

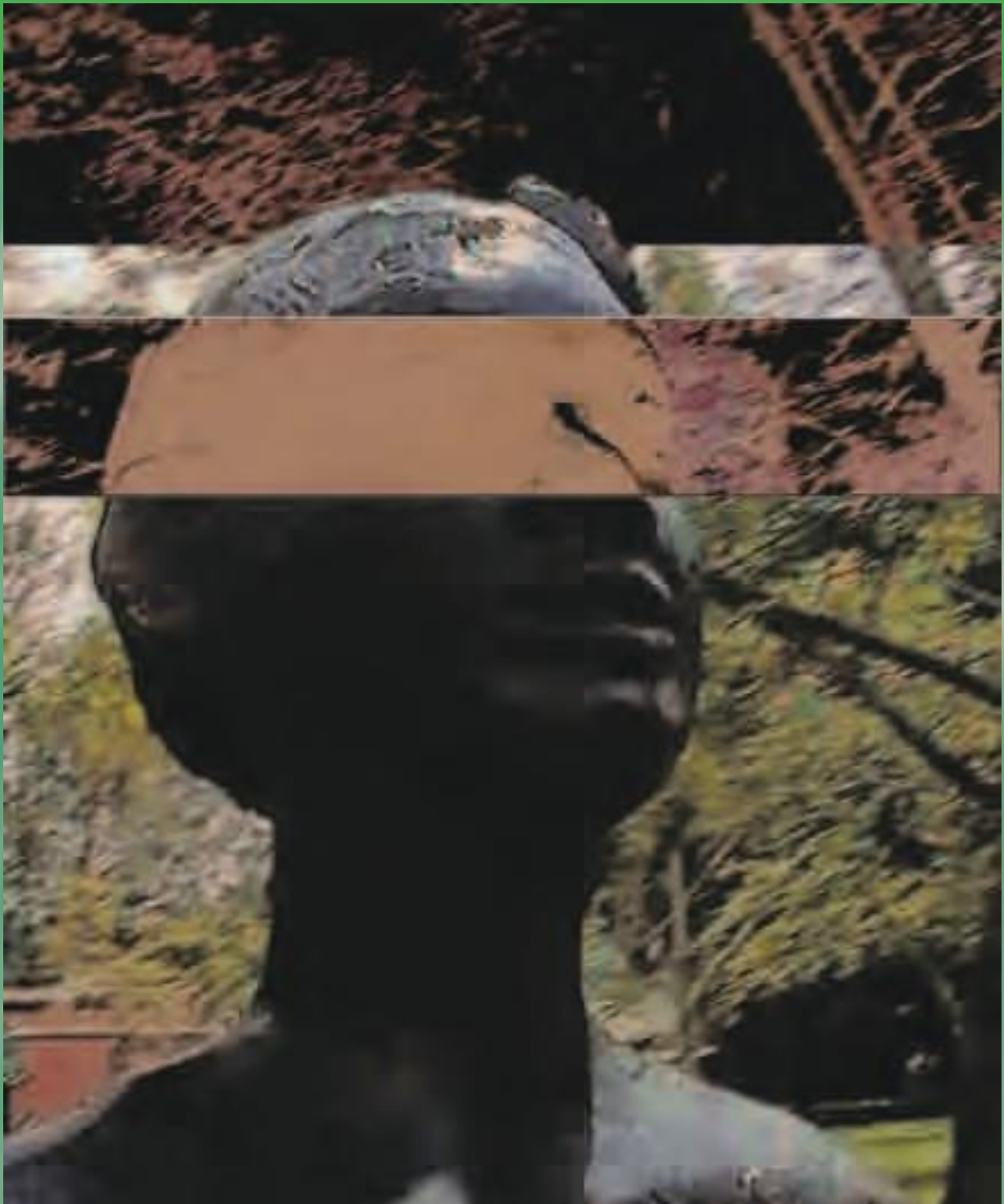


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COMMERCIAL SEXUAL EXPLOITATION

Working Guide for Providers and Managers of Services for Child Victims of Crime





COMMERCIAL SEXUAL EXPLOITATION

**Working Guide for Providers and
Managers of Services for Child Victims
of Crime**



**"Commercial Sexual Exploitation. Working Guide
for providers and managers of services for underage
victims".**



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**International Program for the
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Central America, Panama
and Dominican Republic
INTERNATIONAL LABOR OFFICE**

**Project:
Contributing to the Prevention and
Elimination of Commercial Sexual
Exploitation
of Minors
in Central America, Panama and the Dominican Republic**

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In 1999, the International Labor Organization approved Convention 182, which seeks to promote the immediate elimination of the worst forms of child labor, including the use of children and adolescents for commercial sexual activities. This Convention has been approved by all the countries in the region and to support efforts aimed at its implementation, the ILO's International Program for the Elimination of Child Labor (IPEC) is developing the project "Prevention and Elimination of Commercial Sexual Exploitation of Minors in Central America, Panama and the Dominican Republic".

Within the framework of this project, a study was carried out in each of the countries mentioned in 2001-2002 on the situation of commercial sexual exploitation of children and adolescents; the characteristics of the actors involved in this form of violence, as well as the legal and institutional response aimed at halting the problem in each country. The studies conclude, in general terms, that the response to stop the problem is deficient. Punishment of exploiters is infrequent; activities aimed at preventing the problem are very scarce; and programs aimed at protecting and caring for victims of commercial sexual exploitation are not very effective.

Only 27.8% of the 618 child victims interviewed for the studies in six of the seven countries say that they have received help from some institution. This low number is worrisome considering the risks faced by children and adolescents and the international commitments and state responsibility to ensure their protection against sexual exploitation. The lack of effectiveness of this institutional assistance is also worrying, since at the time of the interviews, minors were still trapped in commercial sexual activities; in other words, exploitation had not been stopped in the cases where children responded that they had received institutional assistance.

This document "Commercial Sexual Exploitation. Working Guide for Providers and Managers of Services for Child Victims" has been developed with the objective of improving efforts to provide prompt and effective care to children who have been trapped by sexual exploiters, to ensure that exploitation is discontinued and that children begin to enjoy the full range of their human rights.

The document, therefore, is restricted to the area of victim care. It does not present recommendations to improve the overall prevention of the problem or to improve the punishment of exploiters. These issues are important, but this document concentrates on the area of victim care and presents guidelines and suggestions to effectively protect minors from this form of sexual violence.

The Working Guide makes an effort to develop strategies and recommendations for incorporating a rights-based approach in victim assistance programs and thereby fostering a more effective response, which means varying the way in which assistance programs have traditionally treated minors. Several of the programs developed to date have attempted to improve the health and self-esteem of victims without stopping sexual exploitation as such, which is equivalent to improving the quality of life of a slave, without changing the condition of slavery. Other programs seem to have mistakenly established a synonym between protection and institutionalization and have prescribed institutionalization as a generalized measure without assessing the particular situation of each victim. Minors who share the condition of being victims of commercial sexual exploitation do not necessarily face the same economic, family and social conditions, and therefore also require differentiated attention.

It is hoped that this document will stimulate reflection and discussion on how to improve victim assistance programs and that it will be useful for the officials who daily have the responsibility and the possibility of rescuing a minor from this form of economic and sexual exploitation.

Bente Sorensen
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INTRODUCTION



I. CONCEPTUAL PREMISES

In recent years, we have been able to recognize in the region the existence and seriousness of the problem of commercial sexual exploitation of children and adolescents. It is now possible to understand the multifactorial origin of this problem and the need to seek new strategies that not only prevent it, but also provide comprehensive care to current victims and effectively punish those who commit the crime.

As a starting point for this guide, we use the following definition and then provide a brief conceptualization of the problem.

Commercial sexual exploitation:

Sexual use of minors, where there is an economic benefit for the child or adolescent or the intermediary. Includes:

- the sale and trafficking of children and adolescents -intra-country or international- for sexual purposes.
- the use of underage persons in pornography - including on the Internet - and in public or private performances of a sexual nature."

Commercial sexual exploitation is a complex problem given the combination of factors that give reason for its existence and that force us to act and influence in different and multiple areas of social reality. We can understand this complexity not only because of its multi-causality but also because of the various manifestations in which the problem is currently expressed. To this end, it is necessary to analyze the articulation of the reasons and dynamics that have characterized it for centuries, with the new interests and expressions in which it is presented in the present day world today.

Commercial sexual exploitation is a problem with roots as deep as those of the social structure that gave rise to it. To understand its antiquity we can base ourselves on the common saying, "prostitution is the oldest profession in the world", and we add, "as old as patriarchy". And if we analyze carefully, both myths and legends as well as the first accounts or diagnoses of the situation carried out at the end of the IXX century and beginning of the XX century, we can unfortunately notice the majority presence of very young women and even of girls and boys trapped in the sex trade. In this way, the common saying can be transformed to: "the sexual abuse of children and adolescents is the oldest profession in the world".

The reasons that have given rise to child sexual abuse and sexual preference for younger and less powerful women are still present in today's world. Thus, from biblical times to the present, incest and exploitation have been part of our daily lives and the subjectivity that is constructed therein. However, when the "money", "trade" and "business" component is introduced into the dynamics of abuse, other factors that distinguish the modern economy come into play, such as globalization, commercial networks, information, marketing and the search for customers via the Internet, as well as the use of technological advances to obtain economic benefits, among others. All of these, therefore, play a key role in the way in which commercial sexual exploitation is currently committed.



Thus, understanding the problem requires us to recognize the articulation of the factors associated with its occurrence. Among them, we can cite:

A. Socio-cultural factors:

a. Machismo, sexism and misogyny: Although they can be interpreted as distinct concepts, we have united them to introduce through this category all those factors associated with the supremacy of traditionally masculine values and the devaluation/hatred/rejection of the feminine, which lead, among other things, to the objectification of the female body and the use of sexuality as a privileged resource for men to control and subjugate women.

Consequences in sexual life: harassment and harassment, rape, abuse; death penalty for adulterous women, victim-blaming, minimization or denial of harm, impunity for offenders, prostitution, stigmatization of female sex workers and overvaluation of women's virginity.

b. Cultural tolerance of adult men's sexual behavior with younger, less powerful women.

Consequences in sexual life: marriage or cohabitation between adult men and girls, adolescents or women twice their age; commercial sexual exploitation; impunity for exploiters and social legitimacy of "amorous" relationships between adults and young girls.

c. Familism: concept that means that all understanding and intervention towards human welfare must be directed towards the union of the family, understood as the group of people composed of women, girls and boys under the control and supervision of an adult man.

Consequences in sexual life: tolerance of incest and marital rape, impunity for offenses and interventions aimed at reconciling victims with the aggressor.

d. Legitimization of prostitution as a "necessary evil". Through this factor, given the belief in the impulsive and uncontrollable sexual need of men, the purchase of the bodies of "certain" women is legitimized in our society as a means of "keeping others virgins" and "sustaining marriage with honest wives". Despite this, women "prostitutes" are stigmatized for "choosing, enjoying and profiting" from this activity. Combined with the above factors, these attitudes and beliefs make no distinction between adult women and minors.

Consequences on sexual life: For both adult women and underage victims, we can observe an increased risk to sexual and reproductive health; physical violence and sexual abuse associated with the purchase of sexual activities; increased risk of homicide; stigmatization and severe violation of human rights for children and adolescents.

e. Adulthood: Beliefs and behaviors associated with the maintenance of asymmetric power between adults and minors.

Consequences in sexual life: social tolerance of child sexual abuse, little credibility in the word of children; impunity for the crime, family and social alliances with the offenders and lack of protection and institutionalization of children.

In relation to the abuse of boys, these factors are intertwined for two fundamental reasons: the lack of power of the child vis-à-vis the adult (adulthood) and the similarity between the condition of childhood and the condition of women. Thus, although sex between people of the same gender is culturally less tolerable, given that there is no effective social sanction in terms of age, many adults seek sex with adolescent males and another important sector with children. Social sanction, when it exists, falls fundamentally on the condition of equal gender and not on the difference and use of adult power.

B. Economic factors:

Given the enormous demand for sex with minors, commercial sexual exploitation has become a lucrative business. The combination of social impunity -including legal sanction- with economic benefits, seems to be a strong impetus to directly or indirectly trade children and adolescents. In this way, today we are able to evidence the existence of organized networks of sex traffickers to search for and satisfy the demand both inside and outside the country. Associated with the above, we find what can commonly be called "consumerism", where the unlimited power of money is legitimized to buy anything, including in this case, human beings.

C. Factors related to globalization and advancement technological:

The ease of communication, whether to move from one place to another or to establish interpersonal relationships over long distances, has had an impact on the way in which crime is currently committed. Thus, for example, the trafficking of minors for sexual purposes, sex tourism and the use of child pornography through the Internet and other technological resources, such as computerized images, among others, has been facilitated.

In addition to the above factors, we find those associated with the vulnerability of minors to being trapped by commercial sex networks. They are not causes of commercial sexual exploitation, but rather, factors that contribute to explain why some children are trapped and others are not. That is, they explain which aspects of family, social or personal life become risk factors for entrapment. As with all social problems, it is the combination of risk factors that explains the greater or lesser likelihood.

One of the most important is poverty; that is, when children must actively participate in the search for personal and family survival strategies, the risk of being caught by sexual exploiters increases. Another factor is the lack of real possibilities of containment within the family and school; thus, prolonged stay in public places leaves them at the mercy of sex traders who take advantage of their vulnerability and offer them money and other benefits necessary for survival in exchange for sex. There is also gender-based violence, particularly the recurrent physical and sexual abuse against women within our families; in this way, for example, the mistreatment of the mother diminishes the containment potential that the family should offer girls and boys in order to guarantee their safety.

their physical and emotional protection. At the same time, intrafamily sexual abuse, particularly father-daughter incest, becomes a factor of lack of protection or vulnerability because at an early age it combines sex with affection, impotence, stigmatization of the child and loss of the ability to discriminate dangerous situations. This is aggravated by the lack of institutional mechanisms for early detection and institutional ineffectiveness to effectively protect them against such abuse.



II. WORKING GUIDE FOR PROVIDERS AND MANAGERS OF SERVICES AIMED AT MINORS

To take into account:

The factors associated with the vulnerability of children and adolescents that increase the risk of being trapped by sexual exploiters are **NOT** the cause of their entrapment. The real reasons must be sought in the reasons why adults take advantage of that vulnerability to subject human beings of a growing and developing age to sexual slavery.

This guide arises from the recognition of commercial sexual exploitation as a multidimensional problem with severe consequences for the victims. However, the care of victims has not been a subject that has received much attention and service providers do not always respond effectively to their needs, either because of a lack of specific information about the problem or because they continue to use intervention approaches that predate the ratification of the Convention on the Rights of Children and Adolescents, or both. Therefore, based on the human rights approach, this guide aims to be a facilitating tool for the organization and provision of services to detect, act, coordinate, refer and follow up on children and adolescents who experience this violation of their fundamental rights.

In this sense, we do not intend for the guide to replace specialized direct training or institutional or personal reflection processes on how to deal with the problem.

We intend to guide the answer to two fundamental questions:

- a. *how can we organize a specific service for child and adolescent victims of commercial sexual exploitation?*
- b. *what can we do when we detect situations of commercial sexual*

To this end, we have organized the contents of the guide into two main modules, each of which is subdivided into several chapters. Thus, the first contains introductory information on victimization processes and the human rights approach to understanding them. The second module is divided into two main chapters, one where we present the guiding principles for the management of a comprehensive care program and the other, more specific, through which we propose the work axes to meet the objectives of the program.

In addition, to facilitate reading orientation, each of the chapters culminates with an exercise for personal reflection. With this, we intend to help readers identify the specific responses and gaps that exist in each country, locality or region in terms of care for victims of commercial sexual exploitation and to guide the process of self-reflection in the search for action alternatives to effectively influence the lives of children and adolescents in our region in the exercise of all their human rights.



III. TO WHOM IS THE WORK GUIDE ADDRESSED?

- a. Providers of direct services to victims of exploitation commercial sexual exploitation, both from governmental institutions and civil society.
- b. Providers of direct services to children and adolescents and with the opportunity to carry out early detection of commercial sexual exploitation or monitoring of the exercise of human rights.
- c. Decision makers regarding care mechanisms for victims of commercial sexual exploitation.
- d. Managers and supervisors of care services for minors.



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MODULE ONE

SEXUAL VICTIMIZATION AND HUMAN RIGHTS





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CHAPTER ONE



Principles of care

- Commercial sexual exploitation is a crime and the care of victims must be linked to the justice system.
- Commercial sexual exploitation is a severe violation of human rights. Care services must therefore focus on the enforceability of the exercise of all rights of minors.
- Commercial sexual exploitation generally represents a link in a chain of violations that have not been addressed in a timely and effective manner beforehand. In this sense, the attention must articulate the work of various and diverse institutions to offer a comprehensive response.
- Taking into account the dynamics of the sex trade, the attentional response must be understood as a continuum of articulated services.
- The victims of commercial sexual exploitation are not perverse or delinquent children or adolescents, they are victims of unscrupulous adults who take advantage of their age, social or family vulnerability. Children and adolescents are not prostitutes or prostitutes but victims of a crime. In this sense, the Irregular Situation Doctrine or Approach must be replaced by a Human Rights Approach.
- Attention to victims requires a comprehensive and integral approach to the exercise of the rights that have been violated. Therefore, the Human Rights Approach allows us to eliminate interventions focused on the physical or psychological symptoms of victimization, to treat them as consequences and not as causal factors.

- The protection of minors from sexual exploiters is a priority task in order to guarantee the right to life. This is the responsibility of adults. If the family cannot guarantee this right, it is up to state institutions and their officials to do so.

- In the plan for protection and the exercise of all rights, the opinion of minors must be present. This does not mean that the victim can renounce his or her right to protection, but rather, to ensure his or her right to be an active part of the decision making process to exercise it.

- Institutions working in the field should establish institutional policies, plans, standards and procedures for care according to the gender and age of the victims -without ignoring the responsibility to stop commercial sexual exploitation for all groups-. Similarly, they should establish policies and regulatory procedures for the care of personnel in charge of direct care. The latter includes aspects related to safety and physical integrity as well as those aimed at self-care in stress management and prevention of emotional exhaustion.

- Service providers for the care of victims of commercial sexual exploitation must have specialized training on the problem, have institutional support to offer articulated and comprehensive responses, have knowledge of the required legal procedures and ethical standards, be able to establish communication and empathy with minors of different ages and genders, and review their prejudices regarding sexuality, extreme poverty and the sex trade.

- Victim assistance programs require several conditions to be effective: to be sustainable over time, to have sufficient resources to operate the plans, to be articulated, to act under the principle of reality and to monitor the direct impact on the victims.

Self-reflection exercise:

Nora, a 13-year-old girl, who has not attended school since second grade, was found on one of the main streets of the port city of ..., waiting on a street corner for an adult to pay her with money for the only thing she could sell, her body. The initial interview reveals a history of incest, intrafamilial physical abuse, abandonment and recurrent drug use. A few tears escape down Nora's cheeks as she recounts her story. The mother has several partnerships, two of the partners abused the girl and she has also witnessed their violence against the mother. Nora says she feels better in the street than at home and "I prefer to be raped for money than for nothing". At the end of the interview, sadness, unresolved conflicts, history of aggression and problems in the family dynamics are therefore evident.

Reflect:

1. Summarize the principles outlined in this first chapter.
2. Using the approach "personal and family problems explain why girls and boys are the reason for the existence of commercial sexual exploitation",
 - a. What would be the causes of Nora's exploitation,
 - b. what type of care would be provided and
 - c. How would one expect to stop Nora's abuse in the sex trade?
3. Add other principles that from a rights-based approach, you consider to be a priority in the care of victims.



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CHAPTER TWO



Who are the victims of commercial sexual exploitation?

A. Let's start on the road to understanding your needs.

María Ester (16 years old)

"I went to school for about two years, but I didn't go back because the teachers told me I was too brute and the lady who raised me never sent me again. I lived with that lady because my tata raped me, when I was about six years old, and that neighbor found out and took me to live with her.

But then I went back to my mom, until the - state institution in charge of child protection - arrived and sent us all to a shelter, until my dad went and picked us up and then we went back to the house, but only the big ones, the little ones stayed in the shelter and my mom suffered a lot because they wouldn't let her in. I don't know what happened to them, they say they gave them away to someone from another country.

I have already been to several, but I run away if they treat me badly, because they give you some fuetadas..., not here, here they are very good.

When I was eleven I got pregnant and then I got pregnant again, just like my sister, it's just that my dad sometimes gets around, now he's not anymore, he's good to me, I don't know about my sisters, but I told him and my mom too, that it was a sin.

I don't like it here, I want to go home to my mother.

Where I live I also have many friends who invite me to eat and to have drinks too, I really like to smoke but here they don't let me. I really like vices, drinking guaro, smoking, dancing and snorting. Well, my friends from ... they are very good, the one at the pulpe too, he gives me lots of things as gifts. Well, he does ask me to do things for him, but he gives me money and invites me to eat and so do his friends.

¹ Excerpt from an interview with a young woman institutionalized in a specialized shelter for adolescent women in Costa Rica. In the interview, victimization by commercial sexual exploitation is detected.

Yes, sometimes I feel sad because I know that I am very bad and I am going to go to the hospital. Once I took a bottle with some sticks to clean the floor and they had to take me to the hospital and from there they sent me to the psychiatric hospital. I have also taken pills, the ones given by the Insurance for my nerves, but I have not died....

Now I want to go home to my mother.

José (11 years old)²

"I came here as a child, I don't even remember, I was about two years old. My grandmother says that I was born in ... but my mother went to the United States and left me with my grandmother and she came inside, through the mountains until we arrived in Upala and there I lived.

But my grandmother gave me away because she couldn't handle me, I was with a Tico family first and then with a man who was going to send me to school.

Well, I never went to school, they would just drag me down and curse me for being Nicaraguan.

Then, one day a man from Ciudad Quesada came and told me to go with him and that if I helped him on a farm he had, he would give me a house and food and that he would pay me well.

And I left, but he never paid me, if he gave me a house with other teachers, with them I started the vices. They were like me, but none of them went to school. Well, that was when I was about nine years old, but one day I got fed up and I came to San José with a friend who is very good and I am still with him. What I would like most is to have papers and learn to read."

² Excerpt from an interview conducted as part of the study for the second chapter of the State of the Rights of Children and Adolescents in Costa Rica, UNICEF, 2001.

The above stories have been selected from among many similar ones; we could even say that all of them are characterized more by their similarities than by their differences. Therefore, the choice was an easy process. The living conditions to which children and adolescents trapped in the sex trade have been subjected are repeated over and over again: poverty, violence within the family, neglect, repeated cycles of abuse against women over several generations, hopelessness and unscrupulous adults who take advantage of these conditions. In addition, a state response that is insensitive to the needs of these children and adolescents and tolerant of those who violate their human rights.

The problem of commercial sexual exploitation, like many of the problems faced by children and adolescents in our region, has as its main victims, as can be seen from the stories told at the beginning of the chapter, the most vulnerable people in our society. This vulnerability is explained by reasons of age, gender and living conditions, past and present. These factors also contribute to understanding the continued entrapment within the networks of the sex trade. And we use the word "contribute", because by themselves, they do not explain it. Other factors external to these children and adolescents that also contribute to entrapment are: the social and legal impunity of exploiters and their intermediaries, and the lack of social and institutional response to detect and address the risks to which minors are subjected at an early stage.

In the case of sexual exploitation, as has been recognized both in international legislation and in many of our national laws, it takes advantage of the special condition of children and, in particular, of those who belong to the female gender, due to social discrimination and oppression against women. Unequal power relations between adult men and girls/adolescents promote abuse and exploitation against them. This is favored by the present social order: patriarchy.

Underage victims of commercial sexual exploitation are not, as many people would like to believe, children and adolescents with strange or unusual problems. Thus, they are not exploited because they experience problems of moral development or emotional disorders, nor because they are promiscuous, bad, or perverse.

All these people have a name, a face and a history of abuse and neglect that from a very early age, have pushed them to the streets to find a way to survive, to child labor, to drugs; and with it, the risk of being continuously abused and exploited.

None of them have chosen the situation in which they find themselves. Because it is not possible to choose at birth to live in conditions of exclusion, discrimination and violence. From the stories of so many children studied in the region, we can conclude that their vulnerability to sexual exploiters is a process that is built from birth. Its origin does not lie in genetic or biological reasons, but in the paradigms and

social practices derived therefrom, concerning childhood; adolescence; the sense of ownership of some human beings over others; the justification of poverty, misery and social exclusion and in general of all the different violations of human rights that are committed in the world.

Different studies have shown how commercial sexual exploitation is the result of a chain of violations of the rights of these people as minors. A violation that occurs in the face of indifference and evasion of responsibilities on the part of society in general and the State in particular.

The dimensioning of the problem of commercial sexual exploitation from this perspective is what allows us to recognize the factors that make a child or adolescent vulnerable to become sexually exploited, and to be able to act on them to stop the abuse.

B. To understand vulnerability

The processes of vulnerability of children and adolescents are part of the social construction. Vulnerability is therefore social.

Victims are all persons under 18 years of age who are used for the payment of money or other benefits to obtain sexual pleasure for themselves or others (direct or indirect sexual contact).

Vulnerability factors can be understood as the elements of risk for entrapment by sex traders; they allow us to understand why a child or adolescent is more likely to be exploited than others. In this sense, we can begin our analysis by asking ourselves the following questions:

- a. *Who are the sexual exploiters?*
- b. *What are sexual exploiters looking for?*
- c. *Who do you prefer?*
- d. *Where do they search and how do*

Let's analyze each of these questions:

a. Who are the sexual exploiters?

Central American studies have shown that most of the people who sexually exploit our children and adolescents are adult men. When we talk about exploitation through direct sexual contact, they generally live in the same places where their victims do. When they travel from one city to another, or move from one country to another, they approach minors through intermediaries (INTERNET, tourist advertisements, cab drivers, hotel/pensions and travel agency employees, among others). There are also those who, for example, search for nude images or sexual and erotic acts where images of children and adolescents from our region appear from their homes or workplaces, using a computer. However, they have been located and trapped by adults, generally residing in the country itself.

b. What are sexual exploiters looking for?

They seek to satisfy their own sexual needs by using their economic power. However, it is not only a sexual interest that takes precedence; there are also other motivations. In this regard, other questions deserve to be answered. Among them:

b.1 Why do they choose minors?

In the adventure of finding answers to this, we have some clues: the relationship between the adult and the underage person cannot be understood in terms of "sexual partner", because they can be twice their age, because they use a commercial approach where there are no bonds, nor do they assume responsibilities regarding the consequences of their actions on the other person. So, we can continue, if exploiters do not seek affective commitments, nor consensual sex, nor assume responsibilities for their actions and the results that may derive from them. If they wanted to, they would seek pleasure in adult relationships. Sex with a person who has not completed their growth and development guarantees that they will not be challenged in their sexuality or power, nor forced to look at and respect the needs of the other person.

b.2 Why do they pay minors to get sex?

We could say, without pretending to exhaust the answers or the discussion, but rather to start it: money and other economic benefits increase their adult power. With them, they not only pay for sex, but also buy a property right over the underage person as a whole, and based on this belief, they do with the victim whatever they wish. This is the only way to understand the brutalities committed by sexual exploiters against children and adolescents.

By way of conclusion to these questions, we could say, that the Exploiters seek power, control over the situation and the other person, a guarantee that they will not be questioned in their sexual functioning, and a way to avoid taking responsibility for their actions, and who best provides them with these benefits? Children and adolescents.

c. Who do they prefer?

There can be enormous variability in preference, however, in the sex market; women are usually the main "object" of consumption and exchange. Therefore, although there are boys and adolescent boys who are exploited, girls and adolescent girls, because of their gender, are the main victims of commercial sexual exploitation. Furthermore, according to the rules and regulations of this criminal business, young girls, virgins or young women with little sexual experience are more sought after and these adults offer to pay a higher price for them³.

In addition, minors who are contained and protected in their families and communities represent a risk for social or legal sanction, which is why exploiters choose those who are most disadvantaged:

- Minors who must seek survival strategies without any possibility of doing so under welfare conditions, due to their age, lack of formal education and job training: children and adolescents who are living on the street, who live at the mercy of handouts, who sell objects in public places, or who are on the street "willing" to accept money in exchange for sexual activities.
- Minors in situations of family, community and social abandonment. The exploiters know that no one seems to be concerned about guaranteeing them protection; they have already been expelled from the school system, the family and the community.
- Minors with histories of previous child sexual abuse, and whose consequences represent an ally of commercial sexual exploitation. And as with Maria Ester, many confuse love with sex and have grown up learning that in order to receive any benefit or help from an adult, they must give something in return - sex.

To all of these we must add that unfortunately, when situations of commercial sexual exploitation are detected, the crime is not stopped and the exploiters go unpunished. Furthermore, the state response has so far been ineffective in most of the countries in the area to comprehensively address the needs of minors. And this is an element that increases the vulnerability of actual and potential victims to continued entrapment.

³ Interview with Rocío Rodríguez. Alliance House

d. Where and how do they search?

In the streets and public places; in places where children and adolescents frequently go (schools, skateboarding or electronic game rooms, video clubs, dance halls and entertainment for adolescents; institutions where they are receiving containment due to family and community abandonment, such as shelters; among many others).

Direct exploiters as well as pimps and other intermediaries can resort to these sites and in this way approach children and adolescents, offering them a better life. Thus, with drugs, money or benefits, these people are trapped in the sex trade, either to directly satisfy the exploiters or to make their children's bodies available to the adult gaze.

The risk factors for entrapment can therefore be summarized in the following list, as long as we interpret them as part of a constellation and not as isolated elements.

Risks for entrapment

- poverty and the need to take care of or support personal and family survival,
- child labor,
- begging or prolonged stay in streets and public places,
- school expulsion,
- family expulsion or weakness of the family networks of containment (violence, neglect and abandonment - including non-payment of child support , abuse against mothers or substitute female figures, incest),
- community expulsion,
- addictions,
- lack of state protection due to conditions related to illegal migration,
- lack of state protection, in general.

C. Consequences

If we look closely at the consequences of commercial sexual exploitation, we can disprove the misconceptions used by apologists for commercial sexual exploitation to continue to justify the crime:

- They like it.
- They earn a lot of money, buy clothes, go to college, buy things for the family - televisions, refrigerators, furniture-.

We can say in relation to the first point, that no one likes to be exploited, humiliated, to live under the constant threat of beatings, arrests and rapes. And in relation to the second point, even if it were true, what kind of society do we live in if, for example, in order to pay for school, buy a basic utensil for the family or acquire nice clothes, children and adolescents must offer sex in exchange?

The negative consequences of commercial sexual exploitation are many and varied:

- Sexual and reproductive health consequences: they are more likely to be affected by
- risk of sexually transmitted infections, including HIV/AIDS, early pregnancy, rape and injury.
- Social exclusion: from stigmatization to loss of opportunity for future well-being due to lack of formal education and technical or vocational training. These factors result in
- contributes to the generational cycle of violence, poverty and exclusion.
- Having adult responsibilities at an early age: motherhood, living together as a couple, economic survival. They deprive them of
- opportunities for emotional and educational preparation in the future.
- Emotional, behavioral and spiritual life consequences of repeated and ongoing traumatic experiences.

Self-reflection exercise

1. Explain in your own words the concepts of social vulnerability and risk factors for commercial sexual exploitation.
2. Analyze, according to the above concepts, the stories of Mary Esther and Joseph.
3. Add other elements that answer why adult men pay for sex with minors.



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CHAPTER THREE



International commitments regarding the care of commercial sexual exploitation victims

In the region there are several international instruments that have been ratified/signed by most countries and therefore guide our work with victims of commercial sexual exploitation. Those who provide services to victims should make sure if these agreements have been ratified by their country and if they have implied legal and institutional changes. Among them, the most important are:

- a. The Convention on the Rights of Children and Adolescents.
- b. Convention 182 of the International Labor Organization.
- c. Optional Protocol or Annex 2 to the Convention on the Rights of the Child
- d. The Commitment to a strategy against commercial sexual exploitation and other forms of sexual violence against children and adolescents in the Latin American and Caribbean region, agreed in Uruguay, 2001.

What do these instruments mean in practice?

Taking into consideration the characteristics of victimization by commercial sexual exploitation, the following points derived from international agreements are relevant:

- Commercial sexual exploitation is a crime and exploiters and their intermediaries should be punished, with penalties appropriate to their seriousness, through national laws and extradition treaties.
- Commercial sexual exploitation must be recognized as a violation of the human rights of minors and victimization cannot be interpreted as the result of a mature decision of children and adolescents. Therefore, those who experience it are called victims and cannot therefore be judged for it. In this sense, victims cannot be treated within the juvenile penal system.
- All child victims, regardless of gender, age, religion, nationality or any other condition, have the right to be protected by the State. This means that state institutions must guarantee, respect and enforce the rights of all children and adolescents trapped in the sex trade.

- It is the duty of the state, society and the family to respect all the rights of women. persons under the age of majority and to ensure their compliance. In situations where the family is unable to provide protection, it is the State's obligation to protect minors from all forms of abuse and to establish preventive and intervention measures in this regard.
- Minors shall have the right to a name, a nationality and an identity document paid for by the State. Following the principle that all minors, regardless of their nationality, are entitled to all their rights, this article should be present in the institutional policies and procedures for the care of migrant victims, especially for those who are in a non-legal migratory situation. In this way, the host State, through its institutions, should carry out the pertinent measures to enforce this right.
- All children and adolescents have the right to health, education and all the human rights enshrined in the Convention. Therefore, it is the responsibility of the institutions involved with the victims of commercial sexual exploitation to monitor and enforce compliance.
- The best interest of the child is recognized, which is interpreted as the priority that children and adolescents should have in the definition of public policies. In this sense, those who advocate for the human rights of children and adolescents must opt for the surveillance of such mandate.
- All minors have the right to family life and may not be separated from their family unless a judicial decision so establishes. Therefore, institutionalization cannot be understood as the only and first alternative to ensure compliance with the right to protection against this crime. It can only be understood as a temporary measure while the conditions that gave rise to it are studied and modified.
- Minors are entitled to a supplementary allowance when those obligated to pay child support are unable to do so. The State should therefore be responsible for granting supplementary maintenance to sexually exploited children and adolescents who meet the above condition.
- The competent authorities must locate the places where minors are being exploited. This means that it is not enough to wait for a complaint or request for attention in specific cases.
- States should ensure that all children and adolescents who have been released from commercial sexual exploitation have access to free basic education and, where possible, vocational training when they are of an appropriate age to work.

- State institutions are obliged to identify underage persons exposed to the risk of being trapped by sex traders and come into direct contact with them in order to provide the necessary and appropriate direct assistance to free them from exploitation.
- During the criminal prosecution of sex workers, the relevant institutions should inform the children and adolescents of their rights, the scope, dates and progress of the proceedings and the resolution of the cases. In addition, they should be provided with due assistance throughout the judicial process and protect them and their families from intimidation and reprisals.
- The disproportionate incidence of girls who are victims of commercial sexual exploitation is recognized. In this sense, the Convention on the Rights of Children and Adolescents should be articulated with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para), since they constitute the legal framework for combating all forms of gender-based violence.

Specifically, the governments of Latin America and the Caribbean, with the support of non-governmental organizations and international agencies, signed a commitment in Uruguay in 2001 to adopt a strategy or plan of action to eradicate commercial sexual exploitation in the region. As part of these plans, our governments also agreed on their commitments to provide comprehensive protection for victims within the framework of the Convention on the Rights of Children and Adolescents. These plans will be evaluated in 2004. As a result of this agreement, government institutions and their officials are therefore also committed to carrying out these action plans. We, the citizens of civil society, in our right to enforceability, must monitor compliance with these plans. Likewise, governments must guarantee the participation of civil society organizations in the design, implementation and monitoring of the National Action Plans.



In summary, we present the agreements subscribed to in this commitment, as follows care for underage victims.

Uruguay's commitments

1. Development of a Public Policy aimed at the comprehensive protection of children and adolescents. Protection measures should include procedures and mechanisms for the establishment of social assistance programs for victims and their caregivers.
2. Development of educational policies with a gender perspective that ensure coverage and quality to avoid school exclusion and expulsion.
3. Establish "child-friendly judicial procedures" and decriminalize victims and prosecute exploiters.
4. To privilege and guarantee the right to family and community coexistence in actions aimed at child and adolescent victims.
5. To develop recovery programs based on a concept of Integral Care and not revictimization.
6. Create operational systems to combat trafficking in minors and adopt specific programs for the rescue of victims and their appropriate assistance.
7. Develop and implement institutional and intersectoral coordination protocols and specific intervention models for victim assistance.
8. Design and formulate indicators to recognize and differentiate cases of commercial sexual exploitation, as well as risk factors.
9. Ensure universal access to health and social and family support services.

Self-reflection exercise

1. Identify how the above international agreements are embodied in the legal regulations of your country. Once identified, look for the procedures indicated for:

- a. Administrative and judicial measures to provide protection against child sexual abuse, incest and commercial sexual exploitation.
- b. Legal and ethical duties and responsibilities of the professionals facing the situation of abuse against minors.
- c. Requirements and procedures for internment (institutionalization) of minors.

2. Identify the types of commercial sexual exploitation criminalized by law and reporting procedures.

3. Analyze the following situation:

In a police operation -without the purpose of detecting victims- several girls and adolescents who were being sexually exploited were found in a clandestine bar. Two of them are foreigners and are 15 and 16 years old. They do not have immigration documents and state that they have been in the country for seven months. They argue that they came to the country as an intermediate place between their country of origin and the United States. They add that they do not wish to return to their homeland.

- Identify the institution responsible in the country for dealing with the problem of young migrant girls who are victims of the sex trade. What are the procedures and norms of this institution to deal with this situation? Are they written down? Are they of the knowledge of the officials in charge?
- Search for and identify the procedures dictated by law or institutional regulations for providing documentation to minors in irregular migratory status.
- Identify the institutional procedures of the country where the girls are located for the articulation with the child welfare authorities of the girls' country of origin same.
- If gaps were identified , what do you propose ?
- Discuss with your coworkers the results of your search and your proposals.



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CHAPTER FOUR



The Rights Approach in the care of victims of commercial sexual exploitation

I. The Rights Approach vs. the Irregular Situation Doctrine

The human rights approach constitutes a new paradigm⁴ for understanding human well-being and development, and thus represents an ethic to guide social action. In other words, the approach constitutes a guiding element for all our behavior, both in our personal and professional lives. Moreover, as an emerging social movement of the 20th century, it is reflected in the public agenda - through national laws, conventions and international commitments - to regulate development and democratization policies.

The fundamental principle of the human rights approach to minors is the recognition of every child and adolescent as a subject of those rights; that is, we must change our old perception that any action aimed at their welfare is to grant prerogatives, privileges. Thus, we all have, from birth, a set of rights to exercise. This has been established since the last century when the Universal Declaration of Human Rights was signed.

The emergence of the movement in favor of children and adolescents has its origin, however, in the repeated discrimination and abuse against minors in society as a whole. In other words, due to the repeated violation of rights, the need to specify each of the human rights established in the Universal Declaration in a Convention on the Rights of Children and Adolescents became evident. The vision of childhood prior to this paradigm, it can be said, was to understand children and adolescents within a category distinct from the person or as miniature adults, and in absolute dependence on the will and power of their caregivers. In this way, they constituted a private property of the parents or of the State to perform any action with them.

⁴ Paradigm: In its broadest sense, it is the concept referring to a predominant vision of interpreting the world and reality. And because of the frequent and daily occurrence of this vision, it becomes a criterion of truth. The concept also alludes to the paradigmatic changes in the history of mankind and, therefore, to different worldviews and criteria of truth and reality. Although one paradigm may prevail at a given moment, there are previous paradigms that struggle to become prevalent in the world. ; again.

Examples of violation of rights based on the previous paradigm

"I beat him to make him learn and no one can intervene because he is my son."

"I take my daughter sexually because she is my daughter; first mine and then someone else's."

"In this place we don't feed them for punishment when they misbehave."

"He was expelled from school for misbehavior."

"Even though he is sick, he can't be seen by a doctor, because we don't have money and since we are from another country, they won't treat him in the hospital."

"I don't send her to school because she has to help me see the little brothers."

"He doesn't go to school because he has to work."

Since the adoption of the Convention, the human rights approach has been embodied in legal norms adopted in most countries of the world. However, this is not enough; given its guiding and ethical nature for our behaviors and actions, it requires in all of us a process of assimilation that allows us to replace the previous paradigm.

Of the visions prior to the Convention, and because of its application to the field of commercial sexual exploitation, the most widely recognized and used traditional approach within this paradigm is the so-called "Irregular Situation Doctrine". With it, for example, the problem of commercial sexual exploitation is interpreted not as a violation of human rights but as an irregular situation, generally caused by a personal problem of the child or adolescent, or by the "irregularity" of family life. Thus, on the understanding that they were "dysfunctional", they were considered problems for society. As a result, they were interpreted and treated as criminals or at risk of becoming so. For example, they were arrested by the police, imprisoned with lawbreakers, or placed in "correctional" institutions.

With this doctrine, it is not the social whole that is questioned, but the particular life of the minor. Therefore, psychologizing or psychopathologizing interpretations proliferated as ways of understanding, for example, why a girl or adolescent "dedicated herself to prostitution". Thus, using psychological or psychiatric texts, we labeled the victims with diagnoses derived from their intrapsychic or behavioral conflicts, since we assumed that these were the origin of the exploitation. And based on such a vision, the answers were usually counseling, therapy, punishment or institutionalization.

This is not to say that children and adolescents who are victims of sexual exploiters do not have personal or family conflicts, but only that we cannot explain the problem from them. Of course, the chain of abuse and rape leaves a mark on their personal psychology. These traces, however, are the consequence and not the explanation.

In this sense, 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. This means, therefore, that all of us must be aware of the risk approach to victimization and the modern dynamics of sex offenders to trap children and adolescents (money, drugs, economic benefits, emotional manipulation, for example). And then we will be able to understand that only by acting on these risk factors and dynamics, we will be able to guarantee their rights.

To summarize this section, let us now look at some examples of phrases used by public officials when dealing with victims of commercial sexual exploitation, which express the doctrine of irregular situation. The purpose is to identify in all of us the use of these and other similar expressions and to understand where our personal process of assimilation of the Human Rights Approach is going.

Examples of Expressions under the Irregular Situation Doctrine⁵

"They like it, they make a lot of money."
"They take advantage of adults, of tourists, of whoever gets caught."
"They're not going to be fixed, they're too messed up"
"We aim to help those who want to get out."
"When are you going to decide to change, why don't you agree to intern, I want to help you?"
"They're mature whores."
"Only with novel therapies will we be able to change the situation"
"I advise her, but she doesn't listen."
"They have to be interned in order to get them out of the farm."
"We don't have enough shelters, so we can't do anything" "To do something other than institutionalization, it's an ideal. unattainable"

⁵ These were actual phrases and comments expressed by public officials in interviews, questionnaires, observations and press media.

With these sentences, we can also see that by using the doctrine of the irregular situation, the State is not responsible for guaranteeing the right of all children and adolescents to a life free of exploitation and abuse. This responsibility is left to the minor and, at most, to his or her family.

The rights-based approach breaks with this vision and thus, the Convention states that all minors, including adolescents, have the right to grow and develop in an environment of well-being, free from all forms of abuse and commercial sexual exploitation. Furthermore, the State and therefore its institutions and officials are obliged to guarantee this right, without distinction of religious creed, nationality, sex, age, color, economic status or any other condition.

The approach, in turn, not only gives recognition to minors as social subjects, but also supports a series of principles, among which we can highlight:

- **Human rights are inalienable.**
- **Human rights are integral and indivisible; none is superior to the other.**
- **The best interests of the child.**
- **Human rights are universal.**
- **Human rights are enforceable.**
- **Because of the special status of children and adolescents, the State must guarantee the fulfillment of all their rights. human rights.**



II. Meaning of the principles emanating from the Convention in the care of minors

a. The right to a life free from violence and exploitation applies to all children, regardless of age, gender, nationality or any other status. The principle of universality means that cultural factors cannot be adduced to justify a single child's inability to exercise this right. Similarly, for example, to assume that it is the right of an adolescent girl to decide whether or not to waive her right to protection is a misinterpretation of the approach.

b. The human rights of children and adolescents are indivisible. The violation of just one of them represents a violation of all their rights. In this sense, responses to the needs of this population must always be comprehensive. Likewise, when we validate one right, we cannot violate another in order to achieve the first.

c. The best interest of the child implies that the State must give priority to child welfare policies -and the necessary resources to comply with it-; with this and given the severe violation of rights in commercial sexual exploitation, decision making related to the victims must be a priority, with the purpose of guaranteeing conditions for their growth and development. Based on this principle and on the State's obligation to guarantee rights, the State must guarantee the protection of a minor when there is suspicion of abuse by a family member and it will be the accused who leaves the home and not the child or adolescent victim.

d. Victims of commercial sexual exploitation cannot renounce their human rights. Therefore, interventions based on asking a minor whether or not he or she wishes to continue to be exploited are unjustifiable, even if he or she is 15, 16 or 17 years old.

e. The State is obliged to ensure the effective protection of all underage victims of commercial sex, whether or not they were born in the country of residence.

f. All adults are obliged to respect the human rights of minors - including, of course, the right to protection from commercial sexual exploitation - and are obliged to enforce them.

III. Service Provider Barriers for the incorporation of a rights-based approach in the care of victims of commercial sexual exploitation

The following table illustrates some of the service providers' barriers to incorporating a rights-based approach to care, as well as suggestions for reducing them.

BarrierResponse	
Ignorance of the Rights Approach.	Continuous and systematic training on the Approach and its application in daily life.
Reduced understanding of the Rights Approach.	Continuous and systematic training on the Approach and its application in daily life.
Use of psychologizing or psychopathologizing theories to explain the origin of victimization.	<ul style="list-style-type: none"> a. Encourage professional and institutional reflection processes. b. Introduce follow-up and monitoring processes for interventions.
Insensitivity to the needs of the child and adolescent population and disrespect for the provisions of the Convention on the Rights of Children and Adolescents.	<ul style="list-style-type: none"> a. Adjust or modify personnel selection processes. b. Introduce follow-up and monitoring processes for interventions. c. Sanction or dismissal.
Fear of physical integrity and personal safety due to retaliation or threats from sexual exploiters.	Take institutional measures to provide security for personnel, in coordination with the competent bodies by law.
Desperation of service providers as to the success of a change in the paradigm that underlies interventions.	<ul style="list-style-type: none"> a. Constant monitoring of professional attitudes towards working with victims. b. Introduce follow-up and monitoring processes for interventions. c. Establishment of institutional policies for the self-care of personnel.

BarrierResponse

Little or no experience in working in coordination with other institutions. governmental and civil society organizations.

a. Continuous and systematic training on the Rights Approach and, fundamentally, on the principle of integrity.

b. Initiation of articulation tasks. For example:

- Conduct a diagnosis of the supply of services in the region and in the country.
- Develop an organizational and professional directory.
- Initiate political work to obtain institutional commitments.

Belief that the lack of economic resources makes it impossible to change the intervention approach.

a. Institutional coordination and articulation.

b. Maximize existing resources by not taking ineffective actions.

c. To strengthen family and community resources.

Self-reflection exercise

1. Write in your own words the meaning for you of the use of the rights approach versus the irregular situation doctrine in the care of victims of commercial sexual exploitation.

2. From Section II, Cite additional meaning for items b and d.

3. Complete the table of barriers presented in section III of the chapter with others that you have detected in the organization where you work and identify one or two answers for each one of them. Discuss the result of the expanded table with colleagues.



MODULE TWO

GUIDELINES FOR BUILDING A VICTIM CARE MODEL



CHAPTER ONE



Guiding principles for direct victim care programs

I. General guidelines for the eradication of the commercial sexual exploitation

- To promote the exercise of the human rights of all minors.
- Promote a culture of intolerance against commercial sexual exploitation and all manifestations of violence against children and adolescents.
- Comply with ratified international agreements on the eradication of commercial sexual exploitation.
- Adopt the necessary laws (criminal and procedural) and harmonize the existing ones -related to sexual violence and the protection of minors- to effectively penalize all forms of commercial sexual exploitation.
- Develop and implement policies, plans and programs
The project has been decentralized for the eradication of commercial sexual exploitation in such a way as to ensure national coverage.
- Strengthen inter-institutional and intersectoral networks in the fight against commercial sexual exploitation.
- Strengthen universal social policies to improve the standard of living of families living in poverty, mainly those run by women.

II. The management process in the implementation of a program of comprehensive care for victims

Before initiating a comprehensive care program for victims, the organization must make a series of decisions to guide actions aimed at the success of its activities. This process can be called Care Model Management.

The management process is used to systematically develop institutional policy, principles and standards of care, goals and objectives, procedures and actions both for internal work and for coordination with other agencies, the designation of responsibilities at all levels, the operational work plan and, as a last but essential task, the development of a model for evaluation and monitoring of the policy in general and of the plans in particular. Here it is important to highlight the need to incorporate the voice of children and adolescents in this process.

The priority task within this process is the development of an institutional policy on the care of victims of commercial sexual exploitation. Once the policy and those responsible for its execution have been developed, we can continue with the definition of goals, objectives and procedures. At the same time, we recommend conducting an institutional diagnosis to identify resources, potentialities and weaknesses that need to be improved or addressed before initiating the work plan.

A. Institutional care policy

It must be built with the participation of all sectors involved in offering it and specifically with the opinion of child and adolescent victims.

It is recommended that the policy be written in simple and clear terms. In this way, all staff members will understand the desired results of the policy. It should specifically state what the institution's intentions are in relation to the protection and exercise of the rights of minors.

What is a care policy?

It is the institutional commitment, acquired by the highest executive level, which indicates the statements, guidelines, goals and general objectives of the institution in relation to the care of victims of commercial sexual exploitation. It is set out in a single document, specifying who is responsible for implementing it, who will supervise it, who will evaluate it, when they will do so and what results are expected to be achieved. It represents the starting point for the proper management of the care model and, in general terms, expresses the institution's intention in relation to the protection and welfare of children and adolescents exploited in the sex trade, so that all service providers understand the priority and importance of the comprehensive approach to victims in relation to other values and tasks of the organization.

We can say that the care policy is an institutional statement. It is, therefore, the starting point of the organization, since it sets out the commitments acquired by the organization and the basic plan for the management of the care program, which all employees must read, understand and follow. It is the key to achieve the minimum and adequate standards to provide comprehensive care to child and adolescent victims of commercial sexual exploitation.

The institutional commitments set forth in the Policy must be carried out in practice.

Its effectiveness is monitored through the impact it has on both the reduction of risks for commercial sexual exploitation and the exercise of rights for all children and adolescents served and not on how well the policy is written.

The following is an example of a care policy. It is intended to illustrate the wording and contents of the policy. We have chosen the example of a non-governmental organization, just as we could have chosen it for a governmental institution. Both should develop their respective policies.

Example of institutional policy

The Ave Fenix Non-Governmental Organization⁶ is committed to making every effort to reduce the risk of commercial sexual exploitation for all children and adolescents served by its programs.

In addition, to validate in all of them the exercise of their fundamental human rights.

Therefore:

- a) The risks for the entrapment of underage persons in commercial sexual exploitation can be reduced.
- b) The safety and wellbeing of all children and adolescents is
The responsibility of all workers in the organization lies with the adolescents.
- c) It is a priority task of the organization to demand the fulfillment of all its human rights.
- d) Institutional coordination and network strengthening
Family support centers will be the privileged mechanisms to offer comprehensive care to minors.
- e) Institutional care standards and procedures are mandatory for all personnel.

⁶ Fictitious name

B. Designation of responsibilities

In the management process, it is necessary to define who will be the persons or teams responsible for compliance with the institutional policy.

Example Establishment of formal responsibilities

1. The formal responsibility for ensuring that the care program is directed to the protection of victims and the exercise of all their rights corresponds to:

Technical Board

2. Responsibility for ensuring that the care policy is implemented lies with:

Each area coordinator

3. Responsibility for ensuring that the policy is complied with, and that procedures are maintained and improved to constitute good practice in respecting the human rights of minors, is delegated to:

Coordinators Supervisors of the technical area Chief Administrative Officer

4. The responsibility for promoting, developing and expanding the articulation of the platform of services for care (inter-institutional network) is delegated to the following:

Technical Council, Coordinators

5. Responsibility for monitoring the impact of the policy on children and adolescents lies with:

Technical Board who will select and will hire external evaluators

At the same time, the technical and administrative personnel will have specific responsibilities once the work plan is developed and these will be attached to the table above.

III. Recommendations for the implementation of a comprehensive care program for minors in situations of vulnerability. commercial sexual exploitation

1. The diagnostic phase

The diagnosis of the situation can be carried out prior to or in parallel with the implementation of the management process. For this purpose, it is recommended that the following be taken into account:

- Institutional experience in caring for minors in conditions of commercial sexual exploitation or for similar social reasons. It includes lessons learned from previous experiences, institutional and personnel barriers to work with this population under the Human Rights Approach and the accumulated experience in coordinated work with other institutions.
- The human and financial resources available within the organization.
- Existence and level of development of national and local policies and plans for the eradication of commercial sexual exploitation.
- Each country's legal framework and ethical standards regarding sexual violence and care for minors.
- Identification of "institutional resources" -public and private- existing in the program's area of coverage to build the platform of services available to meet the needs of minors and their families, for example: offices for receiving complaints, specialized shelters or for emergency situations, state institutions charged by law with child protection and welfare, courts to work on issues related to family, children, alimony and legal protection measures, support groups for women, specialized programs for children and adolescents at social risk, police, educational institutions, immigration offices, state institutions and non-governmental organizations that specifically address domestic violence, as well as agencies and programs that work on social, communal and family welfare (subsidies, housing, food), among others.
- Characterization of the problem of commercial sexual exploitation in the program's area of coverage.



The following questionnaires can guide the diagnostic phase⁷.

Diagnostic Phase Questionnaire No.

- What is known about the problem of commercial sexual exploitation in the program's area of coverage?
- Is there a national plan of care for victims? What are the fundamental axes and strategies and how do they translate into the locality where the program will be located?
- What kind of services are offered locally and nationally for sexual violence, adolescent mothers, child and adolescent addictions, economic assistance for families, school scholarships, grants, basic educational programs outside of formal schooling, family crisis counseling, employment exchanges, technical education programs, spiritual services for youth and families, services for battered women?
- In the program's area of coverage, what is the main focus of the current detection and care system for child and adolescent victims of commercial sexual exploitation? (NGOs, offices receiving complaints, hospitals, others)?

⁷ Questionnaires adapted from: GENDER-BASED VIOLENCE. A self-learning guide for health care providers. New York: International Planned Parenthood Federation, unpublished.



Diagnostic

Phase Questionnaire No. 2

- Is there a law in the country that sanctions commercial sexual exploitation; if the answer is yes, what actions does it sanction and where are the gaps? What are the procedures and requirements for filing a complaint? What is the local authority in charge of receiving complaints?
- In the area of child sexual abuse and incest, which actions are criminalized and which remain unpunished? Are there differences in the criminalization, punishment or reporting procedures, according to the age of the minor victim?
- How effective is such legislation in the local context? Is data known on the number of complaints compared to the number of sentences? Are there complaints related to commercial sexual exploitation?
- Is there an institution or program that monitors the effectiveness and impact of laws against commercial sexual exploitation?
- Does the country have a Code on Children and Adolescents and what does it say about sexual violence against minors? What obligations do service providers have in situations of child and adolescent abuse? Are there other laws related to the issue?

Diagnostic Phase Questionnaire No. 3

- What is the institution in charge of protecting and safeguarding the rights of minors in the country? What procedures are required to initiate administrative protection processes? What are the main protection strategies that the institution offers for situations of incest and child sexual abuse, neglect and physical abuse, among others? Is there a representative office of this institution in the area of coverage?
- Is there a specific program or plan within the institution to provide care to victims of commercial sexual exploitation? Do the persons in charge have specialized training to deal with the problem?
- At the medico-legal level, which services and professionals in the Are the examinations and the collection of forensic evidence for minors, both in cases of sexual violence in general and commercial sexual exploitation in particular, free of charge, available in the program's area of coverage, and are the persons in charge of such procedures trained in sexual violence against children and adolescents?

2. Phase of construction of an operational work plan to develop the program of care for minors in situations of commercial sexual exploitation.

Once the institutional management model has been developed, the organization will be ready to begin the process of building a work plan.

The content of the plan includes:

- a. Institutional policies regarding the care of victims of commercial sexual exploitation.
- b. Guiding Principles of the Care Program.
- c. General Purpose of the Program (Objective).
- d. Time-bound goals, translated into verifiable criteria.
- e. Institutional articulation plan (how responses will be coordinated among the different institutions to promote the growth and development of children and adolescents in conditions of well-being).
- f. Choice of strategies for working with minors (these are not activities and should be based on the specific needs of children and adolescents and their families in the community).
- g. Definition of activities for each of the chosen strategies.
- h. Designation of persons responsible for the fulfillment of the activities.
- i. Budget.
- j. Criteria for verifying the impact of the plan on minors (success criteria for these strategies).
- k. Evaluation and monitoring of success criteria (impact of the plan). It should include the sources and instruments for collecting information, the periodicity of the evaluation and the designation of those responsible for carrying out this component.
- l. Safety standards for personnel.

To take into account:

In relation to the choice of care strategies:

Strategies are not tasks or activities but rather the routes chosen by the institution to offer protection and guarantee the effective exercise of rights for all children and adolescents. For example, one strategy is the strengthening of family support networks, which is developed through different tasks or activities, such as subsidy plans, family counseling, support and assistance to mothers' needs, diagnosis of situations of domestic violence, exclusion of the accused from the home, among others.

Similarly, in the definition of the success criteria, it is necessary to understand that they do not indicate compliance with the activities to carry out the plans for the protection and exercise of rights, but on the contrary, they must be verifiable, due to the impact that the chosen strategies have on the daily lives of children and adolescents and their families. For example, staff training is not a criterion for success, nor is facilitating access to education; on the contrary, the criterion for success in training providers lies in the impact it has on transforming the risk factors for minors to be trapped in commercial sexual exploitation. Similarly, it is not enough to facilitate the access of minors to formal education; the criterion for success is that all children and adolescents are enrolled in the educational system. In other words, the success of interventions is verified on the basis of the exercise of all human rights.

3. Indispensable requirements for the development and implementation of a care program

- Be clear about the intentionality.
- To be based on a diagnosis.
- Be strategic.
- To be articulated with other instances and resources.
- Be able to be executed and evaluated.
- Political and budgetary commitment.
- To be sustainable over time.
- Establish clear responsibilities for action.
- To be monitored.

4. Elaboration of inputs and work instruments

Among them:

- Referral and counter-referral mechanisms.
- Protocols for the detection, registration and care of victims (including emergency medical care, first-order care and second-order care).
- Checklists and other instruments in addition to the work protocols.
- Monitoring instrument for the program in general and for the interventions in particular.

To take into account:

Protocols are instruments that list step-by-step activities to be carried out by service providers in different areas or spheres of care. In this way, they are specific enough to detail the actions to be taken. For example, screening protocols will be developed specifically for hospitals, police operations, schools or child welfare institutions. Similarly, checklists can be attached to the screening protocols to facilitate risk assessment.



Self-reflection exercise

1. Define in your own words the Management Process of a commercial sexual exploitation care program.

Does the institution where you work have a care policy? If yes, evaluate it according to the requirements for success set out in section II A.

2. Complete the following table as an example. Remember to use the Rights Approach.

Objective: To protect minors from commercial sexual exploitation.

Strategy	Reasons for the choice	Does it violate the strategy any other rights established in the Convention? Yes or No	Strategy success criteria (Must be verifiable according to the level of risk)
1.			
2.			

CHAPTER TWO



Proposal of a model of care. Minimum contents

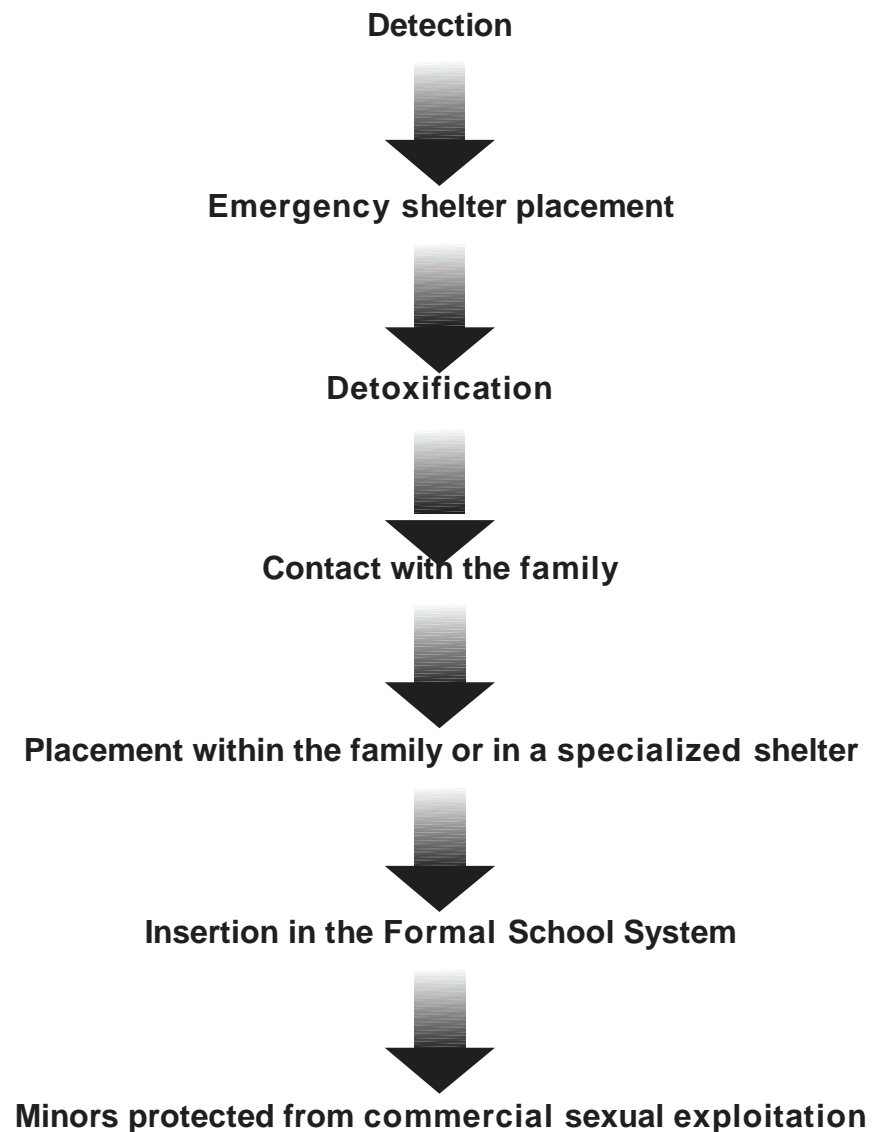
Protection from the sex trade, guaranteeing the exercise of all rights that have been violated and recovery are the fundamental objectives of the process of care for child and adolescent victims of commercial sexual exploitation. Thus, it must meet four fundamental requirements: early, timely, efficient and effective.

In order to achieve the objectives, it is necessary to understand that due to the complexity of intervening factors, the care of victims cannot be the exclusive task of a single sector or institution. Thus, the success of a program will depend on the way in which it is articulated with the platform of services available in the country and the community in order to be able to offer responses to the multiple needs of children and their families. The program will also encourage the responsible institutions to develop the required capacities to fulfill their statutory role.

In turn, this platform must be understood in terms of a cycle of services available, according to the particular needs of each child or adolescent. This is very important to understand, because if we think in linear or unidirectional responses, we may fail in our objective. At the individual level, for example, an adolescent may require the same or similar services at different points in the intervention process. Minors who are trapped in the sex trade require a wide variety of responses depending on specific circumstances, and the search for and implementation of protective alternatives may require several different attempts. In other words, if we plan services in a linear fashion for all persons, it means that we are not taking into account the specific needs related to age and gender, for example, or the requirements of the same person at different times in his or her life. This does not mean a change in objectives, as the goal is common to all minors.

Let us illustrate the meaning of a linear model of response in the planning of services, based on the detection of commercial sexual exploitation, where the particular needs of each child or adolescent are not taken into account.

Linear Response Model



This way of understanding services illustrates why the linear model does not take into account the particularities of each situation. Thus, emergency shelter will not be necessary for all people and, at the same time, may be unavoidable several times in the life of a particular person. Therefore, we say, access to responses or services must be understood within a cycle of particular needs.

Cyclical Response Model



The purpose of the model we propose is therefore to guide service providers in making decisions to carry out actions aimed at care, within a platform of services accessible to the particular needs of minors. The model involves four components or axes of work. The grouping has been carried out on the basis of the objective of its activities and not the type of response. Therefore, two premises are fundamental to the proposal:

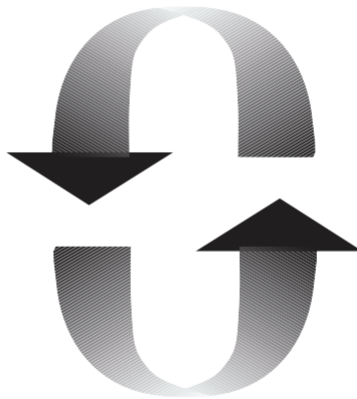
- a. The services in each of the axes must be interpreted within a continuum of responses.
- b. Minors can access the services provided in each of the axes at different times in their lives.

This means, for example, that the same person may require the same responses from the first-order intervention axis (which will be explained below) at different times in his or her life, or the second-order service offer should be available at all times according to his or her particular needs.

Example:

Marta is detected in a condition of exploitation (Axis One) and is offered all the services to guarantee her protection from the exploiters' networks (Axis Two). Let's assume that they ensured success, however, three months later, being in another stage of the care process, it is identified by the program that she was raped by one of her relatives (Axis One). Then, it becomes necessary to provide her again with similar activities from the previous stage, in order to guarantee her protection against this new violation (Axis Two).

**Axis One
Detection**



**Axis Two
First Order
Intervention**

Likewise, services are available depending on age, specific situation regarding the way in which they are exploited, gender and any other condition that requires access to specific responses.

In accordance with the conception of the model, the axes have been grouped by their objectives and not by the services found in each one of them.

I. Axes of Work

1. Detection and Registration
2. First Order Intervention
3. Second Order Intervention
4. Follow-up

II. Axis One: Detection and registration

It includes the following purposes:

- Early detection.
- Record positive detection.
- Collect and record all forensic evidence (medical, social and psychological).
- Articulate with the criminal justice system in order to denounce situations of incest and sexual abuse or other crimes contemplated by law; as well as to offer all the necessary cooperation in order to investigating, reporting and prosecuting commercial sex exploiters and their intermediaries.
- Make a brief risk assessment.
- Ensure immediate attention when there are signs of danger that the underage person may be re-trapped by the sex traders.

To take into account

Since commercial sexual exploitation is a crime, the following questions are recommended for medical evidence collection:

- **Where and by whom will forensic evidence collection be conducted?**
- **When positive screening is carried out at the victim's home or in the community: how will the articulation with the evidence collection service?**
- **What are the legal requirements for medical evidence collection?**
- **How to proceed in case the victim does not wish to provide forensic evidence?**
- **Who will accompany the minor victim in this process?**

The detection of problems is the first requirement to guarantee the exercise of human rights. In this sense I could call it the rights monitoring process. In the case of commercial sexual exploitation, it offers us the opportunity to guarantee the exercise of the right to protection against abuse and other violations that are generally part of the history of minors enslaved by the sex trade. It is, at the same time, the opportunity par excellence to detect other real or potential victims and to penalize sexual exploiters.

In this sense, institutions or organizations -including their programs aimed at offering services in the community- should incorporate in their routines, norms and systematic screening and registration procedures. In this way, for example, an appropriate and early screening process may be the only opportunity for many children and adolescents to grow and develop well.

Similarly, the registration system linked to detection contributes not only to better information and knowledge of the dynamics of commercial sexual exploitation, but also allows us to design policies and programs aimed especially at the prevention of risk factors.

At the individual level, the registry commits us to follow up on the activities carried out in order to ensure their success in the care process.

In order to carry out early and effective detection, it is essential that the institutions capable of doing so have precise protocols for carrying out the following activities:

- Screening interview. It includes the indication of the characteristics the place where it will be carried out, the questions to be asked, and the who are able and willing to do it, desired attitudes in order to establish empathy and accompaniment. psychological, among others.
- Procedures for the transfer of minors, including who, how and where.
- Immediate reference mechanisms.
- Procedures for the collection of medical, social and psychological evidence.
- Registration Instructions.
- Risk Assessment Procedures.
- Immediate responses to ensure protection.
- Procedures for coordination with the justice and police systems.
- Procedures for coordination with state institutions in charge of providing administrative protection measures.
- Procedures for initial family liaison.
- Other indispensable according to the characteristics of the country or locality and the dynamics of the exploitation to which the person is being subjected.

In order to meet these requirements, we believe it is essential for the organization to hold a workshop to make initial decisions and then proceed to write and systematize additional protocols and instruments (to assist those who will be in charge of the process). The protocols and instruments should be validated in terms of their contents and the way they are applied by all the sectors involved.



III. Second Axis or First Order of Care

It constitutes the process of articulation of services to guarantee the right to life and protection against the sex trade.

Once a child or adolescent has been detected as a victim of commercial sexual exploitation, and immediately, a work plan must be implemented to coordinate efforts to guarantee the exercise of their human rights. This is what First Order Care is all about. Therefore, we develop an individualized protection plan.

This axis is also often referred to as emergency intervention, to emphasize that it must be carried out with immediacy as imminent risks of abuse, exploitation and death must be considered and reduced.

In addition to the emotional support and empathy that permeate the care process, service providers must be prepared to articulate immediate responses.

First-order interventions seek to guarantee the exercise of all human rights. All of them are equally important, but at this stage of the process we must prioritize our actions. Sometimes, it will prevail to work on one of them and only plan to work later on the rest. This is in the sense that this axis must be completed in a short period of time. And we suggest doing it within the period established by the crisis intervention models that propose a maximum period ranging from four to six weeks.

A. Principles for First Order Intervention

- **Minors have the right to live with their families.** This means the need to articulate a range of services that contribute to developing the protective potential of the family for children and adolescents.
- **The safety of children and adolescents is a priority.**

Immediate response is desirable and family visits help assess risk and compliance with safety plans. If it is determined that the child is not safe at home because there is, for example, an incestuous parent, stepparent or relative, it is necessary to remove that person from the home before removing the child. At other times, alternative protection must be sought. For practical purposes, institutionalization does not always ensure protection. Often in shelters, children are physically, sexually and psychologically abused. In others, their distress is such that they cannot be contained by the institutions and they run away to the streets, putting them in greater danger. In others, parents need to be helped to contain their children within the family. The need for help may vary and range from a non-violent disciplinary model to requirements related to the survival of the family group: food, housing, clothing, payment of utilities, among others.
- **Concrete assistance to the immediate needs of the family.**

As stated in the previous point, and according to the fact that poverty and exclusion is one of the main factors of vulnerability to commercial sexual exploitation, it is necessary to identify and articulate services related to material survival. In addition, taking into account that many adolescents are mothers, their financial needs will be taken into account so that they are not a reason to go out to the streets in search of survival strategies.
- **Mothers are the main resource for support.**

In our society, the mother figure is the main source of support and protection for children and adolescents. However, gender-based violence often reduces their protective potential. Even within their difficulties, they are usually the main allies of effective programs aimed at victims of commercial sexual exploitation.
- **In families, some members help others.**

Even in families where there is abuse, incest and neglect, there are also strong emotional bonds, feelings of love and favorable attitudes for the care of children and adolescents. Being able to identify and strengthen behaviors derived from such attitudes and feelings contributes to the success of the safety plan for minors.



B. Fundamental objective of the First Order Intervention

Mobilization and articulation of institutional, community and family resources to guarantee protection against commercial sexual exploitation and the exercise of rights.

C. Procedures

Given the characteristics of commercial sexual exploitation, in this second axis we include two minimum processes. Although all human rights must be guaranteed, we propose as a priority task, to work:

1. Exercising the Right to Life and the Right to Health

Emergency medical care. Includes:

- care for injuries or consequences of sexual violence,
- any intervention required to provide immediate health care, including intoxication, pregnancy and other problems. required for attention,
- counseling and prophylactic measures to reduce the risk of pregnancy and STI, HIV/AIDS and hepatitis infection.

2. The right to protection from all forms of abuse and exploitation

Includes:

- 2.1** Risk assessment for commercial sexual exploitation (own and other minors related to the victim, for example: siblings). This assessment is derived from both the characteristics of family life and the community to analyze the factors of containment or risk. Similarly, the assessment of likelihood for further exploitation or abuse is derived from the dynamics of commercial sexual exploitation to which the victim is subdued.

What do we need to know from this risk assessment?

- a. Is the minor in imminent danger of being sexually exploited again?
- b. Are you threatened by pimps, drug dealers, middlemen, exploiters?
- c. Are you at risk of being killed?
- d. Do you live in a hotel, boarding house, brothel or on the street?
- e. Are you pregnant?
- f. Do you have financial responsibilities to your family, children, or others?
- g. Do you live with a partner who forces or pressures you to find money?
- h. What is his/her family like, is there abuse against him/her, is there abuse against the mother, are there addictions, does the mother have a disability, is he/she pressured to bring money, among others?
- i. Are you at the mercy of drug traffickers?
- j. Do you have debts?
- k. Do you have a serious addiction problem and constantly need money to buy drugs?
- l. Is there a risk of suicide?
II. Have you ever been expelled from your family and community for reasons related to sexual orientation?
- m. Are you an orphan?

2.2 Evaluation of the exercise of rights. For example, does the child or adolescent live with his or her family, go to school, exercise his or her right to health, among others.

2.3 Evaluation of the child's emotional stability and internal resources to define the level of participation of the child or adolescent in the action plan. This includes the assessment of addictions, disability, among others.

2.4 Evaluation of the external resources available to the minor, including family resources as well as institutional, state and private resources (service platform).

2.5 Information and Education. Children and adolescents have the right to be informed about the abuse and the procedures and actions that should be taken to stop the aggression. Likewise, information is given according to age and level of cognitive development about the system of rights and the way in which they can be exercised.

2.6 Elaboration of an immediate action plan, taking into consideration the opinion of the minor.

2.7 Execution of the plan through the mobilization and articulation of resources.

2.8 Follow-up on the effectiveness of the plan.

To take into account:

In connection with emergency confinement:

Emergency shelters may be a necessary resource for some children and adolescents; however, they can never be the first alternative response.

The first alternative should always be in the family itself, in its broadest sense (extended family).

The second is a community home. That is, families selected within the community where the minor lives, willing and trained to receive these people for a short period of time.

The third is the institutional resource.

In any of the alternatives other than the family itself, the length of stay is used to evaluate the situation that gave rise to the internment and to be able to transform it. That is, to proceed to meet the objectives of a first-order intervention, including emergency medical care.

Some criteria that help to make the decision of institutional placement are: the whereabouts of the family are unknown; the person lives in the street, hotel, brothel (without adult protection); presents a state of chronic intoxication; has migrated alone or in the company of other children or adolescents; is prey to sex traffickers; is at risk of death.

If she is a dependent parent, her children must be with her in any of the alternatives chosen.

IV. Third Axis or Second Order Care

Development and implementation of plans for the exercise of all rights, including the right to emotional recovery.

This phase, initiated only after the first order of protection and safety objectives have been met, will seek to reduce the impact of the abuse and enhance positive change in the daily lives of these children and adolescents and their families. We propose to initiate it until the child or adolescent is out of danger because of the tendency of many providers to work on the emotional impact of victims of commercial sexual exploitation even when they are still being exploited. This tendency is usually due to the interpretation of the causes of commercial sexual exploitation within the victim's personal life and the expectation that if we "develop self-esteem, values, conflict resolution", children will stop "prostituting". This same misguided tendency is seen, for example, in incest service providers, who assume that the child causes the problem and that with therapy or good advice, they will be able to stop the abuse.

In this regard, we recall what was presented at the beginning of this chapter: services must be available to meet the specific needs of individual persons and therefore appropriate alternatives are sought according to gender, age and any other condition that requires the development of specialized programs. This requires creativity and persistence.

Includes:

1. Guarantee of the exercise of all rights: education, recreation, participation, family life, among others.
2. Recovery or care of chronic health problems and appropriate care of the physical consequences.
3. Emotional recovery from the violence experienced.
4. Recovery of the sequelae in sexual life.
5. Strengthening of family and community networks that allow the containment of minors.
6. School reintegration and development of occupational skills and abilities in people over 15 years of age.
7. Search for alternatives for economic self-sustainability or family survival.

To take into account:

Emotional recovery from commercial sexual exploitation, as in other experiences of sexual violence, must be done taking into account the main consequences they have on the lives of those who are affected by them. In this sense, the strategy of group work is privileged, for several reasons, among them:

- **Contributes to dealing with and reducing stigmatization.**
- **It contributes to strengthening cohesion and solidarity.**
- **Group members help each other.**
- **Maximize institutional resources.**
- **It constitutes a space to favor education based on experience.**
- **It can become a political space for the participation of minors in the search for and implementation of responses to this and other social and community problems.**

Another important aspect to consider is related to educational services. Let us remember the right of all minors to basic education; therefore, it can never be substituted, although it can be complemented with technical or occupational training.

Likewise, basic educational services should be creative, fun and flexible so that children who have been excluded from the system or have long been expelled from it and therefore have an age-grade gap find education attractive. It must therefore respond to their particular needs, context, age, gender and other conditions that require specialized programs.

V. Fourth axis or Follow-up

The actions undertaken to achieve the objectives of the different axes must be individualized and taking into account several factors, gender, age, dynamics of commercial sexual exploitation, economic need, addictions and in general terms, according to the level of risk of being the underage person, trapped again by sex traders.

The purpose of this component is therefore to evaluate the effectiveness of the actions developed in the previous axes.

The process is carried out through two main types of activities:

- a. Monitoring the interventions of the program's service providers.
- b. Monitoring the exercise of human rights.

In point a, we include as means of verification, for example, the review of care records (which clearly indicate the procedures and outcomes of intervention strategies, in accordance with the goals and objectives of the care plan), group discussions around specific interventions (which can be randomly selected) and studies to verify the quality of services (e.g. exit surveys). In point b, also as an illustration, the follow-up home visit, the interview with the minor, the review of academic records to monitor school attendance and performance, and interviews with health personnel to verify access and appropriate medical care, among others.



VI. Monitoring/Evaluation of care plans

The effectiveness of the plan as a whole should be evaluated by means of verifiable criteria in relation to the goals and objectives set. The organization can proceed to identify what these success criteria will be, how they will be evaluated and by whom.

With this, we can guarantee that the plan is effective in terms of the exercise of the human rights of all children and adolescents covered by the program.

Questions that guide the Monitoring of a Plan:

- a. What is the overall goal of the plan and how is it verified?
- b. What is the goal of the plan in this work period to be evaluated, and is it possible to verify it in numerical and verifiable terms?
- c. What are the priority problems that the plan seeks to address?
- d. What strategies were chosen to solve the priority problems?
- e. What are the success criteria for such strategies?
- f. What are the sources of information to verify the success criteria?
- g. Who, when and how will the monitoring of the plan be carried out? In this regard, let us remember the importance of monitoring being carried out by individuals or teams independent.

With the answers to these questions, we can not only develop the monitoring system, but more importantly, implement it.

Let us remember that only through continuous and consistent evaluation can we know whether our efforts and resources are being effective; if not, it becomes necessary to modify, adapt or transform our solution strategies.



Self-reflection exercise:

1. Develop an example of a Linear Model of Responses to underage victims of commercial sexual exploitation.

2. Develop the general guidelines for the construction of a Care Plan for Nora (self-reflection exercise first chapter, module one) and José (second chapter of module one). It should include:
 - a. First Order Intervention Strategies.
 - b. Second Order Intervention Strategies.
 - c. Follow-up strategies.
 - d. Specify the information you need to collect for the construction of the Plan.
 - e. Justify the strategies chosen for it.

3. According to the characteristics of your country:
 - a. What are the main problem areas that a plan of care for victims of commercial sexual exploitation should take into account?
 - b. What are the strengths and opportunities existing in your country to develop a cyclical model of care for victims with a human rights approach.

CONCLUSIONS



By way of conclusion we can only add that those who undertake the task of providing comprehensive care to minors, victims of commercial sexual exploitation, face several challenges, among which we can highlight:

- a. The need to review our paradigms regarding the conception of children and adolescents as social subjects of rights and not as recipients of our favors or concessions.
- b. The need to review our myths and prejudices surrounding sexuality, sexual violence and commercial sexual exploitation.
- c. The need to review our myths and prejudices surrounding gender-based violence and particularly in relation to the misconception that mothers of victims are women who are insensitive to the needs of their sons and daughters and therefore our enemies.
- d. The need to articulate our efforts with those of other institutions, programs or individuals.
- e. The need to integrate into our plans and activities the development of the potential of the families of minors.
- f. The need to incorporate a comprehensive approach to the multiple needs of victims.

Additionally, our personal care is essential to prevent our emotional and physical wear and tear. In this regard, let us remember that if they occur, we must ask for help and take action to remedy it; children and adolescents cannot wait any longer.



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CHECKLISTS FOR COMPLIANCE WITH SUCCESS CRITERIA FOR THE INCORPORATION OF A RIGHTS-BASED APPROACH IN PROGRAMS FOR THE CARE OF MINORS VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION

General Instructions

These checklists are grouped according to the sources used to obtain the information. The sources to be considered are:



A-Minors.



B-The people who work, have contact with or are officials of the program.



C-The program or institution.

The methods for obtaining the information must be standardized for the type of source. This instrument provides the checklist to be followed.

This instrument is not exclusive nor does it contain numerical validity. It is a monitoring instrument for care programs and its purpose is to ensure that all elements are fully met.

One of the recommendations we make when using the instrument is to take into account the documentation that exists within the institution. Manuals, protocols and internal regulations, or the absence of these, are other sources to be used for program monitoring.

It is not recommended to base monitoring solely on interviews.

It is important to use explanatory notes in cases where the statements in the checklist do not apply to the institution being evaluated.

These exceptions will be used in the absence of some type of population (for example, the absence of pregnant girls or population with some type of disability).

It is important to remember that in the case of institutions responsible for the care and/or supervision of children, these explanatory notes cannot be used because all countries have ratified international legislation that creates the obligation to guarantee the fulfillment of rights.



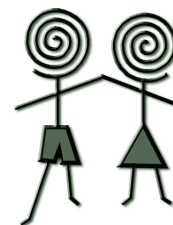
A.

For minors participating in the program and their children, the following conditions apply:

1. Health:

Minors participating in the program and their children:

- 1.1 They attend regular medical check-up appointments.
- 1.2 They know their health status.
- 1.3 They participate in psychoprophylactic childbirth courses.
- 1.4 Are informed if they have any disease (including HIV/AIDS, STIs).
- 1.5 Are informed if they carry or have HIV/AIDS.
- 1.6 They are informed if they carry Sexually Transmitted Infections.
- 1.7 They have been evaluated by a physician to identify diseases.
- 1.8 They feel supported in their therapeutic and/or accompaniment processes.
- 1.9 Minors have access to adequate and specific treatment for their illnesses.
- 1.10 They have adequate hygiene habits.
- 1.11 They are inserted in dental treatments.
- 1.12 They feel comfortable attending health services.
- 1.13 They are supported in their motherhood through emotional and/or therapeutic accompaniment.
- 1.14 They are assisted in the pre and post natal process and their children.
- 1.15 They are guided in tasks such as breastfeeding, changing diapers, and others.
- 1.16 She has therapy appointments and/or psychological accompaniment with the periodicity required by each case.
- 1.17 They have access to milk in case they are unable to breastfeed.
- 1.18 They have the support of a pediatrician for their children.
- 1.19 Have adequate information to monitor their health (self-monitoring, self-assessment, etc.) relevant examinations and monitoring of onset or changes in symptoms).
- 1.20 Participate in appropriate obstetrics and gynecology treatment.
- 1.21 Participate in appropriate dental treatment specific to your case.
- 1.22 They have access to and information about contraception.
- 1.23 They have an adequate diet.
- 1.24 They begin the process of moving from victim to survivor by integrating their history of abuse and developing short, medium and long-term life goals.
- 1.25 They receive specialized care for addiction problems involving addiction management.
- 1.26 They receive adequate treatment for addictions.





2. Discrimination:

- 2.1 Minors with disabilities feel comfortable being cared for.
- 2.2 Ethnic minority minors feel comfortable being served.
- 2.3 Migrant minors feel comfortable being cared for.
- 2.4 Minors with disabilities are enrolled in specialized educational programs to assist them.
- 2.5 They are aware of their right to denounce any form of discrimination and the necessary mechanisms.
- 2.6 There is an instance for children and adolescents to make their complaints internally.
- 2.7 The migrant, ethnic minority, pregnant and gender-neutral population has access to all benefits on an equal basis with the entire population (according to the criteria established in this document).
 - 2.7.1 In health care.
 - 2.7.2 In protection.
 - 2.7.3 In recreational areas.
 - 2.7.4 In opinion spaces.
 - 2.7.5 In recreation.
 - 2.7.6 In education.

3. Education:

- 3.1 They are inserted in the formal education system¹.
- 3.2 They have access to didactic and educational materials to support the education of children and adolescents.
- 3.3 They have space and time to study and perform assigned school work.
- 3.4 They receive individual educational support for their school reintegration process.
- 3.5 Family participation is promoted in the teaching-learning process of children and adolescents.
- 3.6 Children and adolescents are informed about their rights and the mechanisms to ensure them.
- 3.7 Teenage mothers are knowledgeable about the laws that protect them in their maternity (responsible parenthood, pension, etc.).
food, etc...).

¹ Formal education shall be understood as basic primary education and, once completed, higher education or college. It is distinguished from purely technical education.





4. Protection:

- 4.1 They receive psychological support during the entire process of denunciation and/or trial against pimps and/or abusers.
- 4.2 They are supported in their process by as many family members as possible.
- 4.3 They are trained and informed of risk situations and how to report according to the law.
- 4.4 They are aware of and have access to spaces where suspicious situations that threaten protection can be reported.
- 4.5 They are aware of and have access to community networks that promote protection.

5. Spaces:

- 5.1 They have an opinion about what should be the criteria for the success of the institution's or program's goals.
- 5.2 Temporarily institutionalized children and adolescents:
 - 5.2.1. They have specific spaces for study and information (computer areas or libraries).
 - 5.2.2. They have individual spaces designated as such (to store belongings).
 - 5.2.3. They have physical spaces for the exercise of privacy.
 - 5.2.4. They have spaces that promote spiritual formation.

6. Spreading:

- 6.1 Children and adolescents participate in sports activities.
- 6.2 Children and adolescents participate in cultural or artistic activities.



B.

People who work, have contact with children and adolescents who are victims of commercial sexual exploitation or are employees (includes providers of institutions with which they coordinate and the institution's staff):

1. Health:

- 1.1 Provide information and appropriate care for the health surveillance of children and adolescents (relevant self-examinations and monitoring of onset or changes in symptoms).
- 1.2 They provide adequate and specific treatment for the health problems of minors.
- 1.3 They provide children and adolescents with a clear explanation of what they are suffering in appropriate language.
- 1.4 They know and provide information about contraception.
- 1.5 They are trained to detect risk factors associated with victims.
- 1.6 They prioritize the problems that require immediate solution according to the risk they represent.
- 1.7 They receive feedback on their intervention from the program or institution.
- 1.8 They recognize the health conditions associated with commercial sexual exploitation as a product of victimization and, therefore, do not blaming minors.
- 1.9 They create records of the interventions.
- 1.10 They use the records created for subsequent interventions.
- 1.11 They monitor eating habits, surveillance and follow-up of diets.

2. Discrimination:

- 2.1 All personnel have been sensitized to non-discriminatory care for migrant, disabled or minority populations.
- 2.2 Staff are aware of the sanctions for those who discriminate.
- 2.3 They pay attention to the assessment of the minor if he/she perceives him/herself as discriminated against or vulnerable to discrimination.
- 2.4 They specifically address the problems associated with the migrant population that have been detected.
- 2.5 They specifically address the problems associated with the ethnic minority population.
- 2.6 It specifically addresses the problems associated with the population with a disability that has been detected.
- 2.7 Health care providers (doctors, psychologists, nurses and any other professionals who have contact with minors) are trained and sensitive to the problems associated with migrant or ethnic minority populations, taking into account language, customs and others.
- 2.8 Is trained to work with people with disabilities.





- 2.9 All personnel are trained in human rights for the care of children and adolescents without any discrimination, and with knowledge of different cultures.
- 2.10 All staff respects the religious and cultural beliefs of children and adolescents.

3. Education:

- 3.1 Participate in feedback mechanisms with the teachers of the children and adolescents in the program.
- 3.2 Teachers are informed about the problems of children and adolescents.
- 3.3 They are able to report any situation of risk of revictimization.
- 3.4 Teachers recognize children and adolescents as victims.
- 3.5 They recognize the potential school problems associated with commercial sexual exploitation as a product of victimization and, therefore, do not blame minors.
- 3.6 They are trained to provide sex education from a comprehensive point of view (including elements of health, prevention, respect, etc.), and reproduction).

4. Protection:

- 4.1 They do not hold children and adolescents responsible for their victimization.
- 4.2 The staff is trained to provide psychological support².
- 4.3 They emphasize empathy with children and adolescents.
- 4.4 They are aware of the penalties and offenses related to the problem.
- 4.5 They are trained in the problems, strategies and protection mechanisms for children and adolescents.
- 4.6 There is knowledge of the applicability of these penalties for the offenses.
- 4.7 They are aware of the obligation to file complaints with the relevant judicial and administrative entities.
- 4.8 They use mechanisms (forms, interviews, and others) to detect what family resources children and adolescents have, whether in their nuclear or extended family.
- 4.9 Strengthen the family resources that children and adolescents possess.
- 4.10 School and program staff are aware of the situation and provide protection support.
- 4.11 Teachers, doctors and all personnel who have a relationship with these children and adolescents are trained to identify the risk factors.
- 4.12 They know the risk factors and use them in early detection.
- 4.13 They are aware of the protection goals expected of their (suppliers') work.
- 4.14 They have access to policies, protocols, and other protection-related instruments.

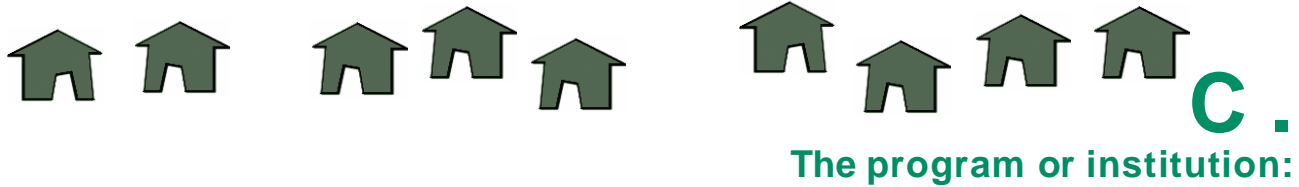
² For this type of accompaniment, it is not necessary for the staff to be professionals in psychology.

5. Spaces:

- 5.1 Providers listen to and consider the opinions of children and adolescents in their actions.
- 5.2 They respect the privacy of minors.
- 5.3 They keep confidentiality (without putting children and adolescents at risk).

6. Spreading:

- 6.1 The staff is trained to use their creativity.
- 6.2 The staff is trained to promote the creativity of minors.
- 6.3 Recognizes the importance and promotes actions and spaces for creativity, leisure and recreation.



0. General Characteristics:

These characteristics are considered to be those that all programs should possess and apply. They are based on the problems most frequently encountered in the programs.

The program or institution:

- 0.1 Ensures, oversees and monitors the conditions established in this instrument for minors and health care providers.
- 0.2 Specifically monitors:
 - 0.2.1 The existence and maintenance of up to date files for each of the minors.
 - 0.2.2 Establishment and monitoring of networking.
- 0.3 Provides and receives feedback, through established mechanisms, on interventions with minors.
- 0.4 It has a directory of institutions, programs and community resources.
- 0.5 Supports and participates in local, national and/or regional efforts in favor of the human rights of minors who are victims of commercial sexual exploitation.
- 0.6 It has goals, policies, guidelines, manuals, protocols and instruments.

1. Health:

- 1. 1 Establishes coordination mechanisms with hospitals with quality of service³ for complicated surgical interventions.
- 1.2 Ensures access to specialized health services, which include the following functions:
 - 1.2.1 Addresses the effects of sexual victimization on the sexual and social development of minors.
 - 1.2.2 It has nutrition directly within the program or in coordination with other institutions or with the family.
 - 1.2.3 Provides, directly within the program or in coordination with other institutions, attention to eating disorders.
 - 1.2.4 Provides, directly within the program or in coordination with other institutions, general medical care.
 - 1.2.5 Provides, directly within the program or in coordination with other institutions, specialized medical care in obstetrics and gynecology.
 - 1.2.6 Provides, directly within the program or in coordination with other institutions, psychological care and/or emotional support.
 - 1.2.7 Promotes, directly within the program or in coordination with other institutions, health prevention.

³ With access to medical specialties, surgeries and that the waiting time for care is adequate.





- 3.2 Promotes actions that allow the chronological age and academic level of the population to be equalized.
- 3.3 The institution ensures that alternative education programs (e.g. technical) do not replace formal education.
- 3.4 The program reinforces school successes, through verbal or other types of recognition.
- 3.5 Promote study groups among children and adolescents so that the more advanced ones help the lower levels.
- 3.6 Promote links with schools and colleges where children and adolescents in the program can be reintegrated.
- 3.7 The program participates in parent meetings and extracurricular school activities for children and adolescents.
institutionalized.
- 3.8 The program promotes family participation in school extracurricular activities and attendance at school meetings.
parents.
- 3.9 Promotes feedback mechanisms between teachers and those in charge of children and adolescents in the program.
- 3.10 Promotes the insertion and participation of the family in the educational process of children and adolescents.

4. Protection:

- 4.1 Children and adolescents detected are protected from commercial sexual exploitation and are not re-victimized.
- 4.2 The activities carried out by children and adolescents will be rigorously monitored for their protection.
- 4.3 Promotes community actions and strengthens the family to monitor and exercise the rights of children and adolescents.
adolescents.
- 4.4 File the pertinent complaints.
- 4.5 The programs recognize which institutions are involved with the population and support actions that do not constitute risk factors.
- 4.6 There are written reports from the institutions that work with these children and adolescents.
- 4.7 Written reports are made periodically and archived as research material for other cases, decision making and reform of care policies.
- 4.8 The institution or program participates in social and political spaces to promote actions that collaborate for the eradication and coverage against commercial sexual exploitation.
- 4.9 The institution or program has mechanisms (forms, interview guides, etc.) to detect what family resources the children and adolescents have, whether in their nuclear or extended family.
- 4.10 The institution or program enhances through support to the family and community the protective resources that children and adolescents possess.
adolescents.
- 4.11 If the program includes institutionalization, spaces and support are provided for coexistence with the family that does not present risk factors.
for revictimization.



- 4.12 If the child or adolescent is reintegrated into the family, the institution will conduct periodic visits to monitor survivors and ensure compliance with all of their rights.
- 4.13 There is a protocol that defines the population's risk factors.
 - 4.13.1 according to age and gender,
 - 4.13.2 according to the area where you live.
 - 4.13.3 according to the level of risk of revictimization.
- 4.14 There is knowledge on the part of the program of the sanctions and the offenses of non-compliance with rights.
 - 4.14.1 There is knowledge of the applicability of these sanctions.
 - 4.14.2 Promotes reporting facilities with judicial entities through inter-institutional networks.
- 4.15 Protection measures for underage victims are not only internal to the program or institution, but are also linked to reporting and/or legal and police protection measures.
- 4.16 Psychological accompaniment for victims offers care through support groups, individual accompaniment, or both.
- 4.17 The institution or program provides or facilitates, through networking, the accompaniment, counseling and follow-up of victims' legal processes.
- 4.18 Promote coordination with the police and prosecution systems to enforce and follow up on protection measures.
- 4.19 There are (legal) protection measures for the victim population.
- 4.20 Performs some monitoring of the effectiveness of the protection.

5. Spaces:

- 5.1 The opinions of children and adolescents are considered valid feedback.
- 5.2 It offers real estate that ensures privacy spaces (to store belongings).
- 5.3 Offers facilities that promote privacy for children and adolescents.

6. Spreading:

- 6.1 The institution and staff value the importance of recreational spaces.
- 6.2 The institution or program ensures recreational spaces.
- 6.3 The institution or program offers different options for recreation and creative expression for children and adolescents.

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The Working Guide makes an effort to develop strategies and recommendations for incorporating a rights-based approach in victim assistance programs and thus foster a more effective response, which means varying the way in which assistance programs have traditionally dealt with minors.