She gave birth to her five older children and, according to her own account, "prostituted herself" to support her children. She later moved to the capital, leaving the girls and the boy at their grandmothers' house.

Once in the capital, Flor met Henry, they lived in highly marginalized communities and had seven children. Years later, when she had the opportunity, she brought three older daughters with her and they formed a large family. The two older sons stayed with their extended family. Flor and Henry had several licit and illicit businesses, through which the girls witnessed crude scenes, such as murders, beatings and assaults.

The relationship between Flor and Henry was characterized by frequent fights and beatings, which the girls and boys witnessed. Henry had an addiction to alcohol and began to make a habit of disappearing for days or weeks at a time. When he came home, he would brutally assault Flor. Hansel recounts the pain this situation caused him and the "trauma" it caused him. In spite of this, some of the daughters say that Henry was a good father and that they love him; Hansel even says that when she was 8 years old, she used to go alone to look for him under the bridges so that he would come back home. Others, on the other hand, show great resentment, because he offended them by telling them that they were going to be prostitutes like their mother.

The daughters recall that both Flor and Henry spent time talking to them, and never hit them when they were upset. They both counseled their daughters and sons, telling them not to follow their example, explaining that what they were doing was wrong, and in relation to selling drugs, that they were doing it to support the family. Henry insisted that they not take any vices.

Hansel and his sisters say that Flor talked to them with great ease about sexuality, because she wanted to prevent what happened to her from happening to them. She would tell them to tell her if they were going to have sex so she could give them pills and take them to the doctor for a check-up. However, three of her daughters became pregnant as teenagers (Tatiana at 14).

In time, Henry left Flor and formed another family, without taking any responsibility for the children he left behind. In response to this, the mother continued in illicit business and moved to her home community with her offspring, where she had other partners and was eventually arrested and imprisoned.

The teenagers moved with their siblings to their maternal grandmother's house, but they could not stay there for long, so they went to live on the street. The children and Alondra were forced by their grandmother and her partner to do dangerous work in the fields. If they didn't do it, he wouldn't feed them, and once, the man whipped Steven for breaking a plant. As a result, they moved several times to live with their sisters on the street and then returned to their grandmother's house. Finally, Lauren "fought" her younger siblings and took them to live with her and her husband, who is unemployed at times. Lauren's house has no electricity or running water.

The adolescent and pre-adolescent daughters, Hansel, Tatiana, Nicole and Tunami, had to raise money to feed themselves and their siblings. In this circumstance, they were victims of commercial sexual exploitation by neighbors and other men who were on their way through the community. Even men who were Flor's friends kept them for a while in exchange for sex with them.

The four girls have lived for some time with uncles in the capital, with their sister Lauren, and currently live with a family consisting of the mother (who suffers from strong addictions) and four daughters, a son and a grandson. In this other family there are also minors who are victims of commercial sexual exploitation.

In the case of this family, misery, abandonment by social organizations and the presence of abusive men made the girls and adolescents vulnerable to such an extent that, as happened to their mother when she was young, they were forced to submit to sexual exploiters in order to stay alive. Sometimes they have sex with boys their own age in exchange for money or invitations to go out. They say they do not believe in love.

Family B currently maintains very warm interpersonal relationships between sisters and brothers, however, there are occasional fierce quarrels. They look forward to the mother's release from prison. They maintain tense relations with some family groups of grandparents, older sisters, aunts and uncles who resent their lack of support, and they get along very well with some uncles and aunts who live in the capital. State institutions did not contribute to this family. They tell stories in which they run away from the representatives of the governing body for children and adolescents so that they will not be "locked up", or that they have confrontations with them. On the other hand, the girls and adolescents have been out of school classes and have not received any type of social welfare attention, other than a temporary subsidy for Tatiana because of her pregnancy. They also narrate an experience in which the police and workers of the institution in charge of electricity and communications, violently evicted them from their home to demolish the precarious house in which they lived. Currently, the youngest girls are underweight and have skin diseases as a result of the miserable environment. One of them, Karina, suffers from asthma and has to be taken to the hospital from time to time.

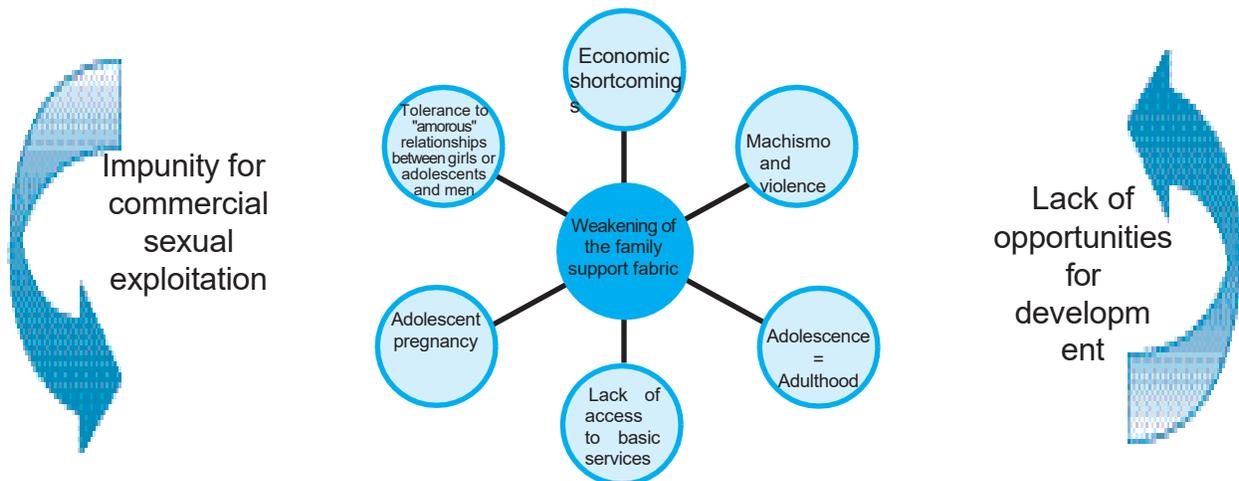
### Processes of vulnerabilization of minors in Families A and B

The forms of victimization of girls and adolescents in each of the families may seem very different and, therefore, one could misleadingly look for different causes to explain their vulnerability. However, by exploring the history of several generations, important similarities between families and their interaction with social systems can be observed. The repetition of patterns of poverty and intra-family violence for consecutive generations is evident. These dynamics have been maintained and intensified by the absence of efficient interventions by social institutions.

The following diagram illustrates the main forces that have dynamically influenced the weakening processes of the family support fabric in the families studied. Some of them originate in patriarchal cultural approaches, and others in the social exclusion affecting the family system.

Diagram 4

#### Family processes of vulnerabilization of minors to commercial sexual exploitation.



*Impunity in the face of commercial sexual exploitation and the lack of development opportunities* are constant in the environment in which families try to carry out their protective functions. Impunity is present both on the part of the responsible institutions and society in general. On the other hand, there are very few alternatives for minors to lead a life different from the one their parents have had.

*Machismo and domestic violence*: Multiple histories of violence by different people, especially male members, were found. A highly stereotyped gender socialization was detected, to which there seem to be no alternatives. Sexually exploited girls and adolescents have witnessed scenes of great brutality in their homes, the memory of which causes them deep pain. In addition, there is a kind of vicious circle in which men's misconduct is constantly made invisible and women are blamed for their actions. In practically all of the interviews, at some point a phrase was said that could be summarized as "*MEN ARE MEN*". This expression justifies and naturalizes all kinds of abuses and limits the possibilities of a change towards fairer gender relations.

*Tolerance of "amorous" relationships between girls or adolescents and older men*: The great normality given to this type of relationship is striking. In reality, there is only a small distance between these relationships and those with an exploitative client.

*Non-existence of adolescence as a stage distinct from adulthood*: The responsibility demanded of people over eleven years of age, approximately, corresponds to that of an adult. This cultural belief causes a girl, after acquiring her secondary sexual characteristics, not to be adequately protected neither by her family nor by the community. This can also be observed in school expulsion due to forced incorporation into the labor market or unwanted pregnancies. It also stands out in the evident tolerance of cohabitation relationships between adolescents and their partners. Because they are already considered women, these girls are blamed by their families and the community for being "whores": there is no difference between the concept of commercial sexual exploitation and prostitution. This point coincides with the results of Campos and Salas (2004), according to which men do not consider it a crime to pay for sexual activities for adolescents. In no case are the male exploiters held responsible, as there is a tendency to believe that it is all due to the girls' misconduct or lack of morals. They themselves feel responsible for being "bad" or "very lively". Thus, minors experience situations of stigmatization before the community, the family and in their own subjectivity.

*Adolescent pregnancies*: Whether or not they have information about contraception, both families present multiple cases of girls who have become pregnant in difficult situations, further limiting the fulfillment of their human rights. With the existence of a daughter or son, the vulnerability to the sex trade increases for the adolescent girl who wishes to keep her baby well.

*Lack of access to services and economic deprivation*: Families have reproduced patterns of poverty and intra-family violence for several generations, which also means the repetition of the trampling of the human rights of the most vulnerable members without State intervention. In addition, dynamics related to the criminality characteristic of the poorest strata were observed. The seriousness of the circumstances in which the families are living limits the hopes of family members regarding the possibility of a better future. School dropouts and child labor, present in all generations, aggravate the panorama of competitiveness of individuals in the labor market and herald the prolongation of one more generation in these circumstances. It is concluded that families have experienced in their midst serious human rights violations that have been repeated from generation to generation and that are the fruit and seed of a social system that has not promoted the social integration of excluded sectors, nor the comprehensive care of children and adolescents for at least a period of one hundred years (four generations). Their histories show few State interventions aimed at modifying their conditions of poverty and social vulnerability.

Despite the suffering caused by experiences that have weakened the fabric of family support for several generations, children and adolescents are linked to many supportive family members. For their part, these family members express their frustration at not knowing how to protect those who are victims of commercial sexual exploitation.

#### **IV Proposal for family intervention for the comprehensive protection of child and adolescent victims of the sex trade.**

This proposal is based on the recommendations provided by the families interviewed, as well as on the efforts of specialists who have established basic guidelines for the comprehensive care of underage victims of commercial sexual exploitation.

***What does it mean to approach the family from a human rights perspective?*** It means directing the human and material resources of social institutions towards an innovative intervention unit, THE FAMILY, always following strategies congruent with the human rights approach. This is done through coordinated and monitored plans that are elaborated together with the family itself, with the aim of strengthening the family's support network. The goal is the fulfillment of the human rights of each of its members, respecting, in all cases, the *best interests* of minors.

Anyone providing care services in the responsible entities can use this proposal as a basis for coordinating their functions with workers in other institutions. It should be taken into account that, given the bureaucratic obstacles and other difficulties that frequently arise, the application of the human rights approach at each stage of the intervention requires a conscious and committed effort on the part of individuals and organizations to find solutions to the problems that make families vulnerable. Flexibility and creativity, within the obvious limits of responsibility, are essential to enforce the rights to participation and social integration of these families.

The approach to the families of children and adolescents who are victims of the sex trade deserves very special considerations, as it is a truly complex task. In addition, it is urgent to eradicate this serious violation of the human rights of minors, whose attention must be developed ethically and legally as a priority by the institutions.

#### **Ethical and practical aspects of integrated family care.**

All actions included in this plan should be based on the following principles:

It is necessary to handle a broad concept of family free of moralistic or traditionalist ideas. It is important to reflect on one's own prejudices and ideals, since these families could be compared with unrealistic models that would not allow for the valuation of their strengths. In practice, one will probably find family groups that do not comply with the nuclear family model (father, mother, daughters and sons) but that have members of the extended family and the community willing to collaborate in different ways. In addition, it is important to review the stereotypes that are handled personally and institutionally about excluded families, and thus identify any type of stigmatization that places families in a passive or pathological position that may lead them to be excluded.

will undoubtedly harm the results of the intervention. **There are NO PERFECT FAMILIES**, and we must start from the concrete reality in order to create efficient strategies and promote ways of life in accordance with the fulfillment of human rights.

The possibilities for care are not exhausted. When a strategy is applied to solve a problem and it does not change, other alternatives should be tried instead of blaming the family. There is no recipe for solving the problems faced by these families, which is why creative work and the permanent development of new ways of working between institutions is essential. What must be maintained is **frequent contact** with the family, as this is the only thing that can assure its members that the institutions are genuinely interested in improving their living conditions. Since these plans are developed together with the family, empathy is a fundamental element in achieving the objectives set.

- ▲ Family care centers should **always** work in coordination with law enforcement and social security agencies, so that they develop punitive measures for sexual exploiters and protection mechanisms for the family. Commercial sexual exploitation is a crime and originates in its demand by unscrupulous men; in this sense, comprehensive attention to families will increase the levels of protection for minors, but will not eliminate the networks of abusive clients; this is why actions by the justice systems are also required. Families could receive threats from the networks of exploiters, so their safety must be guaranteed. On the other hand, it is better to let the judicial investigation bodies do their job instead of taking unnecessary risks.

The action plan **always** respects the minor's right to **family coexistence** in his or her community. Thus, if in the family group there are people who are harming the integrity of children and adolescents or other members, the latter must be protected in their family environment as a priority. This may involve the temporary or permanent removal of the members who are endangering the integral health of the rest. In the event that the mother or father of the minor cannot be counted on, cohabitation options will be sought for the minor with members of the extended family, in the first place, and then with members of the community. Only in truly exceptional cases could the option of temporary institutionalization for minors be considered. Institutionalization increases the likelihood that minors will experience abuse in unpunished circumstances and should be avoided as much as possible.

- ▲ **Commercial sexual exploitation is not a psychological problem for victims**, so it is not "cured" under clinical treatment. This service can be part of the care plan, but it is only an option for family members. The professional approach includes many other components for the protection of human rights (life, health, family coexistence, education, dignity, housing, basic services, recreation, etc.).

The treatment of information about the family will be strictly **confidential**, both among its members and with people outside the group. Only in truly qualified situations, such as the violation of human rights, can the confidentiality commitment be broken and the corresponding denouncement be made. The goal of this is to eliminate the abuse that is generally committed in public institutions, by unnecessarily revealing intimate information about the most vulnerable people.

- ▲ The changes that are desired to be exercised through the struggle for the social participation of these families, under equal conditions, begin with the sensitivity and expertise that must be developed by each person who provides services in governmental and non-governmental agencies. In opposition to the traditional custom of blaming minors and their families for the situation of commercial sexual exploitation, there must be a contact of great respect and understanding for those situations and dynamics that have made them vulnerable.

The traditions or customs of the family and the community must be respected, as long as they do not violate the human rights of individuals. Prior knowledge of the particularities of the culture in which the family develops will definitely facilitate its approach. If for any reason it is deemed necessary to question certain ideas or actions, relevant information should be provided with the utmost respect and never from an arrogant or offensive position.

It is urgent to educate and train the officials who will attend to these families on issues related to the application of the human rights approach, gender sensitivity and the approach to family dynamics and broad systems<sup>28</sup>.

As intervention plans are developed, a mandatory and systematic record must be kept of the actions and coordination carried out, for review and improvement. Based on the Guidelines for the Detection and Care of Child and Adolescent Victims of Commercial Sexual Exploitation<sup>29</sup> (ILO/IPEC- Rahab Foundation, 2004, a; b) the following is propose some guidelines for approaching the family support network. Two phases or processes in family intervention are proposed:

**Diagram 5**  
**Phases of the Action Plan for the families of underage victims of commercial sexual exploitation**



<sup>28</sup> Broad systems are all those social organizations that in one way or another influence the development of family systems, sometimes occupying a place of power in decisions about the present and future of their members (Imber-Black, 2000).

<sup>29</sup> It is very important to have this material and any other material that provides guidance on the procedures to be followed during the detection and care of minors who are victims of commercial sexual exploitation.

#### 4.1 Detection phase<sup>30</sup>

During this phase, institutional resources are activated in order to confirm the suspicion that a minor is a victim of commercial sexual exploitation. Regardless of how this suspicion is presented, the first step is to contact both the person who is allegedly being victimized and his or her family. It is advantageous to present yourself as a worker who wants to help improve their living conditions through the fulfillment of human rights. This becomes especially important when working for an institution that has traditionally been seen as threatening, due to practices that may have been carried out previously under the Irregular Situation model. It is recommended **not to address the issue of commercial sexual exploitation until there is sufficient evidence and there is a bond of trust** with the minor and his or her family.

In the case of adolescents, a first contact could be made with him or her, and later with his or her family, in this way there is a greater probability of forming a good alliance. At no time should information that could lead to conflict between family members be disclosed, as this could provoke a scene of intrafamily violence, which would obviously harm the intervention in the system.

It is important to bear in mind that since sexual exploitation is an illegal commercial activity, it is often associated with other crimes such as drug trafficking. For this reason, appropriate precautions must be taken for the family and for the organization's staff. Thus, the handling of information must also be careful in this regard.

It may be necessary to make several approaches to the different members of the family to obtain more information about the risk to minors. People who play parental roles towards the identified child or adolescent can be of great help; generally, contact with the mother is essential, given the close bond she usually maintains with her children. On the other hand, the way in which the family group welcomes the worker in the institution provides some information on family dynamics and on the responses that are usually given when interacting with other groups. It should not be forgotten that these families may have developed a certain distrust and hopelessness with respect to the collaboration offered by social organizations.

Interviews should take place in as pleasant and safe an environment as possible, but the officer should be flexible enough to adapt his or her instruments to the environment<sup>31</sup>. The family should preferably be visited several times by the professional in charge, in their home, since the conditions in which the family lives provide important data on the pressures they face on a daily basis. It is important to observe if there is any member who tries to coerce or silence another, in order to hide data related to situations of vulnerability; it is possible that there are aggressive people who obviously do not want to be in evidence. It should also be considered that it is not easy for any family to confide their problems to a stranger, so any resistance that may exist should be overcome little by little, showing a genuine interest in promoting resources for the protection of the human rights of minors.

A bond of empathy must be established with the interviewees. To this end, it is very useful to listen carefully to their points of view, and to adapt to the language they use to express themselves. It is best to first ask general questions about aspects of the past and present related to risk factors, and then, when there is greater confidence, to ask more specific questions.

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<sup>30</sup> The screening process must be incorporated into the daily work of the agencies responsible for children and adolescents, social welfare offices, private and public health centers, educational centers, institutions that work with families, psychology departments and

<sup>31</sup> Social Work of judicial instances, municipal offices, organizations in charge of women's issues, and any public and non-governmental organizations that work with children and adolescents.

If the issue is broached by the family, or the situation of commercial sexual exploitation is imminent, it should be approached with great sensitivity and, as already indicated, in a non-blaming manner. It is possible that the minor or the family may not disclose the situation of victimization in the commercial sex trade for some time, so parallel inquiries should be made through the review of institutional records and consultation with officials or others in the community. Above all, constant contact should be maintained with the family until the suspicion is ruled out as unfounded or the action plan is initiated.

It is important to know the vocabulary that is commonly used around commercial sexual exploitation in the social group to which the family belongs, as many situations of violence or risk could remain hidden or not be identified, simply because of a matter of communication.

The assessment of the family support fabric is a process that cannot be carried out hastily and seeks to identify the family's strengths and vulnerability factors. The resources and potentials found in each household, as well as their shortcomings and obstacles, should be noted.

**The following elements should be observed in the characterization of the family support network:**

- ➔ **Family composition**
- ➔ **Interpersonal relationships between members (affection, warmth, loyalty, aggressiveness, indifference, rejection of a member, etc.).**
- ➔ **Number of minors in relation to the number of providers.**
- ➔ **Employment status of the elderly.**
- ➔ **Home economics**
- Contributions received by the family from governmental or non-governmental organizations. (bonds, subsidies, etc.).**
- ➔ **Presence of child labor**
- Condition of the dwelling and services provided**
- ➔ **Current health status of members and access to relevant facilities.**
- ➔ **Attendance of minors at educational centers.**
- ➔ **Presence of pregnant or parenting girls or adolescents.**
- ➔ **History of domestic violence**
- ➔ **Addictions in different family members.**
- ➔ **Existence of risk factors of minors to sexual exploitation. commercial**

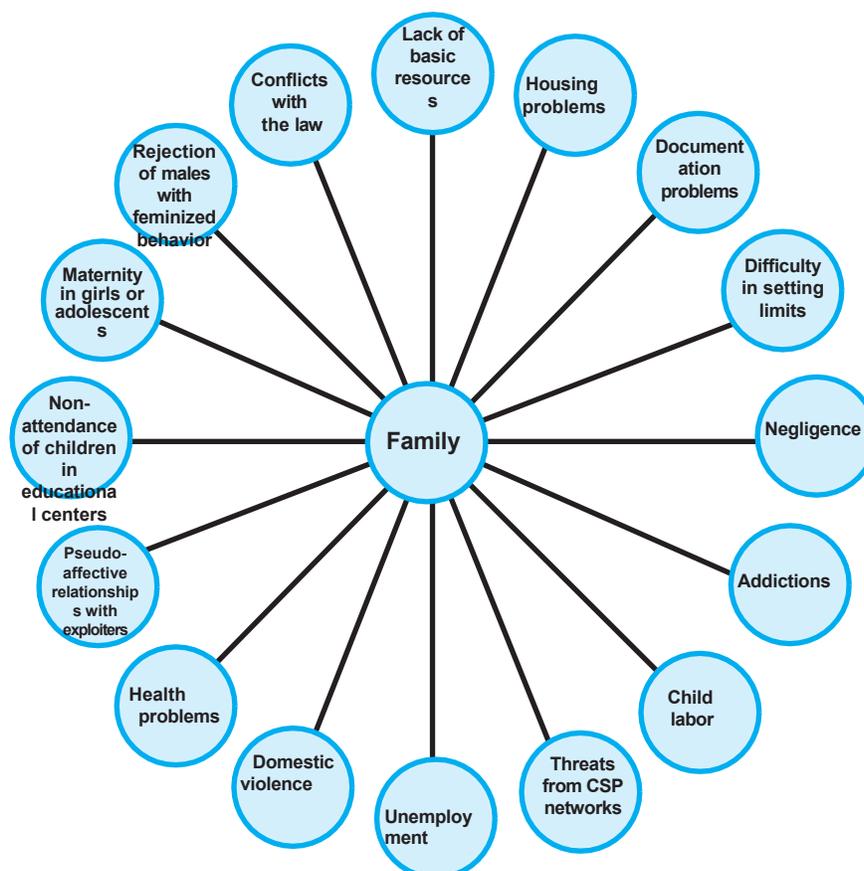
All interviews should end with a synthesis of the issues raised from a human rights perspective and an explanation of the institution's position on the problems entrusted to it. Finally, if necessary, some services will be provided to the family, or orientation will be given regarding programs offered by other agencies, regardless of whether commercial sexual exploitation is detected or not. It is important to make the necessary referrals and counter-referrals to the corresponding institutions, since the family may be in circumstances of social risk and the human rights of minors or other family members may be violated.

Because these are sometimes painful issues, it is important to offer emotional support and appropriate institutional care options. If manifestations of domestic violence are identified, immediate steps should be taken to denounce the aggressor and to protect the members of the family who may be at risk.

After contacting families, you may conclude that they are facing some (or many) of the following problems:

Diagram 6

Possible problems faced by the families of child and adolescent victims of the sex trade



Some of these problems correspond to the private sphere of the family and others are developed between the family and its community environment; however, the search for possible solutions always has to do with the collaboration provided by the community and governmental and non-governmental organizations. For this reason, it is essential to know the existing care projects and to manage the opening or diversification of those other services that could contribute to families.

If the suspicion that the child or adolescent is being victimized by the sex trade is substantiated, the Attention Phase will be initiated. The child or adolescent and his or her family will be personally informed of the actions that will have to be coordinated next, such as reporting. Immediately, several meetings will be devoted to the construction of the action plan to be followed and to the definition of the commitment of each of the parties. If it is detected that several family members are victims of commercial sexual exploitation, a plan is elaborated with the family, but taking into account the particular characteristics and needs of each of the victimized persons.

## 4.2 Family Care Phase

Based on the Cyclical Model of Articulated Responses, care should be provided under an inter-institutional platform offering coordinated and available services for the victim(s) and her/his family throughout the intervention (ILO/IPEC- Rahab Foundation, 2004, a; b). As each country has its own particular organization, the plan may vary from place to place, but there must be an institution in charge of the implementation and articulation of services under a national plan for the eradication of commercial sexual exploitation. The institution that leads the process may be the one that has direct responsibility for the protection of children and adolescents; it will coordinate with state or civil society institutions for the timely intervention of each problem. Given the multiple factors that can make families vulnerable, national strategies of attention must be foreseen, both from social and economic policies, for the integration of excluded families; coordination with state planning bodies is then fundamental.

These family approach strategies must cover both the macro and micro-social levels, i.e., they must be made explicit by the top hierarchies of the institutions and materialized in the services offered by the care offices in each community. Annex 1 shows the institutions that should basically be included in a national plan for the care of families of child and adolescent victims of commercial sexual exploitation. The lead agency for children and adolescents will be in charge of developing this plan with the family and coordinating the corresponding actions. It is preferable that a person be assigned to be in constant contact with the family and follow up on the plan, but that in his or her absence, the institution can guarantee family care.

The Care Plan consists of two parts: *First Order Intervention and Second Order Intervention*. In the first, the right to life, health, family life and protection against commercial sexual exploitation is guaranteed. In the second, the exercise and full enjoyment of all human rights is monitored and all actions carried out are followed up. As already mentioned, this plan is developed together with the family to identify the problems that are affecting them and the resources that the family itself offers to solve each problem; the empathetic guidance provided by the official regarding the alternatives that exist is essential. It is essential that the family be an active part of this plan, as this guarantees their right to participation. The family will be able to communicate directly with the officials who are attending them.

In addressing the issue of commercial sexual exploitation, carefully explain why it is a serious violation of the human rights of the family member(s) who have been trapped. Any myths that arise regarding the guilt attributed to underage persons will be addressed and the criminals who are using them will be held accountable. It will also be made clear that the State and all social organizations have the obligation to intervene so that the situation of vulnerability is overcome, emphasizing the right of victimized family members to enjoy the same benefits enjoyed by children and adolescents who have not lived through these circumstances (rights of equality and justice).

It is important to discuss the strategies that the family has put in place to stop the situation, to value their efforts, while respectfully evaluating the reasons why they have not worked, without blaming them. The family should be committed to supporting and not punishing minors in any way for being caught in the sex trade. It is possible that the latter have formed habits that expose them to risky situations, which must be modified; however, if they are adolescents, they cannot be forbidden to go out to have fun or seek their friends, because under a repressive regime it is very likely that they will stop participating in the plan. The option will be to contribute with the parental figure to set appropriate limits and form new recreational habits; for the latter, the contribution of the entities in charge of culture and sports at national and community level is essential.

While the family intervention is being developed, modifications could be made to the objectives and relevant actions. The time frame of the Care Plan could be established in a minimum period of two years, since the changes to be generated are profound and deserve a well-planned social investment aimed at the integration of the family group to sustainable human development alternatives.

**All institutions that are part of the national plan for the eradication of commercial sexual exploitation should include the following policies:**

- ➔ **Information for all social groups about the human rights they have and should demand.**
- ➔ **Establishment of mechanisms for the detection and reporting of situations of commercial sexual exploitation and domestic violence, as well as mechanisms for the detection and reporting of situations of commercial sexual exploitation and domestic violence. elaboration and development of care plans for child and adolescent victims of the sex trade and their families**
- ➔ **Inter-institutional coordination for the development and implementation of the action plan with each family, through clear referral and counter-referral mechanisms.**
- ➔ **Confidential recording systems for interventions carried out on families.**

**Training and sensitization of officials on the rights-based approach. and commercial sexual exploitation.**

- ➔ **Follow-up, evaluation and monitoring systems and mechanisms.**

**Establishment of the system of *conditional economic transfers*, which means that any financial contribution is granted to families according to the fulfillment of a contract through which they commit to follow the Care Plan. The conditions will be related to the change of patterns or relationship dynamics that harm its members; no food subsidies, school vouchers or any services for minors will be conditioned**

Finally, some projects that could be implemented in the communities for the treatment of the different problems that hinder the integral development of these families<sup>32</sup> are presented:

<sup>32</sup> The national planning body for social and economic policies is not included in the table, but it is one of the most important institutions for the implementation of projects throughout the territory. Coordination with non-governmental organizations will definitely enrich the intervention.

**Table 1**

Problems that may arise in the families of children and adolescents who are victims of the sex trade, and possible solutions

Problem	Institutional strategies and services	Articulation
<p><b>institutional</b></p> <p>Lack of basic resources</p>	<ul style="list-style-type: none"> <li>➔ Productive alternatives</li> <li>➔ Employment exchanges</li> <li>➔ Food subsidies</li> <li>➔ Programs for breastfeeding infants</li> <li>➔ Conditional cash transfers</li> <li>➔ Childcare programs</li> <li>➔ Facilities for the verification of paternity and for the application for maintenance payments</li> </ul>	<ul style="list-style-type: none"> <li>-Community development boards or commissions</li> <li>-Leading institution in children and adolescents' issues</li> <li>-Instance responsible for labor matters</li> <li>-Social welfare institution</li> <li>-Justice system</li> </ul>
<p>Problems of housing</p>	<ul style="list-style-type: none"> <li>➔ Conditional cash transfers for renting, buying or repairing the home</li> <li>➔ Urbanization projects</li> <li>➔ Installation of drinking water services, sewerage, electricity, telephone, etc.</li> <li>➔ Home loans</li> <li>➔ Private sector contribution</li> </ul>	<ul style="list-style-type: none"> <li>-Boards or commissions of community development</li> <li>-Welfare facility social</li> <li>-Housing programs</li> <li>-Institutions that can be service of drinking water, sewers, electric lighting, telephone networks, etc.</li> <li>-Banking system</li> </ul>
<p>Difficulties related to migration</p>	<ul style="list-style-type: none"> <li>➔ Information campaigns and collective awareness-raising on the human rights of migrants, with emphasis on those of minors</li> <li>➔ Intensification of programs for the protection of the human rights of migrants, with emphasis on those of minors.</li> <li>➔ children and adolescents in areas where and main settlements in the border areas and migrants</li> <li>➔ Creation of special strategies for the sanctioning of sexual exploitation commercial in border areas</li> <li>➔ Mechanisms for the safe transfer of minors, whose families are in other countries</li> <li>➔ Support for migrant families who wish to legalize their stay in the country</li> </ul>	<ul style="list-style-type: none"> <li>-All the institutions presented in Annex 1 must include the topic of migration and programs to assist the migrant population.</li> </ul>

<p>Difficulty in the management of limits in children and adolescents.</p>	<ul style="list-style-type: none"> <li>➔ Guidance and instrumentalization programs for the improvement of parental function. of responsible figures (parenting schools, counseling or family therapy at community health centers, options for training in boundary-setting skills, parenting courses at churches or other community organizations, etc.)</li> <li>➔ Collective communication campaigns about responsible parenthood</li> </ul>	<ul style="list-style-type: none"> <li>-Leading institution in children and adolescents' issues</li> <li>-Health system</li> <li>-Education system</li> <li>-Organizations that deal with women's issues</li> <li>Non-governmental organizations</li> </ul>
<p>Negligence <sup>33</sup> of responsible adults</p>	<ul style="list-style-type: none"> <li>➔ Information to adults about the harms of child and adolescent neglect</li> <li>➔ Orientation programs and instrumentation for the improvement of the parental role of responsible figures (parenting schools, counseling or family therapy in community health centers, options for training in skills for the care and protection of minors, parenting courses in churches or other community organizations, etc.).</li> <li>➔ Childcare programs</li> <li>➔ Programs mentioned for the solution to the lack of resources basics</li> <li>➔ Collective communication campaigns about responsible parenthood</li> <li>➔ Protective measures within a plan against domestic violence for children and adolescents who are in a situation of abandonment</li> </ul>	<ul style="list-style-type: none"> <li>-Childhood and adolescence leading institution</li> <li>-Health system</li> <li>-Education system</li> <li>-Organizations that deal with women's issues</li> <li>Non-governmental organizations</li> </ul>
<p>Addictions to alcohol or psychoactive drugs</p>	<ul style="list-style-type: none"> <li>➔ Communication campaigns about the risks of developing dependence on legal and illegal addictive substances</li> <li>➔ Inclusion of the topic of addictions within the national education program.</li> </ul>	<ul style="list-style-type: none"> <li>-Leading institution in children and adolescents' issues</li> <li>-Health system</li> <li>-Education system</li> <li>Non-governmental organizations</li> <li>-Justice system</li> </ul>

<sup>33</sup> Although neglect is a type of domestic violence, it has been separated for the purpose of addressing those cases in which it may occur due to lack of knowledge, as in the case of children and adolescent mothers, or due to lack of basic resources.

	<p>Implementation of a national plan of care for addicts that takes into account the specificity of the childhood and adolescence</p> <ul style="list-style-type: none"> <li>➔ Mechanisms for diagnosis and the treatment of early addictions in community health centers</li> <li>➔ Institutions specializing in the detoxification of people the human rights-based approach to drug addiction</li> <li>➔ Judicial mechanisms for enforcing the incorporation of the members of the family in addiction treatment programs</li> <li>➔ Search for alternative family life for the girls, children and adolescents, whose responsible figures require temporary internment for their detoxification.</li> <li>➔ Financial transfers conditional on participation in addiction treatment programs</li> </ul> <p><b>Note:</b> See Rogelio Pardo's article No. 4 on the subject, in this same document.</p>	<ul style="list-style-type: none"> <li>-Justice system</li> <li>-Social welfare institution</li> <li>-Organizations promoting the human rights of people with addictions</li> </ul>
<p>Child labor</p>	<p>➔ Implementation of country action plans for the elimination of child labor and labor regulations made by teenagers</p>	<ul style="list-style-type: none"> <li>-All institutions that have care programs for families whose minors are working in the labor market</li> </ul>
<p>Threats from commercial sexual exploitation networks</p>	<ul style="list-style-type: none"> <li>➔ Protective measures for the families receiving these threats</li> <li>➔ Temporary shelters for the location of the whole family while investigation and sanctioning of the operators is carried out</li> <li>➔ Implementation or improvement of the accompanying programs professional for minors participating in legal proceedings as witnesses</li> </ul>	<ul style="list-style-type: none"> <li>-Justice and security system</li> <li>-Leading institution in children and adolescents' issues</li> <li>-Social welfare institution</li> </ul>
<p>Unemployment</p>	<ul style="list-style-type: none"> <li>➔ Elaboration of integral development policies based on the research of the socioeconomic conditions of each region</li> </ul>	<ul style="list-style-type: none"> <li>-Regional and community development boards or commissions</li> </ul>

	<ul style="list-style-type: none"> <li>➔ Inclusion of the labor issue as a fundamental piece in the articulation between policies. social and economic policies</li> <li>➔ Programs mentioned for the solution to the lack of resources basics</li> </ul> <p>Alternative education programs for adults</p> <ul style="list-style-type: none"> <li>➔ Free technical training for teenagers over the age of 15 years old and adults</li> </ul>	<ul style="list-style-type: none"> <li>-Instance responsible for labor matters</li> <li>-Leading institution in children and adolescents' issues</li> <li>-Social welfare institution</li> <li>-Education system</li> </ul>
<p>Domestic violence</p>	<p>Creation of national laws against domestic violence and violence against women.</p> <ul style="list-style-type: none"> <li>➔ Specialized courts Criminalization of violence intrafamily</li> <li>➔ Creation of national plans for the detection and attention to domestic violence, according to whether it is perpetuated against women, men, minors, etc.</li> </ul> <p>➔ or senior citizens Comprehensive sex education in schools and health, based on sexual and reproductive human rights.</p> <p>Reproductive ➔ sexual abuse by</p> <p>Prevention of information dissemination in this regard and the procedures for its denunciation Opening of spaces for the learning the skills of the responsible figures on how to educate</p> <p>➔ to children and adolescents Professional accompaniment for children and adolescents victims of domestic violence, implemented in the following areas relevant institutions Judicial investigation proceedings in case of suspicion of victimization of any of the family members, activated by the referral of educational, health and social centers. individual persons.</p> <ul style="list-style-type: none"> <li>➔ Training of police groups to intervene in scenes of domestic violence and of court officials to prevent revictimization<sup>34</sup></li> </ul>	<ul style="list-style-type: none"> <li>-Justice and security system</li> <li>-Leading institution in children and adolescents' issues</li> <li>-Social welfare institution</li> <li>-Education system</li> <li>-Health system</li> <li>-Organizations that deal with women's issues</li> <li>-Family protection organizations</li> <li>-Organizations for the protection of the human rights of specific groups (elderly, disabled, ethnic groups, etc.).</li> </ul>

<sup>34</sup> Treatment for adult offenders is provided only to those who, under a specialized criminological diagnosis, have very high possibilities of change, and should be implemented by the penal system. This service should not facilitate the offender, under any circumstances, its instrumentalization for the realization of new crimes. It is recommended that the offender does not live with his family, since the integrity of its members cannot be exposed.

	<ul style="list-style-type: none"> <li>➔ Protection measures for victims of domestic violence that include the following elements: <ul style="list-style-type: none"> <li>◦ Court orders for the aggressor to leave the home and to stay away from the family</li> <li>Warrants for the arrest, prosecution and litigation of offenders</li> <li>◦ Surveillance of the home by the community police</li> <li>◦ Temporary family shelters</li> <li>◦ Health services for victims (medical care, individual psychological treatment and/or support groups for survivors, witnesses of domestic violence, and minors who serve as witnesses in criminal proceedings)</li> <li>◦ Production alternatives</li> <li>◦ Conditional economic transfers</li> <li>◦ Court orders for the treatment of juvenile offenders and adult offenders</li> </ul> </li> <li>➔ Continuous improvement and monitoring of the procedures and conditions of the alternatives to temporary institutionalization of minors</li> <li>➔ Training for the officials working in temporary institutionalization shelters on related issues</li> </ul>	
<p>Health problems</p>	<ul style="list-style-type: none"> <li>➔ Communication campaigns about the right of every individual to minor to be treated at any health center</li> <li>➔ References so that all the members of the family can receive health care</li> <li>➔ Guidance and specialized care when there are members who have any type of disability</li> <li>➔ Rehabilitation programs</li> <li>➔ Instrumentalization of rights. sexual and reproductive human rights (information, comprehensive sex education, gynecological and pediatric services, and</li> </ul>	<ul style="list-style-type: none"> <li>-Leading institution in children and adolescents' issues</li> <li>-Health system</li> <li>-Education system</li> <li>-Regional and community development boards or commissions</li> <li>-Social welfare institution</li> <li>-Instance responsible for labor matters</li> </ul>

	<p>urology, laboratory tests, contraception, diagnosis and treatment of sexually transmitted diseases, prenatal and postnatal care, etc.).</p> <p>➔ Programs mentioned for the solution to the lack of resources when diseases or illnesses originating in the family's conditions of poverty are detected.</p>	
<p>Pseudo-affective relations with sexual exploiters</p>	<p>➔ Specification of this type of commercial sexual exploitation in the trainings for the officials</p> <p>➔ Comprehensive sex education in schools, colleges and health centers community based on sexual and reproductive rights</p> <p>➔ Guidance to the family with respect to the violation of rights that constitutes this relationship and the risks it entails for the minor.</p> <p>➔ Improvement of mechanisms for the punishment of the sexual exploiter</p> <p>➔ Financial transfers conditional on obtaining core resources</p>	<p>-Leading institution in children and adolescents' issues</p> <p>-Health system</p> <p>-Education system</p> <p>-Regional and community development boards or commissions</p> <p>-Social welfare institution</p> <p>-Justice and security system</p>
<p>Non-attendance of children and adolescents at educational centers</p>	<p>➔ Reinsertion of these men and women in the educational system.</p> <p>➔ Creation of alternative education attractive to those who are repeating grades, lagging behind in school or have a disability</p> <p>➔ Curricular adjustments</p> <p>➔ School vouchers</p> <p>➔ Conditioning of the financial transfers to the obligation to regularly send minors to educational institutions</p> <p>Technical education</p> <p>➔ University scholarships</p>	<p>-Leading institution in children and adolescents' issues</p> <p>-Education system</p> <p>-Regional and community development boards or commissions</p> <p>-Social welfare institution</p>

<p>Maternity in girls or adolescents</p>	<ul style="list-style-type: none"> <li>➔ Training on the rights of pregnant or breastfeeding girls and adolescents. Mothers for staff members</li> <li>➔ Comprehensive sexuality education based on the following principles in sexual and reproductive rights reproductive</li> <li>➔ Facilities for the realization of pregnancy tests and examinations gynecological</li> <li>➔ Guarantee the priority of the right to the lives of pregnant girls.</li> <li>➔ Emergency contraception</li> <li>➔ Diagnosis and treatment of sexually transmitted diseases</li> <li>➔ Prenatal and postnatal care</li> <li>➔ Childcare programs Specialized childcare programs care of children or adolescents mothers</li> <li>➔ Financial transfers conditioned to the fulfillment of the rights of girls and adolescents (education, recreation, etc.).</li> </ul> <p><b>Note: See article N° 2 by Adriana Rodríguez on the subject, in this same document.</b></p>	<ul style="list-style-type: none"> <li>-Leading institution in children and adolescents' issues</li> <li>-Education system</li> <li>-Health system</li> <li>-Justice system</li> <li>-Regional and community development boards or commissions</li> <li>-Social welfare institution</li> </ul>
<p>Rejection of boys and male adolescents with feminized con- ductions</p>	<ul style="list-style-type: none"> <li>➔ Collective communication campaigns on the right to not be discriminated against</li> <li>➔ Comprehensive sex education based on Sexual and reproductive rights Awareness-raising for women and men</li> <li>➔ Gender discrimination Orientation to the family in centers</li> <li>➔ Educational and health referrals Reference to organizations specialized</li> </ul> <p><b>Note: See Rogelio Pardo's article N° 3 on the subject, in this same document.</b></p>	<ul style="list-style-type: none"> <li>-Leading institution in children and adolescents' issues</li> <li>-Education system</li> <li>-Health system</li> </ul>
<p>Conflicts with the law<sup>35</sup></p>	<ul style="list-style-type: none"> <li>➔ Care programs for families whose parental figures are being prosecuted. The inter-institutional coordination of which begins at the very moment of the investigation. of the crime<sup>36</sup>.</li> <li>➔ Inclusion of representatives of the governing body for children and adolescent affairs in police operations</li> </ul>	<ul style="list-style-type: none"> <li>-Leading institution in children and adolescents' issues</li> <li>-Education system</li> <li>-Justice and security system</li> <li>-Regional and community development boards or commissions</li> </ul>

<sup>35</sup> Domestic violence is included here, but is considered separately for practical reasons.

<sup>36</sup> Under no circumstances should it happen that the justice system removes the sole parental figure from a family and minors are simply abandoned.

	<ul style="list-style-type: none"> <li>➔ Alternatives for the criminalization of minor offenses and consideration of the situation of the family, especially for women mothers of households</li> <li>Single-parent programs in social vulnerability Programs mentioned for solution to the lack of resources</li> <li>➔ basic Courts specialized in crimes committed by minors working from a human rights and generational approach.</li> <li>➔ contextual Programs for the treatment of criminal conduct of minors</li> </ul>	<p>-Social welfare institution</p>
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Family intervention requires, then, both the application of existing programs and the development of institutional strategies in line with the objectives of social integration and protection of the rights of minors. This plan, as can be seen, consists of instrumentalizing the family being served so that it fulfills its protective functions and is integrated into the social production system. The institutions involved will have to carry out periodic evaluations, under the direction of the governing body for children and adolescents, to verify that the objectives are being achieved and to make any necessary modifications. The main indicator that the plan has worked is that the family is aware of the services offered by their community and has access to them.

**Final considerations**

Professional intervention with families of children and adolescents who are victims of commercial sexual exploitation is a complex issue that requires considerations ranging from national policies to specific issues such as family dynamics. In this way, through innovative procedures, we contribute to the process of social change, in which traditionally excluded families can demand their rights to a dignified life, while committing themselves to the internal change of family interaction patterns that make their children and adolescents vulnerable.

At the macro level, the social movement must fight against neoliberal policies of exclusion and against patriarchal and adult-centered cultural patterns that allow commercial sexual exploitation in the hands of unscrupulous adults, and under the gaze of indifferent men and women. At the micro-social level, the community, the family and the individual cannot be separated in a well-coordinated inter-institutional approach and in favor of strengthening family support networks.

As Liliana Barg (2003) points out, this historical moment requires critical and active professionals who denounce the abandonment and negligence on the part of the institutions responsible for the populations they work with, and who propose new forms of intervention that are truly efficient.

Being a critical and conscious professional includes participating in social movements aimed at achieving greater democracy and participation of all sectors of the population. This means a professional ethical commitment to the struggle for a better administration of state resources.

Achieving a system of quality professional care for families of child and adolescent victims of commercial sexual exploitation is a goal for those workers who wish to participate in social transformation towards a world of greater political, class, gender and generational justice.

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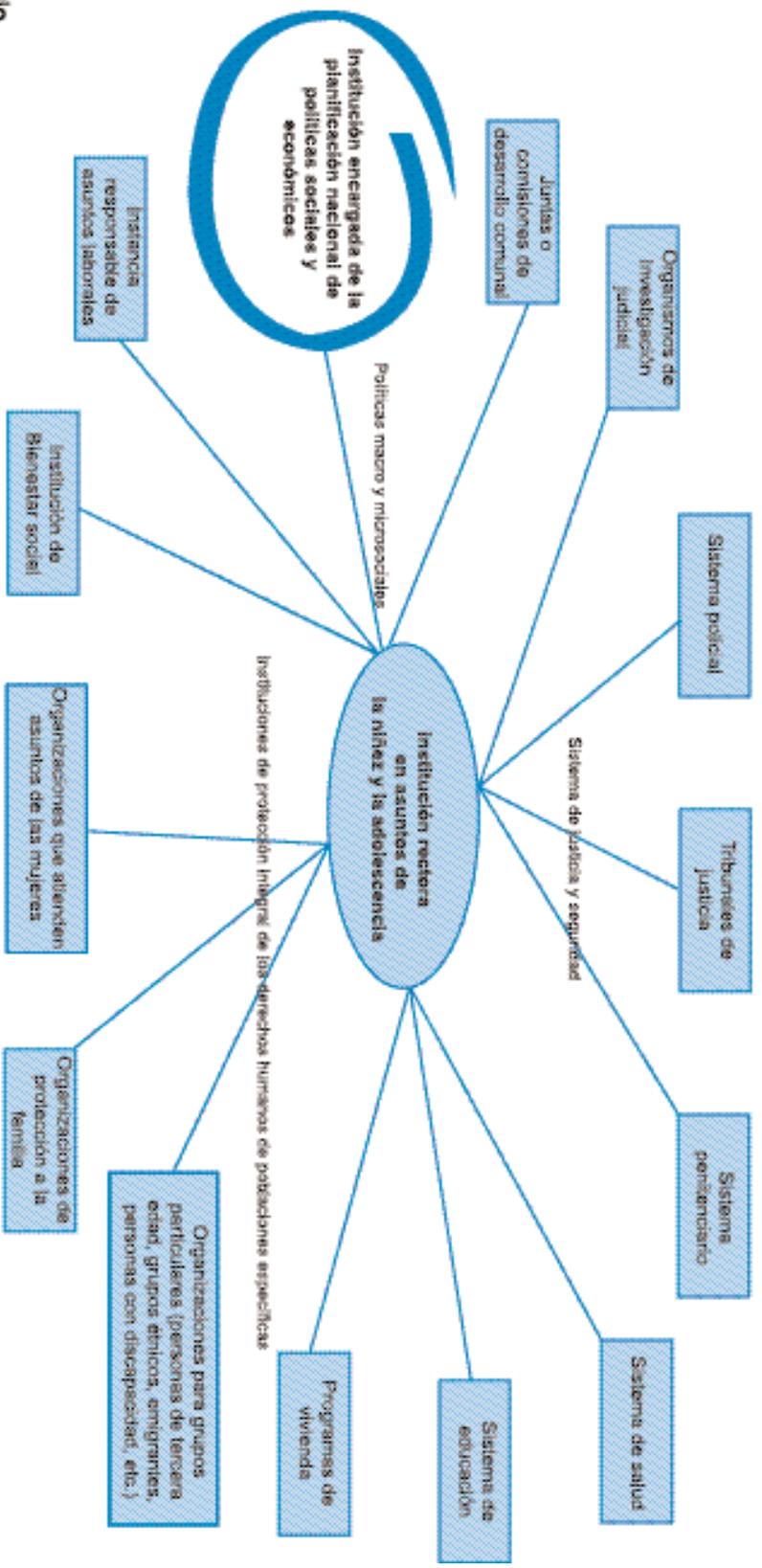
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**ANEXO 1**  
**Coordinación interinstitucional**  
 para la atención de las familias de niñas, niños y adolescentes víctimas de explotación sexual comercial



**Título**

La institución rectora en la protección de derechos de la niñez y la adolescencia se encargará de la articulación interinstitucional y recibirá información sobre la atención que reciben las personas menores de edad y sus familias. Sin embargo, cada instancia tiene independencia para realizar acciones coordinadas de modo bilateral con las demás, de modo que se faciliten los servicios.