

# Proposals for producing a framework of reference for reparation and restitution of the rights of child victims of commercial sexual exploitation with a gender perspective.

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## GLOSSARY OF TERMS AND ACRONYMS

AR: Argentina

BR: Brazil

CH: Chile

Children, Child: Female and Male Children and Adolescents

CO: Colombia

CRC: Convention on the Rights of the Child

CR: Costa Rica

CSE: Commercial Sexual Exploitation

CSEC: Commercial Sexual Exploitation of Children

DR: Dominican Republic

EC: Ecuador

ES: El Salvador

IIN: Inter-American Children's Institute

ILO: International Labour Organization

IPEC: International Programme on the Elimination of Child Labour

ISNA: Salvadoran Childhood Institute

MCRA: Combined Response Cyclic Model

MIES: Ministry of Economic and Social Inclusion of Ecuador

NGO: Non-governmental organization

OAS: Organization of American States

PA: Panama

PR: Peru



Organization of American States

SE: Sexual Exploitation

TBP: Time-Bound Programme

UY: Uruguay

This paper addresses the commercial sexual exploitation of children and adolescents; when the terms women and men are used, they refer to adults. The occasional generic use of masculine terms is intended to promote brevity and clarity and should by no means be understood to imply discriminatory connotations of any kind.

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## Introduction

In the context of the “*Inter-American Programme for the Prevention and Eradication of Commercial Sexual Exploitation, Illegal Smuggling of and Trafficking in Children and Adolescents*”<sup>1</sup>, the Inter-American Children’s Institute has been producing a number of papers, among them the annual reports to the Secretary General, in compliance with resolution AG/RES. 2686 (XL-O/11), which includes, in paragraph 17, the determination to: “urge member states to establish and, where appropriate, strengthen, programs for comprehensive and inter-disciplinary care for child and adolescent victims of commercial sexual exploitation and trafficking, in particular those who have contracted HIV/AIDS, and children involved in smuggling, as well as measures to be considered to ensure full respect for their rights.”

This paper elaborates on the subject of the restitution of rights (an issue addressed in the 11<sup>th</sup> Report to the SG – 2011), focusing more specifically on reparation and rights restitution for child victims of commercial sexual exploitation, with a gender perspective.

The objective is to generate recommendations for the implementation of rights restitution programmes for child victims of CSE.

Developments in adapting national legislation for children, as well as the prosecution of crimes related to commercial sexual exploitation were recognized in the 12<sup>th</sup> Report to the Secretary General (2011) and it is on that basis that the states’ efforts to broaden and improve their actions to confront, approach and care for victims are acknowledged. However, these regulatory developments are not always reflected in the programmes implemented by institutions nor in the practices of technical and non-technical staff providing direct care to children.

In its First Part, this paper addresses the effect of the strained coexistence of certain aspects of the irregular situation and comprehensive protection doctrines on rights restitution programmes. In Part 2, systematization is provided of the answers

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<sup>1</sup> We should point out that it was decided to rename the Programme as the “*Inter-American Cooperation Programme for the Prevention and Eradication of Sexual Exploitation, and Smuggling of and Trafficking in Children*”, by means of **resolution CD/RES 04 (87- R/12)**.

given by the states in the annual questionnaire on reparation and rights restitution actions. In Part 3, we shall review some experiences involving rights restitution models, programmes and projects that incorporate the gender perspective and original resources and methodology in working with child victims. Finally, Part 4 contains conclusions and recommendations to continue making progress towards a proposal for a restitution of violated rights model.

## Part 1

- **1.1. Commercial Sexual Exploitation of Children and Trafficking in Persons: A Conceptual Framework**

At this point, we shall introduce the principal concepts regarding CSEC and human trafficking arising from international bodies and national agencies, as well as some stemming from research and/or academic studies, or from discussions and debates that take place in a number of organizations and movements. As Diógenes stated in 2008, “*Sexual exploitation, as well as a concept and agreed terminology concerning the violation of children’s rights, is almost a dialect to be decoded*” (original in Portuguese).

The First World Congress against Commercial Sexual Exploitation of Children (Stockholm, 1996) adopted a declaration in which commercial sexual exploitation was defined as “*...a fundamental violation of children’s rights. It comprises sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children, and amounts to forced labour and a contemporary form of slavery.*

In 1999, the ILO adopted Convention No. 182 on the Worst Forms of Child Labour, among which are the sale and trafficking of children, the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances. In 2002, the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography entered into force and defined these activities as:

- Sale of children: any act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration.
- Child prostitution: the use of a child in sexual activities for remuneration or any other form of consideration.
- Child pornography: any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.

CSEC has been defined in a number of studies and investigations; among them, one carried out by Chile's *Servicio Nacional de Menores* [National Service for Minors] (2004) provides this definition (originally in Spanish): “*...any activity in which a person uses the body of a child for sexual and/or financial advantage, on the basis of power relations between them. Both individuals who offer others the opportunity of participating in the use of children (pimps and networks), as well as individuals who make the contact (johns) shall be deemed exploiters, regardless of whether the relationship is occasional, frequent or ongoing. The commercial sexual exploitation of children is an old problem, which is socially accepted, particularly when linked to begging and survival. However, it constitutes a serious violation of children's rights, through which it is attempted to break their wills by means of degradation, physical force or psychological aggression.*”

Leal (2002) defined it (originally in Portuguese) as “[...] sexual violence that takes place in the relations of production and market (consumption, supply and surplus) through the sale of the sexual services of children and adolescents by sex marketing networks, by their parents or other adults, or by means of self-employment. This practice is not only determined by structural violence (background), but also by social and interpersonal violence. It is also a result of the transformations occurring in the values systems exhibited by social relations, especially patriarchy, racism, and social exclusion; the antithesis of the idea of emancipation entailed by economic and cultural freedom and human sexuality.”

In Claramunt's view (2002) (original in Spanish), CSEC is “*the sexual use of minors, in which there is economic advantage for the child or the intermediary. Sexual*

*trade involving children can take different shapes, such as sale and smuggling, pornography or offering benefits in money or in kind for performing sexual activities.”*

Trafficking in persons<sup>2</sup> was defined in the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000)<sup>3</sup>, which supplemented the United Nations Convention against Transnational Organized Crime. In its Article 3, subparagraph a), it states that “*Trafficking in persons’ shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs*”.

And in subparagraph c) of the same article, “*The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered ‘trafficking in persons’ even if this does not involve any of the means set forth in subparagraph (a) of this article*”. In addition, subparagraph d) defines as a “child” any person under the age of eighteen.

The IIN bases its work on this definition as it is the broadest and is agreed upon internationally.

- **1.2. The contentious coexistence of the irregular situation and comprehensive protection doctrines and its impact on rights restitution programmes**

A number of authors<sup>4</sup> have pointed to the existence of unresolved tension between the doctrine of the irregular situation and that of comprehensive protection,

<sup>2</sup> In Brazil, the term *tráfico* is used for ‘trafficking’ rather than the term *trata*, which is used in Spanish [*‘tráfico’* in Spanish, is ‘smuggling’].

<sup>3</sup> Internationally, this protocol is known as the Palermo Protocol, for the Italian city where it was signed.

<sup>4</sup> Bellof, M. *Protección integral de los derechos del niño y de la situación irregular. Un modelo para armar y otro para desarmar* (1999); Baratta, A. *La situación de la protección del niño en América Latina* (2000); Pilotti, F. *Globalización y Convención sobre los Derechos del Niño: El contexto del texto*. (2000); Bustelo, E. *Infancia en indefensión* (2005); Jurado Vargas, R. *Estudio de las disposiciones del Código de la Niñez y Adolescencia aplicables a trabajo infantil, explotación sexual comercial infantil y tráfico de niños, niñas y adolescentes*. (2005); Pinheiro, P. *World Report on Violence against Children* (2007);

which is reflected in national legislation for children, in institutional practices and in the conduct of operators. In this line, Pilotti has stated that the importance of legal change as an instrument for social transformation has been overestimated, “*decoupling human rights discourse from the socio-economic and cultural reality in which the injustices that affect children are reflected*” (Pilotti, 2000:7; original in Spanish). Or, as Pinheiro has put it (2007), “*despite this broad acceptance of the CRC, children in almost all States are still waiting for full recognition of respect for their human dignity and physical integrity, and for adequate investment in actions to prevent all forms of violence against them.*”

In view of this coexistence of doctrines (irregular situation and comprehensive protection), there is an evident clash between the idea of *autonomy* contained in the comprehensive protection doctrine and that of *protection/control*<sup>5</sup> that is inherent to the doctrine of the irregular situation and is at the core of work carried out with victims, based on its socio-historical construction (Grima, 2012). The condition that underpins this construction arises from a complex web that includes the states' legitimate political interest in protecting the prevailing social order (as expressed in national and international legislation and their proposals for modifications or harmonization), and other social stakeholders striving to defend rights achieved, or to broaden them and/or include new rights, in the context of social processes in which “otherness” develops (Bonatto, 2012), and of a social construction of differences that allows old inequalities to continue and creates new ones that view “the other” as the cause of all evil. We should, therefore, ask ourselves to what extent do the protection/control actions reflected in intervention proposals reproduce these clashes and what are the chances of developing the *effective autonomy of the individuals* who receive these actions, as an effective way of ensuring the enjoyment of their rights; that is, to achieve the

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Pedernera, L., Pedrowicz, S. *Estudio de balance regional sobre la implementación de la Convención sobre los Derechos del Niño en América Latina y Caribe. Impactos y retos a 20 años de su aprobación* (2009); Dilacio, G; Giorgi, V., Varela, C. *Las representaciones sociales acerca de la Explotación Sexual Comercial de Niños, Niñas y Adolescentes y su relación con los paradigmas vigentes en el campo de la infancia y la adolescencia* (2012).

<sup>5</sup> The paper summarizing the Eleventh Report said that: “*An analysis of the practices carried out by the states for the care of children exposed to CSEC shows the existence of confrontation between different perspectives. On the one hand is the rights-based approach based on the Convention, according to which children submitted to CSE are victims who should not be made responsible for the situation, and therefore intervention should punish the adults involved, either for benefiting from or hiring “sexual services”, but should be protective and repairing for underage persons. This concept coexists and often mingles with another that considers children to engage in deviant behaviour that must be corrected or controlled. Both concepts coexist within institutions and teams working on these issues.*” (page 10)

*restitution of rights.* This also agrees with Dilacio et al's opinion (2012) regarding the paradigm dispute reflected in being between "exclusion and restitution of rights".

Among the challenges arising when attempting to overcome the problems of continuity between both doctrines, Dustchavsky (2003, original in Spanish) mentions that there are new ways of building subjectivity that compel institutions to acknowledge the distance and gaps they display between these new subjectivities and the meanings that burdened their practices in the past: "...*interventions with children can no longer focus on duration (that is, something that is maintained, recycled and repeated), but on hosting events, reflecting upon them, including them and registering them in a network of meanings.*" (Galante, 2010).

Care and assistance for CSE victims is a particularly complex process, as children do not always perceive themselves as being victimized, which hinders and delays the restitution of rights. As some studies have been showing (Arredondo 2010; Diógenes 2008; Opción 2004), for children who are or have been exploited, "*the status of victim does not arise from CSEC, or, for them, from prostitution. However, it does arise as a significant factor regarding the violence they experienced in their infancy. They acknowledge their submissive position with regard to the agents of aggression in their lives, they acknowledge violence in their lives and identify it as such, and perceive it negatively and even use it in argumentational strategies to explain their current lives. In this respect, they do see themselves as victims; not in relation to CSEC, which appears to be a condition determined externally, but as a result of their childhood experiences involving abuse, aggression and neglect, which they do perceive and assess as victimization.*" (Arredondo, 2010:318; original in Spanish).

A new aspect of this problem appears in a study presented by Opción (2007; original in Spanish) in relation to gender and the differences in the histories and future careers of children who are victims of CSE: "*A further significant aspect to consider in interventions that attempt to make reparation to children is the loss of power and the defencelessness in the specific case of male victims, in view of the fact that feelings of control and power are part of male socialization. Thus, the existence of aggressive and even criminal conduct is usual and they can themselves sometimes become pimps, as observed in the case of some of the children who entered the programme when they were close to the age of majority. This is a crucial point during treatment, as the therapeutic approach not only entails the reparation of the harm caused, but also*

*reduces the chance of evolving from victims to perpetrators. Girls, on the other hand, view their exposure to CSE on the basis of their seemingly autonomous decision-making. This implies a kind of empowerment in the face of others, which is nothing but a way of confronting survival in the illusion of power and control of their own lives. This feature of the girls' experience makes reparation difficult, as processes must be put in place so that they can acknowledge themselves to be victims of exploitation, assimilating the negative elements of the experience in order to make progress towards a possible change of direction."*

Finally, against this problematical background involving the effective protection of rights, it should be mentioned that there is still a lack of Ombudsmen for child rights in the region – autonomous means and strategies for protection or accountability with regard to rights. A study performed by Cillero Bruñol (2011) shows that there is prevalence in Latin America of Ombudsmen for the defence of the whole body of human rights, including child rights, whose defence is often undertaken by specialized bodies associated to the Ombudsmen – these are the Ombudsmen for Children. These bodies for the protection of rights are essential, particularly in view of how recently children have evolved from being objects to being rights holders, and also in view of the institutional and legal fragility of effective rights protection in accordance with the comprehensive protection doctrine (Cillero Bruñol, 2004).

There are complex features in all of this, owing to the context of interventions aiming to restore rights. This background involves clashes between the doctrines (protection/control v. autonomy), the multiplicity of institutions and public and private agencies intervening with regard to the same child and/or his or her family at different times and with different purposes, having to deal with previous violations of rights that children may have suffered and working on restoring the rights of children who do not necessarily feel victimized by CSE.

## Part 2

- **2. Information Contributed by the States**

When the need for this paper to address a proposal for a victims care model with a gender perspective was established, a data-gathering tool was designed in order to question the states about different aspects of the care they provide.

The questionnaire was structured into two blocks. In the first, the intention was to obtain information about the areas in which CSE problems are addressed in the states, as well as about their role and relationship with the organizations that provide direct care to victims. In the second, in-depth questions were asked about the characteristics and special features of the care methods, with a focus on the type of services provided, child and family participation in the intervention process, the characteristics of the population being cared for, the types of exploitation prevailing and finally, the nature of the coordination and referral system.

This tool was remitted to the representatives of the states to the Directing Council of the IIN. Answers were received from eleven states: Argentina, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Panama, Peru and Uruguay.

A comparative analysis of the states' answers reaffirms the need for models or guidelines in order to consolidate the process of restoring rights, in view of the wide range of situations existing in different countries and within them, as well as the differences in the institutionality of restitution and care programmes and policies in the various countries.

- **2.1. The Situation in the States**

### **2.1.1. Inter-institutional and inter-sectoral coordination**

In general terms, there are both national and local interinstitutional and intersectoral coordination opportunities in work involving SE and trafficking in persons

in the states that answered the survey. Different areas of state intervention are included, from those related exclusively to children, to security and public health.

With regard to care settings, it was perceived that trafficking in persons and the commercial sexual exploitation of children in prostitution are beginning to be addressed jointly and that other forms of exploitation (sexual tourism and pornography) do not appear to be a priority. There are also victim-care projects and programmes being implemented in different regions and in most of them, the state's role is that of project executor, technical supervisor and funder. Of particular note is Chile's *Observatorio sobre Explotación Sexual Comercial Infanto Adolescente* [Observatory for Child and Teenage Commercial Sexual Exploitation], which produces information that has made it possible to learn about developments and outcomes regarding exploited children.

### **2.1.2. National organizations in charge and types of approaches**

In Argentina, caregiving for victims of child exploitation and trafficking in persons “*is provided nationally through the Area for the Prevention of Child Exploitation and Trafficking in Persons of the National Children and Family Secretariat, which answers to the Ministry of Social Development, and provincially, through the Local Application Bodies, according to an Aid Protocol*”<sup>6</sup>. A National Protocol for Aid to Victims of Trafficking and Child Sexual Exploitation has existed in Argentina since 2008.

In Brazil, the Human Rights Secretariat of the Presidency of the Republic is the institution responsible for the National Programme to Confront Sexual Violence against Children and Teenagers. Its principal objectives are: “*To coordinate actions, projects and services to combat sexual violence against children and adolescents according to the National Plan to Combat Sexual Violence against Children and Adolescents; to seek the integration of the various sectoral policies (health, assistance, public safety, tourism, education, human rights, etc.), the corporate sector and civil society organizations to combat sexual violence against children and adolescents*”<sup>7</sup>. In addition, the Ministry of Social Development and the Fight against Hunger leads a Specialized Social Security Centre (CREAS, for its acronym in Portuguese) whose

<sup>6</sup> Argentina: Answers to questionnaire 2012.

<sup>7</sup> Brazil: Answers to questionnaire 2012.

objective is to “Ensure a network of specialized care for cases of sexual violence against children and adolescents”<sup>8</sup>. Finally, both institutions address the issue of child labour by means of the Eradication of Child Labour Programme (PETI, in Portuguese).

In Chile, the *Servicio Nacional de Menores* [National Service for Minors] (SENAM), as the agency that executes special protection policies, provides specialized programmes, services and equipment that contribute to forming a network of social and public services, particularly those that promote the well-being, development and protection of children, through its accredited collaborating agencies (sixteen related to sexual exploitation, throughout the country) implemented by NGOs. It should be noted that according to its concept of the work it does, it is not only the victims who are borne in mind, but also the existence of a “demand” for sex with children. In this regard, understanding the role of johns, pimps and exploitation networks that promote the sexual exploitation of children is considered to be essential in order to make progress in eliminating it, which includes making sure that exploiters are penalized.

In Colombia, “the various institutions that compose the Sistema Nacional de Bienestar Familiar [National Family Welfare System] (SNBF) and provide comprehensive care for the victims of sexual crimes are: Instituto Colombiano de Bienestar Familiar [Colombian Institute of Family Welfare], Office of the Prosecutor General, the National Police Department, the Judicial Police – the Technical Investigations Body (CTI, in Spanish), the National Institute of Forensic Medicine, Legal Status, Family Police Stations, Health Centres (Hospitals – EPS – IPS – ARS, and other health insurance bodies), Educational Institutions, Ministry of Education, Operating Institutions and Contracting Entities”<sup>9</sup>.

In Ecuador, the issue is addressed by the *Instituto de la Niñez y la Familia* [Children and Family Institute] and is based on trafficking in persons. It is this Institute that reaches agreements with institutions that provide care services for victims. The purpose is to: “Generate and strengthen protection services for children who are victims and at risk from trafficking and commercial sexual exploitation, seeking prevention, rescue, resettlement and restitution of rights, within the focal points of

<sup>8</sup> Ibid.

<sup>9</sup> Colombia: Answers to questionnaire 2012.

*prevention, protection and restitution of rights of the Plan Integral Contra la Trata de Personas [Comprehensive Plan against Trafficking in Persons].*<sup>10</sup>

In El Salvador, the issue is addressed by the *Instituto Salvadoreño para el Desarrollo Integral de la Niñez y la Adolescencia* [Salvadoran Institute for the Comprehensive Development of Children] (ISNA), with an assistance programme for the victims of trafficking with the purpose of commercial sexual exploitation, executed by the Comprehensive Protection of Children System, together with the judiciary, the Prosecutor's Office and the specialized police. A Trafficking Council is drawing up a public policy to combat trafficking, which will include caregiving for victims.

Costa Rica has a *Comisión Nacional contra la Explotación Sexual Comercial* [National Commission against Commercial Sexual Exploitation], which coordinates institutional work and supervises the inclusion in operational plans of the various institutions with jurisdiction to ensure and restore victims' enjoyment of rights. During this government's mandate, a strategic partnership by issues was established and there is joint work being performed on such matters as child labour, trafficking and commercial sexual exploitation, in accordance with the roadmap against child labour and its worst forms, trafficking and commercial sexual exploitation.

In Panama, the *Secretaría Nacional de Niñez, Infancia y Adolescencia* [National Children's Secretariat] (SENNIAF) is in charge of interinstitutional coordination to care for persons at risk from or victims of CSE. Particularly, “*in the area of care, we coordinate and synchronize with government and non-governmental organizations in order to ensure that victims receive comprehensive care,*” and at the same time, “*we monitor the fulfilment of care appointments provided at different opportunities, in order to ensure that the rights of children are respected and applied*”<sup>11</sup>. It should be noted that the state has drawn up a care protocol for underage persons who are victims of commercial sexual exploitation.

Since 2011, Peru has had a *Plan Nacional de Acción contra la Trata de Personas* [National Action Plan against Trafficking in Persons] with three key components: crime prevention, the pursuit of traffickers and protection for victims. The

<sup>10</sup> Ecuador: Answers to questionnaire 2012.

<sup>11</sup> Panama: Answers to questionnaire 2012.

country does not yet have care protocols, although in a questionnaire sent to the IIN in 2011 it is indicated that an “*Intersectoral Route for Comprehensive Care and Protection for Victims of Child Sexual Abuse, Child Sexual Exploitation and Trafficking for the purpose of Child Sexual Exploitation*” has been drafted, with the objective of providing clear and efficient sectoral and intersectoral guidelines for the comprehensive care of children who have been victims of these three problems.

In Dominican Republic, the *Consejo Nacional para la Niñez y la Adolescencia* [National Children’s Council] (CONANI) is the institution responsible for the Residential Care for Children Programme, for children at personal, family and social risk (interim shelters format). “*Interim shelters are provisional shelters for children who are at personal or social risk, who have been victims of ill-treatment of any kind and who require the help of the state.*” The care provided “*is therapeutic, personalized, comprehensive, controlled, preventive and family-based*”<sup>12</sup>. There are, at present eight interim shelters.

In Uruguay, the *Comité Nacional para la Erradicación de la Explotación Sexual Comercial y No Comercial* [National Committee for the Eradication of Commercial and Non-Commercial Sexual Exploitation] (CONAPESE) is the intersectoral setting in which the two national plans for the eradication of commercial sexual exploitation have been designed. Work has been carried out on them since 2007 and currently, a programme for the care of victims of trafficking with the purpose of child sexual exploitation has been launched and is operating in the Women’s Institute of the Ministry of Social Development. It is being funded by the EU and there are plans to include it as a state project under the aegis of the Children’s Institute.

- **2.2. Care Projects Executed in each State**

In the second block, questions were asked regarding the characteristics of the care programmes implemented in the countries, with the purpose of learning about the features of the activities being planned.

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<sup>12</sup> Dominican Republic: Answers to questionnaire 2012.

## 2.2.1. The role of the state, execution and types of plans

In all cases, the active presence of the state was observed, undertaking a variety of roles. In Colombia, Dominican Republic, Ecuador and Uruguay, the state only assumes the role of executor, whereas in Panama it is the technical supervisor and in Argentina, Costa Rica and Peru it is both executor and technical supervisor. Finally, in Brazil (depending on the programme), Chile and El Salvador, the state assumes all of the roles.

Care plans are designed both by project teams together with other sectors (academic, state) and by the governing body for children. In the case of Uruguay, there is also an international plan.

The execution of the plans is publicly-run in every case (Argentina, Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Panama, Peru and Uruguay), with the exception of Chile, where it is private, with state funds. In general, they are executed both in the capital city and in other parts of the country.

The country plans are comprehensive and incorporate the gender perspective.

In Argentina, comprehensiveness is based on a protocol that addresses different situations and “*the main objective of the help provided is the restitution and protection of the rights of persons affected by the crime of trafficking. Care is individual and bears in mind the special features of each case. The protocol calls for providing, at a first stage, shelter, food, clothing, medical, psychological and social care, free identification documents, the voluntary return to their places of origin in the case of individuals older than 18 and chaperoning for the return of underage persons. At a second stage, financial support is offered for training, income-generating activities, educational reintegration, etc. On this basis, a work plan is drawn up for each situation.*

<sup>13</sup>”<sup>13</sup>

In Brazil, the plan is considered to be comprehensive inasmuch as it “*seeks the synchronization of social public policies that safeguard the rights of children affected by*

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<sup>13</sup> Argentina: Answers to questionnaire 2012.

sexual violence”<sup>14</sup>. In addition, both child victims and their families are engaged in the restitution process.

In Chile, the plan’s comprehensiveness is based on “*a rights-based approach; this perspective bears in mind the comprehensiveness of children, providing the necessary services, respecting their status as full holders of rights who require appropriate protection in every area of their lives. This also implies supervision of their protective settings – both social and cultural – in order to ensure the full respect for and enjoyment of their rights in areas involving survival and development, protection and well-being, autonomy and participation. It also implies an assessment of the regional and local features that are indispensable in order to learn about their characteristics and understand the different manifestations of commercial sexual exploitation, observing the dynamics it acquires, the contexts in which it occurs, the persons involved and the complexities it is imbued with, with the purpose of generating timely strategies and actions. It is also approached by means of dissemination campaigns, prevention, detection, restitution of rights, support for court proceedings, follow-up, etc.”*<sup>15</sup>

In Colombia, “*care for children is considered to be comprehensive because actions performed for re-establishing their rights are coordinated and synchronized, with a view to a rational, sequential and synchronized organization, providing the best conditions for access, well-being and quality of the services offered to each individual case*”<sup>16</sup>. Comprehensive care is one of the three inalienable and compulsory principles on which the *Modelo de Atención para el Restablecimiento de Derechos* [Care Model to Re-Establish Rights] is based.

Work in Costa Rica is based on its *Modelo Cílico de Respuestas Articuladas* [Combined Response Cyclic Model] (MCRA)<sup>17</sup>, “*however, the application of the programme is barely emerging; the change of paradigm from institutional and compartmentalized care to comprehensive state action is not yet established*”<sup>18</sup>.

<sup>14</sup> Brazil: Answers to questionnaire 2012.

<sup>15</sup> Chile: Answers to questionnaire 2012.

<sup>16</sup> Colombia: Answers to questionnaire 2012.

<sup>17</sup> Claramunt, C., *Explotación sexual comercial. Propuestas de trabajo para una atención integral a las personas menores de edad víctimas* [Commercial Sexual Exploitation. Work proposals for comprehensive care for underage victims]. Available at: [http://white.oit.org.pe/ipec/documentos/folleto\\_1.pdf](http://white.oit.org.pe/ipec/documentos/folleto_1.pdf) (accessed 10 Sep. 12).

<sup>18</sup> Costa Rica: Answers to questionnaire 2012.

In Ecuador, comprehensiveness arises from the implementation by the *Sistema Nacional Descentralizado de Protección Integral a la Infancia y la Adolescencia* [Decentralized National System for the Comprehensive Protection of Childhood], of means of protecting and safeguarding rights. The *Consejo Nacional de la Niñez y Adolescencia* [National Children's Council] coordinates with the other agencies.

Plans in El Salvador are comprehensive because they “*include all the areas of interest to the victim*”<sup>19</sup>, whereas in Peru, comprehensiveness is achieved through a personalized, multidisciplinary and inter-connected care format (psychological, legal, social), through which it is not only the child victim that receives care, but also his or her family and social environment. Similarly, in the Dominican Republic comprehensiveness is reflected in the work of a multidisciplinary team that intervenes in various areas: health, social and family care, psychological care, education, food, recreation and sports.

Finally, comprehensiveness in Panama and Uruguay is achieved by addressing all the violated rights and areas of children who have been exploited.

The gender perspective is mainstreamed into programmes in different ways. In Chile it is done by means of tools that break down information by sexes, “*both in the project’s diagnosis and in previous work experience – if relevant – with a brief analysis of similarities and differences, both of the rights violation situation that affects children and of duration. At the same time, the programmes have an objective or target that steers work with children towards the gender approach throughout the intervention. Similarly, records are kept regarding the differentiated impacts that the strategies used during the experiences generate on the girls and boys cared for. In addition, this approach is included in intervention progress reports, together with a gender analysis based on the work carried out, which makes it possible to arrive at conclusions regarding the relationship between the type of right violated, the seriousness of the damage done and the sex of the persons affected, as well as see evidence of the various changes that took place. In the reparation process as such, including the gender approach implies taking gender differences into account in the meaning shifts related to the harm and abuse resulting from exploitation. This will make it possible to*

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<sup>19</sup> El Salvador: Answers to questionnaire 2012.

*empower the personal resources of all children, overcoming gender stereotypes and the effects of abuse that can hamper their full development*<sup>20</sup>.

In Colombia, another of the inalienable and compulsory principles of the Care Model to Re-Establish Rights is the differential approach, understood as the acknowledgement of the existence of specific situations and conditions associated with certain characteristics, among which are gender, age, ethnic group, life cycle, etc.

In Peru, projects and programmes for the restitution of rights mainstream the gender approach in their intervention methodologies, “*influencing female adolescent victims to become aware of the fact that it is their right to make decisions regarding their own bodies and that they need not depend on the decisions of third parties or be subordinate only because they are women. The objective is that when they are reintegrated into society they can relate appropriately and equitably with men and women*

<sup>21</sup>.

In Uruguay, the gender approach is mainstreamed because “*theoretical and practical resources include areas that call into question the social construct that assigns pre-established roles to women and CSE victims, and that promote their resilience*

<sup>22</sup>.

Finally, in the Dominican Republic it is considered that the gender approach is incorporated because “*it ensures equality between men and women in the distribution of resources and access to opportunities in economic and social life*

<sup>23</sup>.

## 2.2.2. Services provided through care programmes

Care programmes and/or projects in Argentina, Chile, Colombia and El Salvador **prioritize** social, psychological, legal, health, educational, artistic and labour-related activities. In the remaining states, these activities are also important, with the following exceptions: in Costa Rica and Ecuador, artistic and labour-related activities are not given precedence; in Peru, it is health-related activities that are not prioritized;

<sup>20</sup> Chile: Answers to questionnaire 2012.

<sup>21</sup> Peru: Answers to questionnaire 2012.

<sup>22</sup> Uruguay: Answers to questionnaire 2012.

<sup>23</sup> Dominican Republic: Answers to questionnaire 2012.

in Uruguay, educational, artistic and labour-related activities; in Brazil and the Dominican Republic, labour-related activities. In Panama, for its part, only social activities are given priority.

Beyond whatever priority is given to these activities, the following table shows all of the services offered by the countries; by central teams as part of the project or programme, and/or by means of referrals to other public or state institutions or organizations.

	AR	BR <sup>24</sup>	CH	CO	CR	EC	ES	PA	PR	DR	UY
Health: medical check-ups/psychological care/psychiatric/dental/pregnancy/addiction care	X	X	X	X	X	X	X	X	X	X	X
Education: tutorial programmes/school support/enrolment	X	X	X	X	X	X	X	X		X	X
Legal: support for proceedings involving courts/public prosecutor's office/sponsorship/accusations	X	X	X	X	X	X	X			X	X
Labour-related: obtaining work/income self-generation/job training	X	X	X	X			X				
Social: family/family reintegration/regularization of documentation/family care support and follow-up	X	X	X	X	X	X	X	X	X	X	X
Artistic and similar: music/ drama/ painting/ dancing/ audiovisual	X	X	X	X			X				
Nutrition	X	X		X			X		X	X	
Housing	X			X			X		X		
Religious or faith-related							X		X		
Care for the children of the individuals being served	X	X	X	X							X
Residential institutionalization	X		X	X	X		X		X	X	X
Other, which?											

<sup>24</sup> Information on the three proposals reported on by Brazil is included.

### 2.2.3. Requirements for entry, type of population, forms of exploitation addressed and types of referral for children

The projects list no requirements for the entry of children beyond an age restriction (under 18) and having been (or continue to be) victims of CSE. In Panama, listing sex and place of residence is also required (in what sense is not specified). In Dominican Republic, sex and age variables are related to the organization of shelter provided for children in residential care (children up to 6, from 6 to 12 and from 13 to 18, in boys-only or girls-only centres, and mixed, but with separate areas).

A deadline for the work undertaken is not established in Argentina, Brazil, Costa Rica, Ecuador and Peru. It is less than six months in Dominican Republic, less than one year in Colombia, between one and two years in Panama and Uruguay and exceeds two years in Chile.

The profiles of victims cared for in the different states is as follows:

	AR	BR <sup>25</sup>	CH	CO	CR	EC	ES	PA	PR	DR	UY
Boys	X	X	X	X		X		X	X	X	
Girls	X	X	X	X		X	X	X	X	X	
Male adolescents	X	X	X	X	X	X			X	X	
Female adolescents	X	X	X	X	X	X	X	X	X	X	X
Transvestites	X	X	X			X					
Transgender persons	X	X	X			X					

The types of exploitation that prevail in the care provided in each of the states are:

<sup>25</sup> Information on the three proposals reported on by Brazil is included.

	AR	BR <sup>26</sup>	CH	CO	CR	EC	ES	PA	PR	DR	UY
Exploitation in prostitution		X	X	X	X	X		X	X	X	X
Exploitation in travel and tourism		X		X	X						
Exploitation in pornography		X	X	X	X						
Trafficking with the purpose of sexual exploitation	X	X	X (domestic)	X	X			X	X	X	X

In all of the states, children enter the care and restitution programmes through referrals from the judicial system or the health, education or social services. In Brazil, Colombia, Ecuador, El Salvador, Costa Rica, Dominican Republic and Uruguay, the programmes also perform their own recruitment, either in the streets or in the services mentioned above.

Children's entry is voluntary and/or compulsory through referrals from the courts or other institutions.

#### 2.2.4. Care plan organization

Care plans are organized in different ways and are conceptually synchronized from different perspectives.

In Argentina, the care protocol is in two stages: *the first includes mainly board, clothing, social welfare, medical and psychological care, legal guidance, the provision of documentation and decisions regarding voluntary and assisted return. The second stage involves reconstructing individuals' life projects. A reintegration plan is drawn up, or action is coordinated with the appropriate organizations for children or trafficking in the country of origin of the persons who are victims of this crime*<sup>27</sup>.

In Chile, "an ambulatory format is proposed with a risk management and uncertainty reduction perspective, which leads to increasing levels of control – individually and socially – and increasing levels of self-care and preventive behaviour.

<sup>26</sup> Ibid.

<sup>27</sup> Argentina: Answers to questionnaire 2012.

*This implies that children progressively acknowledge the possibility of self-determination and responsibility with regard to their own lives and the opportunity of personal transformation and the transformation of the social environment in which they live and coexist. From this perspective, intervention is, in principle, a process jointly constructed with children, who begin to recognize their achievement of intermediate objectives, even when – initially – the aim is always to overcome the situations that led to entering the programme; that is, the restitution of rights and social resettlement, thus ensuring the comprehensive protection or rights<sup>28</sup>. There is an intersectoral approach and work is on the ground or in communities in coordination with the various institutional networks. Likewise, intervention is carried out at different and successive times: entry, the design of an individual care plan and follow-up after discharge.*

*In Colombia, “the care process is carried out in four phases with actions and targets for the systematic re-establishment of rights, with the participation of the children, their families or closest social network and the members of the community”.*

- a. **Stage 1: Identification, Diagnosis and Shelter**, with the purpose of making a comprehensive analysis of the children’s situation (performed jointly with the multidisciplinary technical team, the children themselves and their families) and aiding their adaptation to their new foster family or institutional environment. Based on this, a comprehensive care plan (PLATIN, in Spanish) is drawn up to guide intervention.
- b. **Stage 2: Intervention and Projection**, in which children live with the foster family or in the institution and the PLATIN-planned activities take place. *“The objective is to design and consolidate their projection as people within the world, within a specific environment, with fully re-established rights and identified duties.”*
- c. **Stage 3: Preparation for Discharge**, during which strategies and actions are implemented with the purpose of preparing children to leave the programme and resettle in their original or adoptive family, or their social support network. Some of these activities are: psychological counselling so that children can strengthen their sense of security and self-confidence, *“to administrate the continuity of children’s links to education, health and training,”* and motivate them to *“continue developing their skills and potential in personal, academic and job-related areas (this for adolescents above the*

<sup>28</sup> Chile: Answers to questionnaire 2012.

age of 14) once they leave the system". In addition, "develop specific interventions with family members or the social support network, when appropriate, in order to prevent children's rights from being violated". And, "give guidance regarding intra and interinstitutional services that children can go to in search of protection [or the services they require] and how to gain access to them", etc.

- d. **Stage 4: Post-Discharge Follow-Up** is carried out over a period of six months, with the purpose of "observing the impact and effectiveness of the care process in order to support them in their inclusion within the family, labour, academic and social environment"<sup>29</sup>.

In Costa Rica, intervention is in three stages: detection, comprehensive care, restitution of rights and follow-up, whereas in Peru, "when an adolescent victim of CSEC is referred as a result of a decision arising from a protective investigation, she experiences the process as a search for genuine change, which she can achieve on the basis of HER OWN VOLUNTARY DECISION, with our invitation to learn about the programme and begin the process with the COMPREHENSIVE INTERVENTION OF SERVICES/PERSONS who become her supporters/guides in her BIO-PSYCHO-AFFECTIVE AND SPIRITUAL REPARATION PROCESS"<sup>30</sup>. The plan has four stages: Shelter; Development: new youth; Progress: socio-family and socio-labour resettlement; and the final one, called Follow-up: post-discharge.

In Ecuador, the Ministry of Economic and Social Inclusion (MIES), as part of its plan against trafficking and other crimes, coordinates its participation with various state institutions. Its principal contributions are based on the *Plan Nacional de Erradicación de Violencia de Género* [National Plan for the Eradication of Gender Violence], in compliance with the mandate of Executive Decree 620, of 10 September 2007, which called for a national plan for the eradication of gender violence against children and women. The plan's strategic focal points are:

1. The transformation of socio-cultural patterns.
2. A comprehensive protection system.
3. Access to justice.
4. A registration system.

<sup>29</sup> Colombia: Answers to questionnaire 2012.

<sup>30</sup> Peru: Answers to questionnaire 2012.

## 5. Institutionality.

In El Salvador, intervention is in three stages: 1) CRISIS INTERVENTION. Care covering the first days after admission, which includes adapting to the centre. 2) THERAPY. Victims are already aware of the manifestations of their distress and are provided with psycho-therapy sessions so that they can process and release it. 3) SUPPORT FOR DESIGNING A LIFE PROJECT. Minimal control over trauma enables victims to undertake a life project, which can include vocational training, higher education, travelling abroad, etc.

In the Dominican Republic it is considered that stays in the interim shelters should be as brief as possible, “*and should not exceed six months at the most. This is sufficient time to re-establish impaired rights and/or come up with alternative solutions*”. At the time of leaving, a follow-up and ambulatory care plan is drawn up, which should cover at least three months, “*as a way to stabilize changes and complete the intervention plan*”<sup>31</sup>.

In Uruguay, on the other hand, “*stages are imprecise and are determined in accordance with the protection of rights. Definition of this aspect is under production*”<sup>32</sup>. In Brazil and Panama there are no stipulated phases or stages.

### 2.2.5. Residential institutionalization, circumstances and time frame

Residential institutionalization of child victims is used in all of the states, when situations exist that jeopardize children's right to life, security and/or well-being; when there is a need for intensive therapy, when the family is involved in exploitation or there is no protective family group, or as a result of a court order.

In Brazil, specifically, the *Centro Especializado da Assistência Social* [Specialized Social Security Centre] includes residential institutionalization as part of the restitution process, which the *Programa Nacional de Enfrentamento da Violência Sexual Contra Crianças e Adolescentes* [National Programme to Confront Sexual

<sup>31</sup> Dominican Republic: Answers to questionnaire 2012.

<sup>32</sup> Uruguay: Answers to questionnaire 2012.

Violence against Children] and the *Programa de Erradicação do Trabalho Infantil* [Eradication of Child Labour Programme] do not do.

The time frame for residential institutionalization varies from country to country. In Panama and the Dominican Republic it is less than six months; in Costa Rica and Peru, between six months and a year, while in Argentina, Brazil, Chile, Ecuador, El Salvador and Uruguay there is no fixed limit.

#### **2.2.6. Child participation in care plans**

Children participate<sup>33</sup> in different ways in the project or programme work process. In Argentina, Brazil, Costa Rica and the Dominican Republic, participation occurs during the production of the personal care plan, for which children's opinions are sought. In Brazil, in addition, the National Programme to Confront Sexual Violence against Children implies that, "*children should be involved in the process of designing municipal and state plans to confront sexual violence in any social mobilization process*"<sup>34</sup>.

In Chile, child participation "is expressed at different levels: the first involves listening to them, respecting their points of view and including them in decisions regarding the activities to be carried out. Participation implies that children should be actively involved and deploy their capabilities and potential. A second participation area involves substantial participation, in which children are included in decisions associated with the exercise of citizenship, as full rights holders contributing to the development of their communities"<sup>35</sup>.

In Colombia, professional staff holds initial interviews with children during which they "provide clear and precise information [...] regarding the reasons why they have been taken to the ICBF, what the process entails, what stages it involves and how they can have access to information at any time, thus safeguarding their right to participation and information". Subsequently, "it is attempted to make participation a routine practice and include it in decision-making on matters that affect them, according

<sup>33</sup> Ecuador did not answer this question.

<sup>34</sup> Brazil: Answers to questionnaire 2012.

<sup>35</sup> Chile: Answers to questionnaire 2012.

*to their age and level of evolution, as well as in their links to the social and community environment*". To this end, the following activities are carried out, among others: "*reach coexistence agreements with the children and follow them up; [...] listen to the children and their families in order to seek explanations for and solutions to the specific circumstances involving violations or coexistence within the modality; [...] hold six-monthly satisfaction surveys in order to evaluate the service; [...] set up a suggestions box and use it appropriately, promoting its use, and analysing and resolving the complaints of children and their families*"<sup>36</sup>.

In El Salvador, the right to opinion and participation is exercised with the children's consent at the start of the therapy stage. If they are not yet ready for it, they are given the time they need. During the stage at which they receive support for their life projects, they are offered guidance regarding possibilities and they decide on the alternatives that interest them. Children participate in recreational activities with the community throughout the process; they are consulted regarding their wish to participate and how to do it. The most significant acknowledgement of the right to participation is that victims preserve the right to decide whether they will remain involved in legal action and therapy. They can express their desire to desist at any time and after discussing it with the work team they can withdraw fully or partially from the process.

In Peru, participation is based on the information that children receive regarding the situation they are in and how it evolves.

#### 2.2.7. Family participation in care plans

Families<sup>37</sup> can also participate in the recovery process, so long as they have not been involved in the exploitation.

In Brazil, they are involved, together with the children, in the design of individual care plans and the activity schedule, and they take part in monthly meetings, parties and evaluations.

<sup>36</sup> Colombia: Answers to questionnaire 2012.

<sup>37</sup> Ecuador did not answer this question.

In relation to the situation of exploited children, a distinction is made in Chile between types of families: “*families who can acquire appropriate parental skills and the necessary material conditions for family reintegration: in this case, interventions focus on family bonds, with suitable support and follow-up. Families in which family resettlement is difficult, but that contain significant figure(s) who can be supportive and commit to the treatment that children need. In this case, although children may require a protected residential alternative, bonds with their families or with some of their members are strengthened and attempts are made to conduct the repair process in such a way that it facilitates the generation of positive primary networks and encourages – if appropriate – possible family resettlement in the mid or long term. Families with significantly dysfunctional relationships, with no interest in supporting the process of ending the exploitation: in this case, children will require a protected residential alternative with a special emphasis on finding significant support figures who can endure over time and generate resilient skills.*” Family support is also encouraged through on-the-ground work and programme teams encourage an active leading role for families in the intervention process, as a significant support in the interruption and/or reduction of behaviour that infringes upon children’s rights.

In Colombia, “*families become involved in the childcare process on the theory that they are the state’s and society’s social capital and the most favourable setting in which to generate meaningful bonds, encourage socialization and foster the development of individuals. Therefore, it is considered essential to transcend individual care and trigger collaboration and joint responsibility with the family. In investing in the family as a unit, we are investing in the development of persons, communities and the country, and guaranteeing the fulfilment of rights and the effective allocation of resources.*” Intervention is based on the *Modelo Solidario para la Inclusión y la Atención de Familias* [Supportive Model for Inclusion and Family Care], whose purpose is suggested as “*the activation of resources and natural bonds within family systems and networks of affiliation*”<sup>38</sup>.

Meanwhile, in Peru, “*at each methodological stage, families receive the necessary awareness-raising on the subject of CSE; on how the rights of their daughters have been violated and broken, inasmuch as there is a tendency to make the adolescent responsible for her current living conditions. The next step is for families*

<sup>38</sup> Colombia: Answers to questionnaire 2012.

*to come to value the re-establishment of the various activities that are part of an adolescent's experience, so that exploitation is not repeated. Families gain knowledge regarding their formative role in the growth and development of their daughters. Often, they have been instrumental in allowing exploitation of their daughters to endure, owing to ignorance, familiarity with CSEC or other social factors, which leads to insecurity, fear and physical and emotional afflictions in their daughters. A further step is taken when families re-engage in their formative roles and acknowledge the deficiencies of their intervention. Despite their shortcomings and problems, families also have capabilities that need to be pointed out. However, it may also be necessary to find alternative means of support when the family group is not suited to family return or reintegration.*<sup>39</sup>

In Panama and the Dominican Republic, families are involved as from the first contact with the victim, in order to offer guidance in handling these situations and strengthen their bonds.

In Uruguay, “*the will of the individual is borne in mind and depending on the characteristics of the case, the family is also included in the work*”<sup>40</sup>.

#### **2.2.8. Follow-up, coordination, execution and time frame**

Follow-up of exploited children is performed in all of the countries except Uruguay. In general, it is carried out on a monthly basis, for a period of from six months to a year, except in Panama and Colombia, where it is bimonthly and half-yearly respectively, and in Brazil’s Eradication of Child Labour Programme, in which follow-up is bimonthly and continues for over a year.

In most cases, follow-up is carried out by members of the centre’s technical team. In Ecuador and Panama, it is performed jointly by the project team and another organization, and in Argentina, other organizations external to the care project are in charge of follow-up.

<sup>39</sup> Peru: Answers to questionnaire 2012.

<sup>40</sup> Uruguay: Answers to questionnaire 2012.

All of the countries perform coordination and referral between public and private institutions in different fields (health, education, employment, housing, food, etc.). In some cases (Argentina, Panama, Dominican Republic and Uruguay), these relationships occur through interinstitutional coordination, on the basis of a protocol or not. In others (Colombia and Ecuador), through committees, boards or established networks, whereas in still others (Brazil, Chile, Costa Rica, El Salvador and Peru) both formats are present.

## Part 3

- **3. Victim Care Models, Programmes and Projects. Discussion and Methodological Proposals for Intervention with a Gender Perspective**

The experiences described in this section were selected on the basis of their contributions to two of this report's fundamental subjects: the gender perspective and the restitution of rights.

The **Combined Response Cyclic Model** (Costa Rica) is a proposal for intervention with a rights-based approach that seeks solutions to the highly complex issue of synchronizing institutional responses so that victims and/or their families can gain access to a platform of services that will contribute to restoring violated rights as a result of CSE.

The work of **Corporación Opción** [Options Corporation] (Chile) enables the inclusion of the gender perspective and its importance in improving interventions, from practical aspects such as the mixed composition of care teams to other more complex ones related to a review of the ideologies and cultural guidelines of the team members themselves. It also makes it possible to advance in distinguishing present and future impact and harm that may be expected according to the victim's gender, and the solutions that may be found.

**Luna Nueva** [New Moon], an NGO in Paraguay, has designed a project to improve the physical and psychological health of female children victims of sexual exploitation in the city of Asunción. It develops critically a plan to address mainly girls and female adolescents who are recruited by the teams themselves. The gender

perspective is incorporated into a central focal point approach that makes it possible to view ideas and experiences related to the mental and physical health of adolescents and young girls in the process of dissociating them from CSE, with a particular focus on sexuality and maternity.

Finally, **Paicabí NGO's** Antú Centre (Chile) is working on “The Secrets of the Eclipse”, which consists mainly in a project with well-defined phases, problem-posing with regard to the “progressive autonomy” principle and a type of intervention that constantly links work in the centre to community resettlement, including supporting and strengthening the family of origin.

### **3.1. Costa Rica: Combined Response Cyclic Model**

In 2004 and 2005, Costa Rica implemented the Combined Response Cyclic Model (MCRA, for its acronym in Spanish)<sup>41</sup>, in the context of the project on “Contribution to the prevention and elimination of commercial sexual exploitation of children in the communities of Corredores and Golfito”. This project constituted a Time-Bound Programme for the eradication of child labour, funded by ILO-IPEC.

The TBP was composed of four elements:

- **Comprehensive care for child workers and their families:** Through this component, institutional resources were channelled in order to respond to the needs of child workers, with the objective of freeing them from child labour so that they could devote their time to study and recreation.
- **Awareness-raising and social mobilization:** The objective of this component was the awareness-raising of institutions, communities, local organizations, community leaders, churches and other key stakeholders in the cantons of Corredores and Golfito. In addition, community mobilization was promoted in order to detect and support the search for answers to the problem of child workers and their families; this was both community-based and institutional.
- **Productive alternatives:** The objective of the productive alternatives component is to offer productive choices leading to extra income for the families of child workers, so that their children can leave their work and go to school without reducing the family's income.

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<sup>41</sup> The School of Psychology of the University of Costa Rica was responsible for the execution of the MCRA component.

- **Prevention and care for the victims of commercial sexual exploitation:**

This is the component in which the Cyclic Model was implemented as a novel methodology to prevent and eradicate commercial sexual exploitation in Corredores and Golfito.

The MCRA “*is based on the premise that in order to provide a service safeguarding human rights and responding to the many needs and special features of victims, it is necessary to synchronize the care being offered within an interinstitutional platform of coordinated services*” (IPEC/ILO, 2004). Effective intervention is required, offering families opportunities for a decent life.

The model’s principles are:

- The identification of the main state and civil society institutions rendering services to underage victims of the different social problems, and their families.
- The identification of programmes and services to satisfy the needs of victims and their families, and their synchronization in a services platform.
- The services platform should be available to victims and their families throughout the intervention, which must respond to their needs, status and special features.

There is no institution within the MCRA that can undertake exclusive responsibility for the execution of an eradication and/or victim care plan. The proposal is for the plan to synchronize and target the joint action of several institutions at different levels (national, departmental/state/provincial, local, community). Leadership of the plan should devolve upon one institution, with the purpose of optimizing resources.

### **3.2. Chile: Corporación Opción – ESCI Iquique Project**

Corporación Opción [Options Corporation] has been implementing two projects, in which it has researched and applied the gender approach, in two Chilean cities (Iquique and Santiago) since 2004. The Iquique project is organized in four care stages:

Stage 0: Generating demand or motivation for consultation

Children become connected to the project through court orders that refer them as a measure of protection, which implies that many of them attend compulsorily. The first part of the technical team's work is, therefore, to motivate children to consult, in order to generate and carry out effective interventions, particularly with regard to individual psycho-therapy.

#### Stage 1: Restoring basic needs

Another of the stages of the intervention programme is related to covering such basic needs as food, housing and clothing.

#### Stage 2: Intervention with a focus on emotions

This stage targets the children's affective processes and mainly attempts to restore bonds with significant attachment figures, generate healthy bonds with meaningful adults and prepare children for a protective adult role.

The sexuality of children is also addressed at this stage, with the purpose of helping them to build healthy bonds with persons of the opposite sex.

#### Stage 3: Evaluation

The project has means of following up and evaluating the actions performed. Two main aspects are assessed: intervention plans related to individual treatment that includes therapeutic objectives in different areas of the programme and, in addition, the cases that are cared for are monitored.

The work team is mixed, in order to promote gender identification, inasmuch as the outcomes of a 2004 research study showed this element to be significant and that boys identified more strongly with female reference points and girls with male ones. Work is organized by mixed sub-teams that are jointly responsible for the children who are admitted to care. The purpose of mixing the teams is so that children can review their "positive experiences with adults – both men and women – who are in a position of authority. This is a starting point in bringing children's lives back to normal, giving them back their capacity to explore, revise and elaborate on their experience through healthy and protective adult role models of both sexes.

In the Santiago project, boys are drawn mainly from the social network, whereas girls are sent by the judiciary. A further significant element involves families

and the intergenerational transmission of prostitution as a “trade”. Likewise, in specific interventions with children, it should be noted that although girls benefit from group work, both individual and group therapy sessions are necessary, since they are perceived to be complementary. Individual sessions allow them to express themselves freely, whereas in group activities they can construct meaning.

The explicit recognition of these influences led the technical team to approach the subject with a main focus on reverting dominant gender role models, questioning their stability and clarity. This enables the acceptance of variations in gender meanings, and the construction of a number of alternative meanings based on understanding and incorporating individual specific features and the particular condition of children and their families or significant adults. At the same time, the personal inclinations of the team members themselves are also made explicit and acknowledged.

An atmosphere of ongoing analysis has been fostered in this project, encouraged by the scant sources available with regard to intervention models for CSE in the country, the lack of prior experience in the implementation of a programme in the project's insertion area and the insufficient information regarding child victims of CSE. Self-care practices have been promoted, organized in a monthly self-care plan.

Some significant conclusions have resulted from this project regarding the termination of CSE: it is strongly determined by the extent of children's involvement in it, by the presence of a bond of affection with the aggressor, by the level of dependence on drug, alcohol and tobacco consumption, which must be financed by this practice, and by the extent to which the activity affects the livelihood of the child's family. It is in this type of situation that the gender perspective should be applied, in order to shed light on the fact that, for example, girls tend to have a greater dependence on drugs at an earlier age than boys, that they tend to contribute early to the family income, becoming responsible for and assuming a protective role with regard to their peers and that they frequently develop bonds of affection with their pimps.

### **3.3. Paraguay: Luna Nueva NGO: A Journey towards Life**

The theoretical and referential matrix for *Luna Nueva*'s [New Moon] educational and therapeutic approach is the social psychology of Enrique Pichon Rivière, who

performed a synthesis of psychological and social theories that rethink human beings as social beings in continuous growth towards humanity. Therefore, female teenagers are not persons who must be understood on the basis of pathology, but must be supported on the basis of their own knowledge and the educational and therapeutic task that is part of that knowledge.

This educational and therapeutic process is performed from the street, the setting in which sexual exploitation occurs, to *La Casa* (The House), composed of two physical areas that make the task possible; *La Casa* as a daycare centre and *La Casa* as a shelter. There is also a productive unit, a mixed job-training area in which income is generated for the future autonomous lives of the girl adolescents. An area for babies is also specifically included.

#### a) Work on the ground: the street and the community

A mixed street team (a man and a woman) carry out ongoing tasks contacting and relating to girl teenagers undergoing sexual exploitation, covering two main areas:

- Traditional prostitution areas: here, the street team's work fulfils two main objectives:
  1. To support a group of female adolescents in contacting and entering the *La Casa* programme, as a way to carry out a process that will enable them to dissociate themselves from sexual exploitation and visualize a new life project.
  2. To support female adolescents in an educational and critical empowerment process, to improve their living conditions and status, even when they remain on the street, by reducing their social and psychological vulnerability.
- Community work: Neighbourhood work is only just emerging and consists in establishing contacts and links with positive neighbourhood organizations and reference points for the process, and contacts with a group of adolescents.

#### b) *La Casa*

At *La Casa*, the growth of girl teenagers is encouraged by helping them to learn solidarity, how to participate in society and develop their critical and reflexive capacity.

- *La Casa* as a care centre provides, on the one hand, services to satisfy basic needs – food, cleanliness, rest – and on the other, educational and therapeutic services and activities leading towards personal development – care and education in physical and mental health, self-expression and recreational activities, formal and informal education, job training, activities to acquire social skills and coexistence guidelines.

- *La Casa* as a shelter provides girls who join the programme and have nowhere to go, with a temporary place to live in, once all family and institutional possibilities have been exhausted.

### The methodological proposal: A Journey towards Life

This is a theoretical and practical conceptualization of the therapeutic process that female adolescents and *Luna Nueva*'s therapeutic and educational team undergo. It includes different stages:

#### First encounters: work on the street

The first connection is established by means of the distribution of condoms and some short and informal talks on health-related matters. The purpose of these first contacts is for girls to become familiar with the team and overcome any initial fears. At these first contacts, talks or conversations are steered towards the prevention of sexually transmitted diseases, pregnancy and self-care. Another strategy is to use another girl who is also on the street as a reference, someone whom the others know and with whom the educators have already established a relationship of trust. Generally, the teenagers arrive at *La Casa* with the street team, or through their companions in the street who know something of *La Casa*, while others are referred by institutions.

- Starting Point – *kunu'u* Time

At this stage, the girls are still living in their communities or on the street and if they fulfil certain requirements, they are invited to advance to the next stage. At this point the team responsible for the teenagers consists of the two street educators, because it was they who formed a bond with the girl, the stage coordinator, the health educator and the self-expression and arts educators.

- Trial Stage – *Kunu'u jerovia*

The objective at this stage is to confirm that the teenager wishes to enter *La Casa* and start her journey. The focus here is the acquisition of lessons for life together with other adolescents and the team. The principal activities involve drama, visual arts, crafts and biodancing. A personal work plan is drawn up, which will be the basis for work during the next stages of the journey; this stage lasts about three months.

- First Landing Stage – Time and Space for Life – Journey 1 – *Joayhu teete ñepyrú*

This stage entails a genuine entry into the new life project. The objective is for the teenager to make *La Casa* her own, to strengthen her learning and acquisition of

healthy habits and routines, as well as rules and values for coexistence. She must take her voyage on board and discover her own potential. This stage lasts about six months.

- Second Landing Stage – Time and Space for Exploration and Elucidation – Journey 2 – Joayhu teete

The activities proposed are practically the same as at the previous stage, but are undertaken with a more in-depth approach, with greater participation and autonomy. There is greater emphasis on job training. This stage lasts about eight months.

- Third Landing Stage – Time and Space for Projection and Communication – Journey 3 – Joayhu teete ru’ā

At this stage, teenagers carry out their life plans and begin to project themselves outside *Luna Nueva*. They begin to take personal and collective responsibility in keeping with their life projects. The main objective is the manifestation of a new life in the full assumption of reality. This stage is anticipated to last four months and it seeks to consolidate the construction of a life project.

- Fourth Landing Stage – Time and Space for the Expression of Life – Journey 4 – Joayhu tekovesā

At this stage, teenagers have left *La Casa*, initially with a great deal of support from the stage coordinator, in order to prepare for discharge – to look for work and a place to live in. Later, they receive support and follow-up in their independent lives. This stage lasts about twelve months.

### 3.4. Chile: Paicabí NGO – Antú Centre, Valparaíso: The Secrets of the Eclipse

Paicabí is a Chilean NGO that has implemented several projects to care for children undergoing sexual exploitation in the city of Valparaíso.

Some of the criteria steering these projects are:

- A rights-based approach on the basis of the CRC as a guide for interventions.
- Children as rights holders; in contrast with the adult-centred approach.
- The principle of progressive autonomy.
- The gender perspective as a significant dimension in intervention and repair of psychological damage and social integration of children who are victims of exploitation.
- Dynamic, jointly constructed, multidisciplinary and comprehensive intervention design.

- Bonds of affection with significant figures, peers or adults are relevant in the rehabilitation of children.
- Inclusion of children's life history in an attempt to make rehabilitation interventions context-related and ecosystemic.
- Strengthening families of origin to provide affection and protection and, if need be, including the participation of foster families or a process in support of the teenager's independent life.
- Empowering the social integration of children into socio-community settings that will facilitate their participation in social interaction so that they can be considered to be full rights holders.

Intervention is in three stages that can cover up to two years.

#### I. DETECTION – DIAGNOSIS STAGE:

Which in turn contains sub-stages:

**Detection:** the objective is to get to know groups of peers involved in CSE or who are direct victims of it, by means of the team's progressive approach to the regular circuits of children in the field. There are also attempts to follow and reconnect with children who have abandoned residential care and returned to the streets, thus interrupting the assistance they were receiving.

**Approach/shelter:** a first approach is attempted as well as the generation of bonds with the children, fostering a close and trusting relationship with the centre's team. Attempts are also made to identify individuals who can become protective adults in order to work on the protection and security of children.

**Diagnosis:** the objective is to compile and analyse the various aspects related to the emergency and/or the continuing CSE situation: the type and magnitude of the damage. Steps are taken to provide children with basic security.

**Feedback and agreements:** at this sub-stage, significant information is delivered with regard to the diagnosis and the proposals of the children and their adult carers are included.

## II. INDIVIDUAL-FAMILY-COMMUNITY INTERVENTION STAGE:

This stage includes the following sub-stages:

**Designing an Individual Treatment Plan (ITP):** this entails drawing up a specific and comprehensive intervention plan including specific strategies.

**Treatment:** the various agreed strategies are implemented and work is carried out mainly on repairing psychological and social harm in order to achieve social resettlement in a safe and protective context. Efforts are made to interrupt exploitation, overcome emotional and social damage and include children's families in order to establish protective and caring bonds. Work is also done to incorporate or reinsert children in education, labour and healthcare systems.

All of the above can be conceptualized at three levels:

**Basic Level:** this implies that work is steered towards the identification of significant aspects, that the individuals involved become aware of and visualize alternatives or lines of action, which can be applied to the objectives and purposes of every area of intervention.

**Secondary Level:** this implies that the individuals involved take concrete action in terms of mobilization, involving modifications to the initial situation affecting them. Included in this process are the networks of social support that the family relies on, which is applicable to the objectives and purposes of every area of intervention.

**Third Level:** this entails generating and/or strengthening resources related to the resolution of the problem by promoting the active participation of individuals involved; applicable to the objectives and purposes of every area of intervention.

## III. DISCHARGE STAGE – FOLLOW-UP

The objective of this stage is "the evaluation of achievements through intervention in each specific area, as well as the preparation of children and their families for the conclusion of the process and dissociation with the centre. At this stage it is particularly important to establish the continuity or modification of the protective measures chosen for the children residing in the protection homes and the foster family system, in order to ensure that revictimization does not occur."

## VI. FOLLOW-UP STAGE

The objective of this stage is to ensure that the successes or strengths achieved during the intervention are maintained over time, as well as the evolution of the family group and the protection and safety of the children.

## Part 4

- **4. Conclusions and Recommendations: Towards a Proposal for a Restitution of Violated Rights Model**

As stated in the conclusions of the Eleventh Report, there are many different projects and experiences involving work with child victims that include “*a wide and plentiful range of working models and strategies*”, which are brought into question when actually attempting to achieve the effective restitution of rights, as the situation is made more complex by “*a certain lack or fragility regarding institutional referral and counter-referral networks*”.

Based on an analysis of the information, a *process of restitution of rights* is established, which generally includes three periods: CARE is the process of providing assistance to the child or adolescent whose rights have been infringed, and also to his or her family and immediate circle, using appropriate methods and techniques for fulfilling their health, mental, legal and social needs, among others. PROTECTION offers the children safety; this process must ensure that the abuse of rights is not repeated and that adequate conditions for restitution exist. PUNISHMENT is the process which determines the consequences (imprisonment, fines, suspension from public duties) for the perpetrators of an abuse of rights (offender).

It was also stated that “*Complete fulfilment of these three processes produces restitution of rights. This includes at least four aspects: the exploitative situation must stop immediately and permanently; the infringed set of rights must be restored, the child must be reintegrated into the community and the relevant social settings (social and emotional networks must be repaired or new ones created); traumatic experiences and consequences must be healed and dignity must be restored (destigmatization).*”

From the answers to Questionnaire 2012 it explicitly emerges that progress has been made regarding the consolidation of intervention in CSEC, but as a new feature we should add that work in this area is beginning to be carried out jointly or *on the basis of* trafficking in persons with the purpose of commercial sexual exploitation.

This shift of CSEC towards trafficking may be significant inasmuch as it can assimilate the resources available for children to others that are available for adult women or the victims of other forms of exploitation. However, a conspicuous difference must be noted with regard to the source of these issues: international legislation that addresses the problem of CSEC is human rights legislation, whereas legislation on trafficking belongs to the field of criminal law. It is likely, therefore, that the emphasis that countries place on these issues when they need to deal with them is different. It should be borne in mind that in international trafficking cases, the protection of victims does not always continue after the court proceedings are over. Protective legislation is often in operation mainly during these proceedings; that is, when the victim is an essential part of the process and must provide information. However, there are seldom policies in place to aid victims in the countries of destination, or that allow them to settle there; they must usually return to their countries of origin in circumstances that are unfavourable to their interests or that place their lives, or that of their families, at risk.

Dottridge (2007) has observed *transfer* is a confusing element arising from the link between trafficking and CSEC: in some cases, reference is made to children who are recruited for sexual exploitation and in others, only to those who are transferred from one place to another within a country, or between countries, which means that care and prevention strategies, as well as the emphasis, in these two different types of cases should be different.

In addition, Negreiros and Lana Seabra (2011) state that international legislation on trafficking in persons seeks to overcome the causes that give rise to the trafficking cycle, but that the effectiveness of its provisions depends as much on the states' actions and commitment as on the way in which citizens perceive the physical, social, psychological and economic harm that trafficking causes in its victims and on the importance of "*regarding victims as people who are holders of rights, who deserve to be respected and protected in the countries of origin and destination*". Evidence shows that the depersonalization that victims undergo even has an effect on the forces

of law and order, on judicial systems and on social and legal operators, with the outcome that they are viewed as offenders rather than victims.

This seems to point to a trend that has not yet been subjected to much problem-posing: approaches in CSEC situations lean strongly towards police and judicial mediation and withdrawal from or suspending exploitation is a measure that prevails over other caregiving actions that appear to suffer from limited resources and opportunities. One example of this is the small number of projects that are based on recruiting victimized children in CSE situations, as compared to projects that work mainly on the basis of referrals from the judicial system.

The efforts of the states appear to be devoted, on the one hand, to consolidating and launching services and programmes to care for and treat the effects of exploitation, and on the other, to forming multi-sectoral bodies (committees, commissions, boards) to address the issue. In relation to this, the MCRA experience, according to the terms on which it is implemented in Costa Rica, shows the importance of opening and/or consolidating caregiving areas *in conjunction with* other areas that target social mobilization and awareness-raising, the comprehensive care of children and their families and productive alternatives.

One of the principal issues addressed in this paper is the mainstreaming of the gender perspective<sup>42</sup> and the possibility of including<sup>43</sup> it in restitution processes. On the basis of our review of the literature and the answers received, it may be said that the gender perspective appears to be problematized and used operationally in caregiving projects. The most important signs of the use of this perspective are to be found in the formation of mixed care teams, in understanding the different effects of exploitation on girls and on boys and above all, in visualizing how exploitation can lead to criminal careers (the passage from victim to offender), particularly in the case of boy victims. In this respect, work that aims at generating a life project for children that can break away from the poverty-despair-backsliding and proclivity to violence cycle appears to be increasingly important (Gutiérrez Sanín et al, 2005).

<sup>42</sup> The concept of gender refers to the historical and social construction of characteristics attributed to women and men on the basis of their biological differences, conditioning their access to material and symbolic resources, and their participation in decision-making and power. (Economic Commission for Latin America and the Caribbean, ECLAC, undated.)

<sup>43</sup> This is the process of evaluating the consequences, for both women and men, or girls and boys, of any action planned, including legislation, policies or programmes in any area and at all levels. (ILO; 2003).

Another of this paper's conclusions points to the problem of the outcomes of care and restitution when children do not consider themselves to be victims of exploitation, but of other previous violations of rights, and the fact of having lived their lives in deprivation and violence. This seems to indicate that the efforts of restitution should also be steered directly towards the prevention and eradication of these other situations prior to exploitation.

This reaffirms the importance of working in coordination with different organizations and institutions and, above all, of the sustainability of this work, so that it can support and underpin children and their families in their process of change and crisis. Evidence of the careers of child victims shows that exploitation is in some cases a kind of "final stretch" in a series of rights violations that they have suffered. In addition, the subjectivities constructed during exploitation seem to dispose women to continue to be involved in sexual trade<sup>44</sup> in their adulthood, and men to contribute to the exploitation of other persons, including children. Thus, the challenge of intervention in restitution includes a component of future prevention of the exploitation of other children.

Proposing a model for the restitution of rights implies putting the commitments of the states at the fore, as well as their responsibility with regard to offering special protection to children who are suffering from exploitation and the violation of rights and generating actions and policies that safeguard the enjoyment of their rights from birth. In view of the matters presented and analysed in this report, a restitution model should arise from national plans for promoting and ensuring the exercise of rights, as well as for confronting CSEC. It should be based on the use of the gender perspective and be supported in its operations by a broad network of institutions and organizations in order to ensure coverage and access to social policies for children and their families for a length of time not necessarily linked to the fact that the children who were victimized have reached their majority.

<sup>44</sup> GESCNNA. *Construyendo miradas: Rutas de atrapamiento en la Explotación Sexual Comercial de Niños, Niñas y Adolescentes* [GCSEC. Building Views: Entrapment Routes in the Commercial Sexual Exploitation of Children]. Unpublished, 2011.

#### 4.1. Focal Points for a Restitution of Rights Model

Some key points arise from the studies carried out by the IIN in 2011 and 2012 based on the analysis of different experiences involving the restitution of rights of child victims of CSE that are taking place in the region, which can constitute baselines for the design of an intervention model.

In this respect, some premises should be reaffirmed:

1. Child victims of CSE have a history of violated rights from the earliest days of their lives. Therefore, the objectives of the intervention should not be restricted to returning them to conditions prior to exploitation, but should include working on the full enjoyment of their rights.
2. This reaffirms the need for comprehensive interventions. It is not only necessary to repair the various effects of exploitation, but also to work on previous and concurrent violations.
3. Comprehensiveness comprises two elements. On the one hand, measures to recuperate the different areas of children's affective, cognitive and social lives, including their health, in its physical, psychological and bonding aspects. In this respect, as observed in several of the experiences we analysed, intervention should begin with a diagnosis that includes the extent of fulfilment or violation of all their rights, in order to implement a battery of measures leading to restitution. On the other hand, comprehensiveness should be included in the different stages and components of the restitution process: halting exploitation, with the requisite measures of protection; re-establishing all rights; restoring dignity and strengthening victims; social and legal penalties for offenders, and prevention. That is, steps should be taken with children and their environment in order to prevent exploitation from recurring. In this last phase, it is particularly important to provide follow-up and access to universal policies.
4. We should bear in mind that the ultimate purpose of intervention is that children should integrate socially, exercising their rights at levels of autonomy appropriate to the extent of their development. This calls for a balance between interventions based on specific programmes that aim to restore the rights of child victims of CSE and universal policies. Retaining children in settings that tend to perpetuate their status as victims should be avoided; they should be enabled to gain access to services that cater to the

whole of the population. At the same time, it should be acknowledged that when gaining access to such services they should initially be provided with support in order to ensure genuine integration.

In this respect, the contribution of the MCRA is very clear: "*In order to provide a service that safeguards human rights and responds to the victims' many needs and special features, it is necessary to synchronize the caregiving services provided within an interinstitutional platform that offers coordinated services*" (IPEC/ILO, 2004). Effective intervention should offer families opportunities for a decent life and this cannot be planned in stigmatized institutional settings that protect children, but inhibit autonomous evolution.

5. A significant aspect that should be borne in mind is the contribution of the gender perspective in approaching CSEC. This makes it possible to make visible the specific effects of exploitation on males and on females, the connotations of induced homosexual behaviour in the context of exploitation and the different forms of stigmatization, as well as the opportunities and barriers to the social integration of each. Including men and women working together in teams makes it possible to re-establish children's bonds with adult men and women, which tend to have been damaged as a result of their experiences. Seeing men and women working together in an atmosphere of companionship and respect introduces different relationship patterns from those they have witnessed in their daily lives, in which gender violence prevails.
6. Finally, we should like to return to the importance of synchronizing plans and programmes for the restitution of the rights of CSEC victims with the whole of the protection system operating in the country, state or territory.

It is on the basis of these premises that we shall attempt to systematize the basic focal points that a programme for the restitution of the rights of child victims of CSE should contain.

It is based on the coordination of ***three levels of intervention and services*** to generate opportunities for the full enjoyment of rights:

## I. Internal Actions of the Specialized Programme

- These actions target children and their significant adult figures, according to the special features of each situation.
- Their purpose is to restore rights, repair the damage caused by the experiences undergone (not limited to SE, and including previous experiences) and enable social integration with access to universal policies.
- Beyond the differences detected among the experiences we analysed, it is possible to identify four general steps:
  1. Recruitment – admission. This includes an evaluation of the children's entire situation in relation to their rights and the hazards and strengths of their environment, in order to design an intervention plan. At this stage, agreements are reached with the children and the role of adults in the process is determined. One of the key objectives of this stage is to generate demand, promote awareness of the damage and seek the active involvement of the victim in the project, incorporating activities to recruit children performed by the teams themselves. These are in addition to children received as a result of referrals from the judicial or protection systems. It is during this stage that the risks to which children are exposed should be assessed, as well as the steps that should be taken to safeguard their lives and physical integrity, and to ensure that they have food, clothing and shelter. The administration of residential resources should be careful and measured in order to avoid hindering the acquisition of autonomy and social integration skills.
  2. Programme Inclusion. The most intensive work on the different dimensions of restitution is carried out at this stage. Interaction between children, specialists and peers is strongest at this time. Participation and the sense of belonging are important as they encourage children's assimilation of the process. Individual and group activities are carried out, which can be grouped in different areas:
    - a) Health care covering all of its aspects. Particularly, the issues prevailing in this population: STDs, addictions, mental health, dental care.
    - b) Cognitive and affective restructuring. Improving self-esteem, processing feelings of guilt and debasement, understanding the exploited victim situation. Identification of strengths and skills.

Here we include support during court proceedings and working on their affective consequences.

- c) Repairing bonds. Re-establishing the capacity to form relationships with peers and with adult men and women. The development of social skills.
  - d) Educational support. Returning to the education system requires support, levelling up, and encouragement in the face of difficulties. This makes it necessary to develop the appropriate habits for school work.
  - e) Job skills. Promoting the acquisition of skills that can open up opportunities to enter the world of work.
  - f) Most of the experiences successfully include art and self-expression, which can be included as cross-cutting activities to encourage participation and strengthen children's social skills.
3. **Evaluation – Discharge.** At this stage, the extent to which the first goals of the intervention have been achieved is assessed: the level of children's strengthening, their level of integration (educational, job-related, social) – to which end coordination with non-specialized and universal services must previously be effected – and the characteristics of their life projects (are they realistic and consistent; do they have clear targets).
4. **Follow-Up.** In several of the programmes analysed, this is not done. However, we should assume that children discharged from the programmes are vulnerable. They generally return or remain in environments where the threat of sexual exploitation or other threats are still present. Their condition as victims (or former victims) places them in a vulnerable situation to undergo renewed violations of rights. In this respect, follow-up for considerable periods (one or two years) leads to more sustainable achievements and makes it possible to intervene in time when new risks appear.

## II. Interinstitutionally Synchronized Action

This focuses on interinstitutional communication.

If the objective is full and autonomous social insertion, coordination between specialized programmes and the body of services planned for the protection of the rights of the general population is a key component of the model.

The programme and the persons politically and technically responsible for it should handle a variety of resources to enable the enjoyment of rights and also make it possible to overcome the stigmatization of individuals who have been the victims of these criminal activities. The children served should be reconnected to basic services after work has been done to make their access as equitable as possible.

Again we agree with the MCRA when it states that, “*there is no single institution that can assume exclusive responsibility for the execution of a plan for eradication and/or care for victims. The plan should be synchronized and steered towards the joint action of several institutions at different levels (national, departmental/state-wide/provincial, local, community-based). Leadership of the plan should devolve upon a single institution, with the purpose of optimizing resources.*”

### **III. Action in the Community and the Environment**

In addition to work with affected persons and their immediate circle, the restitution of rights process includes other steps to be taken with regard to their environment. This can be grouped into three general objectives:

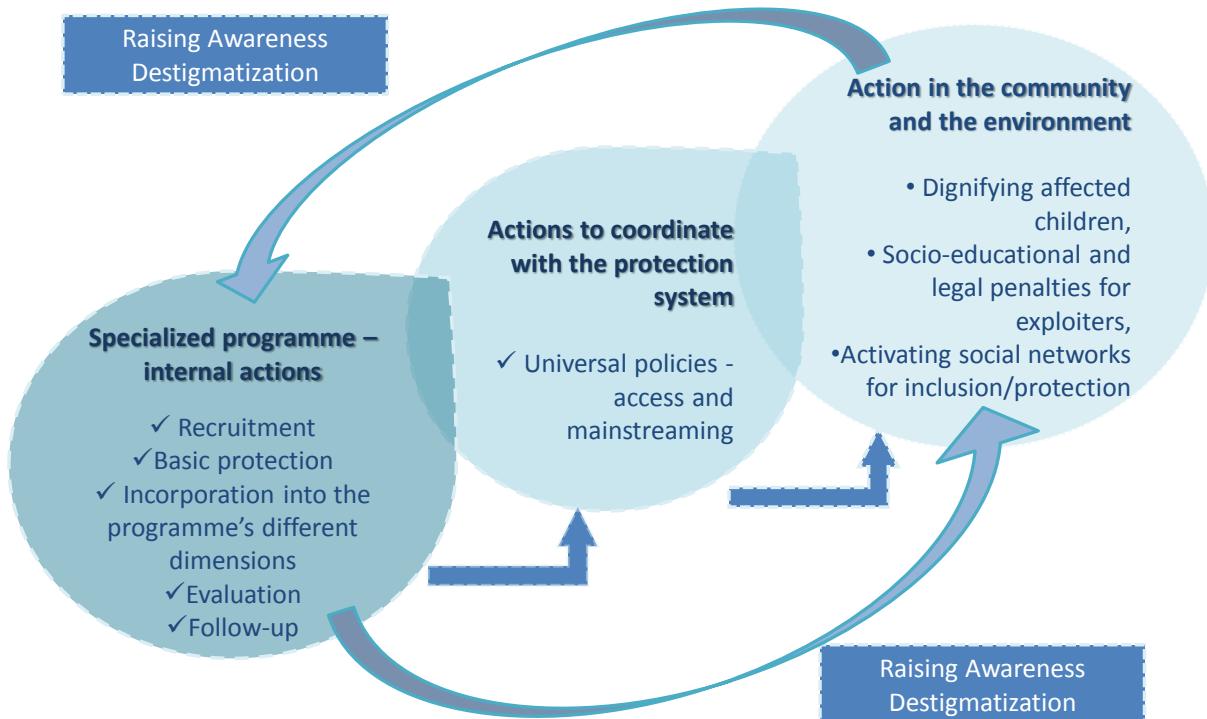
1. Restoring dignity and recognizing potential. The social imaginary that perceives these children to be "an irreparably damaged social asset" must be dismantled. This perception leads to feelings of pity and compassion, but deny the possibility of overcoming the situation through social inclusion in other areas. It is essential to transform such attitudes in order to minimize the risk of recapture by networks of exploiters.
2. Legal and social penalties for exploiters. Legal penalties for those who profit from sexual trade as well as for those who pay to obtain access to children transcend legal implications. They become symbolic and cultural acts in which a legitimate authority clearly defines the position of offender and victim. This breaks away from the image of "benefactor" or "generator of opportunities" that intermediaries are often given. It also ends the tendency to absolve "customers" from responsibility. Penalties contradict the idea of impunity and power often used to intimidate victims. In addition

to legal penalties, actions should also take place to strengthen the social penalties for these activities.

3. Protection networks. A large measure of the success of a model for the restitution of rights is related to awareness-raising and mobilizing the community in defence of its children. To this end, it is important for the population to undertake to protect all children and that it should refrain from justifying the exploitation of those it considers to be “prone to these situations”. There is a wealth of experience in the continent in relation to the active involvement of communities, both by providing opportunities to former victims and by observing, warning and reporting events that may be linked to CSEC.

Therefore, the model we propose includes specific actions to address the specific situations of victims, but is not limited to them. It attempts to avoid what operators term “ghettoification”. It is an open model, synchronized with the protection system in each state and based on fostering the activation and responsibility of community resources.

## FOCAL POINTS FOR A RESTITUTION OF RIGHTS MODEL



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- **6. APPENDIX: Questionnaire 2012 sent to the states**

### **QUESTIONNAIRE**

*The aim of the questionnaire is to deepen into the specific projects/programs that have the States for the care and restitution of the rights of children and adolescent victims of CSE.*

*Unless otherwise indicated, mark all the options that apply.*

#### **1st block**

**This section includes questions that provide insight to the state of general situation of the States in relation to projects/programs for the Restitution of Rights.**

**1. Does your country have joint spaces on sexual exploitation and trafficking in persons?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
In the process of	<input type="checkbox"/>

**2. These spaces are**

National	<input type="checkbox"/>
Provincial/State/Department	<input type="checkbox"/>

**3. Does your country have specialized projects/programs for the Restitution of the Rights of CSE victims?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
In the process of	<input type="checkbox"/>

**4. List and describe briefly these projects/programs (name, main objectives, responsible institution)**

## 2nd block

*This section contains specific questions about the projects/programs for the Restitution of Rights. Please answer them for each of the projects/programs listed on question 4.<sup>45</sup>*

### Features of the proposal

5. The States' role in the project/program of Restitution of the Rights of CSE victims is

Executor	
Technical supervisor	
Financial supervisor	
None	

6. The proposal is made by

Responsible team of the project/program exclusively	
Academic sector exclusively	
Childhood lead agency exclusively	
Takes an international proposal	
In collaboration between responsible team of the project/program and others sectors (academic, State, etc.)	

7. The proposal is supervised by

State/ specific governmental sector of childhood	
State/non specific governmental sector of childhood	
Without supervision	

8. The execution of the project/program is

State Public	
Non-state public with state-funded	
Non-state public with externally funded	
Private	

<sup>45</sup> It is advisable to copy and paste the answer box as often as appropriate, depending on the number of projects / programs.

**9. Where is the project/program executed?**

Capital of the country	<input type="checkbox"/>
Outside the capital of the country	<input type="checkbox"/>

**10. Which type of activities/actions is prioritized in the project/program of Restitution of Rights?**

Social	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Psychological	<input type="checkbox"/>
Health	<input type="checkbox"/>
Educational	<input type="checkbox"/>
Artistic	<input type="checkbox"/>
Labor	<input type="checkbox"/>
Other. Which?	<input type="checkbox"/>
None	<input type="checkbox"/>

**11. Which kind of services is offered under the project/program of Restitution of Rights?**

Health: medical checks/ psychological care/ psychiatric care / dental / pregnancy / addiction	<input type="checkbox"/>
Education: school strengthening / school support / registration	<input type="checkbox"/>
Legal: accompanying judicial / attorney / sponsorship / complaints	<input type="checkbox"/>
Labor: job placement / self-generated income / job training	<input type="checkbox"/>
Social: support-tracking family / family reintegration / regularization of documentation / family care	<input type="checkbox"/>
Artistic or similar: musical expression / drama / painting / dance / visual	<input type="checkbox"/>
Feeding	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Religious or faith	<input type="checkbox"/>
Care of children of the people served	<input type="checkbox"/>
Residential institutionalization	<input type="checkbox"/>
Other. Which?	<input type="checkbox"/>

**12. Which kind of services is coordinated/derived? ¿Which what institution(s)?**

SERVICES	X	INSTITUTION(S)
Health: medical checks/ psychological care/ psychiatric care / dental / pregnancy / addiction		
Education: school strengthening / school support / registration		
Legal: accompanying judicial / attorney / sponsorship / complaints		
Labor: job placement / self-generated income / job training		
Social: support-tracking family / family reintegration / regularization of documentation / family care		
Artistic or similar: musical expression / drama / painting / dance / visual		
Feeding		
Housing		
Religious or faith		
Care of children of the people served		
Residential institutionalization		
Other. Which?		

**13. Has the project/program of restitution got some access requirements for the assisted population?**

Age	
Gender	
Sexual orientation	
Other. Which?	

**14. What is the maximum term of the work process with each child?**

Less than 6 months	
Less than a year	
Between 1 and 2 years	
More than 2 years	
Without defined term	

**15. Has your project/program of restitution got phases/stages that must pass the children for "graduation"? List and characterize them, and explain the criteria of the passage from one to another.**

**16. Does the project/program include the residential institutionalization of children as part of the restitution process? In which circumstance?**

CIRCUMSTANCE		
Yes		
No		

**17. Does the residential institutionalization have a predefined term?**

Less than 6 months	
Between 6 and 12 months	
More than 12 months	
Without time limit	

**18. Does the project/program of restitution incorporate the figure of the reference/guardian or couple of references/guardians? Specify sex.**

Yes	
No	

**19. What is/are the feature(s) of this reference/tutoring?**

Therapeutic	
Socio-educational	
Voluntary	
Technical (professional contracted)	
Other	

**20. What is the children's participation in the restitution process? Please describe.**

**21. Is the family involved in the restitution process? At which moment and circumstance? How? Please describe.**

**22. When the children are discharged, a follow-up of their social / familiar reintegration is carried out?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

**Who does it?**

Responsible team of the project/program	<input type="checkbox"/>
A team of other organization	<input type="checkbox"/>
Altogether	<input type="checkbox"/>

**With what frequency?**

Weekly	<input type="checkbox"/>
Monthly	<input type="checkbox"/>
Bimonthly	<input type="checkbox"/>
Semiannual	<input type="checkbox"/>
Other. Which?	<input type="checkbox"/>

**For how long?**

Less than 6 months	<input type="checkbox"/>
Between 6 y 12 months	<input type="checkbox"/>
More than a year	<input type="checkbox"/>

**23. Do you think that the project/program of restitution is integral? Why?**

**24. Do you think that the project/program of restitution incorporates a gender approach? Why?**

## Features of the organization

**25. The organization responsible for the project/program is of type**

State with state-funded	
State with state-funded or externally-funded	
Non-state with state-funded	
Non-state with externally funded	
Lay	
Confessional	

**26. Integration of work teams (indicate number and gender)**

	Number	Gender
Social worker		
Psychologist		
Educator		
Teacher		
Lawyer		
Artists		
Other. Which?		

## Features of the assisted population

**27. What is the type of exploitation that premium in the assisted population?**

Exploitation in prostitution	
Exploitation in travel and tourism	
Exploitation in pornography	
Trafficking in persons for sexual exploitation	

**28. In the project/program are integrated**

Boys	
Girls	
Teenage boys	
Teenage girls	
Shemales	
Transgender	

**29. How are children integrated to the project/program?**

Derived from Justices' areas	
Derived from health/educational/social services	
Uptake own street	
Own uptake in health/educational/social services	

**30. Do they arrive voluntarily or are compulsively derivative?**

By choice	
Compulsively	
Both	

**Inter-agency coordination and cooperation**

**31. How are articulated the relationships with other institutions? Please specify.**

Inter-agency coordination protocols / not protocols	
Inter-institutional networks/work tables/committees	

**CONTACT PERSON:**

\_\_\_\_\_  
 \_\_\_\_\_ (Full name)  
 \_\_\_\_\_ (Institution)  
 \_\_\_\_\_ (Charge)  
 \_\_\_\_\_ (E-mail)  
 \_\_\_\_\_ (Telephone and fax)

***iThank you so much!***