Casting Light on the Care, Recovery and (Re)integration Needs of Commercially Sexually Exploited Children

From the voices of children, adult survivors and their service providers in Nepal, the Philippines and Thailand

ECPAT International is a global network of civil society organisations working together to end sexual exploitation of children. We aim to ensure that children everywhere enjoy their fundamental rights free and secure from all forms of sexual exploitation.

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Access to Justice and Right to Remedies for Child Victims of Sexual Exploitation Research Project

is a multi-country initiative focusing on child survivors' experiences in accessing judicial remedies and other reparations for sexual exploitation. With its unique focus and prioritization of the voice of the child survivor, the Project empowers children to be active agents in their protection, strengthening access to judicial remedies; identifying the specific recovery and reintegration needs of child victims of sexual exploitation; and improving the opportunity of monetary relief for victims to rebuild their lives.

The Research findings and recommendations are presented in thematic papers and reports focusing on Access to Criminal Justice; Access to Recovery and Reintegration; Access to Compensation.

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FOREWORD

Child victims of sexual exploitation can suffer from appalling physical and psychological violence, the scars of which may remain with them forever. This can impact their lives and relationships in so many ways and too often results in stigma, discrimination and the denial of their fundamental rights. Responses to child sexual exploitation are complex and often need to be highly individualised which results in barriers to recovery and challenges the availability of suitable support services, particularly in resource poor countries.

As ECPAT International aims to put the voices of children at the heart of all we do, we therefore wanted to gather insights and recommendations from child survivors, professionals and experts who have experience of care, recovery and reintegration services. This child centred study (carried out in 2014 – 2016 in Nepal, Thailand and the Philippines) is part of a tripartite research project examining access to judicial remedies, access to compensation and access to recovery and reintegration. The purpose of the recovery and reintegration component was to better understand the needs of survivors in order to guide more effective recovery and reintegration services and programmes that can appropriately support these children.

This particular report provides a unique insight into the experiences and thoughts of child survivors. It uncovers the myriad of short and long term effects of the abuse they have suffered and how it can manifest into feelings of fear, shame, betrayal and a lack of trust in the adults who have failed to protect them. As these children and youth so clearly articulate throughout this report, the first step to recovery is to be shown security, love, kindness, nurturance and support. As such, the experiences they have with professionals and carers are fundamental in contributing to lessening the negative impact of their abuse and overcoming any trauma.

Through this study and its very comprehensive report, we have given both survivors and care-givers a voice to tell us about the impact of child sexual exploitation and what will help these children get back their dignity, sense of belonging and allow them the chance to rebuild their lives. Dr. Katherine Hargitt met and talked with these survivors with great understanding and compassion. Through her exceptional interview skills and professionalism, she was able to create a protective environment whereby all respondents felt empowered and safe from judgement or blame. As the children themselves testified, such an approach is at the essence of building back trust and starting the healing process.

The inspiring children and youth in this study have shown that they are not powerless and passive victims – they have needs, expectations and aspirations for their future. They can also show resilience. It takes courage to speak openly and these children are telling us with great clarity what needs to be done in areas such as shelter care, medical assistance, counselling and reintegration support to name but a few.

ECPAT International especially thanks all those young people and their dedicated carers who contributed their ideas and recommendations to this study. They wanted to be heard and we must now ensure that the lessons learnt are not shared in vain. Their bravery and commitment compels us to act.

Dr. Mark Capaldi,

Head of Research and Policy

ECPAT International Secretariat

ACKNOWLEDGEMENT

First and foremost, I want to express my profound gratitude and deep regard for the children and young adults who bravely and generously shared their voices and expert insights as CSEC survivors. I heard each one, loud and clear. Their knowledge, experiences and opinions matter greatly, and are essential in the fight for an end to child sexual exploitation and trafficking, as well as for justice and effective care and recovery support systems. It is my sincere hope that their courage will be rewarded, and all children will therefore be able to access and receive the best care we all know is possible. I am also most grateful to the tireless service providers, and other child protection professionals, who took the time in extremely full schedules to participate in this study. Their dedication to this population is remarkable. Thank you!

I would like to acknowledge and thank ECPAT International's Secretariat for this opportunity to bring to light the care, recovery and (re)integration needs of CSEC survivors; a subject that is dear to my heart and demands immediate attention. A special thank you to Junita Upadhya, Deputy Executive Director of Programme; Mark Capaldi, Head of Research & Policy; Mariana Yevsyukova, Global Coordinator for Children's Participation; and Sheila Varadan, Head of Legal Programme. Much heartfelt gratitude goes to legal intern Christina Dryden, for her project management skills, steadfast support, professionalism and countless volunteer hours, all of which made certain components of this field research project possible. A very special thank you to Andrea Varrella, Research and Policy Associate, as well as ECPAT interns Malika Karunan, Lindsey Schenk, Sonam Lhamo, Linda Benkaiouche and Nadia Ortega, for their much appreciated technical assistance with various elements of the report. And, thank you also to Erwin Mom, Deputy Executive Director/Operations; Rebecca Rittenhouse, Research and Policy; Anjan Bose, Programme Officer ICT; and the Secretariat's Administration Staff.

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A special acknowledgment goes to all research participants and stakeholders in Nepal who were affected by the 2015 earthquakes that happened soon after we had met. To them, and to all CSEC survivors in the world, please hold on to hope, you are not forgotten. More and more people are trying very hard to make sure you receive immediate help, quality care, and long-term assistance. And many more people are fighting to stop child sexual exploitation and trafficking.

About the Author, Consultant and Lead Rresearcher

Katherine Hargitt, PsyD is a Licensed Clinical Psychologist and Consultant based in the San Francisco Bay Area, California, USA. She works with trauma survivors, and specialises in the psychosocial recovery and re/integration of survivors of child sexual exploitation and trafficking. Katherine is a long-time activist in the national and international anti-human trafficking field, leading numerous advocacy efforts and training for civil society, providing consultancy for NGOs and the UN Special Rapporteur on the sale of children, child prostitution and child pornography, and conducting international research. She is a founding member of the Sonoma County Human Trafficking Task Force, a board member of HEAL Trafficking, and the co-chair of HEAL Trafficking Direct Services Committee.

GLOSSARY OF TERMS

Abusers
(Clients/Customers/Guests; a.k.a., Offenders/Perpetrators): Individuals who pay, or make some kind of exchange, to sexually abuse children for their own gratification.

Aftercare
Long-term services and programmes for survivors after (re)integration into the community.

Beneficiaries
The children and adults whom an organisation (e.g., Drop-in centre, shelter) seeks to serve.

Child (Minor)
A human being who is "below the age of eighteen years unless under the law applicable to the child, majority is attained earlier."[1]

Child Maltreatment
All types of abuse and neglect of a child by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, and teacher) "that results in harm, potential for harm, or threat of harm to a child."[2]

Child Marriage / Early Marriage
"Child marriage is a marriage in which at least one of the parties is a child."[3] "Child Marriage can be regarded as a form of Commercial Sexual Exploitation of Children, where a child is to be used for sexual purposes, through marriage, in exchange for cash, goods or kind."[4]

Child Protection Gatekeeper
A service provider selected by each organisation included in this study, and who has the responsibility of selecting and monitoring survivor respondents.

Child Sexual Abuse (CSA)
A form of child abuse that includes, among other things, such acts as obscene text messages, exhibitionism, fondling, penetration, and exposing a child to other sexual activities.[5] The sexual abuse of children requires no element of exchange, and can occur for the mere purpose of the sexual gratification of the person committing the act.[6]

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1 UN General Assembly (1989), "Convention on the Rights of the Child" (hereinafter CRC), Res. 44/25 of 20 November 1989, Article 1.

2 Leeb, Rebecca T. (2008), "Child Maltreatment Surveillance, Uniform Definitions for Public Health and Recommended Data Elements", January 2008, Atlanta, Georgia: Centers for Disease Control and Prevention (CDC), 11, accessed 15 November 2016, http://www.cdc.gov/violenceprevention/pdf/cm_surveillance-a.pdf.

3 Interagency Working Group on Sexual Exploitation of Children (2016), "Terminology guidelines for the protection of children from sexual exploitation and sexual abuse" (hereinafter Luxembourg Guidelines), adopted on 28 January 2016, 63, accessed 15 November 2016, http://luxembourgguidelines.org.

4 Subgroup Against the Sexual Exploitation of Children NGO Group for the Convention on the Rights of the Child (2005), "Semantics or Substance? Towards a Shared Understanding of terminology referring to the sexual abuse and exploitation of children" (hereinafter Semantics or Substance?), January 2005, 23.

5 RAINN (n.d.), "Child Sexual Abuse", *RAINN's website*, accessed 15 November 2016, https://www.rainn.org/articles/child-sexual-abuse.

6 Luxembourg Guidelines, 19.

Child Sexual Abuse Materials (formerly referred to as Child Pornography)

Any representation, whether as visual, audio or other means, of a child engaged in real or simulated explicit sexual activities. It may also include representation of sexual parts of a child, the dominant characteristic of which is depiction for a sexual purpose.[7]

Child Sexual Exploitation (CSE)

Any and all forms of sexual exploitation and sexual abuse of a child, in which there is an underlying notion of exchange of good or money from the exploitation itself. [8] A "child is a victim of sexual exploitation when he or she takes part in a sexual activity in exchange for something (e.g. gain or benefit, or even the promise of such) received by a third party, the perpetrator, or by the child him/herself."[9]

Child Trafficking for Sexual Purposes

"the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation. Exploitation shall include, at the minimum, the exploitation of the prostitution of others or other forms of sexual exploitation…"[10]

Commercial Sexual Exploitation of Children (CSEC)[11]

According to the Luxembourg Guidelines, "a distinction can…be made between 'sexual exploitation' and 'commercial sexual exploitation', with the latter being a form of sexual exploitation where the focus is specifically on monetary benefit, often relating to organized criminality where the primary driver is economic gain."[12] The forms of exploitation may include prostitution of children, trafficking of children for sexual purposes, and child sexual abuse materials.

Domestic Child Labour (a.k.a., Domestic Servitude)

Children who work in an employer's house with or without a wage and are employed to perform domestic chores such as washing dishes, cooking, cleaning the house, looking after young children, and other household activities. [13] This sometimes includes using the child for sexual purposes.[14]

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7 OPSC, Art. 2 (c). *See also:* The Lanzarote Convention defines child pornography as *"any material that visually depicts a child engaged in real or simulated sexually explicit conduct or any depiction of a child's sexual organs for primarily sexual purposes."* Lanzarote Convention, Art. 20.2. EU Directive 2011/93 defines child pornography as, *"(i) any material that visually depicts a child engaged in real or simulated sexually explicit conduct; (ii) any depiction of the sexual organs of a child for primarily sexual purposes; (iii) any material that visually depicts any person appearing to be a child engaged in real or simulated sexually explicit conduct or any depiction of the sexual organs of any person appearing to be a child, for primarily sexual purposes; or (iv) realistic images of a child engaged in sexually explicit conduct or realistic images of the sexual organs of a child, for primarily sexual purposes"*, EU Directive 2011/93, Article 2.

8 *Ibid.*, 25.

9 *Ibid.*

10 UN General Assembly (2000), "United Nations Convention against Transnational Organized Crime, Annex 2: Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime" (hereinafter Palermo Protocol), Res. 55/25 of 15 November 2000, Article 3(c) and 3(a).

11 The term 'Commercial Sexual Exploitation of Children' or CSEC is often used interchangeably with the term 'Sexual Exploitation of Children' or SEC. When this study was initiated, ECPAT International used the term 'Commercial Sexual Exploitation of Children (CSEC)', but has since switched to using SEC in their work and documents. The change of terminology came as a result of the Luxembourg Guidelines, which were adopted on 28 January 2016, a year after the beginning of this study. Although the Recovery and (Re)Integration field report retained the term 'CSEC', the accompanying advocacy paper and the other two Access to Justice research reports use the more recent term 'SEC'. The term SEC is a broader term that better reflects the sexual abuse of a child for both monetary and non-monetary benefits.

12 Luxembourg Guidelines, 27.

13 Dr. Sharma, Shiva, et al. (2001), "Nepal Situation of Domestic Child Labourers in Kathmandu: A Rapid Assessment, November 2001, Geneva: International Labour Organization International Programme on the Elimination of Child Labour (IPEC).

14 Semantics or Substance?, 57.

Domestic Worker

An individual who works in an employer's house on a full-time or part-time basis and is employed to do tasks such as cleaning the house, cooking, washing, ironing clothes, taking care of children, etc. [15]

Emotional Abuse

Behaviours that harm a child's self-worth or emotional well-being, such as name calling, shaming, rejection, withholding love, and neglect.

Empowerment

The process by which trafficked persons are equipped with the skills and ability to lead an autonomous life.[16]

Entertainment Sector / Industry (Adult Sex Industry)

Businesses that provide adult entertainment in the form of alcoholic beverages, food, music, and/or dance performances, and where girls/boys and women/men are available for company as well as for sexual services. In Nepal, this includes, among other businesses, massage parlours, erotic dance bars, cabin restaurants, folk song and music restaurants, local bars, wine shops, and brothels.[17]

Exploitation of Children in/for Prostitution

This form of exploitation consists of a child performing a sexual act in exchange for (a promise of) something of value (money, objects, shelter, food, drugs, etc.). The child is not necessarily the recipient of the object of exchange; it may often be a third person. Moreover, it is not necessary that an object of exchange is actually given; the mere promise of an exchange suffices, even if it is never fulfilled.[18]

Live/Online Child Sexual Abuse

The use of the Internet as a means to exploit children sexually[19] (e.g., Cyber-Porn, Cyber-Sex, ICT-facilitated, Cyber-enabled).

Neglect

"The failure to meet a child's basic physical and emotional needs, which include housing, food, clothing, education, and access to medical care."[20]

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15 International Labour Organization (n.d.), "Who are domestic workers?", *ILO'S website*, accessed 16 November 2016, http://www.ilo.org/global/docs/WCMS_209773/lang--en/index.htm.

16 Surtees, Rebecca (2008) "Re/integration of trafficked persons: handling 'difficult' cases, Issues paper #2 Trafficking Victims Re/integration Programme in Southeast Europe (TVRP)", Nexus Initiative to Combat Human Trafficking an King Baudouin Foundation, 54, accessed 16 November 2016, http://lastradainternational.org/lsidocs/PUB_1851_Re-integration-issue2(3).pdf.

17 World Education and its NGO partners (2009), "Children Trafficked and Sexually Exploited in the Adult Entertainment Industry, Child Status Report 2009", accessed 16 November 2016, http://www.worlded.org/WEIInternet/inc/common/_download_pub.cfm?id=10683&lid=3; Newar, Naresh (2012), "Growing 'Entertainment' Industry Traps Nepali Girls", Inter Press Service News Agency, 8 July 2012, accessed 16 November 2016, http://www.ipsnews.net/2012/07/growing-entertainment-industry-traps-nepali-girls/; Terre des Hommes (2010), "Trafficking and Exploitation in the Entertainment and Sex Industries in Nepal – A handbook for decision makers", accessed 16 November 2016, http://www.childtrafficking.com/Docs/handbook.pdf.

18 Luxembourg Guidelines, 29.

19 Luxembourg Guidelines, 27.

20 National Center for Injury Prevention and Control – Division of Violence Prevention (2014), "Essentials for Childhood. Steps to Create Safe, Stable, Nurturing Relationships and Environments", reprinted August 2014, 5, accessed 17 November 2016, https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf, citing Department of Health and Human Services, Administration on Children, Youth, and Families. Child Maltreatment 2008. Washington (DC): Government Printing Office; 2010.

Perpetrators

A general term that encompasses traffickers, pimps, madams/mamasans, exploiters, owners, guests, clients, abusers, customers, rapists, etc.

Physical Abuse

"The use of physical force, such as hitting, kicking, shaking, burning, or other shows of force against a child."[21]

Psychosocial Counselling

The provision of culturally sensitive emotional support as well as assistance with problem solving by paraprofessionals, with a focus on the psychological well-being (e.g., emotional, cognitive and behavioural stability) of the client, and an emphasis on his/her social environment.[22]

Psychosocial Rehabilitation

The "process that facilitates the opportunity for individuals, who are impaired, disabled or handicapped by a mental disorder, to reach their optimal level of independent functioning in the community."[23]

Recovery

The process by which individuals who have experienced abuse and/or exploitation achieve physical and mental well-being. Recovery includes "some or all of the following: physical and practical support; healing; development of life-skills and social skills; education and skill attainment; building of trust; and coping with stigma and alienation."[24]

(Re)Integration (Social Integration[25])

"…the process of recovery and economic and social inclusion following a trafficking experience. This inclusion is multifaceted and must take place in social and economic arenas. It includes settlement in a safe and secure environment, access to a reasonable standard of living, mental and physical well-being, opportunities for personal and economic development, and access to social and emotional support. In many cases, re/integration will involve the return to the victim's family and/or community

21 National Center for Injury Prevention and Control – Division of Violence Prevention (n.d.), "Understanding child Maltreatment", accessed 17 November 2016, https://www.cdc.gov/violenceprevention/pdf/understanding-cm-factsheet.pdf.

22 Jordans, Mark J.D et al. (2003), "Training psychosocial counselling in Nepal: content review of a specialised training programme", *Intervention 2003*, Volume 1, Number 2, 18 – 35, accessed 16 November 2016, http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.628.7752&rep=rep1&type=pdf; Jordans, Mark J.D. et al (2007), "Psychosocial Counselling in Nepal: Perspectives of Counsellors and Beneficiaries", *International Journal for the Advancement of Counselling*, March 2007, Volume 29, Issue 1, 57–68, accessed 16 November 2016, http://link.springer.com/article/10.1007/s10447-006-9028-z; Tol, W.A. (2005), "Cultural challenges to psychosocial counselling in Nepal", Transcult Psychiatry, June 2005, 42(2):317-33, accessed 16 November 2016, http://www.ncbi.nlm.nih.gov/pubmed/16114588.

23 World Health Organization and World Association for Psychosocial Rehabilitation (1996), "Psychosocial rehabilitation, A Consensus Statement", June 2016, Geneva: WHO, 2, accessed 18 November 2016, http://www.wapr.org/wp-content/uploads/WHO_WAPR_ConsensusStatement_96.pdf.

24 Asquith, Stewart and Turner, Elspeth (2008), "Recovery and Reintegration of Children from the Effects of Sexual Exploitation and Related Trafficking", Geneva: Oak Foundation, 6, accessed 16 November 2016, http://oakfnd.org/sites/default/files/documents/Recovery_and_(re)integration%20of%20Children%20from%20the%20effects%20of%20sexual%20exploitation%20and%20related%20trafficking-CAP_0.pdf.

25 Literature suggests that, a term like 'social inclusion', as opposed to '(re)integration', is more holistic and positive, as "it suggests a process approach and also suggests more mutuality and reciprocal responsibility". See e.g., Reimer, J.K. (Kila), Langeler, E. (Betty), Sophea, Seng, and Montha, Sok (2007), "The Road Home, toward a model of 'reintegration' and considerations for alternative care for children trafficked for sexual exploitation in Cambodia", March 2007, Hagar/World Vision Cambodia, 6, accessed 15 November 2016, http://hagarinternational.org/international/files/The-Road-Home.pdf.

of origin. However, it may also involve integration in a new community and even in a new country, depending on the needs and interests of the victim. A central aspect of successful re/integration is that of empowerment, supporting victims to develop skills toward independence and self-sufficiency and to be actively involved in their recovery and re/integration." [26]

Repatriation

The return of an individual to his/her own region or country of origin.

Resilience

Unpredicted or markedly successful adaptations to negative life events, trauma, stress, and other forms of risk.[27]

Service Providers (Caregivers / Care Providers)

Individuals who provide a range of direct assistance and services to survivors. These may include social workers, outreach workers, case managers, mental health professionals (e.g. psychologists, counsellors), or shelter staff (e.g. house parent). Sometimes referred to as caregivers or care providers. They may have a professional or paraprofessional background, or may provide informal assistance.[28]

Sexual Exploitation of Children in Travel and Tourism (a.k.a., Child Sex Tourism)

According to the 2016 Global Study on Sexual Exploitation of Children in Travel and Tourism, SECTT is defined as "acts of sexual exploitation of children embedded in the context of travel, tourism or both."[29]

Street Children

Any child for whom the street, including unoccupied dwellings, wastelands and others, has become her or his habitual abode and/or sources of livelihood and who is inadequately protected, supervised or directed by responsible adults.[30]

Survival Sex

Trading sex for necessities such as shelter, food, or money.[31]

26 Surtees, Rebecca (2008) "Re/integration of trafficked persons: handling 'difficult' cases, Issues paper #2 Trafficking Victims Re/integration Programme in Southeast Europe (TVRP)", 54.

27 Fraser, Mark W., Richman, Jack M. & Galinsky, Maeda J. (1999), "Risk, Protection, and Resilience: Toward a conceptual framework for social work practice", Social Work Research, 23(3), 136.

28 Brunovskis, Anette, Surtees, Rebecca (2012), "A fuller picture. Addressing trafficking-related assistance needs and socio-economic vulnerabilities", February 2012, Oslo: Fafo and Washington: NEXUS, accessed 15 November 2016, http://www.fafo.no/media/com_netsukii/20256.pdf.

29 Hawke, Angela and Raphael, Alison (2016), "Offenders on the Move: Global Study on sexual exploitation of children in travel and tourism", Bangkok: ECPAT International and Defence for Children-ECPAT Netherlands, 106.

30 Inter-NGO Programme on Street Children and Street Youth (1985), "Forum on Street Children and Street Youth", Grand Bassom, Ivory Coast: International Catholic Children's Bureau.

31 Greenbaum, Jordan M.D. *et al.* (2015), "Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims", *American Academy of Pediatrics,* Volume 135, number 3, March 2015, 2, accessed 16 November 2016, http://pediatrics.aappublications.org/content/early/2015/02/17/peds.2014-4138.full.pdf.

Survivor

A term that describes an individual who suffers, or has suffered, "harm as a result of criminal conduct" [32], and that is "used by many in the service field to recognize the strength it takes to continue on a journey toward healing in the aftermath of a traumatic experience."[33] This term, "can have a therapeutic value, and the label victim may be counterproductive at times."[34] This study's respondents preferred the use of the term 'survivor', as opposed to 'victim'.

Trafficking of Children

"Child trafficking is the recruitment and/or transport, transfer, harbouring, and receipt of a child by others with the intent of exploiting the child through various means, like prostitution, begging, child labour, etc." [35]

Victim

A broad term that has "legal implications within the criminal justice process and generally means an individual who suffered hard as a result of criminal conduct" [36]. This term "designates the violation experienced and the responsibility for redress."[37]

Victim/Survivor

The "terms are not mutually exclusive, but can be applied to the same individual at different points along a continuum of recovery."[38]

Webcam Child Sexual Abuse (a.k.a., Webcam Child Sex Tourism)

A "form of child sexual exploitation that combines both child pornography and child prostitution. Predators from across the world pay and gain access to live streaming video footage of children, typically in other countries, being subjected to various forms of sexual abuse. The predators can dictate what they want to see, such as nudity, masturbation, or sexual acts between several children."[39]

32 U.S. Departments of Justice, Health and Human Services, and Homeland Security (2014), "Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013-2017", January 2014, 8, accessed 16 November 2016, http://www.ovc.gov/pubs/FederalHumanTraffickingStrategicPlan.pdf.

33 *Ibid.*

34 Institute of Medicine and National Research Council Report (2013), "Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States. A Guide for Providers of Victim and Support Services", 7, accessed 15 November 2016, https://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2013/Sexual-Exploitation-Sex-Trafficking/ReportGuide-VSS.pdf.

35 Luxembourg Guidelines, 61.

36 U.S. Departments of Justice, Health and Human Services, and Homeland Security (2014), "Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013-2017", 8.

37 Surtees, Rebecca (2008) "Re/integration of trafficked persons: handling 'difficult' cases, Issues paper #2 Trafficking Victims Re/integration Programme in Southeast Europe (TVRP)", 55.

38 Institute of Medicine and National. Research Council Report (2013), "Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States. A Guide for Providers of Victim and Support Services".

39 ECPAT Belgium (2014), "Webcam Child Sex Tourism", August 2014, accessed 16 November 2016, http://ecpat.be/wp-content/uploads/2014/09/webcam-english1.pdf; Terre des Hommes Netherlands (2013), "Fullscreen on view. An exploratory study on the background and psychosocial consequences of webcam child sex tourism in the Philippines", 4 November 2013, accessed 16 November 2016, https://www.terredeshommes.nl/sites/tdh/files/uploads/research_report_2.pdf.

ACRONYMS

AA/ NA:	Alcoholics Anonymous / Narcotics Anonymous
ADHD:	Attention Deficit Hyperactivity Disorder
AIDS:	Acquired Immune Deficiency Syndrome
CCD:	Cultural Concepts of Distress
CICL:	Children In Conflict with the Law
CRC:	Convention on the Rights of the Child
CSA:	Child Sexual Abuse
CSE:	Child Sexual Exploitation
CSEC:	Commercial Sexual Exploitation of Children
DIC:	Drop-in Centre
DSM:	Diagnostic and Statistical Manual
EMDR:	Eye Movement Desensitisation and Reprocessing
FBOs:	Faith-based organisations
HIV:	Human Immunodeficiency Virus
LGBTI/LGBTQ:	Lesbian, Gay, Bi-, Transgender/Transsexual, and/or Intersex and/or Queer and/or Questioning. LGBTI is the acronym that survivor respondents in this study used, as per the translators. This definition does not exclude (in any way) the existence of other types of identification (e.g., gender non-conforming)
LGU:	Local Government Unit
MDG:	Millennium Developmental Goals
MDT:	Multi-Disciplinary Team
MoU:	Memorandum of Understanding.
INGO:	International Non-Governmental Organisation
NGO:	Non-Governmental Organisation
OB/GYN:	Obstetrics Gynaecology
OPSC:	Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography
PTSD:	Post Traumatic Stress Disorder
SDG:	Sustainable Development Goals
STD:	Sexually Transmitted Diseases
STI:	Sexually Transmitted Infections
STS:	Secondary Traumatic Stress
TB:	Tuberculosis
TF-CBT:	Trauma-Focused Cognitive Behavioural Therapy
TAY:	Transitional Aged Youth (18-24 years old)
TIP:	Trafficking in Persons
VT:	Vicarious Trauma

EXECUTIVE SUMMARY

Introduction

The commercial sexual exploitation of children (CSEC) – which can entail sexual exploitation of children in prostitution, the production of child sexual abuse materials, the sexual exploitation of children in travel and tourism, child trafficking for sexual purposes, and/or certain forms of child marriage — affects children of all ages and gender. The intentional violence fundamental to CSEC impacts them physically and psychologically, in both the short- and long-term, as well as throughout the different domains of their lives, such as family, social life, intimate relationships, faith, education, and employment. For many, this is in addition to a history of adverse childhood experiences and child maltreatment. Whether children are still in situations of sexual exploitation, are in the process of exiting, or have recently been rescued, they are at the sharp edge of vulnerability. They have an urgent need for timely and quality care through effective and long-standing trauma-informed and child-rights based recovery and (re)integration services and programmes. This support is essential to facilitating their transition from exploitation to safety and protection; helping them begin their healing journeys; and claiming their right to a life of compassion, dignity and freedom.

Under international law, children subjected to sexual exploitation are entitled to seek and obtain effective remedy and reparations, which includes the right to recovery and (re)integration. A variety of international legal frameworks, such as the Convention on the Rights of the Child (UNCRC) and the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (OPSC), impose a clear obligation on States to take all appropriate measures to guarantee that all child victims are provided with assistance that will promote their physical and psychological recovery and social (re)integration. In order to ensure that children are receiving the support they truly need, it is crucial to understand what their recovery and (re)integration needs actually are, and the challenges they face in terms of accessing various types of assistance. However, there is a dearth of literature on this subject. It is this gap in literature that this field research project, and accompanying Advocacy Thematic Paper,[40] seeks to ameliorate.

To that end, ECPAT International conducted field research in Nepal, the Philippines, and Thailand, and gathered the voices, insights and recommendations of children and adult survivors of CSEC, as well as of their service providers (i.e., social workers, counsellors) and other child protection professionals (i.e., project managers, directors). The findings from this research, and related ECPAT International recommendations, are to inform a range of stakeholders, as well as to provide a platform for international, regional and national advocacy efforts to push for more funding and robust measures, and ensure that all survivors of CSEC are able to access justice and remedies, including the care they need, and have a right to, without discrimination.

40 Claire Cody (2017), "Access to Justice and remedies for Child Victims of Sexual Exploitation. Recovery and Reintegration Advocacy Thematic Paper", Bangkok: ECPAT International, forthcoming publication.

Research Design

Background

This study, with child survivors as primary informants, is part of a larger ECPAT International capacity building project that includes a tripartite research project aimed at generating evidence-based research on child survivors' access to justice and right to remedies. The three separate components of the broader Access to Justice and the Right to Remedies for Child Victims of Sexual Exploitation Research Project includes studies into: 1) the right to criminal justice, 2) the right to compensation, and 3) the right to care, recovery and (re)integration. The selection of the study's target countries was based on donor funding of capacity building projects; these States' existing legal frameworks; and the experience local ECPAT Network member organizations have with assisting with this project and accessing CSEC survivors.

Recruitment and Training of Research Assistants/Translators

In light of the sensitivity of this research subject and child protection concerns, a stringent selection mechanism was used to recruit research assistants/translators. In-depth training and preparatory meetings were conducted with research assistants/translators in each of the target countries.

Selection of Studies' Participants

Participating organisations selected survivor research participants as well as service providers, based on pre-established sampling criteria. The aim was to obtain a rich and heterogeneous data, to represent a wide range of insights, experiences, forms of CSEC, and contexts. CSEC survivor research participants were to reflect varied demographics, different phases of recovery and (re)integration, and different settings (i.e., street-outreach, drop-in centres, shelters).

Questions Explored and Data Analysis

This qualitative study entailed in-depth unstructured trauma-informed discussions with CSEC survivors, and semi-structured interviews with service providers. The three general areas of inquiry covered by this research were as followed: 1) What are the needs of CSEC survivors in terms of recovery and (re)integration? 2) What can we learn from the current recovery and (re)integration services and programmes? 3) What are the key barriers and challenges faced by survivors in accessing recovery and (re)integration services and programmes? The interview (henceforth referred to as 'discussions') protocols also included several questions specific to the right to criminal justice and the right to compensation studies. The field notes, and a small number of discussion transcriptions, were analysed for themes under a set of pre-selected themes. Audio recordings of the discussions were checked where clarification was needed.

Ethical Issues and Considerations

This study, and its participants, benefited from an ethical framework that prioritised child protection. ECPAT International and an external reviewer revised the in-depth research protocol, ethical standards and tools. Detailed information sheet and consent forms were provided ahead of the discussions, and content reviewed at the onset of the discussions (e.g., confidential information and limits to confidentiality). Research participation was voluntary and negotiable at each stage of involvement. Data was anonymised and confidential information kept in a safe and protected location.

Research Limitations

The research project was constrained by initial tight deadlines, as well as budget limitations. The study's findings are limited to a one point in time data collection. The discussions were conducted with the assistance of translators, which can impact the quality of data collection. The interview protocol was not field tested, and the discussions were not transcribed and double-checked for translation accuracy. The selection of respondents by Child Protection Gatekeepers may have been biased. The sample of respondents is not a representative sample, and findings are therefore not generalisable.

Sample Size and Profile of Participants

A total of 139 respondents participated in the research. Respondents included 44 female, 13 male and 10 male-to-female transgender survivors, between the ages of 10 to 36 years old. The 72 service provider respondents included a range of frontline staff and child protection professionals with varying years of experience serving CSEC survivors.

Key Findings, and Discussion

1. Foundation of Quality Care

One of the keys to the success of programmes and services rests upon the service providers who need to have a combination of readiness, certain desirable traits and attitudes, appropriate skills and experience, as well as a primary sense of ethical responsibility. Support for service providers, and other child protection professionals, as well as continued learning opportunities, research and supervision, are equally essential to ensuring quality of direct care and services. Without a solid support system, service providers can become strained, and some of the fundamental needs of children may therefore remain unmet.

1.1. At the Core of all Services and Programmes

Respondents spoke of core fundamental elements that, for them, constitute a necessary foundation to all care, services, and programs: Love, Kindness, Nurture, Trust and Understanding; Respect, Dignity, and a Sense of Belonging; Commitment and Child-Friendliness; and Information, Structure and Stability.

1.2. Readiness to Work with Survivors

This study identified certain elements and dynamics that are key to meeting the needs of CSEC survivors, and that should be taken into consideration when developing—or building capacity of—programmes and services, and hiring staff. For example, serving this population necessitates physical, mental and emotional health, a capacity to work hard, adequate training and a solid background, and a wide array of skills and personal qualities (e.g., commitment, inner strength, patience, understanding, and flexibility). Service providers should possess a professional degree and/or license/certification to practice in certain fields (e.g., social worker, mental health). Teamwork, partnership, and networks within and among organisations and programmes are essential. Efficient case management and sensitive information/data sharing are areas that also need attention.

1.3. A Primary Ethical Responsibility: Take Care of Self!

As per the discussions, service providers have an ethical responsibility to take sufficient care of themselves in order to remain safe, mitigate stress, modulate their emotions, monitor their countertransference responses, minimise the effects of trauma and compassion fatigue, and prevent burnout. The impact of this work can be eased through psycho-education, as well as ongoing skills training and adequate support mechanisms.

1.4. Expanding Learning and Understanding

This study shows that services providers need and want to continue learning about a wide variety of topics related to their work and the population they serve. Ongoing development of skills is essential to better understand CSEC and its survivors, and to enhance the efficacy of direct services. Further research into this field is also required.

2. Child Protection: Continuum of Specialised Services and Programmes

Child CSEC survivors' needs are unique, complex, and interrelated, and range from immediate, short-term, to long-term. They stem from a multitude of pre-existing and current factors, as well as from the impact of their exploitation, and current stage in the recovery and (re)integration process. Assistance has to take into consideration the children's dependents and legal guardians, as well as geographic location and economic circumstances. The need for 'CSEC specific' programmes and services emerged as an important theme in this study, as this population was considered different to work with when compared to children affected by other crimes (i.e., incest, physical abuse, and domestic violence). The general lack of long-term sustainability in the funding of programmes and services was identified as one of the main barriers to access to recovery and (re)integration assistance.

2.1. Prevention

Outreach efforts, awareness-raising, education and training are clearly essential in building safety nets to reduce vulnerability and prevent CSEC. However, this study identified that prevention activities also help survivors who are in situations of exploitation, and can also enhance their recovery and (re)integration process. Knowledge received prior to experiences of sexual exploitation can enable and empower some of the children to strive towards their recovery, and can help minimise harm.

2.2. Parents and Family Involvement and Assistance

Understanding why a particular child is or was sexually exploited, and what the dynamics are at home, provides an initial direction in what recovery and (re)integration assistance may be needed. When possible, one of the first steps in providing support to survivors, and certainly prior to attempted re-integration, is to promptly establish contact with and engage their parents (or legal guardian, relative, family) in the recovery process; with the focus of a possible (re)integration. Providing parents with a range of support is crucial. However, organisations are not all equipped to work directly with parents and families, as it requires significant funds, resources, as well as supervision and close monitoring.

2.3. Hotlines

Toll-free Hotlines/Helplines are an important safety net, and an effective tool for prevention, victim identification and rescue, recovery, and support during and after (re)integration. Recommendations were made for the creation of CSEC specific hotlines that are accessible nationwide 24/7. An awareness raising mechanism is needed to provide this population with the knowledge and re-assurance that calling the number will actually lead to genuine help and support.

2.4. Outreach

Outreach services can be an effective key strategy for survivor identification, assessment, rescue/exit, and recovery and (re)integration. When rooted in harm reduction, outreach efforts can also help with relapse prevention. Outreach workers provide children, parents/families, and community members with basic information, and may entail providing preventative care, minimising harm, and delivering basic needs goods and services. Suggestions were made for medical professionals to participate in outreach efforts. Concerns were raised about the dearth of outreach workers and resources, and the dangers associated with this work.

2.5. Drop-in Centres

Drop-in centres (DICs) are another key needed component in assisting children to exit their situation of exploitation, and to access recovery and (re)integration services. They are well suited for children who have been used to a certain 'freedom' of movement and financial independence, and find it difficult to be in restrictive types of alternative care programmes. Assessing the long-term effectiveness and efficacy of the services and programmes offered by a DIC to survivors of various forms of CSEC would be helpful to the field. Research might also look into what factors possibly maintain DIC beneficiaries in situations of sexual exploitation.

2.6. Raids and Rescue

Raids and rescue operations are an important mechanism for the removal of children from situations of exploitation. However, these interventions can be traumatising for survivors. The corruption of law enforcement frequently emerged as an issue when addressing this topic. Survivors expressed the need for protection, support, as well as re-assurance and safety. Lack of information and honesty can impact survivors' trust in the reliability of the assistance, and thus their recovery process. Survivors' dependents need to be taken into consideration during and after raids and rescue operations. Development of research and literature specific to the care and protection of children during and soon after raids and rescue operations is required.

2.7. Basic Needs Assistance

Accessing basic needs (e.g., potable water, nutritious food, safety, hygiene, shelter) plays an important role in children's healing trajectory. When not fulfilled, these needs can place children at risk for, or keep them engaged in, sexual exploitation. Although many organisations and their service providers go to great lengths in providing necessities, the study identified that, for some survivors, access to basic human needs was insufficient due to a lack of resources and funding. For example, a number of survivors raised concerns in regards to water that was not potable, and food that was mouldy, and/or exposed to unhygienic conditions. In some settings, children also complained of insufficient food quantities. This study also identified that clothes, personal toiletries, sanitary pads/ cloths, hygiene education and promotion, and having access to sanitary bathing facilities were not consistently available.

- *Shelter and Safety*

  A range of accommodations, or alternative care, is needed to meet survivors' various circumstances and stages of recovery and (re)integration, in the immediate, as well as on the short and long-term. Recommendations were made for CSEC-specific shelters. Very few of them exist in Nepal, Thailand and the Philippines. Alternative care settings are urgently needed for boys and transgender (and LGBTI). The dearth of options leaves them at continued risk for sexual exploitation, and associated dangers. There is also a need to accommodate girls in the entertainment sector who are in the process of transitioning out of their situation of sexual exploitation. Alternative care settings need to be able to accommodate survivors with dependents, and a solution must be identified to keep siblings together. More long-term options are also desperately needed for child survivors who are orphaned, as well as for child survivors who are foreign nationals, and those living with disabilities, severe mental illness and/or comorbid conditions.

  Emergency and transit centres provide immediate shelter, usually for up to a month, to child survivors after they have been intercepted, rescued, referred, or identified. Such transitional settings can allow for the assessment and triage of child survivors who present with contagious illnesses, substance addiction, or other severe health concerns. However, in light of the dearth of options, some children stay at these transit centres many months, with little support. While they wait for procedures to unfold, arrangements must be made for them to receive services, emotional support, engaging activities, non-formal education, as well as, when appropriate, regular communication with their parents and/or dependents.

  Shelter size, number of roommates, and access to bedding are important to child survivors' recovery process. According to this study, they need and appreciate one-on-one attention as well as smaller scale shelters, family-style, with no more than 15-20 children. Respondents expressed a preference for being roomed by their age group, and with no more than 2-3 roommates. The options of family, kinship, and foster care for CSEC survivors are domains that demand further inquiry and attention. These are better positioned to offer the one-on-one attention and the *"normal life"* children need and want. Foster care is not a common option in the study's target countries.

  Child CSEC survivors need stability and continuity of care. The process of being transferred from one alternative care setting to another—as is often the case—can be traumatising for them. However, there is a lack of more permanent options. Engaging and consulting with children

would help minimise the stress some experience when transitioned from one location to another. Recovery begins when children feel safe. Associated security measures are an essential element of their care, from the time they are identified, until long after their (re)integration. A delicate balance is needed between survivors' right to freedom of movement, and their actual security and safety. Strict control, and lack of freedom and choice, can impact their ability to trust and engage in their recovery process. However, as this study identifies, some survivors may never feel safe until their traffickers/abusers are locked behind bars.

Of consideration as well, are the children's first day at an alternative care setting, and a needed adjustment period during which they are given time to adapt to the new environment. Caregivers and shelter residents play an important role during those first days in insuring the positive experience of newcomers, and their ensuing participation in the program.

Survivors living in alternative care settings need regular contact with their parents, family, dependents and/or friends. They find it difficult when shelters have strict visitation/phone rules. These can impact survivors' engagement in recovery, as well as their dependents.

This study identified that a variety of independent care options, or transitional homes, ensure the protection of survivors in their gradual process of (re)integration, while also affording them increased independence and freedom of movement, and continued access to services. However, few of these options are available due to the associated costs. The housing needs of young adult (a.k.a., transitional age youth - TAY) survivors is an area that calls for broader attention and resources. Some survivors are not able to further their education or obtain a vocational training due to the lack of free or low cost housing options. Few programmes can serve children older than 18 years old, yet they may not be ready to be fully (re)integrated.

- *Barriers*

The sustainability of shelter care programmes in light of project-based, time-limited, funding is a concern to both survivors and service providers. Uncertain funding makes for uncertain futures for child survivors, as there is limited guarantee that the alternative care programmes will be able to continue providing the roof and services needed to succeed.

The insufficient number of staff is a barrier to quality alternative care for a population that often requires much care and attention. Proper supervision is required to prevent the perpetuation of violence against younger children and minority groups, such as children who identify as transgender. A general lack of oversight of alternative care settings and programmes needs to be addressed, to help ensure child survivors' recovery and (re)integration needs are met on a consistent and personalised basis. There is a need for enforcement and monitoring of standards of care, and for accountability.

An issue that arises with the provision of alternative care is when shelters are better options than going home. Every effort must be made to work with both children and their families towards a possible reunification. However, it may ultimately be in a child's best interest to remain...until he/she becomes independent in an alternative care setting. This requires significant additional resources for alternative care settings that are most often short-term based.

2.8. Pregnancies, Childcare, and Parenthood

Girls who are sexually exploited often become pregnant. Many keep their children, while others are forced to give them up. The need for safe and free abortions, prenatal care, parenting guidance, as well as for recovery and (re) integration services and programes that include quality care of dependents, was raised. Childcare services protect dependents, and enable mothers to focus on their transition, and avail themselves of the services they need for their recovery. However, few organisations are able to offer such services.

2.9. Health and Assistance Needs

- *Physical Health and Medical Assisstance*

Survivors of CSEC experience a wide range of adverse health problems. They may present immediate physical health concerns (e.g., physical injuries). Some survivors carry infectious diseases (e.g., hepatitis, TB). The health of the survivor, as well as that of organisations' staff and beneficiaries needs to be considered each step of the way. Any and all documentation, or health records, ought to follow child survivors as they transition from one setting to another. Dental assistance has to be prioritised.

Barriers to Medical Assistance - One of the reasons children do not access medical assistance while in situations of exploitation is because they lack knowledge about health and the type of services available. Additional barriers include survivors' lack of money and identification documents, as well as the need to be accompanied by a legal guardian.

This study identified that in certain settings, unless children complain of experiencing pain, they will not systematically access immediate health services and exams (e.g., HIV testing, STIs) upon entering an alternative care setting. Therefore, some children do not meet with medical professionals for many months.

Another barrier is children's fear, shyness and experiences of discrimination in the face of seeking medical services. Concerns were raised that certain medical institutions do not prioritise the needs of children, and CSEC survivors. Health care professionals need to be adequately trained on CSEC and its survivors, in order to transform the misguided perceptions, attitudes and stigma they may have towards this population, and thus, help ensure that children receive the prompt care they need and have a right to. These barriers to recovery are a public health issue that calls for attention.

Cost of medications was also identified as a main barrier to reach physical health, and thus continue with the recovery process. There is a need for qualified medical oversight in addressing and managing the healthcare needs of children in alternative care settings (i.e., medication regimens), as well as accountability.

Suggestions to Increasing Access to Medical Care - The majority of the survivors stated that it would be helpful to have a medical doctor or nurse accessible on a regular basis at drop-in-centres and shelters, especially an OB/GYN. Having a medical professional available in alternative care settings would make it easier to oversee the case, conduct assessments and health exams, provide care and vaccines, and manage medication. A child-friendly and trauma-informed 'One-Stop-Service' medical service through a local hospital or clinic is also recommended. This study identified the need to find solutions to ensure all CSEC survivors

have access to free/affordable, easily accessible, judgment-free, and long-term medical and dental care.

- *Mental Health, Psychological Assistance, and Counselling*

Most survivors experience some symptoms of psychological distress, and/or emotional and/or behavioural difficulties, and most have been exposed to a broad combination of adverse experiences and childhood maltreatment prior to their sexual exploitation. In addition, current stressors can exacerbate presenting symptoms. The trauma of this population is complex. CSEC survivors can also be relatively resilient.

Psychological Distress and Emotional and Behavioural Challenges – This study identified a need for further inquiry into the psychological impact of CSEC and the role of resilience, as well as a better understanding of the influence of service providers' perceptions and understanding of CSEC on survivors' access to mental health services. There is a need to understand the various coping strategies children develop to help deal with particular circumstances. These can become hurdles in their healing process.

Psychological Assistance - Formal evaluations and assessments, case and information management, and treatment planning, are considered indispensable and in need of strengthening. Effective screening tools and assessment batteries are also needed.

Different formats of mental health services are necessary to address survivor's different psychological, emotional and behavioural concerns and needs, within the unique dynamics of their various environments and cultures. A variety of therapeutic treatment modalities were mentioned as helpful, or needed, and merit being evaluated for efficacy and replication with this population (e.g., Stages of Change, Motivational Interviewing, Expressive Arts, Play Therapy, EMDR, Trauma-Focused Cognitive Behavioural Therapy, Narrative Therapy, Outdoor/Nature Therapy). Country specific research on the effectiveness of other treatment modalities—including indigenous practices—with CSEC survivors is recommended.

Clarity is needed in terms of when and how often mental health support is available, and what it actually entails in terms of clinical content, psychological interventions and treatment planning. Privacy and confidentiality during counselling was raised as an issue that requires attention.

Respondents also identified different CSEC specific topics to address during counselling sessions (e.g., sense of safety, guilt and responsibility, sexuality, sexual identity and orientation). The elaborate descriptions respondents gave of what is helpful about counselling highlight the many benefits of a much-needed ongoing support that is akin to informal emotional support.

Severe Psychological Distress and Mental Health - The need for psychological assistance for survivors with severe mental health and/or behavioural or developmental difficulties calls for attention. Alternative care settings are not equipped to care for this group of children. There are also too few professional mental health professionals familiar with this population. Organisations usually cannot afford their fees, it takes months to secure an appointment, and the cost of prescribed medications can be prohibitive. Further inquiry should look into what

is needed to ensure that these children receive comprehensive care in an environment that is CSEC and trauma-informed, as well as judgment-free.

Mental Health Professionals and Paraprofessionals – The question arose during the research as to who provides psychological support. A significant lack of mental health professionals creates a situation where paraprofessionals and untrained service providers offer 'counselling'. To fill this gap, some organisations contract student interns and foreign volunteers on a short-term basis. However, several respondents expressed concerns about the time-limited availability of these individuals in light of survivors' trust and attachment difficulties, and, in some cases, the need for translators. The practice of having interns and volunteers meet the mental needs of survivors calls for attention, as well as close monitoring and supervision.

Barriers to Mental Health Care - The stigma around the notion of seeing a mental health professional and receiving counselling is an important barrier. Child-friendly information dissemination would normalise and increase children's (and families') awareness and benefits of counselling and counsellors. Difficulty in accessing in-depth and long-term psychotherapy, especially after (re)integration is also a hurdle to the recovery journey that has to be resolved. Such services are essential to this population, as healing from complex trauma can take a long time.

The field of mental health is in critical need for a common understanding and language. Clarity on the roles, responsibilities, and boundaries of the varied mental health related professions, is needed at the local, national and international level. This will prevent ongoing assumptions that children are actually receiving the appropriate level of psychological support they need simply because they meet with someone who is referred to as a counsellor or a psychologist for counselling. An oversight mechanism could help ensure that professionals and paraprofessionals are practicing within the boundaries of their professions.

The scarcity of mental health professionals and paraprofessionals commends attention. Counselling and psychosocial services are often nothing more than informal emotional support. Also identified as barriers, are a lack of systematic assessments and effective screening programs to identify mental health problems. Professional standards, liability, supervision, and research are necessary. Continued mental health related training is needed.

- *Addiction and Rehabilitation*

  As per this study's findings, substance abuse is a significant problem among children in street situations, transgender, and girls in the entertainment sector. None of the organisations included in this Study had specialised services to address substance abuse and other addictions. Further research in the domain of substance use, addictions and effective treatment approaches for this population is called for.

2.10. Spirituality and Religion

Spirituality and religion can promote resiliency and positively impact health and behaviours. The celebration of religious festivals also provides survivors with positive experiences. However, programmes do not always make accommodations for survivors of minority religions and differing

spiritual beliefs and associated practices. Ensuring spiritually competent care could enhance the effectiveness of programmes and services for CSEC survivors, whose beliefs, values, and daily practices should systematically be assessed, respected and supported. This aspect of caregiving practices requires further inquiry and a better understanding.

2.11. Legal Support

CSEC survivors benefit from legal assistance. The degree of legal support available to child survivors varied from setting to setting. Many organisations do not have the financial capacity to employ a legal professional. The capacity of existing service providers to render legal counselling should be enhanced through related training.

2.12. Social Life, Play and Recreation

- *Social Needs*

  In order to survive and thrive, children must have sufficient social skills and be able to develop and maintain satisfying relationships. Trauma-informed and gender-specific programs focusing on children's social development are essential.

- *Play and Recreational Activities*

  Relaxing, playing, and joining in a wide range of cultural, artistic and other recreational activities are integral to children's recovery and (re)integration journey. These activities need to be age appropriate, and allow for a certain level of freedom in whom to engage in activities with. Limited resources and funding impedes access to needed recreational activities. Lack of service providers also prohibits the range and frequency of activities children can engage in, as oversight is essential.

2.13. Life Skills

CSEC survivors often lack basic life skills, which are both a risk factor to CSEC, and a consequence of CSEC. Life skills training can bolster protective factors through fostering the resilience of children, increasing their self-confidence and self-efficacy, broadening their range of interests and capabilities, and, thus, empowering them towards greater freedom and choice. A variety of life skills training models and modalities exist, and merit further attention. However, due to a lack of capacity and time, these are not always offered on a consistent basis.

2.14. Peer-to-peer Support and Leadership Development

Several of the organizations included in this Study encourage survivors to engage in a range of leadership activities, as well as peer-to-peer supportive roles. Certain programs encourage survivors to become peer educators. Survivors, at some organizations have the opportunity to also engage in peer advocacy activities, as well as child governance. This study identified a critical need to develop long-term peer support groups and networks, that take into consideration such barriers as geographic distance in order to be as inclusive as possible, and ensure that survivors who may not be able to meet other survivors in person can have access to some form of peer support. Adequate selection, training, guidance and supervision of children are essential, and initially entail capacity building of staff as well. However, empowering and building the capacities of children through such programs require additional human, technical and financial resources.

2.15. Formal and Non-formal Education

Each of the target countries has distinct formal and non-formal educational systems. Educational support was deemed necessary not just for children to finish mandatory schooling, but also to help them pursue higher education.

Non-formal education and other forms of specialised and self-paced educational programmes are essential. It can be available on its own, with the goal of integrating survivors into formal schooling or in conjunction with vocational training. When and whether a child attends formal or non-formal schooling is a decision that should be made on a case-by-case basis, and only after being given time to settle into the alternative care setting. Children not only need to be ready for the rigors of academic learning, they must also be prepared to engage in age appropriate social activities. They need to understand what suitable information to share is. Minimising the possibility of them being discriminated against and ostracised by their peers is fundamental to their education and positive recovery.

Some survivors preferred attending an education program on campus because of experiences of discrimination in local schools, as well as concerns related to age and grade discrepancy with their mainstream peers. Other survivors benefited from the normalcy and freedom of movement in attending a school in their community.

Collaboration with teachers is critical. Teachers can play a significant role in prevention and identification of CSEC, as well as in the children's recovery process. However, concerns were raised of teachers discriminating, bullying and making inappropriate statements towards survivors.

Survivors emphasised the importance of being able to pursue their interests of choice, and benefited from receiving encouragements along their way. Some organisations give survivors the choice of education or vocational training. However, involving children in decisions that affect them was not systematic in certain settings. Lack of resources, whether at the organisation or in the community, makes it difficult to accommodate a wide range of children's educational interests and needs.

A number of survivors expressed the need to meet and interact with people who have experience in the professional fields of their interest. They seek role models and mentors, as an element of their recovery.

- *Barriers to Formal and Non-Formal Education*

  Hidden school costs are prohibitive for many families, but also for the organisations, as most operate on limited budgets. Children also face attitudes, prejudice, stigma and discrimination due to their gender, social status, and/or cast. Lack of identification papers and other documents prohibits children from enrolling in educational programmes. Illiteracy, age, as well as trauma and cognitive impairment were also identified as barriers to education. Lengthy legal procedures affect children's schooling, and some do not resume their education because of this. Having dependents, and no adequate childcare, was also a barrier to receiving an education. There is a need for trauma-informed educational systems that accommodate and encourage children who are illiterate, older, have missed a few years of school or are slow learners.

2.16. Vocational Training and Sustainable Livelihood

One of the goals of recovery and (re)integration services and programmes is to ensure survivors' financial independence, as soon as it is safely possible. Vocational training can be a stabilising force for survivors, as it enables them to develop a new sense of identity, dignity and fulfilment. It is therefore a key element towards increasing the possibilities for a positive and successful recovery, and (re)integration. Service providers have to closely assess and monitor job placements in order to minimise the risk of survivors experiencing abuse, re-traumatisation, stigmatisation, and/or discrimination.

Vocational training must lead to viable work, and therefore needs to be market-oriented and sustainable, in rural as well as urban settings. Increased collaboration between CSEC programmes and the private sector could help increase the range of vocational training options.

Survivors need to be encouraged to develop a sense of entrepreneurship, and basic money and business management skills. Strategic job placement support should also ensue.

Some programmes encourage survivors to learn a simple income generating activity to enable them to have seed/pocket money to buy what they need or want, or to save towards their higher education or, in some cases, towards starting a business. Larger amounts of money, such as in the form of loans, microcredit programmes, are also beneficial to help jump-start a survivor's vocational career.

Barriers to Vocational Training and Sustainable Livelihood - Project based funding can be a significant barrier to successful vocational training. As identified through the study, the abrupt termination of vocational training, business project, and/or service provider support and guidance places survivors at risk for serious setbacks, and involvement in CSEC. Some of the programmes have limited resources to purchase items essential to the vocational and income generating activities, which impedes progress. What is of interest to survivors is not easily available, too costly, or inaccessible. Lack of childcare and housing options also impedes some survivors from accessing a vocational training. For some, lack of identification papers precludes them from attending trainings and applying for jobs. Finally, even with a vocational training, it is sometimes difficult for survivors to obtain work without having a school completion certificate.

2.17. Repatriation

Repatriation necessitates a close and continued collaboration between key agencies and service providers in each respective country. Survivors need continued support until their safety and access to care and services are ensured. Existing case management, case referral and hand-over procedures must be improved. Respondents raised the need for a transnational monitoring, evaluation, and accountability system of care. Further research specific to CSEC survivors' insights into the experience of repatriation could add to the broader understanding of the impact this period and process of transition may have upon the recovery process, and what may be needed to make that transition as safe and reassuring as possible.

2.18. (Re)integration and Long-term Aftercare

- *(Re)Integration*

  (Re)integration entails a process of preparation and recovery, a goal, a concrete physical, and, sometimes, geographic, transition, and a continued access to support. Working closely with children's guardians/families and communities, as well as thoroughly assessing for children's readiness and risks posed to them is essential. Whenever possible, collaborations should also be established with community leaders, and/or local organisations, who can then act as points of contacts. However, such partnerships can pose risks to the anonymity and confidentiality of children, and/or their families.

  One of the first steps in the progression towards children's (re)integration into their family is for service providers to thoroughly assess the home and community situation, and address problematic issues. Ideally, organisations send staff to conduct assessments directly in the children's home and community. However, this is not always possible due to lack of resources, staff, geographical distance, and time.

  Conducting awareness raising and training activities among the general population, as well as in schools, can be beneficial to children's (re)integration. Educating and involving teachers may be a way to mitigate the impact of the problematic lack of resources and staff that limit the capacities of organisations for regular and in-person monitoring.

  Before returning, or integrating, children into any community, the whereabouts of the perpetrators have to be carefully considered.

  The decision as to when to (re)integrate children needs to be made case by case, based on the child's readiness and best interest, and must involve her/him in each step in the process. Assessing their readiness is an area that was identified as requiring a better understanding and tools. A slow transition into (re)integration is recommended.

- *Aftercare*

  The process of recovery does not end at the initial point of physical (re)integration. Follow-up and support *"for a very long long long long time, forever"* is essential. Without continued follow-up services and monitoring beyond (re)integration, there is a high risk that children may relapse and/or may be re-victimised. Survivors who have developed healthy attachments to organisations and/or service providers, may choose to (re)integrate in their close proximity. These healthy relationships and attachments can be vital in children's recovery, and thus, a continued relationship with the organisation was deemed important and beneficial.

- *Barriers Affecting (Re)integration and Aftercare*

  Lack of resources and staff is a barrier to the meticulous assessments and monitoring necessary for successful (re)integrations. Organisations that have been providing recovery services to foreign children may not be in a position to travel abroad to conduct risk assessment. MoUs between countries and close collaborations with trusted organisations in these countries are critical (i.e., for the handover).

Conclusion

This study benefits from the experience and knowledge of 72 service providers and other child protection professionals. Most importantly, it brings together the diverse voices of 67 female, male, and male-to-female transgender children and adult survivors of various forms of CSEC. Their combined voices shed a spotlight unto the surface of an intricate web of needs, existing services and programmes, gaps, and barriers. Many organisations, and their service providers, rise above extenuating circumstances to provide survivors with a gamut of services. Nevertheless, rapid progress is still needed in order to address significant gaps and dissolve existing barriers. The core of all services and programmes, namely the service providers and child protection professionals, needs to be strengthened. The continuum of specialised services and programmes needs to be enhanced and expended. A concerning lack in funding, resources, specialised service providers, and research reverberates throughout the domains of recovery and (re)integration. Organisations need dependable financial backing in order to ensure that all survivors receive assistance. Too many children are still not accessing the care they need, want, and have a right to. And, because of limited funding projects, many live under the disturbing uncertainty of whether, or not, the programmes, shelters, or service providers, will still be there tomorrow.

Recommendations

While great strides have been taken in each of the target countries towards identifying and supporting the recovery and (re)integration of children survivors of sexual exploitation, this study identifies several areas that call for improvements. Consequently, and on the basis of information provided by children and adult CSEC survivors, and their service providers, this report provides a number of recommendations aimed at improving and guiding the development and capacity building of recovery and reintegration services for CSEC survivors.

Recommendations made by CSEC survivor respondents specifically for states, governments, and others in 'positions of power':

- States should eliminate all forms of CSEC by addressing poverty, the demand side, and all other factors that contribute to this form of human rights abuse.
- States should arrest, prosecute, imprison, and rehabilitate, all child abusers (e.g., child traffickers, child sex offenders).
- States should enforce accountability and eliminate the lure of corruption in government, law-enforcement, the military, as well as in the judicial system, business and private sector.

General recommendations relevant to states and governments:

- Develop, adopt and implement a mechanism that allows for prompt investigation of suspected child sexual exploitation in private residences, and immediate rescue of children
- Address systemic discrimination based on legal status, gender and gender identity, sexual preferences, age, nationality, legal status, race and ethnicity, religion, geographical location, etc.

- Eliminate the barriers that prevent children affected by sexual exploitation from accessing medical assistance.
- Eliminate the barriers that prevent children from accessing mental health assistance, as per the commitment of States and Governments to the Sustainable Development Goal of promoting mental health and well-being,[41]
- Increase the allocation of consistent and sufficient funding, as well as necessary resources, to ensure the quality and continuity of assistance, and guarantee the sustainability of services and programmes on the long-term bases.
- Ensure the availability of CSEC specialised and separate care, recovery, and (re)integration services and programmes, in order to more effectively serve and support survivors.
- Establish, implement and enforce CSEC specific comprehensive Quality of Care Standards across all sectors of child protection.[42]
- Establish secure databases, and confidential centralised file sharing mechanisms that can be tracked, updated, reviewed, modified, and used for case management to monitor children's recovery and (re)integration trajectory as well as ensure that their specific needs are addressed.
- Develop working partnerships between professionals, and establish effective inter-agency referral mechanisms.
- Strengthen the foundations of quality care. For example,
    - Include the topics of CSEC, its manifestations, population and needs, criminal justice, and child-rights based and trauma-informed care, in the training (academic or not) of all frontline service providers (e.g., social work, medical and mental health), school teachers, and any other professionals or paraprofessionals who, by the nature of their work, may come into contact with this population.
    - Establish mandatory specialised training and minimum qualifications for service providers who will be working directly with CSEC survivors. Ensure ongoing supervision.
    - Organise professional networks, support systems, training, and conferences to exchange experiences and expertise.
    - Conduct CSEC related empirical qualitative and quantitative research.

General recommendations relevant to International and Regional Intergovernmental Bodies:

- Encourage development and implementation, or strengthening of MoU between States to ensure specifically close coordination and follow-up recovery assistance in the repatriation of CSEC survivors.

41 United Nations (n.d.), "Goal 3: Ensure healthy lives and promote well-being for all at all ages", accessed 30 January 2017, http://www.un.org/sustainabledevelopment/health/.

42 The CSEC specific Quality of Care Standards should be in line with international child rights and protection standards (e.g., UN CRC, ILO, WHO).

Recommendations for service providers (run by either governmental, non-governmental, or private sector stakeholders) working directly with CSEC survivors:

- Ensure that all care, recovery, (re)integration and aftercare assistance:
  - Operates on, and is systematically guided by, the Convention on the Rights of the Child principles:
    - Free of discrimination;
    - Prioritises children's best interest;
    - Ensures that children are made aware of their rights;
    - Engages children's participation, feedback, and opinion at every stage of the recovery and (re)integration process;
    - Ensures children are continuously informed of all processes, procedures, decisions and updates that pertain to them; and
    - Protects their privacy and confidentiality
- Expand and improve the continuum of specialised services and programmes. For example,
  - Pregnancies, Childcare and Parenthood
    - Facilitate access to prenatal and perinatal education, and parenting classes and support.
    - Establish quality childcare programs for survivors' dependents in order to enable mothers to partake fully in recovery and (re)integration services and programs.
  - Physical Health and Medical Assistance
    - Educate healthcare professionals and institutions on CSEC and child-friendly, trauma- and attachment-informed care.
    - Designate a qualified adult to oversee children's medication regiment.
  - Mental Health and Psychological Assistance
    - Increase the on-staff number of qualified mental health professionals who have an understanding of CSEC and the unique needs and circumstances of survivors who can provide regular counselling and/or psychotherapy, as well as conduct psychological assessments, oversee the mental health needs of survivors and their parents/family, follow-up with psychiatrists, oversee medications, supervise paraprofessionals (e.g., psychosocial counsellors), interns and volunteers, and update treatment plans.
    - Advocate for child-friendly, and CSEC-, trauma-, and attachment-informed, mental health care services and alternative care settings for survivors who experience severe psychological symptoms, and behavioural and developmental problems.
  - Addiction and Rehabilitation
    - Ensure that service providers are trained on issues related to substance abuse and other forms of addiction (e.g., internet/video games, social media, sex) and its management and treatment

The complete list of recommendations can be found in the 'Recommendations' section of this report.

INTRODUCTION

"Children would like people to come and help them."

~ Girl survivor in Thailand

Every day, children of all ages, genders, and socio-demographics are subjected to commercial sexual exploitation (CSEC) through prostitution, the generation of child sexual abuse materials, the sexual exploitation of children in travel and tourism, child trafficking for sexual purposes, and certain forms of child marriage.[43] Hidden in plain sight, they are at the mercy of traffickers, sexual predators and paedophiles that sell, use, abuse, humiliate, and torture them repeatedly. The sexual exploitation of any person carries with it a gamut of short- and long-term impacts across a range of domains.[44] Affecting, not only their physical and psychological wellbeing—potentially throughout their lives—but also impacting either directly, or indirectly, on all areas of children's lives including, but not restricted to: family and social engagement, intimate relationships, faith, education, and employment. For children, the impact of sexual victimisation, and related violence and trauma, is magnified due to their being in the midst of a period characterised by significant brain development, and physical and psychological growth. A host of adverse childhood experiences—all too common amongst this population—further compounds the consequences of their sexual exploitation. Furthermore, the impacts of traumatic experiences flow through one generation into another, affecting the subsequent generations. The effects of CSEC on its victims are indeed far reaching, and can be extremely serious when not addressed. Without giving due attention to their care, the risk of their being sexually exploited again remains. Some may die, and, several may become the next criminals.[45]

Whether children are still in situations of sexual exploitation, are in the process of exiting, or have recently been rescued, they are at the sharp edge of vulnerability, and have an urgent and immediate need for timely, quality, and compassionate care through effective and long-standing recovery and (re) integration services and programmes. This assistance and support are essential if we are to facilitate their transition from sexual exploitation to safety and protection, and help them begin their long journey towards recovery, as well as claim their right to a life of dignity and freedom. Ensuring access to rehabilitation services is an integral component to any and all efforts aimed at eradicating the

43 The concept of 'child prostitution' comprises different forms, such as sexual exploitation in the entertainment sector and children selling/trading sexual acts on their own. Child sexual abuse images/materials, also known as child pornography, includes, but is not limited to, print media, video/film, digital, and live through cyber-webcams. CSEC also pertains to child domestic servitude and child marriage when these are sexually exploitive, and involve monetary or economic gain. For example, the head of household where a child is sent to work as a domestic worker sexually abuses her and/or sells her to his friends or others for sexual ends. A child married away in exchange for large sums of money or other goods can also be considered a CSEC victim. For more information, see Glossary of Terms and Acronyms.

44 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", (PsyD diss., California Institute of Integral Studies).

45 During the field research, this author met a number of child sex traffickers who were also CSEC victims. As per Reavis, Looman, Franco, and Rojas (2013), adverse childhood experiences are associated with adult criminality. Reavis, James A. et al. (2013), "Adverse Childhood Experiences and Adult Criminality: How Long Must We Live before We Possess Our Own Lives?", *The Permanente Journal,* 17(2), 44-48, Spring 2013. Pinheiro explains that, "The impact of violence can stay with its victims throughout their lifetime. Early access to quality support services can help to mitigate the impact of the event on the victim, including preventing longer term consequences such as becoming a perpetrator of violence." Pinheiro, Paulo Sergio (2006), "World Report on Violence against Children", United Nations, Geneva, 337.

commercial sexual exploitation of children. In general, children survivors[46] of CSEC need medical care to address immediate, as well as chronic health concerns; psychological assistance to address complex trauma, and behavioural, emotional and cognitive issues; academic and vocational schooling; social skills building; as well as assistance with (re)integration.[47] CSEC survivors also have special protection needs that must be given due consideration during the processes of rescue, identification, recovery, repatriation, and (re)integration.

Children who are subjected to sexual exploitation are entitled to seek and obtain effective remedy and reparations for their rights violations under international law. Part of the right to an effective remedy includes the right to care, recovery and (re)integration. Both the Convention on the Rights of the Child (CRC)[48] and the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (OPSC)[49] impose a clear obligation on all State parties to take all appropriate measures to ensure that all child victims are provided with assistance to promote their physical and psychological recovery and social reintegration. As a result, child victims of sexual exploitation may access their right to recovery and (re)integration through national child protection frameworks, and in many cases, these services are delivered by non-State actors, such as NGOs or FBOs. It is important to recognise that the State's duty to ensure a child victim´s access to recovery and (re)integration services is a stand-alone right, which should not be dependent on whether a suspect has been identified, the immigration status of the survivor, or the willingness of the child survivor to testify or cooperate in a criminal investigation or proceedings. When States do not take adequate measures to provide services for the full recovery of the children, they are in breach of their obligations under international law. [50]

In order to ensure that these children access the range of support they specifically need, and have a right to, it is indispensable to understand the unique needs of this population, and the challenges they face in terms of accessing various types of assistance. Barriers and challenges must be identified and addressed: "to enable programs and projects, and the children for whom they exist, to achieve their potential."[51] To date, however, there is a limited body of literature specifically addressing the care, recovery, and (re)integration needs of this specific population. This study seeks to ameliorate this gap in available literature.

46 The term 'survivor' is used throughout this study, instead of 'victim', as per the preference of this study's respondents. The term 'survivor' is experienced as empowering, and has therapeutic value.

47 Delaney, Stephanie and Cotterill, Colin (1999 updated 2005), "The Psychosocial Rehabilitation of Children Who Have Been Commercially Sexually Exploited", accessed 12 December 2014, http://resources.ecpat.net/EI/Publications/Care_Protection/Rehab_TrainingManual_ENG.pdf; Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

48 Article 39 states that *"State Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse … Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child."* UN General Assembly (1989), "Convention on the Rights of the Child" (hereinafter CRC), Res. 44/25 of 20 November 1989, entered into force on 2nd September 1990, Article 39.

49 Article 9.3 states that *"States Parties shall take all feasible measures with the aim of ensuring all appropriate assistance to victims of such offences, including their full social reintegration and their full physical and psychological recovery."* UN General Assembly (2000), "Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography" (hereinafter OPSC), A/RES/54/263, 25 May 2000, entered into force on 18 January 2002, Article 9.3.

50 The international legal framework for recovery and (re)integration is expanded upon in the next section of this report.

51 Asquith, Stewart and Turner, Elspeth (2008), "Recovery and (Re)integration of Children from the Effects of Sexual Exploitation and Related Trafficking", 2, accessed 24 November 2016, http://oakfnd.org/sites/default/files/documents/Recovery_and_Reintegration%20of%20Children%20from%20the%20effects%20of%20sexual%20exploitation%20and%20related%20trafficking-CAP_0.pdf.

This study is part of a larger ECPAT International tripartite research project aimed to generate evidence-based research on child survivors' access to justice and right to remedies. According to ECPAT International, there are three separate components to CSEC survivors' Access to Justice and the Right to Remedy: 1) the right to criminal justice, 2) the right to compensation, and 3) the right to care, recovery and (re)integration. As an opportunity to highlight what is deemed necessary, important, and helpful through the voices of the experts, as well as explore barriers and challenges survivors continue to face when seeking services. This process is not intended as a criticism of existing services and programmes. The findings from this research will be used to inform all stakeholders. It will also provide a platform for international, regional and national advocacy efforts to push for more funding and robust measures, and ensure that all children survivors of CSEC are able to access justice and remedies, including the care they need, and have a right to, without discrimination.

The field research, conducted in Nepal, the Philippines, and Thailand, between February and May 2015, gathered the voices, insights and recommendations of children and adult survivors of CSEC. It is essential that children who have been victimised have the opportunity to participate in such discussions and research. First of all, the topic of this study is about their direct experiences of care, recovery, and (re)integration. Children survivors of CSEC are the true experts on this subject. Their perspectives, concerns, and recommendations are paramount to informing the services and programmes that impact, and are meant to benefit them. What is necessary is for governments and civil society to "learn from children, and not just about children,"[52] and to recognise that their contributions can positively affect "the realization of their rights and wellbeing".[53] Assessing the quality of the services rendered and establishing what works requires children's voices in research.[54] Secondly, for many marginalised groups, their rights to expression remain unrealised.[55] This study is, therefore, also an opportunity for a group of children, often stigmatised within their communities, to be heard freely, and in the process, feel empowered. Becker-Blease and Freyd (2006) suggest that, principles of justice may be violated when studies exclude certain groups such as abused children.[56] Thirdly, as per Article 12 of the Convention on the Rights of the Child (CRC), children have a legal right to be heard and to be taken seriously.[57] The international community has a responsibility to "learn from children, and not just about children."[58] "The absence of children's voices in research makes it challenging to assess the quality of services delivered and establish what works and for which children."[59] Finally, but not lastly, ECPAT International recognises the unique and invaluable contributions children can make; wants to take into account the voices of victims/survivors; and is committed to engaging them in matters that affect

52 Kovačević, Itana. and Mirović, Verica (2007), "Children Speak Out: Risk and Resilience in South East Europe", Montenegro Report, May 2007 Save the Children, 33, accessed 16 January 2016, http://www.stopvaw.org/sites/3f6d15f4-c12d-4515-8544-26b7a3a5a41e/uploads/izvjestaj_en_2.pdf.

53 Lansdown, Gerison (2011), "Every Child's Right To Be Heard. A resource guide on the UN Committee on the Rights of the Child General Comment NO.12", London, UK: Save the Children UK, vi.

54 Cody, Claire (n.d.), "Recovery services for child victims of sexual violence and their families – What can be offered?", 205, accessed 12 December 2014, http://www.coe.int/t/dg3/children/1in5/Source/PublicationSexualViolence/Cody.pdf.

55 Lansdown, Gerison (2011), "Every Child's Right To Be Heard. A resource guide on the UN Committee on the Rights of the Child General Comment NO.12".

56 Becker-Blease, Kathryn A., and Freyd, Jennifer J. (2006), "Research Participants Telling the Truth About Their Lives", *American Psychologist*, 61(3), 218-226.

57 Lansdown, Gerison (2011), "Every Child's Right To Be Heard. A resource guide on the UN Committee on the Rights of the Child General Comment NO.12".

58 Save the Children (2007) "Children Speak Out: Risk and Resilience in South East Europe. Montenegro Report", May 2007, 33, accessed 12 December 2014, http://www.childtrafficking.com/Docs/risknresilence_0607.pdf.

59 Cody, Claire (n.d.), "Recovery services for child victims of sexual violence and their families – What can be offered?", 205, accessed 12 December 2014, http://www.coe.int/t/dg3/children/1in5/Source/PublicationSexualViolence/Cody.pdf.

them,[60] such as through this research project. Involving children in research also enriches the quality and enhances the relevance of the research. The experiences and perceptions of CSEC survivors provide valuable contributions to society's understanding of recovery and (re)integration, and the processes and mechanisms involved.

Survivors who participated in this study included 67 females, males, and male-to-female transgender, between the ages of 10 to 36 years old, with the majority being 17 years old. They were at different stages of recovery and (re)integration, and had experienced one or more forms of CSEC. Some were still in situations of sexual exploitation at the time of the interviews/discussions. Their sexual exploitation took, or had taken, place on street corners and in parks, hotels, restaurants, bars and dance-clubs, brothels, as well as in private residences and online. A few had been sexually exploited as domestic workers or sold into arranged marriages, and some were still involved in the entertainment sector. Several survivors had been able to leave, or run away from their situations. Others had been removed through orchestrated raid and rescue operations. Many had been lured, tricked, or forced into this underworld by known community members, or strangers. Others had been pressured by their peers, or sold directly by their mothers, fathers, uncles or other relatives. Some of the survivors lived on their own, with a partner or family member, in alternative care settings, or on the streets, and a few had dependents

Seventy-two service providers, and other child protection professionals, also participated in the study. They included frontline staff such as house parents, outreach workers, case manager/workers, social workers, as well as mental health professionals (e.g., psychosocial counsellors, psychologists, psychiatrists). A number of child protection professionals (e.g., project managers, executive directors) who also engaged in direct services with survivors were included in these discussions. These professionals and paraprofessionals interacted with survivors in different settings, such as in the streets, parks, bars, and massage parlours, as well as at drop-in centres (DIC), residential shelters, private clinics, and/or hospitals. Many of the service providers also worked directly with the children's parents and families, as well as with their communities.

Understanding the needs of CSEC survivors, the scope of essential services, and the barriers to assistance entails considering multiple factors. Each child, and her/his family, present with a unique story, set of circumstances, and cluster of needs. Serving CSEC survivors efficiently therefore necessitates individualised and comprehensive care plans, and a wide web of interrelated services and programmes that address various levels of care, from prevention to lifelong aftercare support. The range of experiences and expertise provided by this diverse group of respondents casts light on the following wide scope continuum of care domains:

- Frontline staff as a foundation of care
- Prevention
- Parents and family involvement and assistance
- Hotlines
- Outreach
- Drop-in centres
- Raids and rescue
- Basic needs assistance

60 ECPAT International, "Child & Youth Participation", accessed 12 December 2014, http://ecpat.net/child-youth-participation.

- Pregnancies, childcare and parenthood
- Health and assistance needs
- Spirituality and religion
- Legal support
- Social life, play and recreation
- Life skills
- Peer-to-peer support and leadership development
- Formal and non-formal education
- Vocational training and sustainable livelihood
- Repatriation
- (Re)integration and long-term aftercare

Combining the insights of survivors, as well as of those serving them, has allowed for the collecting of a rich and heterogeneous data, out of which emerged noteworthy findings that are presented with numerous direct quotes in the following pages. The voices of children and adult survivors, and their service providers, are both the architects and builders of this distinctive field research report. As was observed, the "study's strong focus on extensive qualitative interviews… gives the findings a richness that is sometimes lacking in other research".[61] Respondents have indeed cast a significant light on some of the surfaces and crevices of the care, recovery, (re)integration, and aftercare services and programmes they know, want, need, and have a right to.

Preceding the presentation of the findings is an overview of the international legal framework for care, recover and (re)integration. An in-depth description of the study's design ensues, and includes, among other topics, the selection procedures of the studies' respondents, as well as ethical issues and considerations, and research limitations. A glimpse into the size and profile of respondents ensues, and is illustrated using tables and charts. The first findings presented pertain to the foundation of quality care. It became evident during the field missions and the data collection that the individuals who provide care, assistance and support to CSEC survivors constitute the foundation, the heart and quality, of all services, programmes, and organisations. Their readiness to work with this population and the importance of multidisciplinary collaboration, self-care and continued learning are key to meeting survivors' intangible and tangible unique and complex needs.

Built upon this foundation, is the continuum of specialised services and programmes essential to supporting children's distinct bio-psycho-social rehabilitation journeys and successful (re)integration. It is important to acknowledge that there is no single linear trajectory in the recovery and (re)integration journey of CSEC survivors, and it often involves regression[62] and relapse. Different services are required at different times, in response to changing needs. Doors to assistance should always remain open to them. Rescue and raid operations, for example, could easily be construed as preceding access to any of the recovery and (re)integration services. However, some children might have already accessed services through hotlines, outreach workers, and/or drop-in centres, or might even have already lived for an extended period at a shelter. They might have been considered successfully (re)integrated, when in fact they relapsed, or were tricked or lured back into sexual exploitation years later. Hotlines, drop-in centres, and also most shelters provide services that can be beneficial at the prevention level, while children are in

61 Confidential email communication to author, 5 July 2016.

62 Farkas, Marianne (1996), "Recovery, Rehabilitation, Re-Integration: Words VS. Meaning", *World Association for Psychosocial Rehabilitation Bulletin*, 8(4), October 1996, 6-8.

situations of exploitation, as well as for aftercare support once (re)integrated. Nevertheless, some services do precede others, such as assuring that children are stabilised, and basic needs are being met, before sending them to attend a school and/or vocational training in the community. Accordingly, the sequence of care domains, which constitute the pre-set themes of this study's findings, is not to be understood as a systematic progression from one service to another, and culminating with (re)integration.

Based upon the respondents' voices and insights, ECPAT International concludes this study with a set of recommendations for States, the International Community, Donors, and stakeholders at large. The study, and its recommendations, will also be relevant to State institutions specifically in charge of child social welfare, international organisations working on the protection of children's rights, NGOs, FBOs, as well as service providers and other child protection professionals specialised—or seeking to specialise—in recovery and (re)integration services for CSEC survivors. These recommendations are to encourage due attention to the prevention of all forms of child commercial sexual exploitation, and to the rights of its survivors. They are also intended to ensure that all children who are, or have been, victimised through this intentional violence can access the quality care and recovery support systems that are in their best interest, and for as long as needed and wanted. Historically, the focus on the commercial sexual exploitation of children has been on child sex offenders and traffickers, and children's access to justice and effective remedy has been neglected. ECPAT International's study on Access to Justices and Right to Remedies is an attempt to fill that gap by shedding some light upon the urgent and long-term needs of CSEC survivors, and their rights.

Care, Recovery and (Re)integration in International Legal Frameworks[63]

Every Child has the Right to Live Free from Sexual Exploitation and States are obligated to protect children[64] from this form of violence. Article 34 of the Convention on the Rights of the Child (CRC) requires States Parties to take measures to prevent "the inducement or coercion of a child to engage in any unlawful sexual activity," "the exploitative use of children in prostitution or other unlawful sexual practices," and "the exploitative use of children in pornographic performances and materials."[65] The International Labour Organisation (ILO) Worst Forms of Child Labour Convention (No. 182) specifically refers to "the use, procuring or offering a child for prostitution, for the production of pornography or for pornographic performances" as a worst form of child labour that ILO member States must prohibit and eliminate without delay.[66] The States Parties to UN Protocol to Prevent, Suppress and Punishing Trafficking in Persons (hereinafter Palermo Protocol) are obligated to criminalise trafficking of children for sexual purposes.[67]

63 For the legal research component, ECPAT partnered with the Essex Human Rights Centre Clinic. The Clinic is based at the University of Essex, is comprised of human rights students and seeks to support and facilitate the work of human rights organisations, by working in partnership with these organisations on specific projects.

64 Any individual under age 18 is a child, pursuant to international law. UN General Assembly (1989), "Convention on the Rights of the Child (CRC)" Res. 44/25 of 20 November 1989, entered into force on 2nd September 1990, Article 1; UN General Assembly (2000), "United Nations Convention against Transnational Organized Crime, Annex 2: Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime", Res. 55/25 of 15 November 2000. Article 3(d).

65 CRC, Article 34.

66 International Labour Organisation (1999), "Worst Forms of Child Labour Convention (No. 182)" (hereinafter Convention No. 182), entered into force on 19 November 2000, Article 1, 3(b).

67 UN General Assembly (2000), "Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (OPSC)", A/RES/54/263, 25 May 2000, entered into force on 18 January 2002, Article 5.

The Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography (OPSC) requires States to "prohibit the sale of the child, child pornography and child prostitution" and to criminalise any acts and activities relevant to sexual exploitation of the child."[68]

When States fail to protect children from sexual exploitation, **child-victims have the right to remedies and reparations**.[69] In addition, to "the rights to have meaning, effective remedies must be available to redress violations."[70] The State's duty to provide victims with effective remedies and reparation for violations of human rights is a well-established obligation under international law.[71] Such remedies are essential for child victims of sexual exploitation who have immediate and urgent needs, which include the rights to health care,[72] non-repetition,[73] recovery and (re)integration.

The right of child-victims to recovery and (re)integration is enshrined in international law,[74] imposing clear obligations on States parties, and is elaborated upon in international standards.[75]

Both the CRC and its OPSC require States Parties to take all appropriate and feasible measures in order to ensure assistance to child victims of sexual exploitation, including their full social reintegration and their full physical and psychological recovery.[76] Such recovery and reintegration shall take place in an environment that fosters the health, self-respect and dignity of the child.

According to the ILO Convention No. 182, each State Party shall, taking into account the importance of education in eliminating child labour, take effective and time-bound measures to provide the necessary and appropriate direct assistance for the removal of children from the worst forms of

68 *Ibid.*, Art. 3(a).

69 *"If they have not already done so, States shall, as required under international law, ensure that their domestic law is consistent with their international legal obligations by . . . Making available adequate, effective, prompt and appropriate remedies, including reparation."* UN General Assembly (2005), "Basic Principles and Guidelines on the Right to a Remedy and Reparation for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law", UN Doc. A/RES/60/147, 16 December 2005, para. 2.

70 Committee on the Rights of the Child (2003), "General measures of implementation of the Convention on the Rights of the Child", General Comment No. 5, UN Doc. CRC/GC/2003/5, 27 November 2003, para. 24.

71 For example, UN General Assembly (1966), "International Covenant on Civil and Political Rights", Res. 2200A (XXI) of 16 December 1966, entered into force 23 March 1976, Article 2(3) UN General Assembly (1984),"Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment", Res. 39/46, 10 December 1984, entered into force on 26 June 1987, Articles 13, 14; UN General Assembly (1965), "International Convention on the Elimination of All Forms of Racial Discrimination", Resolution 2106 of 21 December 1965, entered into force on 4 January 1969, Article 6.

72 Article 24 of the CRC requires that *"States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services".*

73 Basic Principles and Guidelines on the Right to a Remedy and Reparation, para. 23.

74 CRC, Article 19, 39; OPSC, Article 9 (3); Palermo Protocol, Art. 6(3); ILO Convention No.182, Art. 7(2).

75 Committee on the Rights of the Child (2011), "General comment No. 13 "The right of the child to freedom from all forms of violence", UN Doc. CRC/C/GC/13, 18 April 2011, para. 41 (f); UN Economic and Social Council, "Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime", Resolution 2005/20 (2005), UN Doc. E/RES/2005/20; UN General Assembly (2010) "Guidelines for the Alternative Care of Children" , UN Doc. A/RES/64/142; UN Human Rights Council (2015), "Report of the Special Rapporteur on the sale of children, child prostitution and child pornography", UN Doc. A/HRC/31/58, 30 December 2015; UN Office on Drugs and Crime (2008), "Toolkit to Combat Trafficking in Persons, Global Programme Against Trafficking in Human Beings"; International Organization for Migration (2011), "Guidelines for Assisting Victims of Human Trafficking in the East Africa Region"; International Organization for Migration (2007), "The IOM Handbook on Direct Assistance for Victims of Trafficking"; Child Protection Working Group (2012), "Minimum Standards for Child Protection in Humanitarian Action".

76 CRC, Article 39; OPSC, Article 10(2).

child labour and for their rehabilitation and social integration.[77]

Whilst acknowledging that child victims of sexual exploitation share some common experiences, the individuality of victims should be recognised, and to the extent possible, personalised care and assistance should be provided.[78] Services provided should be part of a holistic approach to aid the recovery of child victims of sexual exploitation, offering comprehensive care in accordance with their psychological, physical and social condition.[79] States are further obligated to protect child victims and ensure access to their rights, including care, recovery and (re)integration without discrimination.[80]

Legal Obligations and Standards Pertaining to Care, Recovery and (Re)integration includes as follows:

- Throughout the criminal justice process,[81] and recovery and reintegration process, States are obligated to ensure that "the best interests of the child shall be a primary consideration."[82]
- States must ensure that all its actors interacting with child victims of sexual exploitation have the necessary training, including legal and psychological, pertaining to the special needs of child victims.[83] Emotional and social support is required throughout the recovery and (re)integration processes, with services such as counselling only being provided by trained personnel.[84]
- A recovery and reflection period should be offered to victims of sexual exploitation in order to give them time to stabilise and recover, before making a decision whether to participate in the case.[85]

77 ILO Conv. No. 182. Article 7(2) (b); The Anti-Trafficking Guidelines state: *"The State shall provide and/or facilitate access to remedies for child victims of trafficking by ensuring that: Child victims of trafficking are provided with appropriate physical, psychosocial, legal, educational, health-care and safe and suitable housing assistance and protection (including protection during legal proceedings), taking into full account their age and special vulnerabilities, rights and needs)."* Human Rights Council (2014), "Summary of the consultations held on the draft basic principles on the right to effective remedy for victims of trafficking in persons, Report of the United Nations High Commissioner for Human Rights (hereinafter Trafficking Guidelines)", 2 May 2014, UN Doc. A/HRC/26/18, Article 18(d).

78 International Organization for Migration (2007), "The IOM Handbook on Direct Assistance for Victims of Trafficking", 60.

79 Ibid.

80 States are obligated to protect children's rights *"irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status."* CRC, Article 2(1); Moreover, the International Convention on the Elimination of All Forms of Racial Discrimination requires that States Parties *"condemn racial discrimination and undertake to pursue by all appropriate means and without delay a policy of eliminating racial discrimination in all its forms and promoting understanding among all races, and, to this end ... Each State Party shall take effective measures to review any laws and regulations which have the effect of creating or perpetuating racial discrimination wherever it exists."* International Convention on the Elimination of All Forms of Racial Discrimination, Article 2(c).

81 OPSC, Article 8(3), *"States Parties shall ensure that, in the treatment by the criminal justice system of children who are victims of the offences described in the present Protocol [sexual exploitation of children], the best interest of the child shall be a primary consideration."*

82 CRC, Article 3(1), *"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."*

83 OPSC, Article 8(4), *"States Parties shall take measures to ensure appropriate training, in particular legal and psychological training, for the persons who work with victims of the offences prohibited under the present Protocol." The Palermo Protocol also requires: States Parties shall provide or strengthen training for law enforcement, immigration and other relevant officials in the prevention of trafficking in persons. The training should focus on methods used in preventing such trafficking, prosecuting the traffickers and protecting the rights of the victims, including protecting the victims from the traffickers. The training should also take into account the need to consider human rights and child- and gender-sensitive issues and it should encourage cooperation with non-governmental organisations, other relevant organisations and other elements of civil society."*, Palermo Protocol, Art. 10(2).

84 IOM Handbook, 89.

85 UNODC Toolkit, 307.

- States are obligated to inform child victims of their rights and all services available as well as the status of any legal proceedings.[86]
- Child victims have the right to be heard in all matters affecting them, which include their care, recovery and (re)integration.[87]
- Access to counselling, medical and psychological services[88] are necessary to ensure child victims' mental and physical well-being.
- The States' obligations related to shelter-care of child victims include following elements:
  - The institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision;[89]
  - Children must be protected from further exploitation, abuse or other maltreatment while in shelters, whether government or private;[90]
  - Periodical reviews of the treatment and care that child victims receive in shelters should be conducted.[91]
- States must provide education and vocational training to child victims.[92] Opportunities for personal and social development, such as access to education and vocational programmes should be provided,[93] in order for victims of sexual exploitation to empower themselves and escape the possibility of re-exploitation.
- When considering (re)integration of a child into their family, community or society, criteria should be used to assess both the consequences and the possible success of reintegration. These criteria should be considered on a case-by-case basis, conducting an assessment based on the individual child's needs, as well as a situational assessment to assess the suitability of reintegration.[94]

86 "States Parties shall adopt appropriate measures to protect the rights and interests of child victims of the practices prohibited under the present Protocol at all stages of the criminal justice process by: (b) Informing child victims of their rights, their role and the scope, timing and progress of the proceedings and of the disposition of their cases ..." OPSC, Article 8(1); See also, Palermo Protocol, Article 6(2)(a), Further, the UN Economic and Social Council, Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime states: *"Child victims and witnesses, their parents or guardians and legal representatives, from their first contact with the justice process and throughout that process, should be promptly and adequately informed to the extent feasible and appropriate of, inter alia . . . The availability of health, psychological, social and other relevant services as well as the means of accessing such services along with legal or other advice or representation, compensation and emergency financial support, where applicable."* UN Economic and Social Council, Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime, para. 19(a). The Special Rapporteur also emphasised, *"[I]t is crucial to guarantee that the child has effective access to information on all matters affecting his or her interests, such as his or her situation, entitlements, services available and the family reunification and/or repatriation processes.", Human Rights Council (2011),Report of the Special Rapporteur on trafficking in persons, especially women and children, Joy Ngozi Ezeilo"*, UN Doc. A/HRC/17/35, 13 April 2011, para. 58.

87 CRC, Art. 12(1).

88 UNDOC Toolkit, 10-11.

89 CRC, Article 3.

90 CRC, Article 19(1), *"States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."*

91 CRC, Article 25, *"States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement"*.

92 ILO Convention, No. 182, Article 7,

93 IOM Handbook, 96.

94 Ibid., 39-40.

- Programmes should be available to facilitate the education of communities and families, such programmes may challenge possible stigmatisation faced by victims of sexual exploitation.[95]
- Support and monitoring must continue throughout the (re)integration process and regular contact should be maintained with the child and their family/guardians.[96]

Child victims are entitled to the same fundamental rights as other children. Accordingly, child victims should be granted these broader rights during the recovery and (re)integration process and beyond. These rights include: the child's right to access information from diverse international and national media sources;[97] "to a standard of living adequate for the child's physical, mental, spiritual, moral and social development";[98] to rest, leisure and recreational activities;[99] to participate in culture and the arts;[100] to enjoyment of the highest attainable standard of health;[101] education towards the development of the child's personality, talents and mental and physical abilities.[102] States are further obligated to "ensure to the maximum extent possible the survival and development of the child."[103]

Country Contexts

Nepal, Thailand and the Philippines are source, transit and destination regions for the commercial sexual exploitation of children.[104] Poor socio-economic conditions contribute to children being sexually exploited within their home country, as well as trafficked for sexual purposes across borders. Inequality, stigma, discrimination, and a lack of access to education and basic services also place children from urban underprivileged and rural communities at risk. All three countries are prime destinations for domestic or international travellers/tourists seeking to engage in sexual activities with children. [105]

In light of the clandestine nature of this crime, under-reporting, and inadequate legislation, it is difficult to obtain reliable data on the scope of CSEC.[106] Existing numbers are often outdated guestimates, and confound different manifestations of human trafficking. Until recently, boys were rarely included in

95 International Committee of the Red Cross (2004), "Inter-agency Guiding Principles on Unaccompanied and Separated Children", January 2004, Geneva: ICRC, 22.

96 IOM Handbook, 102-103.

97 CRC, Article 17.

98 CRC, Article 27.

99 CRC, Article 31.

100 CRC, Article 31.

101 CRC, Article 24.

102 CRC, Article 29.

103 CRC, Article 6(2).

104 ECPAT International (2014) "The Commercial Sexual Exploitation of Children in East and South-East Asia. Developments, progress, challenges and recommended strategies for civil society", November 2014, accessed 2 January 2017, http://www.ecpat.org/wp-content/uploads/legacy/Regional%20CSEC%20Overview_East%20and%20South-%20East%20Asia.pdf; Thapa, Palita (2015), "Human trafficking in Nepal: Changing dimensions", 16 December 2015, 21(4), 450-459; accessed 2 January 2017, https://www.state.gov/j/tip/rls/tiprpt/2016/index.htm.

105 ECPAT International (2008), "Combating Child Sex Tourism: Questions & Answers", accessed 2 January 2017, http://www.ecpat.org/wp-content/uploads/legacy/cst_faq_eng.pdf.

106 ECPAT International (2014) "The Commercial Sexual Exploitation of Children in East and South-East Asia; UN News Centre (2014), "Child trafficking, exploitation on the rise, warns UN experts", 13 March 2014, accessed 2 January 2017, http://www.un.org/apps/news/story.asp?NewsID=47346#.WKEXThiZN24.

research.[107] There is overall a lack of information concerning the experiences of sexually exploited children, who identify as LGBTI.[108] The 2016 Trafficking in Persons (TIP) Report encouraged governments to develop partnerships with LGBTI trafficking victims. Their input is "valuable for trainings and discussions to strengthen understanding and improve support services".[109]

United Nations experts suggest that child sexual exploitation is on the rise.[110] Internet-based technologies and mobile phones continue to play a pivotal role in the changing and rising trends in CSEC.[111] Child sexual abuse images are now not only easily produced, viewed, and distributed on a global scale, but also available 'on demand' for those willing to pay to watch child abuse"[112] as it happens. Social media networks facilitate predators' access to children, whether to groom them for online abuse or arrange real-world sexual encounters. Although child sexual exploitation mainly involves girls between the ages of 14 and 17, it also includes boys, children who identify as LGBTI, and younger children.[113] In fact, "child victims of online sexual exploitation are younger and younger, and the images are more and more horrific"[114]

In spite of a growing body of research on the recovery and (re)integration of trafficking survivors, there appears to be a dearth of literature specific to the recovery and (re)integration of child survivors of sexual exploitation in each of the study's target countries. In 2015, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) identifies medical and psychosocial evaluation as an "emerging area of research and practice".[115] They highlight the urgent need for child-friendly and child-rights based services, as well as healthcare settings "with screening practices, policies and protocols to help victims of CSEC within a multidisciplinary approach".[116] Despite significant efforts to assist this population, there is a lack of CSEC specialised assistance (both short-term and long-term), especially for boysand children exploited through child sexual abuse materials and/or live/online child sexual abuse.[117] ECPAT International (2014) also noted the shortage of service providers trained on child protection issues and CSEC in South-East Asia.[118]

107 Mitchell, Katherine et al. (2017), "Rethinking research on sexual exploitation of boys: Methodological Challenges and recommendations to optimize future knowledge generation", *Child Abuse & Neglect Journal*, 9 February 2017.

108 Martinez, Omar and Kelle, Guadalupe (2013), "Sex Trafficking of LGBT Individuals, A call for Service Provision, Research, and Action", International Law News, 42, December 2013, accessed 15 October 2015, http://www.researchgate.net/publication/259823157_Sex_Trafficking_of_LGBT_Individuals_A_Call_for_Service_Provision_Research_and_Action; Ennew, Judith (2008), "Exploitation of children in prostitution", Thematic paper, Bangkok, ECPAT International, November 2008, accessed 15 October 2015, http://www.ecpat.org/wp-content/uploads/legacy/Thematic_Paper_Prostitution_ENG.pdf.

109 U.S. Department of State (2016), "Trafficking in Persons Report 2016" (hereinafter TIP report), 20, accessed 2 January 2017, https://www.state.gov/documents/organization/258876.pdf.

110 UN News Centre (2014), "Child trafficking, exploitation on the rise, warns UN experts".

111 ECPAT International (2014) "The Commercial Sexual Exploitation of Children in East and South-East Asia. Developments, progress, challenges and recommended strategies for civil society"; Hawke, Angela and Raphael, Alison (2016), "Offenders on the Move: Global Study on sexual exploitation of children in travel and tourism" (hereinafter Global Study on SECTT), Bangkok: ECPAT International and Defence for Children-ECPAT Netherlands.

112 ECPAT International (2014) "The Commercial Sexual Exploitation of Children in East and South-East Asia. Developments, progress, challenges and recommended strategies for civil society", iv.

113 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

114 UN News Center (2014), "Child trafficking, exploitation on the rise, warns UN experts".

115 International Society for the Prevention of Child Abuse and Neglect (ISPCAN) (2015), "The Recovery and Reintegration of Children". Expert Paper, 4, accessed 2 January, 2017, http://globalstudysectt.org/wp-content/uploads/2016/05/Expert-Paper-ISPCAN.pdf.

116 Ibid.

117 ECPAT International (2014), "The Commercial Sexual Exploitation of Children in East and South-East Asia. Developments, progress, challenges and recommended strategies for civil society".

118 *Ibid.*

Nepal

Nestled in the vast slopes of the Himalayan mountain ranges, Nepal is a multicultural and multi-ethnic country that is among the poorest and least developed in the world.[119] As per the UN's Human Development Index (2015), it is ranked 145th out of 187 countries.[120] In spite of the challenges the country faced when coming out of a ten-year civil war in 2006, and through the process of establishing itself as a federal democratic republic, Nepal has made remarkable strides; as per "social indicators in education, health and gender."[121] A diminished percentage of individuals live "on less than $1.25 a day".[122]

However, the country continues to face serious challenges (e.g., unemployment, corruption, lack of social protection, discrimination and stigmatisation, family dysfunction) that contribute to an increasing number of children voluntarily migrating to urban areas—as well as overseas—for work.[123] They are encouraged by their parents "with hopes of better lives",[124] forced by traffickers to leave home, or tricked with false promises of marriage or educational opportunities. The 2015 earthquakes have exacerbated the situation by destroying homes and schools and limiting economic opportunities.

Nepal has mainly been a source country. Children are trafficked to India and the Gulf countries.[125] Literature suggests an actual rise in trafficking to countries outside of South Asia.[126] Child traffickers sometimes use 'fake marriage' as a way to convince children to go abroad.[127] A report mentions the emerging phenomenon of girls sent to South Korea for marriage.[128]

119 The World Bank (2015), Nepal Country Profile, accessed 28 January 2017, http://data.worldbank.org/.

120 United Nations Development Programme (2015), "International HumanDevelopment Indicators", accessed 2 January 2017, http://hdr.undp.org/en/countries.

121 The World Bank (Last updated 2016, Nov 16), "Overview", accessed 2 January 2017, http://www.worldbank.org/en/country/nepal/overview#1.

122 *Ibid.*

123 Global Alliance Against Traffic in Women (2007), "Report of the National Consultation on Access to Justice for Survivors of Trafficking in Nepal"; World Education and its NGO partners (2009), "Children Trafficked and Sexually Exploited in the Adult Entertainment Industry, Child Status Report 2009", accessed 16 November 2016, http://www.worlded.org/WEIInternet/inc/common/_download_pub.cfm?id=10683&lid=3.

124 CWIN and ECPAT Luxembourg (2015, January), "Preparatory Study for Situational Analysis of Commercial Sexual Exploitation of Children in Nepal. A Preliminary Report", 55, accessed 5 January 2017, http://ecpat.lu/sites/default/files/resources/Nepal_Preparatory_Study_CSEC.pdf.

125 *Ibid.*

126 Free the Slaves (2015), "Sex Trafficking in Kathmandu's Entertainment Sector", Summary of Literature Review, December 2015, accessed 2 January 2017, https://www.freetheslaves.net/wp-content/uploads/2016/02/Kathmandu-Entertainment-Lit-Review-Dec-2015-PUBLIC.pdf; Frederick, John, Basnyat, Muna and Aguettant, Joseph L. (2010), "Trafficking and Exploitation in the Entertainment and Sex Industries in Nepal: A Handbook for Decision Makers", Kathmandu, Nepal: Terre des Hommes Foundation, accessed 31 October 2015, http://www.childtrafficking.com/Docs/handbook.pdf.

127 CWIN and ECPAT Luxembourg (2015, January), "Preparatory Study for Situational Analysis of Commercial Sexual Exploitation of Children in Nepal. A Preliminary Report".

128 National Human Rights Commission (NHRC) and Office of the Special Rapporteur on Trafficking in Women and Children (OSRT) (2014), "Trafficking in Persons Especially on Women and Children in Nepal", National Report 2012-2013, National Human Rights Commission, accessed 5 January, 2017, http://www.nhrcnepal.org/nhrc_new/doc/newsletter/1592866493Report%20of%20Trafficking%20in%20Persons%20(Especially%20on%20Women%20and%20Children)%20National%20Report%202012-2013.pdf.

Internal trafficking seems to have increased significantly.[129] An estimated 7,000 to 16,000 children are sexually exploited within Nepal each year.[130] Thousands of girls are trafficked across the country to be exploited in the adult entertainment sector (e.g., massage parlours, dance clubs, local bars, cabin restaurants, and other covert brothels)[131] in major urban centres and tourist destinations, as well as transportation routes.[132] Although trafficking impacts all ethnic groups,[133] a majority of the girls are from ethnic minority groups, such as the Tamang or Dalit, and many are illiterate.[134]

According to a recent preparatory study, there are now about ten different forms of CSEC in Nepal, and these typically overlap.[135] Street prostitution is said to have become increasingly common, and more visible among boys.[136] Another increasing trend is that of adolescents engaging in various forms of prostitution for pocket money (a.k.a., Pocket Money Sex), to purchase consumer goods.[137] Studies suggest a high incidence of child sexual abuse images.[138] Nepal has gradually become a destination for the sexual exploitation of children in travel and tourism.[139] Children living on the streets are particularly vulnerable to foreign offenders.[140]

In Nepal, it is mainly NGOs in charge of providing overall services to CSEC survivors.[141] According to Wickham (2009), in Nepal "the most successful rehabilitation and reintegration programmes are those developed and implemented by local women's NGOs".[142] The Trafficking in Persons Report (2016) recommended that services for trafficking victims of all genders be ensured.[143]

129 *Ibid.*; Frederick, John, Basnyat, Muna and Aguettant, Joseph L. (2010), "Trafficking and Exploitation in the Entertainment and Sex Industries in Nepal: A Handbook for Decision Makers".

130 *Ibid.*

131 World Education and its NGO partners (2009), "Children Trafficked and Sexually Exploited in the Adult Entertainment Industry, Child Status Report 2009", accessed 16 November 2016, http://www.worlded.org/WEIInternet/inc/common/_download_pub.cfm?id=10683&lid=3; CWIN and ECPAT Luxembourg (2015, January), "Preparatory Study for Situational Analysis of Commercial Sexual Exploitation of Children in Nepal. A Preliminary Report"; National Human Rights Commission (NHRC) and Office of the Special Rapporteur on Trafficking in Women and Children (OSRT) (2014), "Trafficking in Persons Especially on Women and Children in Nepal", National Report 2012-2013.

132 CWIN and ECPAT Luxembourg (2015), "Preparatory Study for Situational Analysis of Commercial Sexual Exploitation of Children in Nepal. A Preliminary Report".

133 Buet, Laura, Bashford, Peter, and Basnya, Muna (2012), "Looking Towards Tomorrow: A Study on the Reintegration of Trafficking Survivors", Asha Nepal, Shakti Samuha and Terre des hommes Foundation, accessed 3 January, 2017, http://www.asha-nepal.org/dbfiles/pages/116/reintegration_study.pdf.

134 World Education and its NGO partners (2009), "Children Trafficked and Sexually Exploited in the Adult Entertainment Industry, Child Status Report 2009", accessed 16 November 2016, http://www.worlded.org/WEIInternet/inc/common/_download_pub.cfm?id=10683&lid=3.

135 CWIN and ECPAT Luxembourg (2015), "Preparatory Study for Situational Analysis of Commercial Sexual Exploitation of Children in Nepal. A Preliminary Report".

136 *Ibid.*

137 *Ibid.*

138 *Ibid*.

139 *Ibid.*, 11; Global Study on SECTT.

140 CWIN and ECPAT Luxembourg (2015), "Preparatory Study for Situational Analysis of Commercial Sexual Exploitation of Children in Nepal. A Preliminary Report", 11.

141 National Human Rights Commission (NHRC) and Office of the Special Rapporteur on Trafficking in Women and Children (OSRT) (2014), "Trafficking in Persons Especially on Women and Children in Nepal".

142 Wickham, Leah (2009), "The Rehabilitation and Reintegration Process for Women and Children Recovering from the Sex Trade", accessed 8 January 2017, http://www.ipg.vt.edu/papers/wickham_sex%20trafficking%20victims.pdf.

143 TIP Report 2016.

The Philippines

The Philippines is a Southeast Asian archipelago in the Western Pacific, comprising more than 7,107 islands.[144] It is a country of diverse cultures, ethnic groups, and languages/dialects. With a population of over 100 million people, the country is considered one of the most populous countries in the world.[145] As per the UN's Human Development Index (2015), it is ranked 115th out of 187 countries in the world.[146] According to the World Bank the Philippines is considered a lower-middle income country, and a major economy in the East Asia and Pacific region. [147] Despite this progress, an estimated 21.6 percent of the population continues to live in extreme poverty, with 8.1 percent unable to meet its basic food needs.[148] Natural disasters (e.g., typhoons) and the chronic civil conflict further exacerbate the economic difficulties vulnerable populations face.[149]

The U.S. military presence during the Vietnam War resulted in the growth of the Philippines' sex industry.[150] Brothels, massage parlours and other venues where sex could be bought, surrounded U.S. military bases and, eventually expanding to port cities.[151] Although most of the U.S. forces have since withdrawn from the region, the sex industry has continued to burgeon. [152] Two of the cities closest to U.S. military bases have become "significant centres for prostitution and sex tourism perpetrated by local and foreign men".[153] According to The Protection Project (2007), "Toleration of the sex industry and the profits to be made from its revenues promoted its continued proliferation and allowed it to attain today's immense proportions".[154] The Philippines has also become a popular destination for the sexual exploitation of children in travel and tourism.[155] It is actually considered "a problem of significant magnitude".[156] It is important to note, that cases of sexual exploitation of children in travel and tourism are "almost always also child pornography cases".[157]

144 ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children – Philippines, accessed 12 January 2017, http://resources.ecpat.net/EI/Pdf/A4A_II/A4A_V2_EAP_PHILIPPINES.pdf.

145 Ibid; World Bank (2015), "Philippines Country Profile", accessed 12 January 2017, http://data.worldbank.org/.

146 United Nations Development Programme (2015), "International Human Development Indicators".

147 World Bank (2015), Philippines Country Profile, accessed 12 January 2017, http://data.worldbank.org/.

148 Philippines Statistics Authority (2016), "Poverty incidence among Filipinos registered at 21.6% in 2015 – PSA", accessed 12 January 2017, https://psa.gov.ph/poverty-press-releases.

149 TIP Report 2016.

150 The Protection Project (2007), "International Child Sex Tourism. Scope of the Problem and Comparative Case Studies", The John Hopkins University and Paul H. Nitze School of Advanced International Studies, accessed 12 January 2017, http://www.protectionproject.org/wp-content/uploads/2010/09/JHU_Report.pdf.

151 *Ibid*.

152 *Ibid.*

153 *Ibid.*

154 Beyer, Nancy (2001), "The Sex Tourism Industry Spreads to Costa Rica and Honduras: Are These Countries Doing Enough to Protect Their Children from Sexual Exploitation?" 29(2), Georgia Journal of International and Comparative Law, 301, 309, 311 (Winter 2001), 131 in The Protection Project (2007, January), "International Child Sex Tourism. Scope of the Problem and Comparative Case Studies", The John Hopkins University and Paul H. Nitze School of Advanced International Studies, accessed 12 January 2017, http://www.protectionproject.org/wp-content/uploads/2010/09/JHU_Report.pdf.

155 ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children – Philippines, accessed 12 January 2017, http://resources.ecpat.net/EI/Pdf/A4A_II/A4A_V2_EAP_PHILIPPINES.pdf; TIP Report 2016.

156 The Protection Project (2007), "International Child Sex Tourism. Scope of the Problem and Comparative Case Studies", 134.

157 *Ibid.*, 140.

As a source country, children in the Philippines may be trafficked to Malaysia, Singapore, South Korea, Hong Kong, Japan, and the Middle East.[158] However, trafficking within the country is deemed a rather significant problem.[159] Children are trafficked to urban centres, port cities, as well as tourist destinations.[160] Estimates indicate that there are about 100,000 sexually exploited children in the Philippines.[161]

Children are sexually exploited through street prostitution, as well as within the adult entertainment sector (e.g., bars, videokes, strip clubs). They are sold for sex by their parents/guardians, or end-up living on the streets where they are exposed to various forms of CSEC.[162] Of the estimated 200,000 children living on the streets of Manila, at least one tenth are victims of trafficking.[163] Family involvement in facilitating the sexual exploitation puts children at high risk for re-trafficking.[164] Children from indigenous families and remote areas of the Philippines are especially vulnerable to sex trafficking. [165]An emerging concern is that of the millions of children whose parent(s) have had to find work abroad, and are left without the support of "other able and caring adults".[166]

The abuse of children for child sexual abuse materials is an alarming problem in the Philippines.[167] Children also have increasingly been victimised through live/online child sexual abuse.[168] As per the Trafficking in Persons Report (2016), "Very young Filipino children are coerced to perform sex acts for live internet broadcast to paying foreigners; this typically occurs in private residences or small internet cafés and is facilitated increasingly by victims' close family relatives".[169] Such operations have become widespread due families' realisation of how much money could be made, and local communities perception that it is "an easy and relatively harmless way to make money".[170]

In terms of recovery and (re)integration, literature indicates that the Philippines' capacity to provide direct services to CSEC victims is limited.[171] NGOs provide most of the specialised care for trafficking

158 ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children – Philippines; TIP Report 2016.

159 TIP Report 2016.

160 The Protection Project (2007), "International Child Sex Tourism. Scope of the Problem and Comparative Case Studies".

161 Global Study on SECTT.

162 ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children – Philippines.

163 *Ibid.*

164 TIP Report 2016.

165 *Ibid.*

166 Yacat, Jay A. (2011), "Child Protection in the Philippines. A Situational Analysis", Save the Children, accessed 12 January 2017, http://reliefweb.int/sites/reliefweb.int/files/resources/save%20the%20children%20CP%20in%20the%20philippines%20030311_0.pdf.

167 Terre des Hommes Netherlands (2013), "Full Screen on View, An Exploratory Study on the Background and Psychosocial Consequences of Webcam Child Sex Tourism in the Philippines", November 2013, accessed 12 October 2015, https://www.terredeshommes.nl/sites/tdh/files/uploads/research_report_2.pdf; The Protection Project (2007, January), "International Child Sex Tourism. Scope of the Problem and Comparative Case Studies"; ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children – Philippines".

168 *Ibid.*

169 TIP Report 2016.

170 Terre des Hommes Netherlands (2013), "Full Screen on View, An Exploratory Study on the Background and Psychosocial Consequences of Webcam Child Sex Tourism in the Philippines".

171 ECPAT Philippines (2011), "Alternative Report On The Implementation Of The Optional Protocol To The Convention On The Rights Of The Child On The Sale Of Children, Child Prostitution And Child Pornography", 25, Manila: ECPAT Philippines, accessed 12 January 2017, https://www.crin.org/en/library/un-regional-documentation/philippines-alternative-report-2011-opsc.

victims.[172] According to ECPAT Philippines, "Local social welfare officers are not adequately trained on how to properly assist rescued trafficking victims, particularly children victims of sexual exploitation".[173] The availability of shelters, especially for male victims, needs to be increased. [174] The dearth of resources, mental health services, and long-term care also call for attention.[175]

Thailand

Located in Southeast Asia, the Kingdom of Thailand shares its borders with Burma, Laos, Cambodia, Myanmar, Malaysia, as well as with the Gulf of Thailand and the Andaman Sea. As per the UN's Human Development Index (2015), it is ranked 93rd out of the 187 countries in the world.[176] Thailand is considered an upper-middle income country,[177] and the second largest economy in Southeast Asia.[178] Although the number of people living below poverty line has continued to diminish, wide socio-economic disparities persist and affect children greatly. [179] The regions most affected by poverty include the rural north and northeast, as well as the southern tip of the country. [180] Political and social unrest has shaken the country periodically since the 1930s, with the most recent coups having taken place in 2010 and 2014.[181] Thailand's southern border provinces are also affected by chronic armed conflict. [182] According to UNICEF, this "prolonged political crisis and instability has disrupted Thailand's social development path, impeding continuity of policy direction and implementation."[183]

Trafficking for sexual purposes is a significant problem in Thailand. [184] Children are trafficked internally, as well as from neighbouring countries (e.g., Laos, Cambodia, Myanmar).[185] They are also trafficked to Japan, Australia and the Middle East.[186] Thailand is also a transit country for trafficking from China, Bangladesh, India, North Korea, Vietnam, and Myanmar to other regions of Asia as well as to Russia, the United States and Western Europe. [187] Assessing the scope of child trafficking in Thailand is difficult, as it has become increasingly clandestine. [188] ECPAT International indicates that many child trafficking cases seem to have started as voluntary migration, after which children fall prey to traffickers in urban cities.[189]

172 TIP Report 2016, 306.
173 ECPAT Philippines (2011), "Alternative Report On The Implementation Of The Optional Protocol To The Convention On The Rights Of The Child On The Sale Of Children, Child Prostitution And Child Pornography", 26.
174 TIP Report 2016.
175 *Ibid;* ECPAT Philippines (2011), "Alternative Report On The Implementation Of The Optional Protocol To The Convention On The Rights Of The Child On The Sale Of Children, Child Prostitution And Child Pornography".
176 United Nations Development Programme (2015), "International Human Development Indicators".
177 World Bank (2015), Thailand Country Profile, accessed 12 January 2017, http://data.worldbank.org/.
178 UNICEF (2011), "Situational Analysis of Women and Children in Thailand".
179 *Ibid.*
180 *Ibid.*
181 *Ibid.*; ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand".
182 *Ibid.*
183 UNICEF (2011), "Situational Analysis of Women and Children in Thailand", 6, Bangkok: UNICEF, accessed 12 January 2017, https://www.unicef.org/thailand/1045_UNICEF_Final_row_res_230911.pdf.
184 TIP report 2016.
185 *Ibid.*
186 ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children, Thailand".
187 TIP Report 2016.
188 ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand".
189 *Ibid.*

Thailand appears to have had a long history of child sexual exploitation.[190] Prostitution was legal through many centuries. [191] The sex industry then flourished during the Japanese occupation in World War II, as well as through the US military use of Thailand for rest and recreation during the Vietnam War.[192] In the 1980s, the government's efforts to promote tourism led to "a boom in sex tourism".[193] This factor has in turn fuelled "the supply of trafficked victims for sexual exploitation."[194]

Although no longer legal, Thailand's 'highly visible' prostitution is said to be "a normalised part of Thai society", and "widely tolerated".[195] Some families encourage their children to engage in prostitution in order to provide and support the family. The concept of such kinship obligations may be, however, a form of rationalisation for their "predicaments, thereby obscuring the more likely reason of economic poverty".[196] According to the Thai government, poverty is the main factor leading many children to enter 'willingly' into sexual exploitation.[197] Another risk factor is children's desire for money to buy consumer goods, maintain a certain lifestyle, or pay for school tuition fees.[198] Some local NGOs perceive this trend as 'voluntary' involvement in the sex industry.[199]

The exploitation of children for the making of child sexual abuse materials is a frequent problem in Thailand. These materials are often recorded and distributed by traveling sex offenders.[200] Online grooming for either offline or live/online child sexual abuse is also a common problem.[201]

Child sexual exploitation in Thailand is deemed to be "a phenomenon of grave concern".[202] However, its magnitude is difficult to assess, as estimates vary widely and are plagued with large discrepancies. The trafficking of children for sexual purposes has also increasingly been occurring covertly, in "brothels, massage parlours, bars, karaoke lounges, hotel rooms, and private residences".[203] Some reports estimate that 200,000 to 800,000 children are sexually exploited in the country, while others estimate the number to be closer to 60,000.[204]

190 Lau, Carmen (2008), "Child prostitution in Thailand", *Journal of Child Health Care*, 12(2), accessed 12 January 2017, https://www.ncbi.nlm.nih.gov/pubmed/18469298.

191 Reyes, Cazzie (2015), "History of Prostitution and Sex Trafficking in Thailand", *End Slavery Now*, 8 October 2015, accessed 12 January 2017, http://www.endslaverynow.org/blog/articles/history-of-prostitution-and-sex-trafficking-in-thailand.

192 *Ibid.*; Global Study on SECTT.

193 Reyes, Cazzie (2015), "History of Prostitution and Sex Trafficking in Thailand".

194 United Nations Action for Cooperation against Trafficking in Persons (2014), "Thailand", accessed 12 January 2017, http://un-act.org/countries/thailand/.

195 Reyes, Cazzie (2015), "History of Prostitution and Sex Trafficking in Thailand", End Slavery Now, accessed 12 January 2017, http://www.endslaverynow.org/blog/articles/history-of-prostitution-and-sex-trafficking-in-thailand.

196 ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand", 30, citing Baker, 5, "Child prostitution and HIV/AIDS in Thailand: Changing realities for Thai and hill-tribe children", unpublished report.

197 ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand".

198 *Ibid.*

199 *Ibid.*

200 ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children, Thailand".

201 *Ibid.*

202 ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand".

203 TIP Report 2016.

204 ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand".

The majority of children who are sexually exploited in Thailand are between the ages of 15-17.[205] Girls and boys from minority groups, such as the ethnic hill tribes of Northern Thailand, are at increased vulnerability for sexual exploitation.[206] Children living/working on the streets are also particularity vulnerable, as are foreign migrants, refugees, children on the move, and stateless children (e.g., ethnic minorities and children of undocumented migrants).[207]

According to ECPAT International, Thailand's support services "are more advanced than in neighbouring countries".[208] Both the government and NGOs provide services, as well as shelter care. ECPAT International recommends a review of the process and effectiveness of existing services, as well as a closer collaboration between government and civil society "to ensure all victims of CSEC are receiving the support and recovery services they require".[209] There is a need for specialised services for child victims of trafficking, especially foreign children who may have no families to go back to. [210]

205 *Ibid.*

206 *Ibid.*

207 *Ibid.*; United Nations Action for Cooperation against Trafficking in Persons (2014), "Thailand", accessed 12 January 2017, http://un-act.org/countries/thailand/; ECPAT International (2011), "Global Monitoring status of action against commercial sexual exploitation of children, Thailand.

208 ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand".

209 *Ibid.*, 102.

210 TIP Report 2016.

RESEARCH DESIGN

Background

The Recovery and (Re)integration study is one of three studies conducted concurrently as part of an ECPAT International Access to Justice and Right to Remedies for Child Victims of Sexual Exploitation Research Project, which in itself is a component of a larger capacity building project. One of the other two studies focuses on access to criminal justice[211] and the other on access to compensation.[212] The Recovery and (Re)integration study was initially set to include five countries in three different continents. Due to time and budgetary constraints, the study was reduced in scope to three Asian countries: Nepal, Thailand and the Philippines. ECPAT International chose these countries because of their laws, and the "experience in working with CSEC victims, current work with survivors, and ability to reach survivor to share their voices"[213] of ECPAT Network member organisations. These were also 'priority countries' [214] for the capacity building project's funders. ECPAT International pre-selected a Primary Partner organisation in two of the three countries and a Research Focal Point person in each country to assist with some of the coordination and logistics surrounding the implementation of the study's data collection phase.

An initial field mission enabled this researcher to meet with Focal Point Persons,[215] some of the staff of Primary Partner Organisations,[216] and governmental and non-governmental stakeholders in each country. These visits informed the development of the study and helped identify diverse pools of potential respondents. This researcher had the opportunity during the field missions to meet with individual and groups of CSEC survivors, present the objectives of the research project, discuss ethical issues and considerations, hear suggestions, and answer questions. In general, they expressed interest about the possibility of having their voices heard, and the possibility of engendering change. Their feedback was given due consideration at different stages of the development and implementation of the research project. For example, some of the survivors suggested areas of inquiry, questions to explore during interviews/discussions,[217] and

211 Lynch, Darlene (2017), "Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation**.** Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand", Bangkok: ECPAT International, forthcoming publication.

212 ECPAT International (2017), "Barriers to Compensation for Child Victims of Sexual Exploitation. A Comparative Legal Study", Bangkok, ECPAT International.

213 Mariana Yevsyukova, email communication to this researcher, 11 January 2016.

214 *Ibid.*

215 The Focal Point Person refers to an individual selected by ECPAT International to help with coordinating the implementation of the study in a specific country.

216 Primary Partner Organisations refers to governmental and non-governmental organisations working with CSEC and interested in participating in the research.

217 For the purposes of this research project, and in consideration of respondents who are child survivors of CSEC, the terms 'dialogue' & 'discussion' are preferred, and are used interchangeably with 'interview.' As Boyle (2007) states, the term 'interview' has limitations when it refers to interviewing adolescents. Interviewing "conjures up an image of the police and the suspect type of meeting…. The interview could also be regarded somewhat pejoratively as an unequal power balance" (p. 36). Boyle adds that, "for a successful intervention to take place it is necessary to enter a partnership in which the client is a full participant. It might therefore be more relevant to state that the Psychologist and the client are in a discussion, which will be mutually led" (p. 37). See Boyle, Christopher (2007), "The Challenges of Interviewing Adolescents: Which psychotherapeutic approaches are useful in educational psychology", *Education & Child Psychology*, 24(1), The British Psychological Society, accessed 2 December 2014, http://www.academia.edu/2504478/The_challenge_of_interviewing_adolescents_Which_psychotherapeutic_approaches_are_useful_in_educational_psychology.

preferred places to meet. The scheduling of the data collection was also based on the feedback received in terms of availability of survivors, service providers and organisation staff.[218]

Recruitment and Training of Research Assistants/Translators

ECPAT International pre-selected the translator for the data collection in Thailand. A call for a Field Research Assistant/Translator (FRA/T) (Henceforth, translator) was placed in Nepal and the Philippines. The resulting pool of applicants was limited, due to factors such as time constraints and preferred competencies. In light of the sensitivity of this research. subject and potential majority of female survivor respondents, an ideal candidate was to be a female; proficient in spoken and written English; with experience interviewing children and/or survivors of abuse; have training in victim support work.[219] The candidate had to be knowledgeable in child protection principles;[220] at minimum, have a basic knowledge and understanding of child commercial sexual exploitation; have a familiarity with mental health and psychosocial issues. This person had to have completed a bachelor's degree in related fields (individuals with a Master's degree were given preference). It was preferred to have prior experience in qualitative research methods; and suitability to work with minors (e.g., no criminal records).[221] This researcher interviewed potential candidates in person as well as via Skype.

This researcher conducted an in-depth training with the translators upon arrival in each of the three target countries. The training covered such topics as:

- Role expectations, clarifications and limits;
- Overview of the issue of CSEC recovery and (re)integration;
- Key terminology, concepts, research objectives, and questions;
- Research methods, piloting, tools, and sample selection;
- Ethical considerations, privacy, and confidentiality;
- Strategies and approaches for interviewing children and CSEC victims/survivors;[222] Power differentials and cultural reflexivity;[223]

218 For example, it was recommended that discussions with survivors not take place immediately, prior to, or during periods of school examinations, or when organisations were in the midst of important work-related deadlines (e.g., annual reports).

219 Bjerkan, Lise (Ed.) (2005), "A Life of One's Own. Rehabilitation of victims of trafficking for sexual exploitation", Accessed on 23/09/14 from La Strada International: http://lastradainternational.org/lsidocs/808%20bjerkan_l_rehabilitation.pdf.

220 Surtees, Rebecca (2011), "Field Manual for After Migration. Experiences and challenges of (re)integration", Nexus Institute, Accessible from: http://www.no-trafficking.org/reports_docs/(re)integration_resources/Field%20Manual%20-%20After%20migration,%20NEXUS%202011.pdf

221 Surtees, Rebecca (2011), "Field Manual for After Migration. Experiences and challenges of (re)integration", Nexus Institute, Accessible from: http://www.no-trafficking.org/reports_docs/(re)integration_resources/Field%20Manual%20-%20After%20migration,%20NEXUS%202011.pdf

222 As recommended by Bjerkan et al., this study's translators were "prepared to ask the questions in a positive manner, to waych for signs of and to deal with distress, and to end the interview in a positive manner." Lise, Bjerkan et al.(2005), "A Life of One's Own, Rehabilitation of Victims of Trafficking for Sexual Exploitation", accessed 23 September 2014, http://lastradainternational.org/lsidocs/808%20bjerkan_l_rehabilitation.pdf.

223 See Powell, Mary Ann et al. (2012), "International Literature Review: Ethical Issues in Undertaking Research with Children and Young People", written as Literature Review for the Childwatch International Research Network, Southern Cross University, Centre for Children and Young People, Lismore NSW and University of Otago, Centre for Research on Children and Families, Dunedin, NZ, march 2012, accessed 3 December 2014, http://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1041&context=ccyp_pubs.

- Informed consent process;
- Expected limitations and anticipated challenges/problems;
- Risk Assessment; vicarious trauma[224]; self-awareness; self-care skills and self-soothing activities; Support mechanisms; Debriefing
- Researcher code of conduct; and
- Referral options and procedures.

Selection of Study Participants

Together with the Focal Point Person and a key staff at the Primary Partner Organisation, governmental and non-governmental organisations serving CSEC were sent a detailed letter, and related documents, introducing the study and inquiring about their interest to participate. Based on detailed criteria provided by this researcher during preparatory communications, organisations selected both service provider and survivor research participants.[225] At each organisation included in the study, a staff working closely with survivors acted as 'Child Protection Gatekeeper' to assess for interest and readiness to participate, brief respondents on the contents of the information sheet and consent forms, and follow-up with survivors after discussions.

The study's participants were to be comprised of a majority of CSEC survivors, as well as practitioners providing direct services to CSEC survivors (henceforth referred to as 'service providers'). In the interest of obtaining a rich and heterogeneous data, CSEC survivor research participants were to reflect varied demographics, and different phases of recovery and (re)integration. This study sought to include the voices of females, males and 'other' (e.g., transgender), and a majority of children. Survivors were to be as young as were deemed ready and competent to participate in child friendly discussions. [226] Young adults (18-25) and older adults (25+) were also to be included, as were, whenever possible, teen mothers; unaccompanied children or minors on the move; foreign nationals; children with disabilities and/or health concerns; children of different religious affiliations; and children from urban or rural settings, different SES/ethnic/racial groups and casts and marginalised groups such as LGBTI. Survivors could include individuals involved in CSEC, as long as they were accessing some services through street outreach, drop-in centres, and/or shelters. They could be living in shelters or different types of alternative care, and receiving fulltime support. Some of the survivor respondents were to also be fully (re)integrated to ensure such perspectives. The unstructured interview protocol would be adapted according to each setting and survivor's unique circumstances and capabilities. Exclusion criteria applied to survivors who lacked minimal maturity to engage in this study's discussions, did not have access to psychosocial support, experienced severe mental health problems, or whose condition could worsen in either the short or long term as a result of their participation. Explicit or implicit coercion to participate in the study was proscribed, and would entail disqualification.

224 Coles, Jan, Dartnall, Elizabeth, Limjerwala, Shazneen, & Astburry, Jill (2010), "Briefing Paper on Researcher Trauma, Safety and Sexual Violence Research", Sexual Violence Research Initiative, May 2010, accessed 12 December 2014, http://www.svri.org/traumabooklet.pdf.

225 In spite of the detailed information provided, and the clear instructions pertaining to the selection and preparation of respondents, some service providers and survivor respondents were selected on the day of the scheduled discussions.

226 Leeson, Caroline (2007), "Going round in circles. Key issues in the development of an effective ethical protocol for research involving young children", In Campbell, Anne, and Groundwater-Smith, Susan, (2007) "An Ethical Approach to Practitioner Research: Dealing with issues and dilemmas in action research", New York, NY: Routledge.

Service providers were defined as experienced practitioners who worked directly with CSEC survivors, and could include case manager/workers, outreach workers, house parents, social workers, and a range of mental health professionals and paraprofessionals (e.g., counsellors, psychologists, psychiatrists). Among other locations, they worked on the streets, and/or in drop-in centres, emergency shelters, group homes, residential shelters, private clinics, or hospitals. A minimum of one-year experience working with this population was stated to be preferable. A few of the service providers were also identified through snowball sampling.

Questions Explored and Data Analysis

In order to capture a richer understanding of the recovery and (re)integration needs and experiences of CSEC survivors, and the barriers faced in accessing such services and programmes, this study was based on a qualitative approach, and entailed in-depth unstructured trauma-informed interviews with CSEC survivors and semi-structured interviews with service providers in each of the target countries. The flexibility of unstructured and semi-structured questionnaires enhanced the portability of the study in that the inquiry could be adapted according to the capacities, experiences (e.g., different forms of CSEC), circumstances and location of each respondent. The interview protocols also included questions that had been submitted in relation to the criminal justice and compensation components of this Access to Justice and Right to Remedies for Child Victims of Sexual Exploitation Research Project.

The interview protocol was sent to a seasoned professional for review and feedback. An external reviewer then reviewed and approved the research protocol and tools. Clarity and common understanding of terminology and concepts used in this research was addressed with stakeholders at the outset of this project,[227] and with respondents prior to each discussion.

Discussions with survivors were between 40-90 minutes. The semi-structured interview protocol for service providers also entailed different steps that allowed for a warm-up and a debriefing. The discussions with service providers lasted between 90-120 minutes.

The three general areas of inquiry were as follow:

- What are the needs of CSEC survivors in terms of recovery and (re)integration?
- What can we learn from the current recovery and (re)integration services and programmes?
- What are the key barriers and challenges faced by survivors in accessing recovery and (re) integration services and programmes?

The inquiries ranged from asking broad questions such as “what do CSEC survivors need when they first arrive at the drop-in centre or shelter” to more specific questions regarding the need for, importance/helpfulness of, and/or barriers to a wide range of services (e.g., outreach, hotlines, drop-in centres, medical and mental health care, education, life skills, vocational training, etc.). Although a number of organisations requested a copy of the questionnaire ahead of the discussions, this researcher selected

227 During the initial research scoping missions in Thailand, Nepal and the Philippines, October 2014, this researcher began all stakeholder meetings with a discussion on terms and concepts so as to ensure mutual understanding. Terms such as CSEC, prostitution, child abuse materials, trauma, depression, recovery, rehabilitation, or (re)integration have different meanings for different individuals and organisations or in different contexts, and may not have literal translations in certain languages.

to only provide them with a general description of the areas of inquiry. This was to minimise the risk of respondents, especially survivors, being prompted with specific responses.

Hand-notes were taken throughout discussions with respondents and meetings. Due to budgetary limitations, the discussions were not transcribed. The translator for the data collection in Nepal generously volunteered to transcribe, and was able to complete the first twelve discussions with survivors and three of the discussions with service providers before the devastating earthquakes. The translator for the data collection in the Philippines provided short discussion summaries. This researcher thoroughly analysed all notes and available transcriptions and summaries to identify emerging themes under each of the pre-set themes. Most of the audio-recordings were also reviewed when clarification was needed or to complete information missed in the notes. Discussions with stakeholders, notes taken during the field missions, observations, and desk research provided additional contextual information.

The broad range of services accessed constituted pre-set themes under which the data collected was organized and analysed. The selection of these pre-set themes was the result of a review of literature, information collected during the field missions, and this researcher's experience and knowledge of the subject. Multiple themes emerged in each of the pre-set themes, as per the frequency of a particular need, barrier, or other concept being mentioned.

Ethics and Related Considerations

Researcher and Translator Ethical Conduct

This researcher and the translator were bound by the following ethical guidelines:

- Child protection standards (e.g., no inappropriate interactions with the children, not being alone with the child);
- Respecting respondent's "dignity, abilities and competences throughout the research"; [228]
- Developing "a friendly and a relationship of trust with the respondents" ;[229]
- Creating a comfortable environment for discussions;
- Respecting "the culture and tradition of each respondent" ;[230]
- Minimising "the imbalance of power between researchers and respondents, especially with children";[231]

228 Kovačević, Itana and Mirović, Verica (2007), "Children Speak Out: Risk and Resilience in South East Europe", Montenegro Report, Save the Children, May 2007, 36, accessed 16 January 2016, http://www.stopvaw.org/sites/3f6d15f4-c12d-4515-8544-26b7a3a5a41e/uploads/izvjestaj_en_2.pdf.

229 *Ibid.*

230 *Ibid.*

231 *Ibid.* In order to reduce the social distance and counteract the power differential between researcher and child respondent, this researcher and the interpreter approached the discussions in the role of 'students,' and emphasised their ignorance on the topics of inquiry. CSEC survivor respondents were the holders of knowledge, the experts. The researcher and interpreter also shared a little about themselves, so as to enable the children to see them "as whole persons rather than as powerful adults that they don't know." See Mann, Gillian and Tolfree, David (2003), "Children's Participation in Research: Reflections from the care and protection of separated children in Emergencies Project", Save the Children Sweden: Stockholm, 23, accessed 12 December 2014, http://resourcecentre.savethechildren.se/sites/default/files/documents/2740.pdf.

- Keeping "the promise given to the children and/or other respondents participating in the research" ;[232]
- Confirming "the authorship and influence and importance related to the results of the research of both children and other research participants"; [233]
- Throughout the research, this researcher reflected on her "beliefs, knowledge and experience and their impact on their attitude and the research process".[234]

In order to minimise the potential for vicarious trauma and its potential impact during discussions, self-care strategies were frequently revisited throughout the data collection phase of the study. Although the workload was kept as manageable as possible, the tight deadlines did not allow for sufficient recovery time.[235] Had this researcher and/or translator experienced distress, discussions with respondents would have been paused and completed at a later time. This researcher and the translator remained professional and positive at all times, and especially when presented with difficult external circumstances.

Child Protection Gatekeepers

A meeting with the Child Protection Gatekeeper was scheduled ahead of the discussions with respondents to discuss logistics, ensure all needed documents were in order, and gather background information on each survivor participant. The information gathered included basic demographics, as well as specific details such as dynamics of entry into CSEC, dynamics of exit, services needed and received, as well as survivors' areas of strengths, interests and future aspirations. This researcher also inquired as to possible concerns in terms of survivors' emotional wellbeing on the day of discussions or sensitive topics to be aware of. The majority stated that there were no concerns. A few used this opportunity to re-iterate the importance of not asking *"personal questions"* about their *"past"*, "*backgrounds, where they work and what they do"*. Several shared additional information such as that the survivor would *"tell all"*, was *"friendly"*, *"very open"*, eager "*to give suggestions to help CSEC"*, or *"had a lot of questions for the researcher and did not just want to listen"*. Some Child Protection Gatekeepers cautioned that specific survivors were nervous, did not talk much, and carried much guilt and shame about their involvement in CSEC. Some showed *"a happy front"*; others were moody or *"hot/short tempered"*. Some were concerned about the audio recording. Others had a *"hard time to understand things"*, were *"easily confused"*, and processed information slowly and thus it was best to *"speak slowly"* and repeat questions; or were sensitive about topics pertaining to their health condition, caste, having failed school exams multiple times, families and relationships, or wanting to go home, or not. These recommendations helped this researcher and the translator in being more mindful while at the same time watching for the impact of such information on bias. In some cases, the concerns expressed did not seem related to particular survivors. For example, some of the survivors initiated and spoke openly, and comfortably, about topics that the Child Protection Gatekeepers had stated they were sensitive to. Some of the survivors who had been described as quiet were actually talkative and engaged, and visa-versa.

232 Kovačević, Itana. & Mirović, Verica (2007), "Children Speak Out: Risk and Resilience in South East Europe", Montenegro Report, 36.

233 *Ibid.*

234 *Ibid.*

235 Coles, Jan, Dartnall, Elizabeth, Limjerwala, Shazneen, and Astburry, Jill (2010), "Briefing Paper on Researcher Trauma, Safety and Sexual Violence Research", Sexual Violence Research Initiative.

Informed Consent

Research participation was voluntary and negotiable at each stage of involvement.[236] Each respondent provided a signed informed consent prior to involvement in the discussions. Children also provided their informed consent[237] in writing. When children were legal minors, an authorised guardian provided consent.[238] All information sheets and consent forms were available in Nepali, Tagalog, and Thai.

In preparation for the discussions, Child Protection Gatekeepers and, in some cases other staff members, were provided with detailed documents explaining the study and delineating specific steps in the data collection procedures. In-depth informed consent forms were provided early on, and a request was made that both service provider and survivor respondents become familiar with these prior to the discussions. It was stated clearly in these documents that this project did not focus on experiences related to sexual exploitation but rather was aimed at identifying the short- and long-term recovery and (re)integration needs of CSEC survivors; available services and gaps; barriers to accessing needed services; and recommendations. This was re-iterated again at the very beginning of each discussion.[239]

At the outset of the discussions, the translator verbally translated all information contained on the information sheet and consent form. This was done according to each respondent's level of comprehension. It was critical that respondents clearly understand their rights and what they were consenting to. This researcher and translator explicitly discussed with respondents the following:

- Research topic, purpose, and what participation involved.
  - When consent was secured at a different time than the discussion, and wherever possible, children's preferences for where and when to conduct the discussions were considered.
- Ongoing consent. This meant that the respondent had the right to withdraw from the study at any time, without giving reasons and without fear of consequences. Respondent were also able to choose freely not to answer specific questions.
- Possible benefits, and reasonably foreseeable risks, discomforts, stresses and inconveniences associated with participation in the discussion.
- The anonymity and confidentiality of participants, and how the personal and other data (notes, audio recording, drawings) will be stored and used.
- When drawings were collected, children were asked if they wished for it to be returned to them once the project was completed.

236 Powell, Mary Ann, Fitzgerald, Robyn Margaret, Taylor, Nicola and Graham, Anne (2012), "International Literature Review: Ethical Issues in Undertaking Research with Children and Young People".

237 UNICEF suggests that in order to emphasise children's right to refuse participation or withdraw from the research, a better term should be 'informed dissent.' See UNICEF (2006), "Guidelines on the Protection of Victims of Child Trafficking", UNICEF Technical Notes, September 2006, accessed 12 December 2014, http://www.unicef.org/ceecis/0610-Unicef_Victims_Guidelines_en.pdf.

238 Child protection gatekeepers provided additional careful considerations for minors who were Wards of the State or whose parents were absent. See Varma, Sumeeta and Wendler, David (2008), "Research Involving Wards of the State: Protecting Particularly Vulnerable Children", *Journal of Pediatrics*, 152(1), 9-14.

239 It is interesting to note that in spite of such clarifications, a number of survivors felt an urge to share stories that pertained to their sexual exploitation or to other difficult situations they had personally experienced or witnessed. In such occurrences, survivors were usually allowed to finish their stories. They were then thanked for the sharing, the purpose of the study was briefly re-visited, and they were gently re-directed to the discussion topics. This researcher understood some of these dynamics as a symptom of the dire need for increased availability of empathic counsellors and psychological support. Once they felt genuinely heard, some survivors were eager to share more than what was asked of them through the discussions. On a similar note, a number of service providers shed tears and shared a few difficult stories. The need for staff support was at times palpable.

- Limits to confidentiality and possible implications[240] (e.g., report making).
- Whom to go to for follow-up support, and whom to contact should respondents have any questions, concerns or complaints regarding the way the implementation of the data collection.

Each of the discussions was recorded via note taking and audio-recording. Several survivors initially exhibited reservations regarding the audio-recording. However, all survivors who had expressed hesitation felt confident enough to consent after receiving a detailed explanation addressing confidentiality and anonymity procedures and an assurance that only this researcher and translator would have access to the audio-recording. They were also told that the audio-recording was only for clarification and/or transcribing purposes, would be kept in a safe place at all times, and would be destroyed upon the completion of the field report, or no later than three years from then.

Privacy and Confidentiality

Privacy and confidentiality were addressed with:

- The translator, Focal Point Person, Child Protection Gatekeepers, and organisation staff involved in various steps of the data collection. Confidentiality agreements were signed prior to commencement of research activities.
- Research respondents at the beginning of each discussion, and as needed. Limits to confidentiality were also addressed (e.g., abuse, safety).
    - This researcher inquired as to legal mandates in each country, and developed a contingency plan for providing support or referral.
    - Information about privacy and confidentiality was included in the information sheet provided to all participants prior to signing the consent form.

This researcher explained to each respondent how the data collected was going to be used and privacy/anonymity maintained throughout the data collection process, as well as in the final field report and dissemination of findings. It was important that respondent understand what information would and would not be shared, as well as how it would be shared and with whom. Privacy, anonymity, and confidentiality were maintained through coding identifiers such as personal names, and the names and location of participating governmental and non-governmental organisations.[241] This researcher also took steps to guard against deductive disclosures.[242] ECPAT International's Head of Research reviewed the field report to double-check for anonymity. As was discussed with respondents, confidential

240 *"As a matter of principle, every researcher studying children and adolescents should be aware of the legal and ethical issues activated by unsolicited disclosures of maltreatment in the course of data collection on other questions"*. See Hoagwood, Kimberly, Jensen, Peter S., and Fisher, Celia B (Eds) (1996), "Ethical Issues in Mental Health Research With Children and Adolescents", Mahwah, New Jersey: Lawrence Eribaum Associates, Inc., Publishers, 114. Information that would have lead this researcher or translator to suspect abuse, or potential suicide or homicide, would have been reported to appropriate agencies (e.g., as per local legal mandates). This researcher and translator would then have reviewed and discussed with respondent the necessary breach of confidentiality and attempted to repair the relationship with respondent. Should this have proven impossible, the discussion would have been concluded and appropriate referrals made.

241 UNICEF (2006), "Guidelines on the Protection of Child Victims of Trafficking", accessed 12 December 2014, http://www.unicef.org/ceecis/0610-Unicef_Victims_Guidelines_en.pdf.

242 Kaiser, Karen (2009), "Protecting Respondent Confidentiality in Qualitative Research", *Qualitative Health Research*, 19(11), September 2009, 1632-1641, accessed 12 December 2014, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805454/.

information has been kept in a safe and protected location, and will be disposed of as per research guidelines[243] and ECPAT International guidelines.

Research respondents maintained control over how much information they were willing to reveal or share, and with whom. They were free to choose to end the discussion or refrain from answering certain questions, with no fear of judgment or negative consequences. Whenever possible, discussions with survivors took place at a location of their choice,[244] where they felt safe, comfortable, and free to speak, and where privacy was safeguarded.

Rapport Building

Research aimed at documenting subjective experiences and stories, benefits from a relationship of trust and confidence between respondent and researcher. This is particularity salient when respondents are children and CSEC survivors.[245] Milne, Munford and Saunders (2001), found that, "good research information comes out of carefully constructed relationships…A one-shot interview is unlikely to yield much useful data. However, once a trusting relationship has been established, high quality data can be generated in large volumes"[246]. In order to minimise survivors' normal feelings of anxiety in anticipation of meeting with two 'strangers', including a 'foreigner,' and enhance the quality of data to be collected, this researcher recommended that she and the translator come visit the organisation ahead of the discussions to interact informally with staff, beneficiaries and potential survivor respondents. The only contact some of the survivors had had with foreigners until then had been with either perpetrators or members of foreign investigative/legal teams. This was an important dynamic to be taken into consideration and to be acknowledged at the beginning of discussions, when clarifying, once again, that this was not an interrogation, and questions would not inquire about their experiences of sexual exploitation.

Trauma-Informed Discussions

The interview protocol for survivors was structured into different stages, in order to take into consideration their being trauma survivors. The first step entailed a warm up that included introductions of this researcher and the translator, and light conversations. After going over the study's purpose, procedures and logistics (e.g., information sheet and consent form, rights, confidentiality and anonymity, etc.), they were asked a couple of simple questions intended as 'ice-breakers', such as asking respondents about their day. This was to allow for the building of rapport and initial sense of safety/trust and, thus, for the survivor to feel more at ease with both the discussion process and this researcher and translator. The research related questions ensued.

243 Graham, Anne, Powell, Mary, Taylor, Nicola, Anderson, Donnah, and Fitzgerald, Robyn (2013), "Ethical Research Involving Children", Florence: UNICEF Office of Research – Innocenti, accessed 12 December 2014, http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-Ethical-Guidance-Privacy-and-confidentiality-section-only.pdf.

244 Children should be involved in choosing location. See Schenk, Katie and Williamson, Jan (2005), "Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources", p. viii and p. 78, Washington, DC: Population Council, accessed 12 December 2014, http://www.unicef.org/tdad/ethicalapproacheshorizons.pdf.

245 Brownlees, Laura (2007), "Children Speak Out. Trafficking Risk and Resilience in Southeast Europe", Albania Report, July 2007, Save the Children, accessed 27 November 2014, http://resourcecentre.savethechildren.se/sites/default/files/documents/1351.pdf.

246 Milne, Sharon, Munford, Robyn and Sanders, Jackie (2001), "Conversations with Children Concerning Research and Policy", *Urban Policy and Research,* 19(1), 3-6.

Questions that had the potential to be more difficult for survivors were raised half way into the discussions in order to provide them with enough warm-up time, and then preparation for transitioning back into their lives. As the end of the discussion neared, questions incrementally brought the survivor to the activities they had planned for the rest of their day. The last step was a debriefing during which survivors were thanked and acknowledged for their contributions; followed by asking them how they felt, what the discussion was like for them, and if they had any questions. Self-care was also addressed.

Some of the questions specific to the Criminal Justice study[247] required survivors to recall their experiences with the legal system and court proceedings. As these might elicit thoughts of their perpetrators(s), they were only raised in the middle of the discussions. Posing those questions halfway through the discussions also provided time afterwards to move on to topics that were inherently less emotionally charged, and slowly transition the survivor towards the end of the discussion and the transition back into his/her daily activities. It became evident early on during the data collection, that some of these questions did trigger difficult memories. This was visible as per postural changes, shifts in body language, an increased difficulty to think, and, in a few cases, emotional flooding. In anticipation of such reactions, this researcher had forewarned the consultant for the Criminal Justice study, and therefore reserved the right to decide whether or not to pose specific questions, or to shift the focus of the discussion away from that of the criminal justice procedures when deemed in the best interest of the child/survivor. Sometimes, other topics would elicit feelings of worry or sadness, such as when thinking about their parents or other family members.

When signs of difficult emotions arose, the discussion was paused to allow respondents to collect themselves. Both researcher and translator responded in empathic and empowering ways. Feelings were acknowledged and, if needed, a transition was made to another topic. Had it been needed or wanted, the respondent could have taken the time to seek support from staff or peer, and the discussion could also have been rescheduled or concluded. According to Family Health International (2005),[248] there are four ways to respond to children's signs of distress during an interview. A child respondent may "wish to continue with the interview and discuss what he or she was distressed about at the end of the interview," "wish to discuss the matter immediately and continue with the interview thereafter," "wish to reschedule the interview," or "wish to terminate the interview". The only discussions that were rescheduled were due to unforeseen circumstances such as having to care for a sick child, or because of a distressing incident among peers at a shelter.

Although it had been made clear ahead of the discussions that the questions only pertained to recovery and (re)integration, some survivors were scared of being asked questions about their experiences of sexual exploitation. Some experienced performance anxiety, and, for some, the concept of meeting with strangers to answer questions was reminiscent of police interrogations. For a couple of children, the discussion setting was also initially reminiscent of police interrogation. And, several survivor respondents had misunderstood, or had been misinformed about the topic of the discussions. These were addressed right away, as, in some cases, there was a visible initial discomfort. Acknowledging the anxiety enabled them to relax a bit more.

247 Lynch, Darlene (2017), "Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation. Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand".

248 Family Health International (2005), "Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools", 109, accessed 18 December 2014, http://ovcsupport.net/wp-content/uploads/Documents/Conducting_a_Participatory_Situation_Analysis_of_Orphans_and_Vulnerable_Children_Affected_by_HIV_AIDS_Guidelines_and_Tools_1.pdf.

A couple of male survivor respondents shared information or displayed behaviours that caused this researcher to feel concerned about their emotional wellbeing. Without breaching confidentiality in terms of discussion content, recommendations were made to child protection gatekeepers that these survivors would benefit from close monitoring and additional follow-up support and counselling. In some situations, no staff or Child Protection Gatekeepers were available to speak with during or after discussions. This led this researcher to having to make executive decisions, such as when a young child requested for two peers to provide support during the discussions. Although the translator went looking for a staff to seek their approval, none were to be found. The young child was visibly more comfortable in the company of peers, and, therefore, this researcher decided to proceed with what was deemed to be in the child's best interest.

Support Person

Survivor respondents were allowed to invite a friend or support person during the discussion. It was explained to them that confidentiality might be at risk in some of these situations. Several survivors did request that a support person be present with them in the room during the discussions.[249] This researcher observed during the first few times when a support staff was present in the room that survivors would habitually look to him/her after each question. They presented as shy, hesitant to engage, and as if seeking approval and/or reassurance. It was then tempting for some of the staff to engage in the discussions, and even to provide answers for survivors. In order to tackle this hindering dynamic, this researcher decided henceforth to meet with support staff ahead of discussions to strategise on how best to meet the needs of the survivors in a way that also encouraged them to engage directly with this researcher and the translator. The following strategy was found helpful: survivors were told that the support staff could of course be present in the room as long as they wished them to be. It was also discussed that once they appeared more comfortable, usually within 10 to 15 minutes into the discussions, the support person would ask them if they could leave or, alternatively, sit in another area in the room to do some work. All survivors who had requested a support person were at ease with this option. Some chose for the staff person to remain in another part of the room, and some felt comfortable enough to let them leave. The eye contact between survivors and support staff seemed helpful during the rapport building stage of the discussions and the initial questions. Once the survivor felt more at ease, and the direct eye contact with the support staff was no longer available, survivors actually found their voices more easily and engaged freely. In addition to this strategy, this researcher also invited support staff, in the presence of survivors, to give survivors the permission to openly share concerns and criticisms they may have regarding the services, programmes, organisation or staff, as one of this project's aim is to enhance recovery and (re)integration services. This step enabled survivors to speak with less restraint.

249 The support person was usually a staff, except in one situation when a young child asked for two peers to be present.

Research Limitations[250]

Survivor Sample Selection

This research aimed to include a heterogeneous sample of CSEC survivor respondents. However, certain groups were not easily accessible in light of this project's limited funding, initial time constraints, and other factors:

- Accessing CSEC survivors representative of (re)integration in rural settings presented ethical concerns regarding confidentiality and anonymity.
- Few organisations in each of the target countries worked with boys and children who identified as other or transgender.
- Including the voices of CSEC survivors with disabilities, or those who live in areas where recovery and (re)integration services are not available, or who might have declined services,[251] proved problematic, due to difficulties in locating and/or accessing them.
- Few Child Protection Gatekeepers knew the health history of survivor respondents, and thus the exact number of participants living with health concerns (HIV/AIDS, or STI's) is unknown.
- This research project anticipated the inclusion of child survivors who were under the care of governmental organisations. However, obtaining permission from governmental organisations in the target countries proved difficult and required more time. Hence, this study includes a majority of voices coming from NGO drop-in centres and shelters, which might have produced a biased representation of this population at large.
- The selection process for a few respondents actually did raise concerns of selection bias. For example, a few survivors seemed overly positive of their experiences at the shelter, and information shared by some service providers differed significantly from the concerns survivors raised at the same location.

The sample of respondents included in this study is not a representative sample, and findings are therefore not generalisable. It is important to note, however, that literature suggests certain generalisability in that, "qualitative findings provide idiographic knowledge about human experiences to *readers*, who can apply qualitative findings to the care of individuals who are in situations similar to that of those in the sample which findings care".[252]

250 The in-depth research limitation section is intended as a 'forward looking move,' to help inform future research projects. As Amanda Hindle (2015) states, "limitations show us where new efforts need to be made… [they are] an opportunity for a new challenge. In the end, your limitation may be someone else's inspiration.",accessed 20 October 2016 https://www.edanzediting.com/blogs/how-write-about-your-study-limitations-without-limiting-your-impact.

251 Brunovski Anette and Surtees Rebecca (2007), "Leaving the Past Behind? When Victims of Trafficking Decline Assistance", Nexus Institute, accessed 23 November 2014, http://www.fafo.no/pub/rapp/20258-20262/20258.pdf.

252 Miller, Wendy (2010), "Qualitative Research Findings as Evidence: Utility in Nursing Practice", Clinical Nurse Specialist, 24(4), July-Aug 2010 191-193, accessed 2 December 2014, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3021785/.

Budget and Time Constraints

In light of budgetary constraints and a short inception phase,

- The development of the research tools, the fieldwork, and the data analysis were undertaken prior to the planned review of literature.
- The interview protocols were not field tested for cultural sensitivity and relevance in each of the target countries and with survivors of different forms of CSEC. They were pre-tested only once in each of the countries.[253]
- It was not possible to develop and use a multi-modal approach, which is "optimum for engaging children in research on sensitive issues". [254]
- This researcher and translator had little opportunity to establish a prior rapport with survivor respondents. When it did occur, it was clear that it helped survivors feel more at ease.
- The findings of this study are limited to a one point in time data collection.[255]
- It was not possible to meet respondents a few more times after the discussion to obtain clarifications and deepen the narrative.[256] Meeting respondents numerous times also allows the development of trust and understanding.
- The discussions were not transcribed nor double-checked for translation accuracy; hence, additional information that could have been verified or that may have been missed by this researcher and the translator was not identified.[257]

In light of unforeseen circumstances, it was not possible for the Access to Justice and Right to Remedies for Child Victims of Sexual Exploitation Research reports (including this field report) to be published until two years after the data was collected, which may have impacted overall data validity. However, the time elapsed may help increase anonymity of participants.

Language Barriers

This researcher conducted the discussions in English, and the translator interpreted the information back and forth with respondents who were not fluent English speakers. There are challenges and barriers unique to working with interpreters.[258] For example, the mere presence and participation of

253 It took about four to six discussions with survivors and service providers in different settings to gain a sense of the more effective questions, and to develop a more fluid synergy with each of the translators. The pilot tests provided this researcher and translator with a brief opportunity to assess the wording of questions and initial reactions of respondents, an insight into the timing of the discussions, and a live practice of working together.

254 Noble-Carr, Debbie (2006), "Engaging Children in Research on Sensitive Issues", April 2006, 22, Institute of Child Protection Studies, accessed 2 December 2014, http://www.communityservices.act.gov.au/__data/assets/pdf_file/0005/10301/Engaging_Children_LitReviewEngaging.pdf.

255 Recovery and (re)integration are processes that take place over time. Designing such a study as a longitudinal study would allow following a cohort of CSEC survivors over five, ten, or more years and, thus, gain deeper insights as well as richer retrospectives.

256 Although some service provider respondents were accessible via the Internet and were able to provide responses or clarifications, several did not respond to the various follow-up queries.

257 For example, translators used the general term 'CSEC' when translating back what the respondents were sharing. Hence, this term is used in the quotes. However, this may not have been the exact term used by respondents. As per later communications with the translator in Nepal, survivors most of the time referred to CSEC as 'bechiyeko' which translates as 'sold. Some also used the term 'farkayiyeko' which translates into 'returned'.

258 Pitchforth, Emma, and van Teijlingen, Edwin (2005), "International public health research involving interpreters: a case study from Bangladesh", *BMC Public Health*, 5(1), June 2005, 71-78.

a translator, as well as the accuracy of the translation may affect the research process and findings. Information can be lost in translation.[259]

It was important for the researcher and the translator to establish trust to work closely as a team. At times the translator needed to have more of an active role in discussions, which meant the researcher experiences a loss of control over the data collection. This would have been less of a concern with seasoned translators, and translators who are experienced in working with children and trauma, and/or are familiar with the topic of CSEC and the terminology specific to recovery and (re)integration. There were terms and concepts that some of the translators did not understand in the context of this field. This resulted in less relevant information collected on a few topics. An adequate budget, a judicious selection process and a thorough training are necessary to enhance the quality of information collected through the assistance of translators.

Other Research Limitations Considered

This researcher attempted to be as aware as possible of the impact of the following dynamics and factors:

- The Access to Justice Research Project is attached to an ECPAT International Capacity Building Project. The joining of these two efforts might have affected the nature of participation for respondents coming from the organisations that were to benefit from the capacity-building project. Service providers and/or CSEC survivors might have felt pressured into participating in the research activities.[260]
- Cultural and power dynamics may lead to coercion to consent, "especially in developing countries."[261] Indicating one's dissent may also be impacted by similar factors.
- Power differentials between researcher and translator, and respondent must be taken into account.[262] Children, in particular, may be hesitant to dissent, disagree, or disclose certain experiences. They may also challenge the power dynamics. In some cases, respondents answer questions with what they think is wanted (aka, scripted answers) as opposed to expressing their honest insights and ideas.[263]

259 In some settings, several respondents were adamant about speaking in English. Although many spoke English fluently, and made the work of the translator very easy, some were not as articulate. In such cases, and when appropriate, this researcher kindly encouraged them to speak in their native language. However, a few were resolute to speak in English. It was also not uncommon for some to speak using a combination of their native language and intersperse English words. In one of the countries, neither respondents nor the translator realised the inclusion of these words in their discourse, which made it a challenge for this researcher to understand what was being said, and time consuming to address.

260 This researcher observed during the Scoping Missions in Thailand, Nepal and the Philippines, in October 2014, that at least one EI Member organisation was motivated to participate in the research project because of the benefits associated with the attached Capacity Building opportunities.

261 Graham, Anne et al. (2013), "Ethical Research Involving Children", Florence: UNICEF Office of Research – Innocenti, accessed 12 December 2014, http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-Ethical-Guidance-Privacy-and-confidentiality-section-only.pdf.

262 *"Power imbalances have been widely recognised as being the biggest ethical obstacle and challenge to researchers including children in research* (Alderson, 1995; Mayall, 2000; Morrow & Richards, 1996; Thomas and O'Kane, 1998)" In Powell, Mary Ann, Fitzgerald, Robyn Margaret, Taylor, Nicola, & Graham, Anne (2012, March), "International Literature Review: Ethical Issues in Undertaking Research with Children and Young People",.3, for.

263 Greene, Sheila and Hill, Malcolm (2005), "Researching Children's Experience: Methods and Methodological Issues", In Greene, Sheila & Hogan, Diane (Eds.), (2005), "Researching Children's Experience: Approaches and methods",. 1-19, London, UK: SAGE Publications Ltd.

- The interview process may be reminiscent of "'interrogation' or 'investigation'"[264] which might affect survivors' responses.
- There are potential harmful consequences to reporting to appropriate authorities—as per local mandates—a respondent's disclose of abuse, suicidal ideation, or intent to harm other(s).[265]
- Finding a location to conduct the discussions that took into consideration not only the respondent's safety and privacy but also such factors as outside noise levels, was at times challenging. Most programmes have limited resources and thus room options.
- Given the sensitivity of the subject matter, this researcher and the translator had to take extra precautions to avoid causing harm to any of the respondents, and were mindful of language and cultural barriers.
- Vicarious trauma is a very real factor for anyone engaged in this field, and especially when conducting research with respondents experiencing poverty, corruption, powerlessness and lack of services.[266] This researcher discussed vicarious trauma and self-care strategies with the translator during the initial training and revisited these topics throughout the data collection.
- This researcher is female, Caucasian and Franco/American. Although she has lived in South Asia (Nepal), and various other countries, and travelled extensively abroad, her gender, cultural background, race, age, and other factors potentially impacted the research. This researcher's familiarity with both Nepal and the Philippines helped decrease some of the cultural barriers, and enhanced rapport building and interactions. However, in order to avoid making false assumptions, the translator was consulted systematically to verify the accuracy of this researcher's interpretations regarding certain interactions, discussions' content, and respondents' expressions, non-verbal cues, and body language. This proved more difficult in Thailand, as this researcher had spent little time in that country before, and thus had minimal familiarity with its cultural diversity, norms and belief systems. The researcher's subjectivity might also have impacted the findings. As Green and Hill (2005) state, "The lens of the…. researcher inevitably distorts" [267]. This researcher was mindful to monitor her beliefs and feelings for potential bias and assumptions.

Factors out of the control of this researcher impacted the number of participants, as well as the length and depth of the discussions.

- Although the stated intention was to meet with respondents on an individual basis, on several occasions, discussions unfolded to include multiple service providers at once. This resulted in a larger number of respondents than originally anticipated and thus more diverse findings. However, this also added time at the other end for data analysis and report drafting. Discussions with more than one participant were counted as one discussion, except in one instance when two young survivors participated together in a discussion.
- Certain interruptions made it difficult at times to maintain participants' focus (loud screams, power outages, nearby parades, provision of drinks/snacks, the sudden need to change rooms, or unexpected intrusions). These influenced the number of questions posed.

264 Spyrou, Spyros (2011), "The limits of children's voices: From authenticity to critical, reflexive representation", p. 153, Childhood, 18(2), May 2011, 151-165.

265 Hoagwood, Kimberly, Jensen, Peter S., and Fisher, Celia B (Eds) (1996), "Ethical Issues in Mental Health Research With Children and Adolescents", 117, Mahwah, New Jersey: Lawrence Eribaum Associates, Inc., Publishers.

266 Coles, Jan et al. (2010), "Briefing Paper on Researcher Trauma, Safety and Sexual Violence Research", Sexual Violence Research Initiative, accessed 12 December 2014, http://www.svri.org/traumabooklet.pdf.

267 Greene, Sheila and Hill, Malcolm (2005), "Researching Children's Experience: Methods and Methodological Issues".

Other circumstances outside of the control of this researcher were observed to have an impact on the data collected:

- A couple of the organisations enticed survivors to participate in discussions with the promise of a special meal or a small amount of money. These were also to acknowledge their courage and effort, and in some cases to cover some of the costs for transportation or missing work. In a few cases, it was evident that survivors participated only because of the potential for that special treat or money. They tended to be less engaged during the discussions.
- At one of the organisations, a crisis had recently occurred and there were residual tensions among shelter residents and staff. Some of the respondents felt compelled to share immediately their feelings and frustrations about the recent incidents. This researcher took a brief moment to listen and acknowledge what was being shared, before re-directing respondents. Some of what was shared was actually relevant to this research, but the emotional upset had to be addressed and contained in order for that event not to control the whole time of discussion.
- In another setting, some of the survivor respondents were in the midst of a sporting event, and were anxious to return to it.
- At a couple of organisations, a few of the survivor respondents had been sleeping prior to the discussions, and remained rather sleepy. It is interesting to note that, although the majority of the survivor respondents appreciated the opportunity to speak and have their voices heard and opinions taken seriously, two of the survivors who had been sleeping prior to the discussions were the only ones to have expressed that they had found the discussion process to be *"so-so"*, and were glad to be done.
- A couple of survivor respondents seemed under the influence of substances and some had not slept the night before.
- Several survivor participants arrived at the discussions hungry,[268] or had a tooth or head ache.[269] Such factors can affect respondents' capacity to engage fully and remain focused, and may entail shorter discussions.
- Several discussions also had to be interrupted to accommodate respondents and/or an organisation's last minute obligations.

268 In a few cases, survivors were sent to first have a meal, or the discussion was interrupted for lunch. At other times this researcher had brought baked goods or other snacks that provided temporary satiation to hungry tummies.

269 In one case, a child complained of a minor toothache. He added that nothing could be done because the medical/dental staff at the shelter had already left, and the staff would only tell him to drink water. In another situation a child complained at the end of the discussion of having had a headache. He had informed the child protection gatekeeper prior to the discussion, and had erroneously been informed that the discussion would be very short. In following up with the child protection gatekeeper about the survivor's painful headache, this researcher learned that the child was actually very worried about an upcoming difficult situation.

SAMPLE SIZE AND PROFILE OF PARTICIPANTS

The information presented in this report is derived from the voices of 139 respondents who participated in one of the 114 different discussions held in Nepal, Thailand and the Philippines. Respondents included 67 survivors and 72 service providers. There were 66 discussions held with survivors and 48 discussions held with service providers. Some of the discussions with service providers included more than one respondent. Children accounted for approximately 60% of the study's survivor respondents. Although several service providers were survivors themselves, they are not included in the total number of survivor respondents in this study.

In order to increase anonymity, instead of stating the specific age of survivor respondents, the following approach was taken:

- A child that was 12 years old and under at the time of discussions is referred to as a 'young girl' or 'young boy' in the report;
- A child between the ages of 13 and17 years old is referred to as a 'girl' or 'boy';
- A young adult between the ages of 18 and 25 years old is referred to as a 'young woman', 'young man' or 'young adult"; and
- An adult, 26 years old and above is referred to as a 'women', a 'men' or 'adult'.

Table 1: Terms Used to Describe Survivors As Per Age Groups

Terms	Age groups
Young girl/boy/child	12 years old and under
Girl/boy/transgender child	13 to 17 years old
Young woman/man/transgender adult	18 to 25 years old
Woman, man, transgender or adult	26 years old and above

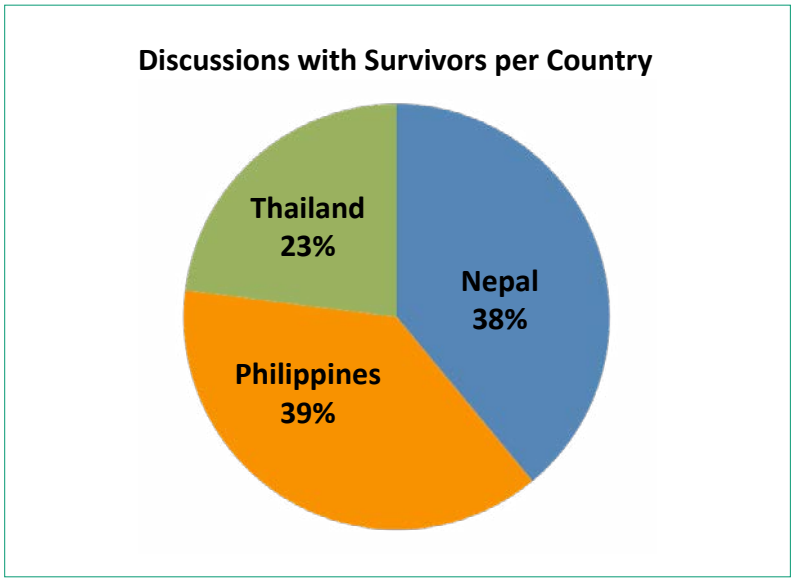
Survivors of CSEC

Child protection gatekeepers, assigned by participating organisations and familiar with the survivors, provided background information on each participant. There are limitations to this information that need to be mentioned here. This researcher attempted to obtain the most accurate information. However, the information provided by child protection gatekeepers sometimes conflicted with information provided by the participant or by other staff members at the organisations. This researcher therefore weighed the accuracy of all information that was collected prior, during and after the discussions and selected what seemed most plausible. In some cases, it was clear that the child protection gatekeepers were overwhelmed and/or not familiar with the participant, and thus provided information on a different person. This researcher was able to confirm some of the information, but not all of it. Some of the data presented here is an estimate, and should not be construed as exact.

Discussions with Survivors Per Country

The study was informed by 67 child and adult survivors who participated in one of the 66 discussions conducted in Nepal, Thailand and the Philippines.

Figure 1: Discussions with Survivors per Country



Gender and Age of Survivors at the Time of Discussions

At the time of discussions, survivor respondents were between the ages of 10 and 36 years old. The largest age group, with a majority of 27%, was comprised of 17 years old. The second largest age group, 12%, was of 15 years old. Sixty-six percent of the survivor respondents were female, 19% were male, and 15% identified as male-to-female transgender. Eighteen percent were or had been married. Several respondents in Nepal had gotten married at 12, 14, or 16 years old. Thirty percent of the respondents were originally from urban centres.

Figure 2: Gender of Survivors

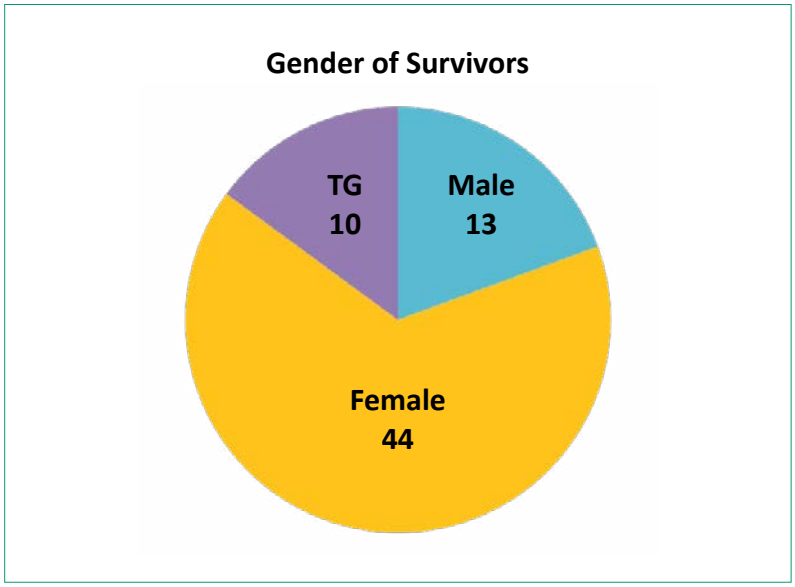
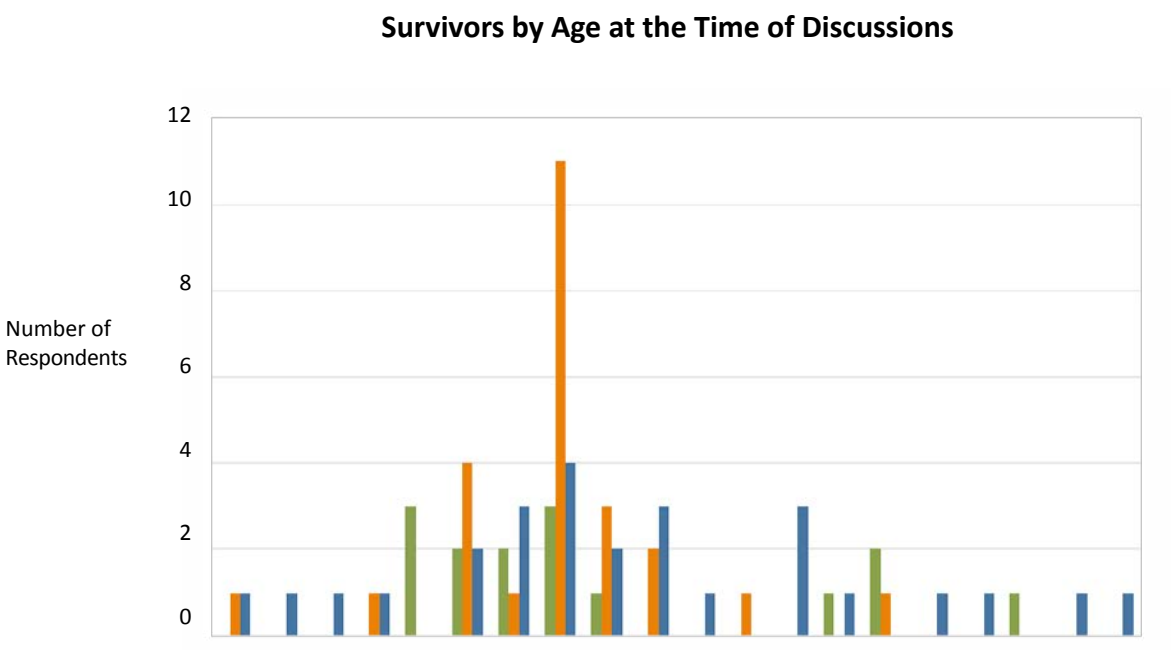
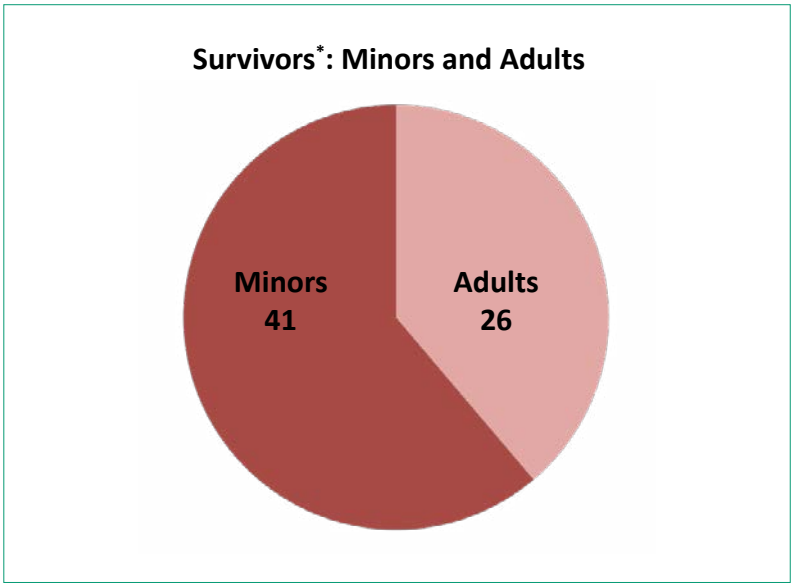


Figure 3: Age of Survivors at the Time of Discussions



Years of Age	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	29	36
Thailand	0	0	0	0	3	2	2	3	1	0	0	0	0	1	2	0	0	1	0	0
Nepal	1	0	0	1	0	4	1	11	3	2	0	1	0	0	1	0	0	0	0	0
Philippines	1	1	1	1	0	2	3	4	2	3	1	0	3	1	0	1	1	0	1	1

Figure 4: How many Survivors were Minors and Adults at the Time of Discussions



Survivors: 41 Minors (0-17 years old) and 26 Adults (18 years old and above) at the time of discussion.

Estimated length of time as beneficiaries at current location

In Nepal and Thailand, all survivor participants were receiving services through an NGO at the time of the discussions. Accessing government programmes in these two countries was difficult, if not impossible. In the Philippines, 26% of the survivor participants were receiving services through governmental programmes at the time of the discussions.

Of the study's 67 participants, 54% were living at a NGO or governmental shelter at the time of the discussions. All other respondents either lived on the streets, with family or friends, or on their own.

An estimated 91% had received some form of services for at least one week and maximum 23 years. The length of time for the remaining 9% of survivors was unknown. A 40% of the total of the survivors were receiving direct services through a drop-in-centre. The remaining 60% were receiving services through a shelter. Among these, a few survivors who had (re)integrated were still accessing some services at the shelter.

Table 2: Estimated Length of Time as Beneficiaries at Current Location

How long as beneficiaries	Thailand *(out of 15)*	Nepal *(out of 25)*	Philippines *(out of 27)*
1 week		1	
1 month		1	
2 months	1	1	
3 months		1	2
4 months		1	
5 months		1	
6 months			1
7 months	1		1
8 months			1
9 months		1	
1 year		6	6
1.5 years			2
2 years		1	2
3 years			2
4 years			1
5 years		1	
6 years	1		
9 years	1		
10 years	1		
11 years	1		
23 years			1
Unknown	9	9	8

Estimated Age of Entry into CSEC

The average age of entry into CSEC was 14 years old, with 17% having been 10 years old or younger when first sexually exploited.

Table 3: Estimated Age of Entry Into CSEC

Estimated age of entry into CSEC	Thailand	Nepal	Philippines
6-7 years old	2		1
8 years old	1	1	
9 years old		2	1
10 years old	1		2
11 years old		2	2
12 years old	3		1
13 years old	2	2	3
14 years old	4	3	6
15 years old		7	4
16 years old		3	2
17 years old	1	4	1
Unknown	1	1	4

Dynamics of Entry into CSEC and estimated duration of exploitation

The majority (36%) of survivor respondents became involved through peer pressure, and were exploited for anywhere between a few days to 20+ years, with the majority being between one and two years. Twenty-five percent of the participants were still involved in CSEC at the time of the discussions.

Table 4: Dynamics of Entry in CSEC

Dynamics of entry into CSEC	Thailand *(out of 15)*	Nepal *(out of 25)*	Philippines *(out of 27)*
Peers	6	10	8
Family	2	8	5
Agent/Trafficker/Abuser	5	2	5
Acquaintance	2	3	1
Boy/girl friend			1
Unknown		2	7

Table 5: Estimated Duration of Exploitation

Duration of Exploitation	Thailand *(Out of 15)*	Current*	Nepal *(Out of 25)*	Current*	Philippines *(Out of 27)*	Current*
1 week or less					3	
1 month					3	
2 months			1			1
3 months					1	
6 months			1	1		
8 months					1	
1 year	2	1	5		2	1
1.5 year			1	1		
2 years	1		2	4	6	1
3 years	2			2	2	
4 years		1	3	1		
5 years	2	1	1		2	
10 years		2				
11 years					1	
14 years			1			
20+ years					1	
Don't know	3		1		1	
Rescued ~ Trafficked only					1	
Total Current		5		9		3

**"Current" refers to currently involved in CSEC at time of consultation*

Forms of CSEC

The majority of the participants were sexually exploited through prostitution. Not many of the caregivers and child protection gatekeepers and professionals who provided background information knew whether participants had also been exploited through pornography and/or online sexual exploitation. There was also a lack of uniformity in service providers' understanding of the different forms of child commercial sexual exploitation.

Table 6: Forms of CSEC Represented Among Survivor Respondents

Forms of CSEC	Thailand *(Out of 15)*	Nepal *(Out of 25)*	Philippines *(Out of 27)*
Prostitution	14	22	21
Pornography	7	8	12
Cyber Sex			3
Cyber Porn	1		3
Trafficking for Sexual Purposes	2	8	18
Entertainment Sector	2	7	4
Sex Tourism	10	8	18
Child Marriage		3	
Domestic Worker	2	5	

Dynamics of Exit

In Nepal and the Philippines, the majority of survivors were rescued out of sexual exploitation. Outreach as well as involvement of concerned peers, friends, educators and citizens also played important roles in survivors exiting sexual exploitation. Outreach Workers identified the survivors and eventually encouraged them to partake in services and exit sexual exploitation. The concerned individuals took steps to inform law enforcement, community leaders or NGOs after becoming aware of the situation. Either they had seen what was happening or the survivor had informed them.

Table 7: Dynamics of Exit Among Survivor Respondents

Dynamics of Exit	Thailand (Out of 15)	Nepal (Out of 25)	Philippines (Out of 27)
Rescued/Raid	1	5	8
Outreach	2	3	7
Concerned Peer, Friend, Educator, or Citizen	4	3	5
Escaped/Ran-Away		2	2
Self	1	1	1
Parent/Family reported missing		1	1
Community Awareness Raising	2		

Survivor Participants Who Are Parents

Among the 67 survivors who participated in the study, 11 of them had between one and three children. Most survivor respondents cared directly for their dependents. The three children of a survivor who lived at a shelter in the Philippines were placed in three different situations. Two lived with two different friends and one was in the care of the Department of Social Welfare. The children of two other survivors in the Philippines lived with relatives. None of the parents who lived in shelter care at the time of discussions had any children living with them there. One survivor in Nepal made use of the drop-in-centre's childcare programme while she availed herself of the different services offered. The data collected did not identify how many of the dependents had been born of CSEC experiences.

Table 8: Number of Survivors With Children

Survivors who have children	Thailand *(Out of 15)*	Nepal *(Out of 25)*	Philippines *(Out of 27)*
1 child	1	2	3
2 children	2		1
3 children		1	1

Survivors Who Have Parents

The majority of the survivors involved in this study had one or both parents present. There were fewer fathers present, than mothers.

Table 9: Numbers of Survivors who Have Known Parents

Number of survivors who had parents	Thailand *(Out of 15)*	Nepal *(Out of 25)*	Philippines *(Out of 27)*
Has a mother	8	22	22
Has a father	6	18	17

Previous Experience with Research

The majority of survivor respondents had never participated in a research project. In the Philippines, several had been interviewed for a study a few days prior to the discussions held for this study.

Table 10: Survivors' Previous Experience with Research

	Thailand	Nepal	Philippines
Academic	3	1	3
NGO	1	6	7
Journalist	4		2
Other			3
Less than 3 months ago			7

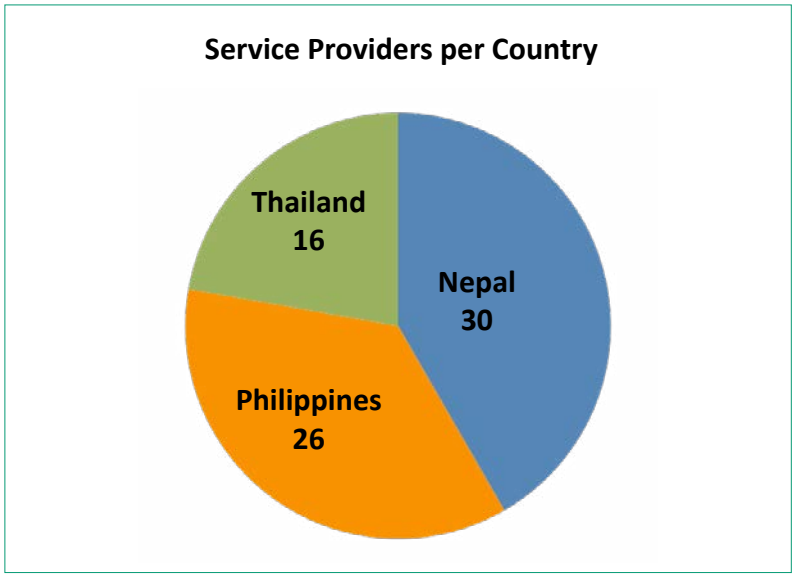
How Was It?

As part of the debriefing, survivor respondents were asked how they were doing and were also frequently asked about their experience participating in the discussions. Of the 57 survivors who were asked, or answered, a majority of 53 (35 of which were children) responded that it had been a positive experience. Most were glad for the opportunity to have been heard, and their opinion taken into consideration. Several shared feeling a sense of relief at having had this opportunity to speak, and knowing that there were people and organisations that were concerned about them and cared about their wellbeing. For details of survivor respondents' replies, see 'Annex 1. How Was It?'

Service Providers: Caregivers and other Child Protection Professionals

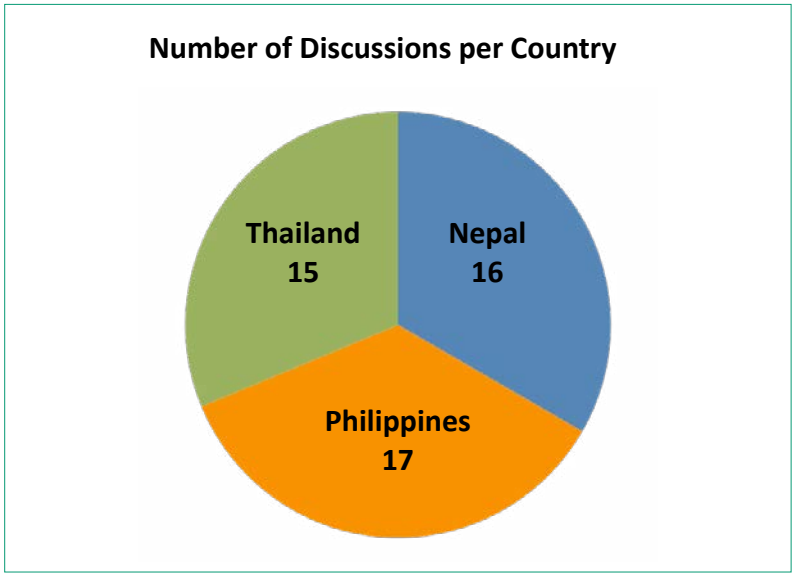
The study is also informed by a total of 72 service providers, comprised of caregivers and other child protection professionals, who participated in one of the 48 discussions held in Nepal, Thailand and the Philippines. Nepal service providers represent 41.7% of the total participants, the Philippines 36.1%, and Thailand 22.2%.

Figure 5: Number of Service Providers in Each Country



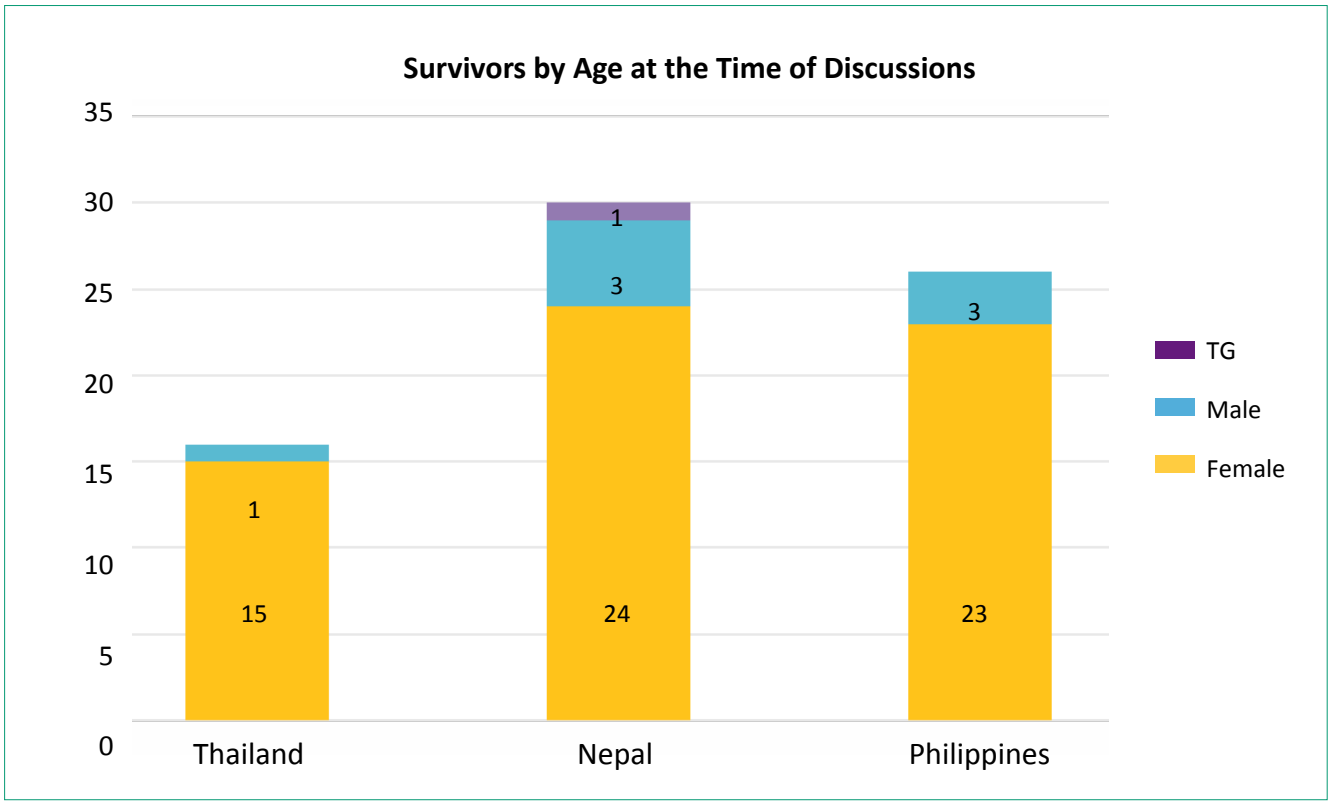
Some of the discussions with service providers involved more than one participant at a time. In Thailand, one of the discussions included two respondents. In Nepal, three of the discussions involved two respondents, one discussion included three respondents, another discussion included four respondents, and one discussion included seven respondents. In the Philippines, one discussion included two respondents; another included four respondents, and another included five respondents.

Figure 6: Number of Discussions per Country



The majority (86.1%) of the service providers who participated in the discussions were female.

Figure 7: Gender of Service Providers



Years of Experience in the Field

Service providers who participated in the discussions presented with a wide range in years of experience in the field. Of these, 28% had a year or less experience, and 11% shared fifteen or more years of experience.

Table 11: Service Providers' Years of Experience in the Field

Years of experience in the field	Thailand	Nepal	Philippines	Total
0-3 months	2	2	4	8
4-11 months	1	3	1	5
1 year		4	3	7
2 years	2		3	5
3 years	2	1	1	4
4 years	1	3	1	5
5 years		2		2
6 years		1		1
7 years	1	2	1	4
8 years	1	1	1	3
9 years	1	2	1	4
15 years	1			1
17 years	1			1
20 years	1			1
22 years	1			1
25 years			3	3
40+ years			1	1

Among all of the service providers in this study, caregivers represented a 70.8% majority. In light of the dearth of staff, most service providers juggled different responsibilities outside of those pertaining to their professional title. For example, many child protection professionals also provided counselling for survivors, and caregivers, such as social workers, took on administrative tasks.

Table 12: Service Providers' Professional Titles

Service providers			
Caregivers		**Other child protection professionals**	
House Managers/Parents	6	Drop In Centre Managers	4
Outreach/Field Workers • (3) Youth/Peer Workers, Leaders, or Educators	13	Vocational and Job Placement	3
		Program/Project Director/Coordinator/ Supervisor/Officer	6
Social Workers	16	Legal and Training Coordinator	1
Case Managers	4	Health and Legal	1
Mental Health Professionals • (2) Psychiatrists • (1) Government Psychologist • (1) Government Psychometrician • (8) Counsellors	12	Nurse	1
		Monitoring and Evaluation	1
		Head Administrators	3
		Directors	3

FRAMING, KEY FINDINGS, AND DISCUSSION

1. Foundations of Quality Care

In order to foster children's abilities and enable them to achieve their potential, a constellation of recovery, (re)integration and aftercare programmes and services are necessary. When asked what it is that children need to heal, many survivors initially highlighted core and intangible needs that can only be met through relationships with others. One of the keys to the success of programmes and services is therefore the service providers who need to have "relevant skills and expertise to service the needs of children".[270] The manner in which services are delivered is quintessential.[271] Relationships and environments that are safe, stable and nurturing support children in reaching their potential.[272]

Survivors and service providers shared during the discussions that, working with children and transitional age youth (TAY) who are, or have been, commercially sexually exploited necessitates readiness, certain desirable traits and attitudes, appropriate skills and experience, as well as a primary sense of ethical responsibility. According to respondents, support for service providers, and other child protection professionals, as well as continued learning opportunities, research and supervision are equally essential to ensuring quality of direct care and services. Once the foundation of quality care is in place, services and programmes can then be established, expanded and fine-tuned as needed. However, without such a solid system of care, service providers can become strained, and some of the fundamental needs of children may therefore remain unmet. Just as parents can benefit from support to be able to care for their children effectively, so do the service providers who often end-up taking on parent roles with this population.

1.1 At the Core of all Services and Programmes

"Love and respect is what a human needs **~ Girl survivor in Nepal**

Through discussions with survivors, the following themes emerged as fundamental foundations to all care, services, and programmes for this population. Children tell us that caring for them is not only about having this or that program or service. What is essential to them is, in some ways, "invisible to the eye".[273] Although what they share here may seem like common sense, and a given, they are a sobering reminder of what is vital to children, and to their healthy development—**especially** children who have been through traumatic experiences. Parents, service providers, and all others who provide direct care and services also need support, in order to ensure the uninterrupted flow of the generous giving and healthy boundaries CSEC survivors can require.

270 Asquith and Turner (2008), "Recovery and (re)integration of Children from the Effects of Sexual Exploitation and Related Trafficking", 17.

271 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

272 Center for Disease Control and Prevention (2013), "Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments", accessed 17 November 2015, http://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf.

273 De Saint Exupery Antoine (1943), "The Little Prince", United States: Reynal & Hitchcock, Inc.

Love, Kindness, Nurture, Trust and Understanding

When initially asked what children need to heal from difficult experiences, numerous survivors spontaneously responded that love, kindness, nurture and/or understanding are what children need most. The need for love was actually mentioned by many of the survivor respondents. A young man in Thailand explained, *"The most important thing is they need someone to love them and to understand the way they are, understand how they feel. And they need someone to talk to and trust a few people"*. A Nepali girl pointed out a few times that besides safety, food, a place to sleep, education, and future plans, what she very much wanted and felt was needed was love. When asked what she was grateful for and happy about at the shelter, she stated, *"love of the house mother, and food"*.[274] In some cases, children's families do not wish to take them back after they have been rescued. This can be devastating. The girl explained that she felt better once at the shelter because she found people besides her family who loved her. Love is indeed essential to the brain's whole healthy maturation, as well as to health and self-esteem.[275] Children need love,[276] to love and to be loved, genuinely.

Another key need identified was that of being able to talk to someone who is genuinely available, and of feeling heard and understood. Children appreciate receiving advice and guidance, and to feeling reassured, supported and encouraged. For example, a young woman in Thailand explained that what she needed from staff and friends to reach her career goal was to give her support and *"encouragement to make her dream come true…. To give hope to her that she dream, and dream high but that dreams can come true, but she got to continue fighting, and continue to work on her dream and she would be able to reach her dream"*. As a girl in Nepal simply stated, she needed *"motivation from others that you can do it, keep doing it, keep trying".*

Although advice is sought, caution must be taken to ensure that survivors learn how to make their own decisions again. For example, as a young woman in Nepal explained, *"It's not right to tell a bechiyeko [child affected by CSEC] what to do or what not to do because until the time that they come to the organisation they have been told by almost everyone what to do and what not to do"*. She suggested that, *"lecturing the person is not going to help in any way. They have to be given freedom between what to do and not to do"*. Her *"rule would be to tell them the pros and cons of the particular decisions they make".*

For some survivors—not all—it is helpful when caregivers or other child protection professionals are survivors themselves. As a girl in Nepal shared, it would help them feel better understood. She said, *"Housemothers they don't necessarily go through the experiences that girls go through so they cannot really empathise with them, however they should try to understand their feelings… the [housemother] who has gone through it, they will know the person at the feeling level. What it feels like"*. A male-to-female transgender child in Thailand revealed that it makes her comfortable when staff members share their life experiences, and give examples of what it took to succeed.

274 The topic of food is further discussed in the report's section specific to Basic Needs.

275 Janov, Arthur (2000), "The Biology of Love", Amherst, NY: Prometheus Books; Schore, Allan (2003), "Affect Dysregulation and Disorders of the Self", New York, NY" W.W. Norton & Company; Siegel, Dan (1999), "The Developing Mind", New York, NY: The Guilford Press; Sternberg, R.J. and Barnes, M.L. (1998), "The Psychology of Love", New Haven, CT: Yale University Press.

276 Jordans, Mark J.D. (ed.) (2003), "Training Handbook on Psychosocial Counselling for Children in Especially Difficult Circumstances, A trainer's Guide", Third Edition 2003 (Revised and updated), Kathmandu, Nepal: UNICEF Nepal, accessed 2 December 2016, http://www.healthnettpo.org/files/703/counselling-training-manual.pdf.

What survivors need is for caregivers to be positive role models. A young man in Thailand expressed how every child in the world should have *"a good adult to look after them properly, and teach them how to be a good person"*. According to a male-to-female transgender child in the Philippines, if staff *"show[s] to us kindness, [children who have been sexually exploited] become good"*. A boy in Thailand gave the example of staff being a model to children by *"not talk[ing] aggressively or not to shout or scold the children"*. Many survivors actually expressed the need to be spoken to softly. They do not want to be yelled at, as this can be re-traumatising to them. In the words of a young Nepali girl, *"If I were a house mother, I would be calm, I would not shout because there are tendencies that the house mothers here easily get angry, are hot tempered, and that makes the other children angry at the same time… a house mother should not be frowning, they should smile"*. Several survivors expressed concerns about staff being rather upset. Children mimic adults, and thus caregivers need to role model the behaviours, beliefs and attitude they want emulated. Consistently being a role model, and maintaining a positive spirit and smile, can however, be challenging for any caregiver, especially when overworked/underpaid, or on the verge of compassion fatigue or burnout, as is seemingly common in the field of caregiving.

Caregivers echoed the survivors' voices in terms of core intangible needs. A social worker in Thailand stated that children survivors need to feel loved, cared for, and understood. She stated that this was the most valued. They need *"trust, a sense of belonging, and a secure place*" said a counsellor in Thailand. They have big attachment issues, and *"They need love… They don't know unconditional love. They always seek to comfort themselves"*. Many of these children, explained a social worker, have not had parenting. They long for the nurture that would normally come from a parent. As a girl in Thailand shared, she *"Would like to be looked after on how she lives, how she eats, how she is doing in terms of the legal process, has it been tiring. Look after the education because when in legal process have to leave school… To help them to get better, comfort them, no need to be afraid"*.

Respect, Dignity, and a Sense of Belonging

Survivors expressed the need for respect, dignity, and a sense of belonging. *"Most importantly"*, explained a girl at a shelter in Nepal, *"children should be respected first"*. People should listen to them *"without judgment"*. A boy in the Philippines highlighted the importance of staff's attitude and respect. There should be no *"bullying of who they are and what we are. No bullying of disabilities and differences"*. They should not be discriminated against. He added that service providers should cooperate with and involve them so they can feel as one. They want to belong. A young Nepali woman who was involved in the entertainment sector stressed how dignity is also *"really necessary for anyone"*. Some survivors extended the need for respect to include respect between survivors and respect towards caregivers. As a young girl in Nepal expressed, *"It makes me happy if I see them [the children at the centre] respecting the house mothers"*.

Commitment and Child-Friendliness

For many, betrayal by adults, and sometimes by peers, is a central feature to their experiences. Their capacity to attach and trust others has been compromised. It is therefore essential for survivors that staff be committed to their care. They mentioned various forms of commitment,

such as knowing that organisations/caregivers are there for the long-term.[277] As a young woman in Thailand stated, what is needed is for *"staff not to abandon us"*. Trust is a valid concern to address when working with this population. It can take a long time to build rapport and establish the beginnings of a trusting relationship. Attachment is a very real issue for children who have experienced chronic and prolonged traumatic experiences.[278] Relational healing can occur, in time, through committed relationships.

Caregivers and other child protection professionals should also be committed to following-through with what they tell the survivors they will do. For example, a girl in the Philippines shared how service providers *"always promise me [to go visit my old and sick parent] but they don't act to what they promise. There is no action, only words. They always let me expect… the staff here are promising 'yes yes we will go tomorrow, tomorrow, and tomorrow'"*. Because of this breach of confidence in the staff, this girl no longer wanted to receive services through the organisation, and was intent on running away. In light of the deception and betrayals this population commonly experienced at the hand of adults, it is essential for service providers, and agencies, not to make false promises.

It is important for staff to be honest and genuine in their commitment to working with this population, especially with children. A girl in Thailand explained that, *"People who come to work with children, important thing is that they must be able to interact with children easily. They should not dislike children. They should not just come and talk, talk, talk, not play, not interact, and then go. They should not be like that"*. A boy, also in Thailand, added how a caregiver *"should be a good person…who has the inner ability to help children, who want to help children"*. Children, and survivors of trauma, can be very perceptive.

Information, Structure and Stability

Many survivors expressed wanting to maintain varying levels of freedom and independence, while also needing information and stability. They want to be given information that pertains to them. They need to know exactly what is happening, where they are going and how long they will have to stay there, where they are, what will happen next, where their legal case is, and much more. They also appreciate knowing what the rules and regulations are, and what is expected of them. One of the questions posed to some of the survivors during the study was related to the advice they would give to newcomers at

277 As Cotterill and Delaney (1999, 2005) note, it is not necessarily possible for caregivers to make a lifelong commitment to working at a particular organisation, and they should not make false promises to children. Therefore, it is up to the team of caregivers to support the children over time. For more information see: Cotterill, Colin and Delaney, Stephanie (1999, 2005), "The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited – Self Study", 37, Bangkok, Thailand: ECPAT International.

278 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 227-230; Gomez-Perales, Niki (June 2015), "Attachment-Focused Trauma Treatment for Children and Adolescents: Phase-Oriented Strategies for Addressing Complex Trauma Disorders", New York, NY: Routledge; Loewenstein, Richard, and Brand, Bethany (2014), "Treating Complex Trauma Survivors", *Psychiatric Times*, October 2014, accessed 7 October 2015, http://www.researchgate.net/profile/Bethany_Brand/publication/271770025_Treating_Complex_Trauma_Survivors/links/54d17ab80cf28959aa7b08e0.pdf; Perry, Bruce D. (2013), "Bonding and Attachment in Maltreated Children, Consequences of Emotional Neglect", accessed 23 November 2016, http://www.socialrelations.edu.au/wp-content/uploads/sites/9/2015/06/Reading-Bonding-and-Attachment-by-Bruce-Perry.pdf; Anda, R. et al. (2006), "The Enduring Effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology", European Archives of Psychiatry and Clinical Neuroscience, 256, 174-186; Pearlman Laurie A. and Courtois Christine A. (2005), "Clinical Applications of the Attachment Framework: Relational Treatment of Complex Trauma", Journal of Traumatic Stress, 18(5), 449-459, October 2005.

the shelter or drop-in-centre.[279] Most survivors shared that they would first inform the newcomer of the rules and regulations and the importance of respecting these. They would explain to them what services were available, what could and could not do, and whom to turn to with specific needs or when rules were broken. As a boy in Thailand stated, *"teach rule is a rule. Tell the director if a rule is not followed"*. A young woman in Nepal would share with the newcomer *"everything about this place. I would give them information about this shelter. I would tell them about the best ways to behave and tell them about the rules of the organisation"*. Rules and regulations give survivors a sense of stability, of structure in their lives. Many will test, challenge and break these, repeatedly—especially children living on the streets (a.k.a., street children).

A social worker in the Philippines shared that rules and regulations must indeed be explained clearly right away. This was not something that was consistently done at the centre where she worked. She described how some of it was *"just relied upon. 'Ok, you're here and you'll just kind of figure it out, feel it out,' the girls will help, and things like that"*. She highlighted the importance for a *"better transfer of information in terms of how the shelter runs, things that are ok, not ok. And consequences also for what happens if these protocols are not followed"*. Organisations often operate with limited staff, which creates situations wherein new children do not necessarily receive an adequate orientation, and rules and regulations are not systematically enforced.

> ***"Everyone needs to be nice to girls and children who have gone through problems. Good behaviour is important for those people trying to get out of a situation."* ~ Nepali Girl survivor***

As identified through the discussions, children survivor of CSEC have core needs that require much giving, presence and mindfulness on the part of service providers. Helping CSEC survivors must therefore go hand in hand with supporting those who care for them. This is akin to flight attendants asking parents to put oxygen masks on themselves prior to putting them on their children. States and organisations must therefore pay heed to, and support, the unfortunately too few service providers who are at the forefront of meeting the multiple needs of the countless survivors, and their families. They are the foundation of programmes and services, the ones to ensure that those children's core needs are met; core needs that are as essential as clean air, water and food.

1.2 Readiness to Work with Survivors

> ***"We are not there to save the world. Make a journey with them, and show our goodness. Throw away all bad in us. Only positive things to be shown. Happy, show it. It's contagious. They will remember. Do it out of love. Be ready for rejection and be open. We process ourselves and what good came out. What was the fruit? What you give is what you receive. They got more than they gave. Trust is basic principle. Many workers go with fear. If I go with fear, I will get fear" ~ Outreach worker in the Philippines***

Respondents identified certain elements and dynamics that are key to meeting the needs of CSEC survivors, and that States and organisations should take into consideration when developing—or building

279 See 'Annex 2. Survivors' Advice to Fellow Survivors' in this report.

capacity of—programmes and services, and hiring staff. In the best interest of children, anyone considering working with this population would also benefit from giving consideration to the following findings and various foundations of quality care discussed here.

Having the Skills, Heart, and Commitment

Serving this population necessitates physical, mental and emotional health, hard work, a solid and well-rounded background, and a wide array of skills and personal qualities.

First, as a service provider declared, caring for CSEC survivors is not just a job. The person should have *"commitment to this field and work"*. A child protection professional in Thailand explained that, in order to best serve this group of children, *"you obviously have to have the heart and you have to be strong enough… we've had cases who've passed away. We've had cases where I lost them because we failed. They got beaten up or they got damaged… you do have to know that in advance before you go in"*. She stated that people who want to work in this field *"have to be very patient and very flexible… they just have to learn that every case is different. There is nothing structured. It's a case by case. And that's how we have to address the needs of these children. We have to have some kind of structure to keep them safe and to protect them from re-trafficking and to provide them with recovery services. But at the end of the day, trauma affects children in a very different way. When you're talking about those kinds of victims, sex trafficking and pornography, these children are scarred for life. And the reality is we do need to address that, and we do need to make sure that we're there long-term. You can't just commit… see the children and play with them and walk away. They need more than that. It would be great if we had skilled people, people who care, and people who are here for the long run. As the cliché goes, 'it's not going to be easy, but it's going to be worth it.'"* Service providers need to be committed in the long-term, and should not give-up nor get discouraged. The director of an NGO in Thailand stated that it should be a *"Till die relationship"*.

Service providers must have inner strength, a *"mental preparedness to be strong"* and *"a lot of courage"*. In the Philippines, a social worker added that, patience and openness are also important because *"everyday life is so dynamic and changes. They test your personal beliefs"*. The beliefs, rules, and ways caregivers were raised with *"are very different than theirs"*. Whoever wants to work with survivors, *"should have the skills, knowledge, attitudes, [and] the habits of working. You are dealing with children who have not had parenting. Start from there"*.

Through different topics explored during discussions, traits and capacities appreciated and needed in this field of work were identified. The two most frequently mentioned were patience and understanding. Service providers stressed the importance of being sensitive towards survivors and children in general; their choices, behaviours, and development; their history of involvement and current situations; how not to re-traumatise them; and of CSEC and Human Trafficking. As a child protection professional in Thailand specified, people who want to work with survivors must have a real gasp and understanding of *"what we deal with… of what CSEC and human trafficking is"*. Not understanding survivors, explained a child protection professional, could re-traumatise them. It takes special skills, especially when working in shelters.

Table 13: Traits and Capacities Needed of Service Providers

Traits and Capacities Needed	
• Self-care • Understanding • Patience • Having the will to work • Having the heart • Commitment • Collaborative • Good communication • Alert/Paying attention • Being ready at all times to face any situation • Best interest of child first • Courageous/Brave • Giving of love • Non-judgmental • Observant • Positive Attitude • Respectful (including of confidentiality) • Able to forgive • Capacity for appropriate reactions/ responses to behaviours • Capacity to analyse, understand and step-into situation on the spot • Clever/witty/Fact finding • Confident	• Encouraging • Empowering • Flexible • Good boundaries *(e.g., with physical contact)* • Mentally strong • Passionate • Praiseful • Soft spoken • Unbiased • Attentive • Compassionate • Disciplined • Empathic • Non-prejudiced • Not authoritarian • Not blaming • Not labelling • Not shaming • Not take things personally • Open • Reassuring • Responsible • Selfless • Strong personality

According to respondents, working with this population requires experience in working with children of all genders; an understanding of children, child development, and child mental health; knowledge of how to play with children; and a capacity to build trust with children. A caregiver shared that experience in having worked with children who are severely emotionally disturbed would be helpful with managing the acting-out, anger, and disrespect, especially of teenage boys. However, a mental health professional in Thailand explained that, *"Some may have experience to work with behaviour problems but not able to work with this group"*. This population is *"hard to work with"* because they do not collaborate. When a caregiver tries to build a relationship, the children go against it. More time must be given to them. A number of service providers and child protection professionals concurred on how different this population is to work with compared to children victims of other crimes, such as incest. This will be addressed later in this report.

"These children need help in developing trust and healthy and lasting relationships with people who are trained" **~ Service provider in Thailand**

According to some respondents, service providers should preferably have a degree and license as a social worker and/or as a psychologist.[280] One of the most important elements raised during the consultations was the need for all service providers to have good psychosocial counselling skills that include a solid foundation on theories of psychology and human behaviour. They need to be able to make a general assessment of the children's psychosocial and medical status; provide informal support; report cases; and make referrals. Any staff member at a shelter or drop-in-centre should be able to identify and assess whether a child has a short temper, is aggressive or depressed, or shows signs of suicidal ideation or intent. Organisations are understaffed, and thus it is common for all staff to wear multiple hats. A director or programme coordinator could have to step-in and provide survivors with direct assistance and counselling. Several staff thought it is important to have specific skills in dealing with suicidal ideation, bullying, and challenging attitudes. Working with this population also necessitates knowledge of trauma, stages of change, interpersonal skills, interview skills, motivational skills, follow-up care, and anger management. A counsellor and an outreach worker in Nepal explained how anger management is indeed *"vital"* because survivors *"get very angry. If show even little anger they will be even more aggressive than you are"*. Service providers working with survivors in the entertainment sector must also *"be able to tolerate being degraded by guests"*. [281] This occurs, for example, when service providers conduct outreach efforts where children are exploited (e.g., bars, dance-clubs). Having the capacity to modulate their emotions is indispensable for service providers.

For some, a background knowledge and understanding of CSEC is as important as having psychological counselling skills. The need for good communication skills with different populations was also raised multiple times. Active listening skills, and a capacity to be mindful of what is said, and how it is said, can have a significant impact in the building and maintaining of trust with the children. When asked what advice to give to a new staff, a caregiver in the Philippines recommended that staff *"listen a lot and talk little"* because survivors want to be heard. A service provider in Thailand explained that decisions must take into consideration what the survivors say they really need, and thus the importance of actively listening to them. The best interest of the children has to prevail.

In some cases, qualifications in criminology and as a law-enforcement or child protection officer (a.k.a., Competent Official)[282] were seen as beneficial. Service providers expressed the need for staff to be knowledgeable in law, child protection policy, human rights, and children's rights. A social worker

280 This is actually an element of the OPSC: Art. 8(4), OPSC, *"States Parties shall take measures to ensure appropriate training, in particular legal and psychological training, for the persons who work with victims of the offences prohibited under the present Protocol."* The Palermo Protocol also requires: *"States Parties shall provide or strengthen training for law enforcement, immigration and other relevant officials in the prevention of trafficking in persons. The training should focus on methods used in preventing such trafficking, prosecuting the traffickers and protecting the rights of the victims, including protecting the victims from the traffickers. The training should also take into account the need to consider human rights and child- and gender-sensitive issues and it should encourage cooperation with non-governmental organisations, other relevant organisations and other elements of civil society"*, Palermo Protocol, Article 10(2).

281 The term 'guests' (a.k.a., abusers, customers, clients, perpetrator) refers to individuals who pay, or make some kind of exchange, to sexually abuse children for their own gratification.

282 In Thailand, qualification as Child Protection Officers or Competent Officials provides *"decision-making responsibilities for the welfare and protection of vulnerable children"* to *"a wide range of non-specialized individuals"* (p. 41). Child Protection Officers, for example, have the authority to remove children from abusive situations. A child protection professional explained being able to enter private property (e.g., construction sites) upon suspected child sexual exploitation. For more information see: Child Frontiers (2013), "Evaluation of the UNICEF Child Protection Monitoring and Response System (CPMRS) in Thailand, Volume III – Child Protection System Context Final Report", May 2013, accessed 31 October 2015, http://www.unicef.org/evaldatabase/files/Thai_UNICEF_CPMRS_-_Volume_III_-_CP_System_Context_-_final_-_May_2013.pdf; The position of Child Protection Officer emerged out of Thailand's Child Protection Act of 2003, which does not provide details as to minimum standards, qualifications or requirements to become a CPO.

highlighted the importance of having *"the experience to understand the process, and thus ensure that survivors receive services"*. Working in this field also demands a familiarity with intake screening tools, family evaluations, and assessments related to (re)integration readiness.[283]

Some programmes have strict policies in regards to the educational background of their employees, while for others organisations, this is not as important. An organisation in Nepal only hires social workers and mental health professionals who are university graduates. What matters most to a programme in Thailand is for the staff to have a variety of backgrounds, so they can work in different areas such as providing schooling, livelihood training as well as sports and other activities.

It is necessary is to obtain a police clearance on the individual's background, and follow-up on character references prior to anyone working with survivors. Two child protection professionals suggested that it is important to inquire as to why the potential employee had left their previous work, and to explore their motives to do this work. In the case of foreigners wanting to work or volunteer, a child protection professional at an NGO in Thailand explained that it is their practice to work closely with embassies to obtain background checks. An NGO in the Philippines explained that new employees should receive one to two months of minutely detailed orientation before a decision is made to hire the new staff. This period gives the candidates the opportunity to assess for themselves if they really want to do the work, and if they can commit to it. It is also an opportunity for the organisation to assess if the individual is a right match.

A number of respondents brought the topic of gender and roles in terms of working with CSEC survivors. A child protection professional in Thailand believed that it is important not to hire individuals who identify as gay or transgender because of the risk it poses to boys in a shelter environment. Some service providers thought it was important to include male staff, regardless of their sexual orientation, in order to provide healthy male role models. A programme serving youth who identify as transgender thought it is key to include transgender staff. Most caregivers, and some survivors, recommended that only women caregivers work directly with girl survivors. A boy in Thailand explained how, *"Girls need more gentle sensitive approach… talk softer way"*. In general, because most shelters serve female survivors who have been abused by males, it is preferred that service providers be females. However, a number of respondents felt that it is important for survivors to have experience with both positive male and female role models. Caregivers and other child protection professionals often act as 'parent' role models.

Personal experience as a survivor is deemed an asset to service providers, as it helps them in knowing what to look for, and how to respond. It enables them to better relate to what survivors have been through, and know what they need and how to deal with their attitudes and behaviours. For a caregiver in Nepal, this experience *"counts most in the field"*. An outreach worker and a counsellor in Nepal disclosed how their experiences as survivors enabled them to show that it is possible to have a good life. It is important to be familiar with the environments in which children are exploited such as within the entertainment sector, brothels, parks, slums and communities. According to the information gathered through the discussions, service providers do not have to be survivors themselves, as long as they have the traits and qualities mentioned above. Several survivor respondents disclosed that they did not necessarily trust the Service providers who were also survivors. According to a girl in Thailand, it is *"Not necessary to have survivors to work with children. Experience is something that happened in life, that's it".* She added that people who did not have such an experience *"can help through learning and other experiences that they have".*

283 Discussed further in section '2.17 (Re)integration and Long-Term Aftercare' of this report.

Table 14: Background Understanding of CSEC Identified as Needed to Serve Survivors

Background Understanding of CSEC Needed	
• What CSEC is • Definition • Different forms of CSEC • Different environments *(e.g., restaurants in Nepal)* • Statistics • Country/Region Specifics • Human trafficking • Paedophiles	• Dynamics of entry • Children's history and circumstances • Children's current situation • Risks related to involvement in CSEC • Impact of CSEC • Uniqueness of each case • Intersection with abuse, abandonment, and the social structures of religion, poverty, families, and the laws

Table 15: Knowledge and Skills Identified as Needed to Serve Survivors

Knowledge and Skills Needed	
• Counselling • Communication skills • Trauma • Anger Management • Child Sexual Abuse • Interpersonal skills • Stages of change • Motivational skills • Interviewing skills • Follow-up	• Report Writing • Making referrals • LGBT (characteristics of each different group) • Law • Child Protection Policy • Human Rights • Children's Rights • Processes involved in insuring the receiving of R&R services

Most service providers were asked what advice they would give to someone interested in working in this field, or to a new employee at their organisation. The most common advice was in regards to the importance of self-care, which will be addressed next. Much of the advice reiterated some of the insights discussed earlier and related to what is needed to work with this population in terms of personal traits, qualities and characteristics (See Table 13) as well as background understanding, knowledge and skills (See Tables 14 and 15).[284] People who are considering working with CSEC must understand that it is not only about wanting to help these children, it is *"not baby-sitting"*. A caregiver must have patience and *"take it a day at a time"*. Other common advice included the prerequisites of being ready for this kind of work, and its population, having a good understanding of CSEC and its children, and not being judgmental. Service providers need communication skills that are sensitive to survivors' needs, and must be careful, focused, caring, friendly, and smile as much as possible. They ought to be aware of the challenges intrinsic to this field of work, and know how to manage these. Caregivers also gave the advice to provide survivors with structure and whatever support they need; to go slowly; and not to get

284 Some of these skills are similar to the skills needed to work with victims of child sexual abuse. See: Cotterill, Colin and Delaney, Stephanie (1999, 2005), "The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited – Self Study", Bangkok, Thailand: ECPAT International, accessed 2 December 2016, http://www.ecpat.org/wp-content/uploads/legacy/rehab_self-study_eng.pdf.

angry and use harsh words. Some respondents also recommended making sure to follow the rules of the organisation, and know its policies, strategies and code of conduct.

Working Together

This work cannot be done alone. It requires collaboration. Many service providers mentioned that teamwork, partnership, and networks within and among organisations and agencies is necessary in order to address the varied and specialised needs of this population, and support survivors in going through their process of healing. As a mental health professional in Thailand shared, one of the first steps in helping them *"is not to do it alone; work together as a team".*

In a few regions of Thailand, such as in Pattaya and Chiang Mai, Multi-Disciplinary Teams (MDT) work actively with CSEC survivors.[285] The Multi-disciplinary Team approach/collaboration can be an effective approach to ensuring that the needs of CSEC survivors are addressed through systematic and coordinated efforts among multiple service sectors. MDT refer to a "tangible collaboration" among "a group of individuals who have been trained to collaborate in a systematic way, using their diverse range of skills and expertise to solve certain problems based on the same goals and objectives. Such teams regularly exchange information and share responsibilities, from the problem assessment phase at the beginning to the resolution of the process at the end".[286] MDT includes professionals, such as community leaders, health professionals, social workers, legal professionals (e.g., law enforcement, lawyers), and other relevant experts who collaborate as necessary "in order to progressively assess needs and provide services to child victims" of sexual exploitation and trafficking. Members of the team provide their unique expertise, perspectives, and resources "to allow for the harmonisation of the recovery and (re)integration process". As per the guidelines used by the Centre for the Protection of Children's Rights Foundation (CPCR) in Thailand, MDTs responses are child-centred and based on principles of the CRC. The different phases of the work involved include, but are not limited to, fact-finding investigations; immediate and short-term protection; rehabilitation; (re)integration; and prevention of the re-victimisation of the child. In some cases, certain MDT members gather to plan key elements of raids and rescue operations. It is essential that information be maintained confidential and that team members have a genuine sense of empathy for the victims they assist. Although considered a good idea, there are obstacles to MDT such as costs, frequent rotation of some of its members, and scheduling conflicts.[287]

285 ECPAT International (2014), "The Commercial Sexual Exploitation of Children in East and South-East Asia. Developments, progress, challenges and recommended strategies for civil society"; In Nepal, a similar approach to the MDT is the Case Management System (CMS). However, none of the service providers mentioned this operational system when discussing the need for better case management and collaboration across professionals and organisations. For more information on these CMS, please see: International Labour Organization (ILO) (2006), " Good Practices in Asia: Prevention and Rehabilitation", 42-44, Bangkok, Thailand: International Labour Organization, accessed 10 October 2015, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_72_en.pdf;

286 International Labor Organization (ILO) and Center for the Protection of Children's Rights Foundation (CPCR) (2006), "Rehabilitation of the victims of child trafficking: A multidisciplinary approach", 14-15, accessed 8 September 2015, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_63_en.pdf.

287 Child Frontiers (2013), "Evaluation of the UNICEF Child Protection Monitoring and Response System (CPMRS) in Thailand, Volume III – Child protection system context, Final report", accessed on 11 October 2015, https://www.unicef.org/evaldatabase/files/Thai_UNICEF_CPMRS_-_Volume_III_-_CP_System_Context_-_final_-_May_2013.pdf.

In light of the many elements involved in the care, recovery and (re)integration of child victims of sexual exploitation, and the wide range of their unique and complex needs, service providers shared that it is necessary that governmental and NGOs, as well as the private sector work closely together through the exchange of information, services and expertise at the local, regional, national and international level. It is not possible, or in the best interest of the children, for a single agency to provide all the necessary elements for the recovery, (re)integration and aftercare of this population; hence the necessity of partnerships (e.g., legal, educational, vocational, and family livelihood). Service providers highlighted the need for information pertaining to sexually exploited children to be kept strictly confidential. However, this information should also be accessible to trusted key individuals engaged in overseeing the unique recovery and (re)integration journey of each survivor. Efficient information/data and case management are deemed necessary and have been identified as areas that need improvement.

As identified here, working together and having the skills, heart and commitment are important elements in meeting the recovery and (re)integration needs for survivors. However, working in the field of sexual exploitation and trafficking also impacts service providers. Effective self-care and support mechanisms are necessary. Without these, the core needs of survivors might not be met in the best possible ways; the risks of re-traumatizing survivors increases; and the already small number of existing service providers will diminish.

> ***"Do not get angry with clients. Understand where they are coming from. Be prepared to understand to know the dynamics of this client. Be open. Not judgmental and hear more of their stories. Listen a lot and talk little. They want to be heard. They might go down and then excited. They will make bad decisions. It's not the end…. Prepare your heart. You will hear very bad stories. You can be so sad and may want to cry with them. Stay strong. They were rescued…not dwell on the abuse. Now is their time to get justice and a chance to be the person they can be"*** **~ Service provider in the Philippines**

1.3 A Primary Ethical Responsibility: Take Care of Self!

> **Service providers need to know how *"to deal with children who get the best out of you and know how to care for self and process things".* They need to be able to *"start over on a clean sheet again",* forgive, and get back to the children. Some of these cases are so hard to handle that service providers should know how to control their emotions in order to more easily *"control the healing process"* of the children. Service providers *"need to… train their mind to cope with the pressure that comes"* with this work. *"Support of all staff is a must, regardless of background".* ~ Service providers in Nepal, Thailand and the Philippines**

The topic of self-care was raised several times during the discussions with service providers. To serve CSEC survivors, caregivers and other child protection professionals not only need to have the heart, skills and will for this work, but they must have the ethical responsibility to take care of themselves, remain safe, mitigate stress, modulate their emotions, and monitor their countertransference responses. They

must be cognizant of the risk for, and protect themselves from, the effects of primary trauma, secondary traumatic stress (STS), vicarious trauma (VT), compassion fatigue (CF) and burnout. Organisations, and executives, also have the responsibility to promote, and role model, self-care, with an aim to reduce the likelihood of burnout, STS, VT, and CF, and address these when they appear.[288] Not prioritising self-care can put service providers and survivors in harm's way. Sanlaap, an NGO in India that specialises in serving CSEC survivors, has the following to say about care for caregivers:

"Working with survivors of trauma is a big challenge for care workers, both medical and psychosocial. Having to face situations and hear stories of extreme suffering, experiences that we were not prepared for in normal life, challenges our basic philosophy, our concept of life, it affects our ideas of secure boundaries, our source of energy. These experiences could damage our basic trust in other people and ourselves, as well as activate hidden and 'forgotten' injuries of the care worker. If we are not in touch with our own pain, our injuries, if we cannot deal with this part of ourselves we will not be able to offer basic support, empathy, the capacity to listen-to survivors or trauma".[289]

Before presenting the information collected during the discussions, various concepts need to be explained:

'Countertransference', also known as traumatic countertransference, refers to caregivers' physical or emotional reactions to or internal experiences of clients and what they are sharing. Countertransference can occur, for example, when survivors share information that challenge the personal values or beliefs of caregivers. As a result, caregivers may become excessively preoccupied with survivors; unusually angry, bored, or feel extreme helplessness; develop rescue fantasies; or respond through generalisations, intellectualisations, or even by distancing themselves.[290] Countertransference may also manifest itself as sexual or voyeuristic countertransference, wherein caregivers become aroused, excited, fascinated, or overly curious as a reaction to the material (e.g., stories) presented by survivors.

'Caregiver stress' entails maladaptive responses to elevated levels of anxiety and an accumulation of work-related stress that can reduce or even compromise the ability of caregivers to help survivors effectively. *'Burnout'* refers to a physical, emotional and spiritual exhaustion, and a lack of motivation that stem from prolonged emotional, interpersonal and occupational stress and chronic exposure to people who are vulnerable and/or suffering.[291] Caregivers may enter this field with hope, idealism, and dedication, but, over time, the realities and pressures of the work may lead them to experience disillusionment, irritability, frustration, anger, cynicism, difficulties concentrating, and a decreased ability to cope with stress.[292] Emotional exhaustion, a progressive detachment from the world, and a general sense of ineffectiveness may then settle in.[293] Factors that increase the risk for burnout

288 Task Force on Trafficking of Women and Girls (2014), "Report of the Task Force on Trafficking of Women and Girls", 5, Washington, DC: American Psychological Association, accessed 10 October 2015, http://www.apa.org/pi/women/programs/trafficking/report.pdf.

289 Sanlaap (last updated in 2009), "Staff Development Training Manual for Caregivers of Institutional Care", 227, accessed 28 October 2015, http://www.childtrafficking.com/Docs/staff_develop_training_0210.pdf.

290 Neuman, Debra A., & Gamble, Sarah J., (1995), "Issues in the professional development of psychotherapists: Countertransference and VT in the new trauma therapist", *Psychotherapy*, 32, 341-347.

291 Pines, Ayala and Aronson, Elliot, (1988), "Career burnout: Causes and cures", New York: Free Press.

292 Schaufeli, Wilmar B., Leiter, Michael P., and Maslach, Christina, (2009), "Burnout: 35 years of research and practice", *Career Development International*, 14, 204-220.

293 Maslach, Christina, & Goldberg, Julie, (1998), "Prevention of Burnout: New Perspectives", *Applied and Preventative Psychology*, 7, 63-74.

include being young, lack of experience, maladaptive coping skills, excessive demands on oneself, large percentage of clients with trauma, lack of support and supervision, heavy workloads, and work-home interference.[294]

'Direct/Primary trauma or traumatisation' occurs because of direct exposure to a traumatic event or experience. The impact of primary trauma can lead to symptoms of Acute Stress Disorder, and potentially to Post-Traumatic Stress Disorder (PTSD). *"Secondary traumatic stress"*, which is also referred to as indirect trauma/tisation, secondary trauma/tisation, or secondary stress disorder, mirrors symptoms of PTSD[295] and occurs because of indirect exposure to knowledge about a traumatic experience. Secondary traumatic stress is defined in the literature as the "natural and consequential behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatised or suffering person".[296] Bearing witness to someone's traumatic material, such as when caregivers listen to survivors' stories can lead to secondary traumatic stress in the listener. Some of the many symptoms of secondary traumatic stress include hypervigilance, fear for one's personal safety or the safety of one's children, hopelessness, guilt, social withdrawal, minimizing, anger and/or cynicism, inability to listen, sleeplessness, as well as physical complaints and illness.[297] Some of the preventative strategies include psychoeducation, clinical supervision, ongoing skills training, workplace self-care groups (e.g., yoga), a balanced caseload and flextime scheduling.[298] *'Compassion fatigue'* refers to the emotional and physical fatigue that results from the ongoing use of empathy with clients and the challenges faced at work on a regular basis. It combines symptoms of primary trauma, secondary traumatic stress and burnout.[299]

'Vicarious trauma', sometimes referred to as compassion stress, compassion fatigue, or empathy fatigue, refers to a process by which ongoing indirect exposure to (e.g., witnessing or hearing about) or knowledge of people's suffering and need negatively affects a person's beliefs and thinking. Through empathic engagement, or in other words, through feeling, understanding, relating to, and identifying with "the pain of people who have endured terrible things" a caregiver brings the feelings of "grief, fear, anger, and despair" into their "awareness and experience".[300] As a result, their personal identity, sense

294 McCormack, Nancy, Cotter, Catherine, (2013), "Managing Burnout in the Workplace: A guide for information professionals", Oxford, UK: Chandos Publishing; Meichenbaum, Donald, (2007), "Self-care for trauma psychotherapists and caregivers: Individual, social and organisation interventions", 3, accessed 3 August 2016, http://www.melissainstitute.org/documents/meichenbaum_selfcare_11thconf.pdf.

295 See: National Child Traumatic Stress Network (n.d.), "Secondary Traumatic Stress', accessed 24 September 2015, http://www.nctsn.org/resources/topics/secondary-traumatic-stress.

296 Figley, Charles R. (Ed.) (1995), "Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized", 7, New York: Brunner/Mazel Publishers.

297 See: National Child Traumatic Stress Network (n.d.), "Secondary Traumatic Stress.

298 National Child Traumatic Stress Network, (n.d.), "Secondary Traumatic Stress, A fact sheet for child-serving professionals", accessed 3 December 2014, http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf; Lederer, Sara J. (2007), "Nurturing the nurturer: The importance of self-care as burnout prevention for clinical therapists", (PsyD diss., California Institute of Integral Studies).

299 Adams, Richard E., Boscarino, Joseph A., & Figley, Charles R. (2006), "Compassion fatigue and psychological distress among social workers: A validation study", *American Journal of Orthopsychiatry*, 76(1), 103-108; Bride, Brian E., Radney, Melissa, & Figley, Charles R. (2007), "Measuring compassion fatigue", *Clinical Social Work Journal*, 35, 155-163; Figley, Charles (Ed.) (1995), "Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized".

300 Pearlman, Laurie A., McKay, Lisa (2008), "Understanding & Addressing Vicarious Trauma. Online Training Module Four", 8, Pasadena, CA: Headington Institute, accessed 3 December 2014, http://www.headington-institute.org/files/vtmoduletemplate2_ready_v2_85791.pdf.

of self, perception of the world and spiritual beliefs may become altered.[301] Their sense of safety, trust and control are influenced over time. Vicarious trauma is more permanent than secondary traumatic stress or compassion fatigue, and more pervasive than burnout. It affects all facets of life and can exacerbate burnout. Caregivers must be mindful of the transformations that occur in themselves due to working with CSEC survivors. As Meichenbaum writes, "Empathy is the helper's greatest asset and also possibly his/her greatest liability". [302]

A number of factors, such as personal trauma histories, current stressors, support systems, work settings, and social-cultural contexts, can influence vicarious traumatisation.[303] High caseloads of traumatised clients, little experience in the field, inadequate supervision, and an organisational culture that does not recognise the impact of indirect exposure to traumatic material also increase caregivers' vulnerability to vicarious trauma.[304] Knowledge about the phenomena and its risk factors as well as being able to recognise the symptoms associated with vicarious trauma can provide protection and minimise its effect.[305] Service providers who continually work with victims of trauma risk experiencing all of the above. The terms secondary trauma, compassion fatigue, and vicarious trauma are at times used interchangeably in the field and literature.

It is important to note at this point that, although most service providers who participated in this study were familiar with the concepts of 'trauma,' 'stress,' and 'burnout,' experiences of distress or trauma can be experienced, expressed, and interpreted in a variety of ways in different settings, cultures and countries. A term acknowledging this dynamic and commonly used in the literature is 'idioms of distress.' Idioms of distress are "an adaptive response or attempt to resolve a pathological situation in a culturally meaningful way"[306] and "can include somatic complaints, possession, and other culturally significant experiences".[307] In Nepal, for example, "there is no single concept for psychological trauma".[308] Psychological distress often presents as somatic complaints. Although today, mental health professionals and NGO workers in Nepal use such terms as 'depression,' 'trauma,' or PTSD' in their work,

301 Pearlman, Laurie A., Saakvitne, Karen W. (1995), "Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors", New York: W.W. Norton; Siegfried, Christine B. (2008), "Child welfare work and secondary traumatic stress", accessed 24 September 2015, http://www.nctsnet.org/sites/default/files/assets/pdfs/cwt3_sho_sts.pdf.

302 Meichenbaum, Donald (2007), "Self-care for trauma psychotherapists and caregivers: Individual, social and organisation interventions", 3.

303 Pearlman, Laurie A., MacIan, Paula S. (1995), "Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists", *Professional Psychology: Research and Practice*, 26, 558-565.

304 Lerias, Doukessa, Byre, Mitchell K. (2003), "Vicarious traumatization: Symptoms and predictors", *Stress and Health*, 19, 129-138; Pearlman, Laurie A., MacIan, Paula S. (1995), "Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists", *Journal of Psychology: Research and Practice*, 26(6), 558-565; Catherall, Don R. (1995), "Preventing institutional secondary traumatic stress disorder", In Charles R. Figley (Ed.), "Coping with secondary traumatic stress disorder in those who treat the traumatized", 232-247.

305 Figley, Charles R. (1995), "Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized; Zimering, Rose, Munroe, James, Gulliver, Suzy B. (2003), "Secondary traumatization in mental health care providers", *Psychiatric Times,* 20(4), 20-28; Meichenbaum, Donald (2007), "Self-care for trauma psychotherapists and caregivers: Individual, social and organisation interventions".

306 Nichter, Marl (1981), "Idioms of distress: Alternatives in the expression of psychosocial distress: A case study from South India", *Culture, Medicine & Psychiatry*, 15(4), 379–408.

307 Khort, Brandon A., Hruschka, Daniel J. (2010), "Nepali concepts of psychological trauma: The role of idioms of distress, ethnopsychology, and ethnophysiology in alleviating suffering and preventing stigma", *Culture, Medicine, and Psychiatry*, 34 (2), 322-352.

308 Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychological Support in Emergency Settings (2015), "Nepal Earthquake 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support", 43, Kathmandu, Nepal, May 2015, last updated 18 June 2015, accessed 11 October 2015, https://interagencystandingcommittee.org/system/files/20150622_nepal_earthquakes_mhpss_desk_review_150619.pdf.

most counsellors prefer to use the more commonly used lay concepts such as pain, agony, torment, suffering, or mental anguish. In Nepal, some of the common idioms of distress related to psychological trauma include struck by fear or sadness; social shame or loss of social status; event that cannot be forgotten; mental tension, shock or torture; effects on the heart-mind; crazy, mad, psychotic; worrying or sleep paralysis.[309] In light of these cultural nuances, it is possible that during the discussions, respondents in Nepal, Thailand and the Philippines expressed trauma and/or burnout related content that was not identified as such in this study.

When asked about the biggest challenges faced in their work, the majority of the service providers in Nepal mentioned burnout and trauma. A social worker in Thailand spoke of having nightmares the first year she worked in this field. A caregiver in Thailand who works with sexually exploited street children disclosed how working *"with this group of children is stressful, so often to hear of violence done to them"*. In the Philippines, a social worker described how when she first started working in this field, she found *"the gravity and graphic nature of some of the cases… also in terms of how the girls have been really neglected… very difficult"*. She described how tough it was for her to start building *"that picture of what CSEC is; what that looks like in terms of a direct service and seeing the direct implications in the lives of the girls beyond looking at research or reading stories. Seeing exactly how that plays out in their lives and their struggle to recover, or maintain, or recreate some type of life balance. It's kind of ongoing"*. Although the terms trauma or feeling traumatised were not expressed, they are implicit to these experiences.

Some service provider stated that they experience sadness and powerlessness. They struggle to figure out how *"to help [survivors] to be alive, like others. Live normal lives".* In spite of activities and rehabilitation, *"they still have pain inside. They keep secret their pain. Not tell. Not talk to us. Not accept our help. Don't succeed. Run away. Makes us sad"*. Building rapport and trust is not easy with survivors who might have experienced severe breaches of trust and might have attachment difficulties related to poor parenting. This requires much patience and effort on the part of service providers. Many survivors in Thailand were not familiar with the concept of sharing one's pain through counselling. It is premature to expect survivors to open-up quickly. Some survivors do not see themselves as victims and do not think that they need help. It is painful for caregivers to put all their heart and efforts into helping survivors, only to see them refuse help, run away and be exploited again. A mental health professional in Thailand discussed the importance of realising how *"Change comes not only through our efforts but in combination with the children's environment… Failure or success, it is not our failure or success. Not say good job or not good job. Did you give your 100%, your all success? If not give all, it is your failure. The result, benefit is success. The result is not what determines the success or failure"*. There are many factors out of the control of service providers that can affect them, as well as the survivors' healing process. What is in the Service provider's power is to give their all, their best. Although often rewarding, working with this population can indeed be traumatising, difficult, and sad. Hence, the need for caregivers to be aware of what working with CSEC survivors may entail and to prioritise self-care.

Frustration is an additional challenge faced in this work, and is triggered in different ways. When survivors first arrive at a shelter they are often scared and do not speak the truth. This makes it very difficult to plan for their support, such as in identifying their families. In some cases, it takes many months to finally identify where a particular child is from. Referring girls to and working within a system

309 Khort, Brandon A., & Hruschka, Daniel J. (2010), "Nepali concepts of psychological trauma: The role of idioms of distress, ethnopsychology, and ethnophysiology in alleviating suffering and preventing stigma.

that *"just doesn't work… that's broken" is "really frustrating"*. Another source of frustration is *"seeing the level of discrimination… for our clients in terms of working with prosecutors, and people in law enforcement, and lawyers and judges and how it can be really discouraging for young people, our clients going forward with their cases… And just ignorance about the population and how to talk to, respond to, and support the population"*. A child protection professional reported how challenging the work is because the government system in Thailand does not protect children who are foreign nationals. She expressed frustration with the fact that children are simply sent back to the border where they are often trafficked again, and *"then we see the same kids a month later in [city] on the streets"*. These experiences of powerlessness in the face of broken systems may exacerbate the vicarious trauma that is already unavoidable in this field of work.

In addition to frustrations with broken, dysfunctional, and corrupt systems, service providers expressed frustrations with dealing with politicians; society's stigma and discrimination; police harassment during outreach efforts; managing children of many backgrounds; survivors' running away behaviours, relapse, lack of trust, and lack of follow-thru; overwork and no time for self-care; lack of supervision system; survivors not wanting to go back to their families; families not cooperating and not wanting children back; as well dearth of shelters, especially for boys, and those with mental health issues. Each of these is a challenge in itself, and, when cumulative, it can be overwhelming.

The changing dynamics of how, and where, children are sexually exploited is another element of frustration. In Nepal, some caregivers, as well as survivors, shared that children are increasingly exploited in private residences that they cannot access. In the Philippines, caregivers expressed concern over the increasing number of children exploited through live streaming in private homes and Internet cafes. Frustration and powerlessness in the face of the known sexual abuse of children can seriously affect the morale of service providers.

Another area of concern is that of safety. Organisations have to protect survivors from the potential retaliation of abusers. Several service providers shared that traffickers, their associates or families, as well as some corrupt law enforcement and government officials, who are in collusion with abusers, sometimes threaten them by phone as well as in person at the organisation's office or at their private residences. Concerns of safety were also expressed in relation to when they are transporting survivors to court, and while in the court buildings, where they sometimes run into the trafficker/abusers. In order to reach out to survivors, outreach workers are exposed to numerous and very real dangers. Some outreach workers experience safety concerns related to going to the streets, parks, bars, restaurants, and other potentially dangerous environments where children are sexually exploited. Most often, in order to increase their safety, they do not conduct outreach on their own but will go in pairs or groups. However, that is not always possible. A number of outreach workers in Nepal were upset about law enforcement harassing them about being out late at night, and carrying condoms. They are threatened by traffickers, pimps/owners and abusers, and often find it difficult to find a ride home at late hours. Women outreach workers fear being raped. Health safety concerns were also mentioned. Some of the survivors that they come into contact have TB, hepatitis, scabies, or other contagious illnesses. In order to build rapport and establish the beginnings of trust, outreach workers have to expose themselves to difficult hygienic situations. For example, an outreach worker described a situation during which she went to visit a girl who had very little, yet offered her a piece of food with her unwashed hand. She did not have access to water, and had just been forced to masturbate a man. The outreach worker felt conflicted, but also could not refuse, as accepting this gift was important to their rapport building.

In addition to continued exposure to traumatic material and health concerns, the chronic frustration and constant concerns over their safety, and that of others, impacts service providers' capacities to better serve survivors. It also influences their own partners, children, family and other relationships. Personal problems, in turn, further compound the impact of work related stressors. It can be a vicious cycle. Service providers need to have the boundaries not to bring their personal problems into their work. They should be able to modulate their emotions, think things through, monitor countertransference, and prioritise the best interest of the children. In some situations, survivors will make *"Lots of indecent proposals. Offer themselves to you"*. Service providers not only need the *"courage to deal with them"*, they *"have to be disciplined enough to stay on the right track to be the one to help"*. This self-discipline is akin to monitoring sexual countertransference, and calls for the maintaining of healthy boundaries and self-care. Prior training, as well as ongoing support and professional supervision can help address such interrelation dynamics.

A failure to care for self can affect survivors directly. A Nepali girl explained how one of the caregivers would often get angry with girls at the centre. She rationalised it was perhaps being caused by the aggressive manner in which the girls treated her. As mentioned earlier, survivors appreciate caregivers who are soft spoken. Some caregivers shared, that in light of the trauma survivors may have endured and the difficulties in building trust, staff should not get angry or use harsh language with this population, unless a solid bond had already been established. However, in some organisations, caregivers such as house parents have very few days off, if any, due to understaffing. A house parent, overseeing more than 40 children, admitted that taking even only one day off per month is difficult for her. There is not someone readily available to step-in. Another shared that there are no set days off scheduled for the house parent. Both acknowledged feeling tired and overwhelmed, and looked visibly so. Survivors and caregivers mentioned that loss of patience, unavailability and burnout among house parents was common. A group of service providers in the Philippines disclosed how some of them also find it difficult to deal with their emotions, and they were surprised that it was that way, even after being on the job for a few years. At one of the organisations, the amount of work was such that a service provider often had to bring her child to stay with her overnight, sleeping on the office floor, while she continued to meet administrative deadlines, and attend to the needs of the children at the shelter. Her rest days were often spent at the office and the shelter, or accompanying beneficiaries on occasional outings. Service providers at most organisations work very hard, with very little resources. Self-care is fundamental to the provision of the core care survivors need and want. As a house parent in Nepal asserted, caregivers *"Must be mentally strong. Must understand them [survivors] but not associate. Not take their problems as their own. Able to absorb all and not take things personally and get angry"*. Service providers acknowledged the importance of respite time and self-care; however, the lack of staff and resources, in light of the high amount of work, make for very real barriers.

When asked how staff at their organisations dealt with preventing vicarious trauma and burnout, a social worker and house parent in the Philippines related that they are just used to it. Another service provider in the Philippines disclosed how she did not see the service providers at her organisation really dealing with it all, *"they just work and work and work, and work"*. This was difficult for her when she first started working at the organisation. She had to find support outside of the organisation *"to really vent"* about what she was seeing and experiencing through her work with survivors, and at the shelter. She added that, *"because the issue is so big and never ending"* her co-workers do not take much personal time. They "don't take time to recover or to process what they see and experience". She did not think that, *"they've become numb or immune to it"*. It is just *"the way that they deal with the work, it's to work more"*. She concluded by saying that occasionally when they do "*take a break, it's somehow still connected to [the organisation]. It's not separate from the work*".

Their personal lives can become entangled in their work, as they try to meet survivors' needs and all work related deadlines. To deal with the demands and stressors of their work, service providers develop or make use of different coping skills and belief systems. As a child protection professional in Thailand highlighted, service providers need *"to try to separate work and their personal life. Before here, should sit down and focus, concentrate motivation. Start the day ready to take in whatever problem and help needed. At end of day, leave all problems on table at work. Tomorrow start again. When out of office, operate on different mode. Not take work in personal life. If able to do that than not depressed, powerless. If feel that inside not have capacity to do this work"*. A service provider in Nepal shared how she tries hard not to take things personally, and not to let things affect her personal life. She explained how she dissociates herself from work problems when she goes home and does not think about work. However, besides providing counselling to survivors during the day, her responsibilities also include checking-in with survivors who have (re)integrated. She typically has to do that after her regular work hours. Even though her superior reminds her that it may be a problem to stretch work into her personal time, she knows that if there is no follow-up with survivors who have (re)integrated, they may relapse. As she says, *"Follow-up is necessary"*. There is nobody else available to share the workload with, and with this population, not being available may be a matter of life or death.

Service providers in the three countries shared that both trauma and burnout prevention are addressed internally. They talk to one another, and work as a team. As a social worker in the Philippines stated, *"Problem of child is not just our own problem, but the problem of the whole office".* In some organisations, a 'superior' may check-in with his or her staff. Faith-based organisations in Thailand shared that they use religious activities, such as meditation and prayer, for support, motivation, empowerment, blessings and acceptance. In Nepal and the Philippines, prayer was also mentioned as an activity helpful to service providers. Some of the self-care activities suggested include taking a weekly leave, immediately sharing difficult feelings with a supervisor, receiving counselling, and working on their self-development through training.

Table 16: Suggested Self-Care Activities

Suggested Self-Care Activities
• Lots of mini-breaks • Weekly breaks • Work 5 days/week only • Long vacation breaks • Extra leave encouraged • Flexible schedules • Staff recreational/outing activities • Staff retreats • Group processing/discussions/debriefing • Change/trade jobs within organisation • Evaluation support • Stress management activities • Work in teams • Personal family must be prioritised

A social worker shared that one of the biggest challenges was the lack of care for caregiver mechanisms, and that when they feel frustrated, there are no psychologists for them to see. Service providers in three faith-based organisations shared that their staff are encouraged to seek support with professional counsellors who are available at a couple of faith-based counselling centres. A child protection professional in Thailand stressed the importance of having counselling available for service providers in this field. She said; *"You have to have counselling. I didn't have counselling for a long time…We've had one very severe case… this boy… he was just broken, his body was completely broken. He was five years old. So I just started throwing up in the bathroom. So you know, it just gets to a point where your body can't handle it, whether you can handle, whether you feel you could handle it. So I started counselling then just to talk about it. And that helped me. You can manage, but when those cases come you do need weekly or biweekly check-up with somebody just to talk about it, so you can get it off your chest… If you can provide some kind of access at least for them to talk to someone. It can be on Skype but you need to share…. I think culturally they are not used to that [counselling], so they talk amongst themselves. And culturally they'll say yes, yes, yes. But they actually need to be productive and get people a structured counselling sessions. Perhaps that will be helpful... They do burn out. You know high trauma kids they are not easy to take care"*.

A child protection professional in Nepal discussed how although she knows that it doesn't work to provide counselling among colleagues, the organisation's counsellor often provides such services, as there are no other options. Providing support to survivors, as well as colleagues, can be much for counsellors who, in general, expressed having little support themselves. There is an assumption that the work of a counsellor is not a big deal; all it takes is *"just to listen to people"*. Therefore, they are often given many additional responsibilities, when what they need is credibility as psychosocial counsellors who *"empathise, feel what others feel"*. Some of the counsellors mentioned that it helps them when they can meet with other counsellors to share their work and challenges. Caregivers in all three countries identified the need for a regular forum for counsellors or psychologists to come together and exchange information. A number of respondents brought up the need of a system of supervision as something that was necessary. In addition, concerns over accountability were raised. A number of caregivers explained how sometimes survivors who are suicidal call them during the night. Should the survivor commit suicide, their phone number might show as the last call made. These are additional day-to-day stressors that are rarely acknowledged and addressed.

Although there is an awareness of the need for care of the caregiver mechanisms, some respondents reported how little time and resources were available for self-care. There may also be other barriers. A caregiver in Nepal stated how care for caregivers *"is kind of an emerging concept"*. Sanlaap, an NGO in India that specialises in serving CSEC survivors, suggests that caregivers sometimes consider it selfish to take care of themselves, especially when they are *"faced with people who have endured extreme suffering"*.[310] They add that self-care is however, not selfish but *"highly ethical. Only if we take care of ourselves well enough we are able to put our person at the service of a good cause and to continue doing so as long as it is needed. It is clear that in order to be effective and competent as care workers/ givers we have to take care of ourselves, and be aware of our own needs. Since we ourselves (as care givers/managers) are the instruments we have to work with, this instrument needs to be in order and finely tuned"*.[311]

310 Sanlaap (last updated in 2009), "Staff Development Training Manual for Caregivers of Institutional Care", 227.
311 *Ibid.*

For service providers to be effective, and not burnout, they too need support and their safety must be guaranteed. Self-care is as important as everything else service providers do, and needs to be prioritised. Care of the caregiver and self-care are areas that respondents agreed demand prompt attention. Service providers want to learn more about secondary traumatic stress (STS), vicarious trauma (VT), compassion fatigue (CF), and burnout. As literature indicates, these may be prevented, or at least mitigated, through psycho-education as well as ongoing skills training and adequate support mechanisms.

1.4 Expending Learning and Understanding

An area of inquiry explored in a majority of the discussions solicited information on training and related resources needed. Psycho-education and ongoing skills training are essential to preventing secondary traumatic stress and vicarious trauma, to better understand CSEC and survivors, and be as effective as possible in helping them. An abundance of literature emphasises the need for specialised training.[312] All service providers who were asked questions related to training stated that they want and need training. Although this study is not a comparative study between countries, the most frequently mentioned areas of training needed are presented here as per country. Training topics mentioned throughout the discussions are presented in the tables below.

Thailand: The most frequently mentioned training need in Thailand pertains to laws related to Child Protection. Some respondents saw a need to better understand laws that address the different types of legal cases, and human trafficking laws. However, certain respondents also expressed the need for less law related training. They explained that the more important need for training is on the dynamics and attitudes of CSEC, and on technics and skills needed to make the legal process a success. A number of respondents also expressed the need for training on communication skills, especially with survivors, and problem-solving skills to help children in addressing every day challenges in the world. Finally, a number of service providers expressed an interest in training on belief mechanisms, so as to better understand what leads children to think that it is all right to be involved in prostitution.

Nepal: The need for training in counselling was raised in most of the discussions in Nepal. Respondents more specifically expressed the need for training in counselling skills and techniques, trauma healing, career counselling, and legal counselling. Caregivers and other child protection professionals working with girls in the entertainment sector expressed a fundamental need for training on tools and techniques to manage suicidal ideation. The need also came-up for training on effective communication skills with and for children and staff. Some respondents expressed the need for training related to care of the caregiver, and, more specifically, training on stress management. Training on report writing, information/data and case management, outreach, and training for trainer on case management and outreach were also mentioned.

Philippines: Service providers in the Philippines discussed the need for training on trauma-informed care and Trauma-Focused Cognitive Behavioural Therapy (TF-CBT). They also expressed a need for training on new trends in CSEC, especially in light of their seeing a recent significant increase in male prostitution. Respondents want training that will help them understand when the sexual exploitation of a child started, how to address it, how to deal with and handle CSEC, and how to solve the need for shelter.

312 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

In general, Service providers in all three countries want to know:

- How to care for survivors
- How to work with child sexual abuse, physical abuse and CSEC
- How to be mindful of survivors' safety
- How to deal with crisis
- How to work and interact with children/teens
    - Activities to do with children
    - How to help with child development
        - Including foreign nationals
    - How to help children with behavioural issues
        - Techniques for more complex problems
- How to help children develop their capacities
- How to work with children in a shelter environment
- How to help children solve problems
- How to give them advice

Service providers who were asked about training needs offered a wide range of topics they thought were necessary. Training specific to CSEC, counselling and communication skills were the most frequently mentioned. All of the training topics are organised in the following tables:

Table 17: Training Topics Specific to the Commercial Sexual Exploitation of Children

Needed Training Specific to CSEC	

• Different dynamics of CSEC
• Effects, impacts and consequences of CSEC
• Why are CSEC involved in CSEC?
  ◦ CSEC thought processes and how to address these
  ◦ What is their best interest?
  ◦ What are their expectations in this?
  ◦ What do they expect when they are involved?
• Attitudes of CSEC
• Different backgrounds of the children involved in CSEC
• How to address their needs
• How to interact and behave with CSEC
	• How to deal with CSEC
	  ◦ Awareness of their behaviours
	  ◦ Handling different problems
	  – Anger, frustrations
	  – Crying spells
	  – Running away
	• CSEC incidence and new trends
	  ◦ Male prostitution is on the increase
	  – When did it start
	  – How to address their needs
	  – Shelters
	  ◦ Child Sexual Abuse Materials
	  – What is it?

Table 18: Training Topics Related to Direct Services

Needed Training Related to Direct Services	

• Communications Skills
• Victim identification
• Identification and assessment of needs
• Risk assessment
• Detecting and Caring for Children with Special Needs
• Interview techniques
• Rapport building
• Monitoring
• Case management
• Information/data management
• Report writing
• Training for Trainers
  ◦ Case Management
  ◦ Outreach
• For Managers: Learning about Caregivers
• CPR/First Aid
• Positive Discipline
• Skills/Initiatives to Help with School Assignments
• Sowing and Other Skills to Teach Children
• Career counselling
• Legal counselling
• Basic Counselling Skills and Techniques
• Psychology
  ◦ Child Psychology and Mental Health Issues
  – Serious Mental Health Issues
  – Available Resources
	◦ Needs of LGBT victims
	• How to Conduct a Therapeutic Session
	  ◦ How to Measure the Healing Process and Level of Recovery
	  ◦ How to Identify what Else to Address
	• Suicide Counselling
	  ◦ Assessment, Screening Tools, Techniques, and Management
	• Psychological Recovery Skills
	• Family Interventions and Development
	• Trauma, and Trauma-Informed Services
	• Resilience
	• CSEC-Specific Stages of Change (with Addictions)
	• Motivational Skills
	• Coping Skills
	• Trauma Focused-Cognitive Behavioural Therapy (TF-CBT)
	• Play Therapy
	• Creative Ways of Talking About Feelings
	• Appreciative Inquiry
	• Attachment Theory
	• Anger and Aggression Management
	• Playful Engagement
	• Standardising Counselling Methods and Scheduling
	• For Psychologists: Psychological Tests/ Assessments/Screening Tools

Table 19: Training Topics Specific to the Care of Caregivers

Needed Training on Care of the Caregiver	
• Signs and symptoms of trauma • Stress management • How to prevent burn-out • How to prevent compassion fatigue • How to identify and understand when a break is needed	• How to give oneself a break • How to recharge oneself • *"Reasons Why We Do What We Do"* • Self-defence

Table 20: Training Topics Related to Legal Matters

Needed Training on Legal Matters	
• Technics and skills to make the legal process a success • Different types of legal cases • Human Trafficking laws	• Child Protection laws • Domestic Violence laws • Obscenity Materials laws • Homelessness laws

Table 21: Other Miscellaneous Training Topics Needed

Other Types of Training Needed	

• Outreach
• Advocacy Campaign
• Community Organisation
• How to Set-Up a Hotline
• Shelter Culture Management
  ◦ Developing Consistent Protocols and Standards
• Developing *"a conceptual framework to identify the skills, knowledge and attitude that staff need to help these children"*
	• Creating a Curriculum Identifying Training Needs
	• Social Relationships and Interactions
	• How to Present Oneself in Public
	• Good Governance in Dealing with Politicians
	• Whom to Collaborate With
	  ◦ How to Work with Teams
	  ◦ How to Work with Interpreters and Translators
	  ◦ How to Work with the Police

In addition to discussing training topics, respondents raised concerns related to the formatting and scheduling of training. It is difficult for some to attend training once a week, and thus, full-day trainings were said to be preferred. It was also mentioned that 2-3 days training do not work well. A child protection professional suggested that regular training and practice is needed once a month. Refresher training (e.g., in counselling) and opportunities to attend training abroad were also mentioned as a need. Some service providers explained that they do not only need training but they would also appreciate supervision as they attempt to integrate the new learned skills into their work. Follow-up supervision is also needed to further develop and improve their skills. A child protection professional in Thailand stated that it would be good to have trainers around for at least six months, to *"work alongside and develop models"*. Material presented during training sometimes needs to be adapted to the population and/or the local culture. For example, a child protection professional, also in Thailand, mentioned that their organisation had to make adaptations to Trauma-Focused Cognitive Behavioural Therapy (TF-CBT); [313] a form of intervention that their counsellors mostly use.

A number of service provider respondents in Nepal had received, or were in the process of completing, a 6 months paraprofessional training to become psychosocial counsellors.[314] A counsellor and an outreach worker expressed the need for the psychosocial counselling certification training to be longer than six months and more in depth. These trainings prepare Service providers in giving support to various populations and do not focus on working with CSEC survivors specifically. The topic will be elaborated upon in the section focused on Mental Health, Psychological Assistance and Counselling.

Research

Literature highlights the need for research in this field.[315] Topics for research that would help inform this work were also explored with service providers.

In Thailand, a service provider suggested that research be conducted on psychological assessments to *"enable to know the background of thinking. Test to understand what lead children to think in that way. Children not think what (they) do is wrong to sell. What's going on in head"*. She expressed wanting to better understand the minds of girls whom she perceived as 'freely' involved in prostitution. A child protection professional in Thailand shared how research is needed because it helps with obtaining grants. In the Philippines, research needs were related to CSEC specific hotlines, how it would serve its purpose, and how an NGO could have its own hotline if a national one already exists. In Nepal, research is needed on identifying useful training for caregivers and other child protection professionals. For example, research on effective training focused on how to get survivors out of the entertainment sector. Studies are needed to identify the causes of involvement in the entertainment industry as well as the trends of this particular population, such as where they work, how they get into it and the mechanisms of their networks. Research should also focus on causes of transphobia and homophobia, as well as on psychological aspects and issues of transgender youth who are CSEC survivors. Research is needed on the necessities of health services and on recommendations to release a law on (re)integration.

313 TF-CBT is an evidence-based psychosocial treatment approach for children and adolescents who have been impacted by trauma. For more information, see: Child Welfare Information Gateway (2012), "Trauma-focused cognitive behavioral therapy for children affected by sexual abuse or trauma", Washington, DC: U.S. Department of Health and Human Services, Children's Bureau, accessed 31 October 2015,https://www.childwelfare.gov/pubPDFs/trauma.pdf.

314 Respondents mentioned having received training at one of the following organisations: Transcultural Psychosocial Organization Nepal (TPO Nepal), Antarang Psychosocial Research & Training Institute, and Center for Mental Health & Counseling-Nepal (CMC-Nepal).

315 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 406.

Some respondents also expressed a need for research on identifying and understanding the needs of CSEC survivors as well as on identifying and understanding their needs after (re)integration. Have they established independent lives? How do they feel? Are they happy? Finally, respondents voiced that research is needed on family motivations and long-term support. Numerous other domains of research emerged in the study and are identified under different sections (themes and sub-themes) of this report.

As per the discussions, respondents made it very clear that service providers, and child protection professionals, are the pillars, the foundation, of programmes and services for CSEC survivors. More trained and skilled professionals and paraprofessionals are desperately needed, as are the diverse support mechanisms that ensure quality care (e.g., care of caregivers, supervision, ongoing training and research, and accountability).

2. Child Protection: Continuum of Specialised Services and Programmes

The basic needs of survivors can be perceived as simple. They need to feel loved, cared for, and safe, and want fresh food in satisfying quantities, clean water, a place to sleep, and a *"normal life"*. As a young woman in Thailand simply stated, *"Most important for children is a place to stay, food, school, complete education and get employment"*. Their needs can also be unique, complex, and interrelated,[316] and range from immediate, short-term, to long-term. The short and longer-term needs must be conceptualised and incorporated into their care plan as soon as possible. For example, while meeting basic needs, service providers must immediately take into consideration additional steps needed such as locating, contacting, assessing, and—if deemed in the child's best interest—engaging the children's legal guardians, as well as providing their family with support, as needed. Survivors' needs stem from a multitude of pre-existing factors, as well as from the impact of their exploitation, current stage in the recovery and (re)integration process, and resilience. In addition to addressing the potential traumagenic effects of the different forms of sexual exploitation experienced, recovery and (re)integration services must also address the challenging needs that stem from deeper pre-existing vulnerabilities.[317] Assistance has to take into consideration the children's parents and family, any dependents, as well as factors such as geographic location and economic circumstances.

As confirmed by respondents, effective recovery and (re)integration requires an array of interrelated, multidisciplinary and holistic services. These can be accessed either through structured, formal or informal assistance.[318] Assistance programmes and services necessitate close collaboration among service providers and other agencies and programmes. Needs crossover, and each service is not sufficient on its own. Outreach programmes might include prevention services such as awareness-raising and education, services for parents, siblings and/or dependents, income generating activities, as well as services that address immediate basic needs such as food, water and health. Outreach might also involve counselling, and direct assistance in getting children out of situations of sexual exploitation.

316 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

317 Brunovskis, Annette, Surtees, Rebecca (2012), "A fuller picture. Addressing trafficking-related assistance needs and socio-economic vulnerabilities", accessed 17 November 2015, http://www.fafo.no/media/com_netsukii/20256.pdf.

318 *Ibid.* Refer to formal assistance as the services provided by governmental agencies, NGOs, INGOs, institutions, and community and religious groups. Informal services are provided by family, friends, and within the community.

This may require close collaboration with other agencies. Hotlines (a.k.a., Helplines) can be a helpful service for survivors and should address the needs of those who are in at-risk environments as well as those who are currently sexually exploited; are at various stages in their recovery process; and are reaching out for aftercare support once reintegrated. Similarly, physical and mental health, educational, vocation, or social needs crossover and cannot be met through only one program and service. As a child protection professional in Thailand stated, services all go together, *"You can't just take one out. They are all necessary"*.

Programmes and services must be victim- and child-centred, child-friendly, gender specific, culturally sensitive, trauma-informed, consistent, and long-term. They should be tailored to the individual needs of survivors. For example, children who have been exploited through child abuse materials need services that also can address the unique needs associated with the impact of these forms of sexual exploitation. A young man in Thailand explained, that what he needs as part of his recovery process is for all of the images to be *"removed from the Internet so no show this is what we did before"*. Some survivors, however, do not realise initially the extent to which images are indefinitely accessible online. A Filipino young man, for example, believed that the images could only be seen in the abuser's country but not in his home city. Those who grasped the extent to which the images were available experienced significant discomfort. Findings on the psychosocial consequences of webcam child sexual exploitation [319] showed that children involved in this form of CSEC felt shame and guilt; suffered from psychosocial distress; have symptoms of post-traumatic-stress and sexualised behaviours; and engaged in self-destructive behaviours such as substance abuse. Children experienced even more distress when forced into the webcam sexual exploitation by their parents. These relatively new forms of sexual exploitation and their impacts on children demand further inquiry as well as specialised services and service providers.

Assessing the impact, and hence the recovery needs, specific to each form of sexual exploitation proves challenging. For example, survivors exploited through various forms of child abuse materials also engage, or have engaged, in prostitution and/or have been trafficked for sexual purposes. Webcam child sexual abuse is considered to be both 'child pornography' and exploitation of children in prostitution.[320] The amalgam of experiences accumulated through various forms of exploitation, and the multi-layered impacts of individual experiences, create a variety of unique needs. As a child protection professional in Thailand expressed, the different forms of CSEC are *"so intertwined"*, it is difficult to identify the different needs of a child exploited in prostitution, a child used in pornography, and a child that is trafficked for sexual purposes. She explained how, *"… a lot of the cases that I know that do pornography, also prostitute… [in] sex trafficking, they might ask them to do pornography down the line… they prostitute those children"*. According to her, the difference may be between children who are involved in street prostitution and pornography, and children who are exploited in brothels. The former, she continued, have more *"freedom"*, while the children in the brothels are kept locked up and are not allowed to go out. Children who are prostituted on the street have a certain kind of "freedom" of movement to go home, and to say yes or no. Therefore, she believed, children who are enslaved in brothels *"need more help in terms of recovery"*. She clarified that this freedom was not real freedom in the full sense of the term. Conversely, a service provider in Nepal indicated that girls who have been rescued out of brothels are *"stable"* compared to girls in the entertainment sector who *"move all the time".* These different

319 Terre des Hommes Netherlands (2013), "Fullscreen on view. An exploratory study on the background and psychosocial consequences of webcam child sex tourism in the Philippines", November 2013, accessed 12 October 2015, https://www.terredeshommes.nl/sites/tdh/files/visual_select_file/nl_2013_10_30_rapport_fullscreen_on_view_terre_des_hommes_2013.pdf.

320 Terre des Hommes (2013), " WCST FAQ – WCST as a phenomenon", accessed 19 December 2016, http://www.terredeshommes.org/wp-content/uploads/2013/11/FAQ-English.pdf.

descriptions, and the ones to follow, support the need for CSEC specific and specialised services that can be tailored to each survivor's needs, and calls for a deeper understanding of the multiple factors involved.

Culture, as well as knowledge and understanding about CSEC and survivors, can impact how needs are perceived and interpreted, what services are thought to be needed, and what is ultimately provided. There are country specific nuances in the circumstances of survivors' lives and the dynamics of entry into CSEC that may affect recovery and (re)integration. In Thailand, for example, it is not uncommon for some parents to condone prostitution, and for some children to feel a strong sense of obligation to support their families. A mental health professional explained that survivors in Thailand might believe that they are doing something good for their family, and the family accepts it. They may therefore not perceive themselves as victims, and thus will refuse assistance. The belief that 'it is their choice' can lead some service providers to overlook the possible impact of the difficult experiences inherent to sexual exploitation. In the Philippines, the influence of its strong inherent Catholic culture is expressed with the use of terms such as 'vices,' typically used to refer to substance use and addictions, as well as certain forms of CSEC. When survivors used that term, it was accompanied with a sense of guilt and shame; they saw their experience through the lenses of having committed sins. In various settings, children referred to their involvement in CSEC as having done *"bad things"*. For better or worse, cultural beliefs have an impact on access to services, and on the healing process itself, that deserve consideration.

Service providers emphasised the importance of working with the families of CSEC survivors, especially to prevent relapse. Some families in Nepal treat survivors as *"outcasts"*. Survivors in Thailand are often blamed, labelled, and judged as having gotten into CSEC *"willingly"* and *"knowing what is required"*; having *"asked for it"* and being *"bad children"*. Assumptions are made that CSEC survivors understand what happened, compared to child victims of sexual abuse and incest. Working with parents also entails working with communities, and society at large. Survivors' self-judgments or the judgments of families, service providers, and the community can impact the recovery process when not recognised and addressed. It is important to note, that judgmental belief systems were palpable among a few of the service providers, child protection professionals and stakeholders, especially among the less CSEC knowledgeable and experienced.

The need for 'CSEC specific' programmes and services emerged as an important theme in this study. Service providers highlighted how different CSEC survivors are compared to victims of child sexual abuse, physical abuse, or domestic violence. The experiences subsumed in CSEC, for example, generally include multiple forms of violence perpetrated by multiple abusers. A service provider in Nepal explained how with victims of domestic violence there commonly is only one abuser, and the children can therefore *"go out of trauma more quickly"*. Victims of domestic violence, she believed, gain confidence more quickly, and domestic violence *"can be stopped and prevented from outside support"*. During a discussion, two caregivers expressed that although it is effective to serve CSEC in programmes that also serve children victim of other forms of violence, focusing solely on CSEC would ensure that recovery and (re)integration interventions would be more effective and thus meet survivors' needs faster. When exploring the possible difference in working with survivors of CSEC and child sexual abuse (CSA), and the need for separate programmes, a service provider in the Philippines voiced how some of the dynamics and experiences involved in CSEC are quite different from those of incest and sexual abuse, and therefore make it difficult to address certain topics during group activities. She said, *"The entire life of CSEC is really different. Their exposure is different. Their worlds have been different. Their knowledge about life and sex has been different; a life they have become accustomed to, and there are a lot of things in that world that are part of their regular lives. That is a lot of work that you can't*

really do as a group because their experiences as so different. And their reactions to even regular things like things that they see on television… what has been normalised for one girl hasn't been for another. Or attitudes about sex and boyfriends and girlfriends. Whatever they choose is really different. Those conversations can be challenging when had as a group because they started from such different places. And in terms of knowledge about their bodies. There should be separate [programmes] definitely".

Several service providers also shared how more difficult it is to help, deal with, and manage some CSEC survivors. They described two general groups of CSEC survivors. The first group includes children who realise they are victims, are collaborative, and most often appreciate services. The other group includes children who do not see themselves as victims, and therefore do not seek help. This latter group of children is described as difficult to work and collaborate with. These two distinctions may help in understanding the different descriptions service providers make when referring to survivors. Some service providers described CSEC survivors as being demanding, aggressive and frequently getting into fights. A social worker in the Philippines imparted that, regardless of the services, CSEC survivors cannot *"make the most of the services cause no strengths to hold on to education or job"*. Other service providers described CSEC survivors as having low self-esteem; being very sensitive; needing longer treatment and longer stays at shelters; and requiring more protection, counselling and a sense of security. Another social worker in the Philippines observed that, compared to children survivors of child sexual abuse, CSEC survivors seem to have a *"hard time controlling their emotions and would thus share [their stories and feelings] with others"*. They struggle, she said, to regulate their emotions and have less personal boundaries. They need *"more services and assistance in the community"* and are at *"higher risk for re-victimisation"*. These observations pertained to survivors with very different backgrounds and a wide range of experiences. Some of the survivors were, or had been, in street situations and in the entertainment sector, abused substances and were unable to trust anyone. Others had spent years locked in a brothel in a foreign country, and had been severely abused and tortured. CSEC survivors present with distinctive experiences and needs that service providers believe require individualised and specialised services. The differing dynamics raised here call for a better understanding.

Some survivors were described as having caring parent(s) while others had parents who had pushed or sold them into CSEC, rejected or abandoned them, or were not around. A caregiver explained that survivors have distorted values when they are sold by their parent(s). They are confused about what is right and wrong, and do not actually blame their parent(s). Another caregiver imparted that many survivors simply had not had any parenting. These children's damaged capacities for trust and attachment were described as additional factors to be taken into consideration. According to a social worker, some of the children no longer trust and have more needs in terms of attachment and affection. Adverse and traumatic childhood experiences interfere with children's ability to form secure attachments.[321] Attachment disorder was actually identified in a study as one of the highest areas of need among a sample of CSEC survivors.[322]

321 Anda, Robert F. *et al*. (2006), "The Enduring Effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology", *Eu Arch Psychiatry Clin Neurosci*, 256, 181.

322 WestCoast Children's Clinic, (2012), "Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths", WestCoast Children's Clinic, March 2009, accessed 17 August 2015, http://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL.pdf.

A caregiver in the Philippines indicated that people do not understand how difficult it is to manage CSEC survivors. Children victim of sexual abuse can *"easily reflect on what happened to them and move on. But CSEC, their values are distorted"*. They cannot identify that service providers *"are the true sense of helpful, so they treat us like customer"*. They are *"only nice to get something, really different. Their survival, competition for survival is big"*. A child protection professional in Thailand shared, "*When you think about recovery and (re)integration, you do have to actually retrain them to not get validated through sex. And I think that's the main difference… With our victims, we have a lot of difficulties to retrain them not to want and receive love in that way, and to actually introduce love and the concept of positive and good environment without the sexual part of it. So for them I think when they grow-up we've seen a lot of kids not completely dis-attached from that type of conditioning. I think they continue trying to get ahead, or trying to get a better life thru sex…. They seek love and validation through sex"*. Another caregiver in the Philippines found survivors *"hard to deal with"* because they *"will negotiate anything for money".* For some survivors, the lure of material goods is very strong, and some do not know how to interact with adults, other than through seduction, manipulation, or other means of obtaining something they want or need.

Some service providers mentioned that CSEC survivors present with different attitudes and unique behaviours. Some do not understand that it is illegal and inappropriate to have sex at their age, whether with an adult or with a child. According to a caregiver in Thailand, they are easier to lure because they feel that they have *"Nothing to lose. Done once, why not again"*. Some children grow-up in brothels, and thus cannot conceive of life differently. They maintain the same behaviours after leaving their situation of exploitation, such as wearing heavy make-up, dancing and singing in hypersexualised ways, and, compulsively, attracting the attention of nearby males. The influence that such behaviours have on other survivors is a concern. Survivors sometimes influence other children into experimenting with various forms of CSEC. Peer-to-peer recruiting is a disquieting reality. At an alternative care facility, a boy, who inadvertently participated in a discussion but who was not a survivor, shared how his newfound friends had been modelling various sexual acts in front of him and was considering how he too could make money that way. As the data collected indicates, many of this study's survivor participants became involved in sexual exploitation through peer pressure.

In light of the various factors to be taken into consideration and the diverse, individual and sometimes complex recovery and (re)integration needs of CSEC survivors, a broad range of accessible services and programmes staffed by skilled and experienced service providers are necessary. The following sections provide insights into what survivors need, appreciate and find important in terms of particular service and programmes. Respondents also provided recommendations, and identified a number of barriers that limit or prevent survivors from accessing needed assistance. One of the main concerns was the lack of long-term sustainability in the funding of programmes and services. Funding is often project based, and therefore short-term. In order not to fail children survivors of child sexual exploitation it is imperative for them to know that these services and programmes will also be there for them tomorrow, if and when needed.

Observations

One of the first areas of inquiry with most of the respondents was a general question about what services are needed, and what seems helpful and important. An observation that arose, through inviting survivors to reflect on the assistance needed, was that some survivors did not initially know what was needed. They had never given this thought any consideration before, and it was therefore a demanding question for them to reflect upon. Whether due to their feeling shy or intimated, to a lack of such opportunities, to the trauma of their sexual exploitation and history of abuse, to pre-existing conditions or genetics, and/or to other factors, a number of survivors found it difficult to think analytically (*"Difficult questions cause had to think"*). The topic of recovery and (re)integration was not one that most had much experience reflecting upon or discussing. It required thinking beyond the day-to-day realities and concepts of their respective worlds. It thus took a few of them a while to get into the kind of thinking required for the discussions. At times, questions were simplified accordingly, and non-leading prompts, role-plays, pictures, and drawings were used to make the topics at hand more accessible, and to illustrate the process of inquiry and the kind of information sought. To facilitate engagement with a couple of survivors, some of the open-ended questions were transformed into closed yes/no and why questions. Most survivor respondents ultimately understood what was being asked, and provided what constitutes the core and wealth of this unique report. Many jumped right in, grateful for this opportunity to speak, be heard, and possibly make a difference. The majority of survivor respondents did not find the questions to be difficult.

It was interesting to note that some survivors described their assistance needs as per the services they had received, or were receiving, through governmental or non-governmental street outreach, drop-in centre or alternative care programmes. Survivors who had received services through multiple organisations, and had experienced living at different shelters, provided comparative experiences and insights. Several survivors who had experienced a variety of governmental or NGO programmes or shelters realised that their right to basic needs for food, water, and a bed had been compromised when comparing one shelter experience to another. In some environments, there was insufficient food; the date of expiration for food and personal care items had passed; there were not enough beds and blankets; and they did not have access to potable drinking water. A girl in the Philippines revealed that, *"Maybe in the other shelter I will request more, but in here [NGO shelter], everything is already enough, and you could not ask for more… Other organisations are corrupt. They are saving the donations"*. She was concerned that some of the organisations she had been to do not use the donations to benefit the children.

Most survivors had as the only point of reference the services and programmes they were presently accessing (or had accessed) through one specific organisation. For several survivors, what was available to them through the organisation was significantly more than what they had ever received, and they found it difficult, therefore, to imagine what else could possibly be needed. For example, a girl in Nepal shared that, unlike some of her peers who complained of not liking the shelter and wanted more playground equipment, she did not feel like she needed anything else. She said, *"I just want to stay here in peace and move ahead in life. I thought I got everything I need from [the] organisation, so I should be grateful for it. I wanted to start learning things"*. Nevertheless, many were able to extrapolate beyond what they were familiar with in order to identify what else may be required to meet better their recovery and (re)integration needs, or those of their peers.

2.1 Prevention

> ***"There is a need for doing more advocacy, awareness raising campaign to help this group of children. Prevent them to fall in this kind of work". ~* Girl survivor in Thailand**

The need for, and importance of, prevention programmes and services was raised a number of times during discussions with both survivors and service providers. Engaging vulnerable children, families, communities, the general public, service providers and government officials through outreach, awareness-raising, education and training is essential in building safety nets to reduce vulnerability and prevent CSEC.[323] Prevention activities can also help survivors who are in situations of exploitation, as well as survivors who have reintegrated.

In Thailand, a service provider shared that there is a *"whole population of high school kids who are going into the bars and working in the bars during the break because they can make ten times what they can make doing anything else. And they want new phones. They want new clothes. That population definitely needs prevention"*. A number of survivors in Nepal expressed concerns about the very young children in villages who are lured to cities with false promises. A girl in Nepal suggested that outreach workers go to the villages *"so that they could solve the real source of the problem"*. Another Nepali girl shared how some organisations pull girls out of the entertainment industry, but *"if there is no program to stop them from getting in, you will always be pulling them out of there, and it's not going to lead anyone anywhere. So the program should be focused on villages from where they come. Families should be made aware about situations of those girls who are lured into coming into the city with opportunities of getting a job. They should be told about what actually they get to do in the cities"*. A young woman explained that although health and physical education are taught in villages and government schools in Nepal, teachers avoid the topics related to sex and reproductive health. Children therefore lack knowledge and"*[do] not know about abuse"*.

Prevention education at the community level is essential. Many of the organisations that participated in this study provide a variety of prevention services that address different elements related to the problem of CSEC. Learning about topics such as child abuse, child's rights, sexploitation and trafficking, Internet safety or how to identify traffickers is empowering and may thus prevent CSEC. Some service providers also discussed the importance of community awareness in terms of normalising children's confusion around sexual identity and orientation. Children who identify as LGBTI are often rejected and stigmatised, which increases their vulnerability to commercial sexual exploitation. Prevention can also facilitate the (re)integration process. Community members who are sensitised to such issues may become more understanding and respectful, and hence less judgmental of survivors and their families.

> ***"I think public awareness is the key to solving such issues. People in both cities and villages should be told that this is a natural phenomenon to have third gender people. Guardians and people in society should be targeted by awareness programs. TV and radio can be used to create the awareness. It would make is easy for us to come out. My family still doesn't know***

323 ECPAT International (2014), "The Commercial Sexual Exploitation of Children in South Asia, Development, progress, challenges and recommended strategies for civil society", accessed 10 October 2015, http://www.ecpat.net/sites/default/files/Regional%20CSEC%20Overview_South%20Asia.pdf.

***about my reality. They should be told that what we are is natural. They should be told that even one among their own children might turn out to be LGBTI. This does not happen by choice; it is natural". ~* Male-to-female child survivor in Nepal**

Knowledge received prior and during experiences of sexual exploitation enables and empowers some of the children to strive towards their recovery, and can help minimise harm. Learning about health, STDs, HIV and condom use can help children do the best they can in their circumstances to protect themselves from illnesses and infection. Receiving information on sexual exploitation, trafficking and available services may help a current victim of child sexual exploitation and his/her peers to understand their situations and thus seek help by approaching an Outreach Worker, calling a hotline, or going to a drop-in centre. A number of survivors and services providers mentioned that prevention activities had been instrumental in the identification of survivors. Parents, family, friends and educators who had come across information about CSEC sought help for children they had recognised were either at-risk or exploited. Engaging parents, families and communities in prevention is key.

2.2 Parents and Family Involvement and Assistance

***"It is important to involve the family, because every problem starts with the family". ~* Young woman survivor in the Philippines**

Whenever possible, one of the first steps in providing support to survivors, and certainly prior to attempted re-integration, should be to promptly establish contact with and engage their parents (or legal guardian, relative, family) in the recovery process, with the aim of a possible (re)integration. As a social worker in the Philippines explained, involving parents should be done right from the beginning *"to just strengthen support down the line, strengthen reunification down the line"*. Involving parents and families entails a variety of services, as well as careful assessment, case management, and regular monitoring.[324] It is beyond the scope of this study to discuss country-specific information related to parenting, family and community dynamics and values. However, a few of these do require acknowledgment, and will be mentioned, henceforth, where relevant.

Children need their parents, and parenting. A house parent in the Philippines brought up the fact that, *"These children long for the love of a family. That's what they really want and need"*. A girl in the Philippines commented on how most of the children at the shelter *"lack the affection of their mothers"*. When children arrive at a shelter, one of their hopes is to meet their parents, and to find their home. When asked what they need in terms of recovery and (re)integration services, younger survivors immediately said they wanted their mothers. In general, children wanted to go home. Two caregivers in Thailand pointed out how service providers could not fill all of the children's needs; *"Families need to fill that hole"*. They added that, even if there are problems with the families, children need them. Otherwise, children will turn elsewhere to seek the care they long for, and they may find it among individuals who do not hold their best interest at heart.

When asked what is needed in terms of working with children's families, a young woman in Nepal specified that, *"The houses of the girls should be found. Then the organisation should assess the situation*

324 Surtees, Rebecca (2014), "Working with Trafficked Children and Youth", Issue Paper #5, Trafficking Victims Re/Integration Programme (TVRP), An initiative of the King Baudouin Foundation (Belgium) with the support of Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, 99.

of the house. They should see if the family is ready to take the girl back. If the situation of the house is good they can be sent home but if the condition of the house is not good, they should be given training and allowed to live on their own". A young woman in Thailand explained that service providers at an organisation *"Should build relationship with the family. Go and talk with the family and then give them advice when they need help or have problem. Also important for the organisation to have the support from the family. When trust is built, when reintegrate child in family, the organisation can talk openly with them if there is anything they can talk about it. Prepare the family"*. A mental health professional in the Philippines agreed, *"The parents need parenting… children miss their parents. Fix family first and then bring the children to them. Children should not stay here long"*. It is clear that involving parents, when possible, is a primordial need.

One of the barriers to working with parents and the goals of (re)integration, however, is the identification of where some children are from, where their parents or caregivers live. In light of a variety of factors, and the time it takes for children to begin opening up to service providers, whether at a governmental or NGO shelter or a drop-in centre, it may be months before the location of a child's home is identified and parents contacted. In some cases, children may not know the name or geographic location of their village. A caregiver explained that it took almost a year to figure out where a survivor at the centre was from. The clue was in the types of trees the child had drawn in a picture. In another case, the type of roofs drawn by a child was what gave indications on the region he was from originally. In other situations, delays were due to the failure of an agency responsible with locating the families to act promptly.

Understanding why a particular child is or was sexually exploited, and what the dynamics are at home, provides an initial direction in what recovery and (re)integration assistance may be needed. A child protection professional in Thailand explained that one of the very first step in caring for survivors is *"to find out **why** the kids were sold"*. She explained how for some children, *"the role of parents… goes from parents [who] don't care to parents who specifically sell them".* Some of the survivor respondents had loving and caring parent(s) who were not directly responsible for their child's sexual exploitation. However, in each of the three countries included in this study, some survivors had been sold directly by their parents. It is not uncommon in Thailand for parents to condone and even encourage one of their children's involvements in prostitution.[325] Poverty, lack of education, substance addictions and involvement in sex work can lead parents anywhere to commit such crimes. In some cases, it was family members who had tricked the children, and in many cases survivors had run away from unavailable, neglectful, abusive or broken homes. Problematic relationships with stepparents are another cause of children running away. A child protection professional believed that, in Thailand, stepparents have *"no connection with children"*. Stepchildren, she said, are viewed as *"a means to an end"*; they must help clean or bring in money. Sometimes referred to as the 'Cinderella Effect', the higher incident of child abuse and maltreatment by stepparents is indeed a concern, a cause of children running away, and thus a risk factor to sexual exploitation.[326]

325 Montgomery, Heather (2010), "Focusing on the child, not the prostitute: shifting the emphasis in accounts of child prostitution", *Wagadu: A Journal of Transnational Women's and Gender Studies*, 8, 166-188, accessed 8 September 2015, http://journals.cortland.edu/wordpress/wagadu/files/2014/02/focusOnChildNotProstitute.htm.

326 Daly, Martin, Wilson, Margo (n.d.), "The 'Cinderella Effect': elevated mistreatment of stepchildren in comparison to those living with genetic parents", Department of Psychology, Neuroscience & Behaviour McMaster University Hamilton, Ontario, Canada, accessed 19 December 2016, http://www.cep.ucsb.edu/buller/cinderella%20effect%20facts.pdf; Voice of Children (n.d), "Factors influencing children leave their family", accessed 19 December 2016, http://www.voiceofchildren.org.np/content.php?id=32; Nicharee Thiemklin (2007), "Participatory action research among Thai women and girls involved in prostitution", 1 January 2007, Doctoral Dissertations.

Lack of parental supervision is another factor that can lead children to walk or run away from their homes and puts them at increased risk for sexual exploitation. A number of the survivor participants had gotten lost after running or walking away. For example, a survivor in Thailand, who had little supervision when he was very young, had become fascinated by the circus that had set-up its tent in a nearby village. The young child decided to follow the circus when it moved away, and, as a result, he got lost. He was never able to find his home again. He survived on the streets, where he was eventually sexually exploited. A mental health professional in Thailand explained how *"Neglect is the big picture that brings other forms of abuse later… Children need mental and physical nurture. If [they receive] only one, they will seek for the other elsewhere. It may be risky. Risk behaviour related to bad people who take advantage of them"*. They will turn to Internet games and go to Internet shops, *"places where adults come together. They'll go there to get what they can't get at home"*. Some survivor respondents had indeed been sexually exploited via such contacts in Internet cafes[327] and through the Internet.

> ***"[They should receive] relationship enhancement and parenting skills, especially of mothers who should not offend the emotions of their children, who should be trained on how to affirm their children and boost their self-esteem. And also training for children to understand why they're not allowed to go out"* ~ Girl survivor in the Philippines**

The need to educate parents was raised by a number of survivors and service providers. Many parents need guidance and support in parenting so as to be able to give their children the care, protection and education they need; whether as a prevention or as an integral element of children's recovery and (re)integration. A girl in Thailand suggested that a team should approach parents to educate them and help them understand adolescence. She added that, *"Parents should teach us about making good friends. Help teach us whether to be friend with people who are good and keep an eye on us so not get into trouble"*. Another girl in Thailand shared that it's *"Good to talk with parents and give them advice to keep an eye on their children. Teach their children and say 'this is not good and they should not get involved in this kind of thing because it's not good for their life or their future'… Children who fall in this area it's usually because the parents don't have time for them. The parents ignore them, and do not take sufficient care of them. This should be improved"*. When asked what children involved in cybersex need in terms of help, a Filipino boy said, *"Parents! They should discipline their child. It's the responsibilities of the parents to discipline and manage, and protect"*.

In order to minimise the chances of children running away after their (re)integration, and to prevent their being re-victimised, parents and/or families need to be prepared *"on how to look after the child"* and on understand his or her needs. They should also be given an explanation as to the possible recovery and (re)integration services their child may need or wish to continue receiving. A girl in Nepal explained how children who stay in a shelter for some time get used to it and like staying there, so the transition back into their family can be challenging. She felt strongly about the importance of family assessments, because survivors need the support of their families. She said that, they *"are going to need time to adjust in the society and for that adjustment they need time and support from the family"*. It is important to note as well that, in order to protect children and abide by what is in their best interest, working with families may require not disclosing their history as survivors of sexual exploitation. The decision to disclose, or not, needs to be carefully weighed, and should prioritise the children's preference and best

327 ECPAT International, (2003), "A Survey Report: Our Children at Risk Online, The Example of Thailand", Bangkok: ECPAT International, accessed 15 October 2015, http://www.ecpat.net/sites/default/files/Our_Children_At_Risk_Online_ENG.pdf; UNESCO *et al.* (n.d.), "Violence against children", *Issue 4: Violence in cyberspace*, accessed 19 November 2016, http://www.unicef.org/eapro/VAC_newsletter_04Cyber.pdf.

interest. It can be tricky for service providers to provide assistance to parents and families, while also maintaining the child's CSEC experience confidential. However, due to a variety of factors that must be assessed carefully, some parents, families and communities may not react in supportive ways towards the child upon learning of their involvement in sexual exploitation.

A variety of psycho-educational topics to help parents and families better understand their children, and build upon their parenting skills, were identified. As mentioned above, parents need to learn about child development (e.g., adolescence; relationships). They should know about the importance of monitoring children's use of social media, and the dangers and misuse of such technologies. They must also be informed about trauma, substance abuse and addiction, and child protection and parenting laws. A social worker and a mental health professional in Thailand recommended talking with parents about child protection and law, to help them understand that they could be arrested if somehow involved in the exploitation of their children. Parents who may not be educated and/or literate need education in, and support with, bureaucratic processes, such as what is needed to apply for educational scholarships for their children. When asked what services are helpful to families, a male-to-female Filipina shared that the programme's discussions with her parents were *"helpful because the scholarships are being followed up by the parents. And, when they follow up, the process of scholarships become easier"*.

Some respondents expressed the importance of addressing stigma and discrimination. Parents, families, and communities need to be educated on issues related to sexual identity and orientation, and the rights of LGBTI so that their perceptions can be changed, and children's confusions could be normalised. A male-to-female Nepali child shared how children who identify as transgender *"need love like everyone else. A small step from family to support this population could bring better changes in our lives"*. However, some survivors were scared of interacting with their parents. For example, another Nepali male-to-female transgender child shared how *"Life is very difficult. My family still thinks that I am a boy. I feel scared what would happen when they know. Sometimes I test my family and ask indirectly what would they do if they found out someone was third sex. My family said that they would pack my clothes and kick me out of family and I feel more scared"*. When possible, service providers can indeed play an in instrumental role in creating a bridge between children and families, and helping facilitate dialogue.

In Nepal, some respondents recommended discussing the following topics with parents: girls' rights to education;[328] the preference for sons versus daughters; boys and respect; as well as the stigma associated to involvement in the entertainment sector and other forms of sexual exploitation. A Nepali girl stressed how important it is for families to be provided with information on "how to take care of children", and on the importance of children receiving an education. Another girl in Nepal shared how, "Information is needed in the family as well as in the community that those children who have been sexually exploited and who are on the street they are not there out of their own will. Something has gone wrong. Family, and importantly, community, should understand that they are not to be hated but their problems should be listened to and addressed, and they have to be saved from the exploitation. The way to save from the exploitation is the family should guide them. They should be cared for and

328 In Nepal, girls continue to be discriminated against in terms of education. Preference for boys prevails. Although the rate of girls' enrolment in primary school is on the increase, it is still not prioritised. The rate of drop-out remains high. Maharjan Kishor (2013), "Stimulating policy alternatives for dropout and girls' scholarship program in community primary schools: The case of Nepal", Global Development Network, Strengthening Institutions to Improve Public Expenditure Accountability", accessed 31 October 2015, http://gdn.int/admin/uploads/editor/files/Report%20Nepal.pdf; Basnet Lila Dhoaj (2013), "Gender Discrimination and Children's Right to Education in Nepal, Perspectives of Parents and Children", (Master's thesis, Trondheim Norwegian University of Science and Technology, Norway), accessed 31 October 2015, http://brage.bibsys.no/xmlui/bitstream/id/281882/683691_FULLTEXT01.pdf.

guided instead of being hated". The perspectives of families and the community need to be altered. A Nepali girl added that not all of those who work in the entertainment sector "do bad things".

The need for parents to educate boys into respecting girls was also raised. A Nepali girl stated that parents *"should monitor what kind of friends their children have… They should keep an eye on what the children are doing. Boys might do bad things and leave the girls when they are pregnant. The lives of the girls are spoiled. They get married to girls and after a few days, he leaves the girl. Parents should take care not to let the girls get into these troubles because parents know better than children about these things. Parents should be open to sharing thoughts and feelings with the children. The parents who have boys should keep an eye on how they treat girls. They should educate their boys that it is not good to use the girls and leave them. Boys should be taught how to respect the girls"*. Children want a world that is just, inclusive and equitable.

Family counselling is another important and needed service besides educating parents that can make a positive difference in children's lives. When asked about other helpful services she had received, a Filipina girl disclosed how activities and training at an organisation had helped her relationship with her parents. Her parents, she said, *"came with me for outings and bonding [activities]".* When asked what activities more specifically were helpful, she answered, *"When we had the sharing of how our relationship is with our family. The sharing of how we feel towards our family, especially with my relationship with my mother… it has been helpful because love for each other has been proven. The love of a mother to daughter relationship has been proven"*. She added that what helped prove her mother's love was that her mother had come to the centre in spite of her having a physical disability that made it difficult for her to walk. Through the parenting and counselling, the mother was able to provide the motivation and encouragement her daughter needed. The daughter felt *"strengthened"* by it.

However, providing services to parents at drop-in-centres or even at shelters is not always possible because of staffing limitations, time, geographic distance and costs involved. Some parents work multiple jobs, cannot take time off, or live days away by public transportation. A girl expressed concerns that it was a hardship for her parents to participate in the organisation's activities because it took them away from their work. To help address the distance factors, some organisations establish partnerships with local agencies that then help with facilitating support of the parents, and later on with the survivors' (re) integration. Nonetheless, delegating that responsibility has its own set of challenges. Service providers in Nepal were concerned about maintaining survivors' confidentiality and anonymity when referring sensitive cases. In the Philippines, there are frustrations with the Local Government Units (LGUs), a government body charged with locating and working with the survivors' parents and families. The LGU is the link between the organisations, children in situations of care, and their parents/families. According to some of the service providers, the Local Government Units are not attending to cases in a timely fashion, and thus locating children's families is delayed. The LGUs do not systematically follow-through with assisting and preparing families for the eventual (re)integration, and with monitoring survivors and their families once (re)integrated. This has a direct impact on the parents' involvement, or lack thereof, in the care, recovery and (re)integration of survivors. And, therefore, impacted survivors had to remain in shelter environments much longer than necessary.

Some parents need support with couple counselling, substance abuse rehabilitation, and/or economic support and empowerment as well as income generating activities. Families may also require assistance in covering costs related to their children's education. A young man in Thailand shared how the organisation had helped his parent with money for a *"small selling business"*. He found it very helpful. A boy in the Philippines stressed the importance of permanent jobs that would secure the family's

future. A caregiver in the Philippines stated that, in terms of economic support, *"We need not make the family rich but responsible to take care of the children"*. Assistance in the form of cash transfer was mentioned. When carefully weighed and implemented, evidence shows that this form of social protection intervention produces positive results.[329]

Facilitating and ensuring the regular contact between children and their parents and families is necessary. Whenever possible, some of the programmes allow certain survivors to go visit their parents and families, usually at the time of festivals, to maintain relationship bonds and practice for a possible future (re)integration. However, the home dynamics sometimes put survivors at risk of being exploited again. Some service providers described stories of children being re-trafficked or sold again during a scheduled visit. Hence such visitations should be planned for carefully, and only after a thorough assessment of the parents, family and community. At times, service providers accompany survivors for short visits only. In other cases, survivors spend a few days or a few weeks with their parents and families.

A number of shelters have stringent visitation rules that make it difficult for survivors to spend quality time with their parents, relatives and/or dependents. Some shelters only allowed two visitors once a month for a couple of hours, and offered little else in terms of parenting support and preparation for (re)integration. Once a month is not often enough for survivors who miss their families and have dependents. Some of the survivors worry about loved ones, and service providers should keep them informed about their parents and family. A Filipina girl disclosed that, *"What she likes is to have an update to how her family is doing, to communicate with them because that makes her feel better... I think they could not visit me because they are struggling and poor. In my mind, they could not eat well because they are finding it hard to… find money in an easy way"*. The organisation where she was receiving services did not allow her to contact her sick parent regularly, did not keep her informed about her parent's health, and she was therefore planning to run away to check on her family.

According to the UN CRC, children have a right to be in contact with their parents. However, it may not always be in their best interest. It was difficult, and at times impossible for organisations to work with parents who were directly involved in the sale of their children. Parents or relatives exploited the children again or were in jail or prison. Sometimes parents were pressured by abusers to convince their children not to file a case or to drop legal charges. Some parents were homeless, and/or heavily addicted to substances. As mentioned earlier, some homes were violent, and some parents and stepparents not interested in their children. The stigma and judgments associated with involvement in sexual exploitation prevented some parents from getting involved in the care of some girls and transgender survivors.

For a wide range of reasons, not all parents can be present in the lives of their children the way children need them to be. A number of survivor respondents were orphans either because their parents had died, had disappeared, or were the abusers. The parents of many of the survivors lived in extreme

329 Social (cash) protection mechanisms, and their sustainability, deserve further inquiry specific to this population. For more information, see: Surtees Rebecca (2012), "Re/integration of trafficked persons: supporting economic empowerment", Issue paper #4, Trafficking Victims Re/Integration Programme (TVRP), accessed 23 October 2015, https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/(re)integration_of_trafficked_persons_supporting_economic_empowerment_1.pdf; UNICEF Evaluation Office, "2015 Global: Cash Transfer as a Social Protection Intervention: Evidence from UNICEF Evaluations 2010-2014", accessed 31 October 2015, http://www.unicef.org/evaldatabase/index_82652.html; Department for International Development and UKaid, "Cash Transfers", Evidence Paper, Policy Division 2011, accessed October 2015, http://www.who.int/alliance-hpsr/alliancehpsr_dfidevidencepaper.pdf.

poverty, and some were addicted to substances. They were unable to tend to their children's needs. Other safety nets besides parents and families (e.g., kinship care) are needed to ensure survivors access the services they need to stay alive and progress towards a life free of sexual exploitation. The system of foster families is not common in Nepal, Thailand, the Philippines, and the rest of South East Asia[330] and kinship care is not often possible. Organisations are not all equipped to work directly with the children's parents and families, as it requires significant funds, resources, sufficient staffing, coordination, as well as supervision and close monitoring. The designation of alternative safety nets for survivors is another domain that requires attention, as it is a crucial element of recovery and (re)integration. Strengthening and empowering families is key.

2.3 Hotlines

> ***"We can talk for free about our feelings. We can share and we feel relieved".*** **~ Male-to-female transgender child survivor in Nepal**

> ***"I think when we call and ask questions we can understand what we didn't know before, what happens when we do certain things. We get information that we can trust."*** **~ Male-to-female transgender child survivor in Nepal**

A service that survivors and service providers identified as important was that of the toll-free hotline, also known as 'helpline.' A hotline is a toll free phone number that can be called day or night to quickly access services such as information, crisis counselling and referrals. Hotlines may also be accessed through text messages, emails and other modes of communication such as social media. They may be specialised to help callers with a particular type of crisis (e.g., human trafficking, suicide, rape), and may be managed by government agencies or NGOs. The terms hotline and helpline are used interchangeably in this report. Most survivor respondents who provided insights into the importance of the hotline were, or had been, children in street situations or in the entertainment sector. Many were male-to-female transgender.

Nepal, Thailand and the Philippines each have child specific helplines. Child helplines aim "to respond to calls from children in distress offering immediate assistance and linking them to long term rehabilitation".[331] Child helplines are usually based on core principles of the United Nations Convention on the Rights of the Child (UNCRC). [332] One of the core principles is child protection. In Nepal, the NGO Child Workers In Nepal (CWIN)[333] manages child helpline (#1098) services in various regions of the country, and in collaboration with other organisations. The child helpline is connected to other services accessible through CWIN, such as rescue services and emergency shelter. That number was also harmonised "on a sub-regional basis (India, Bangladesh, and Bhutan), ensuring access for children that have been trafficked in this region".[334] Shakti Samuha, a survivor founded and led NGO, also runs

330 Udayan Care (n.d.), "The practice of foster care in South Asia", *Udayan Care's* website, accessed 19 December 2015, http://www.udayancare.org/Research-Study-on-Foster-Care.html.

331 Jeroo and Pallavi (2003), "Frequently asked questions on child helplines", Child Helpline International, Mumbai: Jenaz Printers, accessed 21 November 2016, https://www.childlineindia.org.in/pdf/FAQs-Child-Helpline.pdf.

332 Child Helpline International (n.d.), 'What is a child helpline", *Child Helpline International's website*, accessed 19 December 2016, http://www.childhelplineinternational.org/about/what-is-a-child-helpline/.

333 Child Workers In Nepal(n.d.), *CWIN Nepal's website*, accessed 19 December 2016, http://www.cwin.org.np.

334 For more information, see: Child Helpline International (2011), " Session 59, Nepal. Recommendations made under the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution an child pornography, September 2011, accessed 19 December 2016, http://www2.ohchr.org/english/bodies/crc/docs/ngos/Nepal_CHI_CRC60.pdf.

a Toll-free Hotline (#1660-01-11117). In Thailand, the child helpline (#1387) is run through the NGO Childline Thailand Foundation (CTF),[335] and similarly to CWIN, also provides a variety of services beyond the immediate emotional support and information available through a free call. In the Philippines, the NGO Bantay Bata[336] provides child abuse specific helpline (#163) services to children and parents. They also run a rescue operation unit. Except for Shakti Samuha's hotline, none of these child helplines focus solely on CSEC survivors. To bridge this gap, one of the organisations in the Philippines was planning to conduct a needs and feasibility study, as they were considering to set one up.[337]

Several survivors and service providers identified the need for CSEC specific hotlines to be managed by trusted staff. Many survivors have trust and attachment issues, as well as issues with law enforcement and government institutions. They are hesitant to call a hotline number, unless they know who is at the other end of the communication. A survivor also shared concerns about the trustworthiness of the information provided through a hotline managed by people they did not know. A girl in Thailand, for example, expressed uncertainty about the helpfulness of a hotline operated by the police. From experience, she had learned that *"When police receive a report, they make a recording of the report and they don't do anything more. They take drug cases more than children sexual abuse cases"*. She added that organisations set-up to help child survivors should be the ones to operate the hotline so that it would be more efficient; they would *"act quickly to help children which is the opposite to police"*. A male-to-female transgender child in the Philippines echoed the need for immediate action. She stated that such a hotline is needed *"so that there would be immediate action to help victims"*. Children need to know that by calling that hotline's number for help, some form of assistance will be provided.[338]

In order to fill the need for a trustworthy CSEC specific hotline, some service providers give their phone numbers as an alternative. A term used by some service providers to refer to this service is 'mobile counsellor.' Some service providers also provide support through social media such as through Facebook. There are limitations to these approaches. The phone numbers are not publically available, and thus services are limited to survivors who have already established direct, or indirect, contact with an organisation or service providers. As a male-to-female transgender child in Thailand stated, *"Children who do not engage with the drop-in-centre may not know that such a number exists"*. The advantage of this form of 'hotline' is that survivors know who answers the calls or messages, and therefore trust the information more easily. A concern raised by some of the service providers is that of liability. A caregiver in Nepal explained how, *"Girls get very drunk at night and call her to seek help. She is at risk, if something happens to them, if they commit suicide, I could be charged as last call shown on girl's phone"*.

335 Childline Thailand Foundation (n.d.), Childline Thailand Foundation's website, accessed 19 December 2016, http://childlinethailand.org.

336 ABS –CBN Lingkod Kapamylia, Bantay Bata's website, http://www.abs-cbnfoundation.com/bb163/helpline.html.

337 Research suggests that a combination of telephone-based and Web-based (e.g., chat) support for child hotlines/helplines may better meet the emotional needs of children. Fukkink, Ruben and Hermanns, Jo (2009), "Counseling children at a helpline: chatting or calling?", *Journal of Community Psychology*, Vol. 37, Issue 8 , November 2009, 939-948.

338 ECPAT International points to the following area of concern related to hotlines: "Reporting helplines/hotlines are not staffed with personnel adequately trained to handle cased of CSEC. Moreover, they are often inaccessible to children due to language barriers and limited awareness of their existence". ECPAT International (2014, November) "The Commercial Sexual Exploitation of Children in East and South-East Asia. Developments, progress, challenges and recommended strategies for civil society", 23, accessed 2 January 2017, http://www.ecpat.org/wp-content/uploads/legacy/Regional%20CSEC%20Overview_East%20and%20South-%20East%20Asia.pdf

Hotlines (helplines and mobile counselling) are helpful in a number of ways. Some survivors shared that when they have problems; they can call a hotline and ask for help, advice, or suggestion. Hotlines are especially beneficial to children who cannot afford the cost of phone calls or do not have access to other modes of communication. As a Nepali male-to-female transgender child said, *"We don't have to spend money on our phone. Whenever we have emotional problems we can just call. It relieves us"*. A young male-to-female transgender young adult in Nepal mentioned that there are so many problems among the transgender community that she really appreciates being able *"to talk to someone with confidentiality. One of the advantage is that it's free and it is an easy way to communicate".* A girl in Nepal explained that a *"Helpline would be really helpful to decrease suicide rates, because right now girls as young as 12 or 13 years old they are hanging themselves or poisoning themselves to death because their stress levels are very high, and there is no one they can talk to so if there was such a number where they can call and just express their opinions and thoughts and feelings, it would be helpful to stop them from killing themselves"*.

Survivors unable to access services in person due to geographical distances, family dynamics, or stigma can potentially access hotlines. A Nepali male-to-female transgender child thought that, *"it is a very good option for help. Many people cannot come here. Some families are very strict to let the boys come here. But the hotline allows them to get information even if they are at home. Some are even scared to be seen coming here because of the stigma attached to becoming not normal. It is a very helpful service… Many people like me do not know what is happening to them. They feel different but they do not know what is happening. Even I came to know that I am transgender through a radio program. When we call in this hotline we can talk about ourselves and ask questions. We get much knowledge from the information we are provided in the hotline. We become assured that what we are is normal and we are not deviant. The information that we get is helpful in clearing out the confusion that we have"*.

Hotlines are helpful when children get lost and when they want to help a friend. A boy in Thailand shared, *"if my friend cannot go home, got lost, so I call this number and then the person at another end of the line said that, 'ok bring my friend here [at a drop-in Center], and then we can talk and then they take my friend home.' Most of my friends would call this number"*. When survivors call, they are provided with information that may assist in their rescue or exit out of sexual exploitation. A service provider in Nepal shared that a hotline *"would help a lot. Maybe more girls would know about organisation and come here for services… easier to get them out"*.

Hotlines can be an important safety net.[339] They are an effective tool for prevention, victim identification and rescue, recovery and support during and after (re)integration. Respondents highlighted the need for hotlines to be easily accessible nationwide. As pointed out, in order for hotlines to be of use, survivors need to know of their existence as well. In this study, some of the survivors had learned about the hotline, or mobile counsellor, through peers and street outreach efforts. Outreach efforts are another essential component in the recovery and (re)integration of CSEC survivors, and will be discussed next. However, and as mentioned above, this population does not trust easily. There must therefore be a mechanism (e.g., advertising) in place that provides them with sufficient re-assurance that calling the number will actually lead to genuine help and support.

339 Child Helpline International (2013) "Rewind the Voices of children and young people. Giving a voice to young people and children worldwide", accessed 19 December 2015, http://www.childhelplineinternational.org/media/70982/chi_global_web_final.pdf; Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", (PsyD diss., California Institute of Integral Studies), 334. *Also citing:* Lee, 2008, 2009b, 2010a, 2010b; Polaris Project, 2006a; and YAPI et al., 2001.

2.4. Outreach

> ***"Some children cannot access [services] because they don't know where they can get help and organisations don't know that they need help". ~*** **Girl survivor in Thailand**

Outreach (a.k.a. street outreach) services can be an effective key strategy in the prevention of CSEC, as well as in the identification, recovery and (re)integration of survivors.[340] As the word suggests, outreach services entail 'reaching out' and providing support to girls, boys, and transgender on the streets, in the entertainment sector, in brothels, or wherever else they may be. Through outreach activities, outreach workers (sometimes social workers, or other service providers) can identify and assess children who are in situations of risk for sexual exploitation, connect with their families, and, where necessary, facilitate their return home. They provide children, their parents, family, and community members with basic direct services, as well as general information on sexual exploitation, trafficking, reproductive health, substance abuse, and/or available services and options. Street outreach "is a type of intervention that is rooted in harm reduction",[341] and may also be helpful in relapse prevention.

Outreach is also a significant way to identify, assess and reach out to children who are being sexually exploited and to facilitate their rescue and/or exit from situations of exploitation. These children may be on the streets, in children's hang outs, red light areas, brothels, hotels, bars, karaoke/videoke bars, strip and dance clubs, Internet cafes, etc. As a young Nepali woman said, outreach *"is an important work because they can be rescued only through outreach. Rescue process start from outreach"*. Survivors and service providers raised concerns, however, over changing trends in the sexual exploitation of children.[342] For example, when discussing outreach and the entertainment industry, a girl in Nepal explained how outreach workers could only access a certain number of survivors within that sector. She said, *"These restaurants, cabin restaurants and businesses that are visible, these are just small places where girls work. There are more girls who work in apartments, in flats, like they organise parties or gatherings for games, and invite girls for entertainment. Everything happens there in the name of entertainment. Neighbourhoods should be made aware to report if they think such a thing is going on near their homes"*. Some service providers were upset about not being able to reach children exploited in private residences,[343] and the hurdles faced to getting law enforcement involved.

Through outreach services, outreach workers can initiate contact with survivors, begin the frequently long process of establishing a relationship and laying the foundation upon which to build trust. Outreach services and workers can provide survivors with a sense of hope and, as a girl said, the experience of *"someone who cares"*. A male-to-female transgender child disclosed how transgender in Nepal *"are often forced to do the [sex] trade. The outreach staff lets these people know that there is a life ahead of this and there is better hope for future". It is important for outreach workers to have good communication skills. Another male-to-female transgender child recommended that outreach workers*

340 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", (PsyD diss., California Institute of Integral Studies), 332; Holger-Ambrose, Beth, et al. (2013), "The Illusions and Juxtapositions of Commercial Sexual Exploitation among Youth: Identifying Effective Street-Outreach Strategies", *Journal of Sexual Abuse*, 22(3), 326-340, n/p.

341 *Ibid.*

342 For more information on changing trends in Nepal, see: CWIN and ECPAT Luxembourg (2015, January), "Preparatory Study for Situational Analysis of Commercial Sexual Exploitation of Children in Nepal. A Preliminary Report".

343 In Thailand, service providers who are qualified as a Child Protection Officers have the authority to remove children from abusive situations. This model deserves further inquiry as a potential mechanism to be replicated and implemented in other countries.

should be "very polite and soft with this population. I would suggest them to introduce themselves and the organisation informally. Then they can tell those people [LGBTI] about services that are available in the organisation and tell them that their work [sex trade] is not the only way of life. Then they should tell them about the options that are available in the organisation for an alternative life. They should be told that life can be better with other ways of livelihood". A survivor suggested that outreach workers carry visiting cards with contact information, and a mention of what services are available.[344] This, however, is not systematically available. The reasons for that were not explored.

Outreach may entail providing preventative care, minimising harm, and delivering basic needs goods and services. Some service providers shared that they distribute water, food and/or sweets during outreach. Other outreach workers carry basic first aid supplies, medicines and vitamins with them as well. A young woman in Nepal explained that for girls in the entertainment sector, *"The medicines that would commonly be needed are headache medicines, and menorrhea [menstruation] pain medicines because even when they have menstruation and it's really painful they don't get to take a break"*. Some respondents thought it would be important for a medical doctor or nurse to accompany outreach workers in their work. A Nepali girl believed that, *"It would be good for a [medical] doctor to go in the outreach because most of the time when staff go for outreach and if they find somebody has a problem they may ask them to come to organisation and the only medicine they can give them is painkiller medicine. And she thinks that painkillers are not the solutions. It is only immediate solutions. Maybe they have some other underlying disease and after they took the painkillers, the pain will start again. So if the doctor were present in outreach, he can diagnose if the person has another underlying problem and suggest the person to go for further treatment"*. In Thailand, a male-to-female child shared that it would be a good idea for a doctor to come along during outreach efforts because outreach workers did not have medical training, and *"may not know what is happening to us. What symptoms we are having. They can help in a proper way".* Another Thai child living on the streets believed that they need someone to come and do blood tests in order to find out if they had health problems like HIV, and *"can get that problem fixed or looked at in time because if not they die"*. Street children in Thailand cannot easily access medical services, as they often do not have the necessary documents and funds. A Filipino boy shared that going to the hospital was not free, and therefore it would be good to have a medical doctor or a nurse go with the outreach team. He added that if there could not be a doctor or a nurse, and if they could not go to the hospital, then they might as well be brought to the cemetery.

A number of other respondents did not think it was necessary to have a medical doctor or nurse join outreach efforts. A young woman in Nepal shared that it would not be a good idea for a doctor to accompany outreach workers, because the owners of the entertainment facility already behave badly with them, and having a doctor there could potentially make the situation worse. Service providers concurred that it would be unsafe to bring a medical doctor along during outreach. The owners of the entertainment facility would not let the girls talk to them, it would alarm people, and both the children and the organisations could face threats. A youth worker in Thailand explained that they bring medicines with them during outreach. However, they prefer to accompany children to see a medical doctor rather than giving them the medicine because they do not necessarily know what drugs the children may already be on. Symptoms of cold could also be symptoms of STDs, and they would therefore rather take them to the hospital. A group of service providers in Nepal thought that it would not be a good idea to bring along a medical doctor, as it would indirectly give children the message that they could stay where they were and continue doing what they were doing. They believed it was better if children wanted services that they come to the drop-in centre, and thus away from the streets and their situations of exploitations.

344 This need was also identified in this study: Holger-Ambrose, Beth et al. (2013), "The Illusions and Juxtapositions of Commercial Sexual Exploitation among Youth: Identifying Effective Street-Outreach Strategies".

In some instances, outreach workers provide condoms, as well as information on condom use and condom negotiation skills. Condoms are expensive and may not be easily available. A young Nepali woman was concerned that girls in the entertainment sector *"always have a risk of getting pregnant in case they are abused or they are forced to sleep with someone"*. A Filipino boy related that if he were an outreach worker, he *"would go to the community, ask them [children] about their work, where they are involved, and if I see that they are involved in male-to-male sex, I would tell them to quit or if they could not quit at least use condom"*. He revealed that he, and his peers, had received condoms through a local health clinic. However, service providers at the faith-based organisation he was receiving services from had taken the condoms away from them. No further information was available to explain this intervention.

Some survivors recommended that outreach workers also provide clothes, and sanitary pads. A Nepali girl thought that providing clothing items was necessary *"because some street children and children of sex workers sometimes don't even have proper clothes to wear… It doesn't matter what the clothes are, if it covers their body it's enough"*. A young woman in Nepal explained how sanitary pads are not provided to girls exploited in the entertainment sector, *"If they have their old clothes*[345] *that's the only thing they can use… if they [outreach workers] take pads with them in field outreach work, it would also be helpful"*.

Outreach workers may invite children to participate in on-the-street education. Outreach is an important vehicle for information dissemination. Children receive information on safety, drug, prostitution, HIV/AIDS/STI, gender sensitivity, anti-bullying, online safety, human trafficking, and children's rights. Some programmes also offer non-formal education and/or bible study, career counselling, and help with finding a different source of income. Through outreach, survivors may receive advice and counselling. A survivor shared that outreach workers kept advising them not to get involved in exploitation. A male-to-female transgender child in Thailand stated that she would like that, *"when the staff do outreach, the children can talk about their hardship, about their experience"*. A male-to-female transgender child in Nepal expressed that, *"The thing that is good about outreach is the counselling, because it is through counselling that they get to know about the services. During counselling they feel understood by the counsellors, and they also get information about different trainings, and when they get trainings it is easier for them to live, to survive, and with counselling the information that they get helps them to stay away from the risks. Through counselling, they have hope for the future, that there is a life ahead of this"*.

Street outreach workers also invite children to drop-in centres or shelters where they may attend health camps, and receive basic needs services, information, counselling, and access other services. Encouraging children to go to a drop-in centre to receive basic needs assistance is an important step in their journey towards recovery. However, it is not always easy for survivors to access a drop-in centre. A young woman in Nepal explained how *"The things like food, medicine, condoms are really necessary because most of the girls who work in [the entertainment sector], when they start working they are really naïve and they cannot speak out. That's why they remain hungry. They don't get food until they scream for it. Some of them have to work even when they are really sick that's why medicines would really help. And some girls are forced into having sex with the guests so if they had protective measures like condoms available that would really protect them. And besides these, when they go for outreach they should have some money with them. Because there are girls who would wish to come to the organisation but they have really no money at all. So if the organisation could provide them only*

345 Old clothes are torn to make cloth sanitary pads.

the transportation they would at least have a way to reach here". A few of the programmes do give survivors a minimal sum to cover their transportation. Other organisations refund survivors after they have reached the drop-in centre.

Through outreach, children find out about hotlines and/or mobile counsellors, as well as existing services and possibilities. A young woman in Nepal shared how she was able to change her life for the better through information received from outreach workers. She disclosed having met service providers *"when she was working in entertainment business. The staff of this organisation go out in fieldwork. They go to every restaurant, every dance bar, and they make sure they talk to all the girls. And give information. She gave them a hard time when they came to talk to her. It took them a lot of effort to bring her to this organisation. But when she came to this organisation, things changed for her, because they gave her non-formal education, tailoring training and while she was doing that they had a vacancy and they also gave her a job". In addition to the difficulties in building an initial sense of trust with survivors, outreach workers and survivors face other challenges. The girls' boyfriends were sometimes the barriers to their accessing services. A Nepali girl revealed that in the entertainment sector, girls often have boyfriends because, "They need them for all kinds of support"*. However, *"These boyfriends they are using the girls for sex or their body. The girls, they don't really understand that. They think that the boyfriend loves them, cares for them, and boyfriends are clever, they know that if the girls go to organisations and know things, they might not be able to exploit them the way they are doing. That's why when the boyfriend says 'don't go to that organisation,' girls think that he is probably right. It is good to work with the girls but the organisation should also work with the boys to create the awareness… Until now only female staff from this organisation goes out in outreach program to talk to the girls. Similarly, male staff should go out and talk to the boys too. If male staff went to talk to the boys [in the entertainment sector], it would be much effective"*. The suggestion of having male outreach workers approaching, connecting with and talking to the girls' boyfriends is original and deserves consideration. Men can play an important role in addressing violence against women.[346]

Some outreach programmes have developed partnerships with children, and encourage them to inform their peers about existing services. When asked what she would do if she were helping street children, a young Filipina girl said the following: *"If I would be the outreach worker… I would tell the children that [going to a centre] is for their own good. For their future especially if they don't have families. And then in the centre they would treat you like a family that you would always remember"*. A few survivors shared that after coming to a drop-in centre, they started encouraging their peers to come as well. Many of the survivor respondents had in fact learned about the drop-in centre through their friends. It can be an effective approach.[347] A number of service providers also mentioned that they encourage survivors to help locate or identify other children in situations of exploitation.[348] A young woman in Nepal revealed how she helps service providers by giving them information about *"abusers and all that stuff"*. Children's safety, of course, must be considered first.

346 Carlson Juliana et al.(2015), "Strategies to Engage Men and Boys in Violence Prevention, A Global Organizational Perspective", Violence Against Women, 21(11), 1406-1425; Kimball Ericka et al. (2013), "Global Efforts to Engage Men in Preventing Violence Against Women, An International Survey", *Violence Against Women*, 19(7), 924-939; WHO (2005), "Multi-country Study on Women's Health and Domestic Violence Against Women, Initial results on prevalence, health outcomes and women's responses", accessed 31 October 2015, http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf.

347 World Education and its NGO partners (2009), "Children Trafficked and Sexually Exploited in the Adult Entertainment Industry, Child Status Report 2009", accessed 10 October 2015, http://www.worlded.org/WEIInternet/inc/common/_download_pub.cfm?id=10683&lid=3.

348 See ECPAT International (2015), "Submission to the UN Special Rapporteur") Examples of engaging child survivors as advocates: Children's Rights in Goa (India) provided two models of engagement where children were engaged as advocates for other children, 21.

Respondents identified a number of barriers to outreach services. First of all, there are too few outreach workers and not enough resources to work with. Due to trust related issues, it takes a long time to earn the trust of some survivors, and requires skill and patience. It can also take a while to understand them. A Nepali girl pointed out that, *"The only thing that the outreach worker can do is try to make them aware about health conditions, risks of diseases, the risks they are putting themselves into. It depends on the girls how they receive this information. If they are aware and they take it positively, it will help them. Otherwise, no one can help them"*. In addition to the challenges of helping children who sometimes refuse help, there are also dangers associated with outreach work. Some of the service providers mentioned safety concerns related to being out late at night, and going into dangerous environment where they may have to interact with various criminals such as the children's exploiters as well as street gangs. Transportation late at night was also raised as a concern since most service providers are dependent on public transportation or taxis.

One of the roles of the outreach worker is to keep showing up in children's lives, which lets them know that they are truly there for them. As literature suggests, "It is recognised that 'care' and 'rehabilitation' begin the moment an exploited child comes into contact with a trusted adult".[349] The concern was raised, however, that continually simply meeting children's basic needs wherever they were might enable or condone their exploitation. Outreach efforts identified in this study were often linked to drop-in centres, where children were encouraged to participate in the services offered. Regardless of the differing points of view, children do benefit from outreach services, especially from the outreach workers who keep showing up, manifest care, and listen to them.

2.5 Drop-in Centres

Drop-in centres (DIC) are another key component in the prevention of CSEC and to assisting children in exiting their situation of exploitation.[350] Considered a type of emergency shelter, a DIC is a place that is usually accessible during daytime hours and that provides a variety of services and programmes. Some DICs also operate overnight. Children may find safety there, meet some of their basic needs such as food and hygiene, and receive guidance and assistance. They offer a "promising first step"[351] in engaging children towards needed recovery and (re)integration services. Children, who have been used to a certain 'freedom' of movement and financial independence, find it difficult to be in restrictive types of alternative care programmes, and a DIC can provide an alternative.

The DICs included in this study serve children and youth living on the streets, girls and young women in the entertainment sector, and/or children and youth who identified as gay and transgender. Some of the DICs also cater to children and youth who are in at-risk situations. These DICs each have an outreach component, and services overlap, complement each other, or are similar in focus. For example, outreach

349 Thompstone, Guy (2002), "The Development of Quality of Care Standards in Welfare Services for Child Victims of Commercial Sexual Exploitation", *In Thematic Reports, Bangladesh*, 77, accessed 19 December 2015, accessed http://www.childtrafficking.com/Docs/ecpat_thematic_qcs_1.pdf.

350 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", (PsyD diss., California Institute of Integral Studies), 335; Alco citing: Briceno, 2005; Committee for Sexually Exploited Youth in the CRD, 1997; Estes & Weiner, 2001/2002; and Walker, 2002; Piening, Suzanna, and Cross, Theodore (2012), "From 'The Life' to My life: Sexually Exploited Children Reclaiming Their Futures, Suffolk County Massachusetts' Response to Commercial Sexual Exploitation of Children (CSEC)", May 2012, accessed 3 August 2016, http://www.suffolkcac.org/assets/pdf/From_the_Life_to_My_Life_Suffolk_Countys_Response_to_CSEC_June_2012.pdf.

351 Slesnick, Natasha et al. (2008,), "How to Open and Sustain a Drop-in Center for Homeless Youth", *Children and Youth Services Review,* 30(7), July 2008, 727-734, n/p.

workers conduct psycho-educational programmes while in the field, and at other times survivors are invited to attend the same program, as well as others, at the DIC.

In Thailand, survivors who were street children appreciated being able to spend the night at DIC that allowed overnight stay. They came and went as they needed, slept on the floor next to their peers, stored their belongings in cubicles, felt safe, and had access to food, bathing facilities and a variety of services. A number of them had been to shelter care, but were back on the streets. A survivor shared how there was a need for more such DIC to accommodate the many street children in other parts of the city. Other DICs included in this study only open their doors during the day. In Nepal, some of the respondents who identified as gay and/or transgender, and lived with family or friends, sought respite at DICs. They had 'worked' all night, and, for personal reasons, preferred coming to the DIC to rest, bathe, eat, be with peers, receive counselling, and participate in activities. In the Philippines, one of the shelter care programmes also acts as a DIC. The outreach workers go out at night and encourage girls involved in prostitution to come back with them. A service provider explained how this ensures the girls have a proper meal, as well as access to bathing facilities and recovery related services in the morning. When ready, they can transition fully into the organisation's shelter care based programme.

Drop-in centres are a source of much appreciated support, friendships, and a sense of belonging for survivors. When asked what advice she would give to a newcomer at a DIC, a male-to-female transgender child in Nepal shared, *"I would tell him that this place will give you a sense of belonging. There is nothing to fear here. They will teach you many useful things. We are all same here. We understand each other's problem because we have gone through the same issues like you. We might not be your relatives but we belong together. The best thing is we can learn here"*. Survivors who identified as gay, and/or transgender, found DICs to be a safe place to meet, free of the stigma they are exposed to on a daily basis in society. It enables them not to feel lonely. Another Nepali male-to-female transgender child disclosed how, *"I used to be very tensed about what was happening to me. I once heard a radio program by Blue Diamond Society*[352] *where they were talking about third sex. I realised that I was exactly the kind of person they were describing as third sex. I was very sad that day. I had a lot of thoughts about what would family and friends think if they knew I was third sex. I was very angry with God and family for making me like this. I cried the whole day that day. Then slowly through Facebook I met friends and learnt about [this DIC]. I have received many help from [here]. I feel good to know that there are many like us and I am not alone"*. Drop-in centres strive to provide fun and empowering activities that also allow for bonding. A boy living in the streets explained how he enjoyed all the activities offered and making new friends that included at-risk children from the neighbourhood. Some programmes take survivors out for picnics, zip-line rides, as well as camping and other educational and therapeutic activities.

A number of survivors in Thailand mentioned how DICs provide them with a sense of safety, and a place to hide from various dangers in their lives. A male-to-female transgender child in Thailand explained how they need *"a place to sleep, food, and help when trouble with people from outside"*. A Thai boy appreciated being able to spend the night at a DIC so as to have someone to look after them and keep them *"safe from the police, from the gangsters"*. Otherwise, a girl explained, police take street children away to a government home. Sometimes they are brought to jail. Several survivors mentioned that

352 Blue Diamond is an organisation for lesbian, gay, bisexual and transgenders in Nepal. For more information, see: http://www.bds.org.np.

that police frequently abuse them. It is not uncommon for children living on the streets to face gang violence and police brutality, as well as the risk of police arrests.[353]

> ***"The police should not hurt children and the police should not arrest children when they did not do something wrong, against the law. For example, we just only walk along the street and they just arrest us, just like that. And when they arrest us, then they beat us with the baton and sometimes they put hot water on us and they also lock us up for one night, and in the morning they release us." ~* Boy survivor in Thailand.**

Some DICs provide food, while other DICs only provide access to a cooking area. A service provider recommended that DICs should provide whole meals, as this is the only opportunity for most children to eat healthy foods and learn about nutrition and hygiene (e.g., hand-washing). Survivors appreciate having access to bathing facilities when available at the DIC. Some learn about self-care. According to a service provider, children who live on the streets have no sense of what 'dirty' means, and thus have to be taught the very basics of hygiene and personal care. Some DICs also provide clothes for its beneficiaries. Survivors can also access medical and dental assistance through the service providers at the DICs who coordinate access to services and can accompany them to health care centres or hospitals. As will be touched upon later, it is not always possible for survivors to access health services on their own. For example, in Thailand a lack of identification or not being accompanied by a legal guardian, are barriers to their accessing medical help when needed. In Nepal, some of the DICs organise health camps once or twice a year, where medical health professionals provide various health related exams and other services for free. Health care professionals are also invited to conduct presentations on health related topics, and sometimes are able to meet privately with beneficiaries to discuss concerns.

Survivors found the psychosocial counselling, activities and guidance offered at DICs to be extremely helpful. For a Nepali male-to-female transgender young adult, access to showers and to counselling are the most useful services. A girl in Nepal shared how, *"she mostly comes for counselling because when she has a lot of stress she doesn't find anyone or anywhere where she can relieve her stress. That's why she comes here". A young Nepali woman explained how the DIC had helped girls in the entertainment sector "bring positive changes in their lives"* through providing *"a platform for these girls to come share things, talk about their problems. Find solutions. Ask for solutions"*. When asked about other potential services that could be included at the DIC, a Nepali male-to-female transgender child stated that, *"People like me who have not been able to open out about our sexuality to our families [should] be brought to the organisation and [given] proper information. I would want to give them a platform to express themselves"*. They appreciate having access to caring service providers who listen attentively and without judgment. For many, the DIC is the only place where they not only feel safe but also free to express themselves.

Friendships seem to be a significant barrier to bringing about positive and constructive changes into the lives of certain survivors served at DICs. Peers had pressured some into CSEC, and, although most very much wanted to go back to school, get a job and/or return home to their families, they felt that their attachments to friends kept them involved. A number of survivors actually often mentioned how

353 UNICEF East Asia Pacific Regional Office (2007), "Situational Review of Children in ASEAN", December 2007, Bangkok: UNICEF EAPRO, accessed 21 December 2016, http://www.unicef.org/eapro/Asean_book.pdf; Friends International (2010), "Bangkok street children profile", August 2010, accessed 21 December 2018, https://friends-international.org/wp-content/uploads/2016/09/Street-Children-Profile-Bangkok-2010.pdf.

attached they were to their friends. The friendships and bonds between children in street situations were described as being very strong. Some of the survivors had lived on the streets together since they had run away from home or gotten lost or lured at very young ages (e.g., 6 years old). DICs provide a wide selection of services, however children's attachment to friends, and, for some, to their substance addictions, keep them on the streets and involved in CSEC. A male-to-female transgender child in Thailand explained that, *"We talk about understanding the services but it is another way around actually because quite few children will take interest and take the advice from the staff and implement it. It's not that things are not available. For example, take this course or employment here? Few would do as they advise us. How come? Mostly we do not accept help that they offer us because we are attached to friends or we are addicts to the substance. So we did not respond to the offer, assistance, advice that they have given us"*. A girl, also in Thailand, shared something similar when she stated, *"I think it is hard to change because children won't change. They cannot stop. The staff tries to help them as far as they can. So it is about the children themselves… It is very hard to change because they are in the same environment; they are still with the same group of friends"*. However, in some cases, engaging children in activities takes their attention away from their attachments to certain friends. A Filipina girl shared, *"I am more focused on my dreams now than spending a lot of time with friends"*. Several service providers felt perplexed as to how to address this strong friendship bond between children, which is both beneficial and an impediment.

Some DIC provide survivors with educational support such as access to non-formal education or formal education. Some organisations cover the costs involved with attending school. Support with bureaucratic procedures and formalities (e.g., documentation needed to access school or medical services; legal matters) are also needed. DICs provide opportunities for survivors to learn about a variety of life skills and topics such as the ones mentioned in the outreach section earlier. Topics can include safety, drug, prostitution, HIV/AIDS/STI, reproductive health, Internet safety, human trafficking, gender sensitivity, anti-bullying, and children's rights. A male-to-female transgender child in Thailand shared how the DIC helps *"us no longer want to be involved in the exploitation by others and it helps us to think that we have the right to do what we want to do. Which is something we use to think we would not be able to do it. Or even think about it… For example, because we are street children, people may hire us to do the work and sometimes it's too hard for us, but we cannot refuse the work because we have no other option. We have no choice because we want a place to stay, we want to get something to eat. So, if we have that centre, talk with us, provide us assistance, let us know our rights, so I think it is useful".*

Income generating activities such as vocational training were deemed very important and necessary. Two caregivers in Nepal mentioned that when girls involved in the entertainment sector find something better, they *"always want to get out of there"*. A boy in Thailand stated that, *"Here is good because there are activities that I can participate, for example bakery which brings income. And also here provide us with the knowledge so we can have more learning, advising, to learn about how to be independent survive by myself, for example about finding job, about get the earning by yourself"*. Providing access to vocational training requires resources, staff, as well as close collaboration with and oversight of the places of training.

Onsite childcare services were available at only one of the drop-in centres included in the study. A girl in Nepal explained how *"Here at the drop-in centre they get to share things with friends. If they have meetings, they also provide food, snacks, tea. They can talk with the staff. They can talk with counsellor, which is the good part because they can share things. When they have leisure, they can drop their children in the childcare centre and come to the drop-in centre and share experiences"* Providing childcare services onsite enables survivors with dependents to benefit from all services available, and to access the support they need to exit their situation of exploitation.

Unlike residential shelters or homes, drop-in centres enable children to maintain a certain sense of freedom. As a boy in Thailand disclosed, *"I like it better here [compared to a shelter]. Here we can go out when want and come back anytime"*. Another boy also said, *"I wanted food, accommodation, stay and sleep there, and go out in the evening"*. Concerns about DICs enabling children to remain on the streets and thus involved in CSEC were also raised. A child protection professional recommended that very little be provided at the DICS besides an opportunity to go back to school (formal or non formal) and/or to learn a trade. The NGO Group for the Convention on the Rights of the Child[354] cautions against enabling children to remain in situations of sexual exploitation through misplaced compassion during outreach efforts and at drop-in centres. Some of the survivor respondents who were receiving services through a DIC had indeed been beneficiaries for many years. In Thailand, for example, some survivors still involved in CSEC had been receiving services for ten or more years. In the Philippines, a survivor had received services from a DIC for thirty or more years. She had also received services through various residential shelters and substance rehabilitation centres. Not all survivors may benefit from services. A service provider raised the point that survivors who identify as LGBTI first have to accept themselves before the organisation can provide services. As some survivors highlighted, programmes can only do so much. It is also up to survivors to make the best out of the services offered. Survivors, however, sometimes find it difficult to identify their own needs, and service providers must therefore gage what is in the best interest of the child at any given moment.

All of the respondents with whom the topic of DICs was discussed stated that such centres are a necessary element in the recovery and (re)integration of CSEC survivors. A service provider who helps girls in the entertainment sector made a comment that could apply to survivors in other forms of CSEC. She stated that most survivors do not have access to proper care and to parents who can monitor them. They lack basic needs, and need educational support, training for income generation, and counselling. Services available through DICs enable some survivors to move forward with their lives. A girl in Nepal expressed that what she found to be most helpful at the DIC was: *"study support that they give like classes, health classes, and counselling is very important because it really relieves her to sit in counselling to express everything that she has to say, and outside other people they always try to discourage her like 'you cannot do this, you cannot do that, you don't have capacity.' But here she feels encouraged to do everything. She gets really motivated and this place for her is platform to learn. Because it gives her a feeling of safety. She feels very secure here and that is why whenever she has a bit of leisure, instead of spending time elsewhere she comes here, because, every time she comes here, she learns at least one thing new"*.

Although the need for CSEC specific drop-in centres was not explicitly made, it is something that was discussed as a broad need and could be considered for this population. Some of the DICs often cater to children who also come from environments that put them at risk for sexual exploitation. Being in contact and developing friendships with beneficiaries who are still sexually exploited, and may be addicted to substances, significantly increases the risk of children who are already vulnerable. Older survivors sometimes abuse younger boys, and some survivors recruit, groom and/or pressure children into various forms of CSEC. Beneficiaries at a DIC included in this study were actually grooming one of their peers.

Drop-in Centres are an important resource for survivors, when the focus is on providing, and helping them access, services and programmes that empower them towards a life free of sexual exploitation. Assessing the long-term effectiveness and efficacy of the services and programmes offered by DIC to survivors of various forms of CSEC would be helpful to the field. Research might also look into the factors that possibly maintain drop-in centre beneficiaries in situations of sexual exploitation.

354 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 335.

2.6 Raids and Rescue

Raids and rescue operations entail the removal of suspected victims from situations of sexual exploitation. They may involve interventions conducted by rescue teams typically comprised of law enforcement or other local authorities, and may encompass the collaboration of international or other foreign investigative bodies as well as social welfare agencies and/or non-profit organisations. In the Philippines, for example, the International Justice Mission (IJM)—a faith-based non-profit organisation—provides support for National Bureau of Investigation Anti-Human Trafficking Division (NBI) operations aimed at investigating and rescuing children and women victim of human trafficking. [355] Raid and rescue operations may take place at brothels, hotels, entertainment businesses, or private homes. At times, these operations involve the participation of undercover operatives[356] and are conducted in conjunction with entrapments. Entrapments occur "when law officers employ ruses and schemes to ensure the apprehension of the criminal while in the actual commission of the crime".[357] Although not included in the original line of this study's inquiry, several respondents brought up a number of care needs related to raids and rescue operations. Among the survivors included in this study, 14 had been removed from their situations of exploitation through such interventions.

Rescue operations are not always experienced as a 'rescue.' According to a service provider, *"the word rescue is not understood"* among the beneficiaries of the organisations he works with. They see the word 'raid' as more fitting. Not all sexually exploited children see themselves as victims, and *"some may feel resentment at being rescued".*[358] Raid and rescue operations can be traumatising for survivors. They can be chaotic in nature and not victim-centred.[359] Unexpected circumstances may develop and violence can erupt. The rights, health and safety of those being rescued may be jeopardised.[360] A young woman described that she was blind folded when rescued and just told, *"you are saved because there was evidence"*. She divulged how she told herself to be strong and *"prayed to God that nothing bad happens"*. Another survivor explained how nervous she and the others became when the police kicked down the door of the establishment and shouted. They were crying but nobody comforted them or explained to them what was happening. According to the service provider, some of the girls are treated as criminals and further sexually exploited. Some of the beneficiaries he works with had been sent to jail and asked for high sums of money to come out. He added that if they did not have the money, the police would ask for sex. The corruption of law enforcement frequently emerged as an issue during discussions.

355 Reformina, Ina (2011), "Gov't steps up efforts vs human trafficking", *ABS-CBN News*, 20 April 2011, accessed 6 January 2017, http://news.abs-cbn.com/nation/04/20/11/gov't-steps-efforts-vs-human-trafficking. IJM partners with local authorities in different countries to "rescue victims of violence, bring criminals to justice, restore survivors, and strengthen justice systems" Haar, Robin N., Dr. (2015), "External Evaluation of International Justice Mission's Program to Combat Sex Trafficking of Children in Cambodia, 2004-2014" Prepared for International Justice Mission Washington, DC, December 2015, i, accessed 6 January 2017, https://www.ijm.org/sites/default/files/resources/2015%20Evaluation%20of%20IJM%20CSEC%20Program%20in%20Cambodia%20-%20Final%20Report.pdf.

356 U.S. Agency for International Development (2006), "International Justice Mission: Anti-Trafficking Program in Cambodia - Assessment", February 2006, accessed 11 October 2015, http://pdf.usaid.gov/pdf_docs/PNADG806.pdf.

357 Republic of the Philippines – Supreme Court, Second Division (2014), "People of the Philippines vs. Shirley A. Casio" ,G.R.No. 211465, 3 December 2014, accessed 6 January 2017,http://www.lawphil.net/judjuris/juri2014/dec2014/gr_211465_2014.html.

358 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 311, See: Friedman, 2005.

359 This is also mentioned in Bruxvoort, Dana (n.d.), "Raids, Rescues, and Rehabilitation: Rethinking Anti-Trafficking Interventions", (M.A. Candidate, Josef Korbel School of International Studies), accessed 17 November 2016, http://humantraffickingcentre.org/wp-content/uploads/2013/10/Raids-Rescues-and-Rehabilitation-Rethinking-Anti-Trafficking-Interventions.pdf.

360 Surtees, Rebecca (2003), "Brothel Raids in Indonesia – Ideal Solution or Further Violation?", *Research for Sex Work*, (6), December 2003, 5-7.

Some respondents raised the importance of planning for child-friendly procedures and ensuring the protection of children's rights during raids and rescue operations. A service provider stated that assuring safety and comfort during rescue operations was critical. She added that raids and rescue operations are very challenging and risky activities, and survivors need *"genuine support during that period"*. It can take a long time for survivors to understand that they were rescued and not arrested. Another service provider conveyed that it was critical to ensure that victims were respected, *"not abused by law enforcement, and told that they are victims and not suspects".* The presence of a social welfare agency was seen as very important during rescue operations because, *"these law enforcement will not treat them as victims"*. A social welfare agency needs to make sure law enforcement *"will not touch them and will avoid labelling them"*. Concerns and criticisms have been raised regarding raids and rescue operations related to victims of sexual exploitation and trafficking.[361] It is beyond the scope of this study to elaborate on this matter. Themes mentioned during the discussions suggest that attention must be given to these interventions to ensure that survivors and their rights are protected.

Service providers who had participated in rescue operations explained how after being 'rescued,' children are informed as soon as possible about what has happened, their status as victims, and the next steps. However, several survivors disclosed that they were not provided with needed and honest explanations about where they were being taken, why, and how long they would have to be there for. A young woman described how immediately after the entrapment, a social worker explained what was happening, let her and other victims calm down, gathered background information, asked them why they were there, and explained opportunities available to them for not returning to their situation of exploitation. The social worker and the police drove them to a locked shelter. She described being in a state of shock, crying and screaming. They had no idea that they would be staying at the shelter for a long time. She had much unfinished business at home to tend to, family waiting for her, and she struggled with not being able to easily make phone calls. All they were told was that, because procedures had to be followed, they would go home after the court hearing. She was upset that authorities had promised that they would go home soon, when in fact, this was not the case. She felt they deserved to have received an explanation as well as honesty from the beginning. *"Honesty"* she explained, *"is a big factor in that process. Have to tell what is going to happen… tell those things so it can be easier for us to accept we don't go home"*. Another young woman shared that although she was told that she would be going to a shelter, no explanations were given as to why she had to go there, and as to what human trafficking was. A young woman revealed how at the entrapment they were told they would simply be asked questions. They were shocked to find out that they actually had to go to a shelter. It was explained to them that they were victims who needed *"to be out of that kind of job*", and would therefore stay at

361 Bruxvoort, Dana (n.d.), "Raids, Rescues, and Rehabilitation: Rethinking Anti-Trafficking Interventions": Bruxvoort, Dana (2014), "The Untold Side of Raids and Rescues: Rethinking Anti-Trafficking Efforts", Human Trafficking Center, 29 January 2014, accessed 17 November 2016, http://humantraffickingcentre.org/posts-by-htc-associates/the-untold-side-of-raids-and-rescues-re-thinking-anti-trafficking-efforts/; Gallagher, Kristin (2014), "Are Anti-Human Trafficking Campaigns Harming Some Young Women and Girls?", *Huffington Post*, published in October 2014 and updated in December 2014, accessed 10 October 2015, http://www.huffingtonpost.com/kristin-gallagher/are-antihuman-trafficking_b_5910564.html; Global Alliance Against Traffic in Women (2007), "Collateral damage: The impact of anti-trafficking measures on human rights around the world", Bangkok: Global Alliance Against Traffic in Women, accessed 11 October 2015, https://www.iom.int/jahia/webdav/shared/shared/mainsite/microsites/IDM/workshops/ensuring_protection_070909/collateral_damage_gaatw_2007.pdf; Owens-Bullard, Becky (2014), "Take Off the Cape: Why Using the Word "Rescue" is Harmful to Anti-Trafficking Efforts", Colorado Coalition Against Sexual Assault, accessed 24 October 2015, http://www.ccasa.org/take-off-the-cape/; Powers, Samantha (2009), "The enforcer, A Christian Lawyer's Global Crusade", New Yorker, January 2009, accessed 28 October 2015, http://www.newyorker.com/reporting/2009/01/19/090119fa_fact_power; Surtees, Rebecca (2003), "Brothel Raids in Indonesia – Ideal Solution or Further Violation?"; U.S. Agency for International Development (2006), "International Justice Mission: anti-trafficking program in Cambodia—assessment".

the shelter temporarily. She said that, it would have been better to be told right away that they would remain at the shelter longer. She had a young daughter waiting for her at home. She added that they had been warned that running away would extend their stay at the shelter. She had lost trust in the social workers because they had not followed through on what they had told them, and had not been honest.

In some instances, survivors who have just been rescued through a raid operation, are brought to a 'Processing Centre.' The intent is for them to stay in this type of transit centre for only a couple of weeks while facts and information about their identity, age and families are collected, and an initial plan of action is developed. As will be discussed later in this report, survivors sometimes stay there for many months without being able to access any psychosocial rehabilitation programmes and services. Some of the survivors shared how scary the raid had been for them, and how staying at the processing centre without support had been very difficult.

These discussions highlight the need for human rights to be respected during raids and rescue operation, and soon thereafter. Service providers should be there to protect children's rights and offer immediate support and honest information. Raids and rescue operation are often traumatic and this can affect survivors' capacities to absorb and understand information provided soon after. That information should be repeated later to ensure survivors have understood it. Research and literature specific to the care and protection of children during and soon after raids and rescue operations is required.

2.7 Basic Needs Assistance

When initially asked a general question that sought to identify what children need when they are first identified, the majority of the respondents immediately replied that, in addition to love and care, children need basics such as food and water, personal hygiene, clothes, safety[362] and/or shelter. For example, when asked what children need when they first arrive at a shelter, a young woman in Nepal explained that *"They need to be cleaned so they need soap and shampoo for cleaning. Many girls who came here during my one year here, they need clothes and also food because some of them come starving. Some of them when they come here they come without taking a bath for many days. So they need to bathe"*. Basic human needs are factors that, when not met, place children at risk for or keep them engaged in sexual exploitation. Little information is available on basic needs in terms of what exactly children survivors of CSEC need, find important and helpful, and what is available. The experiences and insights they and service providers generously imparted shine a light on a domain of support and related standards of care that deserve attention, additional funding, as well as oversight and accountability.

362 Respondents highlighted survivors' essential need for a sense of safety. The need for safety, a key element to children's recovery, is discussed under the section 'Safety and Associated Security Measures' as this topic is also relevant to alternative care settings.

2.7.1. Food and Water

Whether on the streets, after a raid and rescue operation, or at a drop-in centre or shelter, children at the point of identification might not have had a meal in many days, and may be dehydrated and/or malnourished.[363] Two service providers in Nepal shared how girls in the entertainment sector only have access to bad water and food, and are often not given any food at all. Although children may right away consume the food offered by service providers or hoard it out of survival habits, some may not seem hungry. They might have already eaten, or may not want to eat because they feel afraid, sad, stressed or cannot trust the situation.[364]

Respondents highlighted the need for potable water (e.g., filtered or bottled water) and fresh nourishing foods. In a few settings, survivors were concerned about having to drink water straight out of rusty faucets. One of the reasons a young woman in the Philippines did not want her child to live with her at the shelter was because of the water. In order to have potable water, shelter residents have to purchase their own bottled water, which is not an option since they have little or no money. Accessing water, and electricity, can also be an issue in Nepal. A girl there stated that, *"there is no water or electricity…. We don't even get to wash cloths pads when we have menstruation"*.[365] Funds are limited, and purchasing bottled water and/or a generator may not be an option.

Organisations, whether governmental or non-profit, may rely on the donations of goods. When discussing needs, two young boys in the Philippines said that what is needed are visitors *"who would give feeding programmes"*. They were hungry and wanted their shelter to provide food in sufficient quantities. They were appreciative of the times when visitors would bring food, and wished for more of that. Several survivors in the Philippines criticized the food at the shelters. They were often given canned food, and at times some of the food had expired and/or was mouldy. A young woman complained of the meat in the shelter's kitchen being covered with flies and there were cats walking on the tables.[366]

Survivors usually appreciated the food provided by shelters/programmes, nonetheless some very much wished for familiar foods, the kind they grew-up on or had gotten accustomed to in their prior situation.[367] Two service providers in Thailand confirmed that survivors *"love their own food"* and their program, therefore, only serves food that is specific to the ethnic background of the survivors. As a way

363 Sexually exploited children are at risk for malnourishment. See: Hipolito, Cynthia (2007), "The commercial sexual exploitation of children", (Master's thesis, University of Texas at Arlington), accessed 14 July 2014, https://uta-ir.tdl.org/uta-ir/bitstream/handle/10106/768/umi-uta-1970.pdf?sequence=1; International Labour Organization, (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children".

364 Multiple incidents and forms of trauma such as sexual abuse and other forms of child maltreatment are associated with eating disorders. Children's responses to food should be given attention, and addressed if problematic. Shelter staff should receive training on such topics as eating disorders, and healthy nutrition. See: Breweton Timothy D. (Jul-Sept 2007), "Eating Disorders, trauma, and comorbidity: focus on PTSD", *Eating Disorders*, 15(4), 285-304; UNICEF (2015), "Measuring and Monitoring Child Protection Systems: Proposed Core Indicators for the East Asia and Pacific Region, Strengthening Child Protection Series No. 1", UNICEF EAPRO, Bangkok, accessed 2 November 2015, http://www.unicef.org/eapro/Child_Maltreatment.pdf.

365 As mentioned in the next section on 'Personal Hygiene and Clothing', the use of re-usable cloth to absorb menstrual flow during menstruation is common practice in Nepal.

366 It is interesting to note how at some of these locations, service providers spoke positively about the food, yet survivors provided information to the contrary. The same occurred with regards to information related to availability of beds at shelters. In these cases, this researcher and translator witnessed that survivors' accounts were actually correct.

367 The offering of food may actually play a role in empathic emotion regulation. As Hamburg et al. state, it "increases interpersonal closeness". See Hamburg, Myrte E., Finkenauer, Catrin, Schuengel, Carlo (2014), "Food for love: the role of food offering in empathic emotion regulation", *Frontiers in Psychology*, 31 January 2014, accessed 2 December 2016, http://journal.frontiersin.org/article/10.3389/fpsyg.2014.00032/full.

to address different food preferences, and to empower survivors, some programmes engage children in taking turns creating weekly menus. Several programmes also engage children in the meal process, from gardening, preparing, and cooking, all the way through to cleaning and putting dishes away. For some of the survivors, it is a pleasure to be allowed in the kitchen and help with the cooking. Some survivors expressed their appreciation for eating with the other children, and sometimes the staff. When asked what one of the best parts of being at the shelter is, a young woman in Nepal conceded that it is, *"being allowed to work in the kitchen and to cook for everyone"*. Involving children in these ways is seen as an opportunity to educate them on food and eating related hygiene, as well as to socialise them to cultural norms and values. Kitchens can be a sanctuary, and the therapeutic and nurturing benefits to cooking and baking[368] could be a promising addition to recovery programmes.

The right to safe drinking water is a fundamental human right, as is the right to adequate nutritious food. These are vital for the healthy development of children, and should therefore not be compromised. It is most unfortunate that organisations have such limited funding that it places beneficiaries at further risk of serious health problems. This is a domain of care that is taken for granted, and that requires prompt close monitoring. Of concern as well is the segregation of children with differing diets. Several survivors in Thailand and the Philippines raised concerns about peers with cultural dietary restrictions (e.g., Muslim diet) having to prepare their own meals and eat separately.

2.7.2. Personal Hygiene and Clothing

Clothing, personal toiletries, hygiene education and promotion, and access to sanitary bathing facilities are needed, yet are not necessarily accessible to children who are or were sexually exploited. As mentioned above, a young woman at a shelter in Nepal described how when children first arrive, they need to take a bath. A young girl at a different shelter stated that *"When they first arrive they need clothes…. most of them don't come with clothes"*. According to several respondents, young children often have to be taught the very basics of self-care and bathing. Some are used to living in dirt, do not have a sense of what filth is, and have to be shown how to *"wash their belly button"* or how to use sanitary pads. During outreach, service providers sometimes distribute clothes. Some DICs provide access to bathing facilities. It is experienced as a sign of genuine care to be invited to bathe, and survivors appreciate being provided with such toiletry items as toothbrush, toothpaste, shampoo, towels, and clothes. Several children pointed out that it is extremely important for them to have their own personal soap since there are other beneficiaries who have contagious diseases such as scabies. In a few settings, children do not have access to soap or towels, and have to share a broken piece of toothbrush. At a 'holding centre' (a.k.a., juvenile detention centre) in the Philippines, for example, there was a strong smell of urine, faeces and sweat due to minimal ventilation and poor sanitary conditions. Children shared one piece of toothbrush, one piece of dirt stained soap, and one plastic cup that sat on the ledge of a door-less 'comfort room'. They drank water from a rusty faucet

368 Cooking lessons are used in some settings to help treat mental health issues and addiction. "Cooking and baking are pursuits that fit a type of therapy known as behavioral activation. The goal is to alleviate depression by boosting positive activity, increasing goal-oriented behavior and curbing procrastination and passivity" Whalen, Jeanne (2014), "A road to mental health through the kitchen", 8 December 2014, accessed 23 January 2017, http://www.wsj.com/articles/a-road-to-mental-health-through-the-kitchen-1418059204.

that was right next to a tiny toilet that had no lid or mechanism to flush. They had no towels, and had to hand-wash their own clothes and hang them to dry wherever they could in the cell. Garbage was accumulated between the bars and the walls.[369]

A number of girls and young women raised concerns about access to more sanitary pads or cloths[370] for their menstrual hygiene. It seems most programmes only provide them with a few pads for the entire duration of the menstruation, and only after it has started. A young woman in the Philippines, who shared that the shelter did not provide enough soap and shampoo, added that she is only given one sanitary pad per day, and a maximun of six for the total duration of her period. When discussing the need for an adequate quantity of pads, a girl at a different shelter stated that, *"It depends on your period if there's too much blood or the blood is too slow. If they have period, if the blood is too fat they are given 3 napkins, maximum 3 per day. If the blood is too slow, they are given 2 per day… For her it's enough since based on her observation of other children, they adjust themselves and just use 1 napkin per day"*. In Nepal, a girl and a child protection professional both thought that availability of sanitary pads/cloths was an immediate need for girls when they arrive at a shelter. There are girls who arrive at shelters during their menstrual cycle, and have no pads/cloths and no other underwear. In addition to menstrual pads/cloths, clothes are also indispensable. Survivors need underwear, bras, shirts, pants, dresses, skirts, sweaters, coats, as well as school uniforms and shoes. Most children only own the set of clothes they were wearing when identified. In some cases, children are undressed or scantily dressed at the time of raids and rescue operations, or when they can make their escape. As a girl in Nepal disclosed, *"After rescue, they brought her clothes because she didn't have any"*. Children in the entertainment sector, for example, may only have been wearing their 'work' outfits when the rescue operation occurs.

Some survivors also addressed the quantity of clothing needed. A young girl explained that children initially need 5 to 6 sets of clothes. Some survivors share their clothes, but this practice is not allowed at all shelters. Some organisations provide children with a few sets of clothing, and some take them shopping. Other organisations expect families to bring clothing for their children. When asked what is something that is not available at the shelter but that is needed, a girl in the Philippines admitted that, *"they really lack clothes"*. At her shelter, newcomers are not given clothes. Her mother had brought clothes for her, and *"the mothers of other children bring clothes that are fit for those children who have no mothers"*. Some shelters lack the resources to provide adequate clothing to their beneficiaries. A service provider shared how, in Thailand, survivors who are mentally handicapped may be sent to specialised government homes. She described how these homes are underfunded, and children are left to lay around naked. She added, *"They don't even wash them. It is absolutely horrific! It is one of the worst things you ever see. Obviously they don't have enough funds…"* Clothes are also needed for children in street situations and in the entertainment sector, as well as for their dependents.

369 As witnessed during the field research, as well as by professional fact-finders: Cullen, Fr, Shay (2016), "What Philippine officials found in child detention centres", 16 January 2016, accessed 23 January 2017, http://www.manilatimes.net/what-philippine-officials-found-in-child-detention-centres/239813/. See Footnote 408 in section 'Shelter Size, Number of Roommates, and Access to Bedding for additional information.

370 The use of re-usable cloth to absorb menstrual flow during menstruation is common practice in Nepal. For more information see: WaterAid (2009), "Is Menstrual Hygiene and Management an Issue for Adolescent Girls? A Comparative Study of Four Schools in Different Settings of Nepal", WaterAid in Nepal, March 2009, accessed 2 November 2015, http://www.sswm.info/sites/default/files/reference_attachments/WATERAID%202009%20Menstrual%20hygiene%20school%20adolesencegirls-nepal.pdf; Mahon, Theresa, and Fernandes, Maria (2010), "Menstrual Hygiene in South Asia: A Neglected Issue for WASH (water, sanitation and hygiene) Programmes", *Gender & Development,* 18(1), 99-113, accessed 2 November 2015, http://www.tandfonline.com/toc/cgde20/18/1.

2.7.3. Housing: Accommodations and Alternative Care

Children have a right to adequate standards of living, which includes housing.[371] However, not all CSEC survivors live, or may be able to live, at home. Several, as in the case of a couple of survivor respondents in this study, have no homes because both of their parents are deceased and in some cases, parents and families abandoned them. Others will never be able to return home because their parent is their trafficker/abuser, or, the home environment. is abusive and neglectful. For some, it is relatives, friends or neighbours who are directly or indirectly involved in their sexual exploitation, and thus going home is unsafe. Therefore, a range of accommodations, or alternative care, is required to meet survivors' various circumstances and stages of needs. According to the United Nations' Guidelines for the Alternative Care of Children, everything should be arranged "so that children can be well cared for and protected by their parents or other close family members. If children are separated from their families, governments should do all they can to help bring them back together. If this is not possible, governments must help find the most suitable form of alternative care".[372] Alternative care refers here to "any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her parents".[373]

Community and shelter based care are two broad categories of alternative care options. Community care refers to non-residential care that is "as close to family life as possible".[374] It may be informal care such as kinship care (e.g., extended family, family friends), or it may be temporary foster families,[375] and independent living situations such as boarding care or halfway homes. Survivors in situations of community care may continue accessing services through a shelter or through other programmes. Shelter care, also referred to as formal or residential care, includes overnight DICs (e.g., emergency shelters), processing centres (e.g., transit shelters), and short- and longer-term shelters. A range of services are typically inherent to shelter care, such as "safety from the perpetrator, health care, psycho-social support, education and vocational training, legal information and representation, and integration or (re)integration into a community".[376] Shelter care "is not a permanent solution".[377] One of the ultimate goals of most alternative care should be the (re)integration of survivors into the community.

Respondents in this study provided a number of insights as to survivors' needs in terms of accommodations and alternative care. The majority of the information pertains to shelter care, and is presented last. Other types of accommodations specific to particular groups of survivors were also discussed. At the time of the discussions, survivors lived in shelters, on the streets, on their own, or with parents, family, or friends. In light of their varied needs and circumstances, a variety of options are called for. Alternative care for various groups of children (e.g., boys, transgender, siblings, survivors with dependents, and survivors who have severe physical, mental and developmental disabilities) is desperately needed. Most alternative care programmes are understaffed. Standards of care should be enforced and monitored, and accountability is indispensable.

371 UN General Assembly (1989), "Convention on the Rights of the Child" Res. 44/25 of 20 November 1989, entered into force on 2nd September 1990, Article 27.

372 SOS Children's Villages International (2010), "Guidelines for the Alternative Care of Children, A Tool for Reviewing the United Nations Framework with Children, Facilitator's Guide", 5, accessed 5 October 2015, http://resourcecentre.savethechildren.se/sites/default/files/documents/5447.pdf.

373 *bid*., 13.

374 Mauney Robin and Rachana Srun (2012), "Assessment of Shelter versus Community Based Services Report", October 2015, 7, accessed 18 July 2015, https://www.winrock.org/sites/default/files/publications/attachments/Final%20Report%20Winrock%20Shelter%20Vs%20Community%20Based%20Services_Eng.pdf.

375 Foster care can also be considered a type of formal care. See SOS, Guidelines, 14.

376 Mauney Robin and Rachana Srun (2012), "Assessment of Shelter versus Community Based Services Report", 7.

377 Every Child, (2011), "Scaling Down, Reducing, reshaping and improving residential care around the world, Positive care choices: Working paper 1", March 2011, 17, accessed 16 July 2015, https://www.everychild.org.uk/sites/default/files/docs/ScalingDown_LowResProof_FINAL.pdf.

2.7.3.1. Community Care

- *Parental, Kinship, and Foster Care*

  A number of survivor respondents lived with their partner and/or children, with one or both of their parents, or in kinship care with relatives or friends. Kinship care is "family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature".[378] It is the most common form of care outside of parental care in South Asia.[379] The survivors interviewed were living on their own, were in parental, kinship or foster care, some were still involved in sexual exploitation, or were in transition, or had (re)integrated into a community. All three groups were able to access services either through outreach efforts or at DICs and some shelters. Survivors who had (re)integrated shared that they came to the organisation's shelter/centre to receive food donations, participate in some of the activities and events, and to connect with staff. A few had taken-up leadership roles such as becoming peer supports/educators to younger beneficiaries, and others had found employment at the organisations.

  A few survivor respondents had lived with foster families. They had been placed with locally based foreign families through faith-based organisations. Foster care refers to "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care".[380] It may be long-term but is not permanent like adoption.[381] Foster care can be perceived differently around the world.[382] In Thailand, placement of a child with relatives is also referred to as 'kinship foster care".[383] Although foster family care may at times be a preferable option to kinship or residential care,[384] it is rarely an option in Nepal, Thailand and the Philippines. Foster care is more common in North American and Western Europe than in many other parts of the world.[385] It is important to note that in the United States, a significant number of children who are at risk for or who are sexually exploited come from the foster care system.[386] Foster care can be a powerful option when foster families, and the children they host, are well prepared and adequately supervised.

378 UN General Assembly (2010), "Guidelines for the Alternative Care of Children", UN Doc. A/Res/64/142, 24 February 2010, Para. 29(c)(i), 6, accessed 6 October 2015, http://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

379 UNICEF (2008), "What you can do about alternative care in South Asia", UNICEF, Nepal, accessed 7 October 2015, http://www.ncwc.gov.bt/ncwc/files/publication/South%20Asia%20Advocacy%20Kit-Alternative%20Care.pdf.

380 UN General Assembly (2010), "Guidelines for the Alternative Care of Children", Para. 29(c)(ii), p. 6.

381 Every Child (2011), "Fostering better care, Improving foster care provision around the world, Positive care choices: Working Paper 2", accessed 7 October2015, https://www.everychild.org.uk/sites/default/files/docs/FosteringBetterCare.pdf.

382 Family for Every Child (2015), "The place of foster care in the continuum of care choices, A review of the evidence for policy makers", accessed 7 October 2015, www.familyforeverychild.org/wp.../02/The_place_of_foster_care.pdf.

383 *Ibid.*

384 *Ibid.*

385 *Ibid.*

386 See: Lillie, Michelle, OLP Foundation HumanTraffickingSearchNet (2013)., "Un Unholy Alliance: The Connection Between Foster Care and Human Trafficking", 10 October 2013, accessed 23 January 2017, http://digitalcommons.unl.edu/humtrafcon5/4/; Cecka, Dale Margolin (2015), "The Civil Rights of Sexually Exploited Youth in Foster Care", 117 W. Va. L. Rev. 1225, accessed 23 January 2017, http://scholarship.richmond.edu/cgi/viewcontent.cgi?article=2078&context=law-faculty-publications; Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 91, See Table 1.

Survivors' experiences with foster families were mixed. It was difficult for them in the beginning because of communication and cultural differences with the host families. A survivor intimated how he initially had "many many problems with them" and "kept wondering 'why am I here?'" However, they valued how much more effort these foreign foster parents had made to engage them when compared to parents in their respective cultures. Another survivor appreciated how the rules were more flexible and foster parents helped "with everything, education, and daily money". Staying with "a small family of about 3-4 people" was helpful to a survivor who felt that it allowed them to "spend time together and can build a relationship". Individualised care and attention, as is available in small family settings, can be a powerful vehicle towards recovery. A challenge raised by a survivor, however, was that of reintegrating in the family after being in the care of a very different culture and faith, and no longer knowing how to celebrate the biological family's traditions. Once (re)integrated into the community, survivors maintained different levels of contact with their foster care families.

The impact of the foreign foster care family's culture on the survivors was also raised in relation to shelter care situations. Some of the well-funded foreign faith-based alternative care programmes provide children with an environment that was considered by some as well above the means of these children's families and communities. Several service providers expressed concerns that such care may not be in the best interest of children in light of unreliable and time-limited project based funding, as well as the (re)integration process. A service provider explained how at their shelter it was "not a rich kid life here". It was rather "like what they had in their families". Otherwise, the transition back into society risked being more difficult.

The options of family, kinship, and foster care for CSEC survivors are domains that demand further inquiry and attention. They each have the potential to offer the one-on-one attention and the 'normal life' children need.

- *Transitional and Independent Care*

A variety of transitional and independent care, or transitional homes, options were described during the discussions. These ensure the protection and care of survivors in their gradual process of (re)integration, while also affording them increased independence and freedom of movement. Transitional homes are of consideration for survivors who feel ready, have reached the legal age of maturity, want to pursue studies or vocational training, and/or are not able to (rei)integrate back at home. Respondents referred to transitional homes as halfway homes, boarding care, shared rented room with other survivors of the same programme, housing at a vocational training or employment site, as well as 'renting a room by oneself.' Transitional home living allows survivors to remain connected to recovery and (re)integration services. Organisations usually assist survivors in identifying an appropriate location. A young woman shared, "If I wish to live outside, the staff will look for a rented room. They also provide all the utensils. We should pay half of the cost back to organisation but they do provide all that we need to survive". A service provider explained that their program enables survivors to stay in halfway homes for around two years. In the Philippines, a number of survivor respondents were at a transitional home until completion of their undergraduate studies. Such an option is appreciated, as it affords survivors a certain level independence, but it is costly and thus not as available. Alternative care programmes usually cater for CSEC survivors only up to the age of 18 years old. Several shelters had to bend the rules in order to accommodate young adult survivors who were in the process of completing their studies or vocational training.

The housing need of TAY survivors is an area that calls for broader attention and resources. Some survivors are not able to further their education or obtain a vocational training due to lack of free or low cost housing options.

2.7.3.2. Shelter Care

Included among the various types of shelter care, are the Drop-in Centres. Findings and discussions related to DICs can be found earlier in this report, on the section specific to this essential component in the recovery and (re)integration of CSEC survivors.[387]

- *Emergency and Transit/Processing Centres*

  Emergency and transit centres provide immediate shelter, usually for up to a month,[388] to survivors after they have been intercepted, rescued, referred, or identified. Respondents described the benefits of emergency sheltering, such as when children are identified at a border and cannot immediately be brought to a shelter. Survivors are provided with access to health services while service providers attempt to identify and locate their families, and assess and plan the next steps required in their care, recovery and (re)integration. Arrangements are then made to safely transfer them home or to another facility. In Nepal, for example, non-profit organisations working to address the trafficking of girls run a number of transit homes along the border with India. Girls who are rescued or intercepted stay there until the "most appropriate care for their circumstances can be identified".[389]

  After a raid and rescue operation, some children in the Philippines are brought to a processing centre. The stay there is intended to be for a few weeks only. However, due to various circumstances such as a lack of shelter care for boys, gay boys and children who identify as transgender, some children stay there many months. A service provider was concerned that, *"we don't have a place for them"*. She added that it is the biggest challenge, and thus the children have to stay at the processing centre much longer than the two weeks they meant to stay. There are simply no shelters for them. She added that it is also hard to find places for siblings whose parents are in jail. Some of the processing centres are not set-up to provide the kind of services that are commonly available at a DIC or short- or long-term shelter. One of them, for example, only had two rooms lined with floor pads, limited bathing facilities and no kitchen. A service provider shared how volunteers used to provide activities at their processing centre, but this had not happened in a while. A young Filipina woman remembered how upset she was when she had first arrived at the processing centre. She had no news from her family and her studies had abruptly been interrupted. She described having to sleep on small foam pads that she had to share with others, and having nothing to do during the day. She was not told that she would eventually be going to another shelter. Another young woman wished that someone had explained the purpose of processing centre. The raid and rescue operation had been very frightening, and she was body-searched immediately when she arrived there. On her last day there she was all by herself, and felt very scared. She thought it would be *"better if house parent sleep here"*. She would have liked

387 Drop-In Centres are discussed in section '2.5 Drop-in Centres' of this report.

388 Also mentioned in USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries", accessed 7 October 2015, http://pdf.usaid.gov/pdf_docs/Pnadk471.pdf.

389 Interview notes M. Singh, USAID/Nepal (2006) in USAID, (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries", 12, accessed 7 October 2015, http://pdf.usaid.gov/pdf_docs/Pnadk471.pdf.

to be able to pray with the house parent and staff, and to have been given *"a bible, something to read"* as there were *"No activities. No education"*. She also said that she needed clothes, and wished parents were allowed to visit every day and that there would be a way to communicate with her family. She would have liked to know in advance that she was going to be transferred to a shelter. She had believed all along that she would be going home. She did not feel comfortable about the transfer because she felt ashamed. She would have *"liked to know in advance so [she] could prepare"*. The lack of information and transparency are stressors that can exacerbate survivors' underlying trauma.

Children want and have a right to information that pertains to their care. This should include specifics about processing centre or emergency sheltering, and what to expect. In addition to meeting basic needs and attending to their health, children should also be offered activities and, when appropriate, communication with their parents and/or dependents, while they wait for procedures to unfold.

- *Shelter and Residential Care*

  The terms 'shelters' and 'residential care' refer to non-family settings where groups of at least five[390] and sometimes up to more than two hundred children live together and receive care twenty-four hours a day, seven days a week, provided by staff and volunteers who are not usually related to them. Group homes serve smaller numbers of children,[391] provide a "family type environment, with core adults taking on the responsibilities of a permanent substitute parent",[392] and allow for more one-on-one care. Small group homes located within a same campus are known as 'children's villages'.[393] For the purposes of this study, the term 'shelter' is used broadly, and includes small group homes as well as large dormitory style residential centres. Although most shelters included in this study differed in a variety of ways, 'shelter' was the term commonly used by survivors and service providers.

  Shelter care may be short-term or long-term,[394] depending on the facilities. In Thailand, there seems to be two types of government run shelters. Short-term shelters provide services up to a maximum of three months. When necessary, children are then transferred to long-term shelters where they can remain, as needed, until they reach the age of eighteen. In the Philippines, some of the government shelters combine immediate, short-term and long-term care. Among many of the NGO shelters included in the study, short-term often means that children stay until a longer-term care option is identified. A number of survivors had to stay many years at a short-term shelter, as there were no alternative care options that could meet their specific needs and/or circumstances. A few survivors had been to many different types of alternative care programmes.

390 Every Child, (2011), "Scaling Down, Reducing, reshaping and improving residential care around the world, Positive care choices: Working paper 1", 8.

391 Mauney Robin and Srun Rachana, (2012), "Assessment of shelter versus community based services report", 37; Every Child (2011), "Scaling Down, Reducing, reshaping and improving residential care around the world, Positive care choices: Working paper 1", 4.

392 UNICEF (2008), "What you can do about alternative care in South Asia", UNICEF, Nepal, 23.

393 Every Child, (2011), "Scaling Down, Reducing, reshaping and improving residential care around the world, Positive care choices: Working paper 1".

394 According to USAID, short-term is one week to 3 months, and long-term is up to six months or more. USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries".

Stability and Continuity of Care

When exploring the needs related to transitional shelter and residential shelters, a variety of themes emerged. One pertained to the need for survivors not to be transferred repeatedly. Some of the respondents raised concerns about whether or not it is best to have children first go to a transitional placement, such as a processing centre, and then to a short-term shelter, and then to a long-term alternative care. Or, if it is better for them to only go to one shelter once identified and until they can be (re)integrated. A young woman explained how she wished that they would not be taken from one temporary centre to another. She hoped there would be *"one centre that would process us for recovery and (re)integration. Because, what usually happens, we are transferred from one centre to another. Lots of adjustment and the trauma goes back again".*

Some survivors and service providers in the Philippines explained that it is traumatic to change shelters frequently because of the continual adjustment required. They stated that it is best to refer survivors right away to a permanent shelter. Although limiting the number of transfers is preferred in terms of stabilising survivors, service providers also discussed the benefits of having a place where survivors can first stay before being transferred to longer-term shelter care. Concerns were raised about survivors who have contagious illnesses or substance dependence. Some respondents recommended that children receive treatment before being brought to a residential shelter, so as to lessen the risks the contagious illnesses or substance using behaviours posed to other shelter residents. Reports were indeed made of shelter staff and beneficiaries contracting tuberculosis or scabies from newcomers. A service provider in Thailand explained that children who smoke or who are not ready to meet rules might be better served in a transit placement where the rules can be looser, and where they can be met *"where they are at"* initially. Some of the government shelters in the Philippines have new children first stay in a cottage for newcomers before letting them join the residential programme.

The goal should always be *"the sustainable long-term integration of the child into the family as soon as possible"*.[395] To ensure continuity of care, durable solutions are needed in terms of adequate and stable housing options for survivors who cannot return to their homes and communities. Engaging and consulting with them each step of the way could help minimise the stress some experience when transitioned from one location to another, and until a durable solution is identified.

Safety and Associated Security Measures

> ***"If there were somebody who came from government to ask her what should be done, she would say that these girls first need to be rescued from those places, and, after rescue, safety needs to be guaranteed. They should be provided with such a place where they can learn skills without fear." ~***
> **Girl survivor in Nepal**

Another theme that emerged when discussing the topics of basic needs as well as shelters was that of the sense of safety, and the need for security and safety measures. Safety needs to be guaranteed for both survivors and service providers.[396] According to a group of service providers in Nepal, recovery

395 International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children", 27.

396 Also addressed in the UN General Assembly (2000), "Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography", A/RES/54/263, 25 May 2000, entered into force on 18 January 2002.

begins when children are rescued and feel safe. The needs for security and safety are essential, and necessary from the time children are identified, until long after their (re)integration.

Different forms of safety needs were mentioned: safety from family violence, violence against women, being lured back into using substances and situations of sexual exploitation, as well as from contagious illnesses. Some survivors expressed the need to be kept safe from traffickers, their associates or family members, in addition to threats, briberies and retaliations. Not all abusers are apprehended and some will eventually be released. Survivors involved in legal cases against their abusers/traffickers can be in danger. Witness protection measures are at times necessary, as abusers/traffickers, or their partners in crime, will sometimes attempt to track down, stalk and silence survivors. Traffickers, for example, sometimes ambush the vehicles transporting survivors who are on their way to court. A social worker explained how the safety of survivors must be taken into consideration during transportation as well as in the process of repatriation. Survivors must occasionally take public transportation to reach services or an organisation, sometimes for overnight journeys. A social worker in Thailand explained how it is important to plan and be prepared for any risks. She gave the example of border conflicts having erupted while a survivor was in the process of repatriation. Accompaniment of survivors during transportation was seen as a need, and essential to their sense of safety and actual security.

When asked about the need for safety, a young Nepali woman at a shelter disclosed that, *"There are house mothers who live here with us. It is for our safety. Organisation and staff have taken good care of our safety. There are safety sirens here in case of emergency or if someone trespasses. Even if there is no inverter for power supply*[397] *in the office, they have provided power service for us in the bedrooms. I think a female security guard should be appointed. I think it would be helpful to admit all the girls in the same school so that one person could escort everyone to school with safety. Even when we go to [activities], the staff escorts us"*. Survivors in alternative care settings can rarely go outside of the property without being accompanied by a staff member, or sometimes an older resident. Service providers will escort survivors when they leave the shelter to go to school, vocational training or other activities. Several of the organisations are very strict at first, and then, after a few months, allow survivors to go independently to school or vocational training.

Organisations take different measures to increase security and safety. Shelters are often in confidential locations. A few even require that GPS or location features on cell phones be turned off before going and during the time there. Most shelter care programmes included in this study are fenced, and maintain their gates closed, and some have a security guard and/or surveillance cameras. These precautions are as much to keep children safe from abusers as to keep them from attempting to run away, escaping. A designated person is needed to monitor the live streaming of images, which is not always possible due to lack of staff.

Preventing survivors from escaping too quickly can enable service providers to establish enough rapport to begin the deeper work needed for children's recovery.[398] Running behaviours are common among CSEC survivors.[399] Survivors ran away from shelters for different reasons. A Filipina girl shared how much she longed to spend time with her school friends, watch movies, dance, and have fun, *"the normal life"*. Another survivor disclosed how she was planning to escape because she wanted to check on her aging parent who had been ill. Several survivors were concerned about being sent back home or taken to a government shelter, and therefore were considering running away.

397 There are daily power outages (a.k.a., load shedding) in Nepal that can range between 8-16 hours at a time.

398 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 342; See Priebe & Suhr, 2005.

399 *Ibid.;* USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries".

While a number of survivors understood the need for security and protection, others did not. They wanted and expected more freedom of movement. In the Philippines, a few young women shared how they did not understand why as victims they were in locked and guarded facilities, and not allowed to leave the shelter, except to go to court. They stated not having received any explanations or information about their rights. It is interesting to note that the 2015 TIP report recommends that shelters in the Philippines "allow freedom of movement to adult victims residing in government facilities".[400] This topic sheds light upon survivors' sometime conflicting, albeit normal, wish for both safety and freedom of movement. A delicate balance is necessary between survivors' individual rights and their actual security and safety. Some survivors were under witness protection, some had to be guarded against perpetrators and family members, and others were in the process of being (re)integrated into the community.

Children living on the streets are generally accustomed to a certain 'freedom' of movement and financial independence and find it difficult to be in restrictive types of alternative care. Respondents shared how they often attempt to, or run away from shelter care, whether government or NGO run. A young Thai woman who was now fully integrated, married and raising two children acknowledged that, *"When I ran away from centre I want to go out and play when something was going on and wanted to join… I stay at centre on weekends. Not prevent movement. Can come and go as she wish"*. A boy in Thailand who was reintegrated back with his family explained how when he arrived at the shelter he *"got bored, want to live my own life… Here have to follow rules. Cannot get up late, cannot go to bed late, cannot go out… Back and forth ran away"*. Another boy living at a shelter in Thailand explained how he ran away because he was addicted to computer games. Such games were not available at the shelter. However, when asked what was needed to help street children, several survivors stated that the best for them was to stay in shelter care, away from negative influences and substances. Interestingly, these children had been to government shelters, and had run away back to the streets. They acknowledge that being within the walls of a DIC or a shelter can help them feel safe (from street violence), but they also want the freedom to come and go as they please.

A child protection professional in Thailand related that the gates at their organisation's shelter remain unlocked. Instead of being forbidden to leave, survivors are encouraged to stay. The professional expressed concern that, in locked government homes, children are very protected and raised only within that facility and its culture. They therefore do not learn to think independently, are not prepared for the real world, and eventually relapse. Although the security and safety of survivors is quintessential, some shelters strictly isolated children from the wider community. Such isolation can influence their "identity, sense of belonging, and ability to reintegrate with families".[401] The security and safety needs differ from one survivor to another. It is difficult to accommodate these differing security and safety needs and circumstances in a shelter environment. A boy at that shelter, who appreciated the open gates, still felt that there should be a guard there to protect the younger children.

In order to minimise the occurrences of escapes, several service providers in Thailand and the Philippines shared that their organisations give survivors a choice as to whether or not they want to stay at a particular shelter. The survivors are informed of their options and sometimes are able to visit a few places, possibly stay for 2-3 days or a week, and then make a decision. This gives them the opportunity

400 U.S. Department of State (2015) "Trafficking In Persons Report 2015", 280, July 2015, accessed 8 September 2015, p. http://www.state.gov/documents/organisation/243561.pdf; For additional information on detaining survivors in shelters, the reader is referred to Gallagher, Anne, Pearson, Elaine (2008), "Detention of trafficked persons in shelters: A legal and policy analysis", August 2008, accessed 31 October 2015, http://www.childtrafficking.com/Docs/artip_detention_0808_final_0109.pdf.

401 Every Child (2011), "Fostering better care, Improving foster care provision around the world, Positive care choices: Working Paper 2", 4.

for a trial period in terms of fit, engages them in their recovery process and can be empowering. The organisations can also assess if this is a good match in terms of the other current residents and the unique needs of this individual.

A number of survivors in Nepal, Thailand and the Philippines expressed that although they had been told that they would be safe, this had not happened. Many still felt unsafe and could not return home, even for a short visit, because the location of the abusers/traffickers was unknown, or the abusers/ traffickers and/or his associates and family lived nearby. There is nobody to protect them. A woman shared that *"What would help me feel safe would be that the case be solved"*. She felt very scared because many people on the side of the abuser were going to her family's place. She believed that they might have been paid to do *"something threatening to them"*, and feared leaving the shelter.

A sense of safety is a basic need and domain of support that warrants attention. As revealed here, simple gestures can go a long way to enhancing survivors' sense of safety. For instance, a few survivors appreciated that staff at DICs or shelters always checked on them at night, as it helped them feel safe. Although the safety and security of survivors is quintessential, alternative care programmes must also consider the impact control, and lack of freedom and choice can have on survivors' rights, ability to trust as well as on their recovery process.[402] For example, some survivors feel resentful towards staff, and may decline assistance. Keeping children informed and engaged in the various domains of their care is empowering and can positively motivate them forward. Funding is necessary, as well as close collaboration and coordination between governmental agencies (e.g., law enforcement) and the non-profit organisations serving survivors in order to guarantee the safety of both children and service providers. Unfortunately, until traffickers/abusers are locked behind bars, some survivors may never feel safe.

Shelter Size, Number of Roommates, and Access to Bedding

The size of the shelter and the number of roommates was raised as a need to be addressed. A couple of survivors specified that they would prefer that a shelter not have more than 15-20 residents. The size of a shelter facility matters, as it is one element in a combination of factors believed to impact children in residential care.[403] When asked what service children appreciate the most, a service provider explained that they appreciate one-on-one attention because most have never had it.[404] A boy in Thailand shared how he appreciated the small size of the shelter compared to the government run shelter he had been to before. He said that, although there was many more staff at the government shelter, they spent most of their time at a desk. He very much appreciated how at the shelter where he lived at the time of the discussions, staff took the time to be and speak with the children. The shelter had a family feel to it.

Survivor respondents suggested that an ideal number of roommates would be between two and ten, with three being mentioned more often. They like to share rooms so they can have friends, fun and someone to talk to, as well as not to feel lonely or scared. A service provider in Nepal agreed that, "*One child per room is too lonely"*. As a Nepali girl stated, *"The more children living together in one room, the better…when there are more people they share more between each other and that creates merriment"*.

402 Surtees Rebecca (2008), "Why Shelters? Considering residential approaches to assistance" Nexus Institute, accessed 14 May 2016, https://nexushumantrafficking.files.wordpress.com/2015/03/why-shelters-residential-approaches-to-trafficking-assistance-nexus-2008.pdf.

403 EveryChild (2011), "Scaling Down, Reducing, reshaping and improving residential care around the world", Positive care choices: Working Paper 1"; Every Child (2011), "Fostering better care, Improving foster care provision around the world, Positive care choices: Working Paper 2".

404 Hence the need to strengthen options in terms of community care, as discussed earlier.

For a young woman in Thailand it was better if there were two to three of them staying in a room together. She said, *"Together we have someone to talk to. We have someone when we feel pain inside we can talk to that person, or anger can release it. Living together is like we stay in society. That helps with self-development. It gives us the courage to face the problem and society, to face the world outside. We can share the experience and knowledge. But if we stay on our own, it's like individualistic, as if we were not part of the society which it doesn't work with the rehabilitation recovery or self-development process"*. Only two survivors who discussed this topic expressed a wish for a room of their own.[405]

At some shelters, survivors share beds/mattresses with at least one other child or young adult. Sometimes, it is their choice. A house parent in Nepal confirmed that girls at the shelter do not want to sleep in their own bed. In some instances, however, survivors must share beds because there are not enough beds available. In Thailand, a boy revealed how, at the government home he had previously been to, children had to share beds because there simply were not enough; there was a lack of mattresses, pillows and blankets as well. He described how there were about thirty children in one room, and *"about ten of them would have to share the mattress with their friend"*. In the Philippines, service providers explained that a government facility had reached maximum capacity, and thus 53 of the children had to share beds. A young Filipina woman complained how crowded she felt, as her room only had five beds for ten people. A number of respondents at another government shelter explained how there were 59 children but only 11 beds. Children shared a bed with several other children, and they did *"not have a pillow… [and] a blanket because the stocks there are limited"*. The children would have a contest to decide who would get to use the blanket first. Since the electric fan in one of the bedrooms was broken, and thus it was uncomfortably hot, many children slept on a mat in the living/entrance area.[406]

Poor sleeping conditions were observed at a 'holding centre' (a.k.a., juvenile detention centre) in the Philippines, where children in conflict with the law (CICL), as well as other children such as victims of sexual exploitation and some very young children, sometimes have to stay for indefinite periods. Children in the three locked cells had to sleep on filthy floors with no mats, sheets, blankets, or pillows. In one of the cells, the floor was actually flooded due to a chronic pipe leak, leaving the large group of boys to huddle in one small corner. The living, sleeping, and hygiene conditions at that 'holding centre' were deplorable. The lack of minimum standards of care and human rights standards was most alarming.[407]

405 One survivor wanted her own room so she could be free to smoke, and the other because she wanted to study with no distractions.

406 A visit to the facility confirmed that there were indeed a total of eleven beds to be shared by the 59 children who were between 6-8 years old to 17 years old.

407 Others have observed similar poor conditions in these juvenile 'holding' centres. See: World Organization Against Torture (OMCT) (2013), Philippines: Forgotten Children in Juvenile Detention Centres, June 2013, accessed 11 October 2015, http://www.omct.org/rights-of-the-child/statements/philippines/2013/11/d22429/; IMPORTANT UPDATE: The maltreatment observed at the 'holding centre' was reported to child protection and human rights groups, as well as to the UN Special Rapporteur on the sale of children, child prostitution and child pornography and the UN Special Rapporteur on torture, and other cruel, inhuman or degrading treatment or punishment. In April 2016, the Philippines was reviewed by the UN Committee Against Torture who recommended the closure of this particular 'holding centre', and the transfer of all of its children "to a more conducive clean and home like structure shelter" (personal communication, Center for Legal Rights and Development Center, October 2014); See: World Organization Against Torture (OMCT) and Children's Legal Rights and Development Center (CLRDC) (2016), "Submission to the Committee Against Torture in relation to its examination of the Third Periodic Report of the Philippines, Ill-Treatment and Torture of Children Deprived of Liberty in the Philippines, 57th Session of the Committee Against Torture (CAT), 18 April – 13 May 2016, accessed 17 November 2016, http://www.omct.org/files/2016/04/23738/philippinescatreport_final._newversiondocx.pdf; For additional information, see: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/SessionDetails1.aspx?SessionID=1011&Lang=en.

Through discussing the size of shelters or the number of roommates, survivors pointed to the need for smaller scale alternative care settings that offer individualised attention, support a smaller numbers of roommates per room, and ensure children have access to a bed and bedding. These findings echo evidence found in literature that points to the harm large residential institutions may cause on developing children[408] and therefore the necessary global effort towards deinstitutionalisation.[409] Operating shelters is expensive, and needs to be sustainable in the long-term. Monitoring alternative care facilities is called for, as is enforcing standards of care.

Age

Several respondents at different shelters expressed the need for children to share room with peers of the same age. A girl in Nepal, for example, disclosed how the older girls always tease the younger ones, and they should therefore have separate bedrooms by age groups. This teasing caused her much grief. A boy at a co-ed shelter in Thailand also recommended that small children should be separated from the older children, *"so the adults can look after the small children more". By small children he meant from 1 to 8 years old, and older from 9 to 18 years old. A house parent at a shelter in Nepal explained that "younger children seek more love"* and want to be held more, *"to feel the affection"*. Although it may not be feasible at some shelters to room children by age groups, their differing developmental and attachment needs, as well as the bullying require attention.

First Day and Adjusting Period

> ***"Before the children come to this [shelter], they will need to be informed about where they are going because they are mostly nervous about the place that they are going".*** **~ Girl survivor in Nepal**

Most survivors shared having felt very scared and anxious when they first arrived at a transitional care facility, with some crying inconsolably. As a boy in the Philippines expressed, the place did not feel familiar, there were no friends, and he was afraid he might be lured or cheated. A young Filipino boy said that on his first day at the shelter, *"He was crying at that time. He was thinking about his parents. The people here did nothing while he was crying. He was praying to make himself silent after crying… What he needed was to be home... He wants to be with his parents. That he will not be separated from his parents… He wants to be with his parents and his siblings"*. In Nepal, a girl explained how, *"When they arrive here, they are still in a state of fear where they constantly worry about whether the perpetrator will come here and take them away, whether they would be treated differently because they have been sexually exploited"*.

Survivors said they need continued reassurance that the alternative care setting is a good and safe place. They appreciate being introduced to the people and the environment, and given an orientation with clear information on rules and regulations, schedule of activities, and expectations. For example, a boy in Thailand shared the importance of informing newcomers *"about the kinds of things that we do here. Of where his sleeping place is and here we eat at a certain period of time"*. For a young woman in Thailand, it was helpful that, *"the staff approach us and come talk with us"*. She appreciated on that first day to receive information that helped her understand that she had friends at the shelter.

408 EveryChild (2011), "Scaling Down, Reducing, reshaping and improving residential care around the world", Positive care choices: Working Paper 1".

409 UN General Assembly (2010), "Guidelines for the Alternative Care of Children".

For some survivors the sight of peers playing or welcoming them, and being offered care in the form of food, bathing, clothes, and a place to sleep provided them with a sense of relief. As a boy in Thailand shared, *"Feel good and comfortable not have to wander around in the streets… Feel good cause friends, place to stay, feel safe"*. One survivor in Nepal appreciated the house mothers asking her *"from time to time 'are you ok? Is everything ok here for you'?"* She described how on her first day at the shelter, *"they cut a cake, and there was a guy who played magic games with her"*. She also appreciated that the other shelter beneficiaries *"asked her what her name is and where she is from."* She added that, they *"became very happy"* when they found out that they all had been to the same prior shelter, *"It felt like belonging somewhere".* Another girl in Nepal also disclosed how worried she was on that first day, as she did not know what to expect. However, *"she saw other girls dancing and she felt 'oh ok, they even dance here.' So that relaxed her a bit. And within a few days she adapted".* A third Nepali girl shared how after two days of travelling by bus, she very much cherished that, *"Mummy [housemother] also asked me how the journey was for me. I felt like there is someone who cares for me. I had never come to [name of area] in my life before. I was scared about what would I be doing or where would I be taken. But when we reached here, mummy gave me food. I was very hungry. She also showed me where to eat. She called me 'chori' [daughter] which made me feel very good. After eating mummy said I should take a bathe, it made me feel good".*

Not all initial experiences are positive, and that can affect their recovery process. A Nepali girl shared that she had heard a caregiver tell a new beneficiary, *"You came from dirty place. They have done dirty things to you, bad things to you. Don't come near me. I don't like being with you. I don't want to share food with you"*. She added that the new girl *"felt very bad, she cried many times, and she often felt like she doesn't want to live there"*. A young woman in the Philippines had been told that she was going home, but was brought to the shelter instead. She mentioned how since she had been lied to by the organisation that had participated in her rescue, she did not feel motivated to participate in the shelter's services and programmes. As some service providers confirmed, the initial positive experience with shelter staff and beneficiaries is fundamental to their recovery process.

Respondents spoke of an adjustment period for both the newcomer and the current residents of the shelters. A social worker in the Philippines emphasised the importance of that time of transition when a new survivor arrives at a shelter: *"There needs to be better integration in terms of when a new girl comes, sometimes it completely disrupts the culture of the shelter. And there needs to be a better method for introducing a new client into the shelter so that it's smoother. The transition needs to be smoother for the new person and the girls that have been here".* A young Filipina woman shared how she wished that she had been given more time to adjust to the shelter. She said, *"I am looking for a comfortable place where I can think, be alone, and understand my emotions and feelings more. I just hope the centre would respect the process and not force the survivor that they need to be here or at school because it takes a lot of process. Should be step by step... I would have needed 6 months".* A girl in Nepal explained how *"There is an adjustment problem faced by all the girls who are new here" and "it takes about two weeks to adjust"*. Some service providers pointed out how it is important during the first two weeks after their arrival at a shelter, to *"Let them feel free, not ask too much. Not want it to be a shock"*. As a Nepali girl stated, *"They need time to adjust here, it's not immediately that they get used to this place"*. A number of service providers believed that the adjustment period very much depends on how they are received on their first day.

Contact with Persons Outside of the Shelter

Another topic that emerged during the discussions was that of the need for more regular contact with parents, family, dependents or friends while in alternative care settings. Cell phones are typically confiscated for the duration of survivors' stay at a shelter, and the ability of making calls is limited. Several survivors were worried about their loved ones' health and/or financial situation. Not being able to be in regular contact with them caused worry, and much anxiety.

Some shelters have strict visitation rules that limit the time and number of visits and visitors. For example, several shelters only allow one or two family members at a time, once a month for a couple of hours. This was especially difficult for survivors with dependents. They were not often able to see their children, and, in turn, their children were not able to visit with their mothers on a regular basis. The lack of contact and opportunity for them to bond is of concern. Geographical and financial limitations also make it difficult for some loved ones to come to the organisations or shelters for such brief visits. A number of service providers in the Philippines explained that some families file a Habeas Corpus against the organisation, and thus contact between survivors and their families is not possible. This is challenging for children who may not be given sufficient information, and may not understand such dynamics and legal ramifications.

In "an environment where strangers have to live together following an often traumatic experience"[410], rules and regulations are required to "facilitate the smooth operation of shelter facilities"[411]. Some survivors need protection from the potential dangers of threats and retaliation paused by traffickers and abusers. Strict restrictions such as on visitations and contact with persons outside of the shelter can, however, affect survivors' recovery.[412] In addition, as indicated by survivors with dependents, restrictions also impact their children, which, in turn, can place these little ones at risk for additional adverse childhood experiences. The topic of survivor contact with parents, family, dependents, and even with friends, while in alternative care settings also deserves consideration.

Gaps and Special Considerations for Different Populations

A number of gaps were acknowledged in terms of different populations and their needs for accommodations and CSEC-informed alternative care.

- *Boys and Transgender*

> ***"Organisations only focus on girl children but boys are being victimised and abandoned too. So there should be a shelter home for boys as well. Where they could stay, they could get education". ~ Girl survivor in Nepal***

Alternative care options were deemed especially necessary for boys, boys who identify as gay, and transgender children. There are little options available to them. The majority of the shelters serve girls. Only a few of the survivor respondents lived in shelters that are co-ed. One was an

410 Brunovski, Anette, Surtees Rebecca (2007), "Leaving the past behind? When victims of trafficking decline assistance", 102.
411 Surtees, Rebecca (2008), "Why Shelters? Considering Residential Approaches to Assistance", 22.
412 Brunovski Anette and Surtees Rebecca (2008), "Agency or Illness—The Conceptualization of Trafficking, Victims' Choices and Behaviors in the Assistance System", *Gender Technology and Development*, 12(1), 53-75.

NGO in Thailand and the other one a government-run home in the Philippines. The shortage of shelters for these children is alarming, and commands immediate attention and solutions. Several survivors voiced how it is important for boys and transgender to have a place to live where they can feel supported, *"not alone anymore"*, and where they can pursue schooling and/or vocational training. In Nepal, very few respondents who identified as transgender lived with their family. Most lived with friends, *"in crammed places"*. According to some, it is very difficult for them to rent anything, as property owners discriminate against them by not renting them a place or by significantly increasing the rent, thus making it unaffordable. Several survivors extended the need for transgender-specific services to include schools,[413] colleges, medical clinics, and public toilets.

A male-to-female transgender child in Thailand imparted, *"I don't think we need any special or additional services because although we are transgender, but we are human being, we have hand and foot the same as any others, we also have rights, the same as others, but what I would really like is for the society to accept us more"*. A service provider, also in Thailand, explained that the needs of transgender are indeed different from that of boys and girls. She believed that because the majority of people on the ground and helping CSEC survivors are faith-based, this population is ignored. She also thought that they receive less attention because transgender survivors tend to be older, in their late teens. Stigma and discrimination are very real barriers to accessing services, and hence severely affects the recovery process of this marginalised group of children.

Some service providers in the Philippines shared that boys and children who identify as transgender have to remain at processing centres for long periods of time, as there is nowhere for them to go. Boy (and girl) survivors are sent sometimes to 'holding centres' (a.k.a., detention centres) with children in conflict with the law (CICL) due to a lack of shelters.[414] As was elaborated upon earlier, the poor conditions of some of the 'holding centres' place survivors at risk for neglect, physical and sexual abuse, violence and torture.[415] CSEC victims, especially street children, are often held in detention and "re-victimized in criminal justice systems".[416]

413 As a side note, the need for a school for transgender students was identified and addressed in India: Padanna, Ashraf (2016), "India opens first school for transgender pupils", BBC News, 30 December 2016, accessed 23 January 2017, http://www.bbc.com/news/world-asia-india-38470192.

414 Girl survivors are also locked in the Philippines' juvenile detention centres (personal communication, Center for Legal Rights and Development Center, October 2014); See: U.S. Department of State (2015), "Trafficking in Persons Report", 281.

415 World Organization Against Torture (2013), "Philippines: Forgotten children in juvenile detention centres"; Just Detention International, (2009), "An Emerging Human Rights Crisis: Sexual violence in Philippine detention facilities, An alternative NGO report prepared for the 42nd session of the U.N. Committee Against Torture", accessed 11 October 2015, http://www.justdetention.org/pdf/PhilippinesShadow.pdf; Coalition to Stop Child Detention through Restorative Justice (2009) "Philippines: Continuing child detention with adults in police lockups, arbitrary detention of "rescued" street children, and extrajudicial execution of children accused of violating the law", *Briefing Paper, submitted to the U.N. Committee on the Rights of the Child*, accessed 11 October 2015, http://www.streetchildrenresources.org/wp-content/uploads/2013/10/Philippines-Continuing-Child-Detention-with-Adults-in-Police-Lockups.pdf; This researcher also personally witnessed the abhorrent conditions of one of the 'holding' centres where both CICL and children with no criminal charges are held for indefinite periods.

416 UNICEF (n.d.), "Justice for children: Detention as a last resort, Innovative initiatives in the east Asia and Pacific region", accessed 10 October 2015, http://www.unicef.org/protection/files/Justice_for_Children_Detention.pdf; UNICEF, (2006), "Juvenile justice in South Asia: Improving protection for children in conflict with the law", accessed 11 October 2015, http://www.unicef.org/rosa/Juvenile_Justice_in_South_Asia.pdf; Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Oultine for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

A number of other gender specific concerns were raised. Some service providers in Thailand and the Philippines discussed how male survivors tend to abuse other boys. According to a child protection professional, boys regularly sexually abuse other boys in the government shelters' bathrooms. There is a need for additional staff in order to ensure the safety of younger boys. She was alarmed by the reality of government homes in Thailand—where boys are sent—being systematically understaffed.[417] Children, she explained, are not properly supervised, and therefore sex trafficking victims abuse younger boys. She added, *"Girls will not go into the bathroom and rape another girl, usually. With boys, that's everyday occurrence. So we save children only to put them in a home where they get re-exploited"*. When exploring the topic of alternative care for male-to-male transgender children, a group of service provider in the Philippines recommended they should stay in a shelter for girls *"because they are afraid that the men would abuse them".*

It does not seem economically feasible to operate multiple shelters in order to accommodate different gender, as well as the differing sexual orientation of children survivor of CSEC. However, a range of gender sensitive programmes and options are required to meet the immediate housing needs of this large and increasing group of children. Proper supervision is also required to prevent survivors from sexually abusing other children, or perpetuating violence against minority groups such as children who identify as transgender.

> ***"… boys that we've seen become teenagers they do go pick up other kids and they try to sell them. Because, they feel in control. They feel that they don't want to be the victim any more. So they start selling others."*** **~ Child Protection Professional in Thailand**

- *Girls in the Entertainment Sector*

A number of survivors shared how girls in the entertainment sector are often forced to live under grim conditions. A Nepali girl shared, *"The girls live in very deplorable conditions because most of them who work in restaurants, they live in restaurants and in these places the rooms are filthy and dirty because they eat in the room, they eat on bed, they sleep with many different men on the same bed and never change bed-sheet which is filthy and it will spread diseases. The reason for this is, when a newcomer comes to a restaurant the owner will try to lure the girl and he will look for a room for the girl. Initially the girl will think ok he cares for me, he is arranging all this for me. But actually the owner will select the kind of room which is convenient for him to abuse the girl and send the clients to her. So their living conditions are deplorable"*. Finding a place to rent is also difficult for them. Property owners do not rent their places to girls working in restaurants, bars, and massage parlours.[418] Another girl explained how *"their conditions is even worse than when they were in villages… they have to live in crowded rooms often with their children, sometimes the rooms are so crowded that after coming back from work, they don't even find a space to lay down".* A young woman admitted that, *"sometimes guests will offer to arrange a place for them to stay"*. This is a tempting option for some of them, but it

417 This is discussed in the literature. To minimise the very real problem of older boys abusing younger boys, a shelter in Bangladesh does not allow boys older than 14 years old to stay overnight. See: Frederick, John (2010), "Sexual Abuse and Exploitation of Boys in South Asia, A Review of Research Findings, Legislation, Policy and Programme Responses", Innocenti Working Paper, UNICEF, April 2010, accessed 7 October 2015, http://www.unicef-irc.org/publications/pdf/iwp_2010_02.pdf.

418 Maiti Nepal (May 2010), "Youth-led study on the vulnerability of young girls working in restaurants, bars and massage parlours in Kathmandu", accessed 12 June 2014, http://www.ecpat.net/sites/default/files/Youth-Led%20Study%20in%20the%20Volulnerability.pdf.

maintains them in situations of exploitation. Out of necessity, a few of the survivors lived with family members (e.g., aunt, younger sister) who were also involved in the entertainment sector. Housing for girls involved in, or exiting, the entertainment sector is an area that needs to be addressed.

- *Survivors with Dependents*

  Several survivor respondents living at a shelter had one or more dependents that were not able to be with them. As discussed in section '2.8. Pregnancies, Childcare and Parenthood' of this report, there is a dire need for trauma and CSEC informed alternative care options for mothers and their children.

- *Siblings and Orphans*

  Survivors who are siblings of different gender represent one of the populations affected by the general dearth of alternative care options. Keeping siblings together is a recommended practice, unless not in the children's best interest.[419] However, keeping siblings together is not often possible, and, if it is, it will usually only be very short-term. One of the shelters for girls sometimes makes exceptions and accepts boy siblings when they are of a very young age. Service providers in the Philippines explained how many of the live/online child sexual abuse cases involve siblings. When parents are arrested because they are suspected of being directly or indirectly involved in the exploitation, there may be anyone else to care for their children. Finding kinship care is rarely an option as relatives may not be able to care for additional children, and whole communities are at times complicit in these crimes. In light of a lack of shelters, siblings have to be separated, sometimes for many years. In cases of human trafficking, parents are sentenced to life imprisonment.[420] Long-term alternative care options are needed for orphaned survivors.

- *Survivors Living with Disabilities, Severe Mental Illness and Comorbid Conditions*

  According to some respondents, survivors with disabilities (blind, deaf, Down Syndrome, lost limbs, etc.) are usually referred to specialised programmes that do not address the children's trauma and needs related to their sexual exploitation. In some cases, children's disabilities are a direct result of their exploitation. A child protection professional in Thailand explained that, *"There was this thing for a while that they cut the tongues out of them…to just prevent them from telling what happened to them".* A number of service providers shared how children with disabilities are often ignored or abused by their families, and, in some cases, teachers and peers also abuse them. Children living with chronic illnesses, severe mental illnesses and/or comorbid conditions (e.g., substance dependence and other addictions) represent another group of survivors for whom there is a lack of alternative care settings, which could also address their adverse childhood history, as well as their experiences and trauma as CSEC survivors.[421] Little information is available on these children.

419 EveryChild (2011), "Scaling Down, Reducing, reshaping and improving residential care around the world", *Positive care choices: Working Paper 1.*

420 During the field research, this researcher and assistant visited a prison and witnessed a number of children saying goodbye to their mothers who were being sent the next day to prison for life. The mothers had been charged with human trafficking, and, in one case, the children were in the sole care of a very disabled elderly grandmother.

421 See sections '2.9.2. Mental Health and Psychological Assistance" and '2.9.3. Addiction and Rehabilitation' in this report.

- *Survivors who are Foreign Nationals*

  A child protection professional highlighted the importance of providing shelter care to survivors, regardless of their legal status and nationality. She explained how *"We need solutions for non-Thai kids in Thailand. That's actually a huge problem… Non-Thai kids should have access to similar [alternative care options]. Because in Thailand, let's be honest, there's thousands of non-Thai kids. And they're being exploited. So these are the things: we're here to protect children. It doesn't matter where the child came from. So we do need to address that"*. Thailand is a destination country for children who are trafficked from neighbouring countries. Several respondents in Thailand expressed serious concern regarding the ASEAN[422] opening of borders, its potential for a sharp increase in undocumented, trafficked and sexually exploited children, and the insufficiency of alternative care programmes for this population. Respondents in Nepal and the Philippines did not address the recovery needs specific to foreign nationals.

Barriers to Alternative Care Options

- *Funding*

  As stated in the literature, "Finding a viable long-term means of self-support is difficult for most shelters…[and] largely depends on support from international donors and foundations".[423] The sustainability of shelter care programmes in light of project-based, time-limited, funding is a concern to both survivors and service providers. A young Filipina woman expressed concerns that the shelter is only temporary *"because only project base. Anytime it will end".* A woman, also in the Philippines, voiced that it is useless to provide shelter care that is not continued. Another young Filipina woman disclosed how her alternative care program had ended because it was project based and almost all of her peers went back into prostitution because there suddenly were no social workers available to follow-up with support and monitoring; *"They were left alone".* Uncertain funding makes for uncertain futures for children who are CSEC survivors, as there is limited guarantee that the alternative care programmes will be able to continue providing the roof and services they need to succeed.

- *Insufficient Number of Staff*

  Service providers in Thailand mentioned lack of staff as a barrier to quality alternative care for survivors. A social worker described how each of Thailand's 77 provinces has one 'children and family home,' with about 7 to 8 staff for about 100 residents. These shelters are for victims of various crimes such as domestic violence, neglect, physical and sexual abuse, incest, and human trafficking. A child protection professional in Thailand stated that there was too few staff for the number of children in government shelters. She explained that although there is a ratio set as to how many staff per children are allowed in shelters, some of the staff on paper included the janitors and cooks, who are not direct services staff. They are not the staff working

422 Association of Southeast Asian Nations (ASEAN) members include Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam.

423 USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries".

directly with the children and related to the needed ratio. Staffing issues were also raised in Nepal and the Philippines. Most shelters are understaffed. One of the shelters included in the study, operates with only one house parent and one cook for more than forty beneficiaries. Lack of staffing prevents house parents and other caregivers from taking much needed respite time. Caregivers such as social workers and counsellors are forced to carry heavy caseloads, which is not in children's best interest. This can lead to compassion fatigue, burnout, high staff turnover, and possibly re-traumatisation of the children. CSEC survivors often require much attention, and a lack of staff is not in their best interest.

- *Lack of Oversight*

  A service provider in Thailand identified an area that she felt needed attention. She explained that, in Thailand, government shelter programmes *"have overconfidence in their system. They reject other ideas. They think they are the best".* They just follow the system that is in place, and just put information into pre-existing forms. According to her, government shelters forget *"to consider the person"*, and thus some children's unique needs are not noticed. There is no system of oversight and accountability. She added that this had led to situations such as two girls drowning when trying to escape, a girl raped at a shelter, and children being trafficked by a staff. Several service providers in Nepal and the Philippines also raised concerns about government facilities in their countries, and the lack of oversight. For example, a few service providers shared that staff at a government orphanage/shelter in Nepal had repeatedly sexually exploited a number of children with developmental disabilities.[424] More resources and caregivers are needed to ensure that children are supervised and can feel as safe as possible. There is also a need for oversight and accountability in terms of standards of care.

- *When Shelters are Better Options than Going Home*

  A number of survivors had strong feelings about not wanting to go home, as they knew they would no longer be able to access the services and programmes they needed and/or appreciated. A survivor in the Philippines explained how another reason girls do not want to go home is that their families would pressure them *"to go back to earn money".* Another Filipina survivor stated that, *"they are the bread winner of the family who depends on them".* Some service providers in Thailand shared similar concerns with the girls their organisation served. In other instances, the parents are who want their children to stay at the shelter, because they cannot afford to provide them with similar access to varied opportunities. Although every effort must be made to work with both children and their families towards a possible reunification, such very real dynamics can influence children's recovery process. It may ultimately be in children's best interest to remain in an alternative care setting. However, most have limited capacity and only provide short-term care.

424 Pandey, Sunir (2014), "Bal Mandir rapists jailed", *Nepali Times*, 5-11 December 2014, accessed 24 January 2017, http://nepalitimes.com/article/nation/bal-mandir-rapists-jailed,1861.

2.8 Pregnancies, Childcare, and Parenthood

After having been at a government shelter for a few months, a young woman with dependents shared: *"In the outside world I focused my time more to my friends. Instead of giving my time to friends, I should focus more to my children. I realise that time is so precious and I must give it to my children".* ~ Young woman survivor in the Philippines

***"And sometimes those who have children they have to sell their bodies to support their children."* ~ Girl Survivor in Nepal**

Pregnancy is a common experience for girls who are sexually exploited.[425] As a girl in the Philippines stated, *"We have many teenager pregnancy. 12 years old. 13 years old. Already mother"*. Two service providers in Thailand also acknowledged that there are many pregnancies among girls who are sexually exploited and trafficked. Two service providers explained how most girls in Nepal enter the entertainment sector at age 13 and 14, and have a child by the age of 15. They go into the entertainment sector to feed themselves and then have to feed *"one more mouth".* Literature indicates that girls in prostitution experience *"higher levels of pregnancy…than either adult prostitutes or the general population"*.[426] Many keep their children, while others abandon or give them up to adoption. Some traffickers use these children as leverage.[427] Unfortunately, a limited number of organisations are able to include childcare as part of their services and programmes.

A young woman in Nepal raised certain dynamics related to girls exploited through the entertainment sector. She said, *"The problem with these girls is that when they work in this field, they always have a risk of getting pregnant in case they are abused or they are forced to sleep with someone. So, when they get pregnant, it is a problem because if they give birth they cannot feed the children. They have no way to take care of the children but even to have abortion they don't have money. So, a solution should be available for this situation".* Several service providers shared that there are *"lots of abortions"*. In Nepal, abortions up to 12 weeks—and 18 weeks in the case of rape or incest—have been legal since 2002.[428]

425 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", (PsyD diss., California Institute of Integral Studies), 207; ECPAT International (2014), "The Commercial Sexual Exploitation of children in South Asia, Developments, Progress, Challenges and Recommended Strategies for Civil Society", November 2014, accessed 10 October 2015, http://www.ecpat.net/sites/default/files/Regional%20CSEC%20Overview_South%20Asia.pdf; International Labour Organisation (2003), "Facts on Commercial Sexual Exploitation of Children", March 2003, accessed 10 October 2015, http://www.ilo.org/public//english/standards/ipec/publ/download/factsheets/fs_sexualexploit_0303.pdf; Greenbaum et al., "The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment and Treatment", APSCAC Practice Guidelines, accessed 12 October 2015, http://www.kyaap.org/wp-content/uploads/APSAC_Guidelines.pdf; Frederick, John, Basnyat,Muna, and Aguettant, J.L. (2010), "Trafficking and Exploitation in the Entertainment and Sex Industries in Nepal: A Handbook for Decision-Makers", Kathmandu, Nepal: Terre des Hommes Foundation, accessed 31 October 2015, http://www.childtrafficking.com/Docs/handbook.pdf.

426 Ennew, Judith (2008), "Draft, Exploitation of children in prostitution", Thematic Paper as a contribution to the World Congress III against Sexual Exploitation of Children and Adolescents, accessed 10 October 2015, http://ecpat.net/sites/default/files/Thematic_Paper_Prostitution_ENG.pdf.

427 Deisher, Robert et al. (1989), "The Pregnant Adolescent Prostitute", *American Journal of Diseases of Children*, 143(10), October 1989, 1162-1165; John-Fisk, Hena (2013), "Uncovering the Realities of Prostitutes and their Children in a Cross National Comparative Study Between India and the U.S.", (PhD Dissertation, University of Utah), August 2013, accessed 27 August 2015, http://www.mensenhandelweb.nl/system/files/documents/17%20dec%202014/2543.pdf.

428 Samandari *et al*. (2012), "Implementation of Legal Abortion in Nepal: A Model for Rapid Scale-Up of High-Quality Care", 2. accessed 15 September 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3373381/; Frederick, J., Basnyat,Muna, and Aguettant, J.L. (2010), "Trafficking and Exploitation in the Entertainment and Sex Industries in Nepal: A Handbook for Decision-Makers".

For minors under the age of 16, a legal guardian's consent is required, and, as the young woman shared, the cost is prohibitive for these girls. The young Nepali woman suggested that safe and free abortions should be available or provided. If the pregnancy cannot be terminated because *"the pregnancy is already more than 3 months… in such condition the girl should be provided a safe place to stay where she's also provided with food and according to her condition she should be given earning opportunity"*.

Some girls also try to sell the babies who are conceived most often of relationships with customers or traffickers. She related how when she was much younger, her friend had sold her baby to one of the couples who come to hospitals to buy babies instead of doing a formal adoption. She had *"also seen newborn babies who were abandoned in river banks or under bridges. After the babies are born, they pack them and they just throw them somewhere"*. A key informant in the Philippines, where abortion is illegal, shared similar stories of young girls involved in prostitution leaving their newborns in fields, to be eaten by packs of dogs and vultures. Service providers in the Philippines shared that girls sometimes resorted to unsafe abortion procedures such as consuming abortion pills sold secretly on the streets. Abortions are generally prohibited in Thailand as well, except for when the pregnancy endangers the mother's health, or when the pregnancy is due to a sexual offense.[429]

Most of the survivor respondents who had children were raising them on their own, with the father or with the help of parent(s). When asked what parenting support they needed, the three survivors in Thailand claimed that they did not need any parenting support. A husband and wife who were both survivors shared how they could learn from their experiences and look after their children themselves. A girl in Thailand, who was raising her child with her mother's help, said, *"I don't need help. My family is happy. Baby happy"*. However, for a variety of reasons, some survivors were not able to raise their own children. In some cases, the children lived in kinship care, or were sent to a different shelter.

After a raid and rescue operation, one of the first concerns of survivors who are mothers was the welfare of their children. A service provider in the Philippines shared how for lactating mothers they make sure that the baby will be brought to the shelter as well. She added that if there are children at home, they also are taken to the shelter so the mothers would not be anxious. The children of Filipina survivor respondents, who had been removed from situations of exploitation through raid and rescue operations and had been placed in government shelters, were in the care of a father, grandparent, or friends. In one case, the father had kidnapped the infant soon after the survivor's rescue, but her family had eventually located and retrieved him. Although childcare is available at the government shelter, one of the respondents did not find it an appropriate environment to raise children. Another Filipina mother was struggling with the decision to go home and be with her children, or remaining at the shelter to ensure that she could finish her education.

The need for shelters specific to CSEC survivors who are pregnant and/or who have dependents was highlighted. According to a service provider in the Philippines, children are often separated from their teen mothers, and some are sent to temporary shelters or for adoption. Caregivers at a faith-based programme in Thailand explained how survivors who want to stay at their organisation to receive an education have to leave their babies with another organisation, or place them for adoption. If they want to keep the baby and receive an education as well, they must go to an organisation that is specific for teen mothers, but does not address their sexual exploitation and trauma. A girl in Nepal

429 UN Secretariat (n.d.), "Population Policy Data bank", *Population Division of the Department of Economic and Social Affairs*, accessed 18 December 2014, http://www.un.org/esa/population/publications/abortion/doc/thailand.doc.

emphasised how the organisation where she was accessing services *"should have staff who would love and care for these children because these children are deprived of love… the organisations should be different from orphanages because love and care will make the difference for the future of these children".* Addressing the needs of survivors who are mothers should naturally include serving the needs of their children. However, few organisations are set-up to do so, leaving mothers with difficult choices.

The childcare needs of teen mothers involved in, or trying to exit, the entertainment sector is one that also needs urgent attention. In some cases, dependents are left with parents, a neighbour, or a friend. In other circumstances, however, babies in Nepal are left alone to *"defecate, eat, sleep, and cry to sleep"* in a locked room. A young Nepali woman described how some of these babies *"had the skin pilled off from their hands because they were banging their hands wanting for mother."* She had seen that, *"those babies that were absolutely healthy they had development retardation because they were not taken care of"*. Older children are sometimes left to wander the streets, unsupervised.[430] One survivor in Nepal shared the story of her friend's child having permanently disappeared while she was away working. According to several service providers in Nepal, some mothers also *"go to work with babies, keep in corner and work"*. A young Nepali woman explained how when they have to *"do their business"*, some girls give their children alcohol to keep them asleep, while they serve men in the same room.

> ***"These are not the ways to raise children. Because mother's love is what the child needs to grow up. If you leave children in these conditions they are the ones who are going to come back and get involved in this sector again".*** **Girl Survivor in Nepal**

A concern expressed by both survivors and service providers relates to the sexualised behaviour of the children who witness the sexual abuse of their mothers. A young Nepali woman shared how children learn language and behaviours that they later share and try to emulate with other children. She said that some of the children will then say things like, *"'oh my uncle has a tail in the front!'"*, [431] and they describe what they see men do to their mothers. Several caregivers were also concerned that these children learn not to be scared of criminal activities, and are prone to becoming gangsters and drug dealers. They added that dependents have an aggression that they express in negative ways. Two other service providers, also in Nepal, shared that it is important for mothers to access parenting education because they are not aware that having the children with them in these situations is bad for their children.

Survivors and service providers highlighted the need for safe childcare programmes staffed with qualified and nurturing staff to care for the children of survivors of child sexual exploitation. Such programmes protect these little ones from exposure to and experiences of violence and sexual exploitation. According to several service providers in Nepal, there is nothing available for this population in terms of safe and appropriate childcare. Concerns were raised about the *"grim, poor hygiene conditions…*

430 For more information on this topic, see: John-Fisk Hena, (2013), "Uncovering the realities of prostitutes and their children in a cross national comparative study between India and the U.S.".

431 Kinship terms are commonly used in Nepal, and therefore the term 'uncle' here most probably does not refer to a family relative. That term can be used to refer to strangers. See: Turin Mark (July 2001), "Call Me Uncle: An Outsider's Experience of Nepali Kinship", *Contributions to Nepalese Studies*, 28(2), 277-283, accessed 3 November 2015, http://himalaya.socanth.cam.ac.uk/collections/journals/contributions/pdf/CNAS_28_02_07.pdf.

no safe water and food and real care" of some of the existing day-care programmes accessed by this population. One local NGO, specialised in serving girls in the entertainment industry, does provide much appreciated childcare services during daytime hours. It enables girls to avail themselves of recovery and (re)integration services available during the day at their drop-in-centre. A young woman shared that when young children are brought to the organisation's childcare centre, their development slowly improves. For example, young children who had passed the crawling developmental stage and did not crawl finally learned to crawl. She stated that, *"once they come here and they get care, within few days they start [to crawl]"*. Several survivors suggested that childcare services should also be available in the evening, and through the night, because when mothers pick their children up from day-care, they still have to attend to their *"evening or night duties"*. A couple of service providers believed, however, that instead of providing childcare at night, it is better to provide economic support so they can find day work instead. An interim solution is necessary for these children.

Childcare programmes enable mothers to focus on their transition, and avail themselves of the services they need to recover and (re)integrate. In some cases, children are brought to the classes.[432] Ideally, mothers and their children would be separated as little as possible, and only as needed per school, rehabilitation activities and work schedules. Service providers in Nepal highlighted the importance of prenatal care, and parenting classes and guidance. Counselling for young mothers is also necessary, as they often have no one to share their problems with. Legal support is required as well, as mothers and children do not necessarily have identification papers or birth certificates.

Joint services for survivors who are pregnant or have dependents are essential for both the mother and their children. The impacts of sexual exploitation affect both.[433] There are multiple risks associated with pregnancy and birth outcomes among adolescents and those who are sexually exploited.[434] The health needs of these children call for attention as well. The unique needs and experiences of survivors and their dependents must be considered and addressed. There is a dearth of literature addressing the needs of CSEC survivors and their dependents.

2.9 Health Needs and Assistance

> ***"I think [medical people like doctors] should change their mind. They behave differently with us [than] with other normal people. We are not who we are for fun. They should understand us while giving us services. This should not be limited to doctors. Government should think about this population. Nation will follow the rules that government makes. So if government supports us, people will have better behaviour towards people like me. We are different but we have needs like other people."***
> **~ Male-to-female child survivor in Nepal**

432 World Education (2009), "Children trafficked and sexually exploited in the adult entertainment industry", *Child Labor Status Report*, 20, accessed 10 October 2015, http://www.worlded.org/WEIInternet/inc/common/_download_pub.cfm?id=10683&lid=3.

433 Apne Aap (2004), "The Place Where We Live is Called a Red-Light Area", accessed 27 August 2015, http://www.childtrafficking.com/Docs/apneap_04_live_area_0708.pdf

434 Deisher Robert et al. (1989), "The Pregnant Adolescent Prostitute", *American Journal of Diseases of Children*, 143, 1162-1165; Deisher, Robert, Litchfield, Christina, and Hope, Kerry (November 1991), "Birth Outcomes of Prostituting Adolescents", *Journal of Adolescent health*, 12, 528-533; Sloss Christine and Warper Gary (2004), "When Street Sex Workers are Mothers", *Archives of Sexual Behavior*, 33(4), August 2004,329-341.

Sexual exploitation and trafficking can have profound adverse effects on children's physical and mental health, as well as socio-emotional development. Although there are gaps in evidence-based knowledge specific to the negative impacts of CSEC on children,[435] a broad range of immediate and long-term health consequences are discussed in the literature,[436] the majority of which focuses on women and girls.[437] There is a paucity of research addressing the health impact of sexual exploitation on boys[438] and transgender.[439] Certain experiences imbedded in the commercial sexual exploitation, however, "share similar characteristics to the experiences and consequences of child sexual abuse, sexual assault and rape, domestic/dating violence, torture/terrorism, living through a war zone, community violence,

435 Rafferty, Yvonne (2008), "The Impact of Trafficking on Children. Psychological and Social Policy Perspectives", accessed 12 October 2015, https://thectrp.files.wordpress.com/2008/09/ht_impact_on_children_41081.pdf; English, Abigail (2015), "Human Trafficking of Children and Adolescents, A Global Phenomenon with Horrific Consequences", *JAMA Pediatrics*, 169(9), September 2015.

436 For further information on the physical and psychological consequences of CSEC, see: Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States"; Patane, Giulia (2013), "A Crucial Gap: Addressing the Physical and Psychological Consequences and Recovery of Child Victims of Commercial Sexual Exploitation", *Journal Series No. 7 Examining Neglected Elements in Combating Sexual Exploitation in Children*, July 2013, Bangkok: ECPAT International, accessed 8 September 2015, http://www.ecpat.net/sites/default/files/ecpat_journal_jul_2013_eng.pdf; Oram, Sian et al. (2012), "Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review", *PLoS Med* 9(5), accessed 10 October 2015, http://www.plosmedicine.org/article/fetchObject.action?uri=info:doi/10.1371/journal.pmed.1001224&representation=PDF; Wilson, Bincy and Butler, Lisa D. (2013), "Running a Gauntlet: A Review of Victimization and Violence in the Pre-Entry, Post-Entry, and Peri-/Post-Exit Periods of Commercial Sexual Exploitation", Psychological Trauma: Theory, Research, Practice, and Policy, 6(5), July 2013; Hossain, Mazeda, Zimmerman, Cathy, Abas, Melanie, Light, Miriam, and Watts, Charlotte. (2010), "The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women", *American Journal of Public Health*, 100(12), December 2010, 2442-9; Rafferty, Yvonne (2008), "The Impact of Trafficking on Children: Psychological and Social Policy Perspectives"; Terre des Hommes Netherlands (2013), "Full Screen on View: an Exploratory Study on the Background and Psychosocial Consequences of Webcam Child Sex Tourism in the Philippines", Terre des Hommes, November 2013, accessed 12 October 2015, http://www.terredeshommes.nl/upload/dossier/download/TdH-Fullscreen_on_View-Webversie_DEF.pdf.

437 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

438 Mitchell, Katherine et al. (2017), "Rethinking research on sexual exploitation of boys: Methodological Challenges and recommendations to optimize future knowledge generation", Child Abuse & Neglect Journal, 9 February 2017; ECPAT International (2015), "Situational Analysis of the Commercial Sexual Exploitation of Children in Thailand", Desk Review, November 2015, Bangkok: ECPAT International, accessed 12 January 2017, http://www.ecpat.org/wp-content/uploads/legacy/SITAN_THAILAND_ENG_FINAL.pdf; ECPAT International (2014), "The Commercial Sexual Exploitation of Children in South Asia, Developments, Progress, Challenges and Recommended Strategies for Civil Society", November 2014, accessed 10 October 2015, http://www.ecpat.net/sites/default/files/Regional%20CSEC%20Overview_South%20Asia.pdf; McNaughton Nicholls *et al*. (2014, August), "Research on the sexual exploitation of boys and young men. A UK scoping study", accessed 12 January 2017, https://www.barnardos.org.uk/cse-young-boys-summary-report.pdf; Miles, Glenn and Blanch, Heather (2011), "What about boys? An initial exploration od sexually exploited boys in Cambodia", Third Annual Interdisciplinary Conference on Human Trafficking Paper 20, accessed 15 October 2015, http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1019&context=humtraffconf3; Frederick, John (2010), "Sexual Abuse and Exploitation of Boys in South Asia. A Review of Research Findings, Legislation, Policy and Programme Responses", Florence: Innocenti Research Centre - UNICEF, April 2010, accessed 7 October 2015, http://www.unicef-irc.org/publications/pdf/iwp_2010_02.pdf; Jones, Samuel V. (2010), "The Invisible Man: The Conscious Neglect of Men and Boys in the War on Human Trafficking", *Utah Law Review*, 4, 1144, accessed 27 October 2015, http://epubs.utah.edu/index.php/ulr/article/viewFile/484/352; Ennew, Judith (2008), "Exploitation of children in prostitution", Thematic paper, Bangkok, ECPAT International, November 2008, accessed 15 October 2015, http://www.ecpat.org/wp-content/uploads/legacy/Thematic_Paper_Prostitution_ENG.pdf; Hilton, Alastair (January 2008), ""I thought it could never happen to boys", Sexual abuse and exploitation of boys in Cambodia, An Exploration Study", accessed 12 October 2015, http://www.first-step-cambodia.org/fileadmin/user_upload/SPEAKING_TRUTH_edited_final_20-3-08.pdf; Lillywhite, Ralph and Skidmore, Paula (2006), "Boys are Not Sexually Exploited? A Challenge to Practitioners", Child Abuse Review, 15, 351-361.

439 Martinez, Omar and Kelle, Guadalupe (2013), "Sex Trafficking of LGBT Individuals, A call for Service Provision, Research, and Action", *International Law News*, December 2013, 42, accessed 15 October 2015, http://www.researchgate.net/publication/259823157_Sex_Trafficking_of_LGBT_Individuals_A_Call_for_Service_Provision_Research_and_Action.

cult indoctrination, incarceration, and substance abuse".[440] Therefore, knowledge and understanding on thehealth consequences of CSEC may be gathered also from literature on such related experiences. Some of these serious health consequences are deemed a major public health problem of global concern.[441]

No single profile on CSEC survivors exists. The harmful impact of sexual exploitation and trafficking on children "is as varied as the story of each child is different".[442] Due to their "evolving developmental capacities and susceptibility to injury and harm", children "are particularly vulnerable to the negative physical effects"[443] of CSEC. Childhood maltreatment and traumatic experiences may also result in deleterious structural, functional and behavioural impact to a child's developing brain.[444] The impact of childhood trauma is dependent on the "type of adversity, the number of exposures, and, in particular the age at the time of occurrence".[445] There may also be gender-specific outcomes due to the differing developmental trajectories.[446]

CSEC often entails a series of victimisations as opposed to a discrete event.[447] Literature and research among other populations has shown that multiple traumas (a.k.a., Complex Trauma[448]) cause greater negative consequences than single traumatic experiences.[449] A longer duration of sexual exploitation may also increase levels of mental distress.[450] Some survivors might also have had preceding health

440 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 165, See Campagna& Poffenberger, 1988; Farley & Barkan, 1998; Shkurkin, 2004

441 Greenbaum, Jordan and Crawford-Jakubiak, James E. (2015), "Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims", American Academy of Pediatrics, originally published online on 23rd February 2015, accessed 22 November 2016, http://pediatrics.aappublications.org/content/early/2015/02/17/peds.2014-4138.full.pdf; Konstantopoulos, Wendy M. et al.. (2013), "An International Comparative Public Health Analysis of Sex Trafficking of Women and Girls in Eight Cities: Achieving a More Effective Health Sector Response", Journal of Urban Health: Bulletin of the New York Academy of Medicine, 90(6), 1194-1204, accessed 22 November 2016, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3853176/pdf/11524_2013_Article_9837.pdf

442 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 164.

443 Surtees, Rebecca (2014), "Working with Trafficked Children and Youth: Issue Paper #5 Trafficking Victims Re/Integration Programme", 51, King Baudouin Foundation, Brussels.

444 Delima, Jennifer and Vimpani, Graham (2011), "The Neurobiological Effects of Childhood Maltreatment. An Often Overlooked Narrative Related to Long-Term Effects of Early Childhood Trauma?", Family Matters, 89, 42-52, accessed 17 November 2015, https://aifs.gov.au/publications/family-matters/issue-89/neurobiological-effects-childhood-maltreatment; Pechtel, Pia and Pizzagalli, Diego (2011) "Effects of Early Life Stress on Cognitive and Affective Function: An Integrated Review of Human Literature", Psychopharmacology, 214(1), March 2011, 55-70.

445 Pechtel, Pia and Pizzagalli, Diego (March 2011) "Effects of Early Life Stress on Cognitive and Affective Function: An Integrated Review of Human Literature", Psychopharmacology, 214(1), 55-70, Accessible from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3050094/

446 *Ibid*., 58.

447 Clayton, Ellen Wright, Krugman, Richard D., and Simon, Patti, (Eds.) (2013), "Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States", Institute of Medicine and National Research Council of the National Academies, accessed 7 October 2015, http://www.ojjdp.gov/pubs/243838.pdf.

448 Loewentstein, Richard, and Brand, Bethany, (2014), "Treating Complex Trauma Survivors", Psychiatric Times, accessed 7 October 2015, http://www.researchgate.net/profile/Bethany_Brand/publication/271770025_Treating_Complex_Trauma_Survivors/links/54d17ab80cf28959aa7b08e0.pdf; Courtois, Christine A. (2004), "Complex Trauma, Complex Reactions: Assessment and Treatment", Psychotherapy: Theory, Research, Practice, Training, 41(4), 412-425, accessed 11 October 2015, http://www.dhss.delaware.gov/dsamh/files/si10_1396_article1.pdf.

449 Green, Bonnie L. et al. (2000), "Outcomes of single versus multiple trauma exposure in a screening sample", Journal of Traumatic Stress, 13(2), 271-286, in Stolen Smiles: A Summary Report on the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe, eds. Zimmerman, Cathy, Hossain, Mazeda, Yun, Kate, Roche, Brenda, Morison, Linda and Watts, Charlotte, London School of Hygiene and Tropical Medicine, 2006, 9, accessed 30 January 2017, http://www.lshtm.ac.uk/php/ghd/docs/stolensmiles.pdf.

450 Oram, Sian et al. (2012), "Prevalence and Risk of Violence and the Physical, Mental, and Sexual Health Problems Associated with Human Trafficking: Systematic Review".

conditions, and these might "have been exacerbated by their exploitation".[451] Likewise, distinctive adverse childhood experiences prior to the experiences of sexual exploitation must be taken into consideration as contributing factors to the physical and mental health of survivors. The greater the exposure to adverse childhood experiences, the bigger the risk of negative consequences.[452] A history of child maltreatment may be more prevalent among CSEC survivors[453]. Prior to being commercially sexually exploited, many survivors in this study had experienced one or more of the following adverse experiences: emotional, physical and sexual abuse, household dysfunction, poverty, homelessness, food insecurities, death or murder of friends and/or family members, separation from family, and/or gang violence. For children who had experienced prior adversities, sexual exploitation and trafficking adds "to the cumulative deleterious toll on their physical and psychological health"[454]. It is important to note, however, that, "a history of child maltreatment does not systematically result in major psychopathology";[455] "cause is probabilistic not deterministic".[456] Children's resiliency can mitigate the impacts of negative experiences, and allow them to cope with the challenges at hand and bounce back.[457]

The domain of mental health is more complex to address than that of physical health. Mental health has for a long time "been hidden behind a curtain of stigma and discrimination".[458] In many parts of the world, "mental health and mental disorders are not accorded anywhere near the same degree of importance as physical health. Rather, they have been largely ignored and neglected".[459] They remain a low priority. As one of this study's respondents pointed out, *"There is no mental health component in the [United Nations] Millennium Development Goals"*. The Millennium Development Goals (MDGs) had indeed—until then—omitted mental health as one of the indicators monitoring and measuring progress towards the global goals.[460] However, the promotion of mental health has finally been recognised, and

451 Surtees, Rebecca (2014), "Working with Trafficked Children and Youth: Issue Paper #5 Trafficking Victims Re/Integration Programme", p. 51.

452 Dong, Maxia et al. (2003), "The Relationship of Exposure to Childhood Sexual Abuse to Other Forms of Abuse, Neglect, and Household Dysfunction During Childhood", Child Abuse & Neglect, 27, 625-639; Raabe, Florian Joachim and Spengler, Dietmar (2013), "Epigenetic Risk Factors in PTSD and Depression", Front Psychiatry, 4, accessed 20 October 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3736070/.

453 Reid, Joan A *et al.* (2017), "Human Trafficking of Minors and Childhood Adversity in Florida", *American Journal of Public Health*, 107, February 2017, 306-311.

454 Zimmerman, Cathy et al. (2006), "Stolen Smiles: A Summary Report on the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe", 9.

455 Pearce, John W., and Pezzot-Pearce, Terry D. (2007), "Psychotherapy of Abused and Neglected Children", New York, NY: Guilford Press, In Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/ Advocates of Commercially Sexually Exploited Children in the United States", (PsyD diss., California Institute of Integral Studies), 227.

456 Sroufe, L. A., Carlson, Elizabeth A., Levy, Alissa K., and Egeland, Byron, (1999), "Implication of Attachment Theory for Developmental psychopathology", p. 3, In Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 227.

457 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 322-327; Capaldi, Mark P. (2014), "The Child's Journey in Search of Rights: Determining and addressing points of vulnerability in independent child migration in Thailand, A Child Centered Study", Terre des homes Netherlands.

458 World Health Organization (WHO) (2003), "Investing in Mental Health", 3, accessed 17 September 2014, http://www.who.int/mental_health/media/investing_mnh.pdf.

459 *Ibid.*, 4.

460 Kennedy Patrick J, and Pike Kathleen M (2015), "The United Nations Must Acknowledge that Mental Health is a Development Goal", September 2015, accessed 20 October 2015, http://www.patrickjkennedy.net/articles/united-nations-must-acknowledge-mental-health-development-goal; United Nations (2015), "The Millennium Development Goals Report 2015", accessed 20 October 2015, http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf.

was briefly mentioned in the Sustainable Development Goals (SDG) adopted by the United Nations General Assembly in September 2015.[461]

The consequences of mental illnesses are "more wide-ranging in scope than most physical illnesses, affecting not only physical functioning but also profoundly affecting cognitive, emotional, and social functioning. Those affected lose not only their ability to work, but also to think, plan, cooperate with others or provide or receive social and emotional support".[462] Mental functioning is "interconnected with physical and social functioning and health out-comes".[463] Mental health problems are among the major causes of disability and morbidity—and thus mortality—worldwide.[464] They are a leading cause of health-related disability in children and adolescents worldwide and can lead to long lasting effects throughout life.[465] Psychological trauma can actually alter the function of specific genes, which can have a direct or indirect impact on people. [466] Research also suggests that memories and mental health disorders such as anxiety and Post Traumatic Stress Disorder (PTSD) may be transmitted across generations.[467]

The absence of a "universally agreed-upon definition of what constitutes a mental disorder"[468] adds to the complexity of researching, discussing, and addressing mental health. Psychiatric symptoms vary across cultures, depend on local context, and are conceptualised differently. In Nepal, for example, the concept of psychological trauma does not exist.[469] Most people "have no concept of biological causes of mental illness and think that suffering is due to bad fortune, loss of control over self, or even being possessed by a holy spirit or black magic".[470] Nonetheless, literature also suggests that various

461 For more information, see: United Nations (n.d.), "Goal 3: Ensure healthy lives and promote well-being for all at all ages…. By 2030… promote mental health and well-being ", accessed 30 January 2017, http://www.un.org/sustainabledevelopment/health/.

462 Bolton, Paul A. (2014), "The Unknown Role of Mental Health in Global Development", 242, *Yale Journal of Biology and Medicine,* 87(3), 241-249, accessed 15 October 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4144279/.

463 World Health Organization (WHO) (2003), "Investing in Mental Health", 9, accessed 17 September 2014, http://www.who.int/mental_health/media/investing_mnh.pdf.

464 Bolton, Paul A. (2014), "The Unknown Role of Mental Health in Global Development", 242.

465 Kieling Christian et al. (2011), "Child and Adolescent Mental Health Worldwide: Evidence for Action", *Lancet* 378, 1515–1525.

466 Yehuda, Rachel and Bierer, Linda M. (2009), "The Relevance of Epigenetics to PTSD: Implications for the DSM-V", Journal of Traumatic Stress, 22(5), October 2009 427-434, accessed 20 October 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891396/; Roth, Tania L, Diamond, David M., and Koenen, Karestan C. (Eds.) (2015), "Epigenetic Pathways in PTSD: How Traumatic Experiences Leave Their Signature on the Genome", *Frontiers Research Topics, Frontiers in Psychiatry.*

467 Dias, Brian G., and Ressler, Kerry J. (2014), "Parental Olfactory Experience Influences Behavior and Neural Subsequent Generations", *Nature Neuroscience*, 17, 89-96; Also see: Lite, Gary (2016), "Scientists have found that memories may be passed down through generations in our DNA", *SoulSurfing Blog*, 28 August 2016, accessed 30 January 2017,http://soulsurfing.website/index.php/2015/10/13/scientists-have-found-that-memories-may-be-passed-down-through-generations-in-our-dna/.

468 Bolton, Paul A. (2014), "The Unknown Role of Mental Health in Global Development", 242.

469 Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychological Support in Emergency Settings (2015), "Nepal Earthquake 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support", 43, Kathmandu, Nepal, May 2015, last updated 18 June 2015, accessed 11 October 2015, https://interagencystandingcommittee.org/system/files/20150622_nepal_earthquakes_mhpss_desk_review_150619.pdf.

470 Nepal, M., Gimire, S.R, Nepal, S., and Goit, B.K. (2015), "Mental Health in Nepal", In Bhugra, D., Tse, S., Ng, R., & Takei, N. (Eds.). 80, Routledge Handbook of Psychiatry in Asia, accessed 27 August 2015, https://books.google.com/books?id=VLZmCgAAQBAJ&pg=PA91&lpg=PA91&dq=psychosocial+Counselor+TPO+nepal&source=bl&ots=H1ejG1tdZn&sig=Br7FEeHYS9MW06Y8bsIoRRVg9UU&hl=en&sa=X&ved=0CEMQ6AEwB2oVChMI-uDUjsKYyAIVhTuICh2LcAi7#v=onepage&q=psychosocial%20Counselor%20TPO%20nepal&f=false.

mental disorders are found across diverse cultures.[471] "While there are some variations in symptoms and how they are described, the basic presentations are similar across cultures, suggesting that these are human responses rather than cultural phenomena".[472] It is, however, beyond the scope of this study to elaborate further on the interweaving of each country's ethnopsychology, and ethnophysiology.

Health-related services are unquestionably an area of necessity for CSEC survivors.[473] Yet, an amalgam of factors prevents them from seeking health-related assistance or disclosing their abuse and exploitation.[474] Such barriers may include, poverty, lack of identification documents, cultural and social factors, stigma, and "fear, shame, distrust of authorities, lack of perception of victim status, and language barriers".[475] For instance, stigma towards mental health problems is a barrier to accessing services in Nepal,[476] Thailand[477] and the Philippines.[478] Some respondents in each of the countries included in this study explained how going to see a mental health professional was considered only for *"insane"*, *"crazy"*, or *"mental"*, people. An additional barrier to accessing mental health services is the lack of qualified and specialised mental health professionals and paraprofessionals.

Not accessing health assistance carries its own set of consequences on the physical and mental health of survivors, and must therefore be addressed. In order for CSEC survivors to benefit fully from recovery and (re)integration services, medical care and mental health assistance is indispensable. The

471 Norris Fran et al.(2001), "A Qualitative Analysis of Posttraumatic Stress Among Mexican Victims of Disaster", Journal of Traumatic Stress,14(4), 741–756; Ventevogel, Peter et al. (2013), "Madness or Sadness? Local Concepts of Mental Illness in Four Conflict-Affected African Communities", *Conflict and Health*, 7(3), February 2013, accessed 27 August 2015, http://www.conflictandhealth.com/content/7/1/3.

472 Bolton, Paul A. (2014), "The Unknown Role of Mental Health in Global Development"'

473 Surtees, Rebecca (2014), "Working with Trafficked Children and Youth: Issue Paper #5 Trafficking Victims Re/Integration Programme".

474 Baldwin, Susie B., Eisenman, et al. (2011), "Identification of Human Trafficking Victims in Health Care Settings", Health and Human Rights, 13(1), 36-49; Clayton, Ellen Wright, Krugman, Richard D., and Simon, Patti, (Eds.) (2013), "Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States", *Institute of Medicine and National Research Council*, accessed 7 October 2015, http://www.ojjdp.gov/pubs/243838.pdf; Estes, R. J., and Weiner, N. A. (2002), "The Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico", Philadelphia, PA: Varma, Selina, Gillespie, Scott, McKraken, Courtney, and Greenbaum, Jordan (2015), "Characteristics of Child Commercial Sexual Exploitation and Sex Trafficking Victims Presenting for Medical Care in the United States", *Child abuse and Neglect,* 44, 98-105.

475 Varma, Selina, Gillespie, Scott, McKraken, Courtney, and Greenbaum, Jordan (2015), "Characteristics of Child Commercial Sexual Exploitation and Sex Trafficking Victims Presenting for Medical Care in the United States", 100, *Child abuse and Neglect*, 44, 98-105.

476 Devkota, Matrika (2011), "Mental Health in Nepal: The Voices of Koshish", *Psychology in Action*, 22(2), July-August 2011, accessed 17 November 2015, http://www.apa.org/international/pi/2011/07/issue.pdf; Kohrt, Brandon A. and Harper, Ian (Dec. 2008), "Navigating Diagnosis: Understanding Mind-Body Relations, Mental Health, and Stigma in Nepal", Journal of Culture, Medicine, and Psychiatry, 32(4), accessed 12 October 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3869091/; Lama, Sonam (2013), "Attitudes and Perceptions of Mental Disorder", Master of Social Work Clinical Research Papers, Paper 220, accessed 2 November 2015, http://sophia.stkate.edu/cgi/viewcontent.cgi?article=1222&context=msw_papers; Brenman, Natassia F. et al. (2014), "Demand and Access to Mental Health Services: A Qualitative Formative Study in Nepal", International Health and Human Rights, 14(22), accessed 11 October 2015, http://www.biomedcentral.com/content/pdf/1472-698X-14-22.pdf ; WHO-AIMS (2006), "Report on Mental Health Systems in Nepal", *WHO and Ministry of Public Health*, Nonthaburi, Bangkok,Thailand, Available from http://www.who.int/mental_health/evidence/nepal_who_aims_report.pdf

477 WHO and Ministry of Health and Population Nepal (2006), "WHO-AIMS Report on Mental Health Systems in Nepal", Nonthaburi, Bangkok,Thailand, accessed 8 September 2015, http://www.who.int/mental_health/evidence/nepal_who_aims_report.pdf; Poonyakanok, Tanawat and Tuicomepee, Arunya (2011), "Review Article: Stigma in the Context of Professional Psychological Help Seeking", J*ournal of Mental Health of Thailand*, 19(1), January 2011.

478 Cagande, Consuelo (2013), "Child Mental Health in the Philippines", Adolescent Psychiatry, 3(1), 11-13, Bentham Science Publishers; Tuliao, Antover P. (2014), "Mental Health Help Seeking Among Filipinos: A Review of the Literature", *Asia Pacific Journal of Counseling and Psychotherapy*, 5(2), August 2014, 124-136; WHO and Ministry of Health and Population Nepal (2006), " WHO-AIMS Report on Mental Health Systems in Nepal".

research findings presented next, highlight the health related needs, as well as an array of challenges encountered when seeking heath assistance. These barriers need to be addressed. 'Physical Health and Medical Assistance' are discussed first, followed by 'Mental Health, Psychological Assistance and Counselling', and lastly 'Addiction and Rehabilitation Assistance'.

2.9.1. Physical Health and Medical Assistance

When exploring survivor's needs in relation to physical health, survivors and service providers reported a wide range of adverse health problems (Table 22). Prior to meeting with survivors, the child protection gatekeepers were asked about the health status for the survivor respondent. Survivors mostly shared health problems that other survivors had or were experiencing. Some might have been referring to themselves, indirectly. A few did share their health problems directly. Service providers in different settings mentioned health issues that beneficiaries had experienced or were experiencing. Several child protection gatekeepers and service providers were not aware of beneficiaries' health problems. The combination of information gathered suggested that most respondents did not have known severe chronic physical health issues at the time of discussions.

Table 22: Reported adverse physical health problems among CSEC survivors

Reported Adverse Physical Health Problems	
• Communicable diseases • Hepatitis • Tuberculosis *(e.g., "spitting blood problem")* • Lice • Scabies • Scratches, cuts, wounds, scars *(e.g., "stepped on nail so needed vaccination")* • Malnutrition • Underweight *(e.g., "cannot keep weight on")* • Anaemia • Weak • Tired • General illnesses • Toothaches • Fever • Colds/Flu • Cough • Gastritis • Allergies *(e.g., food)* • Skin problems *(e.g., acne)* • Asthma	• Lung/breathing problems *(e.g., from smoking cigarettes)* • Spots on lungs *(e.g., due to having been forced to smoke)* • Heart problems *(e.g., "sharp pain")* • Reproductive health issues • Abdominal pain • Trauma around the vagina • Vaginal damage *(e.g., tear)* • Vaginal problems *(e.g., itching)* • Uterine problems • White discharge* • Deregulated menorrhea *(e.g., 2-3 times/ month)* • Multiple pregnancies • Multiple abortions • Infertility • Damage to male organs • Infections to male organs • Urinary infection (with fever) • STD/STI *(* Most often mentioned by respondents)*

Reported Adverse Physical Health Problems	
• HIV • Epilepsy • Mental retardation • Memory problems • Mental illness	• Psychosomatic symptoms *(e.g., cannot breathe, "as if stone in my chest")* • Headaches *(e.g., "at bedtime so cannot sleep")* • Hearing voices

The physical health problems identified were similar across the different settings where children were or had been sexually exploited. Several respondents who identified as transgender shared that they were also experiencing side effects from hormone treatment. Many also spoke of the short life expectancy of that population.

A number of respondents mentioned the need for medication, as well as access to other necessities that are listed in Table 23. Cost of medications was a main barrier identified.

Table 23: Medications and other physical health related needs

Needed		
Medications for: • Headaches • Fever • Colds • Cough	• Birth Control • Uterine Problems • White Discharge • Vaginal Tears • Bowel Movements	Other: • Medical Cabinet • First Aid Kits • Pregnancy Tests • General Check-Ups • X-Rays

Immediate Physical Health Concerns

A number of respondents described physical health concerns that required immediate medical assistance. A child protection professional in Nepal explained how most of the survivors who arrive at the shelter have physical injuries. She added that many break limbs as they run away to escape their situation. A counsellor and outreach worker shared how girls in the entertainment sector work in polluted environments where water and food are bad. They may not be given any food, and if they are hurt, they are not provided with care. They are physically abused and tortured, and some self-inflict injury. Some girls cut themselves so much that the wounds do not heal. A Filipina girl acknowledged the problem of malnutrition when she shared that, *"Children are not healthy because of lack of money and they are poor. That is why they lack nourishment. They lack food to cook"*. Sexually exploited children are indeed at risk for malnourishment.[479]

479 Hipolito, Cynthia (2007), "The commercial sexual exploitation of children", (Master's thesis, University of Texas at Arlington), accessed 14 July 2014, https://uta-ir.tdl.org/uta-ir/bitstream/handle/10106/768/umi-uta-1970.pdf?sequence=1; International Labour Organization (2006), "Child-Friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children".

Infectious Diseases

Concerns related to infectious diseases were also raised. Service providers in Nepal expressed worries about children being brought to shelters with unidentified and/or highly contagious illnesses such as hepatitis, tuberculosis, or scabies. They explained how when girls are rescued, their physical or psychological wellbeing is unknown, and it would be important to know early on whether or not they have dangerous infections that could potentially affect others. They suggested that any documentation or health records ought to follow the children as they transition from one setting to another. This would enable organisations to plan, and thus protect beneficiaries and staff. In some cases, children receive medical check-ups prior to arriving at a shelter. However, in many cases, this does not happen, and thus caregivers and the other children are placed at risk. A young woman in Nepal shared how it is vital for children to immediately receive medical assistance when they first arrive at the shelter. She said, *"No one knows what the girl has gone through when they arrive here".* Service providers admitted that some of the caregivers had gotten tuberculosis from infected residents. They explained that tuberculosis strands (e.g., XDR-TB) have become difficult to treat because they are extensively drug resistant. At one shelter, residents who had contracted tuberculosis wore masks at all times.

A young Filipino boy at a shelter described how there are many children at the centre who have wounds on their hands and need "proper soap like sulphur".[480] He explained that there no longer was such soap available at his shelter. He described the wounds as open, bleeding, and *"getting green"*. He added that a nurse comes to treat the children with medicines and ointment. The wounds are green *"because children are itching it".* He added that, *"Sometimes the other children who were already treated would pass the infection to the other children, that's why the wound is endless because when the other children are already healed, there come other children who have this wound again… Children are also having this wound because they take a bath in a dirty water".* A service provider in the Philippines described the case of a survivor who had arrived at the shelter with scabies. The girl had come from a government shelter that also housed older homeless people. They all slept together on the floor with no mattresses, and had no access to potable water.

Children in situations of sexual exploitation often live under poor sanitary conditions, and are exposed to a myriad of harmful and transmittable viral and bacterial infections. In order to lessen the risk of contagion, or even epidemics, precautionary measures must be taken that take into consideration the child's best interest as well as that of the staff and beneficiaries at alternative care centres. This is a public health issue.

Dental Assistance

A few respondents addressed the need for dental assistance. They shared that survivors often have bad teeth due to poor nutrition, poor hygiene, and/or drug use. In some cases, dental exams are done to verify the age of children. The government shelters in the Philippines provide dental services. However, some of the survivors and service providers shared that the dentists, nurses, or psychologists are often unavailable. On an early afternoon, a young Filipino boy explained that he had a toothache but that he could not see the nurse or the dentist because they had already gone home. When asked what happened when children were in such pain, he explained that the houseparent advises them to drink water. Another survivor shared that their caregivers have them drink just water when they experience pain. Dental care is a domain of healthcare that calls for attention.

480 Soap containing sulfur (Salicylic acid) is commonly used to treat scabies as it kills the scabies mite.

Negligence

Some respondents discussed physical health problems as well as negligence on the part of professionals and institutions. A child protection professional in Thailand shared how medical needs are *"hugely important!"* She added that babies and young children, who are used for beggary and sold for sex, are drugged with sleeping pills or cough syrup. They are malnourished. Some cannot walk as they have abuse-related deformities in their bones. She went on to say how *"a lot of the kids we work with don't even get to a hospital"*. They are either sent back to the border or to a shelter, *"that's it. They don't deal with the health issues. Even in sex trafficking they don't know. 'Oh she cried too much! We won't check.' If it's maybe a family rape case from a better family, they might check. But with our kids, if it's street children, nobody bothers. They just send them to a home"*. A mental health professional, working at a government shelter in Thailand, shared that CSEC survivors are not sent for a medical check-up or HIV testing, unless they complain of having pain somewhere. They receive a comprehensive check-up after three months, once they are placed at a long-term shelter. A child protection professional explained that due to understaffing at government shelters in Thailand, *"things fall through the cracks, for example internal damage. If you look ok on the outside, you're fine"*. He added that it is difficult to convince doctors to test for HIV and STDs because they do not understand the need for such tests without evidence of rape. A service provider explained that hospitals in Thailand have too many patients and paid no attention to children. These statements are gravely worrisome, and command prompt inquiry.

Barriers to Medical Assistance

Respondents identified a number of barriers to medical assistance while children are in situations of exploitation.

- *Lack of knowledge about health*

  Some survivors shared that one of the reasons children do not seek medical assistance while in situations of exploitation is because they have little health-related knowledge. They do not know about their own health nor what services are available to help them. The provision of health related information was identified as an essential component of prevention and outreach efforts, as well as educational programmes at drop-in-centres and shelters. A girl in Nepal shared that, although there are a lot of clinics and hospitals, the barrier is *"the ignorance of the girls themselves that prevents them from going to the hospital because most girls they think that nothing can happen to them, that diseases cannot happen to them"*. This lack of knowledge also pertains to pregnancy risk, as well as needs for prenatal and newborn care. A Nepali girl involved in the entertainment sector mentioned that girls like her need to understand reproductive health. She said, *"They need to know what happens when they do certain things [she is referring to getting pregnant through sex] and that actually they have a right to say no. Children working in this field know nothing about health".* A Filipina girl added that CSEC also do not know what kind of medical services exist. Health information needs to be more readily accessible to children.

- *Lack of Money, Identification Documents, and Medical Oversight*

  In addition to a lack of knowledge, a lack of money and identification documents are two of the barriers that respondents in the three countries identified. A Filipina girl stated that CSEC children have no money to pay for medical services. A male-to-female transgender child in Nepal shared that a barrier to medical treatment for those she knows that have AIDS is money. She

did not know that some organisations in Nepal provide free health services to individuals with HIV/AIDS.[481] In Thailand and the Philippines, respondents explained that children could not seek medical assistance on their own. They need to be in the company of their legal guardian, present identification documents or a letter from an NGO, or be accompanied by a staff from the referring organisation. A boy in Thailand shared that he cannot *"go see medical doctor at hospital cause we need document and pay 30 Bhat[482] which we don't have"*. A Filipino boy who identified as gay and was involved in CSEC shared how *"there must be someone who goes along with them. No service otherwise"*. Children in the Philippines cannot go to a clinic for a 'social hygiene'[483] exam by themselves. He recommended allowing children to be tested without having to be accompanied so as *"to help them be more aware"*.

At times, children resort to folk medicines to treat illnesses. A service provider in the Philippines shared how boys attempt to treat sexually transmitted infections by putting their penis into detergent soap that has been cooked inside a coconut. Girls resort to dangerous practices to terminate unwanted pregnancies. For example, pills claimed to be abortive are sold through an underground market near a specific church in Manila. The difficulty some survivors encounter in seeking health assistance can seriously affect them, and is a public health concern.

Some medications are too expensive, and survivors are therefore unable to receive or continue their treatment. This is a challenge especially once (re)integrated. An additional hurdle is the need for parental permission. In Nepal, a child protection professional explained how *"family has to allow child to take medicine"*. In most shelters, the houseparent(s) monitor the children's medication regiment and follow-up sessions with health care professionals. At one of the shelters in the Philippines, a respondent shared how caregivers make the decisions as to whether or not particular children should or not receive or continue particular prescribed medication. Some service providers raised the concerns of accountability and the need for oversight in addressing and managing the healthcare needs and medication regiment of beneficiaries.

- *Fear, Shyness and Experiences of Discrimination*

Fear, shyness and discrimination were also identified as barriers to addressing physical health problems. Several survivors shared feeling scared about seeking medical services. A Thai street boy shared that what prevents children from going to a doctor at the hospital is the fear of needles as well as the fear of finding out that something is wrong with their health. He also explained that some children ask their peers to accompany them to see the doctor. However, friends change their minds and do not want to go with them anymore. Therefore, the children do not go because they do not want to meet with the doctor by themselves. CSEC survivors who are street children involved in the entertainment sector, or identified as transgender, face the additional challenge of discrimination. A Nepali girl involved in the entertainment sector explained that girls have told her how hospital staff ignores them when they go there to seek medical services for STDs. She said, *"those people if they have like kind of judgment or idea that they could be sex workers, entertainment people, even if it's their turn, they call another person. It's like they don't want to give service to them"*. A young woman disclosed her experience with a nurse who was unpleasant to her at the hospital. The hospital administration to whom she had complained to, had told her that girls in the entertainment sector sometimes behave in ways that are annoying, they are not

481 Whenever appropriate, this researcher and translator provided brief psychoeducation to respondents, such as informing them of where they could obtain free HIV/AIDS health services.

482 At the time of discussions, 30 Baht equaled less than $1 USD.

483 In the Philippines, 'Social hygiene' refers to a reproductive and sexual health check-up.

polite, and that is why staff *"lose their temper"*. Another girl involved in the entertainment sector explained how *"Most of the times, when it comes to health issues, they [doctors] only focus on uterine problems but she thinks that women have many different issues such as breast problems, chest pain problems, urinal infection problems, back pain problems, leg pain problems, so she thinks that these other problems which are also very common in women should be addressed as well"*. Her comment hints to the importance of health care professionals being adequately educated about CSEC.[484]

In Nepal, survivors who identified as transgender shared different insights into experiences of discrimination related to seeking medical services. A male-to-female transgender child shared that a barrier to obtaining medical services when someone has HIV or a chronic STD is *"Mainly, being despised by family is the problem. There is a fear of being stigmatised by family and society. When they know that someone has HIV they are even thrown out of family and society. They would be disowned by family and society thinking that we have done bad things and bad work"*. Another male-to-female transgender child who was still involved in CSEC mentioned that a barrier to going to the hospital is that she feels shy. She explained that, *"We have to go alone to hospital and we are scared about what others might think or say about us. Some of them might misbehave"*. A male-to-female young adult shared how difficult it is for the transgender community to go to the hospital because *"they differentiate and discriminate just because I am LGBTI and it is not just in hospital. I do not feel comfortable in public as a transgender person. In Nepal it is difficult… I think for HIV infected transgender it is close to impossible to get treatment. It is double victimisation"*. She said that it is a shameful experience for them as they *"Have to take ticket and on ticket line there is a man or woman line. They are bullied either line".* When asked where they can go to receive medical care she explained that they sometimes go to small clinics or *"just take medicines from pharmacy"*. Another male-to-female transgender child shared how *"Those who have had sexual intercourse they need to have check-up from doctor for communicable diseases. Doctors should provide good service to this population… There should be doctors who understand this population and their problems. They should be willing to give service to this group"*. She explained how difficult it is for transgender to receive medical services, *"especially in hospitals that are not private. It is very difficult for us to tell them what happened to us. We feel shy. The doctors don't give us proper treatment either. Some doctors don't see us as normal human beings. But things have changed slowly"*. Educating professionals who may encounter CSEC survivors can transform such misguided perceptions, attitudes and stigma, and help ensure that children receive the care they need and have a right to.

484 There is a need to train primary care providers, and other providers within healthcare settings, on labor and sex trafficking. To address this need, a "Protocol Toolkit for Developing a response to Victims of human Trafficking in Health Care Settings" was recently developed and is accessible here: https://healtrafficking.org/linkagesresources/protocol-toolkit/; Also see Grace, Aimee, M. et al. (2014), "Educating Health Care Professionals on Human Trafficking", Pediatric Emergency Care, 30(12), December 2014, 856-861, accessed 27 January 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4392380/; Dovydaitis, Tiffany (2010), "Human Trafficking: The role of the health care provider", *J Midwifery Women's Health*, 55(5), September-October 2010, accessed 27 January 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3125713/; Isaac, Reena, Solak, Jennifer, Giardino, Angelo P, (2011), "Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene ", *Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene,* Volume 2, Issue 1, Article 8, accessed 27 January 2017, http://digitalcommons.library.tmc.edu/cgi/viewcontent.cgi?article=1029&context=childrenatrisk.

- *Unable to Leave their Situations of Exploitation to Seek Care*

  Another barrier is the inability of some children to leave their situations of exploitation. Some survivors shared how their movements are restricted, and, therefore, they cannot access medical services or medication easily, if at all. A young woman in Nepal explained that girls who are sexually exploited in the entertainment sector *"don't earn enough to be able to go to hospital and they don't have time".* A girl revealed that when she was sick she could not go get medicine because of her work schedule. She thought it would be good for outreach workers to carry medicine when they go talk with the girls in the entertainment sector. It is common for children not to receive medical health when they are unwell, and to be expected to provide sexual services nonetheless. Another girl in Nepal shared that most children who get sick and cannot work, are further abused and beaten. They are not able to leave to seek medical assistance or purchase medication.

Suggestions to Increasing Access to Medical Care

One of the questions that arose out of the many discussions pertained to accessibility of medical assistance, as well as to what was needed in order to ensure access. After a number of respondents suggested it, remaining research participants were asked what they thought of having medical doctors or nurses who could be directly accessible, either through outreach efforts or at drop-in-centres or shelters. The majority of the survivors stated that it would be helpful to have a medical doctor or nurse accessible at the drop-in-centres and shelters, especially an OB/GYN. Responses related to medical care during outreach efforts were discussed earlier in section '2.4. Outreach'. Other factors that increased access to medical assistance were also mentioned.

A service provider at an NGO in Thailand explained that having a medical doctor or nurse at the shelter would make it easier to conduct assessments and health exams, provide care and vaccines, and manage medication. A girl in Nepal stated that it would helpful in case a resident is sick during the night and needs treatment. She explained that there are sometimes no taxis at night to take children to the hospital. A young woman shared that it is sometimes challenging in some cases to get someone to the hospital for medical tests and treatment. She went on to say that, *"There are some mentally challenged people here and it is very difficult for staff to take such girls to hospital... [they] are hard to handle"*. A service provider in Nepal shared that it would be beneficial to have an OB/GYN medical doctor at the shelter, as most children have problems related to reproductive/sexual health. The doctors could easily do the check-ups and follow-ups. Service providers working with survivors in the entertainment sector shared that it would definitely be beneficial to have OB/GYN medical doctor come to the drop-in-centre once a week since survivors trust the drop-in-centre. Seeing a different doctor at the hospital can be re-traumatising as beneficiaries have to retell their stories and show their sexual organs again. A Nepali male-to-female transgender child shared how it would be better to have a health facility at the drop-in-centres because her peers are worried that by going to the hospital they might be recognised as transgender. She had once run into a relative while at the hospital. Having the services at the drop-in-centre allows for more privacy and confidentiality, and protection from stigma and discrimination.

To facilitate access to medical care, some service providers at drop-in-centres accompany beneficiaries to health clinics or hospitals, as they often have no identification papers or money. This is also to ensure that they can easily access services free of prejudice. A number of drop-in-centres offer free health camps once or twice a year. These health camps are staffed with health care professionals who provide services ranging from the sharing health information to conducting health check-ups.

Outreach workers encourage children on the streets and in the entertainment sector to attend these free medical services.

At non-governmental shelters, service providers accompany beneficiaries to their health related appointments to provide them with support and to follow-up with medical care as needed. Some service providers shared that they prepare survivors who have to go for forensic gynaecological exams by explaining in detail what to expect. Two caregivers at an NGO in Thailand explained that in their region there is a hospital with a 'One Stop Service' special unit for CSEC victims. This facility is very good, according to them, as there is a specialised female medical doctor who comes to collect the evidence in a special room with a curtain to divide the space. The government pays the hospital directly for these services. The doctor prepares all the medical reports for the NGO. A number of respondents found this one-stop approach practical as well as child friendly. Not all facilities conducting such exams are child-friendly, to say the least. In Nepal, key informants shared how at one of the hospitals, the exam room is on the same floor as where dead bodies are brought in; in clear sight of the waiting room area.

Physical health problems are a very real impact of the various experiences subsumed in the commercial sexual exploitation of children and in many cases the cumulating of prior adverse childhood experiences. Such knowledge is not new, and yet many barriers continue to exist, preventing children from accessing the medical care they need and are entitled to. Overall, there is agreement that having medical care available at DICs and shelter, full-time, or on a regular basis, would be beneficial. Respondents expressed the need for free, accessible, judgment-free, child-friendly, and long-term health care assistance. Some stated that medical and dental check-ups, exams, and lab tests as well as medicines for acute and chronic illnesses should be provided to CSEC survivors at no charge. Solutions must be identified to ensure all CSEC survivors have access to health care.

2.9.2. Mental Health and Psychological Assistance

> ***"Counselling is very good because how many days can a girl keep everything stuffed in her heart?"*** **~ Girl survivor in Nepal**

There is a scarcity of rigorous empirical research specific to the psychological consequences of CSEC on children. However, a growing body of literature pertaining to prostitution and trafficked girls and women reports a wide range of mental health problems such as depression, anxiety, complex PTSD, dissociation, and self-injurious and suicidal behaviours.[485] Teasing out what might have caused these psychological, emotional and behavioural problems is a challenge, as survivors often carry a difficult history of adverse experiences that also includes maltreatment. Their trauma can be complex. According to respondents, most survivors experience some symptoms of psychological distress, and/or emotional and/or behavioural difficulties.

485 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States"; *Task Force on Trafficking of Women and Girls* (2014), "Report of the Task Force on Trafficking of Women and Girls", Washington, *DC: American Psychological Association,* accessed 12 October 2015 http://www.apa.org/pi/women/programs/trafficking/report.pdf; Rafferty, Yvonne (2008), "The impact of trafficking on Children, Psychological and Social Policy Perspectives", accessed 12 October 2015, https://thectrp.files.wordpress.com/2008/09/ht_impact_on_children_41081.pdf ; Tsutsumi, Atsuro et al. (2008), "Mental Health of Female Survivors of Human Trafficking in Nepal", *Social Science & Medicine,* 66, 1841-1847, accessed 8 February 2017, https://healtrafficking.files.wordpress.com/2015/03/1-s2-0-s0277953607006843-main.pdf; English, Abigail (2015), "Human Trafficking of Children and Adolescents, A global Phenomenon with Horrific Consequences, JAMA Pediatrics, 169(9), September 2015.

Survivors and service providers reported a number of mental health symptoms, as well as emotional and behavioural issues commonly experienced by CSEC survivors (Table 24 and 25). The study was not designed to discern which of these symptoms and issues are direct consequences of CSEC, or of which particular form of CSEC. Identifying the causes of presenting psychological problems is challenging with this population. A child protection professional in Thailand explained how difficult it is to identify whether survivors' presenting psychological and behavioural problems existed prior to the exploitation or are a direct consequence of the CSEC related trauma. She related the following experience: *"we had one little boy at the border… he still hides when you go in, he won't touch any men, he hides from men, he can't be around men. He had marks here [points to body]. Obviously he was injected with something. And then when we found him he would scream. He'll cry. He'll hide. And that behaviour continued so he's maybe 12 now. When we found him he was 10. He can't go to school. He can't study. He doesn't hide anymore in the house that he's living in, but he would hide if people he doesn't know come in. So we don't know if he's actually autistic, was he sold because he was autistic, or if the abuse created that?"* She also pointed out the challenges presented with caring for survivors who live with pre-existing intellectual and developmental disabilities. She said, *"So we had a girl with Down Syndrome that was sold. Her mom would go and sell her every day to whoever wanted to sleep with her. So that girl specifically, you don't know what to address first, the trauma or the Down Syndrome, and how do we combine that? And it's necessary. I think there's a lot of kids with mental disabilities"*.

Most survivors included in this study were exposed to a broad combination of adverse experiences prior to their sexual exploitation. For example, a young girl had witnessed the murder of her parents. Most survivor respondents came from very poor socio-economic environments, and some had experienced several losses, and witnessed various forms of violence. Some had also been neglected, physically abused, and sexually abused. Several had lived many years on the streets (e.g., 7-9 years). Experiences subsumed in commercial sexual exploitation also affected them in different ways, and from the very moment of their entry. Some of the survivors had been tricked, trafficked and sold into foreign brothels. Parents, relatives or friends, had sold others to 'customers' located in hotels. A few had been bought off the streets, online, or within the entertainment sector. Although stories related to their experiences during the time of their sexual exploitation were not solicited, a few disclosed particular incidents that are included here to illustrate their world, and some of the traumatic incidents experienced and/or witnessed.

A young Nepali woman told the following story: she had run away from home as a young adolescent, and had come to the city to work as a domestic worker. She was often abused, beaten, and made to work long hours without being paid. A friend suggested that she could work in the entertainment sector, *"a better place where she could earn better"*. She had no idea what that really entailed, and she was therefore very surprised when she got there to see *"that girls were in very deplorable conditions there. It was nothing like it was pictured before"*. She explained that when new girls arrived, the owner of the place would try to have sex *"forcefully"* with them, and would then give them to 'clients.' He would verbally abuse the girls who had *"willingly"* agreed to have sex with him, and would tell everyone *"that she is such a girl, she is shameless, she was willing"*. He would call them with insulting names, inferring that they were dirty. Life was *"hard for them at every level"*. They sometimes had *"to work only for food"* and most of the time, they did not have a place to stay. People have very negative attitudes towards them, even if they do *"nothing wrong or nothing bad".*[486]

486 She is making reference to sexually 'serving' the 'guests'.

A male-to-female transgender young adult in Nepal illustrated the frightening experiences common among sexually exploited youth. She said, *"I have heard my friends say that they are forced into having sex without condom. Sometimes they are forced into having sex without their will or consent. Some have been raped. It makes them very angry and hurt. They keep remembering the event all the time…. The customers come to the room and force them into having sex even when they are sick or not ready".* A Nepali male-to-female transgender child disclosed how she had *"high stress"* because of *"high fear"* from having to work at night and the threats she continually received. She added that, *"anyone can attack them at night*" and they might randomly be arrested. She could not trust anyone, and had no one to speak with openly. She always had sleep problems. Her peers also had nightmares.

Parallel to their exploitation, some of the survivor respondents also witnessed the horrific abuse and torture of other children. A girl in Nepal recounted the story of a beautiful 14-year-old girl she used to know, and who, like her, used to work at a restaurant as a waiter. The restaurant owner and 'guests' raped her, and *"threw her away on the street"*. She went on to say that the girl, *"was taken to [the] hospital by a stranger… [The other girls] who went to see her said she couldn't even walk. The girl was shouting uncontrollably and didn't know what she was talking. They could not find the perpetrators so they decided to charge the person who took her to hospital. That is one of the reason people don't care to help even when they see people in trouble. I see such situation every day. Girls think situation is same everywhere so they try to bear it".* Another Nepali girl revealed how she had "seen very young girls being raped and abused. She knew *"of a 5-year-old girl who was raped… so badly that all her inner organs came out and she was put on oxygen, ventilation, life support. She also related the story of an 11 years old girl, "who was also raped and also very badly injured by older men. And they went to complain to police but police did not really care to file the case"*. These two girls shared the above terrifying stories with blunted affect, as if emotionally numb, which is a common response to traumatic events and symptom of posttraumatic stress.

Survivors' symptoms of psychological distress may not only be related to past adverse experiences and sexual exploitation, but can also be due to, or exacerbated by, present day-to-day stressors as well. Survivor respondents faced a wide range of difficulties post-exit, while on their journeys of recovery and (re)integration. A number of survivors, for example, were involved in, or in the process of weighing the pros and cons of initiating, legal proceedings. A service provider in Nepal described some of the challenges faced: *"In the beginning when they give the child the option of whether to file a case or not, it's very difficult for the child to decide whether to file a case or not. The process of deciding or the dilemma is very difficult for the children because their constant fear is whether or not will they be supported by anyone during the legal process. The second fear is being harmed. They're very afraid because most of the families, they don't support the child. And, the other most crucial point is most of the traffickers are from within their community. Most of the time they are relatives or neighbours from the surroundings. So, after the case, if the child would have to go back to the community, he or she is definitively very scared"*.

Such decisions weigh heavily on children's minds. A survivor disclosed how distraught she felt about having to decide whether to take her trafficker to court or forgive the trafficker. In this case, her trafficker was a close family member. Forgiveness is one of the basic tenets of her religion.[487] She explained how

487 Redmond, Sheila A. (1989), "Christian 'Virtues' and recovery from child sexual abuse", in Christianity, Patriarchy, and *Abuse: A Feminist critique*, eds. Brown, Joanne C. and Bohn, Carole R., New York: Pilgrim Press, 70-88.

"She could not understand what choice will she take, whether she would listen to the people outside, especially in their [community], who would suggest to her that it's better if she would forgive her [family member]. Because after all she is her [family member]. But here it's different because [the centre] suggest to her that she better not listen to the people outside. It's better if she would file a case against her [family member]. That's why for now she's in a dilemma on what choice to take. Whether to listen to the people outside or to listen to the people here in [the centre]. But on her side, personally, what she wants is to take her [family member] to jail. Because she does not want to let her siblings experience the same thing as her. But at the same time she does not want to damage also the lives of people in [her community] who might be involved in her case. She could not understand why her biological [family member] is the one who push her to be involved in what is illegal. Her [family member] even physically abused her, and then that's why she has been thankful for what [the centre] has done for her". Some of the service providers at the centre were providing her with legal counselling, while another service provider kept advising her to forgive her parent. If charged, the family member would face life imprisonment. She felt very confused and conflicted about the decision, and at the same time wished for the death penalty.

Several survivors and respondents shared how deeply stressful it is to be involved in judicial proceedings that are not child-friendly. This can actually impede their recovery process. For example, children are often asked to repeat their stories of sexual abuse, exploitation and torture *"3-4 times minimum"*, and in minute details, to different professionals. Going to court, standing at the witness stand, and testifying can also be traumatizing experiences. Perpetrators are frequently present in the courtroom, and confidentiality and security are not systematically ensured. It is very difficult for children to have to point to perpetrator(s) who are family members or someone the children grew attached to. A Nepali girl explained how *"sharing such pain, over and over again, is hard. It is even harder when people have done wrong to you and you have to repeat it in front of people again and again. The feeling of being wronged is difficult to express because you cannot be sure who understands it and who doesn't"*. Some judges, defence attorneys, as well as law enforcement, treat survivors with little care and sensitivity. Children sometimes also encounter the perpetrator in or around the courthouse. A service provider described a traumatic instant when she was accompanying a survivor to the restroom, and they ran into the perpetrator. He first threatened to harm the child if she did not withdraw the case, and then proceeded to use false kindness to sway her. Several survivor respondents and their families had been pressured and threatened by *"powerful and influential"* perpetrator(s) to change their stories and drop the charges. These legal cases usually take many years to process and resolve, thus re-traumatising children as they are attempting to move forward with their lives.

Stressful events in alternative care facilities affect survivors as well. At DICs and shelters, their personal belongings occasionally disappear or are intentionally broken. Older children taunt the younger ones, and children with disabilities or deformities are teased. For example, a young child at a centre had a sizeable lump on his face that, according to a caregiver, kept growing. He was apparently not receiving follow-up medical care for it. He looked uncomfortable and embarrassed as a large peer group of young boys tormented him. At the same time, a group of young boys, who had arrived the night before, were huddled in a corner and crying inconsolably. The group of survivor respondents acknowledged these dynamics as difficult and wrong, but the teasing persisted. No other staff was available to discuss this further.

The lack of staff availability causes survivors grief, and the symptoms and behaviours of other beneficiaries are at times stressful, re-triggering, for them. A young woman in Nepal, for example, related the following stressful incident: *"There was a girl who had mental disorder. [The service provider] was sick so she told me to show the bed to the new girl. She slept well the first night but next morning she started crying and she said she wants to go home... We had a hard time handling her and to stop her from running away. She also defecated on the bed. The other girls were very scared of her and didn't want to live in the same room with that girl. She also beat other girls randomly. When the staff told her to stop beating others, the staff was pushed away by her"*.

The impact of such stressors, and of all other traumatic experiences, is not negligible, especially for developing children. It is also important to acknowledge here that, in light of grim and traumatic experiences, CSEC survivors' resiliency can be positively astonishing!

2.9.2.1 Psychological Distress, and Emotional and Behavioural Challenges

> ***"Ya, [I often have bad dreams]. That's why if I have a nightmare, I am scared to sleep again, because I don't want a bad nightmare. Yes, [I can talk with the counsellor about bad dreams.] They advise me to stop negatively. But I can't avoid it. Especially if the place is silent. I don't want darkness." ~* Girl survivor in the Philippines**

Included in the tables here are symptoms of psychological distress that respondents reported. A few are discussed: cultural/language differences in terms of psychiatric terminology as well as cultural concepts of distress (CCD) (a.k.a, idioms of distress, culture-bound syndrome)[488] were taken into consideration, as much as possible, and as illustrated by some of the statements accompanying the more 'western' terms and concepts. In Nepal, for example, there are no terms that directly translate 'depression,' 'psychological trauma,' 'post-traumatic stress,' or 'childhood behavioural disorders.'[489] Although most service providers in Nepal were familiar with these 'western' concepts, few survivors were. A number of them talked about tension[490] and stress, which suggested psychological distress and described symptoms of anxiety, depression and/or posttraumatic stress.

488 For more information on CCD, see: Kohrt, Brandon A. et al .(2014), "Cultural concepts of distress and psychiatric disorders: literature review and research recommendations for global mental health epidemiology", *International Journal of Epidemiology*, 43(2), April 2014, 365-406.

489 Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2015), "Nepal Earthquakes 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support".

490 *Ibid.*

Table 24: Symptoms of psychological distress and other issues reported by respondents

Symptoms of Psychological Distress Reported by Respondents	
• Mood disorder *(e.g., "extreme moods".)* • Depression *(e.g., "very depressed", "negative thinking")* • Bipolar • Ups and downs • Loss of appetite *(e.g., "not want to eat".)* • Not talking • Isolated *(e.g., "stay aloof to themselves")* • Blank stare *(e.g., "keep staring blankly at nothing particular"; "Stare at window for two days")* • Crying a lot day and night, or laughing a lot • Sad/Angry • Cutting • Suicidal tendencies and attempts *(e.g., "better die than live in the presence of abuser".)* • Completed Suicide *(In Nepal, especially among transgender and girls in the entertainment sector)* • Anxiety; Stress, tension • Post-Traumatic Stress Disorder *(e.g., "most girls have tension because of what they have gone through".)* • Flashbacks • Lots of nightmares; night-terrors *(e.g., "Of being chased"; "memories at night, take clothes off".)* • Avoidance • Hysteria-Conversion disorder • Extreme fears • Paranoia • Hearing voices *(e.g., "Hear things that instruct them to do violence".)*	• Hallucinations *(e.g., "Can see figure of men in dark coming at her even with eyes closed".)* • "*Mental retardation that comes back*" • "*Make no sense*" • Sleep problems *(e.g., "extreme insomnia"; too much/little)* • Sleep walk • Attention deficit • Restless • Learning disability • Attachment issues • Adjustment problems • "*Want to go home*" • Domestic violence • Relationship problems • Sexual Orientation • Sexual Identity • Substance Abuse/Dependence • Alcoholism • Drug use to cope with stress • Addiction • Sex • Internet Games and Social Media • Trichotillomania[491] • Enuresis and Encopresis • Psychosomatic • Headache *(e.g., "Could not sleep. Headache. Cause thinking that they would like to go back home to mother and father"; "cause other youngsters who asked for money from us"; "when my mother shouts at me")* • Cannot Breathe, *"as if stone in my chest"*

491 This was not reported but observed. Two survivors during two separate discussions spent much time selecting a single strand of hair and pulling one after the other out. The child protection gatekeepers were not available to confirm if this behaviour was isolated or a regular occurrence.

Table 25: Other emotional and behavioural challenges reported by respondents

Other Emotional Challenges Reported by Respondents	
• Low self-esteem • No self-love • Helplessness • Hopelessness • Insecure • Humiliation, Shame • Loneliness • Isolation • Very confused • No meaning in life • Self-revenge • Self-blame • Trust too little • Trust too much/too quickly • Repression, Denial • Feel guilty	• Demand lots of attention • Attention seeking behaviour • Hyper-Sexualised behaviours[492] • Not get along with peers • Problems with caregivers • Not follow basic rules/regulations • Running away • Stealing • Risky behaviours • Acting out Angry • Hot tempered • Aggressive • Bad words • Violent • Breaks things • Get into frequent fights with peer

> ***"Probably one of the most common is nightmares. Some of the girls have trouble, cause they are really supposed to sleep in beds by themselves, but even culturally people don't sleep by themselves and some of the girls really have a difficult time sleeping alone. They really feel like they need to sleep with one of the other girls. There's been really rough periods, where some of the girls cannot get to sleep without someone being there just sitting and waiting for them to fall asleep. They go through periods. I don't know what's going on. Sometimes around like when it's the time for a case or a hearing, things like that it can get a lot worse or other triggers. Normally the doctors just tell us to give them anti-histamine medicine if they can't sleep."*** **~ Service Provider in the Philippines**

Several respondents mentioned sadness, depression, tension, stress, too much or too little sleep, and bad dreams as common problems. Sleep problems were often mentioned. For some, sleeplessness was due to thinking or worrying about their loved ones. A girl in Nepal divulged how she had sleep problems, *"especially when she thinks about her home".* A few service providers in Nepal mentioned Posttraumatic

492 A number of respondents explained that it was common for girls at the shelter to sleep together and sometimes engage in sexual activities with each other. Some shelters had strictly enforced rules against it, while others had rules that were ignored. Some service providers addressed with beneficiaries the importance of mutual consent. It was also common for some survivors to dance in a sexualised manner. Girls at different shelters sought the attention of men, such as nearby construction workers. Also of concern, is the report by some respondents that it is a matter of fact that boys sexually abused other boys.

Stress Disorder (PTSD) as a presenting issue. A service provider explained that its expression is different in Nepal; *"there is a lot of avoidance"*.[493] The service provider and a child protection professional both mentioned 'conversion' as one of the problems experienced by survivors.[494] The service provider also alluded to hysteria, adding that, *"Its mainly conversion which is more like outcome of stress. In DSM[495] it's more like symptom of severe stress"*.

Suicidal ideation was also discussed. A service provider in Nepal shared how some survivors blamed themselves, and thought that it is *"better to die than live in [the] presence of [the] perpetrator"*. Some survivors in Nepal were concerned about the high rates of suicide attempts among sexually exploited transgender. A male-to-female transgender child voiced that, *"Relationship problems are what makes them [transgender] think about suicide. Some of them have family problems and some are stressed and do not know how to solve issues. Most of the transgender are not accepted in their family. So there is no way family would accept the relationship. When they realise that there is no way they can live with the person they love and want to be with, they think about giving up life and committing suicide".* A male-to-female transgender young adult reported that transgenders in Nepal *"have a very short life expectancy. They do not have support system. They have no skill in their hands and no family support. They work as sex workers until they are young and when they cannot work as sex worker they have no income to support themselves. They also take hormones that affect their health negatively and decrease [their] life expectancy. Most of them have depression which is why they commit suicide".* They have many nightmares, and *"They find it hard to sleep. Most of them have sleep problems". A peer added that transgender have no family, society and country support, and when they die they cannot "even receive their last fire".*[496] According to some survivors, there are also high rates of suicide attempts among girls in the entertainment sector. A young woman in Nepal revealed that, *"Because of the hardships that people face in this field, the suicide rates are very high. The people in this field, they feel like nobody understands them and they have to keep everything suppressed in their mind. Suicide becomes the ultimate solution".* In contrast, a caregiver at a government shelter in the Philippines stated that survivors do not have bad dreams, and it is very rare that they are suicidal. A number of service providers at government shelters perceived suicidal ideation as an attention seeking behaviour that did not call for intervention.[497]

Psychological symptoms are also manifested psychosomatically. For example, in the Philippines, some survivors complained of not being able to breath, *"as if stone in my chest"*. To address such symptoms, a social worker imparted that she usually asks the children what they are holding.[498] A boy in Thailand shared how he and his friends could not sleep because of headaches. He explained that they had headaches *"cause thinking that they would like to go back home to mother and father. They think mother and father would be glad to see them. But don't want to go back home because very much attached to friends. Also headache cause other youngsters who asked for money from us. If we don't*

493 Avoidance behaviour is an initial adaptation to trauma, "an attempt to prevent emotional flooding and hyperarousal". Survivors avoid thoughts, feelings, places, people or conversations related to the traumatic event(s). Source: Loewenstein, Richard, and Brand, Bethany, (2014), "Treating Complex Trauma Survivors", *Psychiatric Times*, October 2014, accessed 7 October 2015, https://www.researchgate.net/profile/Bethany_Brand/publication/271770025_Treating_Complex_Trauma_Survivors/links/54d17ab80cf28959aa7b08e0.pdf.

494 'Conversion' is a term that refers to a phenomenon wherein psychological stressors are experienced as neurological or other physical problems.

495 American Psychiatric Association (1952), "Diagnostic and Statistical Manual of Mental Disorders", originally published in 1952, last revision in 2013.

496 In Nepal, Hindu funeral rites typically involve the cremation of the dead body on a wood pyre at a temple.

497 Such perceptions are noteworthy and suggest a need for further inquiry.

498 In other words, "what have you been holding in for too long?"; "What experiences, stories, sadness, fears, etc., are you holding inside your chest?"

give them money that we have, we get beaten. Some also want us to buy the drugs from them. If we don't want to buy the drugs we got beaten again". He would also get a headache every time his mother shouted at him. As per what he shared, it seemed that this boy's headaches were related to his feeling conflicted about the desire of going home and being with his parents, or staying with his friends who were also at the shelter. Attachment to friends was a common stressor for survivor respondents who were, or had been, street children. Many had known each other for numerous years. Street violence was also a common reality for them, scary and traumatising. His mother's shouting might also have been jarring. Having a 'headache' might have been the boys' way of experiencing and expressing the numerous feelings caused by various stressful situations.[499]

A few respondents in the Philippines, who were familiar with the problem of pornographic materials and online sexual exploitation, pointed to possible different impacts of such crimes compared to those of other forms of CSEC, such as 'only' prostitution. A Filipina girl said, *"The impact of [online child sexual abuse materials] is that children receive bullying and insults from parents and people from the community. To help these children, they should be advised not to be affected with the insults so that they could not lower their self-esteem"*. A service provider in the Philippines explained how children who are individually involved in this form of exploitation believe that it is all right since they have not been physically touched and assume that the photos will be posted outside of their city. Not all survivors realise how these images are accessible to anyone with Internet access. For a survivor respondent in Thailand who realised the extent of exposure, it was very important that these photos be *"removed from the Internet, so no show this is what we did before"*. The notion of images remaining accessible online or still in the possession of abusers was difficult for a number of survivors. A few revealed being scared that their abusers would distribute these sexual images via social media or directly to the survivors' family and friends. In general, it was difficult to distinguish the unique impact of involvement in online sexual exploitation, as most survivors were or had also been involved in prostitution.[500]

A number of the symptoms and challenges included in 'Table 24' only lasted the first few days or weeks after arriving at a shelter. For examples, a Filipina girl disclosed how when she first arrived at the shelter she cried in her room and did not *"feel ready to talk to anybody"*. She also felt angry, and thought about escaping. A caregiver in the Philippines described how at first some survivors *"stare at window for two days, not want to eat, crying, isolated, wants to go home"*. However, *"after five days can talk with other girls and formally start a conversation"*. Some of the short-term symptoms and behaviours could also have been related to substances. Knowledge on this issue, and assessment and monitoring of survivors are necessary. See section '2.9.3. Addiction and Rehabilitation' for more information.

In some cases, survivors' psychological symptoms and/or emotional and behaviour problems persist. When asked why there is a need for counsellors, a girl recommended that counselling was necessary for *"Those people who don't speak but also those who like to stay aloof with themselves, and those who*

499 Consultation with a primary care provider is recommended to first eliminate the possibility of an organic cause to physical symptoms.

500 A finding Guusje Havenaar made in her pioneer research on the psychosocial consequences of live streaming of child sexual abuse, In Terre des Hommes Netherlands (2013), "Full Screen on View, An Exploratory Study on the Background and Psychosocial Consequences of Webcam Child Sex Tourism in the Philippines", November 2013, accessed 12 October 2015, https://www.terredeshommes.nl/sites/tdh/files/visual_select_file/nl_2013_10_30_rapport_fullscreen_on_view_terre_des_hommes_2013.pdf; Little research on this form of abuse has been conducted. Also see: Wells, Melissa and Mitchell, Kimberly J. (2007), "Youth Sexual Exploitation on the Internet: DSM-IV Diagnoses and Gender Differences in Co-Occurring Mental Health Issues", *Child and Adolescent Social Work Journal*, 24(3), June 2007, 235-260; Quayle, Ethel, Loof, Lars, and Palmer, Tink (2008), "Child Pornography and Sexual Exploitation of Children Online", A contribution of ECPAT International to the World Congress III against Sexual Exploitation of Children and Adolescents, accessed 14 July 2014, http://lastradainternational.org/lsidocs/Child_Pornography_and_Sexual_Exploitation_of_Children_Online.pdf

keep staring blankly at nothing particular". A service provider, who also was a survivor, had experienced paranoia after exiting her situation of sexual exploitation. She disclosed how wherever she would walk on the road, she would always feel like everyone was staring at her and could see that she was a victim of human trafficking. She would see the face of the trafficker who had sold her in the face of all the men on the streets. To her, all males looked similar to the abusers, and she saw them everywhere, and for a long time. It took her five years *"to get out of that fear"*. She added that long-term psychological assistance was the *"most important"* for survivors whenever they do not feel good, and that it had to be with a "real psychologist or therapist". She voiced that, *"human trafficking survivors need constant reminders that life is not always happy or unhappy. It's a process. Accidents happen. Not their fault. How to pick up after. Need reminders in the long time…[of] I am not alone feeling"*. There were also survivors whose severe symptoms came and went. Another service provider in Nepal described how one of the survivors at the shelter was not conscious of whether she was hungry, had eaten, or if she had clothes on or not. She would scream uncontrollably, and then would go through periods of relatively normal behaviour. At times, she was able to remember things from long ago, and at others, she could not even recognize the staff. She sometimes heard voices that scared her. The service provider described the survivor's symptoms as, *"Mental retardation that comes back"*.

According to child protection gatekeepers and service providers, not all survivors are severely impacted by the adverse experiences they have lived through. As a child protection professional in Nepal stated, *"not all will experience trauma, even with bad experiences. So it is important to assess situation and needs"*. A mental health practitioner in Thailand explained how she had conducted assessments on survivors who had been trafficked and exploited in the entertainment sector, and had not seen any CSEC related psychological impact or problems. She believed that it was due to survivors feeling that prostitution was their 'choice.' A mental health professional at a government shelter in the Philippines reported that assessments show *"no mental health issues"* among CSEC survivors, and *"no signs of psychological trauma"*. She claimed that, *"most cope well, [and] are functional and active in activities at the centre. Most of their behaviours show in court. Crying, fearful when see the parents. But here they seem ok, happy with activities. No reports of bad dreams"*. No information was collected as to evaluation protocols, screening tools, and assessment batteries used to support the findings that survivors were not impacted by their negative experiences. She added that although they seem ok, they still need counselling, especially group counselling. However, this was not available due to a lack of staff.

The insights provided by service providers who stated that survivors do not show signs of psychological distress or trauma, are not suicidal, and do not have nightmares, suggest the need for inquiry into the impact of CSEC and resilience, and a better understanding of service providers' perceptions, understanding, and assessment of this population. Although it is reported that many experience various symptoms of psychological distress, survivors of CSEC can also be resilient. Not all are as affected as others are by experiences related to their sexual exploitation and/or adverse childhood experiences. Survivors' areas of strengths were discussed during the initial meetings with the Child Protection Gatekeepers, and were at times evident during the discussions. However, underneath the smiles, survivors may also be suffering, and that should not be missed. It is important to note that certain service providers associated CSEC only to girls in the entertainment sector and sex industry. When assessing survivors' needs, the concept of 'choice,' and the service providers' understanding and perceptions of CSEC, as well as their evaluation of and empathic reactions towards the children, are all to be considered. Further research is necessary to understand better the interplay between such factors, and survivors' resilience, mental health needs, and access to psychological services.

2.9.2.2. Psychological Assistance

a. Evaluation, Assessment, and Treatment Plan

Formal evaluations and assessments are considered indispensable in terms of mental health. Gauging how survivors are doing simply from their presenting behaviours is not sufficient on its own, especially without specific experience. The peaceful and quiet children, who are often judged as *"good"*, might actually be the ones *"more deeply traumatised"*. According to service provider respondents, problems are easier to identify when there are academic issues,[501] extreme crying or laughing, nightmares, or insomnia.

In Nepal, due to a lack of qualified staff, survivors do not systematically receive mental health screenings before seeing a psychiatrist for an in-depth psychiatric evaluation, when an appointment can be made. The screening could rule out depression, anxiety, PTSD, and other mental health challenges. In some settings, a paraprofessional (e.g., psychosocial counsellor) or house parents conduct the initial evaluation. At one location, a psychosocial counsellor administers the Hopkins Depression Scale[502] to test for depression. Service providers have little access to resources and training on various evaluation and screening tools that can be used before referring survivors to a psychologist or a psychiatrist. Making an appointment with a psychiatrist can sometimes take a few months.

According to several respondents, in government institutions in the Philippines and Thailand, survivors usually receive an assessment conducted by a psychologist or psychometrician. Some survivors in the Philippines are brought to a mental health hospital for a one-time assessment that a service provider described as *"not extensive enough"*. In Thailand, a social worker conducts the assessments for the children at one of the shelters. A child protection professional there believed it would be better to have a psychologist in charge of assessing children. They could conduct assessments, address the needs of children with behavioural problems, provide guidance regarding schoolwork, and refer children to a psychiatrist when needed. He added that the psychologist could also follow-up on the psychiatrist's suggestions on how best to help the children, as well as update the records related to medication and interventions.

Case and information management, assessments, and treatment planning are integral elements in the care of survivors need strengthening. Screening tools and assessment batteries are also needed. A service provider in the Philippines emphasized the need for treatments plans to be updated, followed, and a *"part of regular counselling sessions, at least once a week"*. Some of the service providers were not familiar with information contained in survivors' files. A service provider shared that she had not seen *"a diagnosis of trauma or PTSD"* among the survivors at the centre. She admitted that she had not checked the files. The strengthening in all components of case management and assessment is called for.

501 This is another area that would have benefited from obtaining additional clarification from respondents, and which could be the focus of another study on this population. Respondents did not provide details in terms of specific academic issues. In general, children who have experienced trauma may have a hard time concentrating, understanding, processing & retaining information, learning to read & write, solving math problems, thinking critically, modulating behaviours and emotions, etc. The topic of formal and non-formal education is discussed later in this field report. For additional information, see: Steele, William (2008), "Trauma's Impact on Learning and Behaviour: A Case for Interventions in Schools", accessed 16 November 2015, http://assets1.mytrainsite.com/500051/tlctraumasimpact.pdf; Cole, Susan F., *et al*. (2005/2009), "Helping Traumatized Children Learn. Supportive school environments for children traumatized by family violence", Massachusetts Advocates for Children, Trauma and Learning Policy Initiative, accessed 16 November 2016, https://traumasensitiveschools.org/wp-content/uploads/2013/06/Helping-Traumatized-Children-Learn.pdf.

502 A well-known and widely used screening instrument that measures symptoms of depression.

b. Counselling and Psychotherapy

> ***"Young children may not realise that they are victims because they don't know that what was done to them is not normal". ~* Young woman survivor in Nepal**

In general, respondents felt that psychological support is a *"main need"*, and some stated that it actually is the *"most needed"*. Most often, survivors have no one to share their problems with, and some of the symptoms of psychological distress and emotional and behavioural problems identified by respondents indeed necessitate immediate attention, stabilization and short-term support. Long-term and in-depth psychological assistance is also deemed essential. As a child protection professional in Nepal stated: psychological support is necessary, not only *"if happy tomorrow just stop".* A service provider in the Philippines was concerned about the content of the counselling and what counselling has become. She explained that because service providers are so busy, they mostly address immediate needs, *"what's on the surface…. A lot of it is reactive not pro-active"*, and they therefore do not *"spend enough time getting to the root of what the issue is, or what the problem is. Where is it coming from? Where is this acting out stemming from?"* A service provider in Nepal emphasized that, *"the tip of the iceberg is what we see, and what is underneath is their stories, experiences".* Psychological support has to address *"what is under water so the iceberg can change".* A service provider in Thailand also indicated that the signs and symptoms of trauma are the "tip of the iceberg".

The descriptions service providers gave as to what some of the survivors need in terms of mental health assistance seemed related to their level of understanding and conceptualization of child commercial sexual exploitation. For example, a few of the respondents did not see them as having been victimised and traumatised, but as girls or street children who 'choose' to be involved, and whose thinking and attitudes therefore need to be adjusted. When asked about counselling, a government service provider in Thailand stated that a number one need is *"Mental rehabilitation for children to adjust their attitude".* She explained how some children do not see anything wrong with being involved in prostitution, and therefore the most important is to help them change their attitudes through counselling. She acknowledged that some children have prior trauma, and it is therefore not easy to work with these cases and hard to change their attitudes. She believed that, "*If change attitude, get stronger in mind and heart"*. Another service provider in Thailand explained how part of the recovery process involves trying *"to adjust"* survivor's thinking, *"start life all over. Not worry about what happened to them"*. A mental health professional, also in Thailand, emphasized the importance of differentiating between two broad types of survivors. The first group being comprised of children who do not see themselves as, or realise that they are, victims. According to a service provider, girls in the entertainment industry see their involvement as work and state feeling happy about what they are doing. She shared how collaboration with this group of survivors is more difficult. The other group refers to children who realise that they are victims, and who want and ask for help. She explained how this group is *"easier to work with".*

Different formats of mental health services are necessary to address survivor's different psychological, emotional and behavioural concerns and needs, within the unique dynamics of their various environments and cultures. Survivors who had been or were still street children expressed the need to have someone to speak with while still on the streets. A male-to-female transgender child in Thailand stated that she, *"Would like that the outreach staff talk with children when they go out, and meet her friends on the street that they get a chance to talk about hardship and everything with the staff. In my*

opinion, most of us have mental health issue rather than physical health issue because we get a lot of pressure from home and from other places and in my opinion I think that all children who become street children they have something that make them feel lower than other children. Not equal to other children, not equal status as any other children". She added that her *"friends [other street children] think a lot, think too much and then they have bad dreams"*. Having counselling services available at DICs is also appreciated, deemed necessary and important.

Individual and group sessions are both necessary and helpful. When asked about group versus individual counselling, a Filipina girl specified how individual sessions would be more effective *"because all of the anger would be released"*. To a group of service providers in the Philippines, one-on-one counselling was a *"meaningful approach"* that facilitated building a connection with the survivor, *"rapport relationship".* However, some of the survivors in street situations preferred group rather than individual sessions. In light of the lack of service providers, group sessions are more common, especially at larger residential facilities. Individual and group sessions are both valuable, and provide different benefits. It was not clear, however, as to whether the group sessions meant activities like life skills training and psychoeducation, support groups, or actual group psychotherapy.

What is Helpful About Counselling?

The components of counselling that seemed to be key to survivor participants are the receiving of advice, as well as guidance on making right versus wrong decisions; learning to identify the positive and negatives of the choices they face; obtaining feedback on how to solve problems; and consulting about educational and vocational options. They also value counselling for the moral support, validation, encouragement and motivation it provides them. They appreciate feeling understood and being shown new things. Having someone to talk with, whom they trusted, is an essential component of their recovery. It is on par with meeting their basic needs. It helps them feel a sense of relief, and enables them to move forward. There was much energy in most survivors' comments when they talked about counselling and counsellors. What they said they needed and appreciated in the counselling sessions was when counsellors had the quality of what children ought to have received from their parents, caregivers or family. A group of service providers in the Philippines explained how important counsellors are in enabling children to feel important, supported, and heard. Experiencing counsellors giving them their time makes them feel *"acceptance"*, which is an important aspect of alliance building and recovery.

Survivors shared that counselling is vital because it enables them to talk about their problems, "get it off" their chest, and *"leave a little package of their problems behind". A street girl child in Thailand, who had recently relapsed into CSEC, disclosed that counselling is useful to her because it enables her to say things she would otherwise not tell anyone because she fears judgments. Counselling facilitates survivors to feel relaxed and relieved. It helps clear their mind, their thoughts, and aids them to "feel refreshed"*. A girl in Nepal realised that the more she talked, the lighter she felt. It *"relieved her heart to share"* and, therefore, she *"started feeling healed"*. A young woman in Thailand imparted how talking helped reduce her pain, and gave her the courage to move forward and *"act good"*. Counselling also allows children to realise that they are victims and survivors. They can then better understand their situation, which in turn provides them with a clearer perspective *"on things"* and their future, and enables them to concentrate on what is important to them. Children gain moral support, knowledge, *"hope for new life"*, *"motivation to go forward in life"*, and the feeling that they can *"achieve whatever".* It motivates their potential, and was deemed by a Filipina girl as *"the best healing tool"* because it allows them to share all of their hatred, upsets and other *"bad feelings".* A young woman in Nepal

disclosed that, before counselling, she used to cry often and had much anger. She learned to gain better control over her emotions, and eventually felt *"normal"*. Another young Nepali woman explained that when she does not feel good and cannot *"find peace anywhere outside"*, she goes to the counselling room at the DIC, finds herself, and feels better. She added that counselling helps them to *"come back to their normal self"*. A girl reported that ever since she had started counselling, she looked better, and people had told her that she looked *"changed, better and happy"*.

These passionate descriptions highlight the many benefits of a needed support that is akin to engaged and empathic parenting.

c. Therapeutic Treatment Modalities

> ***"I think [survivors who have more mental health problems] should be treated slowly…. The service provider here brought a girl who didn't even know how to speak or tell her name. The counsellor should spend more time with such people and build trust. They can make such girls draw or paint if they cannot speak. There can be many such activities that a counsellor could do with such girls. When you do what a person likes, they start opening up with you."* ~ Young woman survivor in Nepal**

Different therapeutic approaches were mentioned as helpful, or needed. These insights were those of service providers, and not of empirical research. Literature exists that discusses the effectiveness of these models in working with various populations and psychological symptoms. Country specific research on the effectiveness of these, and other treatment modalities—including indigenous practices (e.g., folk healing, healing rituals)—with CSEC survivors is needed. However, pending further availability of literature, "research conducted with similar populations can be examined to provide a foundation for the treatment of this population".[503] Most service providers were not familiar with the role of local traditional healers with regards to mental health issues.

- Stages of Change and Motivational Interviewing

  A mental health professional in Thailand highlighted the importance of anticipating the stages of change when caring for survivors. She described these stages as including periods of *"calm", "relapse",* and *"explosions"*. She explained that the field of psychology understood relapse as normal, and a part of the recovery process. However, social workers and legal service providers who work with CSEC often give-up when survivors relapse. They perceive relapse *"as a failure".* The Stages of Change model[504] involves the following stages: pre-contemplation, contemplation, preparation, action, maintenance, and relapse. It is helpful to use this model in conjunction with Motivational Interviewing[505], which helps survivors explore and resolve ambivalence they may have towards personal change. It is critical for service providers to anticipate a relapse and

503 Williamson, Erin, Dutch, Nicole M., and Clawson Caliber, Heather J. (May 2010), "Evidence-Based Mental Health Treatment for Victims of Human Trafficking", accessed 24 September 2015, http://aspe.hhs.gov/basic-report/evidence-based-mental-health-treatment-victims-human-trafficking.

504 The Stages of Change Model was originally developed in the context of working with addicts. The Stages of Change can be applied to other population. The model was recently adapted to working with CSEC survivors. For more information, see: http://www.kristihouse.org/pdfs/csecmaterials/M5CTF.pdf

505 Motivational Interviewing is also discussed here: CSEC Community Intervention Project, "Module 5: Effective Service Delivery to CEC Victims", accessed 23 November 2016, http://www.kristihouse.org/pdfs/csecmaterials/M5CTF.pdf.

to accept it as a normal part of the change process. The doors to recovery and (re)integration services should always remain open to survivors.[506]

- Expressive Art Therapies and Play Therapy

  A child protection professional in Thailand shared that Art Therapy and any form of Play Therapy are the most beneficial approaches she had seen to *"get over the trauma"*. She wished these would be available to all child survivors. A service provider, also in Thailand, was concerned that people see art therapy as an activity such as simply drawing or painting, when it is much more. She explained that art therapy *"helps them in terms of counselling and protection. For example, when they draw, it represents them without feeling they are in that picture. They talk about the drawing even if they don't know that they are talking about themselves"*. Play Therapy[507] and Expressive Art Therapies[508] (e.g., Art, Drama, Dance/Movement,[509] Music, Sandplay,[510] etc.), sometimes categorized as 'non-verbal' therapies, are well-suited modalities to working individuals who have experienced trauma, and may hold *"secrets too terrible for words."*[511] Such multimodal approaches *"can be used with individuals of all ages and cognitive development"*.[512]

- Eye Movement Desensitisation and Reprocessing (EMDR)

  A service provider in Thailand shared that, *"These girls have had developmental trauma. It's like by the time they come to us heart is closed. It's hard to open, 3 steps forward, 2 steps back. Some not ready to talk and so cannot push…. Talk therapy not enough for this group. EMDR would work".* Eye Movement Desensitisation and Reprocessing, initially only used to treat Posttraumatic Stress Disorder (PTSD) is a therapy found to be effective in reducing psychological stress and different trauma related symptoms in the treatment of simpler cases of PTSD.[513]

506 Friedman, Sara Ann (2005), "Who Is There To Help Us? How the System Fails Sexually Exploited Girls in the United States, Examples from Four American Cities", Brooklyn, NY: ECPAT-USA, accessed 12 October 2015, http://www.ecpatusa.org/wp-content/uploads/2015/10/WHO-IS-THERE-TO-HELP-US-How-the-System-Fails-Sexually-Exploited-Girls-in-the-United-States-Examples-from-Four-American-Cities-.pdf.

507 For more information on Play Therapy see: http://www.playtherapy.org/playhowdoestpwork.html

508 For more information on art therapy and other forms of expressive arts therapies see: http://www.ieata.org and https://polarisproject.org/sites/default/files/Sanar-Promising-Practices.pdf.

509 For more information on Dance/Movement Therapy with survivors of trafficking, see: http://www.kolkatasanved.org.

510 For an explanation of Sandplay Therapy see: http://www.junginla.org/education/what_is_sandplay.

511 Herman, Judith (1992, 1997), "Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror", New York: Basic Books, 96.

512 Sanar and Polaris (2015), "Promising Practices. An overview of trauma-informed therapeutic support for survivors of human trafficking", 4, accessed 12 October 2015, https://polarisproject.org/sites/default/files/Sanar-Promising-Practices.pdf. It is important to note that these authors also state that, "The need to facilitate expressive arts through a trauma-informed lens that stresses the value of the creative process was an essential part of successful interventions. Have trauma-centreed practitioners and facilitators lead the various group and individual art sessions was important, as clients must feel safe that they will not be judged or forced to participate in any modality that makes them feel uncomfortable" *Ibid*., 5-6.

513 Korn (2009) states that "the effectiveness of treatments for more complex cases has been less widely studied", 264. She adds that "trauma treatment experts have come to a general consensus that work with survivors of childhood abuse and other forms of chronic traumatization should be phase-oriented, multimodal, and titrated", 264. Korn, Deborah L (2009), "EMDR and the Treatment of Complex PTSD: A Review", *Journal of EMDR Practice and Research*, 3(4), 264-278. For more information on EMDR see: http://www.emdria.org/?2; Shapiro, Francine, and Forrest, Margot Silk (1997, 2004), "Eye Movement Desensitization & Reprocessing. The Breakthrough "Eye Movement" Therapy for Overcoming Anxiety, Stress, and Trauma", New York, New York: Basic Books; Shah, S. (2014), "A therapeutic strategy for victims of sex trafficking in the Netherlands", *In EMDR for offenders/perpetrators/violence* (Atara Sivan, Chair), Presentation at the 2nd EMDR Asia International Conference, Manila, The Philippines, accessed 12 October 2015, https://emdria.omeka.net/items/show/22583; Williamson, Erin, Dutch, Nicole M., and Clawson Caliber, Heather J. (May 2010), "Evidence-Based Mental Health Treatment for Victims of Human Trafficking".

- Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

  In Thailand, a service provider pointed to the fact that the *"Major issue in psychotherapy is to talk about traumatic experiences. Help them understand trauma, power dynamics, and the way they perceive things"*. Their programme uses an adapted form of Trauma Focused-Cognitive Behavioural Therapy (TF-CBT). A group of service providers in the Philippines shared how there is *"no counselling training available"* and they very much hope to be able to receive training in TF-CBT. Trauma-Focused Cognitive Behavioural Therapy is an evidence-based treatment found to be effective in helping children and adolescents recover from trauma.[514]

- Narrative Therapy

  A service provider in Thailand stated that it is difficult to help street children because their stories change all the time. She explained that lying is a skill they have developed for their survival, and that by lying a lot *"they forget the reality, they have another world within the world they are living. It's not that they mock us, but it's a protective mechanism"*. She felt that Art Therapy could help them, as well as Narrative Therapy. Art therapy, she said, enables children to communicate, to tell their own stories, *"and we can check the information, and helps them relax, find themselves, express"*. These approaches help children to safely tell their stories and develop a coherent narrative of their life's journey, thereby finding meaning and a better understanding of their life. She hoped to one day be able to receive training in Narrative Therapy.[515]

- Outdoors Survival (Therapy) Camps

  An organisation in Thailand takes some of its CSEC survivors and other beneficiaries to overnight Survival (Therapy) Camps in nature, [516] where staff conducts a variety of therapeutic activities, such as group counselling sessions. Survival (Therapy) Camps are developed around the therapeutic modalities of art therapy, nature therapy and adventure therapy.[517] Using the outdoors, caregivers support the children in working through personal difficulties, and balance these processes with positive emotional experiences. A survivor living in street situation shared

514 For more information on TF-CBT see: Bass, Judy, Bearup, Luke, Bolton, Paul, Murray, Laura, and Skvenski, Stephanie (2011), "Implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) among Formerly Trafficked-Sexually Exploited and Sexually Abused Girls in Cambodia: A Feasibility Study, accessed 26 October 2015, http://www.mensenhandelweb.nl/system/files/documents/30%20Sep%202015/TF-CBT_Feasibility_Report_Cambodia_2011.pdf; Child Welfare Information Gateway (2012), "Trauma-focused cognitive behavioral therapy for children affected by sexual abuse or trauma", Washington, DC: U.S. Department of Health and Human Services, Children's Bureau, accessed 31 October 2015, https://www.childwelfare.gov/pubPDFs/trauma.pdf; Additional information is available here: http://www.istss.org/education-research/traumatic-stresspoints/2014-october/clinician-s-corner-trauma-focused-cognitive-behavi.aspx; A free web-based learning course on TF-CBT is available here: http://tfcbt.musc.edu

515 For more information on Narrative Therapy see: Sween, Erik (1998), "The One-Minute Question: What is Narrative Therapy? Some Working Answers", Adelaide, Australia: Dulwich Centre Publications, accessed 3 October 2015, http://www.narrativetherapylibrary.com/media/downloadable/files/links/g/9/g982sween.pdf; Espinosa, Paige and Marouf, Fatma (2012), "Creating New Stories, Creating New Lives: Applying Narrative Therapy to Survivors of Human Sex Trafficking", accessed 3 October 2015, http://digitalscholarship.unlv.edu/mcnair_posters/25/; In addition: "Narrative Exposure Therapy' (NET), a short-term therapy, is proven effective in treating PTSD symptoms of multiple trauma survivors in various cultural and socio-economic settings. The modified version for children is known as (KID) NET. For more information see: Katona, Cornelious et al. (2015), "Addressing Mental Health Needs in Survivors of Modern Slavery, A Critical Review and Research Agenda", Helen Bamber Foundation, accessed 27 August 2015, http://freedomfund.org/wp-content/uploads/2015-Addressing-the-Mental-Health-Needs-in-Survivors-of-Modern-Slavery.pdf ; Robjant, K., and Fazel, M. (2010), "The Emerging Evidence for Narrative Exposure Therapy: A Review", *Clinical Psychology Review*, 30(8), December 2010, 1030-9.

516 As was explained to this researcher, the organisation uses the term 'Survival Camp' with the children because it sounds more interesting to them that way.

517 NGO Executive Director, email communication to author, 12 November 2015.

that camping is good and useful because children can experience *"a different environment [that has] a different atmosphere", which helps them see new and different things. Another boy mentioned how much he enjoys getting out of the city and playing games when camping, such as football. He found it to be an opportunity "to spend time together informally"*. Yet another boy disclosed that he very much appreciated the camping activities, and being able to share stories with their friends about their lives, *"the good part and not so good part".* For many survivors, going into nature gives them respite from the pollution stressors of their day-to-day lives.

Exciting outdoor activities (e.g., Ziplines,[518] Ropes Course[519]), as are offered by some DICs and shelters included in this study, are important for young and older adolescents who often seek sensations. Such activities are recommended, as they help replace the adrenaline high some children may have experienced while involved in CSEC.[520] Their brains are at a stage of development that "promote[s] a tendency for participation in intense and exciting situations…. [and] propel[s] them toward liking novelty and seeking out multiple forms of simultaneous stimuli".[521] Challenge Courses —which can include ropes course and zip lines—also build self-esteem and a sense of one's competence; increase hopefulness and trust; and improve moods.[522] Research is showing that river rafting increases positive feelings and decreases symptoms of PTSD among veterans and at-risk teens.[523] These activities also benefit group-cohesion, team-building and leadership skills.[524]

Although more research is needed in the field of outdoor experiential therapies (e.g., Outdoor/ Nature Therapy and Adventure Therapy), and the greater field of Ecotherapy, [525] existing literature suggests that these have a numerous positive impacts on physical and mental health, as well as

518 Wikipedia, " Zip-line", last modified on 29 January 2017, accessed 8 February 2017, https://en.wikipedia.org/wiki/Zip-line.

519 Wikipedia, " Ropes course", last modified on 8 January 2017, https://en.wikipedia.org/wiki/Ropes_course.

520 MacInnes, R. A. (1998), "Children in the Game: Child Prostitution Strategies for Recovery", Calgary, Alberta, Canada: Street Teams.

521 Witt, Peter A., and Caldwell, Linda L. (2010), "The Rationale for Recreation Services for Youth: An Evidenced Based Approach", 13, National Recreation and Park Association, accessed 31 October 2015, http://www.nrpa.org/uploadedFiles/nrpa.org/Publications_and_Research/Research/Papers/Witt-Caldwell-Full-Research-Paper.pdf.

522 Odello, Theresa, Hill, Eddie, and Gomez, Edwin (2008), "Challenge Course Effectiveness: The Impact on Leadership Efficacy and Work Efficacy Among College Students", *Journal of Unconventional Parks, Tourism & Recreation Research*, 1(1), 18-22, accessed 17 November 2015, http://juptrr.asp.radford.edu/Volume_1/Challenge_Course_Effectiveness.pdf; Attarian, Aram (2005), "The Research and Literature on Challenge Courses: An Annotated Bibliography, 2nd Edition", NCSU Department of Parks, Recreation and Tourism Management & Alpine Towers International, accessed 17 November 2015, https://www.acctinfo.org/associations/5266/files/attarian_bibliography.pdf.

523 Anwar, Yasmin, (2016), "Rush of Wild Nature Lowers PTSD in Veterans, At-Risk Teens, 31 May 2016, accessed 31 October 2015, http://news.berkeley.edu/2016/05/31/awevswar/.

524 Odello, Theresa, Hill, Eddie, and Gomez, Edwin (2008), "Challenge Course Effectiveness: The Impact on Leadership Efficacy and Work Efficacy Among College Students"; Attarian, Aram (February 2005), "The Research and Literature on Challenge Courses: An Annotated Bibliography, 2nd Edition".

525 Buzzell, Linda, and Chalquist, Craig (Eds.) (2009), "Ecotherapy, Healing with Nature in Mind", San Francicsco, CA: Sierra Club Books; and Jordan, Martin, and Hinds, Joe (2016), "Ecotherapy: Theory, Research and Practice", New York, NY: Macmillan Publishers Limited.

social, spiritual and overall wellbeing.[526] Simply being outdoors has health benefits. [527] All of these treatment modalities, including existing Outdoor Survival Camps, as well as any other outdoor activities used for therapeutic purposes with CSEC survivors, merit being evaluated for efficacy and replication.

d. When and How Often

Most survivors appreciated being able to share their concerns and problems with a person who listened to them in confidentiality. However, it was not clear as to how frequently such interactions were available, and what they entailed in terms of clinical content and interventions. Did they occur on a regularly scheduled basis or were they on a needs basis only? Were they more focused on crisis management or other immediate concerns, or did they also enable survivors to relate their stories, process traumatic experiences, and/or address challenging mental health problems? In terms of when and how often to provide 'counselling', respondents provided different insights that ranged from the need for a few sessions over a short period of time, to the need for very long-term support, beyond (re)integration.

At some of the shelters, service providers first allow survivors to settle-in for a few days, or up to a couple weeks, before approaching them about counselling. Other service providers believed it is best to provide counselling as soon as possible. Some survivors do not want to talk for days, and others greatly appreciate having someone to speak with immediately who is genuinely interested in what they have to share. In some cases, counselling services are needed multiple times a week, and eventually the number of sessions tapers off to a few times a month, as the survivor stabilizes. At one of the shelters in Nepal, survivors receive counselling once every four days, for up to twelve sessions. They are then observed to assess whether more counselling might be needed. There was only one counsellor at that program, and she had a minimum caseload of 26 beneficiaries. At another alternative care centre, one counsellor served an average of 50 beneficiaries. Several survivors in different settings and countries very much wanted to meet with counsellors, however they were not easily available. In general, counselling sessions, whether at the DICs or at the shelters, mostly occurred on a needs basis, as opposed to regularly scheduled sessions.

The need for privacy during counselling was raised as an issue by some of the respondents. Although some of the DICs and shelters have rooms designated for that purpose, other centres do not, or cannot use them. A Filipina girl was quite upset about children teasing her about her past. She suspected that they had overheard her stories while she was talking with a counsellor in the centre's living area. The service provider had not suggested that they speak in the counselling room to ensure privacy.

526 Both Nature and Adventure therapies are also known as Wilderness Therapy or Outdoor Behavioural Health Care. For more information, see: Bettman, Joanne E., and Tucker, Anita R. (2011), "Shifts in Attachment Relationships: A Study of Adolescents in Wilderness Treatment", Child and Youth Care Forum, 40, 499-519; Gass, Michael A., Gillis, H. L. "Lee", and Russel, Keith C. (2012), "Adventure Therapy, Theory, Research, and Practice", New York, NY: Routledge Taylor & Francis Group; Norton, Christine L. (2010), "Into the Wilderness—A Case Study: The Psychodynamics of Adolescent Depression and the Need for a Holistic Intervention", Clinical Social Work Journal, 38, 226-235, Available from http://www.researchgate.net/publication/226948934_Into_the_WildernessA_Case_Study_The_Psychodynamics_of_Adolescent_Depression_and_the_Need_for_a_Holistic_Intervention; Russell, Keith C., and Hendee, John C. (2000), "Wilderness Therapy as an Intervention and Treatment for Adolescents with Behavioural Problems", USDA Forest Service Proceedings RMRS-P-14, Available from http://www.fs.fed.us/rm/pubs/rmrs_p014/rmrs_p014_136_141.pdf ; Keniger, Lucy E., Gaston, Kevin J., Irvine, Katherine H., and Fuller, Richard A. (March 2013), "What are the Benefits of Interacting with Nature?" International Journal of Environmental Research and Public Health, 10, 913-935, accessed 28 October 2015, http://www.mdpi.com/1660-4601/10/3/913/pdf.

527 Keniger, Lucy E. et al. (2013), "What are the Benefits of Interacting with Nature?", *International Journal of Environmental Research and Public Health*, 10, 913-935, accessed 17 November 2015, http://www.mdpi.com/1660-4601/10/3/913/pdf

The concern for confidentiality and privacy was also raised in relation to conducting counselling with children on the streets, as some of the survivors mentioned is needed. As a boy in the Philippines conveyed, it is better for them to receive counselling at the DIC because *"you need privacy"*. At some of the shelters, the designated counselling rooms were simply not available for use. In one case, the room had flooded months ago, and there were no plans to clean and renovate. At another location, a large pile of objects, that seemed to have been there for a while, blocked the entrance to the counselling room. However, some drop-in centres and shelters had counselling rooms that provided comfort and varying degrees of privacy.

e. Topics to Address During Counselling Sessions

Respondents raised a number of mental health related topics that need to be addressed as part of counselling sessions. For example, they thought that it is essential to explore survivors' sense of safety, cognitive distortions, and the guilt and sense of responsibility children sometimes feel surrounding their experiences of sexual exploitation. Therapeutic activities are needed to increase children's self-esteem and sense of hope; empower them to *"move forward"* in positive ways; build their confidence, patience, and perseverance when facing problems; and learn coping skills to avoid hurting themselves when *"bad things happened"*. Children do not always know it is possible to change, and it is therefore important for them to experience someone, the counsellor, who can see their potential.

Addressing topics related to sexuality was also raised as an area important to address through counselling. A girl in Thailand related how children who have been abused *"a lot"* are either fearful of sex and or like it so much that they want to *"try more and more"*. Some survivors exhibit hypersexuality (e.g., sexuality that is excessive or socially inappropriate).[528] Exploring sexual identity and orientation is seen as indispensable as well. A number of respondents also raised the need to discuss intimate relationships, and have couples' therapy available for those currently in strained relationships.[529]

Discussing the survivor's legal options and court case against the abuser(s) are also deemed essential. Two service providers in Nepal explained that counselling motivates girls in the entertainment sector to file cases against their abusers. This topic is discussed further in section '2.1. Legal Support'.

Addressing (re)integration during counselling sessions was also emphasized. In addition, psycho-education on trauma is needed to address possible triggers and nightmares that may be experienced both in the short- and long-term, normalize related experiences, and provide coping skills. Children have to be prepared on how best to handle and respond to the stigma and stereotypes they may face

528 It is not uncommon for victims of sexual abuse to exhibit either hyposexuality or hypersexuality. Hyposexuality can present as compulsive masturbation or sexual play. For more information, see: Finkelhor, David and Browne Angela (1985), "The Traumatic Impact of Child Sexual Abuse: A Conceptualisation", *American Journal of Orthopsychiatry*, 55(4), October 1985, accessed 8 October 2015, http://www.csom.org/train/victim/resources/the%20traumatic%20impact%20of%20child%20sexual%20abuse.pdf; Additional information: Adelson, Stewart, Bell, Robinette, Graff, Adam, Goldenberg, David, Haase, Elizabeth, Downey, Jennifer I., and Friedman, Richard C. (2012), "Toward a Definition of "Hypersexuality" in Children and Adolescents", *Psychodynamic Psychiatry*, 40(3), 481-503.

529 Childhood sexual abuse carries ramifications throughout the life span, affecting the individual's capacity to enjoy satisfying and fulfilling intimate relationships. For more information, see: Zala Sheri (2012), "Complex couples: multi-theoretical couples counselling with traumatized adults who have a history of child sexual abuse", The Australian and New Zealand journal of family therapy, 33:3; WestCoast Children's Clinic (2012), "Research to Action: Sexually Exploited Minors (SEM) Needs and Strengths" WestCoast Children's Clinic, accessed 17 May 2015, http://www.westcoastcc.org/wp-content/uploads/2012/05/WCC_SEM_Needs-and-Strengths_FINAL.pdf; and (Faria & Belohlavek, 1984; Siegel & Romig, 1988) Baird, F. (1996), "A Narrative Context for Conversations with Adult Survivors of Childhood Sexual Abuse." *Progress- Family Systems Research and Therapy*, Volume 5, 51-71, Encino, CA: Phillips Graduate Institute.

when re-entering their community; where they may be known "*as a victim… as someone who had had a legal case"*. The reality is that there often is little or no support mechanism for them to turn to once (re) integrated. Community is an important part of some of the children's cultures. It is therefore essential to discuss how they, as survivors, will handle *"not necessarily being accepted"* the way they had been prior to leaving their home. Children also need to be prepared to answer the random questions that might be asked of them at school and in their community.

2.9.2.3. Cultural Considerations and Coping Strategies

Culture and religiosity influences how survivors experience and cope with psychological distress and traumatic experiences. Cultural and religious beliefs can also impact survivor's access to services that could be beneficial.

In the Philippines, where the main religious identity is Catholic, a number of survivors talked about the fear of God as something helpful in their recovery process. In Thailand, many survivors had the mindset of letting go of the past, not thinking about it, and of focusing on the present moment and their future. Several service providers explained that Thailand has a culture of relying on oneself when it comes to personal problems. Two service providers shared how *"In general, Thai people are not open minded about counselling. So when work on cases, many in NGO focus on providing assistance on legal and compensation process rather than recovery".* It is not a cultural practice to *"talk about private matters, and not common to talk about feelings"*. People with emotional problems may *"turn to the temple for Buddhist advice and practice"*.[530] Asking about personal information that may be emotionally charged can cause them *"discomfort and anxiety"*.[531] One of the service providers added that, *"being Thai is more complex. The relationship between people is more complex"*. A service provider shared that the notion of adults and children not being equal is deeply rooted in Thai culture. She said, *"Children are expected to obey adults. Children belong to parents. They have all the power and can tell them what to do"*. She also added that, there is a strong hierarchical system in Thailand that considers children as *"little person"*, and therefore their needs are not often prioritised. A mental health professional also explained how children are treated as *"the last person".*

A service provider shared how in Nepal, *"People do not trust therapy because therapy is not in our culture. Sometimes I talk to people and tell them that you need to have talk therapy. They ask me to do it and I tell them that I cannot do it with them. They ask me why can't you do it. They do not understand that the person has to be really engaged, only then it could be successful. They don't get the importance. Even those who come to therapy, after like 3 sessions they will start saying 'do we really need to continue'? So I think the first thing is access to therapy is really limited and another thing is culturally people are not very inclined or understanding of the need for therapy"*. A service provider explained how people in the Philippines are not used to handle their issues and problems by seeking mental health services. She said that the Philippines is much more of an "*'ok, this happened society' and then you move on, you're resilient, you go forward"*.

530 Srichanni, Chomphunut and Prior, Seamus (2014), "Practise What you Preach: Counsellors' Experience of Practicing Buddhist Counselling in Thailand", *International Journal for the Advancement of Counseling*, 36(3), 243-261, accessed 15 October 2015, http://www.research.ed.ac.uk/portal/files/19747364/Buddhist_Counselling_in_Thailand_final_pre_sub.docx.

531 Taephant, Nattasuda (2010), "IOM Training Manual on Psychosocial Assistance for Trafficked Persons", p. 20, Bangkok, *Thailand: Regional Office, International Organization for Migration*, accessed 12 October 2015, http://www.iom.int/jahia/webdav/shared/shared/mainsite/activities/health/mental-health/IOM-Training-Manual-Psychosocial-Assistance-for-Trafficked-Persons.pdf.

For some survivors and respondents, a way of dealing with emotional problems and bad memories was to forget their *past, their sexual exploitation and other bad experiences. When asked about counselling, a young woman in Thailand shared never having h*eard of that, and not having time for it. She stated that she just did not think about her past, and *"just move forward"*. A young Thai man explained how what had happened to him had affected him mentally *"because hard to do things not want to do with [foreigner]… I force so it is finished. I feel tense in self and I want to fight with person and cried"*. He did not talk to anyone and kept to himself *"cause shy*". He coped with the belief that, *"What is past is past. Like the wind, it's past. I move forward. Can learn from experience".* A girl, also in Thailand, shared how she did not need counselling because her mother and boyfriend understood and comforted her. She coped with the belief of *"Not need to be afraid... Past is past, it's already gone. Look for the future"*. She shared that her mother would tell her that, *"the issue has already passed, so let it be gone. No need to think about it. No need to remember it, and if people [for her legal case] ask, just respond to them what happened as a fact, and take what happened as a learning process"*. Her boyfriend would tell her, *"no need to think about it. We are now together, so we look for the future"*. When asked how he dealt with feelings of sadness, fear or bad dreams, a boy in Thailand answered, *"I just don't think about it. I don't talk to anyone. I just let it go. I would be as joyful as I have been".* He also shared that he *"almost often"* had bad dreams. A Thai government social worker shared how survivors should *"not concentrate too much on past, but on present and what next"*. A child protection professional in Thailand also stated that survivors need to *"start life all over. Not worry about what happened to them"*. A service provider in Nepal shared a similar belief system when she explained how she encouraged the children *"to forget their past, otherwise stuck in that time. Stay aloof. Remember over and over. Impacts health. So encourage to forget the past"*. In the Philippines, a social worker explained that when children (re) integrated into the community, *"they just kind of burry [their past], they just kind of try to erase that part of their life and go forward as though those things didn't happen".* No mental health support is available to them once back into the community.

In Thailand, the survivor's view of 'letting go of the past' and 'focusing on the present' might have stemmed from their Buddhist cultural identity. Nepal, is predominantly Hindu, but also has a strong Buddhist presence. The Buddhist practice of attending to the present as opposed to remaining pre-occupied with *"negative aspect of the past or worry about the future"*[532] is believed to reduce psychological suffering. Nevertheless, forgetting the past may also be a form of avoidance. Reducing distress is more likely through approaches that enable a person to access and sit with a traumatic memory such as through mindfulness and psychotherapy.[533]

Survivors also coped with distress through sharing their stories with peers. Some of the survivor respondents shared not trusting adults and felt more comfortable speaking with their friends. In other cases, survivors were the ones to provide support to their peers. They spend much time together, and there are too few service providers available. A young girl in Nepal described how children wanted to share their stories with her. She did not want to hear their stories, but they *"forcefully want to share".* She explained how one of the beneficiaries had shared rape stories with her. Her friend felt very bad and only wanted to share the stories with her. She added that other children wanted to talk to her and had shared such stories as their father committing suicide. She explained that the caregivers had told them that it is *"not good to listen to other stories but friend forcefully share. You must listen. So I listen"*.

532 Kabat-Zinn (2003: In Briere, John, Chapter 11: Mindfulness, Insight, and Trauma Therapy, In Germer, C.K., Siegel, R.D., & Fulton, P.R., (Eds), Mindfulness and psychotherapy, p. 4, (2013), 2nd Edition, NY: Guilford.

533 Germer, C.K., Siegel, R.D., & Fulton, P.R., (Eds) (2013), "Mindfulness and psychotherapy", 2nd Edition, NY: Guilford.

Engaging in activities was said to help them forget the past. When asked whom he spoke with when he felt sad or angry, a boy in Thailand explained that he talked *"among friends. We will joke and we have fun and we forget about it"*. A Nepali counsellor stated, *"Get them involved in activities. The faster involve, the faster they forget their incidents"*. A girl in the Philippines described how at night, when the shelter is silent, she often thinks about the things she cannot disclose to anybody. She said, *"You can't avoid to think about it"*. She added, *"But if you're busy and happy, then you can forget".* However, for some children, distraction does not help. During a discussion, a Filipina girl expressed strong feelings of worry and unstoppable thoughts about her aging parent and her family who were *"struggling and poor".* When asked about the counselling sessions, and whether she was being shown how to manage her thoughts and anxiety, she stated that, *"Sometimes they divert my attention and give me activities to enjoy, but it can't help".*

2.9.2.4. Severe Psychological Distress and Mental Illness

> **Children with severe mental health problems *"should be treated by psychiatrist for medicines. After psychiatrist gives medicines they become a bit better but they must be put in psychosocial counselling. Doctor's medicine can treat them to some extent but care and counselling plays main role in the healing. I think they should be given love. Love heals a lot of diseases. There should be different facilities for these girls".* ~ Young woman survivor in Nepal**

The need for psychological assistance for survivors with severe mental health or developmental difficulties is of concern. Challenges were identified in terms of accessing and receiving psychiatric care.

In Thailand, two service providers shared that survivors sometimes have to wait at least three months to see a psychiatrist. It is easier, they said, to access a psychiatrist during the fact-finding stage and legal procedures. For their recovery process, however, it takes too long to schedule appointments. A child protection professional was appalled by the fact that psychiatrists usually just sit behind a desk and do not engage much with the patient. A mental health professional explained how psychiatrists normally conduct general assessments, and only focus on diagnosis, pathology and *"biological treatment"*. She explained how abused children are typically diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), and only treated through medication. She was concerned that parents *"only understand the symptoms related to the disease. People believe the psychiatrist and don't know there is another way of looking"*. She added that there are no child-specific psychiatric wards, with secure units, that can accommodate *"angry or explosive children"*. According to her, such children are brought to adult psychiatric wards where they *"may be more traumatised there and hopeless"*, because the caregivers there feel helpless and are *"afraid they [could] not handle them".* [534]

534 This researcher, with the assistance of an ECPAT Intern who is fluent in Thai, attempted to make follow-up communications with this mental health professional, so as to obtain clarifications on her comments. However, the respondent did not return emails and phone calls. Further inquiry would be helpful to better understand what is, or is not, available in terms of in-patient psychiatric care for child survivors in Thailand who experience severe mental health and behavioural difficulties. An Internet search led to a database of institutions in Thailand that provide psychiatric services to minors (http://ycap.go.th//km/hospservice.html). It appears that very few outpatient mental health clinics serve children specifically, and a few children's hospitals provide some level of inpatient psychiatric services. No hospitals, clinics, or institutes that are specific to children with severe mental illness were identified.

Service providers in Nepal stated that there are very few psychiatrists in Nepal.[535] At the time of the data collection, there was only one child psychiatrist for the whole country.[536] Psychiatrists there are often referred to as "crazy doctors",[537] which impedes accessing such help. Although a number of hospitals provide psychiatric care, there is only one hospital specialised in psychiatric and mental health care.[538]

A service provider in Nepal explained how psychiatrists see twenty to thirty clients per day, give quick diagnosis, and have no time for *"real psychosocial evaluations"*. According to this respondent, psychiatrists do not receive good training on conducting such evaluations, and feel more comfortable prescribing medications. One of the reasons as to why it is difficult with survivors to *"fully explore their situation",* is because staff from the organisations usually accompany and remain with them. Survivors also frequently only come for one or two visits, so it is *"really hard for them to open up"*, and, therefore, for the professional to obtain significant information.

In the Philippines, some organisations rely on mental health institutions for assessments and follow-up care. Survivors meet with psychiatrists who are interns on a three-month rotation, which means that survivors rarely see the same psychiatrist twice and, thus, have to repeat their stories. A service provider explained that the psychiatrists always make diagnosis and prescribe medication, even if it is not necessary. She shared that, most often, survivors are diagnosed *"with some sort of depression, or for some of them inability to sleep, nightmares, night terrors… or bipolar"*. They are often prescribed low dose anti-depressants, even when the survivor tells the psychiatrist that they can cope on their own. When survivors complain of nightmares, and of not being able to sleep, *"doctors just tell us to give them anti-histamine medicine"*. Survivors normally first receive a free evaluation, and then might come back for a once a month follow-up appointment, that is *"literally 5 minutes. Maybe 10 minutes".* It is expensive to see a professional psychologist. Fees and the costs of the prescribed anti-psychotic medications are said to be prohibitive, especially once the survivor has (re)integrated.

Medication oversight was mentioned as a need in each of the countries. Concerns included cost, overmedication,[539] troubling side effects, and dosages that are too low to provide anticipated relief. A child protection professional in Thailand described how a new girl at their shelter used to behave strangely. She would be lethargic, could not talk, and was not lucid. Prior to coming to the shelter, the girl had been prescribed six different psychiatric medications. They eventually asked a government psychologist *"to take her off"* the medications. A service provider in the Philippines expressed similar concerns regarding some of the survivors who do not talk when taking anti-depressants. A service provider shared that the staff at the organisation where she worked do not believe that young children should be on psychiatric medication. This concern is discussed between survivors and their social worker, *"to make the right decision"*. Some service providers thought that taking medication is not necessarily the solution to survivor's psychological distress and emotional or behavioural problems. As mentioned earlier, some of the medication costs are prohibitive and survivors are therefore unable

535 Information on the dearth of Psychologists and Psychiatrists in Nepal is confirmed here: Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2015), "Nepal Earthquakes 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support".

536 This fact is mentioned in this document: Nepal,M., Gimire, S.R, Nepal, S., and Goit, B.K. (2015), "Mental Health in Nepal", in Bhugra, D., Tse, S., Ng, R., & Takei, N. (Eds.) (2015), "Routledge Handbook of Psychiatry in Asia", 96.

537 Kohrt, Brandon A. and Harper, Ian (2008), "Navigating Diagnosis: Understanding Mind-Body Relations, Mental Health, and Stigma in Nepal, Journal of Culture, Medicine, and Psychiatry, December 2008, 32(4), accessed 12 October 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3869091/.

538 Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2015), "Nepal Earthquakes 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support".

539 Overmedication refers to children being prescribed too many medications at once.

to receive or continue their treatment. This is a challenge especially once (re)integrated. A service provider in the Philippines explained that their program does not *"have the capacity to check if families are taking them to follow-up appointments"*. In Nepal, concerns were raised about the need to obtain parental permission prior to giving children medicine; which is not always feasible. Houseparent(s) often monitor the regimens of children medications, and are sometimes the ones responsible to follow-up on sessions with health care professionals.

Of concern to respondents, as well, is the need for alternative care programmes that can address the psychological needs of survivors with extreme developmental, mental, emotional and behavioural problems. Existing alternative care programmes that serve survivors are not equipped to meet the unique, and at times challenging, needs of this population. Some programmes have in their care survivors who need significantly more support than the organisations are equipped to provide. They already operate with minimal staff, and these children require much attention and specialised assistance. At times, beneficiaries have to assist in their care. Finding a good program to meet these children's needs proves difficult and, therefore, the only option is for them to remain at the shelters, until a solution is identified. A service provider in Thailand shared how child survivors with mental or developmental handicaps are often placed in specialised governmental institutions where the conditions are abhorrent, and where their needs as survivors are not addressed. In Nepal, a service provider explained that patients in mental hospitals are sometimes chained, which is a traumatic experience for CSEC survivors who need to be hospitalized.

Further inquiry should look into what is needed to ensure that CSEC survivors who experience severe psychological and/or behavioural difficulties receive the comprehensive care they need. CSEC specialised options are required for them.

2.9.2.5. Mental Health Professionals and Paraprofessionals

> ***"A counsellor is someone who takes it all when you are in real need to pour all your agony". ~*** **Male-to-female transgender young adult survivor in Nepal**

When asked about counsellors, what is helpful about them and what they do, a male-to-female transgender child in Nepal affirmed, *"finally someone who understands you!"* Survivors described counsellors as people who specialise in understanding them, and who can be trusted. There is confidentiality. Counsellors understand them without judgment, and this enables them to open up, and share their reality, feelings and opinions freely and in detail. There is *"no need to be careful or hide things"*. They are *"like a friend"*, and convey the message that they are not bad people. A young woman in Nepal explained how, *"when you share things with your friends, it is like casual sharing. But with counsellor it's different because the way in which counsellor listens to the problems is different"*. A Nepali girl shared that the counsellor makes her feel so comfortable that she gets *"the images of a mother in the counsellor"*. Another girl in Nepal appreciated the counsellor because of the encouragements she received to *"express herself… participate in activities… show her skills to others".* However, survivors also struggled with trust issues, and they did not all feel completely safe disclosing everything to counsellors. As Filipina girl revealed, *"there are times there are things that you could not disclose, because you can't trust anybody… you really don't know what the other person is thinking. It's like you need to observe them first".* A young Thai man shared that he had to learn to trust a few people before he was able to open up for counselling. As a young woman in the Philippines stated, *"the word trust is a big word for us as we came from an experience of being tricked".*

Some survivors emphasized the importance of counsellors being easy-going, non-judgmental, soft, polite, and kind. This was not necessarily the case, since some service providers struggled with judgment. For example, some of the service providers had a difficult time accepting homosexuality and joked lightly about certain beneficiaries who identified as LGBTI. Some wondered if survivors' sexual preferences and/or transgender identity were 'normal.' A few service providers in Thailand and the Philippines also carried judgments towards survivors who were, or had been, in the entertainment sector. This was not the case in Nepal since some of the service providers who worked with girls in the entertainment sector were survivors themselves. This dynamic suggests the need for service providers to understand fully the varied dynamics of CSEC.

When asked what was important about the people who did the counselling, some of their important qualities were, as shared by a young woman in the Philippines, the following: *"For me, the importance of the counsellor is that this person is strong [and] of course knows how to counsel; knows the steps and patterns so that the client would be able to focus and not be bothered. A counsellor should not advise and should know how to listen. The counsellor should not cry and should not mix their self and their personality to [that of] the client".* A group of service providers shared that it is essential for whoever provides the counselling to be adequately trained and skilled. They added that it is hard on the survivors if counsellors *"open wounds [they] don't know how to close"*. Although individuals with little training and experience can provide what some survivors need and appreciate—as long as they can establish rapport, listen, and remain non-judgmental—it is also deemed important for those individuals to be adequately trained. Two service providers in Nepal shared that, because *"counselling is a sensitive issue"*, their program only hires professionals with degrees in psychology. They added, *"If they make a mistake it has an impact on the client. So it is important that the person have that background"*. At their organisation, the mental health professionals receive ongoing training on counselling techniques to keep updating their skills. They will then share their learning with the other staff at the organisation.

Few child survivor respondents received psychological assistance from professional mental health providers (e.g., clinical social workers, counselling/clinical psychologists.) Staff and mental health paraprofessionals were often the ones to provide counselling. To address a gap in counselling services, some organisations engage the services of student interns and foreign volunteers.

> ***"Organisations that do not work with CSEC do not give importance [to psychotherapy], so have social worker instead of qualified counsellor. Social workers do not have educational background that qualify them, just short course on counselling and that's it… So [psychotherapy] needs to be prioritised, given more importance."*** **~ Mental Health Professional in Thailand**

Student Interns and Foreign Volunteers

CSEC survivors tend to have difficulties with attachment and trust, and therefore the short-term commitment of interns is not ideal. In the Philippines, a service provider shared that psychology students had been providing counselling sessions at their shelters. However, some of the survivors had complained that, *"after a few sessions she will leave me. She just studied me. Only study our case and then leave us"*. In some of the organisations in Thailand, whether at DICs or alternative care settings, foreign volunteers also provide mental health support. At one of the faith-based

DIC, counselling was about to be provided by a foreigner who had never been to Thailand before, and had no experience in working with this population. A social worker at another faith-based organisation explained that, in term of services for trauma recovery, they have volunteer foreign psychologist of different nationalities who come and talk with the children, one on one. She shared that this service is available on a weekly basis, when the volunteer is in the country. She added that the volunteers come every three months. The teacher provides them with information on the children's behaviour, and they prepare *"issue topics ahead of time"* that she then translates during the session. They conduct art or music therapy, but when there are no volunteers, the service providers at their organisation conduct the sessions themselves. She added that, cases that are beyond their capacity are referred to a psychiatrist. A child protection professional, at a faith-based organisation, explained how there are no licensed counsellors, and therefore foreigners from the United States or Australia come work with the children for a while. They use interpreters. When the foreigners are not in the country, she maintains contact with them via email or telephone/Skype. When there are problems with some of the children (e.g., *"melt-down"*), house parents call her, and with a translator, she guides them on how to address the situation. Two service providers were concerned about such practices. They shared that, in Thailand, there are *"lots of foreigners who have license. When they give psychological services to Thai children, they need interpreters"*. These interpreters do *"not know recovery, so they use words that are not appropriate, so it's difficult for the counsellor to build relationship with the children".* A service provider, at a different faith-based organisation, explained that, in order to lessen the potential for problems, their organisation trains the translators on topics such as the impacts of sexual trauma, trauma-based counselling and motivational interviewing.

Although the support student interns and foreign volunteers give can possibly benefit some children, it is essential that strict procedures be in place to ensure the best interest of the child, including close monitoring and supervision of interns and volunteers. This calls for further attention.

2.9.2.6. Barriers to Mental Health Assistance

> ***"One of the ways to stop suicide is by giving them an opportunity to share… Because they have so much problems in their hearts and stress and agony that counselling is the only way to relieve such agony".*** **~ Girl survivor in Nepal**

Some of the respondents were asked what could happen if counselling was not available. Survivors stated that they would have depression. They *"would hide away to solve problems by themselves"*. They would be stressed all the time because they have no body to talk to that can understand them. Suicide attempts and rates would increase, especially among girls sexually exploited in the entertainment sector and transgender in Nepal. Without counselling, survivors would not be able to differentiate between right and wrong, and understand the possible positive and negative consequences of things they might want to do. There would be *"non-stop involvement of children in CSEC"* and they would continue using substances, and *"going out with friends, and doing cyber pornography".* Without counselling, service providers would not be able to gather information on the survivors. There would be no change, and the children would not be able to *"verify and clarify their own circumstances"*. The children would therefore continue, *"to feel lost"*.

An essential need in the care, recovery, (re)integration, and after care of survivors is therefore to provide them with quality psychological assistance. Barriers need to be addressed and removed in order to help ensure that survivors receive such services. Many survivors do not know that such services even exist. Child-friendly information dissemination would normalize and increase children's awareness and benefits of counselling and counsellors. Another barrier to accessing psychological assistance and counselling is the stigma around the notion of seeing a mental health professional and receiving counselling (*"You are not crazy?!"*). The absence of clarity and understanding around mental health problems, and what psychological assistance entails are other obstacles survivors face:

The Need for a Common Understanding and Language

In light of a variety of factors that require consideration, investigating and discussing the mental health and psychological assistance needs of survivors is complex. In addition to the absence of a universal definition for what constitutes a mental disorder, there are no international agreements regarding standards for the training of mental health professionals such as psychologists. Across different countries, training levels in the fields of medicine and nursing "can be quite similar".[540] However, it is not the case in regards to the training of mental health service providers. For example, Thailand, Nepal and the Philippines each have different requirements and standards in terms of the training and practice of psychology.

Compounding to this complexity is the fact that beyond the professions of 'psychiatrist' and 'psychologist,' the field of mental health includes an array of professionals and paraprofessionals such as, but not limited to, psychotherapists, expressive art therapists, clinical social workers, psychosocial counsellors, mental health paraprofessional (MHPP), pastoral counsellors, grief counsellors, and substance abuse counsellors. For example, among the service providers who provided psychological assistance, there were a couple who held a master's degree in counselling, and there were several who had either taken a six-months psychosocial counselling training, and/or brief workshops. Social workers also provided psychological assistance, as well as other service providers with little to no mental health training. Clarity on the roles, responsibilities and boundaries of each of these professions is lacking in each of the three target countries. Many of the respondents were not familiar with the differentiation between psychiatrists, psychologists, counsellors (e.g., psychosocial counsellors), and social workers. When discussing the topic of mental health, the more commonly used terms 'counsellor' and 'counselling' were used. General, simple and non-leading explanations were provided when necessary. Questions in this topic often had to be adapted and simplified, especially with some of the younger boy survivors in Thailand and the Philippines.

One of the main confusion stemmed from the professional title of 'psychologist' being randomly ascribed to anyone conducting, what was referred to as, counselling. It was not often clear as to what exactly respondents meant by the terms 'counselling' or 'counsellor' or which professional or paraprofessional they were referring to. The background of the individuals conducting 'counselling' was not always clear. Some service providers, for example, referred to one of their foreign volunteers as the counsellor, and stated that she conducted art therapy. The said counsellor later described having received some training, *"here and there"*, like *"talk therapy"*. She stated not having a formal degree or certificate, and added that she did holistic counselling, and led therapeutic activities, such as baking and hiking. In Nepal, a child protection professional who shared that she planned interventions and

540 Helmes, Edward and Pachana, Nancy A. (2005), "Professional doctoral training in psychology: International comparison and commentary", *Australian Psychologist*, 40(1), March 2005, 45-53, accessed 24 October 2015, http://www.academia.edu/956690/Professional_doctoral_training_in_psychology_International_comparison_and_commentary.

provided individual and group counselling for all the children at the centre, explained that she had no professional and educational background in counselling, and no formal training. She had learned different techniques, such as talk therapy, art and play therapy, visualization, as well as assessment of symptoms and behaviours, when foreign mental health professionals had visited. She admitted that she did not *"know if she is really doing counselling"*.

When saying that a psychologist conducted assessments, some of the respondents did not know that the said professional was actually a psychometrician, and not a psychologist. Psychometricians specialise in administering a number of psychological tests, interpreting the results and writing a report, and conducting intake interviews.[541] They are normally not trained to provide counselling or psychotherapy. However, at a government program in the Philippines, the psychometrician, who was referred to as the psychologist, conducted counselling. Due to a lack of staff, many of these different professionals share some of each other's responsibilities. When asked about the difference between a social worker and a psychologist, a mental health professional working at a government facility in Thailand shared that there is *"no clear line between us. We work as a team. Both the psychologist and the social worker give advice, counselling. Both have to step into each other's role".* The social workers and psychologist divide cases between them from the time the children arrive and until they leave the centre. They consult with each other. The only difference in this situation is that the psychologist also administers intelligence tests, assesses children's development, and makes the decision as to whether or not children have to be seen by a psychiatrist. Another mental health professional expressed a concern over the fact that social workers in Thailand do not have the educational background that qualified them to conduct counselling, they have *"just short course on counselling and that's it"*. A service provider in the Philippines explained how there are now many laws related to conducting counselling, but for social workers it is *"embedded in their license"*. Some of the social workers that provided counselling did not know that, unlike medically trained psychiatrists, psychologists do not prescribe medication. Key informants (a group of licensed psychologists) shared that there are minimal courses related to actual clinical work (e.g., psychotherapy) in preparatory programmes for social workers. Some respondent highlighted the need for an oversight mechanism, to ensure that professionals are practicing within the boundaries of their professions.

A few of the survivors in Thailand were not familiar with the concepts of counselling or counsellor, as they had never received formal counselling or other forms of mental health support beyond psychological assessments. Other survivors understood counselling as the receiving of advice, which they appreciated. A young man explained that for counselling, he had gone to see a Thai couple at their home, but they had not really been helpful. The second time he had gone to see them, they were not available as they *"had own thing to do"*. It was not clear what 'counselling' meant in this case. In Nepal, survivors who had not received counselling but had heard about it conceptualized it as sharing personal problems with someone. A male-to-female transgender child in Nepal described counselling as "share garne", which literally translates as 'share doing', or 'sharing'. When asked what the counsellor did when she would share her problems, a Nepali girl disclosed that the counsellor would make her pray, and the counsellor prayed with her. In the Philippines, a young woman explained her understanding of the differences among various professionals as, *"Psychologists they are like friends who listen to you, while the social worker gives advice and talk like parents and will tell you what to do"*. Another young Filipina woman, who did not know the difference between a psychologist and a counsellor, did not think it mattered, *"as long as you counsel"*. In some cases, survivors believed that counsellors could be anyone. When asked who at the shelter was a counsellor, a Filipina girl explained that anybody can do

541 For more information, see: http://www.prc.gov.ph/prb/?id=45&content=266.

the counselling; *"If you want the social worker, if you want the psychologist, if you want the director, like that, you can talk anyone, anybody. Anybody that you think can understand you".* Similarly, a Filipina girl at a DIC shared that she had *"experienced talking to a psychologist. To her, the psychologists are the staff"*. As a service provider in Nepal stated, *"Anyone can be a counsellor if can build rapport".*

There is a definite need for clarity and a better understanding of these professions at the local, national and international level, in order to ensure that survivors receive the appropriate level of care and specific support they need. This will prevent assumptions being made that children are actually receiving the type of psychological support they need simply because they meet with someone who is referred to as a counsellor or a psychologist for counselling.

Lack of Mental Health Professionals

> ***"Hard to open wounds [that counsellors] don't know how to close".***
> ***~ Group of service providers in the Philippines***

There is a significant shortage of:

- Qualified mental health professionals and paraprofessionals with a solid background in the field of mental health and trauma, and an understanding in the unique needs and circumstances of CSEC survivors. Due to understaffing, large caseloads, and multitasking, mental health providers are not easily available to attend to and focus solely on survivors' needs. The counselling that is available is mostly short-term, and inconsistent in terms of scheduling;
- Specialized services for survivors with dual diagnosis and/or severe mental, emotional and behavioural problems and disabilities; and
- Child psychiatric/healing facilities that also address survivors' history of trauma.

Thailand

> ***"Every children's home in Thailand should have [access to] a social worker or a psychologist or somebody to talk to when kids have problems."***
> ***~ Young male survivor in Thailand***

A mental health professional indicated that in Thailand there are few psychologists and most psychological services are related to assessments. She explained that treatments are *"short-term and symptom based"*. There are no systematic approaches, which take into consideration the influence of the children's environment, and understand the symptoms as associated to their experiences. Psychologists and psychiatrists mostly conduct tests and assessments. A service provider stated that, a weak point in government and NGO programmes is the psychologists who are recruited only based on their having a bachelor degree in psychology. She explained that they do not employ psychologists who have been trained on *"how to use the psychology, psychological tools"* and who can *"do this assessment"*. She believed that psychologists *"should work continually with the psychiatrist and to make the case management and this kind of thing"*. However, she said, *"They don't have the tools. And this is an area that should improve in Thailand… We don't have tools, no toys, no trainings"*. According to respondents, there are not many courses in Thailand related to psychology and counselling, and no license for counsellor. Two service providers believed that not many people in Thailand are interested in counselling, and suggestions were made that the government should encourage people to enter the mental health field.

Two government service providers communicated that in each government homes in Thailand, there is only one psychologist responsible for the whole province, while other psychologists work in NGOs and academic settings. They felt that it is not enough. The psychologists do not have the capacity to follow-up. Another service provider explained how there are limited resources in rural areas. She described service crisis centres with *"frontline workers"* that mostly include nurses. There are one psychologist and one social worker, but no psychiatrist. There is no therapy available and the staff there does not know "how to help". However, she said, more people in the government are trying to support these service providers with basics in stabilization and trauma. She added that, "*Abuse is a problem of itself. Helpers need to understand the context of abuse".* A counselling training of less than six months is becoming available for nurses to become psychiatric nurses.

Nepal

There are very few psychologists in Nepal.[542] There is one clinical psychologist per 4.5 million persons in Nepal and one psychologist per 126,000 people in the Kathmandu Valley.[543] A service provider explained that it is hard to find a good therapist in Kathmandu, and that people do not trust therapy because it is not part of their culture. They are *"not very inclined or understanding of the need for therapy"*; they do not *"get the importance"*.

In Nepal, it is mostly psychosocial counsellors who provide mental health care to survivors.[544]A number of service provider respondents had received, or were in the process of attending, psychosocial counselling training offered at one of the non-profit organisations in the Kathmandu Valley that specialises in mental health. The training covers general concepts and elements of counselling,[545] and is not specific to CSEC. When these service providers cannot identify or help solve deeper issues, survivors are referred to a hospital. Some of the respondents expressed concern over the fact that the government does not recognize or accredit their profession.[546] They also expressed the need for accountability and protection, especially when children died or committed suicide. [547]

542 Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2015), "Nepal Earthquakes 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support".

543 *Ibid.*, 56 and 60.

544 Indeed, paraprofessional Psychosocial Counsellors provide the majority of mental health services in Nepal. Source: *Ibid.*

545 For example, the training offered at TPO was for 780 hours, 3 hours a day over a period of six months. The training covered topics such as general concepts of psychology; self-awareness; ethics; reporting and documentation; mental health problems; trauma; psychological first aid; crisis management; counselling approach; and communication skills. The training did not focus on a particular population, and entailed practicum hours in different settings serving varied populations. Additional information is available here: http://www.healthnettpo.org/files/688/module-09-counselling.pdf

546 The International Labour Organization (ILO) highlighted the need in Nepal for national policies to standardise mental health and psychosocial care, which would legitimize psychosocial programmes. For more information, see: International Labour Organization (ILO) (2006), "Good Practices in Asia: Prevention and Rehabilitation", 37-38, Bangkok, Thailand: International Labour Organization, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_72_en.pdf.

547 The International Labour Organization (ILO) highlighted the need for some sort of Council of Psychosocial Counselors of Nepal that could, among other things, establish standards of care, oversee quality control and ensure supervision for all counsellors. For more information, see: International Labour Organization (ILO) (2006), "Good Practices in Asia: Prevention and Rehabilitation", 38.

A service provider was concerned about paraprofessional psychosocial counsellors who assume that they have sufficient skills to meet the psychotherapy needs of survivors. Concerns were also raised as to the lack of frequent follow-up with psychiatrists to discuss cases. The service provider was worried that, *"The real clinical need for most [survivors] is really not assessed. So nobody really comes to know about the PTSD. In [the NGO sector] there isn't anyone to diagnose this is PTSD or this is anxiety. Or this [survivor] has this kind of trauma issue or whatever issue. So they are more like generic blanket kind of psychosocial support. No one really looks into it like mental health as such"*. Psychosocial counsellors are not sufficiently trained, and, therefore, fail to refer cases to psychiatrists. The service provider believed that psychosocial counsellors traditionally feel resentment towards psychiatrists, whom they think do not respect them as part of the mental health field. The service provider went on to describe the *"fractured state of working relation"* between the various mental health professions and the NGO community that tends to believe that psychiatrists should only prescribe medications, and *"shouldn't be looking into psychosocial issues".* According to this respondent, NGOs *"cannot differentiate between psychosocial and mental health… they do not understand what the mental health piece is"*. When psychiatrists make a referral for children with trauma to receive regular counselling through professionals at a hospital, NGOs typically select to rely on their own psychosocial counsellor instead, which in such cases is insufficient. However, the respondent also stated how sometimes, *"a good smart knowledgeable community worker can do as well as an average therapist. That is so much individual based. Lot of these counsellors do get training from trauma perspective"*. The service provider went on to explain how there is no formal education system in this field that exposes mental health professionals to a wide variety of psychotherapeutic approaches. The background of those providing psychosocial counselling very much depends on short-term trainings available at different times, depending on the agendas of organisations at the time. Although a diversity of approaches is important to meet the differing needs of survivors, continuity, and therefore a deeper understanding, in particular approaches is also essential.

The Philippines

A group of stakeholders in the Philippines explained that in order to refer to oneself as a psychologist and to practice psychology, a master's degree in psychology is needed, as well as passing the national licensure exam, and completing supervised practicum hours[548]. Several service provider respondents explained that licensed psychologists are too expensive to hire. Therefore, most of the counselling at DICs and NGO shelters, is provided by social workers, psychology students, or service providers with little to no formal mental health training.

A service provider at a government shelter shared that it is difficult to provide individual and group counselling to survivors due to lack of staff. She explained how in governmental residential shelters there usually is one psychologist for more than a hundred children. Sometimes the number of residents is close to two hundred. Some shelters, she said, have no psychologists. At their shelter, a licensed psychologist comes twice per week. However, theirs had been on leave for a few months, and no interim substitutes had arrived. The respondent was alone and focused only on conducting assessments. She shared how, "even if we would like to focus on one child, we can't cause no time, and we do not focus only on counselling. We do administration, reports, and other assigned activities… important to focus on mental health with these children. All we can do is assessment and refer. Can't do in-depth therapy". Severe cases and legal cases are referred to a consulting licensed

548 For more information: http://www.finduniversity.ph/majors/bs-in-psychology-philippines/

psychologist. A survivor at a government shelter shared that the psychologist is more focused "on the girls who need attention", and thus others do not receive psychological assistance.

Additional Barriers

Service providers expressed the need for training programmes specific to mental health professionals and social workers, as well as the need for networks that would enable them to receive support and exchange experiences and expertise. The lack of understanding among NGO staff regarding the different CSEC population (e.g., street children, children in the entertainment sector, transgender) is also an obstacle that requires attention in order to ensure that all children receive the care that best meets their unique psychological needs.

Also identified as barriers, are a lack of systematic assessments and effective screening programmes to identify mental health problems,[549] triage, and treatment planning. In some cases, non-mental health professionals are the ones to conduct assessments. It takes months to receive appointments with psychometricians, psychologists and psychiatrists. The prohibitive costs of psychological care and psychiatric medications and the lack of a responsible person to oversee children's medication regimen and follow-up appointments are extra barriers to mental health. Professional standards, liability, supervision, and research are deemed necessary.

Finally, but not last, a barrier to mental health is the difficulty in accessing in-depth and long-term counselling/psychotherapy, especially after (re)integration. As a group of service providers in Nepal asserted, "Number one is that counselling needs to be available forever". After they are (re)integrated with society and family, there are lots of problems, and the survivors may also experience flashbacks.

The need for effective trauma-informed, culturally and gender sensitive, and child-specific professional psychiatric, psychological, and psychosocial support, services and counselling is clear. The deficit of mental health professionals knowledgeable in working with CSEC survivors is consistent with findings in recent studies.[550] These indicate that counselling and psychosocial services are often nothing more than informal emotional support.

Each country included in this study presents its own limitations and challenges, as well as promising practices. States are encouraged to address the stigma that surrounds the field of mental health and ensure survivors' unobstructed access to the psychological assistance and counselling they need in order to minimise and heal from the impacts of adverse childhood experiences and commercial sexual exploitation. A few respondents suggested the use of media (e.g., movies, television) as a means to changing the stigma that plagues mental illness and the accessing/receiving of mental health assistance.

549 Katona *et al*. (2015) identified the need for culturally valid and reliable screening programmes, including child-specific screening tools, to assist in the identification of risk and protective factors among survivors of modern slavery. For more information, see: Katona, Cornelius et al. (2015), "Addressing Mental Health Needs in Survivors of Modern Slavery, A Critical Review and Research Agenda".

550 Surtees, Rebecca (2013), "After Trafficking, Experiences and Challenges in the (Re)integration of Trafficked Persons in the Greater Mekong Sub-region", Bangkok, Thailand: UNIAP/NEXUS Institute; UNIAP, World Vision, and NEXUS Institute (2012), "(Re)integration. Perspectives of Victim Service Agencies on Successes and Challenges in Trafficking Victim (Re)integration in the Greater Mekong Sub-region", Bangkok, Thailand: UNIAP, World Visions and NEXUS Institute.

2.9.3. Addiction and Rehabilitation

Child protection gatekeepers were asked about the incidence of substance use, and other addictions, for each survivor participant. During the discussions, these topics were raised with both survivors and service providers to explore what needs survivors may have for specialised rehabilitation programmes and services. The term 'addiction' was used loosely, and implied dependence as well as chronic compulsive engagement in activities such as sex and computer online games. A number of child protection gatekeepers suggested that addiction to Facebook should be included as part of this inquiry as they had observed the chronic pre-occupation with social media to be an issue among some of the survivors.

Literature indicates that substance use is prevalent among children who are commercially sexually exploited.[551] Respondents identified it as a common and serious problem. A service provider in Nepal described substance addiction as the *"most challenging part of work"*. Not only are children abused, but they are sometimes also forced to use drugs and alcohol. When they arrive at the shelter, caregivers have a difficult time controlling some of their behaviours. A child protection professional in Thailand indicated that there are many drugs in brothels and sex tourism. Substance abuse is a significant problem among children in street situations, transgender, and girls in the entertainment sector. The substances identified as commonly used are alcohol, cigarettes, and drugs. Drugs include marijuana, solvents, amphetamines, cocaine, heroin, and sleeping pills. Survivors in the Philippines often mentioned 'Shabu,' (a.k.a., methamphetamine) as the drug commonly used by children involved in sexual exploitation. In Thailand, 'Yaba' (a methamphetamine-based drug) and Ice (a purer form of methamphetamines) are considered one of the main drugs used. Glue, a solvent, was mentioned as the most frequently used substance among survivors who were or had been street children in Thailand and the Philippines. Literature does show that children in street situations predominantly use inhalants.[552] As a Thai survivor explained, *"cause it's cheaper"*. It also cuts hunger pangs. The child protection professional in Thailand explained how, in brothels, children are also given cocaine, sleeping pills, *"all sorts of mixed stuff"*, as well as *"heroin for the pain"*.

551 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", (PsyD diss., California Institute of Integral Studies); *Task Force on Trafficking of Women and Girls* (2014), "Report of the Task Force on Trafficking of Women and Girls", Washington, DC: American Psychological Association; Williamson, Erin, Dutch, Nicole M., and Clawson Caliber, Heather J. (2010), "Evidence-Based Mental Health Treatment for Victims of Human Trafficking", May 2010, accessed 24 September 2015, http://aspe.hhs.gov/basic-report/evidence-based-mental-health-treatment-victims-human-trafficking; Zimmerman, Cathy (2003), "The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study", London: London School of Hygiene & Tropical Medicine; Raymond, Janice G. *et al*.(2002), "A Comparative Study of Women Trafficked in the Migration Process: Patterns, Profiles, and Health Consequences of Sexual Exploitation in Five Countries (Indonesia, the Philippines, Thailand, Venezuela, and the United States)", New York, NY: Coalition Against Trafficking Women International.

552 Embleton, Lonnie et al. (2013), "The Epidemiology of Substance Use Among Street Children in Resource-Constrained Settings: A Systematic Review and Meta-Analysis", *Addiction* 108(10), July 2013, 1722-1733.

Table 26: Reported substance use and other addictions among survivor respondents

Substance Use and Other Addictions	Thailand *(out of 15)*	Nepal *(out of 25)*	Philippines *(out of 27)*
Drugs *(Marijuana, Amphetamines, Cocaine, and Solvents)*	8	2	9
Alcohol	4	13	16
Cigarettes	7	7	11
Sex	1	1	4
Internet Games	5		1
Facebook	3	6	4

Some survivor respondents asserted that they had not used substances while others acknowledged their own or their peers', usage. A few children in street situations claimed not knowing anything about substances. They might not have felt safe discussing this topic. A couple of them seemed as though they might actually have been under the influence of substances at the time of the discussions. They had spent the prior nights on the streets, and had come to the drop-in centre for the special food treat that the child protection gatekeeper had promised them for participating in the discussions.

In some cases, the use of substances had begun prior to the sexual exploitation, and they were forced into prostitution to support their habits. In the Philippines, a few stakeholders, at an AA/NA meeting in a prison, acknowledged that their drug use as children had led them to becoming sexually exploited, and, in order to sustain their drug habits, they eventually began trafficking children. Peer pressure also played a role in some survivors' use of substances. This seemed common among those who were, or had been, street children. A Thai boy described how he had gotten involved with drugs through friends who had told him that amphetamines would give him joy, and glue would help him see things in a different way, *"a good way".* However, one of his friends had died from sniffing glue. An ensuing training, he attended on the topic of drugs helped *"point him to the right direction he should take".* He was able to stop using.

According to respondents, traffickers/exploiters often force children to drink alcohol and/or use drugs, and, over time, they develop dependence. They are told to take drugs like marijuana and methamphetamines in order to better please the customers. Female survivors of the entertainment sector in Nepal explained how the men whom they had to entertain would force them to drink alcohol, smoke cigarettes and marijuana, and even chew tobacco. They were initially given juice that, without their knowledge, contained alcohol, and were informed that nothing bad would happen from smoking. The men would tell them that, *"big people drink alcohol and smoke so to be big they should do the same"* and promised them that, *"the more you drink, the more tips you get"*. Girls would also be told that they would get a small percentage on the drinks they encouraged customers to buy. They had to drink with them, and that eventually lead to their becoming addicted. The customers would also tell them that these substances were enjoyable, and could bring them relief from their worries. Two service providers in Nepal mentioned that, over time, girls use more and more. They *"start drinking in the morning with guests"* and eventually drink to get to sleep. One girl explained how due to a lack of education, children do not know that these things are bad for them. They start using and quickly get addicted.

Although substances are used for recreational purposes, it is also a way to self-medicate, a potentially destructive coping mechanism. It gives them courage to *"go to clients"* and do what is asked of them. A young Nepali woman shared how, *"to work in this field you need a lot of courage and girls they come as innocent people from the villages, so they find courage to face their situation when they drink and they have to dance, they have to perform, do what the owner asks, or guest asks, so to do things that your morality doesn't allow you need courage and that's why they drink"*. A group of service providers added that substances had enabled some survivors to fight back when abused.

Some survivors use substances to help them *"forget their pain, at least for a while".* According to several respondents, it provides them temporary relief from stress and tension, as well as allows them to cope with loneliness, family rejection and lack of support, societal stigma and discrimination, *"people's harassment"*, relationship problems, and failed relationships. A male-to-female transgender child in Nepal explained that people in the transgender community *"have many stress and tensions. Their family disowns those who come out and society harasses them. To forget such pain, they drink and get into drugs. Also they are very lonely. So they live shorter than other people. May be some families accept them but they are still treated differently so they have a lot of stress, even if they appear smiling and happy on the outside. Loneliness is what kills them mostly. Alcohol becomes their only support for survival and they take on unhealthy ways of life"*. As a Nepali male-to-female transgender young adult stated, "They feel like there is no end to their misery so to get out of the misery they use such things". A girl in Nepal described how there was a time when she *"drank and smoked and got high because she wanted to forget all the stress, because there was no one else who would listen to her. It was her way of temporarily relieve herself from stress"*. She said that when she tries to share her problems, people do not understand or they start telling her their problems. So, *"when you don't have anywhere you end up taking alcohol and be drunk for a while. And when you drink you feel like really crying and that will relieve you".* She stopped using alcohol after coming to a DIC where, through counselling, she was able to express herself and *"find relief".*

In addition to substance abuse and dependence, a number of compulsive behaviours were mentioned when discussing other possible addictions.[553] Computer online games, for example, seem to be a concern among survivors in street situations, especially in Thailand and the Philippines. For some survivors, these games are the reason they had or wanted to run away from shelters. It was an activity they had gotten used to, and enjoyed spending much time on. A boy in the Philippines mentioned that because of the addiction, they would even forget to eat.[554] Playing computer online games requires payment, and prostitution is one way to sustain their game addiction. The places children access to play these games are mostly Internet cafes, also known as 'cybersex cafes.' Café owners, customers, or peers introduce children to chat rooms[555] where they eventually are sexually exploited in front of webcams.

553 Further inquiry would be needed to establish these behaviours as addictions. They are reported here because they are integral to some forms of CSEC, deemed significant by respondents, and associated to negative consequences.

554 Forgetting to eat is a common symptom of video/online gaming addiction. For more information see: Beranuy, Marta, Carbonell, Xavier, Griffiths Mark D. (2013), "A qualitative analysis of online gaming addicts in treatment", *International Journal of Medical Health and Addiction*, Vol. 11, No.2 April 2013, 149-161, accessed 29 December 2016, http://recerca.blanquerna.edu/conductes-desadaptatives/wp-content/uploads/2013/07/A-Qualitative-Analysis-of-Online-Gaming-Addicts.pdf; Muñoz-Rivas, Marina J., Fernández, Liria, Gámez-Guadix, Manuel (2010), "Analysis of the Indicators of Pathological Internet Use in Spanish University Students ", *The Spanish Journal of Psychology*, vol. 13, núm. 2, Universidad Complutense de Madrid España, 697-707, accessed 29 December 2016, http://www.redalyc.org/pdf/172/17217376016.pdf

555 See: ECPAT International (2003), "A Survey Report: Our Children at Risk Online, The Example of Thailand", accessed 15 October 2015, http://www.ecpat.net/sites/default/files/Our_Children_At_Risk_Online_ENG.pdf; UNESCO et al. (n.d.), "Violence against children", Issue 4: Violence in Cyberspace, accessed 19 November 2016, http://www.unicef.org/eapro/VAC_newsletter_04Cyber.pdf

Children are then allowed to resume playing computer online games. A number of service providers also expressed concerns about survivors' compulsive use of their cell phone and social networking sites such as Facebook. A survivor, who could not trust staff to speak about certain things that caused her distress—such as a recent breakup with a boyfriend—, had, however, no issue with posting her personal problems on Facebook. For survivors involved in street prostitution, Facebook is a way to communicate with past, present and potential 'customers.'

The lure of money, consumerism and lifestyle are other types of addictions mentioned by some respondents. [556] A girl in Nepal explained how children in the entertainment sector are *"really hooked to money"* and because of that addiction they do not care about improving their lives *"or looking into the future"*. Service providers mentioned that survivors come from very poor backgrounds and are driven by the desire to own cell phones and other material goods. For children in street situations, the relative freedom they experience keeps them involved in CSEC. As a Filipino boy said, *"They enjoy their livelihood, and it's like the only choice they have left for them usually".*

Service providers expressed concerns about girls who are *"highly sexualised",* long for sex, and therefore get involved in *"girls with girls relationships"* at the shelters. Some organisations strictly enforce the rules against sexual activity among residents, while at other shelters, staff *"put aside their own moral values and tell them the problems it may lead to"*. Girl survivors having sexual relationship with other girls seemed common. A service provider in the Philippines shared that in some cases, girls are given medication to *"lessen the desire"* and *"help the brain provide relaxation and divert attention".* She was concerned about the medication and believed there were other ways to addressing what she considered to be a sexual addiction, such as through counselling, activities, and sexual education. The type of medication prescribed was not known. Some of the service providers mentioned that particular survivors had multiple boyfriends at the same time, or one after the other. A housemother in Nepal was worried about girls who could not hold back from flirting with the construction workers nearby. They kept trying to gain their attention by whistling, dancing and singing. This same behaviour was described at other shelters.[557]

Rehabilitation

Although alcohol, cigarettes and drugs, as well as other compulsive behaviours, are a common problem, organisations tend not to have specialised services to address substance abuse and other addictions. Survivors usually have to abruptly stop using substances, or stop their compulsive activities. Their cravings are at times powerful enough to maintain, or pull them back, into CSEC. When asked about the need for specialised services, most survivors did not see it as a need. Few survivors had heard about substance abuse rehabilitation centres. Most could not conceptualise what having specialised services could entail, or their views had been skewed by what they had heard of rehabilitation centres. They had eventually been able to stop without participating in, or going to, a special programme. Their perspective was captured in the statement a Thai girl made: "If want to stop, they stop. They don't want help". However, there was a need for a certain amount of help, support and guidance. A Filipina girl explained that she had stopped using substances on her own, because she envied her friends who were studying and were focused on their future. She sought guidance from staff at an organisation that

556 These are also reflected in the literature. See: Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

557 Although these descriptions refer to compulsive sexual behaviours, further inquiry is needed to qualify these as sexual addictions.

helped her to encourage herself "to stop slowly and slowly". She explained that it was hard to control herself and not to allow herself to be tempted. What helped her was to think about the people who were concerned about her, and supported and guided her. When asked if there is a need for specialised services to help children who take drugs and alcohol she shared that, "it depends since it's up to the person who wanted to stop the vices. It would still be up to the person".

When asked what they thought might be helpful, a Filipino boy suggested that outreach workers should give advice to children who use substances, monitor them, and remind them that these are not good for them. Some of the survivors in Thailand believed it would be beneficial to bring children *"somewhere else such as in a children's home where they could be enrolled in vocational training".* They believed this would prevent children from coming back to the streets and using substances again. Paradoxically, these survivors were children who were still in street situation, involved in CSEC and using substances, and had spent time in such government homes. No information was obtained that would help understand whether these government homes provided specialised services that addressed substance abuse and other addictions.

Their suggestion of involving children in vocational training was actually very much in line with the suggestions other survivors made, and with what was found to be the common approach used at DIC and shelters. Engaging children in activities is a way to distract them from their addictions and compulsions. Distractions entail keeping them busy with a job, school, sports, exercise, music, excursions, and their phone. Caregivers sometimes give them paper and pen to draw, give them chewing gum, take them shopping, or *"go somewhere to hang out and forget".* A young woman in Thailand had been taught etching on a mirror as a way to concentrate her mind away from drugs, and eventually generate some income.

As was suggested earlier by a Filipina girl, the encouragements of staff are also found to be effective. A young woman in Nepal shared that staff at the DIC had taught her to reduce her substance abuse problem by using less each day. She was told, *"if you really hold yourself today, you will feel the want a little less tomorrow. You become more tolerant to not use it".* She too was now helping her peers with that approach. She actually thought it would be very important to have a special programme to stop this problem. A survivor who had a difficult experience with having to suddenly stop using Shabu (methamphetamine) explained that in addition to diverting her attention with activities, she had been given a medication that enabled her not to think about her cravings. Caregivers had also removed from the shelter everything that remotely looked like Shabu, such as white deodorant powder. She had found that helpful.

Another way survivors were helped was by engaging them in the rule-making process as well as in developing a plan as to how best to curb the symptoms of withdrawal. A child protection professional in Nepal explained that the rules were not enforced but survivors were encouraged to follow them. She added that, *"Habit cannot be broken quickly, but over time".* Some of the shelters showed flexibility in dealing with cases of substance abuse. For example, some of the survivors were allowed to smoke cigarettes. A houseparent there shared that it was easier for the girls to break away from drugs and alcohol than it was to stop smoking. However, a service provider recommended that survivors should actually first go to a short-term facility where their substance use and/or other addictions could be addressed. They could eventually be transferred to a longer-term facility. There was concern about the impact survivors' addictions can have on other beneficiaries.

Very few rehabilitation centres exist in each of the three countries. These are said to be for adults and very expensive. As a girl in Nepal stated, *"Those who earn money or who have people who are*

supporting them, they take them for rehab treatment". A woman in the Philippines explained how the substance abuse rehabilitation programmes do not provide educational, vocational nor aftercare services. A young woman explained that some of her friends had been to a rehabilitation centre. Their behaviours had gotten worse because of the influence of the residents, and, once out, her friends got back into drugs. A child protection professional in Thailand conveyed her concerns and frustrations about the lack of services for survivors who are dealing with both trauma and drug addictions. She said, *"So, 15/16-year old boys who have drug addiction and are sleeping with foreigners, there's absolutely nowhere, no services for those guys. And nowhere to place them, nowhere to take them to get over the addiction and to help them"*. One of the survivor respondents who lived at a shelter had lied to the staff a few times, and had gone with school friends to drink. She was eventually sent back to her family, even though she was still very much at risk for CSEC.

According to respondents, the techniques of distracting and refocusing survivors' attention are helpful. The study was not designed to assess and measure the severity of survivors' substance use, and said addictions, nor its comorbidity with other mental health conditions. Substance use poses serious health risks, compromises normal brain maturation, and affects essential developmental and social transitions[558]. Research shows that Internet and social networking addictions change the brain similar to substance abuse[559]. Further research in the domain of substance use, addictions and effective treatment approaches for this population is called for. Although some of the survivors did not see a need for specialised services to address substance abuse and other addictions, they found it important to receive information on substance use, reminders that it was not good for them, and support and guidance to stop their use. Some service providers expressed the need for drug-testing and trauma-informed child specific rehabilitation programmes and services, as well as training on substance abuse and addictions.

2.10. Spirituality and Religion

An area that is overlooked and underestimated in the literature specific to CSEC is that of the role of spirituality and religion in the healing process. There is little research available in general on religiosity, spirituality and trauma in children and adolescents.[560] Spirituality here refers to an individual's personal relationship with the universe or "with one's Higher Power(s) or the reality of the cosmic, creative, divine, and/or scared presence".[561] Religion refers to an organised faith with structured beliefs systems and associated rituals and ceremonies.

Child protection gatekeepers were asked about the religious identity of each survivor participant. When needed, survivors provided confirmation. In Thailand, the majority of the survivors identified as Buddhists, which is the country's official religion. Survivors in Nepal mostly identified as Hindu. Hinduism is the principal religion in Nepal, although Buddhism is considered as a main religion as well. The Philippines is

558 National Institute on Drug Abuse (n/d), "Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide", accessed 28 October 2015, https://teens.drugabuse.gov/sites/default/files/podata_1_17_14_0.pdf.

559 Lin, Fuchun *et al.* (2012), "Abnormal White Matter Integrity in Adolescents with Internet Addiction Disorder: A Tract-Based Spatial Statistics Study", PLoS ONE, 7(1), January 2012, accessed 28 October 2015, http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0030253; Turel Ofir et al., (2014), "Examination of Neural Systems Sub-Serving Facebook "Addiction"", *Psychological Reports: Disability and Trauma,* 115(3), December 2014, 675-95.

560 Bryant-Davis, Thema (n.d.), "Spirituality, Religion, and Child Trauma Recovery", accessed 27 October 2015, http://www.drthema.com/pdf/spirituality_childtrauma.pdf.

561 *Ibid.*

predominantly Roman Catholic, and so were the Filipina and Filipino survivor participants. Eight survivors who originally identified as either Buddhist, Hindu, Muslim or Roman Catholic had converted to various Christian cults through receiving recovery and (re)integration services at Christian-based organisations.

Table 27: Religious affiliation of survivor respondents

Religion	Thailand *(out of 15)*	Nepal *(out of 25)*	Philippines *(out of 27)*
Buddhist	10	4	
Buddhist/Hindu	1	1	
Hindu		15	
Christian	1 + 3*	1 + 2*	3*
Catholic			24
Unknown		2	

**2 Hindus, 3 Catholics, 2 Buddhists and 1 Muslim converted to Christianity through receiving recovery and (re) integration services.*

Traumatic experiences influence children's spirituality, religious beliefs and faith[562], which can in turn impact their physical and mental health. They challenge children's core sense of trust, and trigger doubts about existence, people, and their religious community. As an example, a girl in Nepal shared how *"She's confused about the existence of God. Because sometimes she thinks there are girls and children living in very deplorable conditions. So if God existed, wouldn't God help these people? And sometimes she sees like very sick person getting better, getting healthy, then she thinks ok God must be there"*. Spirituality and religious belief systems, and their related rituals and ceremonies, also affect the way survivors make sense of their situation and deal with their past.[563] These may foster maladaptive cognitions that create barriers to addressing trauma. A caregiver in the Philippines explained how very often, *"the religion or the cultural relationship with the religion*" makes the children she works with *"less susceptible to wanting the information, listening to the information, or receiving the information,"* especially when it is related to *"certain types of education around sex and sex health, and body health".* She added that local Catholic churches were very vocal about sexuality and reproductive health, especially concerning contraceptives, which exacerbates the stigma and shame CSEC survivors already experience. The children, she said, *"feel that the church is sending those messages directly to them in terms of what happened to them in their life".*

Spirituality and religion have also been shown to promote resiliency, and thus positively influence health and behaviours.[564] For example, they can moderate the development of PTSD.[565] Spiritual and religious

562 Herman, Judith (1992, 1997), "Trauma and Recovery, The Aftermath of Violence—From Domestic Abuse to Political Terror", New York: Basic Books; Fallot, Roger D. and Blanch, Andrea K. (2013), "Religious and Spiritual Dimensions of Traumatic Violence", In Pargament, K. I. (Editor-in-Chief) (2013) "APA Handbook of Psychology, Religion, and Spirituality: Vol. 2, An Applied Psychology of Religion and Spirituality".

563 Derks, Annuska 1998), "(re)integration of Victims of Trafficking in Cambodia", IOM & Centre for Advanced Studies, October 1998, accessed 27 October 2015, http://www.no-trafficking.org/content/pdf/annuska%20derks%20reintegration%20of%20trafficking%20victims.pdf.

564 Bryant-Davis Thema (n.d.), "Spirituality, Religion, and Child Trauma Recovery".

565 Fallot Roger D. and Blanch Andrea K. (2013), "Religious and Spiritual Dimensions of Traumatic Violence".

activities also help survivors *"connect to something that will last beyond the programme timeframe"*.[566] Many survivors did express that religion played a positive role in their recovery. A few survivors, who identified as Buddhist, shared that when they feel bad, down, or when something bothers them, the spirit, prayer, or remembering God helps them to *"have a good feeling"*. A boy in Thailand appreciated how Buddhism taught them not to attach *"to something that happens so if we not attached we move forward. We think about the future".* The practice of 'not thinking about the past' was identified as a key coping strategy among some survivors in Thailand, and for a few survivors in Nepal and the Philippines as well. For Hindu survivors, 'feeling God inside' helps them solve problems, and praying and trusting God provides relaxation and positive energy. As a survivor in Nepal said, *"Religion is good for peace of mind".*

Religion/spirituality provides some children with hope. A number of survivors, who identified as either Hindu or Christian, also believed that asking or praying to God made wishes come true. A young Thai Buddhist man who prayed, and meditated regularly, believed the spirit would help him succeed with his business. The smell of incense, he added, was a key component of his experience.[567] According to several respondents, religiousness also provides survivors with inspiration, guidance, encouragement, and strength, as well as a sense of support, hope, and belonging. Some of the survivors found the teachings in the Bible to be helpful, as is praying to God to seek help, guidance, and understanding. In Thailand, a young woman who had converted to Christianity also experienced religion as a useful way to unite survivors, *"It's like we are talking in the same language"*. For a survivor in the Philippines, receiving the communion provided her with a sense of belonging and normalcy. It also helped relieve her from feelings of guilt. She explained how, *"The lord gave me the experience of connecting again to him and I was able to confess my sins that are not good and which I did"*. She believed it was important to help support survivors' relationship with God, and their spirituality. It is a way *"to stop darkness, to stop temptation"* and help children realise how they can "make their future better".

A number of service providers in the Philippines, who believed that sexually exploited children lack a spiritual life, saw that being at the DICs or shelters enables survivors to *"know of God"*, and realise that they have a future in spite of what they have been through. They can recognize that *"what happened to them is just a trial, a test in life"*. Another group of service providers in the Philippines found it important to bring spirituality back into survivors' lives, as it is essential for them to have values. A caregiver, also in the Philippines, explained that this helps survivors "determine the good and bad moral", and they would therefore be *"more determined not to do bad"*. In some of the shelters, Christian organisations of various denominations come to teach residents about God's word and how to pray. The concept of Jesus Christ having died for their sins was important for a few survivors, as was the fear of God, which seemed to provide them with moral guidelines. A Filipina girl explained how she both loved and feared God, and appreciated the Father's advice. Thinking about God reminded her, *"to do the good things instead of the bad ones…to do great things, to follow the commandments"*. She shared how she would turn to God when she was in danger, and, regardless of having done *"bad things"*, she believed God was always there when she felt she could not ask for help anywhere else.

566 Clawson, Heather, Salomon, Amy, and Goldblatt, Grace Lisa (March 2008), "Treating the Hidden Wounds: Trauma Treatment and Mental Health Recovery for Victims of Human Trafficking", accessed 7 October 2015, http://aspe.hhs.gov/basic-report/treating-hidden-wounds-trauma-treatment-and-mental-health-recovery-victims-human-trafficking.

567 Literature shows that, fragrances have a psychological effect on mood, stress, and working capacity. For more information, see Mutsumi, Lijima, Osawa, Mikio, Nishitani, Nobuyuki, and Iwata, Makoto (2009), "Effects of Incense on Brain Function: Evaluation Using Electroencephalograms and Event-Related Potentials", *Neuropsychobiology*, 59, 80-86.

In addition to the benefits of prayer, meditation, and rituals, festivals also provide survivors with positive experiences. Survivors in Nepal shared how they enjoy celebrating festivals, as it brings everyone happiness, relaxation, and *"a different feeling which is good"*. Celebrating festivals helps them break away from their *"usual stuff, which helps to rejuvenate yourself, refresh. Festivals are the time when you get to meet the family, talk with them, have a reunion"*. During certain festivals, some survivors are indeed able to go home for a visit. It is an opportunity for children and their families to practice and prepare for a possible (re)integration. Festivals are a part of their heritage, and some survivors feel it is important to preserve their unique tradition and culture. As a Nepali girl shared, *"if we don't celebrate festivals, this culture will die out… So to protect the culture, we have to celebrate it"*. In the case of children who identify as male-to-female transgender in Nepal, some of the festivals, like Gaijatra and Teej[568], provide them with *"opportunities to come out"*. However, as two survivors in Nepal pointed out, celebrating festivals can also be expensive. A girl thought that residents at the shelter have to understand that if they are not allowed to celebrate a particular festival it is because organisations have limited resources. A young Nepali woman expressed that although it is probably good to have a religion, she was concerned that festivals are *"an economic burden"* and no longer looked forward to them.

"We Should Respect Everyone's Belief"

> ***"There are benefits of being in a religion. But everyone has their own belief. It is bad to say that your religion is wrong or your practices are wrong. All God is equal so we should respect everyone's belief".*** **~ Girl survivor in Nepal**

Spirituality and religion seemed to be incorporated into the activities conducted at some of the DICs and alternative care programmes, but not all. The degrees varied from continually to occasionally. At a shelter in Thailand, survivors recite an inter-faith prayer before meals that invoked gratitude. The core and strengths of all religions are taught to children at a Catholic organisation, also in Thailand. A social worker in the Philippines who found that religion and attending church are good support *"in terms of rehabilitation and moving forward"*, explained that religion is only *"incorporated into the rehabilitation as much as the client wants".* It is important to note, and respect, that God and religion are not important to all survivors. For example, a young woman in Nepal strongly believed that it is her "own hard work and capacity that brought good in her life". She added that, *"Just because you pray to the God, the God won't bring you anything. Whatever you need to achieve, you have to do it with your own hard-work".*

Many survivors believed that although religions have different names, they are all the same. The God is the same. They saw no problem for children in the shelters to follow their own religion and practices. However, alternative care programmes do not always make accommodations for survivors of minority religions and differing spiritual beliefs. In the Philippines, some survivors were dismayed that beneficiaries of minority religions are not provided with a space to pray and/or meditate, and are not allowed to participate in the Catholic religious ceremonies. Service providers at a Christian-based shelter stated that they accept all religions, and their beneficiaries are not forced to participate in Christian activities. They added that beneficiaries of minority religions cook on their own, and eat separately.

568 Teej celebrates women. For the last few years, the LGBT pride parade has coincided with the colorful festival of Gaijatra.

A concern that arose regarding the care of children in Christian-based programmes, founded and managed by foreigners, pertained to the potential challenges different cultural and religious context pose in terms of (re)integration, as well as children's right to right to freedom of thought, conscience and religion. For example, a Nepali girl shared that at her Christian faith-based shelter they do not celebrate the local culture and religious festivals. A girl in Thailand shared that she had converted to Christianity after a few months of receiving services through a faith-based program. The praying, sitting and meditating in Buddhism was boring to her compared to the singing involved in Christian practice.[569] She was now the only member of her family to be Christian, and described that when there is a religious event in her family, she does not know how to behave herself. Another girl in Nepal explained how she had been offered the possibility of going to an alternative care programme that would enable her to pursue her studies. However, she had also been informed that she would have *"to become a Christian"* because the programme was faith-based. Upon further inquiry, she clarified that it was not mandatory to become a Christian to stay there. However, Christian activities are an essential component of her shelter's activities, and not engaging in these means the possibility of not fitting-in, of not belonging. She prayed six to seven times per day, and prayed at her school as well. She liked Christmas better than any other festivals because of all the gifts she would receive. For children, especially those who have grown-up in poverty, gifts can make an impression.

In the context of recovery and (re)integration, spirituality and religiosity play roles that require attention. It helps determine how children will understand, address and integrate their experiences, and thus warrants further research. Survivors experience benefits from the beliefs and practices associated to the religions they have grown-up with, and identified with. It enables them to cope, relax and find peace; feel good, connected and experience a sense of belonging, of connectedness; have hope; and find strength, meaning, inspiration and encouragement. Research has increasingly been exposing the physical and mental health benefits of prayer and meditation; *"Religious practices have been associated with healing for millennia."*[570] However, in light of children's right to freedom of thought, conscience and religion,[571] the suggestibility of developing children, and the vulnerability of survivors of a crime that sometimes entails a significant loss of freedom, it is essential that faith-based programmes be agenda free in terms of religion and indoctrination. All survivor respondents who had switched from one religion to another, had done so while at Christian faith-based programmes. The best interest of the child should remain at the core of survivor's care, and their rights protected. It is clear that ensuring spiritually competent care could certainly enhance the effectiveness of programmes and services for CSEC survivors, whose beliefs, values, and daily practices should, therefore, systematically be assessed, respected and supported. This is an aspect of the domain of care that requires further inquiry, and better understanding.

569 Group singing is shown to have benefits on mental health. See: Gridley, Heather et al. (2011), "Benefits of group singing for community mental heath and wellbeing, Survey and Literature Review", *Victorian Health Promotion Foundation* (VicHealth), Carlton, Australia, February 2011, accessed 28 December 2016, https://www.vichealth.vic.gov.au/~/media/resourcecentre/publicationsandresources/arts/singing_survey_final_with%20cover.pdf?la=en.

570 Chittaranjan, Andrade, Radhakrishnan Rajiv (2009), "Prayer and Healing: A Medical and Scientific Perspective on Randomized Controlled Trials", *Indian Journal of Psychiatry*, 51(4), 247-253, October- December 2009, accessed 17 November 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2802370/.

571 Walsh, William C (2014), "Know Your Rights, What is Freedom of Religion?" Institute on Religion and Public Policy Legal Expert Committee, 1st October 2014, accessed 28 December 2016, http://www.osce.org/odihr/124839?download=true.

2.11. Legal Support

> ***"[Legal support and legal counselling are] important support. Many people who are abused cannot express to their family because their family do not know their reality. So if there are organisations like this who fight for our rights and welfare, it would motivate us to move forward in life. At least we can be assured that there is access to justice."*** **~ Male-to-female child survivor in Nepal**

Legal support and services are a fundamental component to comprehensive recovery and (re) integration services and programmes, and "a realization of human rights".[572] As victim-witness to crime, CSEC survivors usually need legal assistance, such as legal counselling and representation.[573] Free legal support and assistance are necessary, regardless of whether children are willing to testify. [574] Survivors often need support and assistance with civil and other legal matters as well.[575]

If children are to participate in legal proceedings, they first have to be informed about their rights and the possible risks and benefits of involvement.[576] They must be supported in this process from the beginning to the end, and their rights advocated for and protected. Their "views, needs and concerns" [577] regarding legal representation and proceedings should be heard and taken into consideration. Their safety, as well as that of their families, has to be assessed before and during legal proceedings, as well as after the trial. Measures must be in place to protect them during the investigation, trial, and after the perpetrator(s) are released.[578] It is also essential to evaluate the possible impacts of their having to repeat their stories multiple times, and having to face perpetrators when testifying. Children should receive orientation on what court procedures entail and what they may anticipate each step of the way. An encouraging and reassuring presence is essential during testimony. Children should also be provided regularly with updates on their legal case(s).[579]

> ***"Most of the girls who are sexually trafficked are stateless. I would like to see to give them the nationality so they are no longer stateless, and that***

572 Kaufka Walts *et al*. (2013), "Legal Services Assessment for Trafficked Children", Center for the Human Rights of Children, Loyola University Chicago, August 2013, 2, accessed 10 October 2015, http://www.luc.edu/media/lucedu/chrc/LegalServicesAssess_TraffickedChildren_2013_CHRC_Final.pdf.

573 Also discussed in: International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children", International Labour Office, Bangkok: ILO Regional Office for Asia and the Pacific, 39, accessed 10 October 2015,http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_75_en.pdf.

574 Also discussed in: Dottridge, Mike (2008), "Young People's Voices on Child Trafficking: Experiences from South Eastern Europe", Innocenti Working Paper, Florence: UNICEF Innocenti Research Center, December 2008, 46, accessed 11 October 2015, http://www.unicef-irc.org/publications/pdf/iwp_2008_05.pdf.

575 Also discussed in: Kaufka Walts et al. (2013), "Legal Services Assessment for Trafficked Children", 2.

576 International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children", 40.

577 Feinstein, Clare O'Kane, Claire (2009), "Children's and Adolescents' Participation and Protection from Sexual Abuse and Exploitation", Innocenti Working Paper, UNICEF, 13, accessed 10 October 2015, http://www.unicef-irc.org/publications/pdf/iwp_2009_09.pdf.

578 Also discussed in: United Nations Office on Drugs and Crime (2008), "Toolkit to Combat Trafficking in Persons, Global Programme Against Trafficking in Human Beings", 258-260, accessed 18 December 2014, https://www.unodc.org/documents/human-trafficking/Toolkit-files/07-89375_Ebook%5B1%5D.pdf.

579 Also discussed in: International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children".

when they have the nationality, it will boost up their moral and it give them the future. It gives them hope and it helps them to see that there is much more in life waiting for them. Because they are stateless, and then they are sexually exploited, so it's kind of a double victimization. When the sexual exploitation happens to them, they feel they don't have a future; they don't want to do anything; they don't have a life; they don't have hope. So although the organizations help us, help them, to advocate for nationality, but no response. We can only wait. So if they have the nationality, then they can have rights, have freedom as any other teenager" ~ Young woman survivor in Thailand

CSEC survivors need advice on, and assistance with, time consuming and labour intensive legal and administrative matters, in order to access health services, schools, vocational training and jobs.[580] Survivors often do not have identification documents, which can prevent them from accessing such services. Some survivors may also need legal support with immigration and/or with their dependents. It is critical for children "to have someone to educate them about their rights, protect their rights and help empower them as they navigate various legal systems".[581] All information provided has to be presented in terms and concepts that children can understand.[582] Their developmental capacities and emotional state at the time must be considered. Information may need to be repeated or presented in different ways, in light of the impact of trauma.

Although there is little literature specific to CSEC survivors, research among other populations shows the positive impacts of accessing trained legal counsel.[583] However, professional legal assistance is costly, and the quality of the support provided through NGO staff can be inconsistent.[584] The issue of legal support and services is an important topic that is, however, only covered minimally in this study.[585]

Several CSEC survivor respondents in Thailand, Nepal and the Philippines were at different stages of legal proceedings against their perpetrator(s) at the time of discussions. For some survivors, it is an important element to their recovery for the perpetrator(s) be taken to court and sentenced. As a girl in Nepal stated, *"If he didn't get punishment how else would we get justice?"* A male-to-female transgender child added, *"We need justice when people do wrong things to us… If there is anything that has been done forcefully, they should be reported. No one should be forced to do anything against their will"*. The degree of legal support available to children varied from setting to setting. One organisation, for example, had on its staff a full time lawyer. Most organisations, however, rely on outside legal professionals, paralegal practitioners, or NGOs with legal expertise in terms of legal representation.

580 Also discussed in: Kaufka Walts et al. (2013), "Legal Services Assessment for Trafficked Children"; Surtees, Rebecca (2008), "Re/integration of Trafficked Persons: Handling 'Difficult' Cases", Issues Paper #2, Trafficking Victims Re/integration Programme in Southeast Europe (TVRP).

581 Kaufka Walts *et al.*(2013), "Legal Services Assessment for Trafficked Children", 28.

582 International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children".

583 Kaufka Walts *et al*. (2013), "Legal Services Assessment for Trafficked Children".

584 Chemonics International, (2007), "Literature Review: The Rehabilitation of Victims of Trafficking in Group Residential Facilities in Foreign Countries", Washington, DC: U.S. Agency for International Development, September 2007, accessed 11 October 2015, http://pdf.usaid.gov/pdf_docs/Pnadk471.pdf.

585 For more in-depth information, refer to: Lynch, Darlene (2017), "Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation**.** Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand", Bangkok, Thailand: ECPAT International; Kaufka Walts et al. (2013), "Legal Services Assessment for Trafficked Children"; United Nations Office on Drugs and Crime (2008), "Toolkit to Combat Trafficking in Persons, Global Programme Against Trafficking in Human Beings", 258-260.

Service providers (e.g., social workers) are often the ones to provide legal support, advocacy and counselling, and act as liaisons between civil and criminal justice actors. Several service providers shared that, although very much needed, their organisation does not have the financial capacity to employ a legal professional. Not having a dedicated staff in charge of legal proceedings seems to affect children in different ways. For example, several survivors complained of not knowing anything about the status of their legal case, and had no direct access to their legal representative. Staff is busy, and cannot always follow-up regularly on all the cases they manage. It is hard for children to fully focus on their recovery when they are not updated, as well as when their court cases linger. A young woman in the Philippines expressed frustration at how some cases are still not resolved six to eight years later, and then survivors have to *"go back to what happened to them, previously. Like the trauma, it will go back again. They will experience again. Their self-esteem would be affected again"*. Although delays are not usually in the control of service providers, it speaks to the need for legal advocacy. Some survivors shared never having been informed of their rights, or oriented about what to expect during court proceedings. A number of service providers were not familiar with children's right to compensation.

Service providers need to accompany children to forensic exams, interviews, court, and to any other court-related locations. A service provider in Thailand related how in one instance, the organisation's staff, as well as the law enforcement officers involved in the rescue, all accompanied a child to court to provide her with support. Another service provider shared how he sometimes accompanies children abroad, in criminal cases against foreign perpetrators. While at the courthouse, service providers need to provide emotional support to children, advocate for their rights, and watch for their safety. There may be instances when children encounter their perpetrator outside of the courtroom, and this latter may threaten or pressure them into changing their stories or dropping the case. Several respondents expressed concerns over the lack of child-friendliness among criminal justice actors and procedures. It is very difficult for children to speak their testimony and answer questions during the trial, especially when the perpetrator is present. They feel scared, and sometimes that fear is mixed with feeling guilty or sorry for perpetrators they are also attached to. Having the support of a person who is supportive and knowledgeable in legal matters is important to children's overall sense of safety and wellbeing, and to their recovery journey.

Several respondents highlighted the importance of preparing children before their going to court and testifying. As a young woman survivor in Nepal stated, "orientation is really necessary before legal proceedings", so children can understand *"what's going to happen next; who to expect to see; what they are going to ask; and how to respond or how to behave"*. A service provider in the Philippines stressed the importance of ensuring that children have a sense of how to answer questions from their lawyer, the defence attorney, as well as the judge. Children need to be given *"the confidence and the assurance"* that they are the ones who know the story and nobody can change that. Two young Filipina women disclosed that in order not to be afraid or feel pity, and to answer questions more easily, children should also be advised not to look directly at the perpetrator(s). A service provider in the Philippines explained how their program takes groups of survivors to attend and observe a hearing as part of their orientation process. This helps the girls see how it is to testify, as well as what things go on in court and the dynamics between lawyers, the judge and the victim/witness. Support is also needed after the court hearing, to process what has transpired. According to a legal professional, a group of service providers and other child protection professionals, preparation of the children to go to court is central to successful prosecutions.

Respondents emphasised the need for children to be informed that involvement in legal litigations may interfere with their schooling. Their families may have to miss work and, in some cases, travel significant distances. There are also costs involved, which, for many families, can be prohibitive. A survivor and her family had conceded to the financial offers to settle out of court because of the hardships associated with pressing charges. Legal support also entails preparing children to realise that nothing may come out of legal proceedings. A social worker in the Philippines disclosed that she always advises children that if the case does not progress, "go on with your lives and make a difference". Legal support has to be free of ulterior agendas. A number of survivors shared how staff encouraged them to file against perpetrators. In one setting, children were told that if they did not speak against the perpetrators, they would stay longer at the shelter.

Some survivors also need assistance with other legal matters such as advocacy, filing reports or compensation claims, or addressing issues related to citizenship, identification, and/or dependents' birth certificates. Many survivors do not benefit from the support of their families, and, thus, this legal support is essential. When asked about the need for legal support and legal counselling, a male-to-female transgender child in Nepal shared, *"if there are organisations like this who fight for our rights and welfare, it would motivate us to move forward in life. At least we can be assured that there is access to justice".* Another Nepali male-to-female transgender child highlighted the importance of having an organisation to help raise her voice to ensure that "society will take [her] seriously". Having an organisation assist survivors with the criminal process could enable them "to live a dignified life". As another male-to-female survivor explained, survivors in the LGBTI community in Nepal do not report abuse because people do not listen, *"People think that when someone belongs to LGBTI community, they were born to be sex workers so it is not unusual to be abused. Police almost never agrees to file the case of LGBTI abuse. So, abuses mostly go unreported". Likewise, legal advocacy is needed for male survivors. A boy in Nepal shared that it is important for an organisation to accompany children to the police to report abuse because "they don't really understand the issues about gays… the police are totally ignorant and they refuse to believe them that a man can abuse a man"*. Girls in Nepal's entertainment sector also face discrimination when approaching police to press charges and seek justice on their own.

In addition to receiving support in terms of judicial proceedings and other legal matters, survivors also need to learn about laws and their rights. One of the DICs invites legal professionals to provide information to its beneficiaries. According to a girl at a shelter in Nepal, a legal tutor comes once a month to teach them. A Nepali girl sees this as an important way to learn things that they can use in daily life. As a young Nepali woman stated, most of them *"do not know anything about legal issues, laws, and their rights."*

These discussions shed light into the importance of legal support in children's recovery journey, as well as the need to better understand the positive outcomes of different types of legal support on CSEC survivors. Until financial and personnel resources are available to ensure children have easy access to trained legal counsel, the capacity of existing service providers to provide legal counselling should be enhanced through training related to children's rights and civil and criminal justice.

2.12. Social Life, Play and Recreation

2.12.1. Social Needs

The consequences of traumatic experiences can be devastating to children's physical, cognitive, emotional and behavioural development.[586] Adverse childhood experiences and maltreatment can disrupt children's attachment, bonding process, and social growth and functioning, and thereby jeopardising their capacities to form and maintain healthy friendships.[587] The betrayal of trust experienced by many CSEC survivors with people, institutions and society, can be traumatic, and further affect their health and relationships.[588] Their fear of being hurt again may keep them aloof.[589] Children's ability to self-regulate, connect, attune to (read), and empathise with others can be compromised, resulting in social isolation.[590] Moreover, involvement in CSEC, and the associated stigma and discrimination, can further alienate children from their peer group, school, community and mainstream society.[591] This can fuel a sense of hopelessness, and some may withdraw, while others will react through anger and aggression;[592] consequently exacerbating survivors' isolation. Yet, they desperately long for closeness, nurturance and care, and will hence seek it wherever possible. However, the impact of trauma *"makes it difficult to establish safe and appropriate boundaries with others"*[593] These push and pull factors, unless addressed, can maintain survivors in an insidious cycle of disappointing and dysfunctional relationships.

586 Gomez-Perales, Niki (2015), "Attachment-Focused Trauma Treatment for Children and Adolescents: Phase-Oriented Strategies for Addressing Complex Trauma Disorders", June 2015, New York, NY: Routledge.

587 Ibid.; Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 227-230; Loewenstein, Richard, Brand, Bethany (2014), "Treating Complex Trauma Survivors," Psychiatric Times, October 2014, accessed 7 October 2015, http://www.researchgate.net/profile/Bethany_Brand/publication/271770025_Treating_Complex_Trauma_Survivors/links/54d17ab80cf28959aa7b08e0.pdf; Perry, Bruce D. (2013), "Bonding and Attachment in Maltreated Children, Consequences of Emotional Neglect", accessed 10 October 2015, https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf; Anda, Rob *et al.* (2006), "The Enduring Effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology", *Eu Arch Psychiatry Clin Neurosci*, 256, 174-186; Pearlman, Laurie A., Courtois, Christine A. (2005), "Clinical Applications of the Attachment Framework: Relational Treatment of Complex Trauma", *Journal of Traumatic Stress,* 18(5), October 2005, 449-459.

588 Freyd Jennifer J., Klest Bridget, and Allard Carolyn B. (2005), "Betrayal Trauma: Relationship to Physical Health, Psychological Distress, and a Written Disclosure Intervention", Journal of Trauma & Dissociation, 6(3), 83-104, accessed 17 November 2015, http://www.researchgate.net/profile/Carolyn_Allard/publication/7591882_Betrayal_trauma_relationship_to_physical_health_psychological_distress_and_a_written_disclosure_intervention/links/00b4953631c39114e0000000.pdf; Birrell, Pamela J. and Freyd, Jennifer J. (2006), "Betrayal Trauma: Relational Models of Harm and Healing", *Journal of Trauma Practice*, 5(1), 49-63, accessed 11 October 2015, http://dynamic.uoregon.edu/jjf/articles/bf2006.pdf; Goldsmith, Rachel E. (2004), "Physical and Emotional Health Effects of Betrayal Trauma: A Longitudinal Study of Young Adults", (PhD diss, University of Oregon).

589 Loewenstein, Richard, Brand, Bethany (2014), "Treating Complex Trauma Survivors", 42.

590 Banks, Amy (2011), "Developing Capacity to Connect", Zygon, 46(1), February 2011, 168-182; van der Kolk, Bessel A (n/d), "Developmental Trauma Disorder: Towards a rational diagnosis for children with complex trauma histories", accessed 10 October 2015, http://www.traumacentre.org/products/pdf_files/preprint_dev_trauma_disorder.pdf.

591 CSEC Community Intervention Training Project, Module 3 Understanding the Impact of CSEC-Handout 3.3 Physical and Psychological Impact of CSEC, Retrieved from http://delphicentre.com.au/uploads/Pearlman,%20L.A.,%20Courtois,%20C.%20(2005)%20RelationalTxofCmplxtTrauma.JTS.pdf.

592 UNICEF (2008), "South Asia in Action: Preventing and Responding to Child Trafficking, Child Rights-Based Programme Practices", Florence: Innocenti Research Center – UNICEF, accessed 8 September 2015,http://www.unicef.org/rosa/ROSA_IRC_CT_Asia_Programme_Fv.pdf.

593 Herman, Judith (1992, 1997), "Trauma and Recovery, The Aftermath of Violence—From Domestic Abuse to Political Terror", New York, NY: Basic Books, 111.

In order to survive and thrive, children must be able to develop and maintain satisfying relationships.[594] Addressing their *"capacity to relate and connect"*[595] in healthy ways, and meeting social and relationship needs, must therefore be central elements of recovery and (re)integration programmes. Children need opportunities to learn, and practice, the necessary skills for social interaction and the abilities to negotiate and develop healthy friendships, maintain good boundaries, and seek appropriate support.[596]

A few themes emerged during discussions that illustrate social dynamics and needs, and highlight relational issues survivors grapple with and that necessitate support and guidance:

Many children reported that the friendships they found at the DICs and shelters provided them with the sense that they were not alone. A boy in Thailand shared how he liked being at the shelter where he had friends. Outside of the shelter, he was on his own, alone. Both of his parents had died, and besides one elderly family member, he did not have anyone else in his life. For some, being around and speaking with children who shared comparable experiences felt supportive. It was normalising. A girl in Thailand appreciated speaking with and receiving advice from her friend who was of the same age and who shared a similar life. She felt they could understand each other. Several male-to-female survivors in Nepal expressed relief at being with peers at the DIC who could relate to such experiences as family and societal stigma, marginalisation and ostracising.

In Thailand, a girl disclosed, however, that friends were of no support to her when she felt emotional. Talking with friends only resulted in their talking *"to another and another"*, and, soon, everyone knew about what she had originally shared with only one person. Respondents raised similar concerns a number of times and several of the programmes have rules against children sharing personal information with each other. As a girl in Nepal shared, *"We are not allowed to ask personal details like where we are from. We can only ask names."* There are survivors who are under witness protection. Children do not necessarily know how to keep things said confidential, and when they quarrel, some of the more sensitive information is sometimes used against each other. A girl in the Philippines wished that children's cases, stories and problems be kept confidential. Children at the shelter had come to find out about her past involvement in CSEC, and she became the subject of much teasing, bullying and backstabbing. When asked what advice she would give to a newcomer, she said, *"The children must not tell their stories, what they have been thru, especially to the girls [at the shelter] who keep on asking. It's better if they would ask advice from the staff here before they would tell something to the children. If ever the children here would force you to answer their questions, it is better to stay away from them… Because telling the problem or your feelings to the other children here would make the problem worse. While telling the problem to the staff, will make you better".* This was echoed by a girl in Nepal who explained that she would first inform newcomers that, *"We do not share what happened to each other because we are not allowed to do so. We might get along with someone today and tell them about what happened to us, but tomorrow if we had fight they might tell to others. This will make things difficult for us. When you have something to talk about or share you should go to staff or counsellor"*.

Despite rules and knowing that personal information may be exposed to others, some survivors find it difficult not to share personal information. Service providers are not permanently available to monitor interactions, and children are drawn to share, as they seek friendship and connection. For example,

594 Perry, Bruce D. (2001), "Bonding and Attachment in Maltreated Children, Consequences of Emotional Neglect in Childhood", 1

595 Banks, Amy (2011), "Developing Capacity to Connect", Zygon, 46(1), 168-182.

596 UNICEF (2008), "South Asia in Action: Preventing and Responding to Child Trafficking, Child Rights-Based Programme Practices", 8.

whether at a DIC or a shelter, survivors want to connect with newcomers, find out their name, and *"slowly ask why"* they are here. They are curious about what happened and the problems they faced. Several survivors explained that disclosing personal information would be one of the first things they would do to help newcomers feel more at ease. A girl in Thailand said that she would *"exchange the experiences… that difficult period"* so the newcomer *"can trust me and talk with me if she wants."* She would reassure the newcomer that, *"it is good to be here"*, and she too had *"been through this already."* Survivors can feel compelled to reassure, give advice and support, and initially keep newcomers company.

The need to have friends, experience a sense of belonging, and not feel lonely, however natural, can also put survivors at risk for sexual exploitation or relapse. Recruiting and peer pressure are very real concerns for children at DICs and shelters. Some children do not necessarily realise that their peers are, in fact, grooming them. Several survivors expressed wanting guidance on how to discern and choose good friends. They believed this is something parents should help children with; however, theirs had failed to provide such support.

For survivors in street situations, the friendships they developed with peers replaces the families many do not have. Survivors, who were or had been street children, spoke of feeling very attached to their friends. Yet, this attachment prevented them from going home, even though some of them missed their parents. Several survivors shared how the attachments they had to friends impeded them from going to school or attending a vocational training, and kept them involved in sexual exploitation and using substances. They realised how problematic that was, and it even gave some of the children headaches. A girl in Thailand was grateful for the activities available at the DIC, as they enabled her to focus her attention away from her friends on the streets, and move forward with her recovery. The role of service providers and programmes are crucial to supporting children in redirecting their interests and negotiating friendships.

Several survivors revealed how they were struggling with boyfriends and/or girlfriends. A few even suggested that couples' counselling would be a helpful service to have available. A history of neglect and abuse, and a lack of positive role models and guidance, can make it particularly difficult for children to work through the inevitable triggers that more intimate relationships can elicit. A few of the survivors were in relatively steady relationships. Two survivor respondents in Thailand had been married to each other for four to five years, and had two young children that they were raising with the help of their parents. Others moved from one boyfriend/girlfriend to another, and a few were involved in multiple relationships at once. Survivors long for normalcy; for some, it meant getting married and having children. Children need support to increase the chances of being able to seek, develop and sustain healthy relationships.

Managing friendships that are made when attending school or vocational training in the community, can prove challenging for children living in a shelter. A boy in Thailand explained that his *"friends from outside"* were allowed to come play with them *"according to the play schedule"*. He stressed the importance of having a specific time for them to come play, as the shelter often had visitors, and *"friends may not listen to us"*. Another shelter in Thailand facilitates social encounters between beneficiaries and children from the community at a different location where they can play games, watch movies, and sometimes have a sleepover. On occasion, a shelter in the Philippines allowed its beneficiaries to visit with classmates after school. However, inviting friends from the 'outside' or visiting friends in their home was not an option at most other shelters. Still, children can live there for many years. For example, a young woman in the Philippines had lived at the shelter for four years, one in Nepal had been there for five years, and another in Thailand was still living there after six years.

Meaningful interactions with the community, and varied social contacts in various contexts, are essential to supporting growth and development.[597] They are imperative to preparing children for (re)integration, and beyond. Although some of the deeper relational problems, such as attachment and betrayal trauma, need to be addressed with skilled mental health professionals and trained service providers, trauma-informed and gender-specific programmes focusing on children's social development are necessary. Some of the DICs and shelters addressed several social topics through recreational activities, life skills training, and peer leadership. These will be discussed next. In light of the likely impact of CSEC on children's social development, the subject of CSEC survivors' social and recreational needs deserves further attention.

2.12.2. Play and Recreational Activities

According to Article 31 of the Convention on the Rights of the Child, children have a right to "relax and play, and to join in a wide range of cultural, artistic and other recreational activities".[598] Hence, it is "a right to be protected rather than a privilege to be earned or lost".[599] Play, whether structured or unstructured, as well as leisure, and creative and physical activities contribute to children's physical, cognitive, emotional and social wellbeing.[600] They decrease symptoms of depression, relieve stress, reduce anxiety, and contribute to a sense of well-being and life enjoyment.[601] In addition to being an occasion to relax and play, recreational activities also expand children's experiences of the world around them, and provide opportunities to develop social and communication skills, and gain confidence and self-esteem. Through play, children build friendships, culture and community.[602] Literature suggests that for children who have been traumatised, play and recreational activities, like sport, help them "integrate the experience of pain, fear and loss… heal emotional scars".[603]

Adverse experiences, and child commercial sexual exploitation, rob children of their childhood. In the absence of a nurturing upbringing, and with daily preoccupations of survival, many CSEC survivors live, or have lived, constricted lives, void of opportunities for leisure, enjoyable free play and meaningful recreational activities. As a Nepali male-to-female transgender child shared, *"I do not have much leisure. I come home [after] midnight. Then I wake up around eleven next morning and go to beauty parlour to work as beautician… Then I have to go to dance bar again. So I do not have much time"*. Programs and services for survivors have the additional responsibility of providing children with opportunities that enable them to reclaim their stolen childhoods.

597 Also discussed here: World Youth Report (2003), "Rethinking Leisure Time: Expanding Opportunities for Young People and Communities", (Chapter 8), in *"The Global Situation of Young People"*, World Youth Report, United Nations, accessed 19 January 2017, http://www.un.org/esa/socdev/unyin/documents/ch08.pdf.

598 UNICEF, (n/d), "Fact Sheet: A Summary of the Rights Under the Convention on the Rights of the Child," Retrieved from http://www.unicef.org/crc/files/Rights_overview.pdf.

599 World Youth Report (2003), "Rethinking Leisure Time: Expanding Opportunities for Young People and Communities", (Chapter 8), 213.

600 Milteer, Regine M., Ginsburg, Kenneth R., and the Council on Communications and Media and Committee on Psychosocial Aspects of Child and Family Health, (2012), "The Importance of Play in Promoting Health Child Development and Maintaining Strong Parent-Child Bond: Focus on Children in Poverty," *American Academy of Pediatrics*, accessed 17 November 2015,http://pediatrics.aappublications.org/content/129/1/e204.full; Leversen, Ingrid et al. (2012), "Basic Psychological Need Satisfaction in Leisure Activities and Adolescents' Life Satisfaction", Journal Youth Adolescence, 41(12), 1588-1599, accessed 17 November 2015, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492701/.

601 Stehl, Alexandra (2005), "The Health and Social Benefits of Recreation", California State Parks, accessed 17 November 2015, http://www.parks.ca.gov/pages/795/files/health_benefits_081505.pdf.

602 Hart, Roger (n.d.), "Creating Playspaces by and for Children", accessed 17 November 2015, http://www.pps.org/reference/righttoplay-2/.

603 UNICEF (2008), "Sport, Recreation and Play", 2, accessed 17 November 2015, http://www.sportanddev.org/en/learnmore/?uNewsID=62; Little research exists that is specific to the benefits of play, recreation and sports on children in South East Asia.

When asked about recreational activities,[604] respondents shared that it is a needed, important and appreciated element to their recovery process. They provided a number of insights as to the benefits they experienced as well as areas that need attention. First and foremost, through recreational activities, survivors are able to have fun and feel moments of happiness. According to a girl at a shelter in Thailand, involving them in social and recreational activities is useful because it gives children *"knowledge about having fun"*. A girl at a shelter in Nepal expressed joy about being able to learn dancing. She disclosed, *"I feel very happy when I dance… I feel happy when I get opportunity to perform"*. Several survivors expressed a strong appreciation for dancing, and learning traditional dance forms as well as ballroom dancing, swing, rumba and Zumba.[605] They also enjoyed celebrating birthdays and festivals.

Recreational activities also provide survivors with a distraction from painful memories and current stressors. For a girl at a shelter, having fun helps children *"not miss their families"*, which was a very big help to her. Several respondents mentioned that keeping survivors engaged in activities helps them not to think about their difficult past and their desire for substances. A group of service providers in Nepal shared that, survivors who remain at the shelter all the time, and do not participate in activities, often have flashbacks. A male-to-female transgender child at a DIC in the Philippines thought that activities, especially sports, help children divert their attention away from their problems. Respondents deemed sports and exercise to be essential. As a male-to-female transgender child in Thailand pointed out, exercise is good to reduce stress. Survivors also enjoyed quieter activities such as doing crafts, baking, listening to songs with friends, and watching movies.

Recreational activities are beneficial to children who have no family, as well as children with families. A young Thai man appreciated that children with no families, like him, can come to a DIC and participate in activities. A girl at a shelter thought that activities are also beneficial to families as they sometimes can be included. Likewise, recreational activities lend themselves to engaging visitors and volunteers—which survivors appreciated—as well as involving children from the community or other shelters/programmes.

Service providers found recreational activities a good platform to help children socialise in the community and increase their awareness about the larger world around them. Survivors who were offered such opportunities, appreciated going to church or the temple, and on cultural excursions to museums; eating out; exploring new places; swimming at a nearby pool; hiking; and having picnics. A few DICs and shelters take beneficiaries camping at locations where they can then go on walks, mountain hikes, climb to waterfalls, or play games on the beach.

Several survivors expressed the desire to pursue activities to the performance, competition, or professional level. When available, some survivors enjoyed being involved in dance, acting and singing performances, or sports games and competitions. A few wished for more such opportunities. A Filipino

604 It is not possible at times to differentiate recreational activities from Life Skills activities. However, these are not mutually exclusive. Play and recreation provide learning opportunities, and Life Skills can be imparted through play and recreation. For example, going camping is a recreational activity that also provides a platform for Life Skills learning. This is discussed further in the section on Life Skills.

605 In addition to being fun, artistic activities, such as dancing, can be therapeutic. For survivors who have become hypersexualised, dancing is also an opportunity to learn different ways of moving their bodies to music. Sanlaap, an NGO in India, provides Dance Movement Therapy (Sanved) to girl survivors at their shelter. They use dance to address gender issues and human rights, as well as for awareness-raising advocacy efforts. The author of this study visited the shelter in 2002 for a research project and met with the Dance Movement Therapy instructor. For more information see: Sanlaap, "Programmes", accessed 23 November 2016, http://www.sanlaap.org/programmes/;Rise Learning Network, "Kolkata Sanved's Dance Movement Therapy", accessed 23 November 2016, https://riselearningnetwork.org/resource/kolkata-sanveds-dance-movement-therapy/

boy deemed music and dancing very important in terms of healing and changing their lives. He added, however, that it is also necessary to enable children to *"ignite their talent and strengths"* in order for them to be able to enter contests. Some of the survivors at government shelters in the Philippines were excited about the annual Sports Festival in which most children were divided into teams of different colours, created their own chants, and competed against each other for many days. A few of the survivor respondents were actually in between games at the time of the discussions.

A survivor in Nepal highlighted the need for programmes to consider that some children may prefer a sports career as opposed to an academic path or vocational training.[606] She stated, *"It is necessary to engage some children in sports if they don't want to learn skill or be educated"*. For examples, she revealed that if she were given the opportunity, she would like to practice badminton and compete with a team.

Table 28: Recreational activities identified as helpful to csec survivors

Helpful Recreational Activities		
• Bicycling • Football • Hiking • Running • Swimming • Volleyball • Acting • Baking/cooking • Dancing • Gardening • Guitar	• Handcraft • Painting • Singing • Listening to music • Watching movies • Camping • Wilderness survival • Zip line • Exploring and visiting new places	• Trip/Outings *(e.g., museums)* • Picnics • Eating out • Visitors • Having friends over • Celebrating birthdays • Celebrating festival • Going to church • Going to the temple

A girl at a shelter in the Philippines, who attended formal schooling at a local public school, raised the issue of age appropriate recreational activities as well as the need for a certain level of freedom in whom to engage in activities with. She found it is essential for survivors to be able to live the *"normal life"* of adolescents. She spoke with passion about not wanting activities geared for younger children, *"Because now we're teenager… I'm a teenager!"* She said, *"When I was young I want to play and play and play and play! But I grow... I want to go trip and like that, teenager!"* When inquiring further about activities, she said that she wanted to go *"dancing, watching movies, singing, and eating. I want [to be] with my friends."* She added: *"Freedom! That's the big need. Freedom!"* She acknowledged that children at the shelter who are doing well have some level of freedom in terms of leaving the shelter. She was sometimes given permission to visit classmates after school and watch movies at their homes.

606 The Mekong Regional Indigenous Child Rights Home (MRICRH) in Thailand has a competition-sized swimming pool. They provide hydrotherapy to survivors, and encourage them to compete at the regional and national level. Some survivors have gone on to obtain coaching certificates and now teach swimming. The author of this study author met with MRICRH founders during a field mission trip to Thailand in October 2014. For additional information, see Liebolt, Cristina (2014), "The Thai Government response to human trafficking: areas of strength and suggestions for improvement (Part I), Assumption University Law Journal, 109, accessed 23 November 2016, http://www.assumptionjournal.au.edu/index.php/LawJournal/article/download/992/899

Respondents brought up a number of challenges. Lack of funds limit the extent of access to recreational activities. Several survivors expressed the need for good volleyball balls and nets, Ping-Pong paddles, jump ropes, badminton rackets and birdies, and bicycles. Some of these basic items do not require extensive budgets, however several programmes could not afford these. In some cases, picnics, eating out, and other excursions only occur on special occasions or on a semi-annual or annual basis. For example, a young woman at a shelter in Nepal shared how *"in the month of March we go out to visit places or go to picnic".* A service provider at a faith-based shelter in Thailand mentioned that, *"Holidays is when we do different activities".*

Several survivors disclosed that they sometimes watch violent and scary movies. There is little supervision as to the content of what they are allowed to watch. In the Philippines, a service provider shared that they only censored for sexual content. In Nepal, service providers explained that staff is not always able to monitor what the children watch. Lack of service providers also prohibits the range and frequency of activities children can engage in, as oversight is usually recommended. A survivor in the Philippines explained that children have interests they want to pursue but staff cannot facilitate these. For example, they have guitars at the DIC, but no staff can teach the children how to play. Sometimes volunteers will come and lead activities, such as arts and crafts, or guitar or dance lessons. However, volunteer-based activities are not necessarily continuous, as organisations commonly experience a turnover of volunteers.

The social, play and recreational needs of CSEC survivors is a domain of care that is central to the healthy development of children, and to their success in multiple fields. However, it entails a concerted effort on the part of parents and service providers, as well as sufficient resources.

2.13. Life Skills

> ***"Have a positive outlook on life because it has good impact on life".***
> **~ Girl survivor in Nepal**

In addition to addressing survivors' basic needs and health, recovery and (re)integration programmes provide opportunities to bolster protective factors through fostering children's resiliency, increasing their self-confidence and self-efficacy, broadening their range of interests and capabilities, and, thus, empowering them towards greater freedom and choice. As simply defined by a girl and a young woman in Nepal, life skills are *"skills that teach [us] how to live"* and how *"to handle daily life issues"*. A girl in Thailand added that, life skills are *"Activities that give us knowledge… [about] things that are related to us"*, like drugs and prostitution. According to a young Nepali woman, life skills' trainings are very helpful to children who are sexually exploited *"because whatever they are taught in life-skills, they never get to contemplate about these things anywhere else. They never think about them. Life skills is an eye opener for them".*

In the literature, life skills are defined as culturally and developmentally appropriate *"psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life"*.[607] According to Sanlaap, an organisation in India that specialises in assisting CSEC survivors, one of the main aims of life skills education programmes *"is to bring about a change in knowledge, attitude and behaviour of adolescents and youth to minimise harmful behaviours*

607 UNICEF (2003), "Definition of Terms", accessed 18 December 2014, http://www.unicef.org/lifeskills/index_7308.html.

and maximise wellbeing and a positive life style".[608] Topics commonly focus on general knowledge as well as personal (emotional, cognitive), interpersonal, and social knowledge, attitudes and skills, and ensure children's emotional and social development.[609] For example, they may address the domains of self-awareness and empathy; coping and self-management skills (e.g., stress and anger management); communication and interpersonal skills; decision-making and problem solving; and creative thinking and critical thinking skills.[610]

Many CSEC survivors lack basic life skills. This lack is both a risk factor to CSEC, and a consequence of CSEC. [611] As confirmed through discussions, providing different sets of psychosocial competencies and interpersonal skills to children is essential if they are to be equipped with needed protective factors to meet life's everyday trials, conflicts and crisis, and live a life of dignity, free of exploitation. Although several organisations offer well-defined life skills programmes, these are not systematically available at every organisation. Hence, not all survivors were familiar with the concept, although some were accessing similar information under other programmes. The separation between life skills training, counselling, peer leadership, academic education, and vocational training is not always evident. There is a certain amount of crossover, and topics are not mutually exclusive.

In general, survivor respondents found life skills training an important component of recovery and (re) integration. They very much appreciate learning about a broad range of topics. It helps to normalise their experiences, fosters independence, and is empowering. As a girl in Nepal stated, *"She learned many things in life skills' training.... about more practical aspect of life, how to make decisions, how to manage her emotions…that we need patience to strive forward. She got to contemplate about who she is, what she should do. That we should behave well with everyone, treat everyone good… She had training about reproductive health, effective communication, how to solve problems, and how to search for [and assess] options when there is a problem".* Children acquire skills to look after themselves, as well as help others. It can even inspire some survivors to teach their peers about the various skills their learned.

> ***"They lure us to go to [certain] places, but [then] they sell us and take us to [different]places where we have nothing to eat or wear. This should be stopped. I have been thinking about this ever since the tutor was teaching us about law. There are girls who come with hopes of getting good work.***
>
> ***I wish other friends like me didn't get trapped. When I first came here [to the centre] I was scared what would happen here, but after taking classes I know that selling girls is wrong because they suffer there, and they also have to do bad things". ~ Girl survivor in Nepal***

608 Sanlaap (last updated in 2009), "Staff Development Training Manual for Caregivers of Institutional Care", 194, accessed 28 October 2015, http://www.childtrafficking.com/Docs/staff_develop_training_0210.pdf.

609 International Labour Organization, (2006), "Child-Friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children," 46.

610 Department of Mental Health World Health Organization (1999), "Partners in Life Skills Education, Conclusions from a United Nations Inter-Agency Meeting," accessed 17 November 2015, http://www.who.int/mental_health/media/en/30.pdf; and UNESCO, (2012), "Regional Handbook on Life Skills Programmes for Non-Formal Education," Bangkok: UNESCO Bangkok, accessed 23 November 2016, http://unesdoc.unesco.org/images/0021/002175/217507e.pdf.

611 CSEC Community Intervention Project (CCIP), "Training Manual on the Commercial Sexual Exploitation of Children (CSEC)", presented by Kristi House/ Project GOLD for the Florida Department of Children and Families, September 12-14, 2012, accessed 11 October 2015, http://www.kristihouse.org/pdfs/csecmaterials/IntrductoryPages.pdf.

In a life skills training programmes, children are taught about human trafficking and the various forms of child sexual exploitation. They learn how to identify human traffickers, and how to protect themselves from *"abusers"*, *"foreigners"* and *"gangsters"*. Training allows for an exploration of topics that increase their capacities to recognise whether or not they are safe, how to stay safe, and how to maintain boundaries. It also enables socialisation, as they start to understand how to make friends, how to trust, and whom to trust. They also learn how and where to seek help and report victimisation. A social worker explained that, children learn to advocate for themselves, such as learning how to say what they need; explain their life without having to lie; say everything in ways that they can be proud of; and state how they want to be represented as survivors. In some programmes, life skills include topics such as children's rights and human rights, child protection policy, and/or gender identity and equality. Survivors are emboldened to speak-up and stand-up for their rights. A girl, for example, revealed how she had gained the courage to raise her voice, and speak up to be paid fairly.

Life skills training also focus on health, reproductive health, STIs/HIV, and hygiene. As mentioned earlier when discussing basic needs, some survivors know very little about such topics and thus must be taught basics. A Nepali girl, for example, shared that they learn *"about what we should do when we have menstruation, we should change pads regularly; about symptoms of diseases. We were also taught about what happens when one gets pregnant. We were taught about temporary contraceptive and permanent contraceptive."* A group of service providers in Nepal related that the boys and male-to-female transgender they serve need to be oriented on positive sex, condom negotiation, lubricant use, and on how to say no.

A number of respondents in Nepal highlighted the importance of learning relationships skills, decision-making, and increased independence from husbands. A social worker in the Philippines valued life skills as it educates children on how to cope and solve problems. As a Nepali girl said, *"The skill that has helped her most is making decisions, because until now [wives] were dependent on husband's decisions. Whatever the husband said they did it. But now they realise that it's not going to work this way because what if tomorrow husband is not there? Or husband leaves them, how are they going to make decisions? It is very important that we start making our own decisions for ourselves"*. Children are also given opportunities to explore who they are, and what they may want to do. A young Thai man, for example, discussed how life skills training had taught him about counselling and trauma, and how to understand himself. He added that, *"If I can understand myself, I can understand other people. Their emotions, their thoughts, everything"*. A girl disclosed how she had learned not to *"loose hope"*, *"be too proud"*, and to *"have determination to become someone and do something meaningful"*. As described by a service provider in Thailand, life skills' training helps survivors' ability to become resilient, gives them a strong mind to achieve and skills to make the right decisions, and equips them with self-esteem. In addition, life skills' training helps with the development of children's personality and builds their character. They learn about respect, morality, value formation, good manners, discipline, respectful language, hospitality, as well as on how to be civilised and friendly. Through training activities, children are shown how to dress and present themselves in the world. They learn about time management and work ethics, as well as how to conduct themselves during a job interview.

In some programmes, life skills' training helps survivors to manage strong emotions (e.g., anger), fears and/or stress at night. A Nepali girl explained that the house parent teaches them anger management *"because being angry will affect other people living in the house"*. According to another girl in Nepal, the life skills' training had changed her *"a lot"* through learning how to control her

emotions. She explained how she used to cut her hand when she was angry, but *"Now, whenever I am angry, I write or paint random things on the paper with paint or I sketch"*. Learning about anger management is crucial because *"When people don't have support and they are very angry, they try to hang themselves or they cut themselves"*. She added that they need to be shown how to calm down and distract themselves, such as through listening to music. Life skills also challenge normal yet maladaptive beliefs. For example, a young Nepali woman who believed that most survivors *"are bitter with life"*, found that life skills help change some of their distorted viewpoints. She gave the example of a young girl who had been abused by an uncle; consequently, she assumed that all uncles were bad. Through the life skills training programmes, the girl eventually was able to understand that not all uncles are bad.

Some survivors in Nepal and the Philippines expressed the need to be taught basic skills like doing their own laundry, cooking, sewing and fixing clothes, as well as house cleaning. As a girl in Nepal explained, *"it's not always that we will live here or with family. There might be situations where we need to live alone. And in that situation you cannot stay hungry so even if you don't have time to engage in all these activities right now, it would be useful in the future to learn them"*. Another girl in Nepal identified a gap when she suggested that it would be very helpful if life skills also taught them about *"basic things that we need in everyday life"*, such as the basic information needed to fill-out forms and documents, and how to operate a computer and use Skype. She disclosed a number of embarrassing moments, such as when she was asked to open and start a computer or to fill-out forms to open a checking account at the bank. She knew neither.

Life Skills Training Models and Modalities

Life skills are more easily learned, generalised and applied to real life situations when imparted through participatory and experiential learning methods.[612] Learning environments should also consider different learning styles (e.g., visual, auditory, kinaesthetic, etc.),[613] and temperaments. A girl in Nepal highlighted the need for life skills trainers to be sensitive to children's learning needs. She explained that, children, who find it difficult to learn during training, should be given space afterwards to express themselves and ask questions about topics they do not understand. The trainers *"have to be willing to talk to them privately because not everyone is courageous enough to ask questions during the training. Although they have questions and they are curious to know more, they do not express it during the training so if they have questions, we have to give them enough space so that they can explore, even later"*.

A faith-based shelter in Thailand presents certain topics through animation tool kits (videos) that teach about incest, paedophilia, child pornography, and child sexual exploitation and trafficking.[614] One of the shelters in Nepal teaches deep breathing, muscle relaxation and meditation as some of the ways to manage negative emotions and tension. As a young Nepali woman illustrated, *"When we meditate, our bodies feel easy and relaxed"*. Life skills are also presented through fun activities or expressive modalities, like drama. A girl in Nepal specified that, *"Drama is an important medium of letting them know about sexual exploitation and that it's bad. There could be family and relatives who have forcefully*

612 Sanlaap (2009), "Staff Development Training Manual for Caregivers of Institutional Care".

613 Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States".

614 For more information on the animation tool kits, see: Stairway Foundation Inc. (n.d.), "Animation Tool Kits", *Programs and Activities – Break the Silence,* accessed 5 January 2017, http://www.stairwayfoundation.org/programs-and-activities/break-the-silence/animation-film-toolkits/.

exploited girls, so after a certain time girls get used to what they are doing and they don't want to change their behaviour or what they are doing. So, to change these girls you have to give enough space to them so that they can express themselves. And, to make them more aware if talking is not the way, we could produce drama".

Once or twice a year, an organisation in Thailand takes 15-30 of their beneficiaries on Survival Camps (a.k.a. Outdoor Therapy Camps) for 3-4 nights, on a beach or in the forest jungle.[615] At times, the camps are held closer to urban centres. With the close supervision of the staff, children plan and prepare all that is necessary to sustain them for the length of their stay. They ration supplies, such as food and drinking water; set-up camp; cook; watch over the fire and the camp; and provide first aid care. During their stay, children engage in therapeutic and recreational activities, as well as life skills training. Each survival camp focuses on a particular life skill theme, such as 'Self-awareness, Self-worth, and Relationship with Oneself' or 'Sexual and Reproductive Health'. Other topics are included in Table 29. One of the boys at the centre disclosed that, survival camping activities in the forest enable him to learn how to help and look after his peers and the staff. The activities also give him, *"the opportunity to know that even though we have no one, we still have each other. We can rely on each other"*. When asked what she would teach street children if she were one of the staff, a male-to-female transgender child who had participated in these camps, specified that she would discuss their living situation, whether it is good or not, and help them understand the problematic ways in which they think. She would then give them advice on their living situation and their environment. Some of the life skills activities in this program help explore and challenge cognitive distortions and encourage the development of new perceptions.

The camp's prohibitive cost is a main barrier to how frequently children can be offered such experiences. The total expense for transportation, food, beverages and campground fees averages between $500 USD to $2000 USD per camp, depending on a variety of factors (e.g., number of children, length of stay, location). Most life skills training activities are therefore conducted at the organisation's DIC. Topics commonly taught there are included in Table 30. Children, who do not or cannot attend formal or non-formal education, are taught literacy and numeracy through life skills' practical activities.

615 NGO Key Stakeholder, email communication to author, 12 November 2015.

Table 29: Survival (therapy) camp themes for csec survivors

Therapy Camp Themes[616]
• Self-Awareness, Self-Worth and Relationship with Oneself • The Teen World *(e.g., Puberty; Emotion Management; Empathy; "Being a Rebel"; Etc.)* • Sexual and Reproductive Health *(e.g., High-Risk Behaviour Reduction through Analysis and Choice)* • Caravan of Life *(e.g., Establish Cognitive Links to Causality; Examine One's Actions and their Consequences; Social Links and their Importance; Fulfilment; Hierarchy of Needs; Etc.)* • Life and Variety *(e.g., Gender Identity; Sexual Orientation; and Tolerance and Acceptance through Understanding, Empathy and Self-Identification)* • Awareness of Death/ Death Contemplation (e.g., Based on Buddhist Meditations) • Volunteer Spirit *(e.g., Volunteer activities for Residents in Cancer Wards, Veterans' Hospitals, or Residential Care Facilities for Disabled Children)*

Some of the programmes have structured life skills training that follow manuals developed in-house or by other organisations. For example, an organisation in Nepal follows a life skill's training manual they helped develop and that is specifically for CSEC survivors.[617] The main topics covered are listed in Table 30. Each of these includes sub-topics and associated activities that deepen domains of enquiry and learning. For example, when focusing on 'Communicating with Others', survivors learn about non-verbal communication and listening skills, and address gossiping and communication conveyed through clothing. When focusing on the topic of 'Being a Friend', children are encouraged to learn about what friends are, dynamics between parents and one's friends, different kinds of friends (e.g., good, bad, and poisonous), peer pressure, and being assertive. Some of the other sub-topics help survivors to develop skills on how to assert their rights, say no to unwanted sex, deal with parents, understand family conflicts, look at social values, cope with images in one's mind, and setting personal, friends and family as well as work related goals. Activities include, but are not limited to, trust walks, trust falls, and creating lifelines.

At a shelter in the Philippines, the topics of the life skills programme serve both CSEC and CSA survivors (Table 30).[618] All beneficiaries, as well as youth in the community, engage in interactive activities that focus on their rights as children. Life skills also focus on health and reproductive health. The topic of sex education is examined with children survivors of sexual trauma. A service provider shared that, because the programme is not CSEC specific, it is not possible for trainers to discuss and address sex education in ways that are relevant to CSEC survivors. Some of the other subtopics include physical safety, social media safety, as well as how to become a local youth advocate and mobilise in their communities.

616 NGO Key Stakeholder, email communication to author, 12 & 15 November 2015

617 Frederick, John (2011), "पावर गर्लस आत्म बल र सामाजिक आत्म विश्वाशका लागि जीवन उपयोगि सिपहरु", Translation: Power Girls, For Self Esteem and Social Self-Confidence, Life Skills), Kathmandu, Nepal Shakti Samuha, Terre des Hommes and Oak Foundation.

618 Service provider, Email communication with author, 14 September, 2015.

Table 30: Life skills training topics for CSEC survivors

Life skills training topics	
Thailand ***(Drop-in Centre)***	• Literacy and numeracy • Financial literacy • Basic english • Information technology • Rights and responsibilities • Creative arts • Traffic awareness and street safety • Career development • Cooking, food and nutrition • Youth Enterprise Projects
Nepal ***(Shelter)***	• Knowing oneself • Communicating with others • Helping others • I feel bad, i feel good • Being a friend • My sexuality and my society • Men in my life • My family • My plan for my future
Philippines ***(Shelter)***	• Interpersonal communication • Adolescent health • Anger management • Healthy relationships • Personal safety • Healing through art/acting • Goal setting and action planning • Youth Empowerment • Teamwork and leadership • UN CRC • CSEC • Advocacy • Community (re)integration

A number of barriers limit some survivors from accessing life skills' trainings available at local DICs. Survivors from the entertainment sector, for example, often learn about the free life skills training through organisations' outreach and the contacts that are established through these efforts. A girl in Nepal called attention to the fact that these programmes need to be more inclusive. Not everyone is reached through outreach efforts, and therefore many children do not know about the existence of such organisations and what is available there. She suggested that, *"Volunteers should be mobilised*

to spread more information about such programmes…. to others who don't know and those who work in the places where people from this organisation might not go". She added that, people, like herself, who know about such programmes, should spread the information. Staff should ask the children they reach to pass the information along to their peers at other locations. A Nepali survivor raised concerns that *"Employers"* also do not allow the girls exploited in the entertainment sector to attend life skills training. A girl in Nepal recommended that programmes conducting life skills activities *"should be more time friendly… flexible"* to accommodate their work schedule and other commitments.

The breadth and depth of topics that can be covered is limitless, as long as there are trainers to provide the training. A service provider in Thailand described the role of the life skills trainer as being *"like a mother"*: teaching children about *"life, wellbeing, the law, hygiene"* and everything, so they can (re) integrate. A service provider at a shelter in the Philippines admitted, however, that due to a lack of capacity and time, life skills' sessions only occur *"as a reaction to something that occurred, an issue or problem"*. She added that, a specific person is needed to organise, follow through and ensure that fun life skills activities are offered once a week or, at least, every other week. No additional information was collected regarding the recommended frequency and duration of life skills' training where these are available.

There is a dearth of research on the efficacy and effectiveness of life skills' training specific to this population. As a key stakeholder explained, their organisation does not have the academic capacity to conduct such research, and hence service providers rely on their own assessments that are based on "the empirical signs of improvement in a particular child's behaviour and coping mechanisms".[619]

2.14. Peer-to-peer Support and Leadership Development

> ***"Mostly silences are misunderstood. Girls who have gone through this ordeal are mostly very silent. And their silences are misunderstood. Most of them they have been threatened to be killed if they speak out. We (seniors and those who are able to conduct programmes) should inform the girls that silences don't work. You have to speak out. If you stay silent you will suffer more. If you speak out, you have chances of improving. Seniors and staff should support them to become fearless. That if you are scared nothing is going to help you. They have to have programmes where they can express themselves…." ~ Girl survivor in Nepal***

Several of the organisations included in this study encourage survivors to engage in a range of leadership activities (e.g., advocacy, governance) as well as peer-to-peer supportive roles such as peer leader, peer educators, youth motivators, youth workers, seniors and/or teachers' assistants.[620]-[621] Empowering opportunities help build resilience, self-confidence, agency, a sense of self-efficacy, and autonomy.

619 NGO Key Stakeholder, email communication to author, 15 November 2015

620 Organisations use different terminologies for the various roles and associated responsibilities available to survivors. In some organisations, the positions of 'youth worker', 'peer leader' and 'peer educator' also refers to paid staff who were once beneficiaries. Further inquiry is needed to better understand the specifics of each organisation's leadership programmes, and the different roles of beneficiaries who take on leadership responsibilities compared to staff with the same role titles.

621 In Thailand, organisation's staff members are commonly referred to as 'teachers'. As a sign of respect, children may refer to staff as 'father' or 'mother'. At one of the organisations, beneficiaries who may wish to work there start as 'teacher's assistants'.

They support children in finding hope, their voice, and self-direction;[622] serve to protect them;[623] and encourage the development of social competence and social responsibility.[624] Investing in survivors' strengths and capabilities also has the potential to move them out of poverty and empower them to rise above problems associated to society's marginalisation and stigma.[625] Leadership activities and peer support are deemed essential components to programmes and services for CSEC survivors.[626] They create an enabling environment that facilitates children's recovery process and (re)integration.

A range of empowering activities is offered to children, depending on the organisation. For example, at some of the DICs and shelters, children are given the responsibility of assisting newcomers. They orient children to their new environment, answer questions, and, as discussed earlier, explain rules, procedures, expectations and options. At a shelter in Thailand, children, who have lived there for an extended period, become 'seniors' and act as an older brother or sister with newcomers. This is similar to a short-term 'buddy' system. Some programmes also invite children to assist the staff. A child protection professional explained how street children know much better than staff members how to access children who are sexually exploited, and how to speak with them. They can therefore help identify CSEC, and provide clues as to where they may be. At another organisation, one of the survivors shared that she was the crafts teacher's assistant. She hoped to one day become the programme's crafts teacher. In time, some of the survivors become staff members. A number of service provider respondents are survivors themselves. At least one of the organisations included in this study was survivor founded and led.

622 Bruhns, Maya Elena (2014), "From Victim to Survivors: A Mixed Methods Investigation of the Process of Exiting and Healing from Commercial Sexual Exploitation in Childhood", April 2014, (PsyD. Diss, Wright Institute); Crispin, Vimala (2009), "Youth Partnership Project, Empowering Youth to Fight Trafficking & the Commercial Sexual Exploitation of Children, YPP Peer Support Programme Guidelines", April 2009, Bangkok, Thailand: ECPAT International, accessed 17 November 2015, http://www.ecpat.net/sites/default/files/YPP%20Peer%20Support%20Programme%20Guideline_ENG.pdf; Ibrahim, Solava, Alkire, Sabina (2007), "Agency and Empowerment: A Proposal for Internationally Comparable Indicators", Oxford Development Studies, 35(4), December 2007, accessed 17 November 2015, http://publish.illinois.edu/womenanddevelopment/files/2015/10/Agency-and-empowerment.pdf; Narayan, Deepa (Ed.) (2005), "Measuring Empowerment, Cross-Disciplinary Perspectives", Washington, DC: The World Bank, accessed 17 November 2015, https://openknowledge.worldbank.org/bitstream/handle/10986/7441/344100PAPER0Me101Official0use0only1.pdf?sequence=1.

623 Landsdown, Gerison (2011), "Every Child's Right to Be Heard. A Resource Guide on the UN Committee on the Rights of the Child General Comment No. 12", London, UK: The Save the Children Fund, accessed 22 November 2016, http://www.unicef.org/french/adolescence/files/Every_Childs_Right_to_be_Heard.pdf.

624 Hart, Roger A. (1992), "Children's Participation, From Tokenism to Citizenship", UNICEF International Child Development Center, accessed 2 December 2014, http://www.unicef-irc.org/publications/pdf/childrens_participation.pdf.

625 Narayan, Deepa (Ed.) (2005), "Measuring Empowerment, Cross-Disciplinary Perspectives".

626 Bruhns, Maya Elena (April 2014), "From Victim to Survivors: A Mixed Methods Investigation of the Process of Exiting and Healing from Commercial Sexual Exploitation in Childhood", (PsyD. Diss, Wright Institute); Hughes, Karissa (2014), "Literature Review: Commercial Sexual Exploitation of Children", Southern Area Consortium of Human Services, February 2014, accessed 10 October 2016, http://calswec.berkeley.edu/sites/default/files/rtn-literature-review-files/sachs_csec_literature_review_feb_2014_final_1.pdf; Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 348; Lloyd, Rachel (2010), "From Victim to Survivor, from Survivor to Leader: The Importance of Leadership Programming and Opportunities for Commercially Sexually Exploited and Trafficked Young Women and Girls, Girls Educational and Mentoring Services (GEMS), supported by The Ms. Foundation, accessed 22 November 2016, http://www.gems-girls.org/WhitePaper.pdf; Iman, Jazeera *et al*. (2009), "Girls Do What They Have To Do To Survive: Illuminating Methods used by Girls in the Sex Trade and Street Economy to Fight Back and Heal; A Participatory Action Research Study of Resilience and Resistance", Young Women's Empowerment Project, accessed 17 November 2016, https://ywepchicago.files.wordpress.com/2011/06/girls-do-what-they-have-to-do-to-survive-a-study-of-resilience-and-resistance.pdf.

Peer Education

> ***"It would be good if we could become a messenger and advise to friends if this thing happens to them come to this organization". ~*** **Girl survivor in Thailand**

Certain programmes encourage survivors to become peer educators. Information is at times better received from survivor to survivor. As a Filipino boy stated, *"Peer Educators can help more because they have experience".* For example, they can be the ones presenting certain life skills topics. A couple of survivor respondents shared that it would actually be helpful for them to learn directly from their peers about health related issues, vocational training, trafficking and trafficking laws, *"laws against selling children"*, and *"how they got trafficked and stuff like that"*. A male-to-female transgender child in Nepal explained that children are closer to their peers than to staff, and it is easier when they have questions about health or other matters to ask friends *"because we can be sure that they understand us first hand"*.

Another advantage to empowering survivors in taking leadership roles is that, they may be able to more effectively reach children still involved in CSEC, and feel good about it. When asked what is important about the leadership training, a Filipina girl preparing to become a peer educator replied: *"Because it's a nice feeling to be able to reach out and help other children [affected by CSEC]. It's a nice feeling if I would boost their self-esteem, and encourage them to be here [at the DIC]"*.

According to a girl survivor of the entertainment sector in Nepal, *"Peer education is very important because it is one thing to be taught or guided by a staff from the organisation but if the peers start sharing information and awareness, it spreads more quickly"*. They can go to the streets and other places where children are exploited, and inform them about the organisation's programmes, and the options available to change and improve their lives. A Nepali girl transitioning out of the entertainment sector concurred. She believed that one of the best ways to motivate CSEC to go to organisations and participate in recovery services is through peer mobilisation. She said that, a girl who knows about these organisations "*should go and tell her friends. And they can tell their friends"*. She acknowledged that, *"It won't happen all of a sudden but if you keep trying at least one person will come this week maybe more will come next week"*. A boy in Nepal, for example, shared that he had learned about this organisation that could help him change, and minimise his involvement in CSEC, through a friend who was a peer educator. A number of survivor respondents had actually learned about services and programmes through their peers.

A group of service providers in the Philippines also articulated the importance of peer-to-peer education. They explained that survivors who make positive changes in their lives can share their success stories and can be a positive influence—role models—to their peers. As survivors, they have a better understanding of children like themselves and their language, and are able to facilitate disclosures faster. The group stressed, however, that it is critical to take the time to select who may become a peer educator, in order to make sure that they will not groom, encourage or pimp children into CSEC. According to these service providers, survivors *"can be of two faces, to impress and have title, but behind the back, they can have a different [intention], and manipulate children"*. In addition to prudent selection and close monitoring, continued support for the peer educator is also needed in order to sustain his or her development, as some *"may slide back"*. Relapse is common among some CSEC survivors. Peer leadership activities and interactions can also place survivors at risk

for re-traumatisation. Survivors need to have the skills, emotional readiness and the maturity or confidence to address any situation.[627] Therefore, a child's readiness must be assessed thoroughly, and continued guidance and support reliably available.

It is important to note at this point that some survivors trust their peers most, others trust staff, and some state having no preference. A male-to-female transgender child in Thailand, for example, found it is *"necessary that the person have similar experiences"* because it makes it easier to share experiences and talk. They can tell the children how they too have gone through similar experiences, explain to them the negative impacts, and also discuss what has positively impacted their life. Another male-to-female young adult in Nepal concurred and thought that it is better for the peer to be LGBTI because they *"understand the problems of LGBTI closely. Others might not understand them as closely."* A service provider, who is also a survivor, emphasised that survivors understand what their peers have been through, and know how to deal with them, and what they need and want. They know about their attitudes, behaviours and experience, and can relate to them. She added, that it is easier for children to trust and disclose to fellow survivors. Through that connection, they can realise that the organisation is indeed here to help them.

However, according to some survivors, the fact that a peer, or a staff, share similar experiences does not automatically instil a sense of trust in children. A boy in Thailand shared that he found no difference, and talked to both. Several survivors clarified that it is really on an individual basis. As a male-to female child in Nepal stated, *"It's about the comfort level"*. For her, staff members who are not peer survivors are easier to talk with. Another Nepali male-to-female transgender child concurred. She did not feel comfortable speaking with one of the peer leaders. She felt intimidated, was concerned about confidentiality, and therefore preferred speaking with non-experiential staff. A young woman in Nepal explained that it takes time to get along with peers and to trust *"girls who have similar background".* She thought that, it's *"good to learn from the staff who have not been in such incidences because we cannot trust the girls easily. Staff is more reliable than the peers"*. She added that once they get to know each other well, she does not mind learning from peers. This young woman had lived at two different shelters for many years, and had been at the location of the discussion for more than four years.

Peer Advocacy

Survivors, at some organisations have the opportunity to engage in advocacy activities. For example, a number of survivors in the Philippines and Nepal participate in advocacy through. In the Philippines, one of the organisations collaborates with a mobile community theatre advocacy group that raises awareness on CSEC related issues in various communities.[628] The programme also has for focus to increase survivors' capacities and creativity. The group of children, comprised of survivors as well as children in risk-environments, has the responsibility to coordinate all activities, conceive and produce theatre and dance acts, as well as facilitate community education sessions, discussions and workshops. A child survivor respondent shared how much she enjoyed being a part of a theatre advocacy group in which children can sing, dance and *"act on what happened to them"*. Another survivor mentioned

627 Brown, Kate (2006), "Participation and Young People Involved in Prostitution", *Child Abuse Review*, 15, 294-312; Hargitt, Katherine (2011), "Development of a Training Model and Curriculum Outline for Counselors/Advocates of Commercially Sexually Exploited Children in the United States", 349.

628 Sali Ka Bata Team (June 2015), "The Theater Caravan Against Sexual Exploitation of Children in the Philippines", p. 12-14, In "Good Practices of Child and Youth Initiatives in the Prevention of Commercial Sexual Exploitation of Children", Youth Journal, Bangkok, Thailand: ECPAT International, accessed 17 November 2016, http://www.ecpat.net/sites/default/files/Younth%20Journal%202015june.pdf.

working hard on developing a theatrical piece that was to be performed in villages of a remote region. Such programmes, however, are project-based and hence short-term, thus limiting the full potential of their benefits on children.

Child Governance

Certain provisions in the CRC stipulate that children must be provided with opportunities to express themselves and their views, and be heard in matters and decisions that concern them.[629] A few programmes encourage survivors to engage in peer-led governance groups. A child protection professional in Thailand explained that the regulations at their shelter come from the children who initiate and agree on them together. When a child breaks a rule, they discuss among themselves how to address the situation and find a solution jointly. They then consult with the staff and seek their advice. At a shelter in Nepal, children participate in a Child's Rights Forum. A girl there explained: *"There is a chairman, a secretary, and members. And whenever there is a problem they discuss among themselves and sometimes they take decisions themselves or they discuss whom to approach to help for making decisions—whether they should approach other staff. They have a meeting every week to discuss problems, and they also have a mass meeting every Friday".* In the Philippines, survivors and service providers at a government shelter described that some children join the Child Participation Council where they address governance, rules, and conflict resolution. Members of the Child Participation Council are also in charge of doing orientation with newcomers.

Peer Support Groups and Networks

> ***"It is good to learn good things from friends. But you have to know what is good for you and what is not. Some things are useful and some not."***
> **~ Male-to-female child survivor in Nepal**

Service providers at an organisation in the Philippines highlighted the critical need to develop long-term peer-to-peer support networks, and were in the process of conceptualising such a structure. Peer support networks need to take into consideration such barriers as geographic distance in order to be as inclusive as possible and ensure that survivors who may not be able to meet other survivors in person can have access to some form of peer support. A peer educator in Nepal mentioned that he had created a Facebook page for survivors at their organisation to provide a platform for communication and support. A service provider, who is a survivor, commented on how necessary it is for peers to learn to be of support for each other, without mediators such as a shelter. They need to share emotions and ideas among themselves and become interdependent: *"build something for themselves among themselves".* As a social worker in the Philippines explained, survivors *"need to really band and stick together in terms of support for one another because there aren't a lot of support in terms of services outside the community, which they don't really realise until after they leave."* She recommended that survivors learn how to use each other as a support system. One of the organisations included in this study has a membership system for survivors, and members meet as a group on a regular basis. Some organisations facilitate contact between survivors served through other organisations. One girl was curious as to how children do in other organisations, *"If it is good like here or how they do"*. A young Nepali woman shared that they sometimes meet children from other organisations during special programmes, and felt that, "it's good to meet them". As per a

629 Landsdown, Gerison (2011), "Every Child's Right to Be Heard. A Resource Guide on the UN Committee on the Rights of the Child General Comment No. 12".

service provider in Thailand, there is a need for programmes that allow victims to listen to victims. Such contacts help to normalise survivors' experiences, and decrease their sense of isolation. It gives them a sense of peer group membership and belonging, and is deemed to positively influence well-being.[630]

Limited information was provided on the topics related to leadership development and peer-to-peer support. Further inquiry is necessary to more fully understand their benefits in terms of the recovery and (re)integration trajectory of CSEC survivors. Additional research is also needed to identify the full extent of the availability of such programmes in the three countries, and related barriers. What is clear is that, survivors of CSEC find it difficult to trust staff and/or their peers, and it is therefore important for recovery and (re)integration programmes to ensure that children have access to support from one and/or the other. Children feel good about helping their peers. Adequate training, guidance and supervision of children are essential, and initially entail capacity building of staff as well. Empowering and building children's capacities through structured leadership programming and peer support activities require human, technical and financial resources.

2.15. Formal and Non-formal Education

> ***"Education is like god because it makes you self-dependent. It will help you earn a livelihood"*** **~ Male-to-female transgender child survivor in Nepal**

According to the Convention on the Rights of the Child, all children have a right to access primary and secondary education, as well as vocational training.[631] For children in care situations, "education is compulsory, with all consideration for the needs and protection of the child".[632]

Educational programmes are generally divided into three broad—and overlapping—categories: formal, non-formal and informal. Informal education commonly refers to the lifelong process of learning, therefore, it not be discussed here. For the purposes of this study, formal education refers to "education that is institutionalised, intentional and planned through public organisations and recognised private bodies and - in their totality - constitute the formal education system of a country".[633] It is an educational system that is "hierarchically structured, chronologically graded",[634] and includes primary and secondary school, as well as university.

630 Also discussed in: Newman, Barbara M., Lohman, Brenda J., and Newman, Philip R. (2007), "Peer Group Membership and a Sense of Belonging: Their Relationship to Adolescent Behavior Problems", *Adolescence*, 42(166).

631 International Labour Organisation (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children".

632 Frederick, John (2005), "Guidelines for the Operation of Care Facilities for Victims of Trafficking and Violence Against Women and Girls. Rationale, Basic Procedures and Requirements for Capacity Building", Kathmandu: Planète Enfants, March 2005, 30, accessed 31 October 2015, http://www.bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Operation%20of%20Care%20Facilities%20for%20Victims%20of%20Trafficking%20and%20Violence%20Against%20Women%20and%20Girls.pdf.

633 UNESCO Institute for Statistics (2012), "International Standard Classification of Education, ISCED 2011", 80, accessed 5 January 2017, http://www.uis.unesco.org/Education/Documents/isced-2011-en.pdf.

634 Coombs, Philip, Prosser, Roy, and Ahmed, Manzoor (1973), "New Paths to Learning", New York: International Council for Educational Development, In Fordham, Paul (1993), "Informal, Non-Formal and Formal Education Programmes", in YMCA George Williams College ICE301 Lifelong Learning, Unit 1 Approaching Lifelong Learning, London: YMCA George Williams College, accessed 17 November 2015, http://infed.org/mobi/informal-non-formal-and-formal-education-programmes/.

Non-formal education is conceptualised as any "organised educational activity outside the established formal system",[635] akin to alternative, remedial or supplemental education, that can be adapted to "context-specific learning needs of children, young people and adults".[636] Non-formal education enables learners to fulfil formal education requirements without having to attend classes in a traditional school setting. It is especially helpful for those who, like CSEC survivors, have not gone to school, have significant gaps in their schooling trajectories, have learning differences, and/or cannot attend a formal schooling environment. There are many different types and formats of non-formal education (e.g., Alternative Learning System; Accelerated Learning Programmes).[637] In some definitions and settings, formal and non-formal educations also include vocational and life skills training.

For the purposes of this study, the term 'education' refers to formal or general/academic education (primary, secondary and higher education) as well as non-formal education. Since both vocational and like-skills training are discussed separately in this report, they are not implied under the term 'education' here. It is important to note, however, that because the educational formats and terms used in various settings differed, a few respondents referred to education as also involving vocational and/or life-skills training. Hence, Table 31, included further in this section, presents survivors' personal goals that can be reached through either formal/non-formal schooling and/or vocational training.

There is a dearth of research specific to the educational needs of CSEC survivors: as to what exactly is available for them through existing recovery and (re)integration programmes, and services.[638] Most of the literature makes reference to education being one of the many needs survivors have, but offers minimal information. Literature, focusing on other vulnerable and trauma-affected populations (e.g., street children, child soldiers), as well as related sectors, provides a certain understanding into this particular field. [639] It is important to recognise that childhood adverse experiences and circumstances can compromise children's capacities to attend school, acquire new skills, study and remember, and "function appropriately in the classroom".[640] Trauma impacts children's cognitive abilities, [641] and they may, therefore, "struggle with language, concentration, understanding, and responding to classroom instruction, problem solving, abstractions, participation in group work, classroom transitions, forming relationships, regulating emotions and organising material sequentially".[642] Children may withdraw, or

635 Smith, Mark K. (2002), "Informal, Non-Formal and Formal Education: A Brief Overview of Different Approaches", The Encyclopedia of Informal Education, accessed 24 October 2015, http://www.infed.org/foundations/informal_nonformal.htm.

636 Yasunaga, Mari (May 2014), "Non-Formal Education as a Means to Meet Learning Needs of Out-of-School Children and Adolescents", UNESCO, 4, Accessed 31 October 2015, http://allinschool.org/wp-content/uploads/2015/01/OOSC-2014-Non-formal-education-for-OOSC-final.pdf.

637 The Alternative Learning System is mentioned further in this section. For information on Accelerated Learning Programs, see: UNICEF (2009), "Open and Distance Learning for Basic Education in South Asia, It's Potential for Hard-to-Reach Children and Children in Conflict and Disaster Areas", Kathmandu, Nepal: United Nations Children's Fund, 27, accessed 5 January 2017, http://www.unicef.org/rosa/ODL_Report_(Final_version)___10_Dec_09.pdf.

638 Also discussed in: Reimer, J. K. (Kila) (2012), "What do we think we know about … education and training for children affected by sexual exploitation and related trafficking?" Working Paper, written in 2012 and updated in 2013, accessed 31 October 2015, http://www.academia.edu/2335079/What_do_we_think_we_know_about..._education_and_training_for_children_affected_by_sexual_exploitation_and_related_trafficking.

639 *Ibid*.

640 Cole, Susan F.et al. (2005), "Helping Traumatized Children Learn. Supportive School Environments for Children Traumatized by Family Violence", *Massachusetts Advocates for Children*, 1, accessed 15 October 2015, http://www.k12.wa.us/CompassionateSchools/pubdocs/HelpTraumatizedChildLearn.pdf.

641 Smithgall, Cheryl, Cusick, Gretchen, and Griffin, Gene (July 2013), "Responding to Students Affected by Trauma: Collaboration Across Public Systems", *Family Court Review*, 51(3), 401-408, Available from http://www.ncjfcj.org/sites/default/files/Responding%20to%20Students%20Affected%20by%20Trauma.pdf.

642 Cole, Susan F.et al.(2005), "Helping Traumatized Children Learn. Supportive School Environments for Children Traumatized by Family Violence", p. 43.

act in disruptive or hostile ways in the classroom.[643] The behaviours traumatised children manifest are sometimes confused as "those of children with other developmental delays or mental health conditions".[644] Trauma-informed, supportive, and flexible learning environments are necessary to increase the chances that children will have a positive and successful educational experience. Encouraging relationships are a source of resilience for children.[645]

> ***"Education is important. It's needed. I dropped out but now I am back in with assistance of staff here. But not all children have the same opportunity, so they are pushed to go back to sexual exploitation. Others can't go back to school because of costs, such as school activities, and others it's because of nationality issues"* ~ Girl survivor in Thailand**

Each of the target countries has distinct formal and non-formal educational systems. However, the limited capacity of this study precludes an in-depth exploration and review of these unique systems, as well as other topics related to education.

Respondents were asked about the need for and the role of education in terms of their recovery and (re)integration journeys. Most survivors deemed it important to receive a general education. Due to a variety of barriers, including the duration of their exploitation, many had not attended school regularly, if at all. Several survivors had never been to school. For example, a few service providers shared that most of the girls exploited through the entertainment sector in Nepal *"are completely illiterate".* A Nepali male-to-female transgender shared how *"In some villages they do not even have schools. So it would help to open schools".* Lack of academic education is in fact both a risk factor for and a consequence of CSEC. As a girl in Thailand disclosed, *"I did not finish my education, that's why I have to do this".*

According to the information collected, around 10% of all survivor respondents were illiterate at the time of the discussions. Although several of the survivors in the Philippines had not completed their elementary education, none was identified as illiterate. Illiteracy was only identified among respondents in Nepal and Thailand. The youngest of the survivors to be illiterate was a ten- year old and the oldest were 24 and 25 years old. Others survivors had been away from school for extended periods, and were significantly behind academically. Nevertheless, a few had completed their secondary education and some were attending college. About 18% (1 in Thailand, 4 in Nepal, and 7 in the Philippines) of the survivor respondents were, or had been in college: two of which had already completed their bachelor's degree.

643 *Ibid.*; Smithgall, Cheryl, Cusick, Gretchen, and Griffin, Gene (2013), "Responding to Students Affected by Trauma: Collaboration Across Public Systems", *Family Court Review*, 51(3), 401-408, accessed 5 January 2017, http://www.ncjfcj.org/sites/default/files/Responding%20to%20Students%20Affected%20by%20Trauma.pdf; Reimer, J. K. (Kila) (2012), "What do we think we know about … education and training for children affected by sexual exploitation and related trafficking?".

644 National Child Traumatic Stress Network Schools Committee (2008), "Child Trauma Toolkit for Educators", Los Angeles, CA & Dunham, NC: National Child Traumatic Stress Network, 43 IN Smithgall, Cheryl, Cusick, Gretchen, and Griffin, Gene (July 2013), "Responding to Students Affected by Trauma: Collaboration Across Public Systems".

645 Gilligan, Robbie, De Castro, Elizabeth P., Vanistendael, Stefan, and Warbuton, Jane (2014), "Learning from Children Exposed to Sexual Abuse and Sexual Exploitation: Synthesis Report of the Bamboo Projects Study on Child Resilience", Geneva, Switzerland: Oak Foundation, May 2014, accessed 7 October 2015, https://www.academia.edu/22273381/Learning_from_Children_Exposed_to_Sexual_Abuse_and_Sexual_Exploitation_The_Bamboo_Project_Study_on_Child_Resilience; Marriott, Clare, Hamilton-Giachritsis, Catherine, and Harrop, Chris (2014), "Factors Promoting Resilience Following Childhood Sexual Abuse: A Structured, Narrative Review of the Literature", Child Abuse Review 23, 17-34.

Many survivors said they want and need support to access formal and/or non-formal schooling. They see education as a right, a source of dignity and an important element of their recovery and (re)integration journey. A young woman in Nepal, who was finishing her first year at university with the support of an organisation, explained that education enables them *"To become equal to other people and fight for other opportunity like everybody… It is a capacity building to make economic conditions better"*. A girl, also in Nepal, shared that since children cannot remain at a shelter or depend on assistance forever, education is necessary to help them *"face the life outside"*: it is *"a tool that can lead us to a job".* For some, education is a way out of exploitation. Several survivors in street situations had approached outreach workers or had gone to DICs and shelters specifically to seek support with going to school. Some were motivated by the sense of responsibility to care for their siblings, parents, grandparents and/or families, and the dream of coming home with a school completion certification. Being educated is also seen as a protection measure. As a Nepali girl explained, *"Education is needed for your own safety"* and without it, *"anyone can fool you"*. She described an imaginary situation in which a child may be on the phone and asked where s/he is. If the child cannot read, she said, s/he would be dependent on asking a person nearby, and *"the person might cheat you"*. She added that, *"People might cheat you by taking your signature on false documents and take your property away. So it is important to learn to read and write"*.

Education can bring a sense of hope and normalcy into children's lives, and, in some cases, facilitate their (re)integration. In general, survivors were appreciative for the opportunity to receive an education and were motivated to finish school and find work. Most said they wanted and needed to study hard to reach their goals, obtain scholarships,[646] and be successful. Actually, one of the common advice survivors reported they would give to newcomers, at DICs or shelters, is to study hard. Some have ambitious dreams. For example, three boys in the Philippines, all shared that they need to do their best in order to reach their respective goals of becoming a doctor, an airplane pilot, and a seaman. A Filipina girl dreamed of becoming a flight attendant. When asked what she needed to make that a reality, she articulated that she needs to study hard, and, no matter how difficult, she has to do her best and not give up. People would then be able to appreciate her and see that, regardless of her past, she has a dream. In Nepal, a thirteen-year-old girl stated, with much determination, that she plans to become a scientist, an astronaut. A ten-year-old Filipina girl asserted that she plans to become a lawyer, and deemed education as the *"most important to fulfil her dream to help other girls who suffer like [her]"* and to educate girls in rural villages. Survivors, determined in their dreams, very much hoped to be able to continue their education and attend university. Support was deemed needed not just until they finished mandatory schooling, but also to help them pursue higher education. As a girl in Nepal suggested, education support should be for *"as long as they wish to study"*. Several of the faith-based organisations offer scholarships for higher education. A few of these also encourage and assist children in going to universities abroad.

646 Obtaining a scholarship is part of the educational journey for children served in NGOs in the Philippines.

Table 31: Career goals of survivor respondents

Thailand	Nepal	Philippines

• Accountant* (2)
• Actor
• Dancer
• Architect
• Baker
• Hotel Industry
  ◦ Management
  ◦ Receptionist
• Missionary
• Sell Toys* (2)
• Soldier
• Waiter* (3)
• Work at a Fast Food Store Chain
• Work at a Convenience Store
	• Accountant
	• Actor
	• Beautician and Own a Beauty Parlour* (5)
	• Computer technician
	• Cook
	• Dancer
	• Foreign Employment* (3)
	• Lawyer
	• Make-up Artist*
	• Scientist/Astronaut
	• Service Provider for CSEC* (5)
	  ◦ Caregiver in a Shelter
	  ◦ Rescue Worker
	  ◦ Social Worker
	• Tailor and Own a Tailor Shop* (6)
	• Teacher
	• Travel the World
	• Waiter*
	• Weaving Teacher
		• Accountant
		• Baker in London
		• Beautician and Own Beauty Parlour Business Administrator* (2)
		• Computer Technician* (2)
		• Cook
		• Doctor
		• Flight Attendant
		• Haircutter
		• Hotel/Restaurant Management* (11) Teacher* (4)
		• Massage Therapist
		• Nurse
		• Pilot
		• Quilt Maker
		• Seaman
		• Service Provider for CSEC
		• Travel the world

* *Goal shared by two or more survivors; number of survivors who expressed that interest is in brackets*

However, not all survivors are ready for formal schooling or see education as important for themselves at that point in time. Many prefer to avail themselves of non-formal education and/or vocational training. This was more common among older survivors. In order to meet survivors' varied and evolving educational and professional needs and aspirations, organisations attempt to facilitate access to a range of formal and non-formal education services.

Non-Formal Education and Tutoring

A couple of service providers shared that many of the girls in the entertainment are very interested to learn, and some only need 10 to 20 days to start picking up writing and reading through the organisation's non-formal education program. Non-formal education and other forms of specialised and self-paced educational programmes are essential. Non-formal education can be available on its own, with the goal of integrating into formal schooling or in conjunction with vocational training. Non-formal education was helpful to the majority of survivor respondents who were in transition, playing catch-up with their academic education, who found it challenging to focus, and/or who had significant discrepancies between age and grade levels. Non-formal education is also beneficial for traumatised children. A young woman in Nepal explained that children who experience trauma *"can't speak with people and public, so best is non-formal education. After counselling, when they recover themselves, they need formal education because it is more valuable than non-formal education."*

Non-formal education is a good option for survivors who feel they are too old and/or are not comfortable being in a classroom with younger children. For example, a survivor may be *"16 years-old but at [the] grade 2"* level of elementary education. Although not in the majority, some survivors were very focused and motivated to continue formal schooling, and able to face the challenges. A Filipina girl, who was 17-year-old, for example, had adjusted to being in a class with children who were between 10 and 13 years old. She said, *"I … just think that this is for me and for my future, to reach my dreams."* In the Philippines, the non-formal education programme called 'Alternative Learning System (ALS)'[647] provides the opportunity for students, like this girl, to study at a faster pace and take a test, which, when passed, enables them to move ahead to next grade. A number of survivors therefore attend a formal school while also receiving non-formal education such as ALS. The attendance at a formal school is not necessary to prepare for these tests.

According to some survivors, non-formal education is more valuable for those who do not wish to go on to college, but may not be of good enough quality for those who intend to pursue further studies. For example, a young woman in Nepal mentioned that the classes offered at the organisation were not enough for the children. A male-to-female transgender child in Thailand pointed-out that, for children who plan to transition into formal education, non-formal education needs to be supplemented with *"additional teaching to ensure that the quality of learning is there, and children can really gain more knowledge from this".* The DIC where she accesses services provides additional non-formal education classes during school vacation to help children along academically.

Additional support was also identified as a need for children in formal schooling. In Nepal, for example, an organisation provides tutoring classes outside of school as additional support to children who wish to take the School Leaving Certificate (SLC) examination at the end of 10th grade, which marks the end of secondary education. As respondents related, public schools in Metro Manila, the Philippines, tend to serve large numbers of children at once. There may be forty-five to sixty students per class, and twenty of each grade. To accommodate all children, the schedule is such that, for some of them, school is in the morning, while for others it is in the afternoon or evening. This actually accommodates survivors who also work or attend vocational training. However, the support they receive in school can be insufficient. According to a social worker in the Philippines, many children "need one on one help or support after school, because some of them are grades behind where they should be". Children also need help with their homework and school assignments. This often falls on the responsibility of the house parent who, as discussed earlier, has many children to oversee and numerous other responsibilities to attend. A child protection professional in Thailand, explained that children who are illiterate 'fall through the cracks" in the formal education system. Nonetheless, even though they are behind academically, they will move on to the next class/level. Additional support is necessary to ensure children successfully complete their education. This support can be in the form of non-formal educational programmes, group tutoring and/or individual tutoring.

647 For more information on the Philippines' Alternative Learning System (ALS), see: Republic of the Philippines – Department of Education (n.d.), "Alternative Learning System", *DepEd's website,* accessed 5 January 2017, http://www.deped.gov.ph/als; Wikipedia (n.d.), "Alternative Learning System (Philippines)", last modified on 17 August 2016, accessed 5 January 2017, https://en.wikipedia.org/wiki/Alternative_Learning_System_(Philippines); Guererro, Carolina (2007), "Philippines, Non-formal Education", Country profile prepared for the Education for all Global Monitoring Report 2008, Education for All by 2015: will we make it?, accessed 17 November 2015, http://unesdoc.unesco.org/images/0015/001555/155532e.pdf.

Education on Campus or in the Community

> ***"If there is … [a] school in the shelter, they wouldn't have to face discrimination. It would be the world of their own."*** **~ Young woman Survivor in Nepal**

Most organisations provide non-formal education at their location, and children go to local schools for their general schooling. A number of respondents' comments raised the benefits and drawbacks of survivors attending local schools. Some survivors think it would be better to have formal education available at the shelter so they would not experience discrimination. Their experiences and insights are presented further in this section. A young woman appreciated the fact that children were able to finish their studies at the government shelter's school because, due to their age and grade discrepancy, they might not have otherwise been motivated to do so in their communities. They would have been shy, and people would not have understood their situation.

A service provider in the Philippines provided the following insights into the benefits and challenges children at their organisation face in attending formal schools and non-formal education (Alternative Learning Services) in the community, instead of at the shelter. Education in the community, she said, is both challenging and *"really good for them"*. It enables them *"to tap into a community right away",* and have an immediate sense of normalcy. For some, it is *"the only thing that they feel like they have. It's that sense of community at school"*. However, it also hinders their progress. Being in that environment *"requires in their minds a lot of pretending, a lot of not facing the situation and the reality of the situation."* Teenage things, such as what is going on at school, distract them *"in terms of moving forward with mental health support or counselling, or re-establishing or re-building their lives"*. Going to school in the community also requires that they create *"this almost false world for school and for the people that they come into contact with at school"*. She also noted that their chances of success would be greater if they were to receive schooling at the centre, "in a less distracted environment". It would be more focused. However, she also pointed out the benefit that attending school or a learning programme in the community is *"what the real world that they're going to be re-entering and that's what it looks like".* Providing formal schooling on the campus of these organisations, however, entails a significant infrastructure. Only the larger governmental residential shelters offered formal education—mixed grades classrooms—on their campus.

Transition Time

When and whether a child attends formal or non-formal schooling is a decision that should be made case-by-case. Several organisations send children to formal school within a few days of their arrival at a shelter, while other programmes first assess their academic levels and give them time to transition. A service provider in the Philippines raised concerns about pushing children too soon to integrate into mainstream educational settings, in the name of resuming a 'normal life'. She explained how their organisation does not want to over protect children and keep them away from 'the real world", and therefore sends them to school as soon as possible. However, she believed that more time should be given to children before re-entering them into community and school settings. Although a return to normalcy is helpful, some children, she said that, they *"do need more time away from what's happening in that type of world, school or whatever is happening outside [of the shelter]"*. A young Filipina woman disclosed how she wished the shelter would respect survivors' process and not force them to go to school right away; *"it should be step by step"*. In certain organisations, newcomers receive some form

of in-house non-formal-education for a few months and then are sent to a formal school outside of the centre. A boy in Thailand, for example, mentioned that children attend classes at the shelter for two months before integrating into a local public school.

In addition to considering educational aspiration, readiness and/or age and grade level, safety is also of concern. A staff member usually accompanies children who go to and from local school facilities. When deemed appropriate, one of the organisations actually lets children go to school, and/or vocational training, on their own. Some survivors, however, stayed at the shelter at all times because they were under witness protection.

In terms of survivors served through DICs, children either received financial support to attend formal school, and/or attended some non-formal education. According to a boy, one of the organisations in the Philippines has as its procedure to interview children as to their interest to attend formal school, and then there is a waiting period before providing the financial support needed. He explained that children usually come to the centre for a year before they receive a scholarship.

Preparation to Attend Outside Learning Environments

Children not only need to be ready for the rigors of academic learning, they must also be prepared to engage in age appropriate social life and activities (e.g., birthday parties, picnics). They should also know how to answer questions from their classmates, such as where they are living and other personal information. They need to understand what information is appropriate to share. A young woman in Nepal gave the following example of problems children sometimes face: *"There is a little girl who tells things at school and other people at school have negative impression of the girls who go to school from this organisation. They think that all the girls who are here in this organisation are the victims of rape or are sex workers. We tell the girl often not to share things with others but she is little and she doesn't understand…. They are 7 years or 8 years. She goes to school and tells everyone personal things…. Even those who have mental illness the organisation sends them to school. So when they go to school, they tell everyone everything about themselves".* She added that because of information some survivors share with classmates at school, there are rumours circulating that the staff at the shelter beats children and does not let them eat. Minimising the possibility of being discriminated against and ostracised by their peers is fundamental to their education and positive recovery.

Partnerships with Teachers

Collaboration with teachers is critical. Teachers can play a significant role in prevention and identification as well as in the children's recovery process. However, unless a working relationship exists between schools, parents and service providers at the organisations, teachers may not necessarily understand what CSEC is, its consequences, and/or the needs of trauma survivors. Several respondents shared cases of teachers discriminating, bullying and making inappropriate statements towards survivors. Mention was also made of teachers who had physically and emotionally abused survivors.

Developing a partnership with schools and teachers is an area that needs to be treated with sensitivity. Service providers related a variety of relationships that ranged from very little to some that were understanding and supportive. Confidentiality needs to be preserved while at the same time teachers need a certain amount of information to better support each student. Children's involvement in CSEC should preferably not be disclosed.

Options and Encouragements

> ***"I need to learn. I should have skills at my hand. I want to learn tailoring. I think I want to learn about child selling and buying [trafficking]. How can children be rescued? I should start learning how to run this organisation better."* ~ Child survivor in Nepal**

Several survivors underscored the importance of being able to pursue their interests and receiving encouragements along their way. For a girl in Nepal, encouragements are actually *"vital"* in terms of supporting her goal of becoming a nurse. She added that, *"People should not tell her what to do or what not to do. But to actually encourage her in achieving what she wants. And people should not tell her that 'oh this girl is this or that kind', but they should see the positive side, and think that 'ok she wants to do this, she should do this'"*. As a young woman in the Philippines explained, *"it is important to know how to encourage, motivate children because education is the only way to prepare and be ready to face the world and feel proud. People will not easily judge you, look you down".* The girl in Nepal also added that children should not be told what to do or not to do, but rather should be encouraged to achieve what they want. People should see their positive sides, and support them on their interests. One of the organisations gives its residents the choice between attending formal and non-formal and/or vocational training, but they expect them to learn to read or write before they are (re)integrated. Several survivors in the Philippines shared that the NGO providing them with services have a system wherein they must choose between going to school or vocational training. Once they have made a choice, they cannot make a change. They felt strongly about being able to do both, academic and vocational education, and having the freedom to change their mind should they realise that a particular choice is not a right fit. Similarly, a Filipina girl expressed a strong wish to pursue her education. However, the organisation was planning to soon transfer her to a program that would prepare her to work in a factory, regardless of her preference. Another girl in the Philippines very much wanted to receive the support needed to continue going to school while living at home, instead of having to live at the shelter. Involving children in decisions that affect them was not necessarily systematic in some settings. Lack of resources, whether at the organisation or in the community, makes it difficult to accommodate a wide range of children's educational interests and needs.

Role Models (and Mentors) and Internships

In addition to attending classes, a number of survivors expressed the need to meet and interact with people who have experience in the fields they are interested. They need role models and mentors. For example, a boy in Thailand wanted to meet with a soldier to *"learn about what it's like to be a soldier, what kind of things they do, how they live"*, as he was considering that career for himself. He did not know of any soldiers and had no idea how to meet one. Other opportunities to explore different career options and internships were also identified as a need. Furthermore, the importance of service providers, and other staff, as role models should not be overlooked. Some children discover interests through feeling inspired by service providers and the organisations that are helping them. Several voiced an interest to pursue their education in order to help CSEC survivors. A girl in Nepal asserted that she wants to be like the house parent at the shelter, and tell children right from wrong. She said, *"There are many girls like me. I do not want other girls to suffer what I suffered…. I want to stop other girls from taking a wrong path"*. Several survivors looked up to their caregivers and/or the service providers in their situations of care, and a number of them expressed an interest to study in order to work as child protection professionals, and prevent CSEC and help survivors. As elaborated upon earlier, service providers, and organisations, need to be mindful of their being role models to the children they serve.

Barriers to Education

> ***"Government should have a project to help get all kids to go to school. Education is very important for all. If have good education they will have better living standards. It helps a lot".*** **~ Young man survivor in Thailand**

Respondents mentioned a number of challenges that affect children from being able to access or continue their schooling. For example, some were the only source of income or care for their parents, family or dependents, and therefore had to forgo schooling.

- *Costs*

  Although there may be no tuition to attend school, there are hidden costs that are prohibitive for many families. Going to school necessitates purchasing school supplies (e.g., *"school bag, pen, notebooks… rubber shoes"*) and, in some settings, school uniforms. Additional moneys are needed for various school fees as well as for school projects and activities throughout the year. In some cases, transportation costs also have to be factored in. Respondents also identified the need for books and libraries, computers, calculators, and a space for children to study and do homework.

  These costs are not only a challenge for poor families, but also for the organisations, as most operate on limited budgets. Some organisations can only help cover school related expenses for a short time. A boy at a DIC in the Philippines wished that the organisation could receive financial support *"so that their budget for scholarship would not be limited, and the new children who visit here would be guaranteed of scholarship".* A woman survivor, also in the Philippines, disclosed that the organisation's small budget is based on donations, and therefore *"cannot support children who want to go to school and pick courses they really want".*

  Some organisations also need money to ensure a proper educational setting when providing it on campus. When asked what was needed in terms of education, a survivor in the Philippines mentioned that the school at their shelter needed to fix its broken toilets, faucets, blackboards, chairs and windows. Another Filipina survivor expressed cynicism about the shelter's library. She said, that they were *"not allowed to go there or borrow books. It's like a display for visitors and for those giving donations"*. She wished they would be allowed to make use of the library.

  Several service providers mentioned that, in light of school-related costs, some children's families want their children to stay in the care of organisations to ensure that they can receive an education. Some survivors also want to remain in the care of organisations for as long as possible because they know that their families cannot support the cost of their education. Once (re)integrated, children may not be able to continue with their schooling. Not all organisations, however, are in a position to provide financial support once children are (re)integrated.

  > ***"… most of the time it's the very young girls from the villages who don't have education who are brought in this field because they are easy to lure"*** **~ Young woman survivor in Nepal**

- *Attitudes, Prejudice, Stigma, and Discrimination*

  In addition to poverty, children also face prejudice, stigma and discrimination due to their gender, social status, and cast. In Nepal, especially outside of the main cities, girls are often deprived of schooling due to attitudinal barriers. Two Nepali girls shared that many families are uneducated, *"they do not know the importance of being educated"*, and parents *"force them to work instead of going to school."* Another girl there explained how parents see education as more important for sons who eventually take care of them through old age.[648] Since daughters will be sent away to their husbands' homes, parents see no need to educate girls. She also added, *"because of poverty, it's not always possible to give formal education".*

  When asked what some of the barriers to education were besides poverty, a male-to-female transgender child in Nepal explained that, *"The lower caste children do not get to study. People discriminate on the basis of caste and they say that low caste cannot study or be educated. On top of that if a person is LGBTI from those lower caste, people think they don't deserve education."* Some children who identify as transgender are scared to go to school. Several respondents had dropped out of school due to bullying. A male-to-female transgender child in Thailand, who was considering returning to formal schooling, was trying to look at the teasing she had experienced in the past from schoolmates, as their way of wanting *"to say hello, greet me, talk with me"*. However, she went on to acknowledge that, although they did not physically assault her or prevent her from going to school, the teasing actually was discrimination. She said that regardless of her attempts to explain to them *"what I am and why I am"*, she was teased because *"they despise me"*. Several mentioned the need for a school specific for children who identify as transgender. A male-to-female young adult in Nepal articulated that, *"Gays and lesbians are not very noticeable in public, but transgender can be differentiated from other population. There is problem of bullying. They are even bullied by teachers. There is a problem of toilet. There should be different educational services mainly focusing on third genders. It would be very helpful to have a different school. I dropped school because I was bullied and I couldn't take it anymore"*. A Nepali male-to-female transgender child believed that having a different school for transgender children would ensure that *"they wouldn't have to tolerate bullying".* They also *"would understand each other"*. Having such a school *"would send out a message that we can also contribute to nation building".*

  A girl in Thailand shared that she had missed much school during the legal proceedings, and soon after resuming her education she became pregnant. She *"felt shamed and judged by teachers"* and therefore stopped going to school. She said, *"Now, no education so no certification, so no job"*. She was sad that her mother, therefore, had to look after the family. She did not know that non-formal education might have been an option for her while pregnant. She had received services through an organisation, but somehow that was not made available to her.

  Attitudes, prejudice, stigma, and discrimination are very real issues that a number of children face on a daily-basis, and need to be resolved at the society level. They also must be addressed with children during life-skills training, counselling, and any other empowering opportunity and teachable moment.

- *Lack of Identification Papers and Other Documents*

  Some survivors do not have the identification papers required to enrol in educational programmes. For example, a Thai boy in street situations expressed that he had been receiving non-formal

648 In Nepal, sons usually remain at home with their parents. Daughters are sent to live in the homes of their husbands. Wives often care for their husbands aging parents.

education for a year, and would love to go to school. However, he did not have the necessary documents. According to respondents, the processing of required forms and documents takes such a long time in the Philippines that children have to wait months before being able to resume formal schooling. This process is particularly cumbersome when documents have to be transferred from one school district to another. When asked about recommendations in terms of recovery and (re)integration services, a Filipina girl, affected by the slowness of the bureaucratic process, suggested, *"To make the papers in preparation for education faster."*

- *Illiteracy and Age*

  The consequences of being older and/or illiterate are, in some cases, also barriers to education. Among the older survivors who identified as illiterate, several expressed little interest in focusing on academic education. Some refused educational support because it was not something they were used to, or, as a boy in Thailand stated, they just *"don't want to go to a regular school"*. Several survivors felt they were too old to bother with schooling. A Nepali girl explained how, *"some of them… reach a certain period of their life where they don't care about studies"*. Some children chose to focus on literacy and numeracy through a non-formal program, but not to attend formal education. They would rather learn a trade and find work. For example, a young woman in Nepal did not see formal education as important and preferred to focus on vocational training, in order to keep *"going forward in life"*. A young man in Thailand explained that he had been offered to go to school, but decided against it because he could not read and would just become bored in school. He said that he had a hot temper and preferred being with his friends. As he was able to read signs, he did not experience being illiterate as a problem. He did not feel any different from his peers who could read. As he stated, *"Although I cannot read, I have a lot of knowledge".* He added, however, that he wanted his children to get a higher education.

  According to a government social worker, adolescent boys in Thailand do not usually want to continue their education, especially those from rural areas. Education is not mandatory after completion of the lower cycle of general secondary education, and the last three years of upper cycle are not easily accessible in non-urban regions. She said that what these boys want to do is work. Another social worker in Thailand acknowledged that education is not enough for children who are also illiterate. She suggested that education be combined with some kind of vocational training, *"because these kids need something to be proud of. And so far they only carry shame and guilt"*. She believed that if children are asked what they want to do, and are provided training, *"they'll be excellent!"* Another service provider at a different location in Thailand shared similar insights. She added that the boys who successfully complete their education are the ones who have had schooling prior to being involved in CSEC.[649] Further inquiry may help understand and address the experience of age and/or illiteracy as barriers to formal/non-formal education.

- *Trauma, Cognitive Impairment, and Other Hurdles*

  The impact of adverse childhood experiences, malnutrition, drugs and/or CSEC-related trauma can deeply affect children's learning capacities, making it difficult to focus on academic subjects and/or sit still in a classroom environment. These symptoms are sometimes interpreted as a child having low cognitive capacities and being unruly. When asked about the barriers to receiving an education, a girl in Nepal shared that for those in the entertainment industry, substances are one

649 Not sufficient information was collected on formal and non-formal educational options to fully understand what is or is not available to children in Thailand. From these comments it would seem that children might not be able to receive an education and vocational training at the same time. Further inquiry is called for.

of the problems. Their addictions prevent them from studying. A counsellor in the Philippines described the case of a girl who had used much methamphetamines and cocaine, which, she believed, had severely impacted her brain, behaviour and learning. She added that this girl would benefit from having a private tutor.

Trauma affects children in ways that make formal learning difficult. However, little mention was made as to the role of trauma in the reported low cognitive capacities of children. A government service provider in Thailand shared that CSEC survivors have *"big problem with brain. They [have a] lower IQ.*[650] *Learn slowly"* and need to receive schooling outside of formal education such as with a private teacher until they are ready to (re)integrate into mainstream education. Children, she said, who are impaired and brain damaged are usually sent to specialised government schools for children diagnosed as having learning disabilities or autism. However, these schools only focus on *"physical ability and behaviour rather than trauma."* According to two service providers, also in Thailand, about 60% of the children they care for have low IQ. The organisation initially teaches them at the shelter in order to assess their capacities.[651] If they see that children are struggling, they suggest vocational training. According to another social worker in Thailand, it is difficult for CSEC survivors to stay in the mainstream educational system because they have a short concentration span, and they can be aggressive and get into fights. She added that they usually are interested in activities that do *"not use lots of brain."* Only a few service providers acknowledge the possible relationship between trauma and cognitive capacities. Many assumed that the children were simply not capable. No mention was made of remedial education as an option.

- *Lengthy Legal Procedures*

  Several respondents indicated that due to their legal cases against perpetrators, survivors had to miss school due a lengthy legal process or could not resume their education afterwards. A young woman in Thailand shared that she had to drop out of school, and never returned, because of the court proceedings. A young woman in the Philippines expressed frustration at being 'locked-up', and therefore unable to pursue higher studies. She had finished her secondary education, did not want to waste her time there, and was concerned that she would not have anything to show for her absence upon returning to her community. The impact of legal procedures on children's schooling must be taken into consideration in terms of child friendly procedures.

- *Dependents*

  Several survivors mentioned that having dependents, and no adequate childcare, was a barrier to receiving an education. A girl in Nepal stated that she wants to study further, but her husband tells her that she does not need to study. She was worried that if she started to study, she would not have time to stay with her child. For a young Filipina woman, the dilemma entailed having to stay at the shelter longer in order to finish her education or forgoing her studies in order to be home with her children. Support for survivors with dependents needs to be an integral component of recovery and (re)integration services, to ensure that they can access educational opportunities.

> ***"People have dreams that they want to do this or that. So education helps to fulfil their dreams"* ~ Girl survivor in Nepal**

650 Tests measuring intelligence seemed to be a part of the assessment batteries conducted in Thailand and the Philippines as they were mentioned a few times in terms of survivors' capacities for formal schooling. Further research ought to look at such measures, trauma, and children's access to services.

651 There was no mention of the use of standardised assessment tools.

As informed by respondents, formal and non-formal education is a core component in the continuum of children's recovery and (re)integration needs and process. Overall, survivor respondents displayed much interest in opportunities to receive an education. However, a number of barriers make it difficult for them to pursue their dreams and reach what they are capable to do. All children, regardless of their legal documentation, gender, status, or birth origin should have access to education. Educational systems need to be trauma-informed and should accommodate and encourage children who are illiterate, older, have missed a few years of school and are slow learners. When survivors are mainstreamed, support is needed to help them negotiate the schooling environment and social dynamics. Open communication between school staff and the adult(s) responsible for the survivor (e.g., parent, social worker) is essential. Although a few organisations are well endowed and can support survivors, most NGOs operate with limited budget and cannot provide the long-term educational support wished for. Funds are required to cover all school related fees and hidden costs. Scholarships are needed to enable children to pursue higher education.

2.16. Vocational Training and Sustainable Livelihood

> ***"When their basic needs are fulfilled, the girls they probably want to become independent. They start having that wish".*** **~ Young woman survivor in Nepal**

In addition to educational opportunities and life skills' training, economic strengthening programmes are an indispensable component of comprehensive recovery and (re)integration services[652] to "break the cycle of poverty and dependence",[653] and thus minimise the risk of children being exploited again. Vocational training and income earning ventures that are "based on a realistic analysis of the job market and take into account both the individual and the environment"[654] should aim to empower children with the skills needed to meet "the challenges of an independent and self-determined life"[655] and find work that is "readily available, safe and sufficiently remunerative"[656] wherever they are or plan to live and work.[657] It is of course essential to consider children's preferences and best interest,

652 Feinstein, Clare and O'Kane, Claire (2009), "Children's and Adolescents' Participation and Protection from Sexual Abuse and Exploitation", Innocenti Working Paper, UNICEF, accessed 10 October 2015, http://www.unicef-irc.org/publications/pdf/iwp_2009_09.pdf; USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries", September 2007, 27, accessed 7 October 2015, http://pdf.usaid.gov/pdf_docs/Pnadk471.pdf; Frederick, John (2005), "Guidelines for the Operation of Care Facilities for Victims of Trafficking and Violence Against Women and Girls. Rationale, Basic Procedures and Requirements for Capacity Building", Kathmandu: Planète Enfants, March 2005, accessed 31 October 2015, http://www.bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Operation%20of%20Care%20Facilities%20for%20Victims%20of%20Trafficking%20and%20Violence%20Against%20Women%20and%20Girls.pdf; South Asian Regional Initiative/Equity Support Program (2006), "South Asian Resource Book on Livelihood Options for Survivors of Trafficking and Other Forms of Violence", New Delhi, India: SARI/Equity, accessed 24 October 2015, http://lastradainternational.org/doc-centre/1835/south-asian-resource-book-on-livelihood-options-for-survivors-of-trafficking-and-other-forms-of-violence; USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries", 27.

653 Dottridge, Mike (December 2008), "Young People's Voices on Child Trafficking: Experiences from South Eastern Europe", 46, Innocenti Working Paper, UNICEF, Florence: UNICEF Innocenti Research Center, December 2008, accessed 11 October 2015, http://www.unicef-irc.org/publications/pdf/iwp_2008_05.pdf

654 USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries".

655 Dottridge, Mike (2008), "Young People's Voices on Child Trafficking: Experiences from South Eastern Europe", 46.

656 Frederick, John (2005), "Guidelines for the Operation of Care Facilities for Victims of Trafficking and Violence Against Women and Girls. Rationale, Basic Procedures and Requirements for Capacity Building", 31.

657 International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children".

as well as their capabilities and goals.[658] They should also have the freedom to choose to receive an education and/or vocational training.[659] Not all survivors wish to, or can, pursue an academic education.

Literature draws attention to a number of areas that need tending to in terms of improving the variety, quality and, thus, effectiveness of vocation trainings. For example, vocational training should be viewed as an actual goal and "professional market-oriented activity" rather than an "occupational therapy to address psychosocial trauma" or only a "step that leads to decent jobs".[660] In order to ensure a wider range of options, organisations need to "move beyond small-scale traditional NGO 'in-house' training programmes"[661] and develop a broader network of vocational opportunities within the private sector, which include "'real-life' on-the-job trainings".[662] Organisations must also address the fact that when other programmes within a given geographical region provide similar vocational trainings, or trainings that are traditional, gender-stereotyped (e.g., hairdressers) [663] and/or not necessarily market oriented, this can lead to "saturated job markets".[664] Some livelihoods options may only be sustainable in urban or rural settings, may depend too much on foreign imported goods, or, as in the case of hand-made weaving or sowing, may not be able to compete with machine-made industries.[665] Although there is a dearth of formal evaluation specific to vocational training and other income generating opportunities for CSEC survivors, a growing body of literature points to the promising practices of programmes providing market-oriented, sustainable as well as innovative livelihood options.[666]

Vocational training by itself is, however, not sufficient. First, strategic job placement support should ensue.[667] This demands that service providers carefully assess employers and the work environment, and monitor children to ensure that they are not exploited or "subjected to stigmatisation by other

658 Dottridge, Mike (2008), "Young People's Voices on Child Trafficking: Experiences from South Eastern Europe"; South Asian Regional Initiative/Equity Support Program (2006), "South Asian Resource Book on Livelihood Options for Survivors of Trafficking and Other Forms of Violence"; Strategic Information Response Network (SIREN) (2009), "Re-Thinking (re)integration, What do Returning Victims Really Want & Need? Evidence from Thailand and the Philippines", August 2009, accessed 6 January 2017, http://un-act.org/wp-content/uploads/2015/07/SIREN_GMS-07.pdf.

659 International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children.

660 Strategic Information Response Network (SIREN) (August 2009), "Re-Thinking (re)integration, What do Returning Victims Really Want & Need? Evidence from Thailand and the Philippines", 5.

661 *Ibid.*, 4.

662 *Ibid.*, 5.

663 Bidwell, Kelly *et al*. (2008), "Market Assessment Toolkit for Vocational Training Providers and Youth, Linking Vocational Training Programs to Market Opportunities", Women's Refugee Commission, accessed 17 November 2015, https://womensrefugeecommission.org/images/zdocs/Market_Assessment_Toolkit_rev._2013.pdf; Home, The Child Recovery and (re)integration Network (n.d.), "Education, Training and Employment"; USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries", 27.

664 Bidwell, Kelly et al.K (2008), "Market Assessment Toolkit for Vocational Training Providers and Youth, Linking Vocational Training Programs to Market Opportunities", 5.

665 Chakraborty, Indrani (2008), "Real Lives… Real Options, A Study Exploring the Livelihood Options for Trafficked Survivors in Rural or Urban Areas…", Kolkata, India: Sanlaap, accessed 31 October 2015, http://www.childtrafficking.com/Docs/real_lives_0509.pdf.

666 South Asian Regional Initiative/Equity Support Program (2006), "South Asian Resource Book on Livelihood Options for Survivors of Trafficking and Other Forms of Violence"; Solotaroff, Jennifer L., Prabha Pande, Rohini (2014), "Violence Against Women and Girls: Lessons from South Asia, Washington, DC: World Bank Group, September 2014, accessed 8 September 2015, https://openknowledge.worldbank.org/handle/10986/20153.

667 Frederick, John (2005), "Guidelines for the Operation of Care Facilities for Victims of Trafficking and Violence Against Women and Girls. Rationale, Basic Procedures and Requirements for Capacity Building"; Strategic Information Response Network (SIREN) (August 2009), "Re-Thinking (re)integration, What do Returning Victims Really Want & Need? Evidence from Thailand and the Philippines".

workers, staff or customers".[668] Furthermore, microcredit programmes are required to support survivors who are able and motivated to pursue business opportunities and/or establish their own enterprise.[669] Nevertheless, in order for such micro-financial arrangements to be successful, there must be "flexibility in loan repayment"[670] and survivors should be monitored to make sure they are "maintaining control over the microloan".[671] Survivors must also have access to education that focuses on literacy, business skills, money saving strategies, as well as civil and legal rights. These topics, as well as learning how to apply for jobs and participate in interviews, manage domestic finances, engage with monetary institutions, and address safety, stigma and discrimination, should be covered as part of life skills training, which is a key intrinsic and empowering component to educational programmes and vocational training.[672]

> ***"Vocational training is very useful. It is a very good service for us to receive because many of us are not good at studying in the formal system."*** **~ Young woman survivor in Thailand**

According to respondents, one of the goals of recovery and (re)integration services and programmes is to ensure survivors' financial independence, as soon as it is safely possible. As a young Nepali woman affirmed, *"when basic needs are fulfilled"*, girls start wishing to become independent. Most survivors are motivated to earn a living, and want to do so with dignity.[673] In addition to providing access to formal and non-formal educational programmes and life skills training, most organisations therefore also facilitate access to vocational training and other income generating activities. Table 32, presented further, includes a list of existing training survivors have access to, depending on their location, as well as vocational trainings that are desirable.

Vocational training can be a stabilizing force for survivors, as it enables them to develop a new sense of identification, dignity and fulfilment. It is therefore a key element towards increasing the possibilities for a positive and successful recovery, and (re)integration. This is especially true for survivors who consider themselves too old or too behind academically to go to school, who struggle with being in a formal learning environment, or, as a Nepali girl stated, *"for those who do not have an opportunity to have a formal education"*. A young Thai woman who deemed vocational training as "very useful" explained how, *"It is a very good service for us to receive because many of us are not good at studying in the formal system. But they enjoy doing the vocational training and when they are equipped with those skills then they can find the earning on their own, do their own business".*

A service provider in Thailand shared that the child protection laws in Thailand make it difficult for children to work when they have not gone to school and are illiterate. According to her, this presents a challenge for boys who are 13-14 years old, live in poor areas, and are ready to work. She highlighted

668 International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children", 45.

669 Feinstein, Clare and O'Kane, Claire (February 2009), "Children's and Adolescents' Participation and Protection from Sexual Abuse and Exploitation"; USAID (2007), "The rehabilitation of victims of trafficking in group residential facilities in foreign countries".

670 Driscoll, Katherine (2010), "Microcredit: Not Yet a Panacea to end Trafficking in Women", 276, University of Pennsylvania, Journal of Business Law, 13(6), 275-300, accessed 17 November 2015, https://www.law.upenn.edu/journals/jbl/articles/volume13/issue1/Driscoll13U.Pa.J.Bus.L.275(2010).pdf.

671 *Ibid.*

672 Frederick, John (2005), "Guidelines for the Operation of Care Facilities for Victims of Trafficking and Violence Against Women and Girls. Rationale, Basic Procedures and Requirements for Capacity Building".

673 As will become evident to the reader, that term was often mentioned when discussing this particular pre-selected theme.

the need in Thailand *"to think outside the box and combine some kind of vocational training with the education, because education on its own is not enough, especially for illiterate children. That doesn't do anything for them".*

In Nepal, Thailand and the Philippines, the developed sense of responsibility towards one's parents and younger siblings compels some children to need or want to earn quickly a living. In the case of children still involved in sexual exploitation, learning a vocational skill empowers them to leave their situation. It is *"an option to come out of that field"*. As a young Nepali woman shared: *"She was looking for a way to get out of there [entertainment industry]. She was desperate to get out but she didn't have an alternative because she didn't have any skills with her, and she was not educated. So she was initially scared but when she got skill for beautician training she finally decided to quit all together and so this skill that this organisation has provided has become very helpful".*

A number of girls and young women in Nepal were also motivated to learn a vocation in order not to be dependent on husbands. As a girl shared: *"It is good to learn skill. We cannot stay in this organisation all our life. If I got married and my husband wanted to leave me, I could tell him that I am not scared because I have skills at hand. I could take care of my children. If I have skills in my hand I can do anything to survive in the world. If I didn't have skill I would have to bow my head down in front of the husband all the time and on top of that the husband would be the boss and beat us, abuse us. If I have skill, I can tell the husband to go mind his own life."*

Varieties of formats exist in terms of access to vocational training and other income generating activities. In some situations, children access training provided directly through the organisation. For example, some organisations provide in-house training, such as jewellery making, quilting, and weaving. Some survivors attend vocational programmes offered by individuals, businesses or other organisations. They may go there during specific hours or live there when such programmes also offer such options. Survivors can also gain experience through volunteering in the organisation. Sometimes this unfolds into a paid position. Some of the vocational trainings lead to recognised certifications, while others do not. For example, free and low cost vocational training programmes are available through the government agency Technical Education and Skills Development Authority (TESDA), which manages and supervises technical education and skills development in the Philippines.[674] TESDA sometimes offers their certification trainings to survivors within shelters. Most often, however, survivors have to go to an outside location, which can be a problem if they have no place to live and little funds for transportation.

674 For more information see: International Labour Organization (2009), "Catalogue of Skills and Livelihood Training Programmes and Other Support Services. Economic and Social Empowerment of Returned Victims of Trafficking in Thailand and the Philippines", Regional Office for Asia and the Pacific, ILO, accessed 10 October 2015, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_125108.pdf; Also see: Republic of the Philippines – Technical Education and Skills Development Authority's website, accessed 6 January 2017, http://www.tesda.gov.ph; Wikipedia (n.d), "Technical Education and Skills Development Authority", last modified on 23rd October 2016, https://en.wikipedia.org/wiki/Technical_Education_and_Skills_Development_Authority.

Vocational Training Must Lead to Viable Work

Respondents highlighted the importance of vocational training and income generation activities needing to be *"sustainable"* and *"realistic on marketable skills"* in rural as well as urban settings. A group of service providers in Nepal suggested that to ensure economic empowerment organisations need to consider *"what is the fasted growing business"*. In their case, they saw that as being the hospitality, travel and tourism sector, as well as learning foreign languages. Other service providers saw plumbing as a number one training, and some deemed becoming a beautician, a tailor or a driver as most profitable.

Several organisations engaged children in farming and gardening activities. This was both as a therapeutic process, as well as to instil in them a skill, and possibly a career, that they could take with them after leaving the centre. Children, at one of the shelters in Thailand, learn to grow a variety of vegetables and raise chickens. They are involved at every stage of the process, all the way to consumption. Beneficiaries had also helped in the construction of the cottages on the shelter's premises, and, at the time of the discussions, children were helping with building desks and painting. A girl in Nepal suggested that, in order for farming to be more viable, children should learn more about modern agricultural techniques such as coffee plantation or mushroom cultivation. Her comment spoke of the need for vocation training options to follow developing trends.

When discussing the viability of work obtained through an organisation's vocational training, a Nepali girl explained that what mattered most was dignity, and how hard they worked. She said, *"If you put hard work into vocational training you will earn as much, maybe even more than the sex work. In sex work, you have no dignity. With sex work, you lose dignity and money is not always guaranteed. So if you become a good beautician, you will have knowledge about cosmetics and you can earn from that business as much as you would earn from sex work but with dignity. You wouldn't have to bow your head in front of anyone."* She went on to say that in addition to beautician, tailoring was likewise a more reliable source of income than involvement in the entertainment sector.

Another survivor also mentioned the importance of working hard, but for other reasons. The young Filipina woman explained how it is important for survivors to learn to appreciate earning a living through hard work that does not entail to *"just spread our legs"* for easy money. There are good feelings and a sense of fulfilment and dignity, she said, in earning and buying things with *"money you have worked hard for".*

Table 32: Vocational and Income Generating Activities of Interest to Survivor Respondents

Vocational and Income Generating Interests		
• Accounting • Acting/theatre • Agriculture • Animal husbandry • Artist • Baking • Barber • Barista • Beautician • Block printing • Candle-making • Candy-making • Caregiver • Carpenter • Cell phone technician • Choreographer • Computer technician • Cook • Cosmetologist • Dancer • Driver *(e.g., Taxi)*	• Electrician • Fashion designer • Florist • Foreign language speaker • Gardening • Hair-dresser • Handicraft maker • Handyman • Hospitality *(travel and tourism)* • House builder • House keeper • Incense maker • Jewellery maker • Maintenance worker • Make-up artist • Manicurist • Mattress maker • Meat processing • Monastic life • Motor workshop	• Musician • Nurse assistant • Paralegal • Plumber • Potter • Printing press operator • Quilter • Salesman • Seamstress • Singer • Soldier • Masseuse • Straw artist • Street foods vendor • Tailor • Threading • Waiter • Weaving • Welding • Woodwork

Entrepreneurship, Money Management and Job Placement

Several respondents pointed-out that, receiving vocational training is not sufficient on its own. Survivors should also be encouraged to develop *"a sense of entrepreneurship"* and basic money and business management skills. A service provider, at the DIC for street children in Thailand, described their programme as having a focus on training children in the different aspects of a particular vocation of interest. For example, children choosing baking also learn about *"accounting, production, and marketing"*. The staff then helps them with job placement as well as with guidance on how to apply for work. This is not a given in other organisations. When asked what were some services she thought were important, a girl in Nepal proceeded to explain how when she had gone to the DIC and asked her peers who were in the meeting what they were doing, they had told her, *"We took trainings for becoming a beautician, we do tailoring training, but we are sitting just like that. We don't have jobs".* Her thoughts were that, *"it would be really helpful if, after trainings, the organisation could show them ways where to get jobs or how to get jobs"*. She added, *"Most of them leave the jobs [in entertainment sector] they are doing to go to the training but after training they don't get job placement so they have to stay without an income"*. Several other survivors and service providers saw job placement as an essential component to vocational training, recovery, and (re)integration services. Seeing the staff's dedication to supporting them in their interests and following-through in helping them find work also contributes to their healing process. As a girl in Nepal disclosed, with such support *"I started feeling that I should not give up hope. If I keep struggling, I would reach somewhere".*

Seed Money and Loans

> ***"Organization should give some funding to the children who are doing good at school or to those who make themselves useful for others; those who are good. Just a small amount of funding as remuneration". ~* Girl survivor in Thailand**

Several survivors stressed the importance of economic support as one of the best ways to help them become independent. Some programmes, hence, encourage survivors to learn a vocational skill or a simple income generating activity in addition to attending formal or non-formal school. *"So"*, as a young woman stated, *"when the girls are referred from here [they] have at least one skill in their hand".* At a shelter in Nepal, for example, all children are encouraged to know how to read and write prior to being (re)integrated and are taught how to make jewellery and/or weaving soon after their arrival. A couple of programmes sold the products to visitors, while some programmes were connected to larger organisations that sold the crafts worldwide. A couple of programmes that offered baking as an income generating skill had the children selling the baked goods to people in the centre's neighbourhoods. In a couple of other settings, survivors retained a given percentage of the sale of the items they had created (e.g., jewellery, shawls, straw art, baked goods). This enabled them to have seed/pocket money to buy what they needed or wanted, or to save towards their higher education or, in some cases, towards starting a business. A girl in the Philippines who had been learning manicure while also going to school explained how this simple trade was "a big help for them to slowly stand on [their] own and become independent later on." Some organisations, however, select to use that income to help cover operational costs.

Larger amounts of money, such as in the form of loans, microcredit programmes, are also necessary to help jump-start a survivor's vocational career. As a young woman in Nepal articulated, "The organisation should provide them loan to start some small business or earn a livelihood in some way. They should not be given money that they don't have to return back because it will make people dependent and organisation will not be able to sustain itself. So organisation should give seed money to start income generating programmes". Another young woman described the process of having been provided information about vocational training, and the various options available. She then availed herself of the beautician training, received economic support from the organisation and eventually opened her own beauty parlour. In order to make this more feasible and sustainable, service providers emphasised collaborating with a peer to open a business. A couple of service providers shared that most girls in the entertainment sector are interested in becoming a beautician. However, they said, it is "useless" if they cannot open a beauty parlour. Some form of funding or loans is necessary.

The Right to Have Interests that Fluctuate

Children want to have more freedom of choice, and the opportunity to follow their specific interests, when deciding whether to attend formal and/or non-formal education and/or vocation training. A number of survivors shared stories that illustrated natural fluctuating interests in terms of career paths. A young woman in Thailand who used to live in street situations had received a 6-months training to work in a beauty salon. The organisation had coordinated a job placement for her. However, she soon realised that this profession was not for her. She went on to work as a toys street vendor, and enjoyed that much more. A young man, who also used to be a street child,

had received training as a repairperson doing maintenance work. Although he acknowledged the importance of having skills and work in order to *"help person be stable, and "not go back to CSEC"*, he had found it difficult to control his temper, had gotten into a fight, and had quit the training after a month and a half. He preferred working as a street vendor. In another case, a girl had initially expressed an interest in learning to become a tailor. She explained how she kept falling asleep in the class, and therefore decided to take a training to work in a beauty salon. A number of survivors expressed not knowing what interested them yet. They were considering different possibilities, and were not familiar with the extent of options. Several survivors in Nepal shared that they would not hesitate to interrupt their education or training for the opportunity to obtain foreign employment.[675]

A caregiver in Nepal expressed feeling frustrated about survivors changing their minds many times in terms of their interests for education and livelihood training. She wondered how best to identify their real interests early on. In some situations, as a young Filipina woman shared, survivors are simply told, *"you need to stand on what you initially choose".* She had been forced to choose between going to school and vocational training. Survivors want to have the option of doing both, and changing their minds if they happen to realise that a particular choice is actually not a right match for them.

Precautions Needed

Service providers have to be mindful of the risks associated with particular training and job placements sites, as survivors are vulnerable to abuse, re-traumatisation, stigmatisation, and/or discrimination. They may also abuse others. A young man who was working in a children's orphanage, disclosed how difficult it is to work in that environment. He said: *"Some children have similar experience and it impacts me to hear their stories. I have to make sure it doesn't impact me too much, and sometimes I get a bit stressed."* He received no supervision and no professional mental health support. A male-to-female transgender child expressed a different kind of concern. She shared very much wanting to go for a job placement after her training; however, she was scared that the employer would eventually find out that she was a transgender, and she would be fired; *"Some bosses are nice but most take us negatively".* Service providers have to closely assess and monitor job placements. Survivors also have to be prepped on what personal information to share and not to share, and on how to set boundaries for themselves. A group of service providers in Nepal recommended that survivors hide their backgrounds. One of the training available through some programmes is that of masseuse.[676] A young Filipina woman disclosed how she was scared of massage at first. She was *"trained to be strong and not to think",* to face male clients, and to be careful if the men are *"malicious"*. Some female survivors sometimes receive the advice to provide massages to clients who are women only.

675 In light of the challenging economic situation and lack of jobs in Nepal, many young people see employment overseas as the only way to earn a livable wage. For more information, see: Government of Nepal Ministry of Labour and Employment Department of Foreign Employment (2014), "Labour Migration for Employment. A status Report for Nepal:2013/2014", accessed 6 January 2017, https://asiafoundation.org/resources/pdfs/MigrationReportbyGovernmentofNepal.pdf; Paoletti, Sarah et al. (2014), *"Migrant Workers' Access to Justice at Home: Nepal"*, Migrant workers' access to justice series, accessed 6 January 2017, https://www.opensocietyfoundations.org/sites/default/files/migrant-nepal-report-english-20140610_1.pdf.

676 This is vocational training that calls for further inquiry in light of the risk it may pose to CSEC survivors.

Barriers

- *Project Based Funding*

  Project base funding can be a significant barrier. A girl shared that she had started taking a 6-months training to become a beautician. However, three months into the training, the NGO announced that donations for that programme had ended. The organisation had not received new donations and hence training could not continue. This can propel girls back into, or keeps them involved in, the entertainment sector. In another country, a young woman shared an experience that also illustrates the impact of short-term funding and sheds light on the importance of being able to access support and guidance from service providers beyond (re)integration. After having spent an extended period in shelters, the young woman had been transferred to a faith-based NGO aftercare programme where she received training in the culinary arts, in addition to learning *"how to boost up self-esteem"*. The livelihood program had then provided funds for a group of survivors to set-up a store. Although she appreciated having the trust of service providers and more freedom to go about her life, she was tempted by alcohol and relapsed. She felt the staff's commitment and empathy, appreciated the fact that *"they could walk in our shoes"*, and was therefore able to realise her *"mistakes"* and move forward. Unfortunately, the funding for the aftercare project ended. She was upset and thought, *"Where will I go? Go back to prostitution? Leave us after getting out trust? This is all we will have? Leave us again?"* With the little money that was left, the organisation provided the group of survivors with shelter and transferred the store into their names. The group prepared simple foods to sell on the campus of a local university. They also went into the red light areas at night to help inspire others and give them hope. However, after two successful years, *"the business went down"*. Her peers slowly *"went back to prostitution"*. She explained that, *"No social worker was available to follow-up and monitor. They were left alone". The social workers had been busy looking for other projects. Although survivors needed assistance, there was no communication and they "could not get help"*. She also expressed worry about whether the shelter she was now associated with would receive dependable support and funding in order to continue being of *"great help for girls who are still in the red lights".*

- *Limited Resources*

  Some of the programmes lack the resources to purchase items essential to the vocational and income generating activities. For example, several programmes lacked items such as beads for jewellery making or cloth materials for quilting. A young woman in the Philippines who was learning cosmetology shared that her training programme lacked much needed hair treatment product and nail polish. Another young woman described how there were many items lacking in the baker's training programme, which made it difficult to learn. She also explained that an outside organisation comes to their shelter to provide vocational trainings that eventually lead to certifications. The only training that had been made available to her was that of table skirting. She felt that this was not enough, and wanted to learn computers in order to get a job. However, there were too few computers available to meet the needs of the many residents eager to learn computer skills.

- *Other Hurdles*

  In some instances, what is of interest to survivors is not available, too costly, or inaccessible. In several cases, families also present as barriers because they do not allow their children to pursue particular vocational career preferences. A male-to-female transgender child disclosed how she would like to learn to dance. She said, *"I had interest in dancing from before and I had expressed my interest to my mom but my mom refused. I had even participated in dance competition and*

won and my name was published in the newspaper. I have two younger brothers and my mother wanted me to become someone big and also take care of my brothers so they did not permit me to learn dancing". She was training to become a server instead.

Not all children may be able to receive an education or attend vocational training. A couple of service providers in Thailand mentioned that some children *"cannot do anything, even sowing".* In such cases, their organisation *"sends them back home to work in rice field with family or restaurant with family".* In other cases, survivors who are in the early stages of transitioning out of exploitation have little time to pursue their preferred vocational training. Some have children to care for, and there are no childcare options.

Other concerns were raised. A young Filipina woman pointed out that, basic needs first have to be met before being able to attend a vocational training. She added that, *"some girls do not find training interesting because it is not instant money, which they are used to".* Some survivors need a way to earn an income while they are involved in a vocational training. Others need housing, as they do not have a home and, may not have access to a shelter. For some, lack of identification papers precludes them from attending trainings and applying for jobs. Finally, even with a vocational training, it sometimes is difficult for survivors to obtain work without having a school completion certificate.

> ***"[we] need to be given a chance, to prove ourselves. We have abilities the government may need". ~* Young woman survivor in the Philippines**

Vocational training, and other income generating activities, that are sustainable and marketable skills are clearly necessary components in the holistic care and recovery of CSEC survivors. Learning an occupation, and all that comes with it (e.g., entrepreneurship, money management, etc.), help children exit out of situations of exploitation, as well as with the (re)integration of those living under the care of organisations. As children strive to heal, and make a transition in their life, they also undergo an identity search, which is a normal part of their developmental process. Many, until they accessed services, only operated out of survival. A chosen vocation or income generating activity can help them form an identity, and gain a sense of empowerment, dignity and fulfilment. Reliable long-term funding of programmes, availability of microloans and continued support and monitoring are critical to ensuring survivors' successful transition into financial independence and a safe and satisfying new vocation or career.

2.17. Repatriation

The topic of repatriation was discussed with a few respondents only, mostly due to a lack of organisations' direct exposure to and/or experience with this particular step in the care of some CSEC survivors. Several survivor respondents in Nepal had been repatriated back from India, and a number of service provider respondents in Thailand had provided assistance to children who were returned to their country of origin. In this study, repatriation, also sometimes referred to as 'return' in the literature,[677]

677 International Organization for Migration (IOM) (2011), "Assisted Voluntary Return and (re)integration (AVRR)", accessed 10 october 2015, http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/activities/regulating/AVRR-Leaflet-Jan-2011.pdf; Lyneham, Samantha (2014), "Recovery, Return and (re)integration of Indonesian Victims of Human Trafficking", *Trends & Issues in Crime and Criminal Justice,* 483, 1-8, September 2014, accessed 24 October 2015, http://www.aic.gov.au/publications/current%20series/tandi/481-500/tandi483.html; Save the Children UK, UN-IAP and IOM (2001), "Training Manual for Combating Trafficking in Women and Children", UN-Inter Agency Project on Combating Trafficking in Women and Children in the Sub-Mekong Region (RSA/98/HO1), accessed 24 October 2014, http://www.unicef.org/easterncaribbean/spmapping/Implementation/CP/Global/trafficking_manual_2002.pdf

is defined as the process of survivors going back to their country of origin. Some of the information, however, can apply to the return of children who live in remote regions. The safe return of survivors should preferably be voluntary,[678] and occur only after a thorough risk assessment has been conducted and plans have been made for an organisation in the country of origin to provide recovery and (re) integration support.[679] Children should be consulted in regards to the different options considered to be in their best interest.[680]

In Thailand, respondents who discussed the topic of repatriation pointed out the need to ensure that recovery, (re)integration and follow-up services be immediately available once children had returned to their home country. Repatriation is not just a matter of dropping children off at the border, or handing them over to a shelter or a social worker. Sending them home is not an option at times, as families are not always the best place for them to go back. In some cases, the government of the country of origin has to be warned that a child may not be able to be repatriated to her family due to safety reasons related to the trafficker. As a child protection professional in Thailand warned, children who are simply brought back to the border or straight to their families, without thorough assessment and preparations, are most often sold or trafficked again.

Repatriation of CSEC survivors necessitates a close and continued collaboration between key agencies and service providers in each respective country. A service provider in Thailand described the case of a survivor who had become paraplegic because of commercial sexual exploitation, and who had been repatriated back to a shelter in her country of origin. Upon following-up, she discovered that the survivor had not been receiving much needed services yet, *"because they didn't have the time to interview her". She took it upon herself to explain to them what services the survivor needed. She suggested that a system had to be created wherein the initial social worker, with whom the survivor develops a certain level of trust, maintains a long-term relationship of support with the survivor "no matter where they are sent."* The initial social worker should remain available after the handover, especially during *"the period of building trust with the second social worker or caregiver".* The continuity of care, she said, is critical. Survivors, however, sometimes grow attached to the initial social worker, and do not want to be repatriated home. It is a challenge that requires close collaboration with service providers in the country of origin. She recommended that more (re)integration and repatriation services were needed, and existing case management, case referral and hand-over procedures had to be improved. She also expressed concerns over the lack of accountability, and, thus, the need for a transnational *"monitoring and evaluation body or system of care".*

Safety of the survivors must be taken into serious consideration when planning for the repatriation journey. A service provider or other child protection professional should accompany survivors during this transition. However, this is not often an option. Some survivors are sometimes put on the back of a truck or on a public bus for a journey that can take multiple days and nights. A young woman in Nepal who had experienced repatriation shared that it had been a scary experience for her. She had travelled by bus on her own from one country to another, and had been met by staff upon arrival. She explained that, *"the staff are given number of the bus they are coming in [and] then they go and receive*

678 UN General Assembly 2000), "Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime, Res. 55/25 of 15 November 2000. accessed 18 December 2014, http://www.osce.org/odihr/19223?download=true

679 International Organization for Migration (IOM) (2007), "The IOM Handbook on Direct Assistance for Victims of Trafficking", accessed 10 October 2015, Geneva: International Organization for Migration ,http://publications.iom.int/system/files/pdf/iom_handbook_assistance.pdf.

680 OSCE Office for Democratic Institutions and Human Rights (ODIHR) (2014), "Guiding Principles on Human Rights in the Return of Trafficked Persons", accessed 24 October 2015,http://www.osce.org/odihr/124268.

them from the bus stop." She recommended that children be brought back in a *"safe vehicle"* and be provided with *"a safe place to stay if it takes too many days during the transition."* She added that, *"If there is a staff along with them, they will feel very secure. Without a staff it would feel very helpless."* The repatriation journey must be planned carefully and various risks and safety concerns assessed. For example, a social worker in Thailand described an incident related to a girl and her family who were ready for her to be repatriated and (re)integrated. As she was journeying, political instability led to the border being suddenly closed for a few months, and she had to be repatriated to another location. This significantly impacted the survivor, and also cost the organisation *"a lot of money and time and communication".*

Repatriation necessitates going beyond merely returning children to their region or country of origin. They should preferably be accompanied and provided with continued support from the initial service provider until, at the least, their safety; care and access to services are ensured. Further research specific to CSEC survivors' insights into the experience of repatriation could add to the broader understanding of the impact this period and process of transition may have upon the recovery process, and what may be needed to make that transition as safe and reassuring as possible.

2.18. (Re)integration and long-term aftercare

> ***"I think government should take care of (re)integration too. We are all Nepalese, and government of Nepal has a responsibility of taking care of its citizens. I think organisations should be supported by the government"***
> **~ Young woman survivor in Nepal**

2.18.1. (Re)integration

(Re)integration is a broad term that encompasses the concepts of a 'process of preparation and recovery', a 'goal', a 'concrete physical, and, sometimes, geographic, transition,' and a 'continued access to support'. (Re)integration is an "on-going process".[681] The term is used here in relation to CSEC survivors who are under the care of an organisation, and live in an alternative care setting, such as at a shelter. It also applies to children living in street situations, or with peers, who plan to return to their families or to integrate into a new life/setting. (Re)integration is a preparation in the sense that, its success is very much contingent on a comprehensive recovery process and resulting readiness. From the time children are identified, one of the main intentions is to provide them with the specialised and individualised services and programmes they need in order to begin and proceed with their healing journeys that include the process of (re)integration. A principal goal is to empower them to reach their potential and live the life they each aspire to, wherever that may be. They need support in gaining, or regaining, valued social roles and in obtaining the skills needed to attain success and satisfaction.[682] This process of preparation should lead them to being able to assimilate into daily life within society.[683]

681 Reimer, J.K. (Kila) *et al.*(2007), "The Road Home, Toward a model of 'reintegration' and considerations for alternative care for children trafficked for sexual exploitation in Cambodia", Hagar/World Vision Cambodia, May 2007, 7, accessed 6 January 2017, http://hagarinternational.org/international/files/The-Road-Home.pdf.

682 Also discussed in: Anthony, W. A., Cohen, M. R. and Farcas, Marianne (1990), "Psychiatric Rehabilitation", Boston, MA: Center for Psychiatric Rehabilitation, IN Farkas, Marianne (1996), "Recovery, Rehabilitation, Re-Integration: Words VS Meaning", *World Association for Psychosocial Rehabilitation Bulletin*, 8(4), 6-8.

683 Farkas, Marianne (1996), "Recovery, Rehabilitation, Re-Integration: Words VS Meaning".

(Re)integration is also the actual moment when children leave the sanctuary of the alternative care setting, and transition, or relocate, into a new beginning. In some cases, (re)integration does not entail a return to the previous home or community, as this environment may not be safe or appropriate for them.[684] For these or other reasons, children are prepared to transition, or 'integrate', into a new environment. The term 'integration' is used sometimes when referring to this form of assimilation. It is important to note that, the goal of (re)integration, or integration, is not an end in itself, but rather a waypoint in the children's journey. Many continue to need, and benefit from, varying types and degrees of support. Long-term support that extends beyond the (re)integration is referred to as 'Aftercare' in this study. Aftercare includes continued access to certain services, as well as follow-up care and monitoring.

The success of a (re)integration entails monitoring and evaluating whether "different aspects needed to foster and support victim's sustainable re/integration"[685] are maintained at different points in time. Indicators of children's successful (re)integration should take into consideration whether children's basic needs are being met; whether they are safe, stable and confident; whether they have access to emotional support, and relationships with family members and/or people in the community; and whether they are in school or training, or are employed.[686] In the context of child trafficking specifically, literature identifies fourteen outcomes, which, if achieved cumulatively, constitute successful (re) integration.[687] These are: 1) Safe, healthy and affordable care and accommodation; 2) Legal status; 3) Education and training opportunities;4) Professional/employment opportunities; 5) Security and safety; 6) Healthy social environment (including anti-discrimination and anti-marginalization); 7) Social well-being and positive interpersonal relations; 8) Satisfactory economic situation; 9) Physical well-being; 10) Mental well-being; 11) Access to services and opportunities; 12) Motivation and commitment to re/integration process; 13) Resolution of legal issues and court proceedings; 14) Well-being of secondary beneficiaries.[688]

> ***"When they are reintegrated, the support of family and continued support of staff from the organisation are needed. During the time of (re)integration they are in a state of dilemma. They don't know what's going to happen or what to do, so the support of the surrounding people is needed."*** **~ Girl survivor in Nepal**

When discussing (re)integration, respondents pointed to the importance of working closely with children's guardians/families and communities, as well as thoroughly assessing for children's readiness and risks posed to them. Whenever possible, collaborations should also be established with community leaders and/or local organisations who can then act as points of contacts. Confidentiality is of essence. However, partnerships can pose risks to the anonymity and confidentiality of children, and/or their families. Several service providers had experienced such breaches, and were therefore cautious in

684 Also discussed in: Surtees, Rebecca (2014), "Working with Trafficked Children and Youth: Issue Paper #5 Trafficking Victims Re/Integration Programme", King Baudouin Foundation, Brussels.

685 Surtees, Rebecca (2010), "Monitoring Anti-Trafficking Re/Integration Programmes. A Manual", King Baudouin Foundation and The Nexus Institute, Washington, 27, accessed 2 November 2015, http://lastradainternational.org/lsidocs/king_baudouin-monitoring_anti_trafficking.pdf.

686 Home: The Child Recovery and (re)integration Network (2015), "Submission from Home: The Child Recovery and (re) integration Network to the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography on Care and Recovery of Child Victims", May 2015, 8, accessed November 17 2016, http://www.ohchr.org/Documents/Issues/Children/SR/CareAndRecovery/HomeChildRecoveryReintegrationNetwork.pdf.

687 Surtees, Rebecca (2014), "Working with Trafficked Children and Youth: Issue Paper #5 Trafficking Victims Re/Integration Programme".

688 *Ibid.*

terms of engaging with entities that lacked adequate knowledge and understanding of CSEC and related issues. Yet, partnerships are needed, as the organisations serving CSEC survivors do not necessarily have the staff and resources to monitor and provide continued and long-term support to survivors wherever they might have (re)integrated.

(Re)integration Readiness and Risks Assessments

a. Family Assessment and Readiness

One of the first steps in the progression towards children's (re)integration into their family is for service providers to thoroughly assess the home and community situation, and address problematic issues with the parents and/or family members by providing or coordinating access to strengthening support and services.[689] As a child protection professional in Thailand explained, unless "some kind of a drastic change in the family" occurs, children may otherwise end-up in situations of exploitation again, soon after they have been (re)integrated.

Ideally, organisations send staff to conduct assessments directly in the children's home and community. However, this is not always possible. The assessments are sometimes conducted by employees of a partnership agency based closer to the children's home, or, in some cases, the parents/families have to travel to meet with the service providers at the organisation's location. Several respondents mentioned certain areas of inquiry to be considered during the assessment for (re)integration readiness:

- What is the interaction like between parents/family and the child?
- What is the parents/family's attitude towards the child?
- What is their attitude towards CSEC?
- Does the family have the capacity to nurture and care for the child?
- Does the family earn a sufficient income to provide the child with proper care, education, and all that is needed?
- Can they follow-up with such steps as enrolling the child in school or vocational training?
- Can they protect the child?

b. Community Assessment, Awareness Raising and Readiness

Several respondents also called attention to the need for preparatory work within children's communities. For example, in Nepal, to facilitate girls' (re)integration, respondents deemed it important, and ideal, to provide awareness-raising programmes on girls/women's rights, especially related to girls' education. A young Nepali woman, expressing concern for girl survivors who return home, said, "It's difficult for them. They are not treated well by their brothers and siblings. Even the society is not good to them. Society does not understand that the children have gone through trouble and they are not necessarily bad people." Sometimes a community will ostracise a mother who has had the courage to file a case against a perpetrator who was the child's father, or a relative. A service provider in Nepal explained how the community can be "very cynical" about survivors when they come back, and assume that they "must have done something bad". She added that staff at school also sometimes spoke negatively about the children. Awareness raising

689 The need to strengthen parents and families, and, whenever possible, prepare the community, is discussed earlier, in the section on 'Parent and Family Involvement and Assistance'.

and training is thus deemed needed in school settings as well. A child protection professional in Thailand actually suggested that, wherever appropriate school teachers should be involved in the monitoring process of children once they are (re)integrated into their communities. She affirmed that monitoring is essential, "We do not want to lose children because somebody didn't show up there and ask. And that happens." Educating and involving teachers may be a way to mitigate the impact of the problematic lack of resources and staff that limit organisations' capacities for regular and in-person monitoring.

c. Risk Assessments

Risk assessment is a critical component in the (re)integration process. Children should not be returned to their homes, or integrated into a new environment, if there are any doubts about their not being safe from potential re-victimisation. Before returning, or integrating, children into any community, the whereabouts of the perpetrators also have to be carefully considered. A young Nepali woman stressed the importance of assessing such risks "because abusers are outside, not in jail". Several survivor respondents lived in constant fear due to the unknown location of their perpetrator(s). Some were not able to return home at all, and, therefore, had to remain in the safety of the shelter for extended periods, until alternative arrangements could be made.

d. Child Readiness

The decision as to when to (re)integrate children needs to be made case by case. It can be in the best interest of some children to be returned into their families as soon as possible. A child protection professional in Thailand shared that some of the children her organisation had (re) integrated early on were doing very well. She explained that having a normal life, an everyday routine, and receiving the family's love "has actually helped them get better". For some children, it is preferable to proceed slowly and with caution. As a service provider in Thailand explained, the organisation should first make sure, that the children will be able to move "through this bad past, bad experience" and "stand on their own, stay living in the society, and with human dignity with the full potential and the same equal to other human beings in this world". Several survivors stated that children were ready to leave the shelter once they had completed their education, had received vocational training and job placement support, and would be able to "get good employment" and live "independently". A woman in Thailand, who was (re)integrated, stated that in order to (re)integrate, children should have the skills to be employed, "to be able to earn money to be able to do what we like to do, to be able to bring income to the family." Although some children are able to complete their education or vocational training prior to being (re)integrated, others continue their education or training afterwards. Each child's recovery and (re)integration trajectory is unique.

Although this is an area that some respondents asserted needs better understanding, several mentioned readiness criteria that they believed should be considered before proceeding with the actual physical, geographic, act of (re)integration. According to the information gathered, children may be ready to (re)integrate if they:

- Want to go back to their family and/or can live on their own;
  - Can look after themselves positively;
  - Are mature enough;
- Can live with dignity and respect;

- Have a place to live and sleep;
- Have a life plan in place;
  - Know what they will do when they go home or on their own;
- Have an increased sense of self-esteem;
- Are able to regulate their emotions;
- Can take responsibility for themselves;
- Have sufficient coping and problem solving capacities;
- Know their rights;
- Understand what is 'safe'
  - Feel safe at home and/or on their own;
  - Know how to stay safe;
- Can say no and have appropriate boundaries;
- Can protect themselves;
- Have people whom they can confide in;
- Are able to adjust and be with friends;
- Can learn, study and concentrate;
- Have finished or will be able to finish their education; and
- Can get good employment.

Children who are not returning to their families, and thus will be living independently, need a safe place to live. And, as a girl in Nepal stated, their *"basic necessity"* should be guaranteed, "*even if it is in a small amount, it's ok".* Service providers also need to assist them with enrolling them in and/or coordinating school, training and/or jobs.

The need for formal procedures, that help guide the decision and steps to be taken to, (re)integrate a child was raised. A child protection professional explained that their shelter uses a detailed "(re) integration Checklist"[690] that the project manager, case manager, counsellor, and house manager all must complete as part of the (re)integration process. Each of the children's direct service providers also has a checklist and a report to complete prior to (re)integration. Much need to be accomplished, such as ensuring that:

- All follow-ups to the most recent Family Assessments have been completed.
- The child has received a safety plan and phone contact list, with an explanation of each phone number programmed in the phone loaned to her for her safety and education.
  - Child and parents were told about the location and personnel at various safety points (e.g., NGOs, police, and church).
- The process and dates of (re)integration, as well as aftercare level of support offered (e.g., schooling, medical, financial) have been discussed with child and parents separately
- Family understands:
  - Their level of responsibility of care for the child once s/he has reintegrated, and child will no longer be the organisation's responsibility
  - The organisation will conduct follow-up visits, and provide support when required
  - The case manager's follow-up activity schedule;

690 A copy of the organisation's '(re)integration Checklist' is with this researcher.

- The frequency of the visits will decrease overtime as the family progresses well;
- The support provided will focus on helping the family and child to problem solve, with a goal of self-sufficiency after 3 years

- Parents have signed the (re)integration contract.
- The school has been advised of the child finish date.
- The child has been enrolled in a school or vocational training near to where s/he will now live, or the child has a safe and constructive job.
- The child knows to maintain the identity and background of other residents, as well as the shelter's location, confidential;
- All documents to follow the child are ready (e.g., summary of medical history, including the dates and locations of next face-to-face or phone call check-up appointments), as well as all relevant contact information (e.g., medical doctor, psychologist, lawyer, etc.).

Quality (re)integration plans can influence "the whole process of rendering assistance to victims, and the intensity and the duration of this process should be selected depending on victims' needs and beneficiaries' psycho-social profile."[691] Every step has to be driven by the child's readiness, what is in that particular child's best interest, and must involve her/him in each step in the process.

> ***Q: What are key indicators of a successful recovery? "… the most important thing that we look out for…is if they're happy. And of course happiness is very subjective. They can fake it but we do look for small things… Just the level of contentment and happiness…. you look for developmental milestones; you look for how far they've gotten…. We look for indicators how they're connecting to others in the home…. if they're dancing and singing…. The most important thing is if the child is growing, and is happy, and just able to smile and relate to others and is not afraid and looks you in the eyes and is able to communicate with you. I think these are the most important things". ~ Child Protection Professional in Thailand***

Slow Transition into (Re)integration

Several respondents addressed the need for the transition back into the family to be taken slowly. A girl in Thailand recommended that, *"At the initial period, children should not be sent to the family full time because children need a period of adjustment to adjust being with their family again. It would be good initially to send them overnight for 2-3 days."* A child protection professional in Thailand also suggested that instead of directly (re)integrating children, it is better to send them home for two days, and *"see how the child reacts and check."*

Some of the programmes facilitate children's visit home during holidays as a way to ease into the (re) integration, and assess readiness of both children and families. Service providers first assess the family and environment to ensure children's safety, and accompany them during the initial visits. Several respondents related incidents of children having been sold or re-trafficked during a visitation period. When the environment is deemed safe and children feel comfortable, the visits can last a few days and, sometimes, longer.

691 International Center for Women Rights Protection and Promotion La Strada (2008), "Reintegration plan for victims of trafficking in human beings. Good practices and recommendations", accessed 6 January 2017, http://www.lastrada.md/publicatii/ebook/Good_practice.pdf.

2.18.2. Aftercare

> ***"Support is needed until we are able to stand up on our own. Be strong."***
> **~ Woman survivor in Thailand**

Follow-up and Support *"For a very long long long long time, forever"*

The process of recovery does not end at the initial point of physical (re)integration. As a young Nepali woman stated, aftercare is necessary *"to see if they may be facing any difficulties in life"*. Continued access to support is necessary. According to several respondents, without continued follow-up services and monitoring beyond (re)integration, there is a high risk that children may relapse and/or may be re-victimised.

Most respondents emphasised that support should be available as long as it is needed, and some stated that it should be accessible indefinitely. As a girl in Nepal who lived at a shelter asserted, services should be *"forever."* She explained how *"These kinds of support are important throughout the life, because girls do not get trapped in bad things in short time. Men keep track of girls for a long time before they attack the girls. Men take time and make plans about how to do bad things to girls. Also, you cannot predict when you will fall down. So you need support all the time."* Another girl, also in Nepal shared that, *"Even after going home we will face many problems. When we face problems, there should be a person who would listen to us, listen to our problems, and help in solving it."* When asked how long that support should be available, she also replied *"forever."* Similarly, a girl in Thailand who was in the process of (re) integration explained that, *"Assistance that would be helpful is to continue to support my education and to follow up with my family; that the staff come and talk continuously with my family because I am ok to talk with other but not with my own family. So it would be helpful if the staff continue to talk with my family. It could also be once a week or once a month. And this should continue for a very long long long long time, forever."* Follow-up also entails monitoring of the families. As a child protection professional in Thailand explained, sometimes the parents do well for a year, but then go back to using drugs and the children end-up on the streets again. According to several respondents, some of the follow-up services include counselling, medical assistance, family support, and financial aid.[692]

A social worker, in Thailand, stated that children should be followed-up closely *"until they have dealt with their past"* and the risk factors in their environment that could push them back into CSEC are minimised or eliminated. For a social worker in Nepal, staying in constant contact with the children's family, relatives and school is necessary in order to see how they are being treated. She shared that they sometimes have to check on the children once or twice a year, for about five years. A child protection professional in Thailand recommended that aftercare services be provided for a minimum of one year, with a minimum of two years of monitoring every three months, and then less frequently every year after that, for at least five years. She stated that it is very important not only to check on the child but also to preserve the relationship, as it helps in minimising the risk of their ending up in the sex trade

692 According to Surtees, some of the different elements that "cumulatively constitute a 'successful re/integration'" include the following: Safe and affordable accommodation; Legal status; Professional/employment opportunities; Education and training opportunities; Security and safety; Healthy social environment (including anti-discrimination and anti-marginalization); Social wellbeing and positive interpersonal relations; Economic well-being/viability; Physical well-being; Mental well-being; Access to services and opportunities; Motivation and commitment to (re)integration process; Legal issues and court proceedings; and Well-being of secondary beneficiaries. The list is not exhaustive, and these elements do not necessarily all apply to each individual case. Surtees, Rebecca (2010), "Monitoring Anti-Trafficking Re/Integration Programmes. A Manual", King Baudouin Foundation and The Nexus Institute, Washington, 27, accessed 2 November 2015, http://lastradainternational.org/lsidocs/king_baudouin-monitoring_anti_trafficking.pdf.

again. She also added that, *"it's really good for them to know that there's somebody they can call for help."* According to a group of service providers serving survivors in the LGBTI community, follow-up services should be provided for a minimum of ten years, because of the high risk for relapse. They stated that, *"even after 7 years there can be relapse"*. Other service providers purport, as a caregiver in the Philippines stated, that, *"Aftercare is a lifetime programme"* As a service provider, who is also a survivor, disclosed, follow-up care and support is needed forever, *"because of past we are disturbed and we need a person to share with."* A few other service provider respondents and stakeholders who are survivors themselves also expressed the need of certain services (e.g., mental health assistance) to remain available in the long-term.

> ***"Treat victims as person, as part of family. Majority needs acceptance. Very important. Forgiveness if they relapse. They are still loved and cared. Relapse is part of change." ~* Child Protection Professional in Thailand**

It is important to note here that, once (re)integrated, some survivors need and want to forget about their past. This may entail no follow-up contact from staff or services related to CSEC. When asked about follow-up support, a young Nepali woman who had recently integrated out of shelter care stated that there is *"No need to follow-up on them. Just let them know there is a (re)integration office that can always be contacted when needed"*. One of the newer, faith-based organisation included in this study actually loans a phone to the children and/or the family, for safety and education purposes. Prior to leaving the shelter, children receive an explanation on the numbers that have been programmed into the phone and what to call them for.[693] Not all organisations, however, are set-up with a call-in and continued system of aftercare support.

Several respondents highlighted the need for some kind of a survivors' support network. In Nepal, Shakti Samuha, a survivor led NGO, offers survivors a membership to its organisation.[694] The membership provides them access to support and services, as long as they need it.

Healthy Attachments

Survivors sometimes want to (re)integrate in close proximity to the service providers they have learned to trust and have become attached. For example, a girl in Nepal expressed how she would prefer to share a room with a friend and stay close to the NGO staff to more easily access help when needed. She hopes to be able to stay in close contact with the shelter's housemother.

Several respondents raised the need to remain in contact with the organisation that had helped them. A woman in Thailand, who was (re)integrated, shared the following insight: *"When I left the shelter and live on my own, sometimes I feel sad. I would like to come back to the shelter to talk on whatever problem that I have in life. I would like to receive moral support. Sometimes I feel despair and discouraged and think a lot, so I would just like to come back to hear the voice, to hear the advice from the staff."* She added that the support at the NGO was better than what was available to her in the community. A girl, also in Thailand, mentioned that it would be helpful and good for them, if the organisation kept them involved in some of the activities throughout the year. A Nepali girl shared that she would like the organisation to *"follow-up on me so that I have a sense of belonging somewhere, so that I don't lose my way."* As a young Thai woman stated, it is important that when they go back into society *"staff do not*

693 Information presented here comes from the organisation's "(re)integration Checklist", a document that was provided directly to this researcher. Permission was granted to use the information.

694 *See: Shakti Samuha's website*, http://shaktisamuha.org.np.

abandon us." These healthy relationships and attachments can be vital in children's recovery. Although it may not be possible for children to remain in long-term contact with specific care providers—as they may move on to other employments—a continued relationship with the organisation was deemed important and beneficial.

Barriers Affecting (Re)integration and Aftercare

A number of concerns related to (re)integration and aftercare were mentioned.[695] These, and more, are to be taken into consideration when planning for (re)integration and aftercare. In some situations, survivors do not want to return home because their families expect them to return with money, or they fear being shamed and judged once back in their village. Others realise that there may be more, and better, educational and economic opportunities in urban settings rather than in their rural communities. Several respondents mentioned that sometimes parents/families of the children want them to remain in the care of the organisation or shelter, to ensure the children receive proper education and/or vocational training.

For those who cannot return home, the notion of living on their own can be challenging. There may be culture specific values and norms that has to be considered and addressed. A girl in Nepal disclosed that she was contemplating renting a room for herself after leaving the shelter. However, she was also very concerned about her safety and about what people would think of her. She said: *"Everyone points a finger at a lonely girl. They do not try to understand why she is living alone. When a girl lives alone everyone thinks that this girl must be someone with a bad reputation so she doesn't live with a family. The boys and men think that the girl is public property and they can treat her the way they wish. They could even hide in your room to do bad things to you. There is a lot of danger in living alone. Men might want to lure us. But I think girls cannot retaliate. If the girls retaliate, they might be attacked on the street. I think there is a lot of danger in living alone."* Some organisations provide transitional housing that enables children to live with or in close proximity to other survivors, and with access to support. However, due to a lack in resources this is often not an available option.

Risks and child readiness are at times not assessed prior to (re)integration, or not as thoroughly assessed as would be beneficial. A young Nepali woman explained that in the government system of care, children are sent back home after six months, regardless of readiness and risk. She shared that, *"Those children often get kicked out of their home soon after"*. On the other hand, she said, NGOs do not let survivors (re)integrate until it is *"certain [that they are] able to live independently"*. Lack of resources and staff is a barrier to the meticulous assessments and monitoring necessary for successful (re)integrations. In the Philippines, the Local Government Units (LGUs) are responsible for identifying and assessing the children's families, assisting with the (re)integration process, and providing follow-up services and monitoring. However, most service providers were concerned that the LGUs were not doing what they should, and/or were taking too much time—many months—to get things done. Service providers described the LGU system as unreliable, *"a big concern"*, and assumed that they must have *"too much work"* and *"too much to deal with"*.

695 A service provider, at an organisation that was included in this study, conducted a focus group with survivors who had already (re)integrated. The findings concur with those of this study, and highlight the importance of a thorough recovery process and (re)integration preparation, and a sturdy aftercare infrastructure. See 'Annex 3. "Transition from Shelter Life to Aftercare Support".

Concerns were also raised regarding the risk assessment process for parents and families of children who are to eventually be repatriated to their country of origin. Organisations that have been providing recovery services to foreign children may not be in a position to travel abroad to conduct risk assessment. MOUs between countries and close collaborations with trusted organisations in these countries are critical (e.g., for the handover).

The scarcity of funding and, thus, staffing, are significant barriers to (re)integration and aftercare. As a child protection professional in Nepal explained, in terms of (re)integration and follow-up, there is a *"lack of funding and lack of government awareness, people's awareness and stigma. I don't know where to start. Everything you need is not here."* According to respondents, more financial resources are needed in order to adequately prepare children, parents/families, communities, and schools, and to conduct follow-up and monitoring. The process of (re)integration can necessitate a complex web of services and programmes, some of which will be needed in the long term, to meet the unique healing trajectories of survivors. Several respondents raised the need to develop a clear sense of (re)integration readiness and outcome measures. Proper monitoring and evaluation of (re)integration can help answer important factors such as, "how reunification and reintegration was supported, what it was that made a real difference, and how this affected the overall well-being of the child and family", as well as "how children's well-being can be improved and what 'successful reintegration' looks like from the point of view of the child, their family and community".[696]

696 Cody, Claire, Wakia, Joanna (2013-2016), "RISE Learning Network, Monitoring and Evaluation of Reintegration Toolkit Working Draft 2016", 8, accessed 6 January 2017, http://riselearningnetwork.org/wp-content/uploads/2016/05/RISE-ME-of-Reintegration-Toolkit-working-draft-2016-V2.pdf.

CONCLUSION

"People need to know that if we get opportunities, we can do anything!"
~ Woman Survivor in Nepal

When children leave situations of commercial sexual exploitation, they are potentially at the beginning of a voyage through the uncharted territories of recovery and (re)integration. Little is known about these children and their healing journeys after they have been identified and/or rescued. Assumptions may be made that they are now safe, in the care of their guardian(s), or that of an organisation, and undoubtedly accessing a myriad of comprehensive services. All is, and must be well, then. Mainstream attention once again can return to the more sensational gory nightmares of victims still caught in the grips of sexual exploitation, sex trafficking, sex tourism, and their vile traffickers, perpetrators, and paedophiles. Fortunately, and gratefully, this focus leads to additional children exiting, or being rescued. However, without giving due attention to the care, recovery and (re)integration services they need in order to recover and transcend their victimizations and ordeals, the risk of their being sexually exploited again remains. They may never reach the life of compassion, dignity and freedom they yearn for and have a right to.

In Nepal, Thailand and the Philippines, many children indeed find safety, receive care and services, begin the process of healing, and eventually reclaim their lives. For those who were born into adversity, this means the possibility of entering a 'normal' life for the very first time. There exists recovery services and programmes that nurture resilience, and help survivors develop their potential towards a life of greater choice and power. Operating under challenging circumstances and limitations, the often-invisible heroic service providers strive beyond the call of duty to offer, or facilitate access to, what these children need, and is in their best interest. In spite of many commendable efforts, however, there are also significant issues and challenges that call for immediate attention and solutions.
Few in society pause to examine how children, who are, or have been, victimised and violated through commercial sexual exploitation, actually heal from such experiences. What is required in terms of effective care, recovery, and (re)integration, to meet the unique needs of each child and for how long? What is helpful and important to them? What encourages them to find hope and cultivate the capacities necessary to materialise some of their dreams and reaching a satisfying life free of exploitation? What else should be available and accessible to support them in their metamorphosis, so that they may flourish and succeed? In addition, what are the obstacles some CSEC survivors encounter as they seek help and services? Such areas of inquiry are essential if we truly want **all** survivors of child commercial sexual exploitation to access justice and their right to effective remedies, if they so choose. Therefore, who is the best reference to consult in terms of expertise and insightful perspectives than survivors themselves, and their service providers?

This study benefits from the experience and knowledge of 72 service providers (i.e., social workers, counsellors) and other child protection professionals (i.e., project manager, directors). Most importantly, it brings together the diverse voices of 67 female, male, and male-to-female transgender children and

adult survivors of various forms of CSEC. Their combined voices shed a spotlight unto the surface of an intricate web of needs, existing services and programmes, gaps, and barriers. Broad general domains were identified, such as the urgent need for long-term capital investment in CSEC specialised services, programmes, and highly skilled professionals. Organisations need dependable financial backing in order to ensure that **all** survivors receive assistance, whether they are female, male, transgender/other, siblings, foreign nationals, undocumented, have dependents, live nearby or faraway, and/or experience various degrees of physical, mental and/or developmental issues or disabilities. Too many children are still not accessing the care they need, want, and have a right to. Moreover, because of limited funding projects, many live under the disturbing uncertainty of whether, or not, the programmes, shelters, or service providers, will still be there tomorrow.

Discussions also exposed what may seem like either minute or obvious findings to the reader. But, make no mistake, these 'details' are important to children in their day-to-day recovery journeys. For some children, for example, having access to adequate bedding, their own personal soap, or enough sanitary pads in a timely fashion can mean an increased sense of wellbeing, reassuring experiences of being truly cared for, and, thus, bolstering faith in a better life. Several survivors living in shelters reported not even having access to potable water. When asked what was needed in terms of recovery, children and adult survivor respondents initially expressed longing for unconditional love, kindness, nurture, trust, understanding, respect, dignity, a sense of belonging, commitment, child-friendliness, honest and timely information, structure, and stability. Without proper attention to these core and basic needs, survivor recovery may remain in the realm of assumptions that, once children have been identified or rescued, all is well and taken care of.

If we are sincere about helping survivors and respecting their rights to be heard and taken seriously, then what they share—however substantial or petty it may seem to some—is valuable. This study shows that genuinely listening to survivors of CSEC provides new and important perspectives and knowledge. This information, and that of their service providers, has the potential to educate, and, thus, change detrimental societal mind-sets and practices; shape laws and policies at regional, national and international levels; release funding; and, ultimately, positively impact care, recovery, (re)integration and aftercare services and programmes. When conducted with ethics and conscientiousness, discussions (or interviews) can also be a strong vehicle for CSEC survivors to experience a sense of reassurance and empowerment, and realise that they matter and are not alone.

This study's findings are, in general, not country or organisation specific and stem from a diverse sample of respondents that is not representative of the total possible range of experiences and circumstances of all types of CSEC survivors and services and programmes. Themes emerged within specific pre-set domains of care, and highlight practices that are appreciated as well as areas that call for attention and remedy. Many organisations, and their service providers, go to great lengths in providing basic necessities and a gamut of services. Nevertheless, rapid progress is still needed in order to address significant gaps and dissolve existing barriers. Although many organisations are rising above extenuating circumstances to serve this population, many children remain in need of help, services and programmes. A concerning lack in funding, resources, service providers, and research reverberates throughout all the domains of care, recovery, (re)integration and aftercare specific to this population.

Strengthening the core of all services and programmes

Service providers form the backbone of organisations serving this population. For many children, these service providers become attachment figures, like surrogate parents, and role models. They are a most important resource. However, there is a significant scarcity of highly skilled service providers, whether professionals or paraprofessionals. This entails their having to carry heavy caseloads and taking on many different roles and responsibilities, and thus not being as available as they are needed. Limited support and resources are available to them as well. Working in this field is demanding, and the environment can be challenging. Serving children who are survivors of CSEC, have experienced trauma, may present with behavioural issues, and may have disrupted attachment histories, necessitates service providers who are suitably equipped in terms of physical, mental and emotional health, personal qualities, skills and experience, and steadfast commitment. Service providers need to monitor and harness any countertransference, stigma or discrimination they feel towards certain survivors. A better understanding of the different forms and dynamics of CSEC and its victims could transform some of these negative perceptions. Regular supervision, collegial networking, psychological support, regular 'real' time-off, the continued building of capacities and skills, efficient case management, and systems of accountability are essential to their adhering to professional and ethical standards. Their safety also has to be addressed and guaranteed. For example, the safety of outreach workers has to be examined and ensured in order for them to successfully accomplish their indispensable activities, and thus reach children who otherwise will remain invisible. These domains urgently need to be prioritised and enhanced in order to ensure quality and effectiveness of care.

Expanding and improving the continuum of specialised services and programmes

This study's diverse sample of experts, and their service providers, revealed the pressing need for a wide spectrum of accessible and well-staffed comprehensive services and programmes that are: CSEC specific, gender and culturally sensitive, trauma-informed, victim-centred, child-friendly, multi-disciplinary, consistent, and available for the long-term. Services should be individually tailored, and, therefore, reflecting of the immediate, short- and long-term needs or children as well as unique and complex factors and circumstances. These must be taken into consideration and include their dependents, and, whenever possible, their parents and family. Meeting the needs of CSEC survivors demands increased inter-agency partnerships as well as effective systematic collaborations and responsible exchanges of sensitive information across sectors. In order to dismantle the barriers of ignorance, stigma and discrimination, awareness raising and education are vital at the community and societal level. The media (i.e., radio, television, internet) could play a pivotal role in reaching the masses and abating harmful beliefs and practices. For instance, it could help break down some of the taboos that plague mental illness and the field of mental health, and are a cause in the dearth of solid psychological support services. Qualitative and quantitative research is needed in order to deepen the inquiry into each of the distinct domains this study merely glides over and the large body of questions raised. The effectiveness of specific services and programmes needs to be assessed, and good practices acknowledged, promoted and replicated. Both obvious and discrete factors, challenges and issues also need to be identified, understood, and, resolved, in order to ensure effective and accessible remedies.

Outreach, Hotlines and Drop-in Centres: Prevention and outreach efforts, hotlines, and DIC are essential doorways to children accessing help. They not only serve children who are at risk, but are especially valuable to children in situations of sexual exploitation, during their recovery process, as well as after (re)integration. DICs are an important port of entry to children's recovery. More DICs are needed in order to access the many more children who cannot access existing ones. Promoting and educating children about the existence of such services is called for. Involving them in the dissemination of information can result in reaching those whom service providers may not be able to access.

Parents and Family Involvement and Assistance: A crucial component to helping CSEC survivors entails providing support, psychoeducation and counselling to their parents (or legal guardians) and families, as well as addressing economic support and empowerment. The provision of such services is difficult when parents live faraway. Most parents and organisations are not in a financial position to travel. Solutions are required to address such limitations effectively. Working directly with parents and families, requires significant funds, resources, staffing, supervision and monitoring. Not all organisations are therefore able to provide the level of assistance necessary to ensure that children can safely (re) integrate, and parents/families can adequately protect and care for their children.

Raids and Rescue: The presence of service providers is not systematically available during raid and rescue operations. This is essential to ensure the protection of children's rights, health and safety. Survivors want immediate support and honest information about what is, or has just occurred; where they are being taken and why; how long they will have to stay there; and what to expect next. This information, however, is not consistently shared either. Some have children and families who depend on them. Their sudden absence may place other children at risk. Arrangements should thus be made accordingly, which demands that organisations be able to accommodate and serve both mothers and their dependents, regardless of the children's gender.

Basic Needs: Another domain of support and related standards of care that deserves attention, additional funding, as well as oversight and accountability is the access basic needs assistance. Several respondents highlighted the need for potable water and fresh nourishing foods. This is not always a given. Some organisations, whether governmental or non-profit, frequently operate with limited budgets, and some, therefore, rely on food donations. It is of public health concern that children receive their own personal soap, toothbrush and towels, and sufficient sanitary pads/cloths.

The needs for security and safety, from the time children are identified until, sometimes, long after their (re)integration, are essential and must be guaranteed for survivors, as well as their service providers. Recovery depends strongly on children feeling safe. Knowing that their perpetrators have been apprehended and are locked-up contributes considerably to their sense of safety. Precautionary measures (i.e., guards, security cameras), however, require significant budgeting and additional labour. The safety of survivors must also be taken into close consideration when planning for transportation as well as in the process of repatriation. Service providers should be available to accompany survivors.

Not all survivors live or may be able to live with family or relatives. A range of community and shelter care is necessary to meet survivors' various circumstances and stages of needs. Foster care is an uncommon option in Nepal, Thailand and the Philippines. When available, proper preparation and supervision of CSEC specific foster families and children is indispensable. Several organisations

offer a variety of transitional independent care, or transitional homes, options. These ensure the protection and care of survivors in their gradual process of (re)integration, while also affording them increased independence, freedom of movement and continued access to recovery and (re)integration services. The housing needs of survivors who are young adult survivors in transition towards greater independence is an area that calls for broader attention and resources. Some survivors are not able to further their education or obtain a vocational training due to the lack of free, or low cost, housing options. These also need to be available for boys, children who identify as transgender, and mothers with dependents. Transit or processing centres are another type of emergency shelter, where children who have recently been rescued or identified are brought to for a couple days or a few weeks. Contributing factors should be identified and addressed to ensure that children do not remain there for many months, as is sometimes the case. Until a solution is found to limit the length of their stay in transit centres, provisions should be enforced in order for them to be able to access services, programmes, activities, and their own bed.

To ensure continuity of care, durable solutions are needed in terms of adequate and stable housing options for all survivors who cannot return to their homes and communities. There is a desperate need for alternative care programmes to serve CSEC survivors who are: boys; boys who identify as gay; children who identify as transgender; girls transitioning out of the entertainment sector; survivors with dependents; siblings; orphans; foreign nationals; and survivors who have addictions or severe physical, mental and developmental illnesses/disabilities. Many children are not receiving the care they need due to this important lack in shelter programmes. Smaller scale alternative care settings that offer individualised attention, support a smaller numbers of peers per room, and ensure children have access to a bed and bedding, are preferred. Children's differing developmental needs require attention, consideration and separate bedrooms. Alternative care programmes are often understaffed, which leads to reduced individualised attention, heavy caseloads and a lack of close supervision of the children. There is an urgent need for monitoring and oversight, as well as accountability in terms of standards of care in this domain. The sustainability of shelter care programmes in light of project-based, time-limited, funding is a concern that needs addressing and remedies. Children need to know that they will have a place to live and recover tomorrow, and as long as needed.

The frequent transferring of children from one care setting to another should be minimised as it can be traumatic, requires continual adjustment, and may thus affect their recovery process. Children appreciate being given a warm orientation with clear information about rules, regulations, schedule of activities and expectations upon arrival at a shelter. The steps needed to welcome newcomers are, however, not systematically implemented. Keeping children well informed and engaged in the various domains of their care is empowering, builds trust, and can positively motivate them forward. They want honest information, transparency, and to be involved in the decisions that affect them. Providing children with an initial adjustment period, prior to their accessing all possible services and programmes (i.e., education or income generating activities) is recommended. The length of that adjustment period varies per child. Although the security and safety of children is quintessential, a balance is needed between children's needs for safety and freedom of movement when living at a shelter. Concerns were raised about the limited contact with their dependents, parents, family or friends, and the impact of isolating children from the wider community. In addition, and as indicated by survivors with dependents, restrictions also affect their own children.

Pregnancies, Childcare and Parenthood: Addressing the needs of survivors who are mothers should naturally include serving the needs of their children. Childcare services enable mothers to focus on their transition and avail themselves of the services and programmes they need to recover and (re) integrate. Organisations should not require of mothers to place their children or adopt them away in order to access services and programmes, which is sometimes the case. Unfortunately, very few organisations are set-up to help both survivors and their children, leaving these young mothers with difficult choices. Concerns were raised about the sexual and aggressive behaviours displayed by the children who are kept in the same room as their mothers when in situations of sexual exploitation. Childcare services protect their children from exposure to and experiences of violence and sexual exploitation, and can stop the cycle of victimisation. The unique needs of mothers and their children must urgently be considered and addressed if we truly want to end violence against children.

Health Needs and Assistance: Sexual exploitation and trafficking can have profound adverse effects on children's physical and mental health, as well as socio-emotional development. Critical physical health concerns have to be tended to immediately. Concerns were raised about some children not receiving immediate health care assistance prior to being brought to a shelter or repatriated back to their country of origin. Knowing early on whether children have dangerous infections that could potentially affect others is a matter of public health. Documentation or health records ought to follow the children as they transition from one setting to another. One of the reasons children do not seek medical assistance is because they have little health related knowledge. The dissemination of health related information is an important component of prevention and outreach efforts, as well as educational programmes at drop-in-centres and shelters, and should be enhanced. Accessing medical services and medication entails costs that children cannot afford, and that some organisations struggle to cover. Some survivors are unable to receive needed medical care or continue their medication once they have (re) integrated. Lack of identification and parental accompaniment is another barrier preventing children from accessing health care. Some children face discrimination when seeking medical assistance. It is essential that health care professionals and institutions be educated about CSEC and trauma-informed care. There is a need for free, accessible, judgment-free, child-friendly, and long-term health care assistance. Recommendations were made for medical and dental check-ups, exams, and lab tests as well as medicines for acute and chronic illnesses to be accessible to CSEC survivors at no charge.

Service providers with little to no medical background are often the ones to monitor children's medication regiment. Concerns of accountability and the need for oversight in addressing and managing the healthcare needs of beneficiaries were raised. Recommendations were made to have an OB/GYN medical doctor or nurse accessible at the drop-in-centres and shelters. Where available, it makes it easier to conduct assessments and health exams, provide care and follow-ups, and manage medications. It is also less traumatising for survivors than going to hospitals or doctor's offices, where they may have to repeat their stories. Most are not yet child-friendly and trauma-informed. Service providers usually accompany beneficiaries to appointments; provide them with preparation and support; and follow-up with medical care as needed. However, in light of limited staff this is a constraint on services. In Thailand, a child-friendly "One-stop service" medical special unit makes it easier on survivors. Such models deserve further attention. Once or twice a year, a few drop-in-centres offer free and well attended health camps staffed with health care professionals who provide a range of services ranging from the sharing health information to conducting health check-ups. More of these should be available, and information about these should be disseminated wide and far.

In light of a variety of factors, the mental health, psychological assistance and counselling needs of survivors is a complex domain to explore.[697] Discussions highlighted the need for psychological assistance in the form of clinical supervision, assessments, crisis intervention and stabilisation, immediate and short-term counselling, as well as in-depth and long-term psychotherapy—which was identified as a gap in services, especially in terms of (re)integration and aftercare support. Service providers in each of the target countries reported a critical need for professionals with a solid background in the field of mental health and an understanding in the unique needs and circumstances of CSEC survivors. There is also a significant deficit of specialised professionals for survivors who experience severe psychological symptoms, as well as developmental or behavioural problems. The absence of specialised programmes for survivors with dual diagnosis and/or severe mental, emotional and behavioural problems and disabilities is of concern, as is the dearth of child-friendly psychiatric/healing facilities that address trauma and CSEC. Mental health medication affordability and oversight is of concern as well for this group. The limited availability of psychological support for both survivors and service providers was observable.

Evaluations, systematic assessments and treatment plans are considered indispensable in terms of mental health. Yet, these are often lacking, as are effective, culturally valid, and reliable screening programmes to identify mental health problems and triage. Due to the lack of specialised service providers, resources and training on various evaluation protocols, screening tools and assessment batteries, survivors are not screened systematically. In some cases, paraprofessionals (i.e., psychosocial counsellor), or house parents, conduct the initial evaluations. Recommendations were made for organisations to have qualified psychologists on their staff to address and oversee the mental health needs of survivors, follow-up directly with psychiatrists, oversee medication, and update treatment plans. Training paraprofessionals on a range of mental health topics was also recommended as an interim option.

Various types of mental health services are necessary to address survivors' different psychological, emotional and behavioural needs, within the unique dynamics of their distinct levels of readiness, cultures, environment and circumstances. Individual, group, family and couples counselling are all needed, and should be available on a regular basis. The lack of qualified mental health service providers has to be addressed in order to ensure that adequate counselling is available to all children who want and need it. Due to understaffing, large caseloads, and multitasking, those providing 'counselling' are not easily available to attend to and focus solely on the psychological needs of survivors. The mental health support that is available is mostly short-term informal emotional support, and inconsistent in terms of scheduling.

Inquiry specific to existing psychological assistance and counselling services offered to CSEC survivors in NGO and governmental settings is called for. Questions to be raised could include: how frequently do psychological assistance and counselling services occur and what do they entail in terms of clinical content and psychological interventions? Did they occur on a regularly scheduled basis or were they on a needs basis only? Were they more focused on testing and assessments, on addressing immediate issues or did they also enable survivors to process some of the traumatic experiences of their past? Although various therapeutic modalities were considered beneficial, country specific research on the effectiveness and efficacy of these, and other treatment modalities—including indigenous practices (i.e., folk healing, healing rituals)—with CSEC survivors is needed. Much of what is available in terms of mental health concepts and psychological assistance comes from western models. Important cultural and religious factors need to be taken into consideration, both as beneficial and limiting factors.

697 Cultural factors and idioms of distress must be taken into consideration and are discussed in the findings.

Clarity and understanding is necessary around mental health problems and on what psychological assistance entails. The field of mental health includes an array of professionals and paraprofessionals who provide counselling (i.e., psychotherapists, expressive art therapists, clinical social workers, pastoral counsellors, and substance abuse counsellors), conduct assessments (i.e., psychometricians), or provide diagnosis and prescribe medications (i.e., psychiatrists). In general, the individuals who provide day-to-day counselling to CSEC survivors, in the three target countries, have none to minimal backgrounds in mental health. Randomly referring to someone as the 'psychologist' or 'counsellor', regardless of them having such a background, leads to confusion, miscommunications and assumptions, and possibly to children not receiving the psychological support they would most benefit from at that point in time. The titles, roles, responsibilities and boundaries of the professionals and paraprofessionals providing 'counselling' require clarification at the local, national and international level. A common understanding would also be beneficial in relation to what 'counselling' and 'therapy' mean and actually entail.

Some organisations rely on student interns and volunteers to provide counselling. Concerns were raised about the short-term commitment of student interns in light of some CSEC survivors' severe trauma and difficulties with attachment and trust. In several of the faith-based settings, foreign volunteers provide psychological services. Some are new to the country, do not speak the local language, and have little to no experience working with this population. Although the support student interns and volunteers give can possibly benefit some children, it is essential that strict procedures be in place, including close background and qualification check, monitoring and supervision, and thorough guidance of those who will act as translators of the children and the foreign volunteers providing counselling.

Training on mental health, as well as on each CSEC population (i.e., street children; children in the entertainment sector; transgender) could help ensure that children receive the care that best meets their unique psychological needs. Professional networks would enable mental health providers to receive support and exchange experiences and expertise. The prohibitive costs of psychological care and psychiatric medications, and the lack of a responsible person to oversee children's medication regimen and follow-up appointments are extra barriers to mental health. Professional standards, liability, supervision, and research are indispensable.

Child-friendly information dissemination would increase children's awareness and benefits of counselling and counsellors, and normalise seeking such support. An aura of taboo, stigma, discrimination surrounds the domain of mental health. Society still does not consider it as important as physical health, even though potentially as pervasively debilitating. However, the need for effective trauma-informed, culturally and gender sensitive, and child-specific professional psychiatric, psychological, and psychosocial support, services and counselling is clear. States are encouraged to address the stigma that surrounds the field of mental health and ensure unobstructed access for survivors to the psychological assistance and counselling they need in order to minimise and heal from the impacts of adverse childhood experiences and commercial sexual exploitation. As per several survivor respondents, if counselling were not available, they would continually feel stressed, depressed, suicidal, and lost. The importance of counselling was deemed on par with meeting their basic needs.

Substance abuse is a common and serious problem in this population, especially among children in street situations, transgender, and girls in the entertainment sector. However, there are no specialised services in the target countries to address substance abuse and other addictions in this population. There is a need for drug-testing and trauma-informed child specific rehabilitation programmes and services, as well as training on substance abuse and addictions. Concerns were raised about the impact survivors' addictions can have on other beneficiaries.

Traumatic experiences challenge children's core sense of trust and faith, and trigger doubts about existence, people and their religious community. Spirituality and religion can have a positive impact on children's recovery. Ensuring spiritually competent care may enhance the effectiveness of programmes and services for CSEC survivors whose beliefs, values, and daily practices should systematically be assessed, respected and supported. Concerns were raised about Christian-based programmes not celebrating local festivals, and the impact this may have on children and (re) integration. Some children feel pressured into converting to an organisation's faith in order to fit-in, and experience a sense of belonging. Serving the survivor's best interest demands that organisations and programmes be agenda free in terms of religion and indoctrination. Alternative care programmes need to make accommodations for survivors of other religions and differing spiritual beliefs.

Legal Support: Legal support and services are a fundamental component to comprehensive recovery and (re)integration services and programmes. These entail free legal counselling and representation, filing reports or compensation claims, support and assistance with civil and other administrative tasks (i.e., citizenship, identification, and/or birth certificates for dependents), advocacy, court accompaniment and support. Children also need to learn about their legal rights, receive orientation on court procedures, and want to be kept informed of the status of their legal case. Preparing children before going to court and testifying helps them and was deemed central to successful prosecutions. These are not provided systematically. Service providers are often the ones to provide legal support, advocacy and counselling, watch for their safety, and act as liaisons between civil and criminal justice actors.

Social Life, Play and Recreation: Recovery also entails addressing social needs and dynamics. Friendships can play a pivotal role in healing, but can impede progress as well. The continued support and guidance of service providers is necessary if children are to be able to seek, develop and sustain healthy relationships. Children living in shelters and attending programmes (i.e., school, job training) in the community need to be prepared on how to manage friendships with classmates, and answer sensitive questions. Opportunities for free play and age-appropriate recreational activities are essential to healthy child development. They are also a good platform to help children socialise in the community, increase their awareness about the world at large, and experience healthy exciting activities and happy moments. However, limited budgets significantly restrict the range of recreational activities accessible to children, as is the lack of service providers to ensure necessary supervision of activities.

Life Skills, and Peer-to-Peer Support and Leadership Development: Life skills are essential to their being able to meet life's everyday challenges, both in the short and long term. A variety of good modalities is used to engage children in the learning of life skills. In order to be of benefit, life skills training should be provided on a regular and consistent basis, which is not a given. However, conducting life skills trainings is time consuming and demands the availability of service providers to organize and follow through with implementing the activities. Provisions must be made to ensure that CSEC specific topics are addressed with survivors, as most programmes also cater to children who did not experience commercial sexual exploitation. A range of empowering and leadership activities should also be offered (i.e., peer education, peer advocacy, child governance, peer support), and necessitate prudent selection of children, close monitoring, and reliable adult guidance. Barriers such as geographic distance must be taken into consideration in order for much needed support networks to be as inclusive as possible.

Formal and Non-Formal Education: A range of formal and non-formal education services are needed in order to meet children's varied and evolving educational needs and interests. Non-formal education and other forms of specialised and self-paced educational programmes are essential, and should be tailored to the capacities of each child. Tutoring as well as assistance with homework and other school assignments is needed. Again, these require the availability of additional capacity. A number of important benefits (i.e., sense of normalcy, real world) and drawbacks (i.e., discrimination, peer pressures) were identified in terms of shelter residents attending local schools, whether for formal or informal education. Concerns were raised about pushing children too soon to integrate into mainstream educational settings, in the name of resuming a 'normal life'. Collaboration with schools is indispensable as teachers can play a significant role in prevention and identification as well as in the children's recovery process. Awareness raising and education on CSEC, its consequences, and/or the needs of trauma survivors, are needed in school settings. Trauma-informed, supportive, and flexible learning environments are necessary to increase the chances that children will have a positive and successful educational experience. Hidden costs (school activities) as well as related expenses (uniforms, shoes, and transportation) prevent some children from pursuing an education. These costs are not only a challenge for poor families, but also for some organisations that may only be able to help cover school related expenses for a brief period. Limited budgets, scholarships and housing options are impediments to survivors who wish to, and are capable of, pursuing a higher education. Other barriers to education include, but are not limited to, prejudice, stigma and discrimination; lack of identification papers and other documents; illiteracy and the older age of some survivors; lengthy legal proceedings; having dependents; as well as unaddressed trauma and cognitive impairments.

Vocational Training and Sustainable Livelihood: Ensuring that children can become financially independent is one of the goals of recovery and (re)integration services and programmes. In addition to formal and non-formal educational opportunities, a broad range of vocational and income generating activities are necessary. Partnerships with vocational programmes and trade schools allow for more options. Choosing to attend vocational training should not preclude obtaining an education, and should allow for a change of mind should children happen to realise that a particular choice is actually not a right match for them. Vocational training needs to be viable, sustainable and realistic in terms of marketable skills, in both rural as well as urban settings. Recommendations were made for programmes to take into consideration what the fastest growing businesses and more reliable sources of income are when assisting children in identifying options. Vocational training and income generating activities need to be accompanied with opportunities to develop entrepreneurship, basic money and business management skills, and support with how to seek and apply for job placement. These important elements, however, are not systematically available. Although some programmes enable survivors to begin earning seed/pocket money while accessing services, some organisations retain that income to cover operational costs. Availability of microloans is needed to help jump-start their professional careers. Continued support and monitoring are critical to ensuring their successful transition into financial independence and a safe and satisfying new vocation. Service providers have to closely assess and monitor training and job placements, and prepare survivors for these new experiences and settings. Project base funding was identified as a significant barrier. Concerns were raised about children being part way into a vocational training or in the process of building a business when funds were terminated. This places survivors at high risk of being sexually exploited again. Some of the programmes lack the resources to purchase items needed for the vocational and income generating activities. Lack of vocational training options, childcare, housing, identification papers, or school completion certificates are some of the barriers that need addressing if survivors are to be able to avail themselves of such training, and thus a financially independent life, free of sexual exploitation.

Repatriation: Another domain that commands thorough assessments and preparations, and a close and continued collaboration between key agencies and service providers, is that of repatriation. Safety of the survivors must be taken into serious consideration when planning for their repatriation journey and transition. Without precautionary measures and careful arrangements, children are sold or trafficked again. Although some organisations and countries have MoU's, and comprehensive recovery services are available immediately upon children's arrival, this is not always the case. Improvements in case management, case referrals and hand-over procedures were recommended. There is also a need for a monitoring and evaluation system/body of care, as well as accountability in this domain of care.

(Re)Integration and Long-Term Aftercare: The (re)integration of children into their family and/or community, or their integration into a new environment, is a process of preparation and recovery, a goal, a concrete physical, and, sometimes, geographic, transition, as well as a continued access to support. (Re)integration is also the actual moment when children leave the sanctuary of the alternative care setting, and transition into a new beginning. This entails carefully assessing for (re) integration readiness and risks among the children, their parents and family, and the community. Before returning, or integrating, children into any community, the whereabouts of the perpetrators also have to be carefully considered. Lack of resources and staff, as well as geographic distances, limit such necessary procedures, related interventions, and organisations' capacities for regular and in-person post-(re)integration monitoring of children, and their families. Recommendations were made for the (re)integration transition to be taken slowly, especially when children are returning to their family. Short-term home stays during vacations are a way to ease into the (re)integration, and assess readiness of both children and families. The process of recovery does not end at the initial point of physical (re)integration. Continued access to support is necessary. Without regular follow-up services and monitoring beyond (re)integration, there is a high risk that children will relapse and/or be re-victimized. Unexplored and unresolved traumatic memories can resurface unexpectedly at any point in time, especially in times of stress. Survivors should be able to access support (i.e., medical and mental health assistance, family support and close monitoring, and financial aid) as long as needed, with counselling and medical assistance accessible indefinitely.

In Closing: Without substantial and long-term funding—the lifeblood of organisations, services, and programmes—countless children remain in, or relapse into, situations of sexual exploitation. Pulling them out of the grips of commercial sexual exploitation without a solid system of ensuing care is a pretence of help, and the odds of affecting true aid are minimal. Recovering from the impacts of CSEC—that are commonly further compounded by all too pervasive adverse childhood experiences—demands a commensurate number of highly skilled service providers and relevant resources and partnerships. The interactions between child development and the sequelae of traumatic stress are complex and thus require specialised care, and an indefinite period. Periodically, the time such healing takes is in conflict with funders' expectations for rapid results. Engaging children and adult survivors, and taking into serious consideration their insights and recommendations, as well as those of their service providers, are fundamental steps towards the enhancement of their care, recovery, (re)integration and aftercare. They know what is needed, what is helpful, what is missing and what obstacles are in their way towards recovery. When provided with the services they need, survivors do become contributing members of society, and the next advocates, leaders and agents of change. As a child protection professional, survivor, and leader exclaimed, *"people need to know that if we get opportunities, we can do anything!"*

Each of the target countries presents with unique areas of strong programming and commendable efforts, as well as issues and challenges that call for prompt attention. This study, with children as primary informants, and its voice-centred field report, resulted in a substantial number of recommendations and concrete steps to be developed and adapted as per local context and available resources. These are intended for stakeholders such as national and local governments, international and regional intergovernmental bodies, as well as governmental and non-governmental organisations, and service providers. Collaboration across sectors is essential. For example, eliminating the systemic stigma, prejudice and discrimination that impedes recovery and (re)integration is in the purview of the States and governments, as well as civil society. Similarly, ensuring that children's rights and trauma-informed approaches permeate all levels of care, recovery and (re)integration services requires everyone's commitment and dedication.

> ***"Children are not mini-human beings with mini-human rights. But as long as adults continue to regard them as such, violence against children will persist."*** **~ Maud de Boer-Buquicchio, Former Deputy Secretary General of the Council of Europe**[698]

698 Pinheiro, Paul S. (2006) "World Report on Violence Against Children", United Nations Secretary-General's Study on Violence against Children, Geneva: ATAR Roto Presse SA, 4, accessed 14 December 2014, https://www.unicef.org/lac/full_tex(3).pdf.

RECOMMENDATIONS

> ***"The impact of violence can stay with its victims throughout their lifetime. Early access to quality support services can help to mitigate the impact of the event on the victim, including preventing longer term consequences such as becoming a perpetrator of violence."*** [699] **~ Paulo Sergio Pinheiro, World Report on Violence Against Children**

While great strides have been taken in Nepal, Thailand, and the Philippines towards identifying and supporting the recovery and (re)integration of children survivors of sexual exploitation, this study identifies several areas that call for improvements. There is indeed much that still needs to be accomplished in order to ensure that all CSEC survivors have access to and receive the continuum of quality care and support they need, and have a right to.

Consequently, and based on the information provided by children and adult CSEC survivors, and their service providers, this report provides a number of recommendations and concrete steps aimed at improving and guiding the development and capacity building of recovery and reintegration services for CSEC survivors. These general recommendations are to be developed and adapted as per local context and available resources, and are intended for stakeholders such as states and governments, international and regional intergovernmental bodies, as well as governmental and non-governmental organisations, and service providers.

Recommendations made by CSEC survivor respondents and service providers specifically for states, governments and others in 'positions of power':[700]

- **States should eliminate all forms of child commercial sexual exploitation—such as sexual exploitation of children in prostitution, child sexual abuse materials, the sexual exploitation of children in travel and tourism, child trafficking for sexual purposes—by addressing poverty, the demand side, and all other factors that contribute to this form of human rights abuse.**

  As per commitment of states and governments to the Sustainable Development Goal of eradicating the trafficking and sexual exploitation of children within the next fifteen years,[701] the following objectives are proposed:

  - Prioritise and effectively implement the CSEC related SDG targets, 5.2, 5.3, 8.7 and 16.2 goals in particular;
  - Prioritise investment in the prevention of sexual exploitation of children;

699 Pinheiro, Paul S. (2006), "World Report on Violence against Children", United Nations, Geneva, 337.

700 At the end of the discussions, respondents were asked if they had specific recommendations related to recovery and (re)integration needs. For several respondents it was difficult to imagine recovery whilst knowing that other children were at risk for, or still in, situations of sexual exploitation.

701 See: UN Economic and Social Council (2016), " Progress towards the Sustainable Developmental Goals", Report of the Secretary-General, UN Doc. E/2016/75, 3 June 2016, accessed 13 February 2017,http://www.un.org/ga/search/view_doc.asp?symbol=E/2016/75&Lang=E.

- Ensure national justice and protection systems to effectively address the individual needs of child victims/survivors; and
- Ensure that voices and opinions of survivors of CSEC, and other children and youth, are reflected in policies and practices targeting sexual exploitation and abuse of children. Their voices are fundamental to the achievement of the goals.

- **States should arrest, prosecute, imprison, and rehabilitate, all child sexual offenders (e.g., child traffickers, travelling/transnational child sex offenders)**

  Apprehending perpetrators contributes significantly to children's sense of safety, and, as the study revealed, this is important to a CSEC survivor's recovery and (re)integration process. However, in spite of existing legislation prohibiting the sexual exploitation of children, improvements in victim identification and investigation procedures, a slight increase in child-friendly trial procedures, and more training of law enforcement, there are still too few investigations and convictions.[702] Offenders continue to evade criminal liability. As identified in the Access to Criminal Justice Report, there are several weaknesses in the system.[703] For example: older children, boys and transgender are not viewed as victims; children are often reluctant to report abuse; little legal support is available to them to pursue criminal litigations; some families prefer to, or are pressured/threatened into, settling out of court; etc.[704]

- **States should enforce accountability and eliminate the lure of corruption in government, law-enforcement, the military, as well as in the judicial system, business and private sector.**

  Eliminate the abuse law enforcement inflicts on CSEC survivors in various contexts.

  Survivors do not understand why some of the very individuals who are supposed to protect them are actually involved, directly or indirectly, in condoning violence against children. As identified in this study, as well as in the Access to Criminal Justice study,[705] multiple survivor and service provider respondents reported rampant abuse and corruption in each of the target countries. Examples referred to some law-enforcement being abusive towards children living in street situations and children who identified as transgender, as well as demanding sex from survivors in exchange for being released from jail. Law enforcement and "head authorities" were also described as being involved in various ways in the adult entertainment sector (e.g., sex clubs/bars), as well as in taking "bribes to stop [CSEC] cases from proceedings".[706] Some officials at border stations are rumoured to "give permission to take girls across the border sometimes". Stories also told of government officials, conspiring with offenders, showing-up at NGOs or the private homes of service providers to intimidate them into not filing criminal charges.[707] Although the causes of such abuses and corruption are significant and merit further inquiry, they were beyond the focus of this study. Hence, it is recommended that states and governments:

  Investigate, understand, and address the root causes of such abuse and corruption.

702 Lynch, Darlene (2017), "Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation. Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand", Bangkok: ECPAT International, forthcoming publication.

703 *Ibid.*

704 *See: Ibid*

705 *Ibid.*

706 *Ibid.*

707 *See: Ibid.*

- **As specifically recommended by a group of service providers, States, in collaboration with NGOs and service providers, should develop and adopt a *"separate international law that will really promote the welfare of CSEC victims. Tackle only CSEC welfare, and mandates all governments and nations to provide specific holistic programme for CSEC… A tailor fit approach".***

  The CRC and its OPSC require States Parties to take all appropriate and feasible measures in order to ensure assistance to child victims of sexual exploitation, including their full social reintegration and their full physical and psychological recovery.[708] Such recovery and reintegration shall take place in an environment that fosters the health, self-respect and dignity of the child. The development of laws specific to the recovery and (re)integration of CSEC survivors should be based on the CRC General Comments on child-victims rights to recovery and (re)integration, and take into consideration international guidelines such as those developed for child victims and witnesses of crime.[709]

General recommendations relevant to states and governments:

- **States and governments should develop, adopt and implement a mechanism that allows for prompt investigation of suspected child sexual exploitation in private residences, and immediate rescue of children.**

  The study found that the sexual exploitation of children is increasingly occurring in private locations (e.g., residences), which demands clear communication channels and prompt cooperation between those who receive such information (e.g., outreach workers) and those licensed to intervene (e.g., law enforcement), or another intervention mechanism. In Thailand, for example, service providers who are qualified as a Child Protection Officers (a.k.a., Competent Officials) have the authority to "enact complex procedural mechanisms for helping children in high risk situation, and a well-organized paradigm of interlinked services". [710] As explained by several service providers, they have the authority to remove children from abusive situations (e.g., children sexually exploited on construction sites). This model deserves further inquiry as a potential mechanism to replicate and implement in other locations.

- **States and governments should address systemic discrimination based on legal status, gender and gender identity, sexual preferences, age, nationality, legal status, race and ethnicity, religion, geographical location, etc.**

  Discrimination is both a risk factor to CSEC, as well as a barrier to accessing recovery and (re) integration services. The following survivors are currently in critical need of CSEC specialised assistance: females, males, LGBTI (especially survivors who identify as transgender), siblings of differing gender/age, survivors with dependents, undocumented and/or foreign nationals, children in conflict with the law, and survivors with developmental disabilities, and/or severe physical and/or psychological difficulties.

708 CRC, Article 39; OPSC, Article 10(2).

709 UNODC (2009), "Justice in Matters involving Child Victims and Witnesses of Crime – Model law and related commentary", accessed 13 February 2017, https://www.unodc.org/documents/justice-and-prison-reform/Justice_in_matters...pdf.

710 Child Frontiers (2013), "Evaluation of the UNICEF Child Protection Monitoring and Response System (CPMRS) in Thailand, Volume III – Child Protection System Context Final Report", 40-41.

- **States and governments should ensure children's access to judgment free, child-friendly, and confidential free medical and dental care, check-up, exams, and lab tests, as well as free, or low-cost, medicines for acute and chronic illnesses. These must be accessible in the long-term.**
- **States should eliminate the barriers that prevent children affected by sexual exploitation from accessing medical assistance.**

  The study uncovered evidence that CSEC survivors are not easily accessing critical medical care.

  - In light of the unique set of circumstances specific to this population, a system must be developed and implemented that addresses barriers (e.g., the requirements for identification documents and/or accompaniment by a legal guardian), and provides an alternative mechanism for children affected by sexual exploitation to access prompt health care services.
  - Mandatory training of medical staff on child sexual exploitation, and trauma-informed and child-friendly care has to be introduced in order to break down such barriers as prejudice and discrimination.
  - States should ensure children's access to judgment free, child-friendly, and confidential free medical and dental care, check-up, exams, and lab tests Medications for acute and chronic illnesses (e.g. STDs, HIV, TB), as well as surgical procedures and follow-up care related to injuries incurred as a result of the exploitation, should be free/easily accessible on the short-and long-term bases.

- **As per the commitment of states and governments to the Sustainable Development Goal of promoting mental health and well-being,[711] States should address the barriers that prevent children from accessing mental health assistance. For example:**

  The stigma and prejudice associated with mental illness and the accessing of psychological assistance calls for awareness raising campaigns that normalise the seeking of information and support related to emotional or mental health challenges.

- **States should establish secure databases, and confidential centralised file sharing mechanisms that can be tracked, updated, reviewed, modified and used for case management to monitor children's recovery and (re)integration trajectory, and ensure that their specific needs are addressed.**

  Secure sharing of child related information between organisations and service providers caring for survivors is critical, and needs to be set-up at the first time of identification. For example, it is important that any information on possible contagious illnesses children may have (e.g., TB, Hepatitis, Scabies, etc.) be available for review prior to their being brought to an alternative care facility (e.g., shelter). The commercial sexual exploitation of children is a public health issue.

- **States should increase the allocation of consistent and sufficient funding, as well as necessary resources, to ensure the quality and continuity of assistance, and guarantee the sustainability of services and programmes on the long-term bases.**

  National and local governments must allocate the necessary funds to establish and strengthen, sustain, and manage stable and effective long-term care, recovery, (re)integration and aftercare services. Lack of funding, and the difficult constraints imposed by time-limited funding, challenge the management of critically needed assistance and rehabilitation programmes.

711 United Nations (n.d.), "Goal 3: Ensure healthy lives and promote well-being for all at all ages".

- **States should establish, and strengthen/expand existing, Toll free Hotlines/Helplines that are easily reachable nationally, accessible 24 hours a day, and 7 days a week, and provide accurate and reliable information, as well as confidential and sensitive crisis counselling.**
- **States should establish an educational and policy agenda for educational institutions to become trauma-sensitive; accessible to all children regardless of their gender identity, sexual orientation, legal documentation, and/or birth origin; and accommodating to children who may be illiterate, may have missed a few years of school, who are slow learners, and/or may have dependents.**

  Schools can play a significant role in addressing CSEC, not only at the prevention level, but also in terms of recovery and (re)integration. For example, trauma-sensitive approaches and protocols should be developed and incorporated in school improvement plans to ensure that schools become supportive environments, a safe sanctuary for children, and address the impact of trauma on learning. It is also recommended that schools, and other education venues, ensure a prejudice-, discrimination- and bullying-free environment.
- **States should allocate funds and resources to cover all school related costs (e.g., uniform, books, projects, school activities and outings, transportation, alternative care housing), to help ensure children's attendance, participation and success in formal and/or non-formal education.**
- **States should establish scholarships or low interest loans to enable children to continue their education into institutions of higher learning (e.g., institutes, colleges, and universities).**

  The amount should be sufficient to enable survivors to cover all education related costs, as well as room and board, and, when needed, assistance with dependents.
- **States should establish a trauma-informed vocational training system that provides a broad range of qualifications and professions that is accessible to all children regardless of their gender identity, sexual orientation, school completion certification, legal documentation, and/or birth origin; and that accommodates children who may be illiterate or slow learners, and/or may have dependents.**

  Many survivors wish to avail themselves of a vocational training that will ensure their financial independence. However, there is a deficit of such vocational training programmes. An example of free or low cost vocational training programmes is the government agency 'the Technical Education and Skills Development Authority (TESDA) that manages and supervises technical education and skills development in the Philippines. Funding needs to be allocated to ensure that access to safe and free/affordable accommodations are an intrinsic component of any vocational training plan for this population.
- **States should enforce a child friendly and trauma informed "fast-track" criminal justice process that enables children to move forward with their recovery.**

  The criminal justice process can sometimes take many years (e.g., 6-8 years), which often entails that children have to miss school, vocational training, and/or work for extended periods. Being required to repeat their stories, and revisit the traumatic instance(s) of their sexual exploitation, repeatedly, over many years. These situations re-traumatises them.

- **States should ensure that all CSEC survivors have access to child-friendly and trauma-informed legal representation, as well as support with civil and other administrative tasks (e.g., legal status, citizenship, identification, birth certificates for dependents), legal documentation, and filing of reports and compensation claims.**

- **States should ensure the availability of CSEC specialised and separate care, recovery, and (re) integration services and programmes, in order to more effectively serve and support survivors.**

  CSEC survivors have unique and complex recovery and (re)integration needs, and some of their behaviours can be challenging to manage (e.g., running away, recruiting, hypersexualisation). An individualised approach is recommended. Addressing CSEC related issues in a 'one fit for all' programme that serves a variety of populations (e.g., neglect, incest survivors) is not easily feasible. Some of the dynamics and experiences involved in CSEC are different from those of incest, and it is difficult to address certain CSEC related topics during group activities. Well-funded quality services specific to this population would meet the needs of survivors more effectively, and, as suggested by respondents, faster. CSEC specific services would also ensure the protection of the other vulnerable beneficiaries often served by the same organisations.

- **States should establish, implement and enforce:**

  CSEC specific comprehensive Quality of Care Standards across all sectors of child protection.

  The CSEC specific Quality of Care Standards should be in line with international child rights (UN CRC) and protection standards (e.g., International Labour Organisation[712], WHO[713]).[714]

  An effective monitoring, evaluation, accountability, and learning system.

  Governmental organisations, NGOs, and the private sector must also be held accountable. This study uncovered that some children in the care of some organisations still do not have access to their fundamental right to safe drinking water, nutritious food, and a clean and safe environment. It is also a matter of public health that children receive information about hygiene and self-care, and, in alternative care settings, be provided with their own soap, toothbrush, towels, a bed/bedding, and, for girls, sufficient sanitary pads/cloths, in a timely fashion.

- **States should establish and enforce an assessment and monitoring mechanism to ensure that faith-based organisations (e.g., drop-in centres, shelters) are agenda free in terms of proselytising child CSEC survivors.**

  Organisations must be respectful of children's spiritual and/or religious preferences and choices, and should not segregate them accordingly, as seems to occur in some alternative care settings. Children, and especially CSEC survivors, yearn to belong and feel accepted, and are therefore vulnerable to being manipulated into particular religious directions.

712 International Labour Organization (2006), "Child-friendly Standards and Guidelines for the Recovery and Integration of Trafficked Children", International Labour Office, Bangkok: ILO Regional Office for Asia and the Pacific, accessed 10 October 2015, http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_75_en.pdf

713 WHO (n.d.), "Management for health services delivery. Management of quality of care: Standards", WHO's website, accessed 13 February 2017, (http://www.who.int/management/quality/standards/en/.

714 Also see: Thompstone, Guy (2002), "The Development of Quality of Care Standards in Welfare Services for Child Victims of Commercial Sexual Exploitation", In Thematic Reports, Bangladesh, 77.

- **States should strengthen the foundation of quality care.** For example:

  Include the topics of CSEC, its manifestations, population and needs, criminal justice, and child-rights based and trauma-informed care, in the training (academic or not) of all frontline service providers (e.g., social work, medical and mental health), school teachers,[715] and any other professionals or paraprofessionals who, by the nature of their work, may come into contact with this population.

  There is a dire need for qualified and specialised service providers (e.g., outreach workers, house parents, social workers, psychosocial counsellors, mental health professionals, healthcare professionals). Providers who have a solid understanding of the unique needs of this population and the various dynamics of CSEC; and can work effectively and sensitively with them using among many other qualities—patience, commitment, and without judgment.

  Establish mandatory specialised training and minimum qualifications for service providers who will be working directly with CSEC survivors;

  This study identified that working with CSEC survivors requires a particular set of skills. It is therefore essential to:

  - Ensure that all service providers receive a minimum of six months training on psychosocial counselling.[716]
  - Institute close collaborations among psychotherapists, psychologists and psychiatrists.
  - Develop an evidence-based, and culturally sensitive, CSEC specific psychosocial counselling training that includes a mechanism for ongoing supervision.
  - Develop CSEC specific psychosocial counselling training manual.
    - Organise professional networks, support systems, training, and conferences to exchange experiences and expertise.

  This study shows that professionals need and want to connect with other professionals also working with children affected by sexual exploitation. Opportunities for learning and exchanging of experience would strengthen existing services and inform the shaping of new programmes.

715 In Nepal, the subject of Human Trafficking has very recently been introduced in the national school curriculum. Among other topics, it addresses forced sex work related issues. See: Ministry of Women, Children, and Social Welfare -MoWCSW- (2013) "A Report on Anti-Human Trafficking Initiatives Led by Government of Nepal", 29, accessed 2 February 2017, https://asiafoundation.org/resources/pdfs/GONreportonantihumantraffickinginitiativesFY20122013.pdf.

716 See psychosocial counselling training available in Nepal, through such organisations as Transcultural Psychological Organization (TPO), Antarang, Center for Mental Health and Counseling (CMC-Nepal).

- **Expand the existing body of literature on CSEC through conducting quality rights-based research.** For example:
    - Increase understanding of the different forms of CSEC and contexts (e.g., entertainment sector, live streaming of child sexual abuse, domestic work).
    - Increase understanding of the various populations affected (e.g., street children, boys, transgender, dependents, teen/TAY[717] mothers, etc.).
    - Increase understanding of the distinct impact of each type of CSEC.
    - Increase understanding in domains of care, recovery, (re)integration and aftercare (e.g., outreach, drop-in centres, alternative care, education, mental health assistance, substance abuse spirituality, leadership, life skills, etc.).
    - Assess the efficacy and effectiveness of different mental health assistance approaches on this population (e.g., TF-CBT, expressive art therapies, eco-therapies, narrative therapy, EMDR, indigenous practices, spiritual beliefs, etc.).

  As research in this field grows, the following recommendations are offered:[718]

    - Research involving children affected by sexual exploitation and trafficking should be undertaken only with careful attention and adherence to national and international laws, policies and guidelines on conducting rights-based research with children, and vulnerable populations.
    - The research community, in collaboration with children, child protection specialists, and service providers, should look into developing policies and guidelines specific to conducting rights-based research with children affected by sexual exploitation and trafficking.
    - Skilled researchers, who are properly trained and equipped to research with children and vulnerable populations, are the only ones who should be undertaken research involving children affected by sexual exploitation and trafficking.
    - Research and ethical protocols, and related tools, should go through an ethical board review mechanism, and gain in-country approval.
    - Research with children should seek to engage their participation at all stages of the research process.

717 TAY: Transitional Aged Youth (18-24 years old)

718 The research related recommendations were developed in consultation with Rebecca Surtees, Senior Researcher at NEXUS Institute, and Claire Cody, Research Fellow, International Center: Researching Child Sexual Exploitation, Violence and Trafficking, University of Bedfordshire, United Kingdom. Personal communications, February 2017.

In light of "a shared international concern that human dignity of children is honoured, and their rights and well-being are respected in all research",[719] it is essential that research involving exploited and vulnerable children be carefully drawn upon guidelines and literature on the issue—from governments, NGOs, researchers, and academics.[720] Within a rights-based approach, children have the right to be properly researched (Table 33).[721] This includes, "children being participants in research; using methods that make it easy for them to express their opinions, views and experiences; being protected from harm that might result from taking part in research conducted by researchers who use quality, scientific methods and analysis".[722]

Children's right to be heard and their views to be taken into consideration should be encouraged,[723] and their involvement in research should only be done with their informed consent. Participatory risk assessments should be conducted prior to involvement, to assess for risks and benefits to children for engaging in the research in any given context. Careful consideration should be given to their age, emotional readiness and maturity, stages of development and recovery, and availability of support. Each study requires its own specific research and ethical protocol, as well as the use of data collection methods that are the most suitable and the least likely to cause trauma or re-traumatisation of child participants.

719 Graham, Anne et al. (2013), "Ethical Research involving Children, Florence: UNICEF Office of Research – Innocenti, 1, accessed 14 December 2014, https://www.unicef-irc.org/publications/pdf/eric-compendium-approved-digital-web.pdf.

720 For example: UNICEF (2012) "Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children. A review of available literature", 15 October 2015, accessed 12 December 2014, http://www.childinfo.org/files/Childprotection_EPDRCLitReview_final_lowres.pdf; Powell, Mary Ann et al. (2012), "International Literature Review: Ethical Issues in Undertaking Research with Children and Young People", Childwatch International Research Network, March 2012, accessed 12 December 2014, http://childethics.com/wp-content/uploads/2013/09/Powell-et-al-2012.pdf; UNICEF (2006), "Guidelines on the Protection of Victims of Child Trafficking. UNICEF Technical Notes", accessed 12 December 2014, http://www.unicef.org/ceecis/0610-Unicef_Victims_Guidelines_en.pdf; Mann, Gillian, and Tolfree, David (2003), "Children's participation in research: Reflections from the care and protection of separated children in Emergencies Project", Save the Children Sweden: Stockholm, accessed 12 December 2014, http://resourcecentre.savethechildren.se/sites/default/files/documents/2740.pdf; Laws, Sophie and Mann, Gillian (2004), "So You Want to Involve Children in Research? A toolkit supporting children's meaningful and ethical participation in research relating to violence against children", Save the Children, accessed 12 December 2014, http://www.savethechildren.org.uk/sites/default/files/docs/So_you_want_to_involve_children_in_research_SC_2004_1.pdf; Edmonds, Casper, (2003), "Ethical Considerations When Conducting Research on Children in the Worst Forms of Child Labour", ILO and IPEC, accessed on 12 December 2014, http://www.eclt.org/wp-content/uploads/2013/07/Ethical_Considerations_When_Conducting_Research_on_Children_in_the_Worst_Forms_of_Child_Labour.pdf; Schenk, Kate and Williamson, Jan (2005), "Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources", Horizons Population Council, IMPACT Family Health International, accessed 12 December 2014, http://www.popcouncil.org/uploads/pdfs/horizons/childrenethics.pdf; Siegel, Dina and de Wildt, Roos (Eds) (2016), "Ethical Concerns in Research on Human Trafficking", Studies of Organized Crime, 13, Springer; Zimmerman, Cathy, (2003), "WHO Ethical and safety recommendations for interviewing trafficked women", World Health Organisation , accessed 12 December 2014, http://www.who.int/gender/documents/en/final%20recommendations%2023%20oct.pdf; Harrison, Deborah L. (2006), "Victims of Human Trafficking or Victims of Research: Ethical Considerations in Research with Females Trafficked for the Purposes of Sexual Exploitation", Master's Thesis, September 2006, University of East Anglia, School of Education and Professional Development, accessed 23 February 2017, http://www.childtrafficking.com/Docs/harrison_victims_research_oct07.pdf; Carter-Visscher, Robin M. et al. (2007), "Ethics of asking trauma-related questions and exposing participants to arousal-inducing stimuli", Journal of Trauma and Dissociation 8(3); Decker, Suzanne E. et al.(2011), "Ethical issues in research on sensitive topics: participants' experiences of distress and benefit", Journal of Empirical Research on Human Research Ethics, 6(3).

721 Beazley, Harriott et al. (2009), "The right to be properly researched: research with children in a messy, real world", Children's Geographies, 7(4), 365-378.

722 370,

723 Lansdown, Gerison (2011), "Every Child's Right To Be Heard. A resource guide on the UN Committee on the Rights of the Child General Comment NO.12", published by Save the Children UK on behalf of Save the Children and UNICEF.

Several survivors in this study shared that they had been involved in multiple research interviews, back-to-back. As per some service providers and other stakeholders, alternative care centres receive research requests from high school and college students, as well as from independent researchers, NGOs, and States/governments. Engaging children in interviews increases their risk for re-traumatisation, especially in light of the systemic dearth of service providers available to oversee children's participation, and provide the follow-up support sometimes needed. It also puts children at risk for "overarching negative and unintended consequences".[724]

Table 33. The Right To Be Properly Researched.[725]

Relevant article of the UN Convention on the Rights of the Child	What it means for rights-based research
Article 12 1. "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child".	• Children's perspectives and opinions must be integral to research.
Article 13 1. "The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice".	• Methods need to be designed, and used, to help children to express their perspectives and opinions freely in research.
Article 36 protects children against "all . . . forms of exploitation prejudicial to any aspects of the child's welfare".	• Children must not be harmed nor exploited for taking part in research.
Article 3 3. "States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, the numbers and suitability of their staff, as well as competent supervision".	• Research must conform to the highest possible scientific standards. • Researchers must be carefully recruited and supervised.

724 Personal communication, Rebecca Surtees, February 2017.

725 Source: Ennew and Plateau (2004), 370 in Beazley, Harriott et al. (2009), "The right to be properly researched: research with children in a messy, real world.

- **States should develop working partnerships between professionals, and establish effective inter-agency referral mechanisms. For example:**

  Establish Multi-Disciplinary Teams (MDT) that meet on a regular basis to assess, evaluate and monitor survivors' needs, and inform, coordinate and follow-up on their care, recovery, and (re)integration. The MDT should be child-centred and enshrined by the CRC.

  The Multi-Disciplinary Team is an effective approach to ensuring that the needs of CSEC survivors are addressed through systematic and coordinated efforts among multiple service sectors. Members of these MDTs typically include social workers, case managers, healthcare professionals, mental health professionals, legal professionals, law enforcement, and other child protection professionals.

General recommendations relevant to international and regional intergovernmental bodies:

- **Encourage development and implementation, or strengthening of, of MoU between States to ensure specifically close coordination and follow-up recovery assistance in the repatriation of CSEC survivors.**

  The study revealed that bilateral cooperation agreements are needed in terms of child protection, from the time CSEC survivors leave a place of safety (e.g., shelter) and until they have reached a safe destination (e.g., shelter or home). Service providers should also accompany CSEC survivors to ensure the safe handoff, and the immediate coordination of services.

- **The titles, roles, responsibilities and boundaries of the professionals and paraprofessionals providing 'counselling' need to be clarified at the local, national and international levels. A common understanding would also be beneficial in relation to what 'counselling' and 'therapy' mean and entail within the field of mental health.**

  The study exposed the essential need for a common understanding of such terms as 'counselling', 'counsellor', and 'psychologist' so as to ensure that CSEC survivors are actually accessing the level of psychological support they actually need.

General recommendations for service providers (run by governmental, non-governmental, or private sector stakeholders) working directly with CSEC survivors:

- **Ensure that all care, recovery, (re)integration and aftercare assistance:**
  - Operates on, and is systematically guided, by the Convention on the Rights of the Child.

    It is essential for the healing process of CSEC survivors to be treated with genuine respect, compassion, and unconditional love and kindness, and that their dignity be maintained through each step of their recovery journey.
  - Is free of discrimination; Prioritises children's best interest; ensures that they are made aware of their rights; engages their participation, feedback, and opinion at every stage of the recovery and (re)integration process; ensures they are continuously informed of all processes, procedures, decisions and updates that pertain to them; and protects their privacy and confidentiality.
  - Is free, child-friendly, victim- and child-centred, trauma and attachment informed, gender specific, culturally sensitive, consistent, and available immediately as well as in the short- and long-term.
  - Are individually tailored to meet each child survivor's unique and complex needs.
  - Involve the parents/family in the care, recovery and (re)integration process of the children as soon as possible—when in the child's best interest.
  - Maintain an open-door policy, for as long as it takes.

  For most child victims, recovery does not happen overnight, or in two weeks, three months, or even a year. The system of care and recovery must be available and accessible for as long as the survivor needs it. For example, child victims of some forms of sexual exploitation may take a long time before they finally commit to the journey of recovery, and many relapse. Access to psychological assistance may be necessary for the rest of a survivor's life. An important piece in the care and recovery of this population is the attachment and trust they develop with the organisations, as well as the service providers offering them care and services. It is important that these relationships and services remain available, as needed in the long-term.

- **Develop child-friendly materials such as booklets, animation, videos etc. that describe in, age-appropriate ways, all possible steps children may expect as part of their care, recovery and (re)integration journey.**
- **Establish and enforce background and qualification check, and oversight, monitoring and supervision mechanisms for all staff, including volunteers (national or foreign) who are to interact directly with survivors.**
- **Establish, implement and enforce self-care mechanisms to minimise vicarious trauma and compassion fatigue, and prevent burnout and high staff-turnover.**

  Anyone working in this field will be affected, somehow, and should therefore have the humility to embrace denial and their sense of invincibility. Service providers should be afforded a reasonable amount of leave days per week/month/year, and as needed. Under-qualified, underpaid, and overworked service providers can lead to situations where these children are not properly identified, respected, served, and referred to needed services (e.g., misguided perceptions of "choice" in involvement lead to no referral to services such as medical check-up or counselling). Lack of qualified, skilled, and adequate trained and supervised service providers can lead to the re-traumatisation of children, thus hampering their rehabilitation process

- **Establish clear operational definitions of mental health related terms (e.g., counselling, counsellor, psychotherapy, psychologist, therapy, therapist, psychiatrist) so as to ensure a common language and understanding among survivors, service providers, as well as within/ across organizations and programs.**

  This should include clear role definitions for each of the professional and paraprofessional mental health providers, as well as length of sessions and frequency. These definitions should be included in children's files so that it is very clear to any future provider what type of mental health support was offered and/or accessed, by whom, how often, and for how long.

- **Expand and improve the continuum of specialised services and programmes.** For example:

Prevention

- Increase public awareness of CSEC, and LGBTI, by engaging vulnerable children, families, communities, the general public, service providers and government officials; conducting multi-faceted community outreach and education campaigns; as well as developing close partnerships with the social media, media, film, and music industries.
- Conduct awareness raising and education forums in schools, clinics, and any other facility where children access services.

  Increasing awareness and understanding of CSEC benefits prevention and prompt victim identification, increases survivors' access to support services, can reduce harm, and helps facilitate reintegration and aftercare. Prevention education in schools and at the community level may help with the reintegration process, as teachers and community members may become more understanding and respectful, and hence less judgmental of the children and their family. The media, film and music industries can also play a pivotal role in addressing the many angles of CSEC, reaching the masses and reducing harmful beliefs and practices.

Parents and Families Involvement and Assistance

- Strengthen, empower, and support the parents and family
  - As soon as possible, work closely with children, parents/families, and community, on (re) integration goals.
  - Provide or facilitate access to psychoeducation, family counselling, couples therapy, substance abuse treatment, legal guidance and support, livelihood opportunities, as well as cash transfer assistance.
  - Engage parents, families and their children in recreational and therapeutic activities, and assess and monitor frequently.
  - Identify other possible parental involvement, such as kinship care (e.g., extended family, family friends).
  - Identify and establish reliable and confidential assistance mechanisms to ensure assessment, support, and monitoring of parents and families who live in remote regions.

Hotlines

- Promote Hotlines through catchy, child-friendly and age-appropriate advertisement at accessible venues (e.g., social media, radio, television, schools, community centres, street walls, internet/ video games cafes, police stations etc.).

Outreach

- Increase street outreach efforts and the number of CSEC specialised outreach workers. Develop safety mechanism so that they may identify and establish contact with child survivors. This support is important when they begin the frequently long process of trust building wherever children live, hangout or are exploited; while they assess their needs; deliver basic care; provide preventative care and harm reduction intervention, and offer information on available services and options. Also when outreach workers accompany them to healthcare centres; invite them to the street education and/or to services offered at a drop-in centre or shelter; and encourage them to remain in contact with outreach workers (e.g., via dedicated mobile phone number, 'closed' Facebook group).

  The relationship with an outreach worker is often a catalyst towards positive change. The knowledge received prior and during experiences of sexual exploitation can also enable and empower children to strive towards recovery, and can help minimise harm. For example, receiving information on sexual exploitation and trafficking may help survivors involved in CSEC to understand their situation, and thus seek help. Learning about STDs, HIV and condom use can help children do the best they can in their circumstances to protect themselves from infections.

Drop-in Centres

- Establish and strengthen existing Drop-in Centres to be accessible and available 24 hours a day, 7 days a week. These institutions provide safety to survivors, as well as a place to sleep, bathe, and feed themselves. They also offer opportunities to resume schooling, and engage in vocational training as well as empowering recreational/therapeutic activities. These centres facilitate access to mental health support and guidance, medical and dental care, and legal assistance.

Raids and Rescue

- Ensure the protection of children during raids and rescue operation by involving service providers to deliver immediate and reassuring support, and honest information on what is happening and what should be expected to happen next.

Basic Needs

- Ensure all basic needs are met: safe drinking water, nutritious food; personal hygiene and clothing; sense of safety; and community and/or shelter care.
- Take all necessary precautionary measures to guarantee the safety and security of children and service providers, whether in the community, at an alternative care setting, or during transportation.

  In order for recovery to proceed positively, children need to feel safe. Precautionary measures include accompaniment of survivors to/from appointments, school and/or vocational training, court, and repatriation; having guards and security cameras; checking on children regularly, and fostering a supportive environment that compels children to want to engage in their recovery and (re)integration. The children's need for freedom of movement must be taken into consideration, and addressed.
- Increase availability of CSEC small scale, family-style, specialised and durable community and shelter care options for females, males, transgender, siblings, orphans, mothers and dependents, foreign nationals, children with disabilities, children with severe mental health difficulties, TAY, and other currently underserved survivors, and enhance capacity of existing alternative care services.

  Not all children are able to live at home or to return home. A range of community care and shelter is urgently needed to accommodate children's various circumstances, and stages of needs in terms of recovery and (re)integration; including young adults. A variety of shelter options are possible, such as kinship and foster care, overnight drop-in centres, group homes, family style homes, residential care, transitional homes, and boarding care. Children benefit from a stable environment. Therefore, the least change from one alternative care setting to another is preferred; as are smaller scale shelters where children can more easily receive individualised attention and support. An average of three children per room is recommended, as well as children being grouped per age/developmental maturity.
- Ensure that wherever children may be, they are provided with honest information and, when appropriate, have frequent contact with their parents, family, and/or dependents (e.g., weekly in person visits and/or telephone communications).
- Ensure children and activities are adequately supervised at all times.
- Facilitate a warm welcoming process for when children first arrive at an alternative care programme.
- Ensure children are provided with an initial adjustment period prior to engaging them in programmes and services such as education and/or vocational training.

Pregnancies, Childcare and Parenthood

- Facilitate access to prenatal and perinatal education, and parenting classes and support.
- Establish quality childcare programs for survivors' dependents to enable mothers to partake fully in recovery and (re)integration services and programmes.

  Some of the safe childcare programmes should be available 24/7, to accommodate mothers who are in the process of exiting situations of sexual exploitation. This will protect dependents from exposure to violence and exploitation, and enable mothers to transition, and avail themselves of the services they need to recover and reintegrate. Mothers and children should be separated as little as possible.

Physical Health and Medical Assistance

- Educate healthcare professionals and institutions on CSEC and child-friendly, trauma- and attachment-informed care.
- Designate a qualified adult to oversee children's medication regimen.
- Enhance dissemination of health information to all survivors, including information on where medical and dental assistance is available.
- Thoroughly prepare CSEC survivors on what may be expected and done during any medical or OB/GYN visit.
- Provide and/or increase availability of regular health camps conducted by medical staff, and OB/GYN medical care, at drop-in centres and shelters.

Mental Health and Psychological Assistance

- Ensure access to quality, and culturally sensitive, free psychological support. This should include crisis intervention and stabilisation; immediate and short-term counselling, and in-depth long-term psychotherapy; psychological assessment and testing resources; as well as clinical supervision.
- Provide prompt access to regular individual, group, couples, and family psychological support to all survivors, their parents and families throughout the recovery and (re)integration process, as well as an integral component of aftercare.
- Ensure qualified professionals systematically screen and assess survivors to identify quickly any present mental health issues, and to triage.
- Identify and provide effective resources and training on evaluation protocols, screening tools, and assessment batteries.
- Promote and facilitate the use of treatment plans throughout rehabilitation.
- Increase the number of qualified mental health professionals on staff who have an understanding of CSEC and the unique needs and circumstances of survivors. In addition to those who can provide regular psychotherapy and conduct psychological assessments; oversee the mental health needs of survivors and their parents/family; follow-up with psychiatrists; oversee medications; supervise paraprofessionals (e.g., psychosocial counsellors), interns and volunteers; and update treatment plans.

- Provide regular training for paraprofessionals on a range of CSEC relevant mental health topics.
- Ensure counselling/psychotherapy sessions are conducted in a safe environment that guarantees privacy.
- Advocate for child-friendly, and CSEC-, trauma-, and attachment-informed, mental health care services and alternative care settings for survivors who experience severe psychological symptoms, and behavioural and developmental problems.

Addiction and Rehabilitation

- Provide harm reduction activities/education, and drug-testing.
- Establish child specific rehabilitation programmes and services that are CSEC-, trauma, and attachment-informed.
- Ensure that service providers are trained on issues related to substance abuse and other forms of addiction (e.g., internet/video games, social media, and sex) and its management and treatment.

Legal Support

- Ensure consistent availability of a qualified professional to provide CSEC survivors with regular and timely legal counselling, education about their legal rights, orientation on court procedures, and systematic preparation before going to court and testifying.
- Ensure that, following exhaustion of all national/domestic remedies, the CSEC complaints are brought to the appropriate international and regional institutions, such as: Committee on the Right of the Child; Committee on Elimination of Discrimination against Women, European Court of Human Rights, UN Committee Against Torture, World Organization Against Torture, Inter-American Court of Human Rights, African Commission on Human and Peoples' Rights, etc.

Social Life, Play and Recreation

- Allocate sufficient staff and resources to ensure children have opportunities to relax and play, and to join in a wide range of age-appropriate cultural, artistic, and other recreational activities.
- Provide opportunities for children to socialise in the community.
- Facilitate children's participation in competitive activities (e.g., sport, singing) in the community, if they show such an interest.
- Engage parents in recreational activities, whenever possible.

Life skills

- Provide life skills training and psychoeducation on a regular and consistent basis, and ensure that CSEC related topics are addressed in addition to general knowledge skills.
- Support and guide children as they seek, develop, manage and sustain healthy relationships/friendships, and prepare them to answer questions from peers that may be sensitive (e.g., What happened to you? Where do you live?); comfortably set personal boundaries; and engage in age appropriate social life and activities (e.g., birthday parties, film watching, picnics).

Peer-to-peer support and leadership development

- Encourage peer educators/education, peer advocacy, peer support, child governance, peer committees, and peer leaders, by ensuring prudent selection of children; close monitoring; and reliable 'one step away' adult guidance and supervision.
- Establish survivor peer networks, and mechanisms that enable participation of all survivors (e.g., children with disabilities as well as those located in remote geographical locations).

Formal and Non-Formal Education

- Protect and ensure children's right to education (formal and non-formal), and provide them with the continued encouragement to reach the highest level of education of which they are capable.
- Facilitate access to formal and non-formal education that is trauma- and attachment-informed, supportive, and flexible; and is on campus or in the community, as per availability and the children's best interest.
- Coordinate educational assessments to identify learning differences and possible cognitive impairments. Ensure trauma is not mistaken for a lack of academic competencies or behavioural/social issues.
- Facilitate a positive and successful educational experience, and thus an improved sense of self-esteem and self-efficacy, by providing additional tutoring and assistance with homework, where needed or wanted
- Promote open communications between school teachers, and management staff, and parent and/or service provider.

Vocational Training and Sustainable Livelihood

- Foster financial independence as soon as children are ready.
- Allow children to receive both an education and a vocational and/or income generating training, and expect—and allow—their interests to fluctuate.
- Provide access to mentors, role models, job-site visits, and short-term internships to allow for an exploration of their range of interests.
- Enable access to a broad range of vocational training, and income-generating activities (e.g., to enable them to start earning seed/pocket money), that are viable, sustainable, and marketable, whether in urban or rural settings. This requires assessing and establishing partnerships with trusted vocational programmes, trade schools, other certification training, and job placements, and continual monitoring for children's safety.
- Allocate resources and funds to cover cost of items needed for vocational training and income generating activities, as well as other related expenses (e.g., room and board) to help ensure children's attendance, participation and completion of training.
- Provide opportunities to develop entrepreneurship, basic money, and business management skills, and prepare children for these new experiences and settings.
- Provide support on how to seek and apply for job placement.
- Establish a microloan mechanism to help jump-start their vocational career.
- Provide continued support and monitoring to ensure transition into financial independence.

Repatriation

- Take all necessary precautionary measures to ensure safe and efficient repatriation journey and transition to final destination (to remote region of same country, or to foreign State); and immediate access to comprehensive care, recovery and (re)integration services upon arrival.
- Establish and facilitate close and continued collaboration with service providers at key agencies (government and/or civil society) at destination, and transit locations, as applicable, and where possible, with parents, family and community.
- Ensure thorough assessment of, and structured and detailed preparations for, each step of the repatriation and hand-over process.
- Provide accompaniment of children all the way to the region/country of origin, and until their safety and care are ensured.
- Advocate for the establishment and/or enforcement of a cross-national monitoring, evaluation, and accountability mechanism.

(Re)integration and Long-Term Aftercare

- Take all necessary precautionary measures, prior to (re)integration, to ensure the best interest of the children by assessing all possible risks, and providing continued monitoring of survivors, and their parents/families, as long as is requested, or needed.
- Establish and implement a (re)integration protocol that thoroughly assesses children, family and community preparation and readiness, as well as all possible risks posed to children (e.g., whereabouts of perpetrator(s)), and provides a clear sense of outcome measures.
- Conduct the (re)integration process slowly and progressively. For example, facilitate visits that are incrementally longer with parents/family/community (e.g., during school vacations or festivals), or at new location of integration.
- Enable access to consistent and committed long-term system of aftercare for children, and parents/families, for as long as is wanted or needed.
- Ensure implementation of regular aftercare assessments, monitoring and evaluation, intensively at first, and then slowly diminishing

  The common denominator to these recommendations is comprised of the ability to help, the commitment to see it through, and the funding and resources to do it. Children want and need our help, now.

Hear it From Them: Survivors Respondents Opinions

"If the laws were implemented properly, how would such a big population of girls get sold? Government has not been taking care of anything. Most of the girls who are sold are very young. Some are even sold by their fathers and uncles. Government should take care of such problems. Government has not been able to ensure the rights of citizens". ~ Young woman survivor in Nepal

"[I] would tell them to make government monitoring strong so that they could stop abuse in not just restaurants but [also] those private apartments and buildings where only government has a right to get in besides the owner. [I] would tell them that there are many things going on these apartments in a hidden way, so if they could get access to these places, a lot of abuse would be stopped". ~ Girl survivor in Nepal

"I would like to tell the government to respect the voices of children [who identify as transgender] and ensure their rights". ~ Male-to-female transgender child in Nepal

"Most of the trafficking happens because police at the border are not very active and careful which gives traffickers access to take the girls across the borders. It is not [only] the police who are responsible, it is even the corrupt system and ministers who give permission to take girls across the border sometimes. It would be good if they didn't do things like this". ~ Young woman survivor in Nepal

"I would tell government to create access of third gender to education, health and vocational training". ~ Male-to-female transgender youth in Nepal

"And justice should be delivered, because most of the police administration is corrupt and they don't do justice". ~ Young woman survivor in Nepal

"Pursue the anti-discrimination law for the CSEC victims because people who know the victims tend to discriminate and bully them, and the effect of the discrimination includes suicide, trauma, and mental disabilities". **~ Boy survivor in the Philippines who identified as gay**

"To prohibit children from taking solvent and drugs. If saw children take drugs, better if arrest these children instead of policemen hurting them. Police must know the source of drugs. Children are used to sell the drugs". ~ Girl survivor in the Philippines

"If authorities want to stop human trafficking, why are there lots of clubs and bars still open? [These] must be closed. But police and head authorities also involved. Not just prohibit minors, but adults too, as they are the models to the minors. They are the disease of the community. From one generation to another. It's already there and it's endless… Change these clubs with good opportunities for victims!" ~ Young woman survivor in the Philippines

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ANNEX 1

HOW WAS IT?

As part of the debriefing, survivor respondents were asked how they were doing and were also frequently asked how the discussion and questions had been for them. Their responses are organised randomly, so as to increase anonymity.

Nepal: 23 out of 23 survivor respondents (17 of these 23 were children) who were asked and answered the question responded that it had been a positive experience:

Responses to "How was it?" from CSEC Survivor Respondents in Nepal

- *"Ramro feel* [Feel good]; *Ramro lagyo* [I like it]." (Young girl survivor)
- *"Ekdom Kushi lagyo* [I like it very much]. *Happy to share opinions with us and that we are here to ask."* (Male-to-female transgender young adult survivor)
- *"It was Thik-ay chha* [fine, ok] *…. I think it is really good questions."* (Young woman survivor)
- *"I am very happy to stay so long with you and to talk to you so much."* (Girl survivor)
- *"She was scared but she's also happy. She was scared because she has never spoken like this before so she felt a little awkward and she wasn't sure if she said the right thing or not. She thinks second meeting is always better because if you have met once before it feels like 'oh ya, I met her before, it's good to talk."* (Girl survivor)
- *"What you have asked me about what is important is very good…. I was very nervous and I asked the counsellor if I should really go. The counsellor told me you are good people and I should go. I was scared that you would judge me as foolish. I felt good when you said your [Nepali] name. The questions were easy."* (Girl survivor)
- *"Feels good to talk to us. Not difficult."* (Young woman survivor)
- *"Felt good. A little difficult questions."* (Male-to-female transgender child survivor)
- *"She felt very good that she got the opportunity because she has seen other girls, the seniors speak out, but she always felt like 'oh I would feel good if I could speak out in the same way.' So today that she was able to speak out she feels good."* (Girl survivor)
- *"Feels lucky to participate, that she got picked."* (Girl survivor)
- *"She wants to thank us for giving her an opportunity to express herself and she feels good that her voice will be taken."* (Young woman survivor)
- *"Thank you for listening to me. It is very good that there are people who are thinking about these people. I hope voices of people like me would come forward. This is giving me an opportunity to express myself out loud…. You should meet more people and understand their problems and may be take these voices to the government. You must have come from far to listen to us. Thank you very much."* (Male-to-female transgender child survivor)
- *"I am happy to share. We do not share these things even with friends. It is not everyday that we get to share our feelings."* (Male-to-female transgender child survivor)
- *"Ramro Lagyo* [I liked this]. *It was nice. Questions weren't that difficult but some of them were hard to answer."* (Male-to-female transgender young adult survivor)

- *"She would really like to thank us for thinking that her opinion is worth it."* (Girl survivor)
- *"Ekdom Lagyo* [I liked it very much] *… Ramro lagyo* [I like this]. *She felt very good talking about things. Because no one has asked about these situations, and girls and what happens to them. But she feels good that there is somebody who cares and cared to ask about it. She had an opportunity to talk, actually she should be thanking us."* (Girl survivor)
- *"Ekdom kushi lagdadecha malai* [I feel very happy]*! She feels very relieved that she was asked about all the experience that she has gone through. She is happy to share it with us."* (Young woman survivor)
- *"When you said that I am not alone who is in this trouble, I feel inspired. I feel more courageous."* (Male-to-female transgender child survivor)
- *"Dere Ramro Lagyo [I liked it a lot]. She's very happy to give her opinions. And she is really glad that she got an opportunity to talk about the villages and problem because that's where she has seen problems like if you go to these sectors you will not find girls from the cities. She's happy to meet us because she got to know about other organisations that exist and who help."* (Girl survivor)
- *"She's very happy to talk to us, to share with us and before {name of NGO] was platform for her to change but now she feels like she is contributing in something."* (Girl survivor)
- *"Ramro* [Good]. *Some difficult questions."* (Girl survivor)
- *"Ramro laggyo* [I liked it]. *No difficult questions."* (Girl survivor)
- *"Kushi Lagyo* [I feel happy]*."* (Male-to-female transgender young adult survivor)
- *"Ekdom Ramro share* [Very good to share], *feels relieved."* (Male-to-female transgender child survivor)
- *"Kushi Lagyo* [I feel happy]. *Feels relieved in his mind."* (Male-to-female transgender child survivor)

The Philippines: 21 of 23 survivor respondents (10 of these 23 were children) who were asked and answered the question responded that it had been a positive experience:

Responses to "How was it?" from CSEC Survivor Respondents in the Philippines

- *"Feels ok. She was helpful."* (Young woman survivor)
- *"Very fine. Relieved."* (Girl survivor)
- *"It helps because thru interview it relaxed our feelings and know that people are available to help."* (Woman survivor)
- *"Feel ok, able to think and know children's needs. Based on what is needed and lacking."* (Young woman survivor in the Philippines)
- *"Honored and grateful."* (Woman survivor)
- *"It's good. And it's nice because you ask more on our concerns and needs and you listen to what we need. We just wish that when you are done reading all these reports, all our opinions, we just hope that you would give action and grant our needs. That's a big help that you're willing to learn."* (Girl survivor)
- *"It is good to have sessions like this. I can express my problems. Here so much is limited."* (Young woman survivor)
- *"Nice because she can relate to the questions. I feel like talking to myself and able to release. It helps a lot. Big help."* (Young woman survivor)
- *"Feels comfortable and happy every time I talk to people who are concerned for the better needs of beneficiaries."* (Young woman survivor)

- *"Happy to talk with us."* (Young boy survivors)
- *"Happy and could express."* (Young woman survivor)
- *"Feel good talk opinion."* (Young woman survivor)
- *"It's ok. She was able to think of the needs of improvement and the gaps of services. Also good to help here in more ways to help the children and women."* (Woman survivor)
- *"I thought it would be hard but not."* (Young woman survivor)
- *"Very much ok."* (Young woman survivor)
- *"Ok. Amazing. To share about my friends."* (Boy survivor)
- *"Ok. But at the same time I'm also thinking of what to propose in addition to the laws, what to change for the laws."* (Boy survivor)
- *"Ok."* (Girl survivor)
- *"Ok. Something is being fed on her mind. She can critically think."* (Girl survivor)
- *"Very ok. Fun!"* (Young woman survivor)
- *"It's ok. I am happy because my sadness disappeared."* (Young girl survivor)

The two children who did not seem to have had as positive an experience as their peers stated:

- *"He feels tired… He has a painful headache"* (Male-to-female transgender child survivor)
- *"Ok, but she is a bit confused and she finds the questions difficult."* (Girl survivor)

Thailand: 9 of the 11 survivor respondents (8 of these 11 were children) who were asked and answered the question responded that it had been a positive experience:

Responses to "How was it?" from CSEC Survivor Respondents in Thailand

- *"I feel good because it is a chance for me to share my opinions. The questions were not difficult and not stressful".* (Young woman survivor)
- *"Feel good about it. Not bored and not difficult questions."* (Boy survivor)
- *"I think it is fun, it is good. I have a chance to share my opinion, share feeling."* (Male-to-female transgender child survivor)
- *"Questions were easy cause with police ask same questions again and again so got bored."* (Young man survivor)
- *"Glad that we talked with her and it helped to motivate her to gain strength to move on."* (Girl survivor)
- *"Feels good to talk to someone who understands. Some difficult questions."* (Boy survivor)
- *"Feel good. Bored a bit. Difficult questions cause had to think."* (Boy survivor)
- *"I feel good. I don't feel excited, nervous, anymore."* (Woman survivor)
- *"It's good. I feel relaxed."* (Boy survivor)

Two children who did not seem to have had as positive of an experience stated:

- *"Glad to be done. It was so so."* (Girl survivor)
- *"It was so so. Not difficult questions."* (Boy survivor)

Observation: They each had been sleeping until the time of the discussions, and remained rather sleepy.

ANNEX 2

SURVIVORS' ADVICE TO FELLOW SURVIVORS

As a way to inquire about survivors' needs, survivor participants were asked what advice they would give to children who had newly arrived at the drop-in centre or shelter, or who had not yet accessed services. This researcher then composed a letter entirely based on what they shared, on their words and expressions. This letter is addressed to newcomers at a shelter, or at a DIC.

February-May, 2015

Dear Newcomer,
Welcome,

"I want you to know that, when you first arrive here, it is normal at first not to understand why you are here. It is also normal that you still feel very scared and worried that this maybe the same kind of place where you were before, that you will be hurt again, and maybe the bad people will come here. But I reassure you that this is not a bad place. I have been here for a while. Here everyone is helpful. This is a place where the people really support you. Where they give you opportunities to make life better. If you want you can study. If you don't want to study, you can at least make yourself literate, and learn a vocation that will support you for life, for living and earning. This place will give you a sense of belonging. There is nothing to fear here. The staff will teach you many useful things. We are all same here. We understand each other's problem, because we have gone through the same issues like you. We might not be your relatives, but we belong together. The best thing is we can learn here. Staff in this organisation will listen to you. They have listened to me. They have cried with me. So they are not somebody who will judge you. They will really understand you.

It is good here. It is like home here. The people here are not our family but they love us, and they listen to our wishes here, let us do what we wish, what we want, like receiving an education in a normal school, or vocational training, so you can gain knowledge, and, when you grow up, you can get employment, and look after you parents. You should move out of here with some skills in your hands. It is nice here. There are a lot of activities. There is food. You will not feel hungry. You can get food in the refrigerator. This centre is comfortable.

There is an adjustment problem faced by all the children who are new here. Based on my own experience, you should not to be scared or anxious. You will gradually adjust here. It takes about two weeks to adjust. You don't have to be scared, because we all understand you. We are all like you. Please look ahead in life, and try to forget or accept the past. You have gone through difficulty, but you have a life ahead. Think of that life.

When you first arrive, I will come talk with you, ask your name, and try to build a good relationship. We will start with introductions. I think it is a good way to know a person, to bond. I will keep you company. I will introduce you to the people and environment. I will tell you everything about this place, and what you will need to do here. I will give you information about what is available here, and what we do. I will show you where you can sleep, and will let you know about the routine; like at what time we wake up, and at what time we eat. I will tell you about the best ways to behave. I will advise you about the rules and regulations. There are things that you can and cannot do here, and there are areas where you should not come and play. You must understand that a rule is a rule, and if it is not followed, it will be reported to the director. I recommend that you not be naughty, and not to do silly things. It is not good to fight with friends here. You have to listen to others too. You cannot only impose your own decision. It is also better if you don't run away from the centre, because, once you escape, you will regret it. Do not allow yourself to be tempted to different vices again.

After a while, I will ask you why you are here, and about the problems that you faced. I will exchange experiences with you, what I have gone through, so you can trust me and talk with me if you want. I will share about my experience of living here, so you can learn about life here, and not get nervous. I will tell you that I have been through this already, and it's good to be here. I will give you advice and support. You need to know that we do not share certain personal details of what happened to us with each other, because we are not allowed to do so. We are not allowed to ask personal details, like where we are from. We can only ask names. Don't tell anything very personal to the children here. There is a good reason for that. One day you might get along with someone, and tell him or her about what happened to you. But tomorrow, if you have a fight, they might tell everything to the other children. This will make things difficult for you. Telling them confidential information can make things worse for you, and these children won't help you. When you have something to talk about or share, you should go to the staff or a counsellor. Ask the staff first if it is proper to answer the questions of the children here. If the children try to force you to talk about your past, it is best to avoid them. Just tell your personal stories to the staff.

Sometimes the staff here will ask us how the newcomer is doing. If someone is silent and doesn't talk much, we try to talk to them more. So we try to talk nicely to make it easier for the newcomer to open up and talk. If there is someone who doesn't talk, we tell the staff and they do counseling. It is by talking that you know people and how they are. Talk to any counsellor if you have something to share. Talk to housemother if you have any needs.

Some children may try to tell you that this is not a good place, and that people will beat you here. But they are saying that to try to scare you. Other children will tell you that this is a good place, and you will be in a dilemma, wondering whether this is a good place or bad. You won't be able to decide. So, I want to reassure you, do not to listen to the negative things. Some people only focus on negative aspects of the organisation, and only think about what has not been fulfilled. It is wrong, because the organisation gives us all the necessary basic needs. They do all they can. If you compare between what you have given to organisation, and what organisation has given you, it is always the organisation that has given you more.

They do not have the responsibility to take care of you, but they still do it. So focus on good things. This is a good place, and you will not be exploited. It is like a home, and the staff loves us genuinely.

You should not worry, because if they would find your parents, they might visit you. They might get you out of here. Just enjoy life. You don't have a choice. You are here. Do your things and tasks. Be happy and enjoy, and make new friends. Keep busy, and avoid crying. Be patient, because time flies so fast. Enjoy being here, and do not think so much of the outside world. You are given a chance to change, to finding yourself more here. This is a place where you can build your future. Study hard so you can be a scholar, and help your family. You are given a chance to be successful. Orient your awareness to your rights. I encourage you to change by going to school. Forget the past. Focus on present, on the now. Divert your attention to activities in the centre. You should not to be scared. We are going to live together in the house. We will love you. We will support each other Please, do not feel defeated. There is life ahead"

~ The children and young adult survivors of sexual exploitation and trafficking in Nepal, the Philippines and Thailand

PS: for newcomers at faith-based shelters:
"I encourage you to know God, and get closer to God. Read the Bible [or other sacred text] every day. Know God in your heart. Have a good relationship with God. God is very important in life. God loves everybody, loves us very much. Pray to God when you don't know what to do. This is not the worst. You are lucky because you are rescued. You feel free not to do bad things. Be confident. Be patient. Don't be naughty, so that people can like you. They will treat you like family and will help you. Pray always. Be optimistic, opportunities will come. Understand that it is God's will. In here, we only have one person to rely on, and it's God. [S/]He knows when and where we will go with our life."

ANNEX 3

"TRANSITION FROM SHELTER LIFE TO AFTERCARE SUPPORT"

A service provider, at an organisation that was included in this study, conducted a focus group with nine survivors between the ages of 16 and 24 years old who had already (re)integrated.[726] They discussed what life was like for them after having lived at the shelter, and explored barriers to (re)integration. The focus group occurred soon after this researcher had met with this respondent. The findings were shared and included here so as to shed further light into the topic of barriers to (re)integration.[727] The following barriers were identified:

- Lack of consistent aftercare support from the local Department of Social Welfare and Development (DSWD) or from [NGOs]
- Difficulty finding a job or the inability to support themselves financially and difficulty continuing their education Difficulty with returning to a similar environment prior to living at the shelter
- Difficulty relating to family members or friends
- No support network of survivors or continuous aftercare where survivors are able to talk about their experiences with each other.

These findings concur with those of this study, and highlight the importance of a thorough recovery process and (re)integration preparation, and a sturdy aftercare infrastructure.

726 The focus group was conducted at an organisation in the Philippines out of which a number of survivors and service providers were included in this study.

727 Service provider, Email communication with author, September 14, 2015.

ANNEX 4

UNSTRUCTURED DISCUSSION QUESTIONS FOR CSEC SURVIVORS

- Thank respondent & make introductions. Ensure privacy.
- Explain purpose of study, procedures and logistics (e.g., bathroom, refreshments).
- Review/discuss information sheet and informed consent. Explain note taking, recording, and anonymising process. Emphasise confidentiality (and limits to confidentiality) and participants' rights.
- Clarify terminology and ask if respondent has any further questions.
- Sign informed consent.

Opening 'ice-breaker' to establish rapport. For example,

- Tell me about your day (e.g., What have you done today? What is your favorite part of the day? What activities do you like most? What are your favorite foods?)
- Tell me about the people you know here. (Who do you like to spend time with?)

General Questions:

Immediate needs, service and barriers:

- Please tell me about when you first arrived here.
- What happened next?
- How did people know what you needed when you first arrived?
- What type of immediate assistance did you need?
- What help did you receive?
- What was helpful?
- What problems (barriers) did you have in getting the immediate help you needed?
- How were you involved in the decisions? How was your permission sought?

Present needs, services and barriers:

- Tell me about your needs now.
- How are you being helped?
- What is helpful?
- Tell me about the people who have been helpful to you.
- What problems (barriers) do you meet when trying to get help?
- What are some needs that you have now that are not met by current services?
- What else would be helpful?

Future needs, services and barriers:

- What do you want to do when you are older? What are your plans for the future?
- What would help you achieve your goals/dreams?
- What support do you think you will need when you are older?
- What problems might prevent you from receiving the help you need in the future?
- What could be done to fix those problems?

Questions related to specific domains of inquiry:

Checklist for themes of inquiry	
• Prevention • Parents, family and community • Hotlines • Outreach • Drop-in centres • Raids and rescue • Basic needs • Medical assistance • Mental health assistance • Substance abuse and addiction • Spirituality and religion	• Legal support* • Social life, play and recreation • Life skills • Peer-to-peer support and Leadership • Education • Vocational training • Repatriation • (Re)integration • Aftercare • Other

- Tell me about [specific area of inquiry].
- How helpful/important is [specific area of inquiry and related components]?
- What is helpful/important about [specific area of inquiry and related components]?
- What is not helpful about [specific area of inquiry and related components]?
- What are some of the problems to getting this help?
- What else is needed?
- What do you recommend?

*** Questions for the Access to Criminal Justice Study:**[728]

For CSEC survivor respondents who were involved in the criminal justice process

- When did you first decide to take part in the criminal justice process?
- How did you come to the decision to take part in the criminal justice process?
- How did you feel about cooperating with the police/ lawyers/judges?
- What was the hardest part of participating in the criminal justice system?
- What did the police, lawyers or judges do to make the experience easier on you? How did you feel about that?

728 These questions were provided by Lynch Darlene for: Lynch, Darlene (2017), "Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation. Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand", Bangkok: ECPAT International, forthcoming publication.

- What would you change about the criminal justice system to make it better for other children in your situation?
- Knowing what you know now, would you still participate in the criminal justice system?

For respondents who did not get involved in the criminal justice process:

- What would have changed your mind about getting involved in the criminal justice process?

*** Questions for the Access to Compensation Study:**[729]

- How did you find out about the different ways (legal venues) children in your situation can ask for and receive money?
- What steps have you taken to ask for and receive (seek and obtain) money?
- Please describe the process or steps you have taken?
- How did you feel going through this process? (If you could go back, would you go through this process again?)
- What was helpful during this process? Who was helpful during this process? What was not helpful? Who was not helpful? Please explain (Why?).
- How important is to you to receive money (from abuser) as a result of your experience (exploitation)? Please explain (Why/why not?).
- What else (other forms of reparation) would you have liked to receive?
- How would you make the process easier for other victims seeking money?

Final Questions ~ Recommendations:

- What immediate support do you think is the most important for children in your situation?
- What else do you think other children in your situation need?
- In your opinion, why are recovery and reintegration services important?
- What would you recommend to governments and people in positions of power?
- What advice would you give children in your situation who are new here?
- What else would you like to add, that I might not have asked about?

Closing transition. For example,

- What are you doing today, after this?

Debriefing:

- Thank you for your participation.
- How are you doing?
- How was this discussion for you?[730]
- Discuss self-care, referrals for support, and follow-up contact information.

729 These questions were provided by Sheila Varadan, Head of Legal Programme at ECPAT International, for ECPAT International (2017), "Barriers to Compensation for Child Victims of Sexual Exploitation. A Comparative Legal Study", Bangkok, ECPAT International, forthcoming publication.

730 See 'Annex 1. How was it?' above.

ANNEX 5

SEMI-STRUCTURED INTERVIEW QUESTIONS FOR SERVICE PROVIDERS

- Thank respondent and make introductions. Ensure privacy.
- Explain purpose of study, procedures and logistics (e.g., bathroom, refreshments).
- Review/discuss information sheet and informed consent. Explain note taking, recording, and anonymising process. Emphasise confidentiality (and limits to confidentiality) and participants' rights.
- Clarify terminology and ask if respondent has any further questions.

Opening 'ice-breaker' to establish rapport.

General Recovery and (Re)integration Questions

Service Providers/Caregivers Roles

- Tell me about your job's? (e.g., roles and responsibilities)
- What prepares a person who wants to work with CSEC survivors ?
- What training and resources are needed?
- What are the biggest challenges you face in your work every day?

Recovery

- How are children usually referred to your services?
- What process is followed once they arrive?
- From your experience, what are their immediate needs?
- What are their long-term needs?
- How are their needs assessed?
- How do these needs vary depending on gender? Age?
- What may be the differences in terms of recovery needs among survivors of various forms of CSEC?
- What may be the differences in terms recovery needs between child survivors of CSEC and other children you work with?
- Tell me about the particular groups of CSEC survivors that require more/less support.
- What needs are the most challenging to meet?
- What kinds of recovery services are available for children?
- Tell me about the services that seem to be the most beneficial or the most important.
- What services do you think children appreciate the most?
- What happens when the services available do not meet a child's need?
- How do you engage with children who do not want to engage?
- In your opinion, when does the process of recovery begin/end?

- What are key indicators of a successful recovery?
- What are key barriers and challenges child survivors of CSEC face in accessing recovery services?
- Tell me about the role of parents, families and community in the recovery process.
- If anything were possible, what would you recommend to improve the effectiveness of recovery services for this population?

(Re)Integration

- From your experience, what are some of the unique (re)integration needs of child survivors of CSEC?
- How do these needs vary depending on gender? Age?
- What are the differences in (re)integration needs between victims/survivors of child prostitution, child abuse images, and child sex trafficking?
- How are the (re)integration needs of child survivors of CSEC different from the needs of other populations you work with?
- What (re)integration services are available to prepare children for the future? What (re)integration services seem to be most helpful? The least helpful?
- In your opinion, when does the process of (re)integration begin/end?
- What criteria or assessments are used to ascertain that children are ready to be (re)integrated?
- On average, how long do children need recovery and (re)integration services before they are ready to (re)integrate?
- What are key indicators of a successful (re)integration?
- How long are children monitored once (re)integrated?
- How is that monitoring conducted?
- What are key barriers and challenges children face in accessing (re)integration services?
- What kind of beliefs and expectations do children have of (re)integration?
- What factors or circumstances lead to the premature termination of (re)integration services?
- Tell me about the role of parents, families and community in the (re)integration process.
- What measures are in place to insure children are not exploited again?
- If anything were possible, what would you recommend to improve the (re)integration process?

Questions for the Access to Criminal Justice Study:[731]

- Describe any services that you, or your organisation, provide to help children involved in criminal cases against their abusers.
- How do children first come to the attention of the police?

731 These questions were provided by Lynch Darlene for: Lynch, Darlene (2017), "Through The Eyes of the Child: Barriers to Access to Justice and Remedies for Child Victims of Sexual Exploitation. Interviews with Survivors and Professionals in the Criminal Justice Systems of Nepal, the Philippines and Thailand", Bangkok: ECPAT International, forthcoming publication.

- In your experience, when children participate in criminal cases against their abusers, what is the hardest part of the process for them?
- What, if anything, do police, judges, and other adults involved in the criminal process do to make the criminal justice process easier on children?
- What do they do to make the experience harder on children?
- What would you change about the criminal justice system to make it better for children involved in criminal cases against their abusers?

Questions for the Access to Compensation Study:[732]

- What are your experiences in helping children seek and obtain money in relation to their exploitation? (e.g., Compensation – i.e. money for medical bills and hospital expense or money for suffering; Financial assistance – i.e. money to help cover the costs of attending court, travelling)
- What was the result of the process?
- What did children receive?
- Who was the money paid to?
- In your opinion, what are the three biggest barriers that children face in seeking and obtaining money in relation to their exploitation?
- If the children were awarded money, and in fact received the money, please describe, to the best of your knowledge, what happened to the money.
- In your opinion, how should compensation be disbursed?

Final Questions ~ Recommendations:

- In your opinion, why are recovery and reintegration services important?
- What would you recommend to governments and people in positions of power?
- What advice you would give to a new caregiver?
- What else would you like to add, that I might not have asked about?

Closing and debriefing:

- Thank you for your participation.
- How are you doing?
- How was this discussion for you?
- Discuss self-care, referrals for support, and follow-up contact information.

732 These questions were provided by Sheila Varadan, Head of Legal Programme at ECPAT International for ECPAT International (2017), "Barriers to Compensation for Child Victims of Sexual Exploitation. A Comparative Legal Study", Bangkok, ECPAT International.

ANNEX 6

ECPAT INTERNATIONAL CHILDREN'S CONSENT FORM

Children's Consent Form

My age is _____

Gender: Male [ ] Female [ ] Other [ ]

There is a visitor/ researcher from ECPAT who wants to talk with me, I	**Want** [ ] **Do not want** [ ]	to talk with them.
Nobody else will know my real name, I	**Want** [ ] **Do not want** [ ]	a false/made-up name to be used if I'm referred to in the report.
She will ask me about my life and my ideas, I	**Want** [ ] **Do not want** [ ]	to tell them anything about myself.
She will spend up to 40-90 minutes talking with me. If it is too long for me, I might ask to stop, I	**Want** [ ] **Do not want** [ ]	to be able to take a break when I want or to stop the interview completely.
She will record my conversation on paper and/or on a audio recorder, I	**Agree** [ ] **Do not agree**[ ]	to have myself, my voice, my opinions in a report.
She would also like to talk with my parent(s) /guardian, teachers and friends, I	**Want** [ ] **Do not want** [ ]	her to speak with my parent(s)/ guardian, teachers and friends.

She said she already asked permission from my parent(s)/guardian/caregiver to talk with me, I	**Agree** [ ] **Do not agree**[ ]	With my parent(s)/guardian/ caregiver's decision.
She will ask my caseworker for general information about me, I	**Want** [ ] **Do not want** [ ]	them to speak with my caseworker about me.
She will let me know what ECPAT International learned and what suggestions they have for the future on their research, I	**Want** [ ] **Do not want** [ ]	to have further information when the study is finished.
I feel comfortable with being part of this interview, I	**Have** [ ] **Do not have** [ ]	More questions at this stage of the process.

Date: _____ Place: _____

Guardian Signature: _____

Lead Researcher Signature: _____

Original version by Save the Children UK (and modified by ECPAT International).Text for guidelines adapted from WHO Ethical Research Guidelines.

ANNEX 7

CONFIDENTIAL DATA AND LOG

Name of Sponsor: *(e.g., ECPAT International)* _____

Name of Principle Facilitator: *(e.g., Name of Lead Field Researcher)* _____

Name of Partner Organisation: _____

Date: _____

(With respondent's permission, the Child Protection Gatekeeper will provide this information ahead of discussions with CSEC survivor respondents)

(Respondent Code:_____)

1. Age: _____
2. Gender: _____
3. Region of origin: _____
4. Language(s) spoken: _____
5. Nationality(ies): _____
6. Ethnicity(ies): _____
7. Caste: _____
8. Religion: _____
9. Married *(if applicable)*: Yes _____ How long _____ No _____
10. Girl/boy/other-friend *(if applicable)*: Yes _____ No _____
11. No. of Children *(if applicable)*:_____

    Child(ren) live with: _____
12. Education level: _____
13. Learning differences: _____
14. Vocational training: _____

15. Health concerns: _____

16. Addictions: Drugs _____Alcohol _____Sex _____Other: _____

17. Mother: Yes _____ No _____

18. Father: Yes _____No _____

19. Sister(s): Yes _____ No_____ Brother(s): Yes _____ No _____

20. Other family members involved: _____

21. Parent professions:

Mother: _____

Father: _____

22. Dynamics of entry into CSEC:_____

_____

23. Form(s) of CSEC exploitation: Prostitution _____ Abuse Materials _____

Sex Trafficking _____ Sex Tourism _____ Child Marriage _____

24. Duration of CSEC exploitation: _____

25. Dynamics of CSEC exit: _____

_____

26. First contact with police? _____

27. Legal case status: _____

28. Abuser(s) sentenced: Yes _____ No _____ Nationality(ies)_____

29. Victim/survivor subjected to: Blackmail _____ Threats _____

a. Family subjected to: Blackmail _____ Threats _____

b. Other (i.e., NGO staff) subjected to: Blackmail _____ Threats _____

30. Applied for compensation? Yes _____ No _____

c. Received? Yes _____ No _____

31. Recovery assistance received/needed (and how long): (Physical Health (Immediate? Short/ long term? Medication?) (Mental health: Psychiatric (Emergency? Diagnosis? Medication? Hospitalisation?) _____

_____

32. (Re)integration status: _____

33. (Re)integration assistance received/needed (and how long): _____
_____

34. Areas of strengths/interests: _____
_____

35. Future aspirations: _____
_____

36. Concerns about involvement in Interview/Discussion and/or Group Discussion: _____

_____

37. Previous participation in research interviews? Yes _____ No _____

a. Was most recent participation less than 3 months ago? Yes _____ No _____

b. With whom? Academics _____ NGO _____ Journalists ____ Other _____

Other Information: *(Log to be filled by Lead Researcher)*

(Name of Research Project)		
	Visit 1	**Visit 2**
Code		
Researcher		
Translator		
Other		
Date of visit		
Time of visit		
Duration		
Location		
Next visit: date and time		
Comment code		

**Comment codes:*

1. Changed her/his mind before discussion/interview
2. Changed her/his mind during discussion/interviews
3. Discussion rescheduled for later today
4. Discussion rescheduled for another day
5. No discussion (re)scheduled
6. Other (specify)


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