

EXPLORACIÓN SEXUAL COMERCIAL  
de niñas, niños y adolescentes

# Guía *para la* Atención





**COMMERCIAL SEXUAL EXPLOITATION**  
OF CHILDREN AND ADOLESCENTS

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**Guide**  
*for the*  
**Attention**



# Credits

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# Table of Contents

|  | <i>Page</i> |
|--|-------------|
| Introduction Introduction.....   | 05          |
| 1. Commercial sexual exploitation.....   | 06          |
| Who are the victims?   |             |
| 2. What is the Care Guide? .....   | 07          |
| 3. Guiding principles for the care of minors who are victims.....                | 08          |
| of the sex trade .....   | 10          |
| 4. Objective of the intervention   |             |
| 5. To whom is the Care Guide addressed? .....                                    | 11          |
| 6. Model of care for child and adolescent victims of the sex.....                | 13          |
| trade .....  | 14          |
| 6.1 First Order Intervention   |             |
| 6.1.1 Component: .....   | 15          |
| Exercising the right to life and the right to health .....                       | 17          |
| 6.1.2 Component: .....   |             |
| Exercising the right to protection against all forms of .....                    | 20          |
| abuse and exploitation   |             |
| 6.2 Second Order Intervention  |             |
| 6.2.1 Component: .....   | 24          |
| Monitoring the exercise and full .....   | 34          |
| enjoyment of all human rights  |             |
| 6.2.2 Component: .....   |             |
| Follow-up of actions carried out .....   | 38          |
| Annexes .....  | 45          |
| 1. Matrix for the elaboration and follow-up of the First Order.....              | 46          |
| Intervention Care Plan   |             |
| (Component of the exercise of the right to life and health of the victim)        |             |
| 2. Matrix for the elaboration and follow-up of the First Order.....              | 47          |
| Intervention Care Plan   |             |
| (Component of the exercise of the right to protection against all forms of ..... |             |
| of abuse and exploitation)   |             |
| 3. Matrix for the elaboration and follow-up of the Intervention.....             | 48          |
| Care Plan of the II Order of Intervention  |             |
| (Component on Monitoring the exercise and full enjoyment of all human rights)    |             |
| 4. Coding table of the procedures used in the Care Plan .....                    | 50          |
| .....  | 51          |



## Presentation

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Within the framework of the ILO/IPEC Project "Contribution to the Prevention and Elimination of Commercial Sexual Exploitation of Minors in Central America, Panama and the Dominican Republic", a series of instruments have been developed that develop and operationalize a proposed model of care based on a human rights approach. The Guide for Care is one of them and is aimed at service providers for minors who are victims of crimes of commercial sexual exploitation.

This model of care, without losing sight of the integral nature of all the human rights of children and adolescents, gives priority first and foremost to the right to life, safety and health. In addition, once these rights are guaranteed, efforts are directed toward the exercise of other human rights where family coexistence and education play a transcendental role. Throughout this process, the participation of minors in the preparation of the intervention plan is an unavoidable requirement and represents a further guarantee of the sustainability and success of the actions undertaken to seek new alternatives for the lives of children and adolescents away from the sex trade.

In the Province of Limón, ILO/IPEC and the Rahab Foundation are developing, as a pilot project, this model of care with the Action Program "Prevention, protection and direct care for minors who are victims of commercial sexual exploitation in the Province of Limón". Through this Action Program, the following instruments are applied for validation purposes:

- the Working Guide for Providers and Managers of Targeted Services to Underage Victims;

- the Guide for the Detection and
- the Guide for Care.

The underlying intention of these efforts is that the model of care as well as all the instruments be validated, reviewed and replicated by public and private institutions that provide care services to minors who are victims of commercial sexual exploitation, in order to restore the enjoyment of all their human rights.



## Introduction

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Commercial sexual exploitation of minors is currently a problem that affects and deteriorates the quality of life of children and adolescents, as it represents for the victims a severe violation of their human rights, resulting in physical and emotional deterioration caused by the after-effects of repeated exposure to victimization experiences.

In view of this situation, Costa Rica has joined the various international efforts to eradicate this problem by approving and/or ratifying various international agreements and instruments, including: the Fourth World Conference on Women, held in Beijing (1995); the Stockholm World Declaration (1996); Convention 182 of the International Labor Office (1999); and the Optional Protocol to the Convention on the Rights of the Child (2000).

These international instruments and agreements have materialized in the country in the form of a national plan of action, which covers different aspects for the eradication of the problem, as well as comprehensive care for its victims. Thus, in recent years, important national efforts have been made in the areas of prevention (awareness-raising campaigns and creation of dissemination material), punishment (enactment of the Law against the Sexual Exploitation of Minors in 1999, and the creation of the Special Prosecutor's Office for Sexual Crimes and Domestic Violence), and care for victims (through institutional or state efforts, and the collaboration of different international organizations).

The present document is thus established as a further input offered by the International Programme on the Elimination of Child Labor of the International Labour Office (ILO).

IPEC/ILO work as part of the project "*Contribution to the prevention and elimination of commercial sexual exploitation of minors in Central America, Panama and the Dominican Republic*", and within this (in the specific case of Costa Rica), as part of the project "Prevention, protection and direct care for minors who are victims of commercial sexual exploitation in the Province of Limón", which has as its main objective the protection and care of children and adolescent victims of commercial sexual exploitation in the Province of Limón, protection and direct attention to minors who are victims of commercial sexual exploitation in the Province of Limón", which has as its main objective the protection and attention of children and adolescent victims of sexual commerce, within a framework of respect and guarantee of the full exercise of all fundamental human rights.

In this regard, the Guide for the Care of Minors who are Victims of Commercial Sexual Exploitation of Minors is a further effort in the fight against the commercial sexual exploitation of minors, specifically in the field of victim care.

includes: the protection of the same from the organized networks for entrapment in the sex trade, the monitoring of the full exercise of human rights, and the minimization of the physical and emotional sequelae produced in them by repeated exposure to situations of prolonged abuse.

The purpose of this program is fundamentally to contribute to the different service providers, both from State institutions and civil society, in the training and capacity building in the area of victim care, based on a rapid and timely intervention, guaranteeing human rights and articulated within a platform of institutional services. All this, with the aim of incorporating the Human Rights Approach into the daily institutional routine, in the comprehensive and/or specialized care offered to older persons.







# 1

## Commercial sexual exploitation

Thanks to the international efforts that have been developed in the country since the 1990s to eradicate the commercial sexual exploitation of minors, it has now been recognized as a modern form of slavery. It implies a severe violation of the human rights of the victims and, in the absence of a rapid, timely and comprehensive intervention that responds to their needs, increases the risk of death in the victims and results in the physical, psychological and social deterioration of minors.

As a starting point for the Guide for the care of children and adolescent victims of the sex trade, commercial sexual exploitation will be understood as:

### **Commercial sexual exploitation:**

*The use of children and adolescents in sexual activities in exchange for financial or any other type of remuneration. It may be to have sexual relations, to take photos of sexual or erotic content, to take pictures of them for pornographic films or to use them in sexual performances.*

**Source:** IPEC/ ILO (2003). Project: "Contribution to the Prevention and Elimination of Commercial Sexual Exploitation of Minors in Central America, Panama and the Dominican Republic". International Labour Office. International Program for the Eradication of Child Labor<sup>1</sup>.

Commercial sexual exploitation is a complex problem that results from the combination of multiple cultural, technological and economic factors of our social order, which combine to explain the

reason for its existence. In this sense, among the

### 1. Cultural factors:

- Machismo, sexism and misogyny, as factors associated with the supremacy of traditionally masculine values, and the devaluation/hatred/rejection of the feminine.
- Cultural tolerance of adult men's sexual behavior with younger, less powerful women.
- Familism, understood as the understanding and direction of interventions towards the union of the family (composed of a group of women and minors under the control and supervision of an adult male).
- Legitimization of prostitution "as a necessary evil".
- Adultism, understood as beliefs and behaviors associated with the maintenance of asymmetrical power between adults and minors.

### 2. Economic factors:

- Understood as the economic benefits obtained by organized traders by trafficking and sexually victimizing minors.

### 3. Factors related to globalization and technological progress:

- Understood as communication facilities, both for moving from one place to another, as well as for establishing long-distance interpersonal relationships.

<sup>1</sup> IPEC/ ILO (2003). "Commercial Sexual Exploitation. Guía de trabajo para proveedores/as y encargados/as de servicios dirigidos a personas menores de edad víctimas". MasterLitho S.A. San José. Costa Rica.



These factors reflect a clear difference in power structures, in which, due to gender, sex, age, ethnicity or socioeconomic level, one social group exercises greater power over others, leaving some social groups in a state of greater vulnerability. Among these we can mention ~~the~~ and adolescents.

That is why when we speak of commercial sexual exploitation, we refer to a structured and organized network, which articulates the presence of different agents, such as pimps, clients-exploiters, ruffians, traffickers, owners of hotels and guesthouses, and some media (as in the case of Web pages on the Internet): Pimps, clients-exploiters, pimps, traffickers, owners of hotels and guesthouses, and some media (as is the case of Internet web pages dedicated to the promotion of sex tourism in our country, or to the dissemination of pornographic material involving minors in sexual or erotic activities).

### Who are the victims?

The main victims of commercial sexual exploitation are all those persons under eighteen years of age, who by their own history have been rendered vulnerable by a previous process of violation of their fundamental human rights. This vulnerability translates into difficulty for the victims to anticipate new forms of violence and, therefore, to visualize life alternatives that are not permeated by new violations of their human rights.

For Claramunt<sup>2</sup>, among the factors that constitute a violation of the human rights of children and adolescents, and that leave them in a state of greater vulnerability to entrapment, entry, and subsequent victimization in sexual exploitation are the following:

- Experiences of sexual abuse at early ages in minors and their brothers and sisters: incest constitutes a high rate found.
- Experiences of intrafamilial abuse in the family nucleus: abuse perpetrated mostly by biological fathers and/or their mothers' partners; and directed fundamentally toward the mother, the victim and her sisters and brothers.
- Abandonment by one of the parental figures: mostly abandonment by the father.
- Families whose social condition oscillates between extreme poverty and misery: poverty is understood as a manifestation of social exclusion, which is characterized by people's difficulty in accessing institutional goods and services.
- Expulsion from the educational system: mainly in primary education, or at the beginning of secondary education.
- Household expulsion: experienced as a survival strategy of the household the victims in the face of constant aggressions against the company's family environment.
- Abuse in the consumption of addictive substances (such as drugs and alcohol).
- History of commercial sexual victimization within the family or community, among others.

In this sense, the fact that the victims of organized networks are minors who have been victims of constant and systematic violations of their human rights helps us to understand the process of vulnerability they undergo, which translates into the main reason that explains why some children and adolescents are more easily attracted than others by organized networks for the recruitment of victims in the sex trade.

<sup>2</sup> UNICEF (1998). Explotación Sexual en Costa Rica: Análisis de la Ruta Crítica de niños, niñas y adolescentes hacia la prostitución en Costa Rica. IPEC/LO (2002). Commercial Sexual Exploitation of Minors in Costa Rica. a. MasterLitho. San José, Costa Rica.



On the other hand, and with respect to the entrapment of minors within the sex trade environment, this implies for the victims the entry into an environment marked by new types of violence characterized by<sup>3</sup>:

- The reduction of the female body to a commodity of pleasure for adults.
- Persecution, repression and mistreatment (physical and/or sexual) by pimps, clients and exploiters.
- Negligence and persecution by police authorities.
- Social rejection and stigmatization.
- Consumption and abuse of licit (alcohol) or illicit (drugs) substances.
- Exposure to sexually transmitted infections (STIs and AIDS).
- Unwanted pregnancies at early ages, among others.

This is why commercial sexual exploitation is a severe violation of human rights whose failure to intervene (including the right to privacy and confidentiality) is a violation of human rights.

The consequences for the victims are not only physical, but also psychosocial. Among the main psychosocial consequences that have been associated with the sexual victimization of minors are the following: loss of self-esteem; extreme vulnerability of victims to sexual exploiters or situations of risk; extreme vulnerability to being subjected to stigmatization, mockery and humiliation by society in general; generation of feelings of extreme guilt for the abuse received - which can lead to severe forms of self-punishment or self-flagellation - among others.

<sup>3</sup> Caballeros and Villarreal (1999). Sexual Objects or Social Subjects? An approach to child and adolescent prostitution.



## 2 What is the Care Guide?

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It is an instrument that aims to develop, operationalize and delimit in a clear and precise manner, the contents developed in the *"Working Guide for providers and managers of services for underage victims"*, specifically in the section on First and Second Order Intervention, in order to provide the basic inputs that allow service providers to develop and implement an immediate care plan that provides real spaces for the development and implementation of a plan of action.

protection for child and adolescent victims, and to promote the emotional and physical recovery from the after-effects of victimization.

In this sense, we propose to contribute to the service providers in charge of providing care to underage victims of the sex trade, in the clarification and development of two fundamental questions:

1. How should a First Order intervention be developed with minors who are victims of commercial sexual exploitation?
2. What are the main strategies to be implemented in a Second Order intervention with underage victims of commercial sex?



# 3 Guiding principles for the care of minors who are victims of the sex trade

- Commercial sexual exploitation is a crime (it is criminalized in the Law against Sexual Exploitation), which is why any intervention must be coordinated with the justice system.
- Victims are not responsible for the abusive situation in which they are immersed; they are victims of networks that are organized to satisfy the demands of adults who are willing to pay to abuse them.
- Taking into consideration the multiple problems we face, a rapid intervention, guaranteeing human rights and articulated within a platform offering institutional services, allows for the speedy execution of a Care Plan that guarantees the removal and protection of the victims.

11 minors in the environment of the

The goal is to promote the physical and emotional recovery of the sex trade, while at the same time facilitating their physical and emotional recovery.

- All human rights must be respected when designing and implementing a care plan aimed at protecting minors who are victims of commercial sexual exploitation. In this sense, in order to protect or guarantee one right, another cannot be violated.

## Note

*We must remember that although it is not possible to promote the exercise of one right through the violation of another, it is possible that when developing and executing the Care Plan, priority should be given to those actions or strategies aimed at protecting the life, health and safety of the victims. This without losing the objective of guaranteeing the full exercise of all human rights in the medium term.*

- The protection of minors from organized sex trade networks is not the exclusive task of the victim. The responsibility for their protection lies with state institutions and civil society, which have a legal obligation to ensure and protect the human rights and best interests of minors.
- This does not mean that the right of minors to have a say in matters that concern them can be violated; in this sense, the presence and opinion of minors in the preparation of the Care Plan to be developed is mandatory.

Here it is important to point out that despite the importance of the child's consent throughout the intervention process, what cannot be discussed or negotiated is his or her opinion as to whether or not he or she has the right to be protected. In this sense, we must remember that human rights are inalienable.

- Recovery from the emotional and physical sequelae produced in the victims by exposure to situations of abuse and violation of their human rights over a prolonged period of time is possible, provided that the response provided to them:
  - Be a guarantor of the full exercise of all human rights.
  - Prioritize those actions that guarantee the preservation of life, and the physical and emotional well-being of the victims.
  - Be sensitive and responsive to the multiple needs, conditions and specificities of minors, taking into consideration the gender and age of the child.



The victim's gender, age and the specific conditions of the victim.

- Provide emotional and spiritual accompaniment, which allows for the resignification of the victimization experience.
- To guarantee the success of the intervention and the sustainability of the protection of minors against sexual commerce, it is essential to work together with the family (family of origin, extended family or person in charge of the community) of the victim, where such work, in addition to including what is mentioned in the previous point, includes:
  - The centralization of actions in the strengthening, commitment and linkage with the mother, for the implementation and monitoring of the Care Plan.
  - Provide material (such as economic subsidies), technical (job training), educational (non-formal education), and attentional (emotional and spiritual accompaniment) inputs to family members aimed at strengthening family support structures.
- Service providers for child and adolescent victims of commercial sexual exploitation should have specialized training on the problem and the human rights of minors and adults, knowledge of the country's legislation specific to minors, knowledge of the criminal legislation in force in the specific country, knowledge of the ethical standards for the care of children and adolescents, and the ability to establish good communication and empathy with the victims. In this regard, it is a priority to review the

myths, stereotypes and prejudices held by service providers regarding issues such as sexuality, gender, poverty and the sex trade.



# 4 Objective of the Care Guide

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The fundamental objective of the intervention with underage victims of the sex trade is to mobilize and articulate the main existing institutional, family and community resources in order to:

- Ensure their protection from commercial sexual exploitation (and any other risk of revictimization),
- To promote emotional and physical recovery from the after-effects of victimization, and
- To monitor the full exercise of all their human rights.





# 5 To whom is the Care Guide addressed?

---

The Guide for the care of child and adolescent victims of the sex trade is aimed primarily at:

- Service providers of those institutions that, due to their legal responsibility, are obliged to ensure the protection and fulfillment of human rights and the best interests of minors.
- Providers of civil society organizations that provide direct care services to minors who are victims of commercial sexual exploitation.
- Officials of state and civil society institutions that provide services to minors who are considered to be at risk, due to the timeliness of these services. to carry out early detection, and the possibility of executing references and immediate protection plans.

## Note

*It is important to mention that any intervention directed towards child and adolescent victims of commercial sexual exploitation, carried out by civil society organizations, must be implemented in coordination and articulation with the State institution in charge of children and adolescents.*





# 6 Model of care for children and adolescent victims of the sex trade

The model proposed for intervention with child and adolescent victims of the sex trade is the Cyclical Response Mode developed by Claramunt<sup>4</sup>, which is based on the premise that in order to provide a service that guarantees human rights and responds to the multiple needs and particularities of the victims, it is necessary to articulate the care service provided within an inter-institutional platform offering coordinated services.

In this regard, it should be remembered that due to the plurality of problems that have been identified around the victims of the sex trade (poverty, domestic violence, incest, school expulsion, family expulsion, drug use, etc.), it is essential that the care programs go beyond the single approach of working only with the victims of the sex trade (poverty, domestic violence, incest, school expulsion, family expulsion, drug use, etc.), it is essential that the care programs go beyond the single approach of working only with the victims of the sex trade.

15the institutions, extending it to

The articulation of inter-institutional efforts, since a single institution does not have the necessary tools, capabilities and resources to provide all the responses that a minor and his or her family may require.

Therefore, coordination implies a great effort of articulation, which must be undertaken and implemented between the leading state institution in the area of children and adolescents and the state or civil society institution with which the specific intervention of a problem is coordinated. It should be borne in mind that interventions should be framed within a comprehensive strategy for the protection and monitoring of compliance with human rights.

The *Cyclical Response Model*<sup>5</sup> is based on the following fundamental assumptions:

1. Prior identification of the main state and civil society institutions that provide services to minors who are victims of different social problems and their families. In this sense, the specific programs and services (institutional and communal) aimed at the aforementioned populations should be known.
2. The programs and services identified to meet the multiple needs of victims and their families should be articulated in a platform of institutional services, so that the responses offered respond to the following common objectives:
  - Protection of victims from sexual exploiters and organized sex trade networks.
  - Monitoring of the exercise and fulfillment of all human rights of the victims.
  - Potentiation of family support networks by strengthening the family (with material, technical, educational and care inputs) to ensure their involvement in the aforementioned processes.
3. The platform for offering institutional services should be understood as a continuum or cycle of responses, which should be available to the victim and her family throughout the entire intervention, and should respond to the needs, conditions and particularities of the victim and her family.

<sup>4</sup> IPEC/ ILO (2003). "Commercial Sexual Exploitation. Guía de trabajo para pro ve e d o res/as y encargados/as de servicios dirigidos/as a personas menores de edad víctimas". MasterLitho S.A. San José. Costa Rica.

<sup>5</sup> IDEM

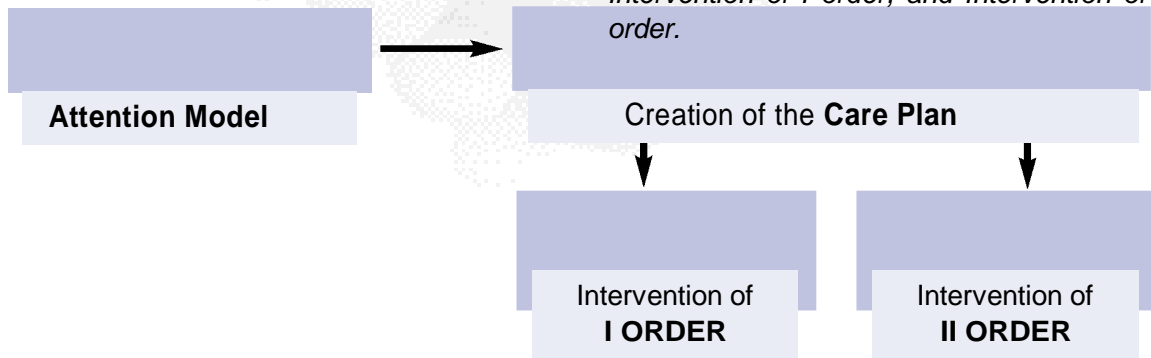


specific to minors and their families.

Specifically, and for a proper understanding of the document, the *Guide for the care of child and adolescent victims of commercial sexual exploitation* will develop the care components of the First and Second Order Intervention of the Cyclical Response Model, where the actions subsequent to the processes of detection and registration of the victim, and to the process of

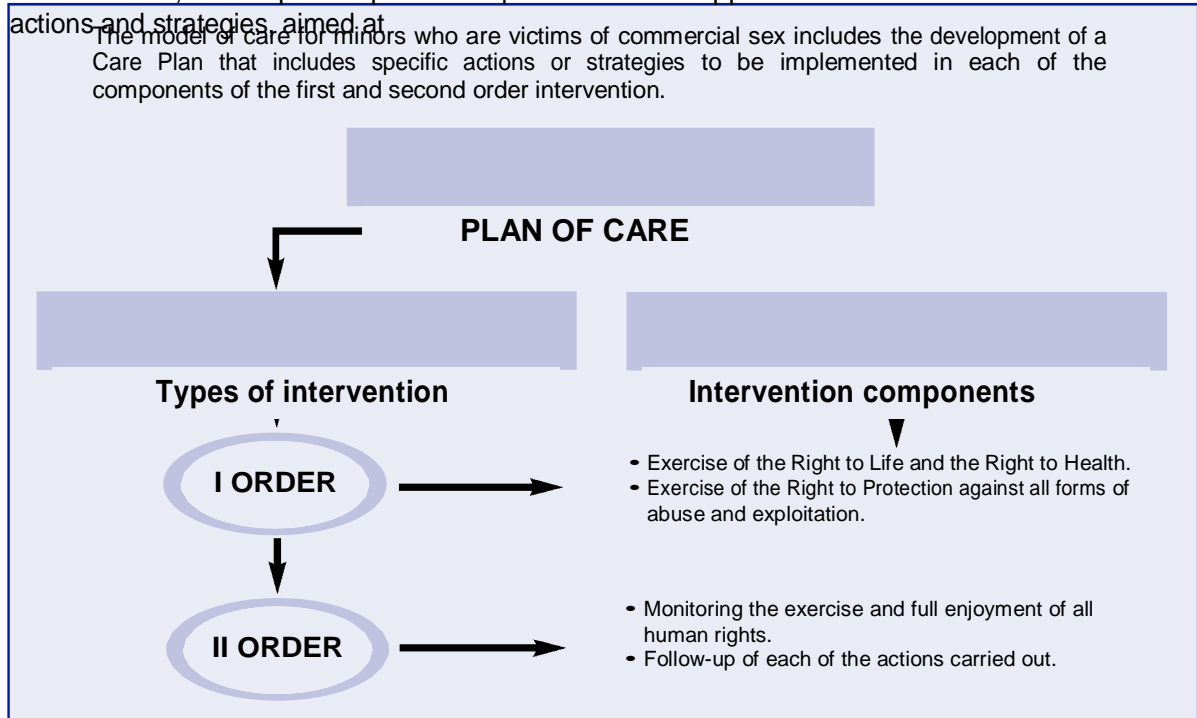
The main objective of the program is to detect and denounce the exploiters (see document: *Commercial Sexual Exploitation of Children and Adolescents: Guide for Detection*), should be fundamentally aimed at guaranteeing the protection of the victims.

The above, through the development and implementation of a Care Model that promotes the creation of a Care Plan, which contemplates and incorporates the development of two types of interventions: *Intervention of I order*, and *Intervention of II order*.



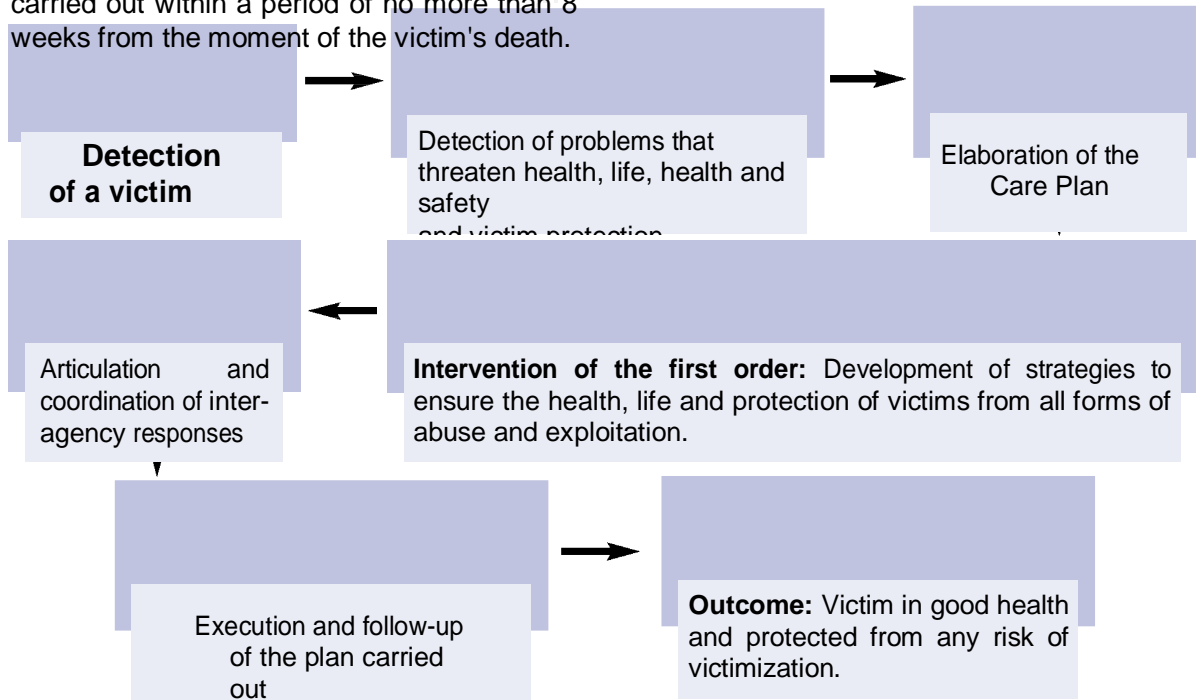
In which each of the planned interventions must contain, develop and promote specific actions and strategies aimed at

to strengthen each of the action components that support them.



## 6.1 First Order Intervention

The first-order intervention is based on the fundamental premise that it is an emergency intervention, so that the actions carried out to minimize the risk of death and victimization of children and adolescents must be carried out immediately, that is, within a period of no more than 8 weeks after the victim's detection. In this regard, it is important to mention that the process of coordinating inter-institutional efforts should be developed more intensively during this period, since it is essential to develop a comprehensive and integrated approach to the victimization of children and adolescents, which should be carried out within a period of no more than 8 weeks from the moment of the victim's death.



The company's activities include the joint implementation, execution and monitoring of the fulfillment of human rights, specifically those related to health, life and the protection of victims.

Despite the basic criterion of integrality of all human rights, it is possible that priority should be given to actions aimed at protecting the health and lives of minors who are victims of commercial sexual exploitation, and protecting them from any risk of revictimization.

In order to guarantee such protection, it is essential that the state institution in charge of the welfare and protection of minors work jointly with the different state institutions that must support them during the period of execution of the Care Plan (specifically in the intervention strategies of the first order, aimed at guaranteeing the rights of minors).

components for the protection of victims from any risk of death and victimization). This work implies the existence of formal channels of communication (construction and use of specialized forms for the referral and counter-referral of detected cases), which facilitate coordinated and articulated work among the different institutions.



Among the main institutions, with which the implementation of the strategies should be immediately coordinated, are the following

The following are included in the Care Plan:

| Institution   | Type of coordination  |
|---|---|
| <p>Public Prosecutor's Office:<br/>Prosecutor's Offices or<br/>Specialized Prosecutor's<br/>Office for Sex Crimes and<br/>Domestic Violence</p> | <ul style="list-style-type: none"> <li>• Denouncing clients-exploiters, rufi a- nes, intermediaries and pimps, or denouncing the places where the crime is presumed to be committed.</li> <li>• Reporting of cases where sexual violence (incest or sexual abuse) against the victim or other minors is detected.</li> <li>• Articulation with the Forensic Medicine system.</li> </ul> |
| <p>Family Courts, Contraventions<br/>Courts, or Courts Specializing in<br/>Domestic Violence</p>  | <ul style="list-style-type: none"> <li>• Reference for the application of the Law against Domestic Violence, either in favor of the victim or any member of the family.</li> <li>• Coordination for the application of procedures for child support, foster care of minors, parental authority, impediments to leave the country, and others that may be required.</li> </ul>           |
| <p>Costa Rican Social Security Fund<br/>Hospitals, Clinics and EBAIS.</p>   | <ul style="list-style-type: none"> <li>• Articulation for the access of the elderly and their families to the health services offered by them.</li> <li>• Articulation with the Committees for Children and Adolescent Assaulted.</li> <li>• Articulation for the access of minors to specific programs aimed at the underage population.</li> </ul>                                    |
| <p>National Women's Institute<br/>(Women's Delegation,<br/>or Municipal Women's Offices)</p>  | <ul style="list-style-type: none"> <li>• Articulation in cases that require the transfer of the family to an alternative protection, to ensure the safety of family members.</li> <li>• Refer the victim or the victim's family to specific programs for adults or minors who are victims or witnesses of domestic violence.</li> </ul>   |
| <p>Ministry of Public Security</p>  | <ul style="list-style-type: none"> <li>• Articulate the intervention of the same, when it is required to provide immediate assistance or protection to the minor victim (or any member of the family), in the face of any risk of revictimization.</li> </ul>   |



## How should it be developed inter-institutional coordination?

When service providers identify during the screening process<sup>6</sup> or during the initial interview<sup>7</sup> (either of the victim or her family), the existence of a problem that puts the well-being, life or safety of minors at risk, they should immediately proceed to develop the main strategies to be implemented as a matter of urgency to minimize the risk of victimization.

The elaboration of the strategies includes that the service providers (and NOT the victims) should immediately coordinate by telephone and in writing (referral slips) with the State institution, which due to its legal responsibility should provide services in the implementation of the strategies defined in the Care Plan.

In this regard, the study of the current situation is

The specific intervention strategies, together with the development and subsequent implementation of intervention strategies, should be carried out immediately (given the high risk to the well-being, life, or safety of minors and/or their families), which is why it should be ensured that they do not leave the institution until the appropriate coordination has been established and their protection can be guaranteed.

The coordination of actions with the different institutions must involve their commitment and responsibility in the victim protection process, so that there must be constant formal communication (counter-referral slips) throughout the implementation of the Care Plan,

between the institutions with which it coordinates, and the state institution responsible for the welfare of children and adolescents, in order to identify those barriers or limitations to their protection, and build new strategies for their eradication.

Likewise, and simultaneously, constant and close communication with the victims must be maintained during the eight weeks following the implementation of the Care Plan, so that it can be monitored:

1. That protection strategies are being implemented by the older person and his or her family.
2. That the coordination established with the different agencies really responds to the requirements, needs and particularities of the victims and their families.
3. That the strategies implemented really favor the protection of victims and their families against any risk of revictimization.

### Note

*It should be considered that the first-order intervention is not a linear process that is developed only once, but may require its development and implementation at various points in the intervention with the victims and their families.*

<sup>6</sup> ILO/IPEC (2004) Commercial Sexual Exploitation of Children and Adolescents: Guide for Detection

<sup>7</sup> "Ibid"



### 6.1.1 Component: Exercising the Right to Life and the Right to Health

As already mentioned, although intervention with minors who are victims of the sex trade has the fundamental objective of guaranteeing the exercise of all rights, the first actions to be taken should be aimed at minimizing the risk of death for the victims.

The *Care Plan* that is developed for the intervention of victims of commercial sexual exploitation should first contain those strategies aimed at guaranteeing the components of the *Right to Life and Health of persons* (see Annex 1), and should contain at least the following information:

#### Main considerations for the preparation of the Plan

- Main problems that were identified and the proposed attention plan for them.
- Date on which the construction of the plan was carried out.
- Date on which the implementation of the plan began.
- Institution that carried out the plan.
- Institutions with which each of the interventions are articulated and coordinated (include the names of public and private health centers and non-governmental organizations with which they are coordinated).
- Date on which each of the references is made.
- Person to whom the referral is made (the name of the natural person to whom the direct referral of the minor is made must be included).
- Institution in charge of executing and monitoring the plan.
- Person in charge of executing and monitoring the plan.
- Date on which each one of the established frequencies is monitored.
- Result obtained from the plan (includes: the specific condition of the victim at the time of monitoring the execution of the plan).
- Information about the participation of the minor

Prior to the elaboration of the *Care Plan* (specifically in relation to the Right to Life and Health), it should be taken into consideration that:

1. The Plan should correspond to a rigorous prior evaluation process (See document *Commercial Sexual Exploitation of Children and Adolescents: Guide for Detection*).
2. The strategies to be undertaken to minimize risks must correspond to the problems identified.
3. The plan should be developed jointly by the child victim, the victim's family and the service provider developing the care plan.
4. Since it is a matter of exercising the right to health, the strategies undertaken cannot be subject to specific conditions or commitments on the part of the beneficiaries (or their families).
5. The specific actions to be implemented for the follow-up of the project must be contemplated.  
of access and assistance of beneficiaries-20 to the services referred to.

Main risks and action strategies to be considered when carrying out and executing a CARE PLAN within the framework of the intervention of I ORDEN, specifically within the component of the Right to Life and Health:

Among the main risks to the health and physical integrity of minors that have been identified and that should be taken into consideration, although not exclusively, are the following:





| Problems            | detectedStrategies for action  |
|---------------------|--|
| Suspected pregnancy | <ul style="list-style-type: none"> <li>• Laboratory test and complete gynecological examination to rule out the presence of pregnancy in the victim.</li> <li>• If the minor has been the victim of a sexual assault, the victim can be informed of the possibility of using Emergency Contraception<sup>8</sup>.</li> <li>• In the event that the laboratory test confirms the presence of pregnancy in the victim, the same indications should be followed with respect to evidence of pregnancy in the victim.</li> </ul> |

| Problems              | detectedStrategies for action  |
|-----------------------|--|
| Evidence of pregnancy | <ul style="list-style-type: none"> <li>• Perform a complete gynecological examination to rule out the presence of sexually transmitted infections or other diseases.</li> <li>• Guarantee the minor's access to prenatal care appointments.</li> <li>• Instrumentalize the minor on the main care and diets to be followed to ensure his or her health and that of his or her son or daughter.</li> <li>• Put the victim in contact with specialized programs for the care of adolescent mothers or pregnant women.</li> </ul> |

**Note**

*In the case of adolescents who are pregnant or not, the victim should be provided with real and updated information on the main contraceptive methods that can prevent the occurrence of a new pregnancy, so that the person can exercise his or her Right to Decide on the control of reproduction in an informed manner.*

<sup>8</sup> In Costa Rica, the Emergency Contraception method has not yet been incorporated into the public policy issued by the Ministry of Health or included in the institutional regulations of the Costa Rican Social Security Fund (Caja Costarricense de Seguro Social). However, since it is not an abortive method, an Inter-institutional Commission is currently drafting a conceptual document to incorporate it as one of the services currently offered by the Caja Costarricense de Seguro Social for women's reproductive health.



| Problems  | detectedStrategies for action   |
|---|---|
| Suspected presence of Sexually Transmitted Infections | <ul style="list-style-type: none"> <li>• Perform a laboratory test and a complete medical examination (gynecology or urology) to rule out the presence of sexually transmitted infections in the victim.</li> <li>• Access of the minor to quality medicines and/or treatments for the control or eradication of the infection he/she presents.</li> <li>• Periodic control appointments (if required), in Gynecology or Urology, to follow up the control of sexually transmitted infections.</li> </ul> |

| Problems                       | detectedStrategies for action  |
|--------------------------------|--|
| Suspected presence of HIV-AIDS | <ul style="list-style-type: none"> <li>• Performance of a laboratory test to rule out the presence of Acquired Immune Deficiency Syndrome (AIDS).</li> <li>• Inform the parents (father or mother if possible), or the person legally responsible for the victim about the situation detected.</li> <li>• To put both the minor and his or her family in contact with a specialized institution or program, so that they are instrumenta- lized in the main care, diets and programs that must be followed and are available to ensure the care of the minor.</li> </ul> |

**Note**

*Whether or not the minor has sexually transmitted infections (STIs), or is a carrier or not of Acquired Immune Deficiency Syndrome (HIV/AIDS), the victim should be instructed in the identification of the main symptoms that may suggest the presence of the syndrome or a new infection, as well as in the main strategies that can be used to prevent them.*





| Problems   | detectedStrategies for action  |
|--|--|
| <p>Suspicion or evidence of addictive substance abuse (drugs or alcohol)</p> | <ul style="list-style-type: none"> <li>• Perform relevant laboratory tests to rule out or confirm substance use or abuse.</li> <li>• I n f o r m parents (father or mother if possible), or the person legally responsible, about the situation detected.</li> <li>• Connect both the minor and his or her family with a specialized institution or program in order to guarantee the minor's access to specialized programs for the treatment of addictions.</li> </ul> |

| Problems                              | detectedStrategies for action  |
|---------------------------------------|--|
| <p>Suspected cognitive impairment</p> | <ul style="list-style-type: none"> <li>• Perform a specialized neurological assessment to identify the presence or absence of the disability, as well as the degree to which it is present.</li> <li>• Conduct a psycho-educational assessment to identify the strengths and areas to be enhanced in the victims.</li> <li>• Inform the parents (father or mother if possible), or the person legally responsible for the victim about the situation detected.</li> <li>• Provide the information obtained to the Educational Centers or Specialized Institutions, in the attention of different problems in the underage persons to which the victim has access, in order to provide a service that responds to their conditions and thus potentiate the capabilities and strengths found.</li> </ul> |



| Problems  | detected Strategies for action   |
|---|--|
| <p>Suspicion of nutritional problems associated with height and weight, anorexia, bulimia, etc. or other eating disorders</p> | <ul style="list-style-type: none"> <li>• Contact the minor with a health specialist to identify the presence of the problem and the degree to which it is present.</li> <li>• Contacting the victim with a specialist in the area of nutrition, so as to ensure the victim's rapid access to an intervention plan that guarantees her care.</li> <li>• Inform the parents (father or mother if possible), or the person legally responsible for the victim, about the situation detected.</li> <li>• Put the minor and his or her family in contact with a specialized institution or program so that a plan of action can be implemented, containing the main measures and diets to be followed for the victim's recovery.</li> </ul> |

**6.1.2 Component:  
Exercise of the Right to Protection  
against all Forms of Abuse and  
Exploitation**

Its fundamental objective is to guarantee the protection of minors who are victims of commercial sexual exploitation against all forms of abuse and risk of re-victimization, whether by the organized commercial sex networks themselves or by new victimizing agents.

It should be borne in mind in the preparation of the Care Plan (specifically in the first-order intervention, within the component of protection against all forms of abuse and exploitation), that it should be carried out jointly with the victim and the victim's family, in order to ensure the sustainability and follow-up of the actions to be implemented.

The *Care Plan* that is elaborated for the in-24 The same information as that described on page 19 of this document (see *Annex 2*) should be included in this document,

**Main considerations for the preparation of the Plan**

~~Prior to the elaboration of the Care Plan~~ (specifically with regard to the component of the intervention of the First Order, directed towards the right to protection against all forms of abuse and exploitation), it should be taken into consideration that:

1. The Plan must respond to a rigorous prior evaluation process (see document, *Commercial Sexual Exploitation of Children and Adolescents: Guide for Detection*).
2. The victim's family (nuclear or extended family) must have been previously contacted.



3. An in-depth interview (*see document, Commercial Sexual Exploitation of Children and Adolescents: Guide for Detection*), the capacity for support and solidarity of the family to which the victim belongs, in order to identify those inputs that should be provided to them; to strengthen the family fabric of support and identify new victims.
4. The strategies to be undertaken to minimize risks must correspond to the problems identified.
5. The plan should be developed jointly by the minor victim, the victim's family and the service provider developing the care plan.
6. The strategies to be developed should be creative, in the sense that they should respond to the specific needs, conditions and particularities of the victims and their families. (It is recommended to listen to the strategies proposed by the victims and use them as a starting point for the construction of the strategies).
7. Since it is the exercise of the right to protection, the strategies undertaken cannot be subject to specific conditions or commitments on the part of the beneficiaries (or their families).
8. The right to be or not to be protected cannot be negotiated with the victim or the victim's family.
9. The specific actions to be implemented to monitor and follow up on the beneficiaries' access to the referred services must be contemplated.

Main risks and action strategies to be considered when developing and implementing a CARE PLAN within the framework of an intervention of I ORDEN, specifically within the component of protection of victims against all forms of abuse and exploitation:

Among the main risks that have been identified and that should be taken into consideration are the following

The following may be mentioned, although not exclusively:

|  |
|--|
|  |
|--|

| Problems   | detected Strategies for action  |
|--|---|
| <p>Risk of recurrence of abuse by exploiters of the sex trade.</p> <p>Suspected commercial sexual exploitation of other minors of age belonging to the family nucleus.</p> <p>Risk of death related to commercial sexual exploitation (either by exploiters in the commercial sex trade sexual, or other actors: agents related to the drug trafficking networks or other forms of delinquency, among others).</p> | <ul style="list-style-type: none"> <li>• Articulate the intervention with the justice system (denunciation against exploiters, pimps or intermediaries).</li> <li>• Articulate the intervention with the Court Specialized in Domestic Violence or the Family Court for the request of Protection Measures (Law against Domestic Violence).</li> <li>• Administrative Protection Measures (articles 135, 136 and 137 of the Childhood and Adoption Code), when the identity of the victim is known and he/she is a member of the family.</li> </ul> |





| Problems   | detected Strategies for action   |
|--|--|
| <p>Risk of recurrence of abuse by exploiters of the sex trade.</p> <p>Suspected commercial sexual exploitation of other minors of age belonging to the family nucleus.</p> <p>Risk of death related to commercial sexual exploitation (either by exploiters in the commercial sex trade sexual, or other actors: agents related to the drug trafficking networks or other forms of delinquency, among others).</p> | <ul style="list-style-type: none"> <li>• Develop a protection plan with the family to ensure the safety of the child. It includes: strategies for coordinating or requesting police assistance (if needed), community detection and alarm strategies that could be implemented within the community to which the victim belongs, the main telephone numbers to call for help, and family strategies that should be implemented at all times (even if the perpetrator has no contact with the victim).</li> <li>• If it is not possible to contact the victim's family, the person may be temporarily relocated to a special protective alternative (shelter or other).</li> <li>• In the event that the victim's family can be contacted, but the family cannot guarantee the protection and safety of the victim (due to the plurality of problems they may present, or because the victimizing agent lives within the family nucleus), the person can be temporarily relocated to a special protection alternative -al- b e rgue or other- (see note at the end of the table).</li> <li>• Interventions carried out with each of the members of the family nucleus should be coordinated through referral systems with the different governmental or civil society agencies that provide specialized services for different problems, and which to some extent can support the strengthening of family support networks, in an articulated intervention strategy.</li> </ul> |

#### Note

*It should always be kept in mind that minors have the right to live with their families, so that special protection alternatives (shelters) should only be used in emergency situations and as a temporary resource while family members are being located or worked with to provide them with the necessary strategies to strengthen family support networks that can guarantee the protection of the victims.*



| Problems   | detected Strategies for action   |
|--|--|
| <p>Suspicion or evidence of incest.</p> <p>Suspicion or evidence of extra-familial sexual abuse.</p> <p>Suspected abuse of other minors.</p> | <p><b>If the abusive person lives near the victim's home and is not deprived of liberty</b></p> <ul style="list-style-type: none"> <li>• Articulate the intervention with the justice system (complaint against the abuser).</li> <li>• Articulate the intervention with the Court Specialized in Domestic Violence, or the Family Court for the request of Protective Measures (Law against Domestic Violence), and with the National Children's Board (administrative protection measures), when the grandparent is a member of the victim's family.</li> <li>• To carry out an assessment of the other minors in the family nucleus in order to identify other possible victims and guarantee their protection and recovery.</li> <li>• Implement a protection plan to ensure the victim's safety. The plan should be developed jointly with the family, and should include at least: strategies for coordinating or requesting police assistance (if needed), community detection and alarm strategies that could be implemented within the community to which the victim belongs, the main telephone numbers to call for assistance, and family strategies that should be implemented at all times (even if the offender has no contact with the victim).</li> <li>• In the event that the victim's family cannot guarantee the victim's protection and safety (due to the plurality of problems that may arise), the person may be temporarily relocated to a special protection alternative (shelter or other), while working with the family to provide them with strategies that allow for the strengthening of family support networks.</li> </ul> |



| Problems   | detected Strategies for action  |
|--|---|
| <p>Suspicion or evidence of incest.</p> <p>Suspicion or evidence of extra-familial sexual abuse.</p> <p>Suspected abuse of other minors.</p> | <ul style="list-style-type: none"> <li>• Here it is important to mention that the interventions carried out with each of the members of the family nucleus should be coordinated through referral systems with the different governmental or civil society agencies that provide specialized services for different problems, and that to some extent can support the strengthening of family support networks in an articulated intervention strategy.</li> </ul> <p><b>If the abusive person lives within the victim's family nucleus:</b></p> <ul style="list-style-type: none"> <li>• The victim can be transferred to a protective alternative (shelter or other) that guarantees her protection, while previously defined strategies are implemented to remove the abusive person from the family and enhance the protective capacity of the other members of the family nucleus.</li> <li>• Conduct an assessment of the other minors that make up the family nucleus, in order to identify other possible victims and guarantee their protection and recovery.</li> <li>• Articulate the intervention with the justice system (complaint against the abuser).</li> <li>• Articulate the intervention with the Court Specialized in Domestic Violence, or the Family Court for the request of Protection Measures (Law against Domestic Violence), and with the National Child Welfare Agency (administrative protection measures), when the abuser is a member of the victim's family.</li> </ul> |



| Problems   | detectedStrategies for action   |
|--|---|
| <p>Suspicion or evidence of incest.</p> <p>Suspicion or evidence of extra-familial sexual abuse.</p> <p>Suspected abuse of other minors.</p> | <ul style="list-style-type: none"> <li>• In the event that the family is able to ensure the victim's protection, a protection plan should be put in place to ensure the victim's safety. The plan should be designed in conjunction with the family and should include at least: strategies for coordinating or requesting police assistance (if needed), community detection and alarm strategies that could be implemented within the community to which the victim belongs, the main telephone numbers to call for assistance, and family strategies that should be implemented at all times (even if the offender has no contact with the victim).</li> </ul> |

Note

*It should always be kept in mind that minors have the right to live with their families, so special protection alternatives (shelters) should only be used in emergency situations and as a temporary resource, while family members are located or worked with, in order to provide them with the necessary strategies to strengthen family support networks that can guarantee the protection of the victims.*

| Problems  | detectedStrategies for action  |
|---|--|
| <p>Suspicion or evidence of partner abuse.</p> <p>Suspected abuse against the mother.</p> | <ul style="list-style-type: none"> <li>• Articulate the intervention with the Court Specialized in Domestic Violence, or the Family Court for the request of Protection Measures (Law against Domestic Violence), and with the National Child Welfare Agency (administrative protection measures), in favor of the victim and/or her children when they are victims of violence exercised by the abuser.</li> <li>• Develop with the victim and her family a safety plan that involves all members of the household and includes: strategies for coordinating or requesting police assistance (if needed), community detection and alarm strategies that could be implemented within the community to which the victim belongs, the main telephone numbers to call for assistance, and strategies for</li> </ul> |





| Problems  | detected Strategies for action   |
|---|--|
| <p>Suspicion or evidence of partner abuse.</p> <p>Suspected abuse against the mother.</p> | <p>The family members that should be implemented, both when the offender is not close to the family members and when the risk is imminent.</p> <ul style="list-style-type: none"> <li>• Work on the security plan articulated and involved with the members of the extended family and the community.</li> <li>• In the event that a high risk of homicide is detected, State institutions specialized in this area should be contacted immediately in order to evaluate the possibility of transferring the victim and her children to a protection center or alternative while the risk of recurrence of violence is minimized.</li> <li>• Refer the victim to State institutions or civil society organizations specializing in the care of victims of domestic violence, in order to provide the victim with the required advice on issues such as: child support, separation, divorce, child custody, division of assets, among others, as well as the services required by the victim for emotional recovery from the after-effects of the victimization.</li> </ul> |

**Note**

*The Safety Plan should include at least: strategies for coordinating or requesting police assistance (if needed), community detection and alarm strategies that could be implemented within the community to which the victim belongs, the main telephone numbers to call for help, and family strategies to be implemented, both when the perpetrator is not near family members and when the risk is imminent.*

In case the victim is the mother of the minor. The victim should be put in contact with the institutions of the

The State and civil society organizations that can provide it with the required counseling and support.



| Problems          | detected Strategies for action  |
|-------------------|---|
| Lack of documents | <ul style="list-style-type: none"> <li>• Contact the elderly person's nuclear family in order to identify the migratory situation in which he/she finds him/herself.</li> </ul> <p><b>In the event that the minor is of foreign origin and has entered the country as a result of a situation of trafficking for the purpose of sexual exploitation, it is possible:</b></p> <ul style="list-style-type: none"> <li>• Report the alleged offenders to the Public Prosecutor's Office.</li> <li>• Contact the Consulate of the country to which the victim belongs to inform about the victim's condition.</li> <li>• Transfer the minor to a special protection alternative (shelter or other), in order to protect him/her from being victimized again or transferred from the country, while his/her migratory situation is being resolved.</li> <li>• Contact State institutions or civil society organizations in the victim's country of origin in order to identify and contact the victim's family members.</li> <li>• Once the whereabouts of the minor's family members are known, the minor may be transferred to exercise his or her right to live with his or her family. In this regard, it should be ensured that the family takes in the victim and protects her.</li> <li>• The case should always be referred to the State Institution in charge of children and adolescents' issues, and to civil society organizations specialized in the subject, in order to: <ul style="list-style-type: none"> <li>- Provide follow-up and monitoring of the situation of the victim and her family.</li> <li>- Monitor the victim's right to receive the necessary attention to minimize and eradicate the emotional sequelae produced by the victimization.</li> </ul> </li> </ul> |



| Problems          | detectedStrategies for action   |
|-------------------|---|
| Lack of documents | <p><b>In the event that the minor is of foreign origin, is alone in the country and does not possess identity documents, it is possible:</b></p> <ul style="list-style-type: none"> <li>• Contact the consulate of the country to which the victim belongs, in order to expedite obtaining the necessary information for the issuance of the identity document (Passport).</li> <li>• Contact State institutions or civil society organizations in the victim's country of origin in order to identify and contact the victim's family members to repatriate the victim.</li> <li>• If the family members cannot be located and no one claims the minor, the relevant procedures can be initiated to regulate the victim's immigration status so that the victim can remain in the country.</li> </ul> <p><b>In the event that the minor is of foreign origin and has entered the country with his or her family illegally, it is possible:</b></p> <ul style="list-style-type: none"> <li>• Locate the victim's entire family in order to investigate why the family migrated from the country of origin. <ul style="list-style-type: none"> <li>a. If the family is not at risk of death in the country of origin, the victim's entire family can be repatriated and the various state and civil society institutions can be contacted to follow up on the family's specific situation.</li> <li>b. If the family migrated from the country of origin for security reasons, the appropriate procedures can be initiated to legalize the migratory status of the family members within the country.</li> </ul> </li> </ul> |



| Problems          | detected Strategies for action  |
|-------------------|---|
| Lack of documents | <p><b>In the event that the minor is of Costa Rican nationality, but has not been registered in the Civil Registry, he/she can:</b></p> <ul style="list-style-type: none"><li>• Contact the Hospital (if that is the case), to request the certification of hospital admission of the mother of the child or adolescent on the date corresponding to the birth of the minor, in order to certify that the adult gave birth to a child. Afterwards, one must go to the Civil Registry (with two witnesses who have a valid identity card), to begin the process of registering the child or adolescent.</li><li>• In the event that the mother of the minor has given birth in a private home, she must apply to the Migration and Alien Affairs Office for a certification of departures and entries into the country (certification of migratory movements) to prove her presence in the country on the reported date of birth of the child.</li></ul> <p>Subsequently, you must go with three witnesses (in case the person is older than 10 years old) to the Civil Registry Office to carry out the registration process. It is important to bring documents such as baptismal certificate, vaccination card, first communion documents, confirmation, copy of the school academic record, or other qualifications obtained (if any).</p> |



## 6.2 Second Order Intervention

The second-order intervention begins when the victim has been detected and protected from any risk of re-victimization (whether by organized sexual commerce networks or any other victimizing agent). This implies that the elaboration of the Care Plan, specifically in the intervention of I Order, within the component of health care and protection against any risk of abuse or exploitation, has been implemented, reviewed and corrected, so that it is possible to ensure that the protection of the victim is real.

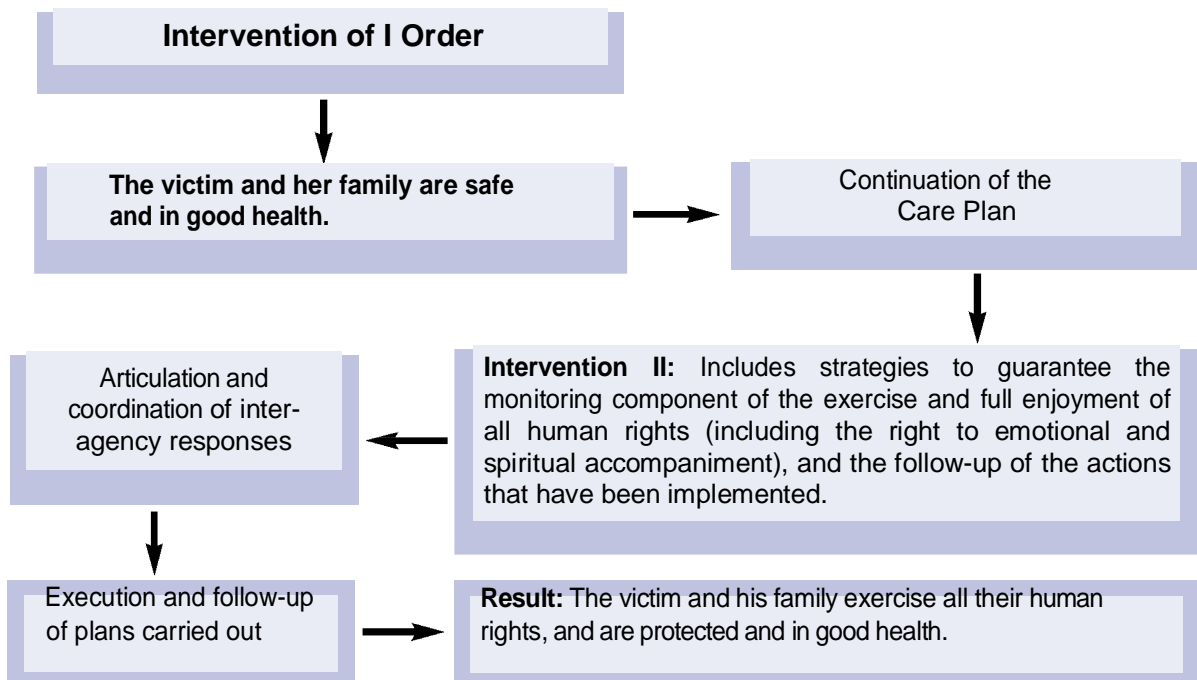
It is based on the assumption that all the problems that threaten the life and protection of minors, which were identified in the detection process and in the initial interview, have been addressed and that the different institutional responses to the specific needs of the victims and their families have been articulated and coordinated within a plan of care that promotes and ensures the protection of minors.

The right to life and the right to protection of minors and their families are guaranteed.

Second Order Intervention refers specifically to the elaboration, creation and incorporation, by the State institutions responsible for children and adolescents, within the Plan of Care, of strategies aimed fundamentally at guaranteeing the victims the full enjoyment of all human rights, and the subsequent follow-up of the actions undertaken to achieve this.

Incorporates within the Care Plan an emotional and spiritual accompaniment free of myths, stereotypes or guilt, so as to allow the creation of spaces for empathic reflection that make possible the resignification of the victimization experience, in a transforming experience that incorporates, highlights and promotes the development of a new way of living.

and highlight the potential of crisis periods as a possibility for positive change.



In order to guarantee the implementation of the Care Plan (specifically in the second order intervention), it is essential that the state institution in charge of the welfare and protection of minors work jointly with the different state institutions and civil society organizations that provide specialized services for minors.

The project is aimed at children who are victims of different social problems.

This work implies the existence of formal communication channels to facilitate coordinated and articulated work among the different institutions. The main state institutions with which the execution of the Plan should be coordinated include the following:

| InstitutionType   | of coordination  |
|---|--|
| <p>National Women's Institute<br/>Women's Delegation<br/>or Municipal Women's Offices</p> | <ul style="list-style-type: none"> <li>• Specific programs for the care of minors who are victims or witnesses of domestic violence.</li> <li>• Specific programs for the care of adult women victims of domestic violence.</li> <li>• Protection alternatives for adult women and their children at risk of death (in case the risk arises again).</li> </ul> |
| <p>Ministry of Public Education</p>   | <ul style="list-style-type: none"> <li>• Interdisciplinary teams of the Program for the Improvement of the Quality of Education and Life in Urban Communities of Priority Attention (PROMECUM).</li> <li>• Specific programs for the reintegration of minors into the educational system.</li> <li>• Curricular adaptations.</li> </ul>                        |
| <p>Costa Rican Social Security Fund<br/>Hospitals, Clinics and EBAIS.</p>                 | <ul style="list-style-type: none"> <li>• Articulation for the access of minors and their families to the health services offered by them.</li> <li>• Articulation with the Committees for Children and Adolescent Assaulted.</li> <li>• Articulation for the access of minors to specific programs aimed at the underage population.</li> </ul>                |



| InstitutionType                       | of coordination   |
|---------------------------------------|---|
| Instituto Mixto de Ayuda Social       | <ul style="list-style-type: none"> <li>• Articulation for access to programs and subsidies for the education of minors.</li> <li>• Articulation for access to programs and subsidies for adolescent mothers who are pregnant or at risk of becoming pregnant.</li> <li>• Articulation for access to programs and subsidies for people living in poverty and extreme poverty.</li> </ul>   |
| National Learning Institute           | <ul style="list-style-type: none"> <li>• Specific programs for technical education, aimed primarily at adults in the family group (mother and siblings), or at minors when they have already completed basic education.</li> </ul>  |
| Ministry of Labor and Social Security | <ul style="list-style-type: none"> <li>• In the event that adolescents are detected performing paid work, coordination with the institution in question is required to ensure compliance with and follow-up on the regulations and legislation concerning the work that minors may perform.</li> <li>• The intervention carried out with adults must be coordinated with the specific employment exchange that is managed internally in the institution.</li> </ul> |
| Ministry of Culture, Youth and Sports | <ul style="list-style-type: none"> <li>• Articulate the intervention with the different programs developed by the institution in the area, which are mainly directed towards the creation of alternative spaces for recreation, sports and culture.</li> </ul>  |

### How should it be developed inter-institutional coordination?

Service providers identify during the screening process<sup>9</sup>, or during the initial interview<sup>10</sup> (either of the victim or the victim's family member), the victim's family member, or the victim's family member.

In order to identify the violation of some of the fundamental human rights of minors who are victims of the sex trade, or at risk of being so, they should proceed to develop the main strategies to be implemented.

<sup>9</sup> ILO/IPEC/RAHAB FOUNDATION (2004). Commercial sexual exploitation of children and adolescents: Guía para la Detección. Costa Rica.  
<sup>10</sup> "Ibid"



The development of the strategies includes that the service providers (and NOT the victims) should coordinate by telephone and in writing (*referral slips*) with the state institution that, due to its legal responsibility, should collaborate in the implementation of the Care Plan, or with those civil society organizations that are able to provide inputs or benefits to the underage persons and their families. Such coordination should involve their commitment and responsibility in the process, which is why there should be constant formal communication, in order to identify those barriers or limitations that have arisen during the intervention process and to reformulate strategies to combat them.

In this sense, the coordination and articulation that can be achieved through joint work with the different institutions implies:

- a. Ensuring the positive impact of the services provided on the protection and fulfillment of human rights in individuals.
- b. The utilization and maximization of the resources provided to improve people's living conditions and to strengthen the families' capacity to sustain the intervention.

It should be remembered that the intervention of II Or- den, in its component aimed at guaranteeing the exercise and enjoyment of the human rights that have been violated against the victims, should include within the Care Plan those strategies directed, fundamentally, towards the strengthening of the solidarity networks within the family nucleus (family support networks), which implies that the intervention model should focus on two aspects:

1. When a family (of a minor or adolescent victim of the sex trade) is detected, and the family has a supportive network of support that is not weakened, interventions should be aimed at strengthening the internal resources existing within the family, through interventions of a more assistance-oriented nature.

For example, subsidies, scholarships, or professionalizing technical studies should be made available to those families whose debilitating factor is primarily the limitation of adult members in obtaining jobs that allow them to meet their basic needs. All this, through the formal (and written) commitment of the family to favor the protection and fulfillment of all human rights of minors.

2. When a family is detected, and it has a support network that is weakened or deteriorated by the presence of multiple problems that affect the family support networks (sexual abuse, domestic violence, school expulsion, family expulsion, drug or alcohol abuse, among others), interventions should be aimed at compensation, The interventions should be aimed at the creation, development and strengthening of family support structures (solidarity networks), where access to the institutional benefits and services provided by the intervention implies conditioning them to changes and family commitments (in writing) that promote, develop and consolidate the capacity of the family nucleus to provide support.

Finally, constant and close communication with minors and their families should be maintained throughout the intervention process so that it can be monitored:





- That the action strategies are being implemented by the minor and his or her family.
- That the coordination established with the different agencies really responds to the requirements, needs and particularities of the victims and their families.
- That the strategies implemented really favor the full exercise of the human rights of underage victims and their families.

### 6.2.1 Component: Monitoring the exercise and full enjoyment of all human rights.

Its fundamental objective is to guarantee victims the full enjoyment of the human rights that have been violated or denied throughout the victimization process. It should be borne in mind when developing the care plan that it should be carried out jointly with the victim and his or her family, coordinating and articulating the different institutional services offered by the State or civil society.

The second part of the *Care Plan* should contain strategies aimed at guaranteeing the *monitoring* component of the *exercise and full enjoyment of all human rights of the victims* (see *Annex 3*), and should contain the same information contemplated on page 19 of this document.

#### Main considerations for the preparation of the Plan

Prior to the preparation of the *Care Plan*, in its specific component of *monitoring the exercise and full enjoyment of all human rights*, it should be considered that:

1. The Plan should correspond to a rigorous prior evaluation process (see document; *Commercial Sexual Exploitation of Children and Adolescents: Guide for Detection*).
2. The victim's family (nuclear or extended family) must have been previously contacted.
3. The capacity of the family to which the victim belongs for support and solidarity should have been assessed through an in-depth interview (see document; *Commercial Sexual Exploitation of Children and Adolescents: Guide for Detection*) the capacity for support and solidarity of the family to which the victim belongs, in order to identify those inputs that should be provided to them in order to strengthen the family support network.
4. The Care Plan (specifically in its Order II intervention) should begin to be implemented once the protection, health and safety of the minor and his or her family have been ensured.
5. The plan should be developed jointly by the minor victim, the family of the victim, and the provider of the services that develop the Care Plan.
6. The strategies to be developed must be creative, in this sense, they must respond to the specific needs, conditions and particularities of the victims and their families. (It is recommended to listen to the strategies proposed by the victims, and use them as a starting point for their construction).
7. Since the exercise of the human rights of minors is involved, the actions taken cannot be subject to conditions or specific commitments from the victims.
8. The specific inputs provided to adult members of the victim's family should be subject to specific conditions or commitments on the part of the beneficiaries. In this sense, they should be aimed at strengthening the family support network.



9. The specific actions to be implemented for the monitoring and follow-up of the commitments acquired must be contemplated by the beneficiaries of the services provided.

Main risks and action strategies to be considered when developing and implementing a CARE PLAN, framed within the intervention of II ORDEN, specifically within the component of monitoring the exercise and full enjoyment of all human rights:

It is important to mention here that compliance with the human rights established in the Convention on the Rights of the Child (Right to Health, Education, Spaces, Recreation, Non-Discrimination and Protection) must be guaranteed. However, for the purposes of this guide, some of the actions that Porras and Slooten<sup>11</sup> point out as essential to guarantee access to and enjoyment of human rights will be specifically developed.

It is important to visualize that the plan should also include the necessary strategies to provide follow-up to those actions that have already been implemented, as well as the strategies and mechanisms to be used for the referral of cases to Health Centers, EBAIS, Clinics or Hospitals, and the communication channels to be established between these institutions and the Institution in charge of implementing and monitoring the intervention plan.

**a. Right to Health**

Specifically, we refer to those actions directed towards the immediate intervention of those risks that have already been detected, and that endanger the victim's right to life.

When drawing up the intervention plan to ensure that victims and their families have access to the e right to Health (understood as the access to

| Law Strategies | for action  |
|----------------|---|
| <b>HEALTH</b>  | <ul style="list-style-type: none"> <li>• Monitor that minors who are victims of commercial sexual exploitation are constantly informed about their health condition, in a language that is easy for them to understand.</li> <li>• Monitor that the information provided to victims about the main care and diets they should implement to improve their health conditions is provided to them in a clear and easy-to-understand language.</li> <li>• Monitor that minors regularly attend medical check-up and control appointments.</li> <li>• Monitor that minors and their families have access to quality medicines, if required.</li> <li>• Monitor that minors have access to and training on the main methods of safe contraception (including emergency contraception). Information should be updated so that the right to decide can be exercised in an informed manner.</li> </ul> |

<sup>11</sup> IPEC/ ILO (2003). "Commercial Sexual Exploitation: Working Papers, Reflections on victim assistance program". San José. Costa Rica.



| Law Strategies                                   | for action   |
|--|--|
| <p style="text-align: center;"><b>HEALTH</b></p> | <ul style="list-style-type: none"> <li>• Monitor that persons who have some type of disability, or chronic or terminal illness (whether the victim or another member of the family), attend medical appointments if required, and receive the medical treatment they need.</li> <li>• Consistently monitor that pregnant adolescent women attend prenatal control appointments on a regular basis.</li> <li>• Monitor the attendance of the victims' children (if they have them) to vaccination, pediatric and well child appointments.</li> <li>• Monitor that minors who are victims of commercial sexual exploitation have access to emotional or therapeutic accompaniment to enable them to re-signify the experience of abuse and the consequent development of a future life project in the short, medium and long term.</li> <li>• Monitor that victims attend dental appointments on a regular basis.</li> <li>• Monitor and follow up on addiction treatment programs (alcohol or drugs), in those cases in which a minor has been referred.</li> </ul> |

**b. Right to Education**

When drawing up the plan of care to guarantee the victims' right to education, it is important to include the strategies and mechanisms to be used for the referral and coordination of cases with the Ministry of Public Education and the Program for the Improvement of the Quality of Education and Life in Urban Communities of Priority Attention.

(PROMECUM,) if they exist, as well as the formal channels of communication that are in place. between these institutions and the Ombudsman Office<sup>40</sup> in charge of executing and monitoring the plan of attention.

The main actions to be taken to guarantee the access and permanence of minors in educational centers should be included in the Plan.

| Law   | Action strategies   |
|---|---|
| <p style="text-align: center;"><b>EDUCATION</b></p> | <ul style="list-style-type: none"> <li>• Monitor that minors who are victims of commercial sexual exploitation undergo a psycho-pedagogical test to evaluate their strengths and areas for improvement.</li> <li>• Investigate what school reintegration options and resources are available at the victim's school.</li> <li>• Monitor that children and adolescents have access to didactic and educational materials that will support them throughout the educational process.</li> <li>• Monitor that learning processes are provided according to the specific needs and conditions of minors (age, curricular adaptations if needed, etc.).</li> </ul> |



| LawStrategies                                       | for action  |
|---|---|
| <p style="text-align: center;"><b>EDUCATION</b></p> | <ul style="list-style-type: none"> <li>• Constantly monitor that minors are regularly attending the educational system and have not been expelled from it again.</li> <li>• In the event of a new expulsion, the service providers must guarantee that the minor will be reintegrated into the educational system.</li> <li>• Monitor the participation and commitment of family members in the learning process of minors.</li> <li>• Monitor, when required, that minors have individual support and extra-curricular inputs to help them remain in the educational system.</li> <li>• Monitor that the curricular programs designed for the insertion of children and adolescents in the educational system respond to their specific conditions and particularities (age, disabilities and others), and that they are provided in a space free of blame, discrimination and revictimization.</li> </ul> |

**c. Right to nondiscrimination**

In order to draw up the Care Plan to guarantee

victims with the right to non-

discrimination. It is important to include the strategies and mechanisms to be taken into consideration by service providers, by those institutions responsible for the welfare, interest and fulfillment of human rights, and by those institutions responsible for the protection of human rights.

The program is designed to ensure the monitoring of all services offered to victims and their families.

In this sense, it must be ensured that the benefits provided are carried out in such a way that all persons have equal access to the services that improve and enhance the quality of life of all members of the family group.

| LawStrategies  | for action  |
|--|---|
| <p style="text-align: center;"><b>NON-DISCRIMINATION</b></p> | <ul style="list-style-type: none"> <li>• Monitor that the institutional services provided in response to the different needs of victims and their families are carried out in a respectful environment free of discrimination (whether for reasons of gender, age, sexual practices, ethnicity, migratory status, religion, socioeconomic status, health condition, etc.).</li> <li>• Monitor that all minors and their families, without distinction, have equal access to all services and benefits granted by the different institutions.</li> <li>• Monitor that the response offered by the different institutions really responds to the specific needs and conditions of the victims.</li> </ul> |





| Law Strategies   | for action   |
|--|--|
| <p style="text-align: center;"><b>NON-DISCRIMINATION</b></p> | <ul style="list-style-type: none"> <li>• The specific response provided by each institution and the manner in which it is carried out (in each particular case) should be monitored through joint and coordinated work between the different institutions with which the action plan is coordinated (IMAS, MEP, MSP, CCSS, INA, and NGOs), the victims and the institution in charge of overseeing and monitoring its execution (PA- NI), in order to identify early on any evidence of the implementation of the plan, MSP, CCSS, INA, and NGOs), the victims and the institution in charge of overseeing and monitoring the execution of the plan (PA- NI), in order to identify early on any evidence or sign of discrimination that may revictimize the elderly person or his or her family.</li> <li>• In the event that discriminatory practices are detected in the services provided to minors, or in the various institutional networks, a complaint should be filed with the specific instance of the institution detected.</li> </ul> |

**d. Right to Spaces**

Service providers in charge of

to implement and monitor the plan of care, aimed at the exercise and full enjoyment of all human rights, must guarantee:

Children and adolescents who are temporarily placed in a special protection alternative:

| Law Strategies                                   | for action   |
|--|--|
| <p style="text-align: center;"><b>SPACES</b></p> | <ul style="list-style-type: none"> <li>• Monitor that minors have specific and individualized physical spaces to safely store their personal belongings.</li> <li>• Monitor that minors have appropriate physical spaces to carry out their school duties without distractions.</li> <li>• Monitor that minors have specific physical spaces to carry out the emotional accompaniment sessions, aimed at the resignification of their life experience, in a private environment.</li> <li>• Monitor that minors are provided with spaces that promote spiritual growth and formation.</li> </ul> |





Children and adolescents who are not placed in a special protection alternative:

| Law Strategies | for action   |
|----------------|--|
| <b>SPACES</b>  | <ul style="list-style-type: none"> <li>• Monitor that within the family nuclei, minors are promoted and supported in the fulfillment of their school obligations.</li> <li>• Monitor that minors have specific physical spaces to carry out emotional support sessions in a private environment, aimed at re-signifying their life experience.</li> <li>• Monitor that minors are provided with spaces that promote spiritual growth and formation.</li> </ul> |

#### e. Right to Recreation

Service providers must guarantee:

Children and adolescents who are temporarily placed in an institution that has special protection alternative:

| Law             | Action strategies  |
|-----------------|--|
| <b>SPARKING</b> | <ul style="list-style-type: none"> <li>• Monitor that the institution (shelter or other) develops or coordinates (with other agencies), periodically, activities aimed at minors and that these activities promote and strengthen their artistic, cultural and sporting abilities.</li> <li>• Monitor that the activities developed respond to the needs and interests of minors, and that they are implemented taking into account their gender, age and particular conditions.</li> <li>• Monitor the access and actual participation of the victims in the programmed activities, in order to ensure that they are exercising their right to fun and recreation.</li> </ul> |

Children and adolescents who are not placed in a special protection alternative:

| Law Strategies  | for action   |
|-----------------|--|
| <b>SPARKING</b> | <ul style="list-style-type: none"> <li>• Coordinate with the different instances, the periodic development of activities aimed at minors, which promote and strengthen their artistic, cultural and sporting abilities.</li> </ul> |





Continued... Children and adolescents who are not located in the country. in a special protection alternative:

| Law             | Action strategies   |
|-----------------|---|
| <b>SPARKING</b> | <ul style="list-style-type: none"> <li>• Design creative strategies to motivate the participation of minors in the development of programmed activities.</li> <li>• Monitor that the activities developed respond to the needs and interests of minors, and that they are implemented taking into account their gender, age and particular conditions.</li> <li>• Monitor the access and actual participation of victims in programmed activities, in order to ensure that they are exercising their right to recreation and recreation.</li> </ul> |

**g. Right to emotional and spiritual accompaniment**

While it is true that the emotional and spiritual accompaniment of minors who are victims of the sex trade (or at risk of being so) must be present throughout the entire intervention to protect them from the sex trade (starting with the positive detection of the same), it is important to provide them with the necessary emotional and spiritual support.

It is important to emphasize that the exercise of this right must be intensified even more in Second Order Intervention, so that children and adolescents can resignify the experience of victimization and create life projects that guarantee them a better life.

In this regard, service providers shall:

| Law   | Action strategies   |
|---|---|
| <b>TO EMOTIONAL ACCOMPANIMENT AND SPIRITUAL</b> | <ul style="list-style-type: none"> <li>• Monitor that minors receive emotional and spiritual accompaniment throughout the entire intervention process (specifically during the process of denouncing the victims and the period following it).</li> <li>• Monitor that emotional and spiritual accompaniment provides children, adolescents and their families with the necessary inputs to reduce the aftermath of victimization and enable the resignification of the lived experience.</li> <li>• Monitor that the emotional accompaniment provided is free of myths, stereotypes, guilt, prejudice and discrimination.</li> </ul> |



## 6.2.2 Component:

### Follow-up of actions carried out

Finally, in order to guarantee the positive impact of the intervention and care strategies carried out for the exercise of human rights and the protection of underage victims of commercial sexual exploitation, continuous evaluations of each of the actions or strategies that have been implemented in the care model developed for each of the victims must be established.

This evaluation will focus on the monitoring of 3 fundamental aspects, where such monitoring will allow for the reformulation and/or feedback of the Care Plan, in each of the interventions that have been implemented:

1. Follow-up of the interventions carried out by the service providers of the different institutions with which it coordinates. It includes at least:

- Identification of the most effective channels of coordination with each of the state institutions or civil society with which we have coordinated.
- Monitoring of institutional response time to provide the care that minors (and their families) require.
- Identification of institutional barriers and limitations that have arisen during the implementation of the plans developed.
- Evaluation of the new strategies that have been implemented to minimize the barriers that have arisen.
- Evaluation of the impact on the victims (and their families) of each of the institutional responses they have received.

2. Constant monitoring of the impact that the implementation of each of the plans that have been developed has had on the victims, in order to protect them and guarantee the exercise of their human rights. It includes at least:

- Evaluation of the real impact that each of the chosen strategies has had on the problem to be eradicated.
- Monitoring the actual protection of children and adolescents from the sex trade.
- Constant monitoring of the impact of family interventions on the potential of family solidarity networks.
- Constant monitoring of the exercise of human rights by minors.

3. Constant monitoring of the interventions carried out by the service providers of the program that designs, coordinates and executes the Model of Care.

- Monitoring of the response time of suppliers / as, to develop and coordinate the implementation of plans for the protection and exercise of human rights.
- Monitoring of the procedures carried out by them, for the follow-up of each of the coordinations carried out.
- Evaluation of the barriers and limitations that have arisen during the implementation of the plans elaborated.
- Evaluation of the new strategies that have been implemented to minimize the barriers that have arisen.
- Evaluation of the impact on the victims (and their families) of each of the institutional responses they have received.



# Annexes

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# 1

## Matrix for the development and monitoring of the Care Plan

### Intervention of I Order

#### Component of the exercise of the right to life and health of the victim

Date of preparation of the Care Plan: \_\_\_\_\_  
 File Number: \_\_\_\_\_  
 Mechanism and date of Detection: \_\_\_\_\_

| Risk   |  |  |  |  |
|--|--|--|--|--|
| Suspicion or evidence of pregnancy <input type="checkbox"/>                  |  |  |  |  |
| Suspicion or evidence of presence of ITS <input type="checkbox"/>            |  |  |  |  |
| Suspicion or evidence of presence of HIV or AIDS <input type="checkbox"/>    |  |  |  |  |
| Suspected or evidence of substance or alcohol abuse <input type="checkbox"/> |  |  |  |  |
| Physical and/or cognitive disabilities <input type="checkbox"/>              |  |  |  |  |
| Suspected or evidenced nutritional problems <input type="checkbox"/>         |  |  |  |  |
| Additional information   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Additional information to be included in the Plan

- Institution that prepares the care plan \_\_\_\_\_
- Did the minor participate in the construction of the plan? Yes  No
- Institution in charge of executing and monitoring the immediate plan \_\_\_\_\_
- Person in charge of executing and monitoring the immediate plan. \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_



# 2

## Matrix for the development and monitoring of the Care Plan

### Intervention of I Order

Component of exercising the right to protection against all forms of abuse and exploitation

|  |  |  |  |
|--|--|--|--|
| Date of preparation of the Care Plan: _____<br>File Number: _____<br>Mechanism and date of Detection: _____  |  |  |  |
| <b>Risk</b>  |  |  |  |
| <p>Risk of recurrence of abuse by exploiters in the sex trade <input type="checkbox"/></p> <p>Risk of death related to commercial sexual exploitation <input type="checkbox"/></p> <p>Suspicion of commercial sexual exploitation against other minors of age of the same family <input type="checkbox"/></p> <p>Suspicion of incest <input type="checkbox"/></p> <p>Suspicion of extrafamilial sexual abuse <input type="checkbox"/></p> <p>Suspicion of physical abuse <input type="checkbox"/></p> <p>Suspicion of abuse against other minors of the family <input type="checkbox"/></p> <p>Suspicion of abuse against the mother <input type="checkbox"/></p> <p>Suspicion or evidence of abuse by partner <input type="checkbox"/></p> <p>Deficiency of documents <input type="checkbox"/></p> <p>Any other risk <input type="checkbox"/></p> |  |  |  |



| Monitoring for the immediate plan of the risk detected |                |                      |                                   |         |         |
|--|----------------|----------------------|-----------------------------------|---------|---------|
| Date foreseen in the plan                              | Date monitored | Monitoring mechanism | Name of person to coordinate with | Remarks | Pending |
|  |                |                      |                                   |         |         |

#### Additional information to be included in the Plan

- Institution that prepares the care plan \_\_\_\_\_
- Did the minor participate in the construction of the plan? Yes  No
- Institution in charge of executing and monitoring the immediate plan \_\_\_\_\_
- Person in charge of executing and monitoring the immediate plan. \_\_\_\_\_

#### NOTES:

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







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# 3 Matrix for the development and monitoring of the Care Plan

## Intervention of II Order

Component for monitoring the exercise and full enjoyment of all human rights

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| File number: _____  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Right to health <br>Law to education <br>Right to nondiscrimination <br>Law to the protection <br>Right to space <br>Law to recreation <br>Right to family coexistence <br>Law to emotional recovery  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |



# 4 Coding table of the procedures used in the Care Plan and coding table for the institutions with which it is coordinated. the follow-up of the same

| Risk   | Immediate Plan (to comply with a maximum time frame of 48)   | Referral plan  |
|--|--|--|
| Suspicion or evidence of pregnancy                         | <ol style="list-style-type: none"> <li>1. Laboratory test</li> <li>2. Medical evaluation</li> <li>3. Another</li> </ol>  | <ol style="list-style-type: none"> <li>1. Public Health Center</li> <li>2. Private health center</li> <li>3. Private or public laboratory</li> <li>4. Internal reference</li> <li>5. Another</li> </ol>  |
| Suspected STI  | <ol style="list-style-type: none"> <li>1. Laboratory test</li> <li>2. Medical evaluation</li> <li>3. Another</li> </ol>  | <ol style="list-style-type: none"> <li>1. Public health service</li> <li>2. Private health service</li> <li>3. Private or public laboratory</li> <li>4. Specialized NGO</li> <li>5. Internal reference</li> <li>6. Another</li> </ol>  |
| Suspicion or evidence of abuse of substances or alcohol    | <ol style="list-style-type: none"> <li>1. Laboratory test</li> <li>2. Medical evaluation</li> <li>3. Subsequent interview to evaluate suspicion</li> <li>4. Another</li> </ol>   | <ol style="list-style-type: none"> <li>1. Public health service</li> <li>2. Private health service</li> <li>3. Private or public laboratory</li> <li>4. NGO specialized in addiction</li> <li>5. Internal reference</li> <li>6. Another</li> </ol>                                 |
| Suspected cognitive impairment                             | <ol style="list-style-type: none"> <li>1. Psychoeducational assessment</li> <li>2. Neurological assessment</li> <li>3. Another</li> </ol>  | <ol style="list-style-type: none"> <li>1. Public health service</li> <li>2. Private health service</li> <li>3. NGO</li> <li>4. Internal reference</li> <li>5. Another</li> </ol>   |
| Suspected nutritional problems                             | <ol style="list-style-type: none"> <li>1. Nutritional assessment</li> <li>2. Another</li> </ol>  | <ol style="list-style-type: none"> <li>1. Public health service</li> <li>2. Private health service</li> <li>3. Private or public laboratory</li> <li>4. NGO</li> <li>5. Internal reference</li> <li>6. Another</li> </ol>  |
| Risk of recurrence of abuse by exploiters of the sex trade | <ol style="list-style-type: none"> <li>1. Temporary shelter placement</li> <li>2. Relocation with another family</li> <li>3. Elaboration of a plan with the family without administrative protection measures.</li> <li>4. Judicial protection measure</li> <li>5. Administrative protection measure for the family</li> <li>6. Another</li> </ol> | <ol style="list-style-type: none"> <li>1. Special protection alternative</li> <li>2. Court</li> <li>3. Internal reference</li> <li>4. Community resources</li> <li>5. Family resources</li> <li>6. Leading Institution for Children and Adolescents</li> <li>7. Another</li> </ol> |





| Risk   | Immediate Plan (to comply with a maximum time frame of 48)  | Referral plan  |
|--|---|--|
| Risk of death related to commercial sexual exploitation                                    | <ol style="list-style-type: none"> <li>1. Temporary shelter placement</li> <li>2. Relocation with another family</li> <li>3. Development of a plan with the family</li> <li>4. Other Relocation</li> <li>5. Judicial protection measure</li> <li>6. Administrative protection measure for the family</li> <li>7. Another</li> </ol>   | <ol style="list-style-type: none"> <li>1. Special protection alternative</li> <li>2. Courts</li> <li>3. Community resources</li> <li>4. Family resources</li> <li>5. Leading Institution for Children and Adolescents</li> <li>6. Another</li> </ol> |
| Suspicion of commercial sexual exploitation against other minors of age of the same family | <ol style="list-style-type: none"> <li>1. Interview of alleged victims</li> <li>2. Interview with managers</li> <li>3. Teacher interviews</li> <li>4. Another</li> </ol>  | <ol style="list-style-type: none"> <li>1. Internal reference</li> <li>2. To be executed by the same person responsible for the plan</li> <li>3. Another</li> </ol>   |
| Suspicion or "evidence" of incest and suspicion of extra-familial sexual abuse             | <ol style="list-style-type: none"> <li>1. Subsequent interview of the older person to assess suspicion</li> <li>2. Judicial protection measure</li> <li>3. Temporary relocation to a shelter</li> <li>4. Other type of relocation</li> <li>5. Protection plan developed with the mother or other non-grandparent family members</li> <li>6. Visit to the family prior to filing measures in order to draw up a family protection plan.</li> <li>7. Complaint to the Public Prosecutor's Office</li> <li>8. Another</li> </ol> | <ol style="list-style-type: none"> <li>1. Special protection alternative</li> <li>2. Courts</li> <li>3. Community resources</li> <li>4. Family resources</li> <li>5. Leading Institution for Children and Adolescents</li> <li>6. Another</li> </ol> |
| Suspicion or "evidence" of physical abuse  | <ol style="list-style-type: none"> <li>1. Subsequent interview of the minor to assess suspicion</li> <li>2. Administrative protection measure</li> <li>3. Judicial protection measure</li> <li>4. Visit to the family prior to taking action in order to develop a family intervention plan.</li> </ol>   | <ol style="list-style-type: none"> <li>1. Special protection alternative</li> <li>2. Courts</li> <li>3. Community resources</li> <li>4. Family resources</li> <li>5. Leading Institution for Children and Adolescents</li> <li>6. Another</li> </ol> |



| Risk   | Immediate Plan (to comply with a maximum time frame of 48  | Referral plan  |
|--|--|--|
| Suspicion of abuse against other underage family members | <ol style="list-style-type: none"> <li>1. Visit to the family to interview/observe possible abuse prior to filing measures</li> <li>2. Administrative protection measure</li> <li>3. Judicial protection measure</li> <li>4. Interview of alleged victims</li> <li>5. Another</li> </ol> | <ol style="list-style-type: none"> <li>1. Special protection alternative</li> <li>2. Courts</li> <li>3. Community resources</li> <li>4. Family resources</li> <li>5. Leading Institution for Children and Adolescents</li> <li>6. Another</li> </ol> |
| Suspicion of abuse against the mother                    | <ol style="list-style-type: none"> <li>1. Request for judicial protection measure when legally appropriate</li> <li>2. Interview with the mother</li> <li>3. Another</li> </ol>  | <ol style="list-style-type: none"> <li>1. Special protection alternative</li> <li>2. Courts</li> <li>3. Community resources</li> <li>4. Family resources</li> <li>5. Another</li> </ol>  |
| Deficiency of documents                                  | <ol style="list-style-type: none"> <li>1. Initiation of administrative-legal proceedings (national)</li> <li>2. Connection with institutions in the country of origin</li> <li>3. Another</li> </ol>   | <ol style="list-style-type: none"> <li>1. Civil Registry</li> <li>2. Migration and foreigners</li> <li>3. Consulates of the different countries</li> </ol>   |
| Another  |  |  |



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CHILD LABOR

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