

The Psychosocial Rehabilitation

of Children who have been Commercially Sexually Exploited

*Self-Study
Materials*



The Psychosocial Rehabilitation of Children who have been Commercially Sexually Exploited

- Self Study -

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End Child Prostitution, Child Pornography and
Trafficking of Children for Sexual Purposes

SELF-STUDY MATERIALS

The following materials are designed for caregivers working at centres with commercially sexually exploited children, many of whom have also suffered physical and emotional neglect and abuse on the streets. Many centres find themselves employing new staff without having the resources or opportunity to provide training. Many NGOs operating on a low budget are forced to take on volunteer or inadequately trained staff, or students some of whom may be undergoing a formal education helping out part-time.

Many centres around the world do not have the luxury of professionally trained counsellors or therapists amongst their staff. Most groups know that their workers find themselves in the role of social worker, cook, educator, house parent, counsellor and friend to the children who pass through their care. Time is generally not affordable for in-service training or external workshops as the centres are already understaffed and busy 24 hours.

These are sample materials for SELF-STUDY which may be copied, adapted or translated to be suitable for new caregivers of children who are sexually abused and exploited. Workers at centres can work through them in their own time and at their own pace. The suggestions given are based on experiences of a number of groups working with commercially exploited children from around the world.

The materials have been adapted from various sources including: ECPAT International Fund for Children studies, ECPAT regional offices, Right to Happiness (BICE), and The Centre for the Protection of Children's Rights (Thailand). These materials have been widely disseminated throughout Asia, Eastern Europe, Africa. At present they are available in English, French, Spanish, Czech, Slovak, Russian, Ukrainian and Turkish.

This workbook is divided into two sections: Section 1 contains the self-study material, while Section 2 contains the answers to the questions and dilemmas posed in Section 1.

This workbook does not cover all aspects of psychosocial training and should not be used as an authoritative text as some of the findings may not apply to every country. It will need a good deal of supplementation and adaptation to reflect your own situation. If you are going to add to it, you may consider other topics such as Health, including HIV/AIDS; Drug and Alcohol use; Behaviour Management; Post Traumatic Stress Disorder; and caring for carers. These subjects are not dealt with at any length here.

We hope that the methodology used here will be helpful to you when preparing your own self-access workbook. Please feel free to contact ECPAT International if you need further advice, or would like to make comments or recommendations.

Colin Cotterill & Stephanie Delaney

TABLE OF CONTENTS

SECTION 1

UNIT ONE: *Child Sexual Abuse.*

What does child sexual abuse mean to you?	7
What knowledge and skills do caregivers need in order to work with CSA victims?	8
What causes CSA and what effect does it have on a child?	10
How do children become victims?	13
How can we start to address the problems of CSA at our centre?	15

UNIT TWO: *Commercial Sexual Exploitation of Children (CSEC)*

What is CSEC?	18
What are the differences between CSA and CSEC?	21
What pressures are there on CSEC victims?	22
How do children survive during CSEC?	24
What is the most suitable location when working with CSEC victims?	25

UNIT THREE: *Psychosocial Rehabilitation.*

Why do we need to use psychosocial rehabilitation?	28
Can we solve these problems through counseling?	31
Where does counselling fit into a psychosocial programme?	34
What other people are involved in a psychosocial programme?	37

UNIT FOUR: *Centre Programmes*

What else should your programme include?	40
What education can we realistically offer?	42
Will vocational training keep children off the streets?	44
What creative therapy will work at our centre?	45
Isn't it too late to start introducing protective behaviours?	47

UNIT FIVE: *Reintegration*

Should we really send these children back to the communities	50
What is SUCCESS?	52

UNIT SIX: *Prevention*

What role can caregivers play in prevention?	54
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SECTION 2

RESPONSES & ANSWERS	55
--------------------------------	----

Working with Children who have been Commercially Sexually Exploited - Some Guiding Principles	76
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Your name:
Organization:
Date started:

“ Hello! These self-study materials are designed for you to work through on your own and at your own pace. They provide an introduction to the issue of ‘Commercial Sexual Exploitation of Children’. Specifically, this self-study manual will help caregivers like you to identify children most at risk of CSEC and will give you ideas and techniques for helping exploited children through the recovery process. These techniques are only a starting point and the ideas given will need to be further elaborated within your staff team. After each section, we suggest that you refer to the correlating ‘Responses’ at the back of the manual in Section 2. As the individual experience of each child requires a unique response, each ‘Responses’ should be understood to be a guiding principle relating to children generally. Whenever we are working with children we need to always be careful to ensure we consider them as individuals with a unique set of thoughts, feelings and ideas. ”

UNIT ONE

CHILD SEXUAL ABUSE

PART ONE

What does child sexual abuse mean to you?



1. A

Do you really understand what sexual abuse is? Let's just see whether we are starting at the same place. Here is a list of twenty statements about Child Sexual Abuse (CSA). Mark whether you think they are true **(T)** or false **(F)**

	T	F
1. CSA is a crime committed only by adults against children .	<input type="checkbox"/>	<input type="checkbox"/>
2. Most CSA leaves no physical evidence on the body.	<input type="checkbox"/>	<input type="checkbox"/>
3. Children often lie that they have been sexually abused.	<input type="checkbox"/>	<input type="checkbox"/>
4. Most CSA is committed by people the child does not know.	<input type="checkbox"/>	<input type="checkbox"/>
5. A sexually abused child will probably become an abuser when s/he grows up.	<input type="checkbox"/>	<input type="checkbox"/>
6. Children never invite sexual abuse voluntarily.	<input type="checkbox"/>	<input type="checkbox"/>
7. CSA will always be traumatic for a child.	<input type="checkbox"/>	<input type="checkbox"/>
8. Children will naturally hate the person who abuses them.	<input type="checkbox"/>	<input type="checkbox"/>
9. Abusers single out bright, outgoing children to abuse.	<input type="checkbox"/>	<input type="checkbox"/>
10. CSA is rarely a spontaneous action. It is usually carefully planned.	<input type="checkbox"/>	<input type="checkbox"/>
11. The child should immediately be removed from the abusive household.	<input type="checkbox"/>	<input type="checkbox"/>
12. If a child discloses CSA, s/he should have a medical examination as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>
13. It is best not to talk with the child about the abuse.	<input type="checkbox"/>	<input type="checkbox"/>
14. If the child is under 16 (local majority) but consents to sex with an adult, there's nothing the law can do.	<input type="checkbox"/>	<input type="checkbox"/>
15. The majority of CSA offenders are male.	<input type="checkbox"/>	<input type="checkbox"/>
16. Most CSA victims never report abuse.	<input type="checkbox"/>	<input type="checkbox"/>
17. Sexual abuse against boys is very rare.	<input type="checkbox"/>	<input type="checkbox"/>
18. Men who abuse young boys must be homosexual.	<input type="checkbox"/>	<input type="checkbox"/>
19. The majority of CSA victims are in their early teens.	<input type="checkbox"/>	<input type="checkbox"/>
20. CSA victims and CSEC (Commercial Sexual Exploitation) victims have the same problems.	<input type="checkbox"/>	<input type="checkbox"/>

1. B

From the information given in 1.A, write your own definition of CSA in the following box. Write in pencil so that you can make changes to it as you work through this manual.

PART TWO

What knowledge and skills do caregivers need in order to work with CSA victims?

2. A

Look at the following list of natural attributes.

In column 1. List the order of importance of these attributes when working with CSA (most important = 1, least important = 8).

In column 2. List your own strength in that attribute (1=strongest, 8=weakest)

ATTRIBUTE	Importance	Own strength
1. Ability to listen
2. Patience/perseverance
3. Non judgmental attitude
4. Problem solving
5. Love of children
6. Friendliness
7. Reliability/consistency
8. Acceptance
Add other attributes to this list as you think of them

2. B

Apart from personal attributes, the caregiver needs certain skills and knowledge to be able to work with CSA victims. Here is a checklist of some of the skills you will need to begin to work with CSA victims.

Put a tick (✓) beside skills you already possess, a dash (-) beside those you need to acquire, and a question mark (?) beside terms you do not understand.

- Communication skills ☐
- Listening skills ☐
- Assertiveness training ☐
- Self-awareness skills ☐
- Awareness of how working with abused children affects workers emotionally ☐
- Self-care skills to prevent burnout ☐
- Awareness of children's rights ☐
- Understanding of abuse ☐
- Positive attitude towards young people ☐
- Assessment skills ☐
- Having the knowledge to know when to refer to someone with more specialist skills ☐
- Suicide assessment ☐
- Teamwork skills ☐
- Knowledge about sexual abuse - the dynamics and the impact of abuse ☐
- Awareness of issues around drugs and alcohol and other misused substances ☐
- Conflict resolution skills ☐
- Empathy - the ability to put yourself into the situation of the other person ☐
- Dealing with behavioural problems ☐
- Setting boundaries ☐
- Giving constructive feedback about a person's behaviour ☐
- Setting limits on behaviour ☐
- Ways of promoting positive behaviour ☐
- Dealing with sexualised behaviour ☐
- Problem solving skills ☐
- Generating options ☐
- Exploring the positives and negatives of each option ☐
- Recognizing the signs that a child has been sexually abused and know how to react appropriately ☐

PART THREE

What causes CSA and what effect does it have on a child?

UNDERSTANDING SEXUAL ABUSE



Remember -

Although we may be able to find reasons for CSA, it is important to remember that there are never any excuses for it.

CSA is an infringement of the child's rights and of the law. It is a crime of physical and mental abuse. No child ever deserves to be sexually abused or ever knowingly brings it upon themselves.

Sexual abuse of children occurs within a social, political and cultural context. Before we can understand the impact of sexual exploitation on individual victims, it is first important to understand the societal context in which abuse most commonly occurs.

3. A

A number of factors may increase children's vulnerability to sexual abuse. If you know of a child who has been sexually abused, tick the conditions that were present in that child's life at the time of the abuse.

- ☐ Lack of family structure / protective adults
- ☐ Social isolation
- ☐ Lack of education
- ☐ Drug and alcohol abuse and other substance misuse
- ☐ Poverty

These factors should not be seen as **CAUSES** of child sexual exploitation but rather as **RISK FACTORS**. They may compromise the child's ability to protect him/herself and may make him/her a target for perpetrators.

THE DYNAMICS OF SEXUAL ABUSE

How does CSA affect the child? Finkelhor¹ believes that there are four major effects common in CSA victims.

- a) Traumatic Sexualisation:** refers to the conditions of sexual abuse under which a child's sexuality is shaped in developmentally inappropriate ways. As a result, children become confused and acquire misconceptions about sexual behaviour and sexual morality. Additionally, unpleasant memories become associated in the child's mind with sexual activity. Because of rewards given for sexual behaviour, children may learn to use sexual behaviour as a strategy for manipulating others to get their needs met.

b) Betrayal: children discover that someone on whom they depended has caused them, or wishes to cause them, harm.

c) Stigmatization: refers to negative messages that are communicated, both directly and indirectly, to the child about their involvement in CSEC. Much stigmatisation comes from the moral judgements children infer from those around them. This stigmatisation causes feelings of self-loathing, worthlessness, shame and guilt. As a result they develop a belief that they are 'damaged goods'. This process contributes to children developing self-attributions as to why the abuse happened:

"I must have done something to lead him on"



d) Powerlessness: There are two main components of powerlessness:

- i) A child's will, wishes and sense of self ownership are repeatedly overruled and frustrated; and
 - ii) A child experiences the threat of injury or annihilation.
- One of the most basic forms of powerlessness is the experience of having one's body space repeatedly invaded. Other forms of powerlessness are the experiences of physical violence and psychological coercion.

Powerless leads to ongoing vulnerability and a feeling of entrapment.

3. B

Write down the following words on a piece of paper:

- 1) Traumatic Sexualisation
- 2) Betrayal
- 3) Stigmatization
- 4) Powerlessness

Close this book and write down what you understand about them. Check back in the book when you have finished.

THE IMPACT OF SEXUAL ABUSE

Here is a list of some of the problems found in children who have been sexually abused:

- Fear
- Depression
- Low self-esteem
- Poor social skills
- Repressed anger and hostility
- Inability to trust

Blurred role boundaries and role confusion
Emotional pseudo-maturity but failure to reach child developmental stages
Sexualised behaviours
Guilt
Shame
Sense of being different to others
Social isolation
Drug and alcohol misuse
Self-mutilation
Post traumatic stress disorder

HOW CHILDREN COPE DURING THE ABUSE

Since children's bodies are undeveloped and unprepared for sexual activity, the physical impact of the abuse can be overwhelming, creating discomfort, unbearable pain, as well as confusing pleasures.

Each child learns to cope with the stress of sexual abuse in his/her own way. Due to the flooding of overwhelming emotions of fear, panic, confusion and betrayal, along with the physical suffering, children develop strategies to detach themselves from what is being done to them.



Problems can arise when survivors of sexual abuse continue to employ old coping methods in adult life where there is no longer any threat to their wellbeing. Since coping methods were developed during traumatic situations, they tend to be deeply ingrained and hard to let go of. The main strategy employed is that of DISSOCIATION.

DISSOCIATION involves blocking out the experience from conscious memory. Survivors do this by divorcing themselves mentally from the discomfort and pain of abuse.

PART FOUR

How do children become victims?

You will probably come into contact with two types of victim:

1. Children who have been coerced / kidnapped and sexually assaulted once
2. Children who have been carefully 'groomed' by a perpetrator and abused over a longer period of time

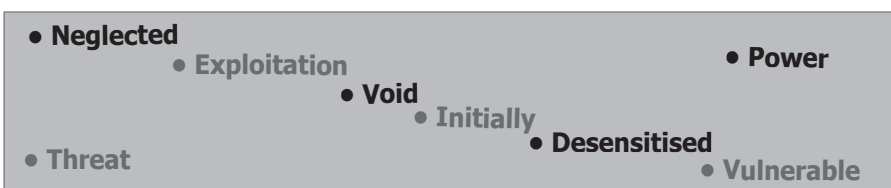
Both types of child victim have a number of issues to work through. As well as the physical violation, the second group has suffered an emotional abuse of trust as the perpetrator is probably well known to the child. This scenario is more common.

THE PROCESS OF VICTIMIZATION

4. A

How do perpetrators select their victims? In the following list, some words have been left out. Fill in the spaces with the key words given at the bottom of the exercise.

- Perpetrators typically select victims who are _____ targets.
- The children often have ambivalent feelings towards the offender.
- The offenders often develop a relationship with victims by developing trust and providing 'care' and kindness to children who have previously been largely _____.
- Offenders often make children feel special. In many cases the sexual abuse relationship filled an emotional _____.
- A common method of coercion involves the _____ of a child's normal need to feel loved, valued and cared for. Children who do not have these needs met may be susceptible to the interest shown them by sexual offenders.
- Disclosing the abuse poses a _____ to the child's position.
- Children often report that _____ they did not know they were being sexually abused. The sexualised behaviour is often gradual. It may begin with normal affectionate contact or in the context of ordinary physical activities.
- It is important to understand the role of '_____' in the victimisation cycle.
- This process has an enormous impact on the victim's belief system. The young person's beliefs about the adult world have been formed in part by the abuse. Victim's may minimize the abuse and/or not be able to identify some behaviours as abusive. They may become _____ to the abuse as a way of coping but also come to normalise their experiences if they have experienced mostly exploitative relationships.



Victimisation and the grooming process both contribute to children feeling guilty and blaming themselves for the abuse, or for not being able to stop the abuse.

RAPE

Rape is a traumatic experience for anyone: female or male, adult or child. For a child, the violation may be particularly confusing and frightening. In many cases the child will not know what is happening and remember only the violence and the pain.

As we have seen, the perpetrator is often someone known to the child. It may be a relative (father, brother, uncle), or a 'boyfriend' stamping his authority on the relationship. The child will experience terror and anger as well as the severe physical pain. As a caregiver, it is important to show the child that you understand how people feel after a sexual assault and that you in no way hold that person responsible - under any circumstances - for the violation.

4. B

Listed below are some common emotions after rape. What type of things may a child say to indicate how they are thinking? The first example is done for you.

Anger	"I WANT REVENGE" "I HATE HIM."
Guilt	..........
Self Blame	..........
Relationships	..........
Disbelief	..........

PART FIVE

How can we start to address the problems of CSA at a centre?

CREATING A THERAPEUTIC COMMUNITY

The centre you work in needs to develop certain rules and policies that make the environment safe and comfortable for the child. These kinds of guidelines are intended to support the development of a therapeutic community which will best ensure the recovery of each child.

5. A

If you already work at a centre, and if your centre offers the following, tick (✓):

	✓
Safety	.....
Environment that builds trust	.....
Workers who are consistent in their approach towards young people	.....
Stable workforce of reliable workers	.....
Environment that acknowledges strengths of children	.....
Young people are aware of what is expected of them	.....
Structures in place to address the needs of young people.	.....

All of the workers at your centre will be members of the "Therapeutic Community", from the director to the cooks as it is their attitudes, values and behaviour that creates the atmosphere children live in.

5. B

Consider the three case studies given below.

Write a short description of possible actions you or the centre can take. Some comments are given at the back of the manual. You might want to look again at 2A and 5A to remind yourself of important things.

- 1. Heather is 13 years old. Her drug-addicted parents have deserted her. Heather is also addicted to glue. She has been sent to stay at your centre but you have no control over her use of glue, as she seems to have an unlimited supply from a 'friend'. She has a very short attention span and thinks the centre activities are childish. There are suspicions that this older male 'friend' is sexually abusing her.**

- 2. Andy and Marko are both street children about 13 years old. Both were sexually abused as very young children. They were playing a board game with a small group at the centre. Marko cheated in a small way but Andy reacted very violently. When you walk into the room, the two boys are fighting.**

- 3. Milly is 12. She was removed from her home when her mother died. She is very popular at the centre and joins in all the activities. Milly always seems to be talking about sex. She often playfully pretends to be masturbating and likes to rub up against the other girls. She dresses in 'sexy' clothes. She says she does not have a boyfriend.**

UNIT TWO

COMMERCIALSEXUAL EXPLOITATION OFCHILDREN (CSEC)

PART SIX

What is CSEC?

In the course of your work, you may come into contact with children who are victims of

Commercial Sexual Exploitation of Children (CSEC)

These are:

- 💰 children in prostitution,
- 📺 children involved in the production of pornography,
- 👤 children trafficked for sexual purposes,
- 🔄 bonded in some way to perform sexual services in return for cash or kind.

Here we will focus on three types of CSEC:



A. Sam dropped-out of school and left home after arguments with parents. A friend suggested that Sam sell sex occasionally to pay the rent and buy new gadgets. Sam thinks that it is easier to make money this way than to work in the formal sector.



B. Jo has an intermediary*. This person looks after Jo but demands that Jo earn a certain amount of money from prostitution each day. Jo is physically free, but dependent upon the intermediary for both drugs and affection. Jo lives on the streets.



C. Chris was sold and is enslaved in a brothel. Chris has no freedom and is forced to have sex.

*an intermediary = an person who lives off the sexual exploitation of another, often known as a 'pimp'.

6. A

Based on the descriptions of the three types of CSEC victim (Sam, Jo and Chris) on the previous page, look at the following children and decide whether the way they are commercially sexually exploited is most like Sam, Jo or Chris.

- a. X was trafficked from Nepal to India where she was sold to a brothel.
- b. X and her school friends have set up a 'call-girl' service for businessmen.
- c. X answers adverts on the internet for men looking for sex.
- d. X's boyfriend forces her to have sex with his friends for money.
- e. X is a 'beach boy' who is often solicited for sex by tourists.
- f. X lives on the street. To be initiated into the gang he must have sex with the leader.
- g. X is a maid. She receives a small salary but is expected to sleep with her employer.
- h. X's father sends her out at night to earn him beer money from prostitution.
- i. X's pornographic photos still appear on paedophile websites ten years after they were taken.
- j. X's shelter director forces him to have sex and gives him presents to keep quiet.

From these examples, you can see that there is no one typical CSEC victim, but we can think of them as falling into three groups:

Group A: With no viable alternatives or opportunities, children may resort to prostitution as a final option. Children such as Sam - seemingly in control - may not recognise the physical and psychological risks they put themselves at. Believing that their lifestyle poses no problems, children like Sam are often unwilling to engage with caregivers. In reality, there are almost always other factors, past or present, that precipitates their prostitution.

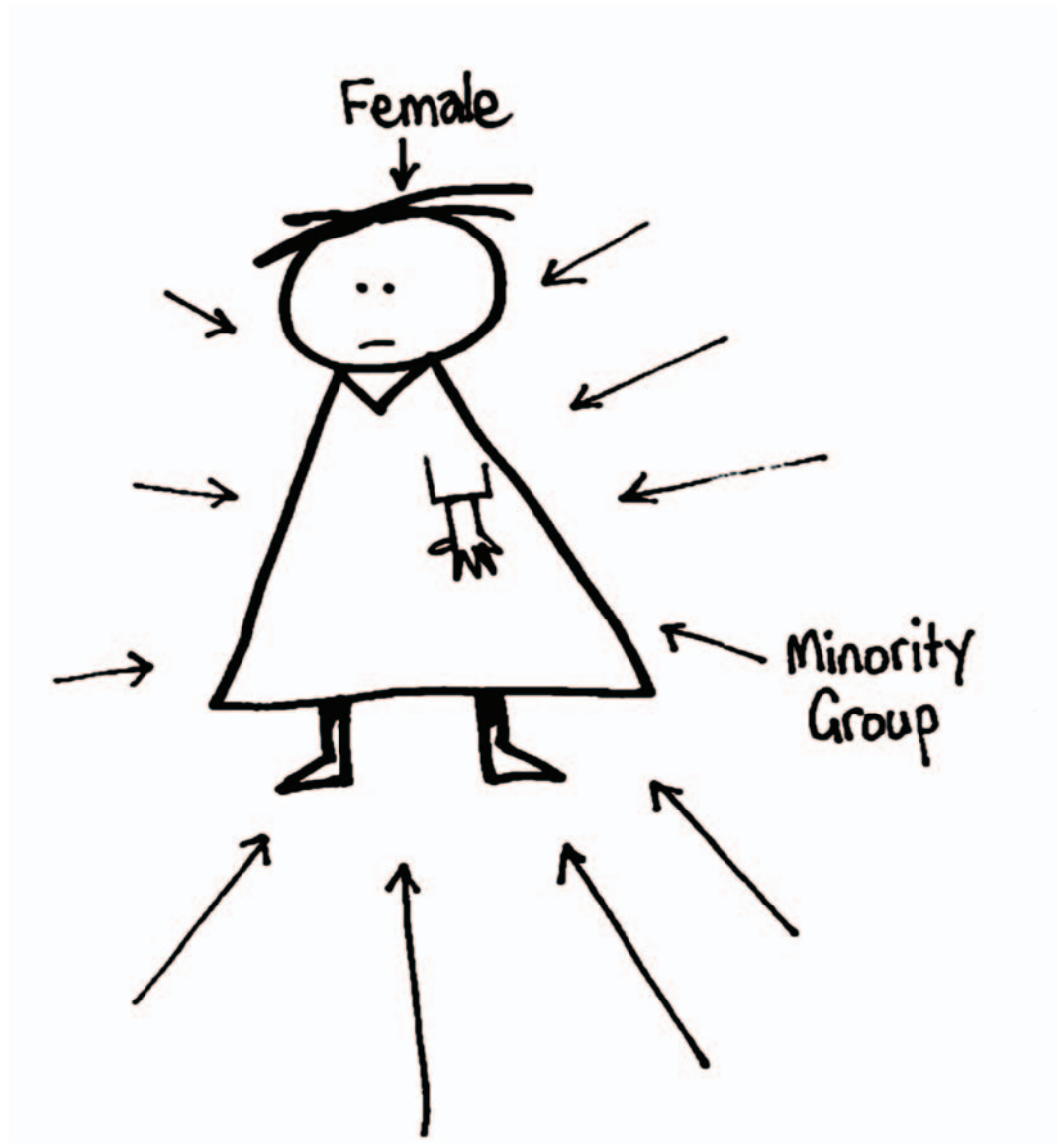
Group B: Initially, children like Jo may think that they are in control and may convince themselves that they have made an informed choice. In fact, they have been manipulated by a 'boyfriend', coerced by a relative or forced by their street gang into the sex trade. Their emotional dependence on this third party means that they are trapped. Typically, these children are watched over at all times and threatened if they do not earn enough. Both child and intermediary may see the benefit of the services provided by caregivers.

Group C: Children such as Chris are sold, deceived or kidnapped. They are often kept in appalling conditions and suffer violence and degradation akin to torture. After rescue, victims may be quiet, withdrawn and simply grateful for any care they receive. However, the long term psychological trauma caused means that recovery is long and painful.

6. B

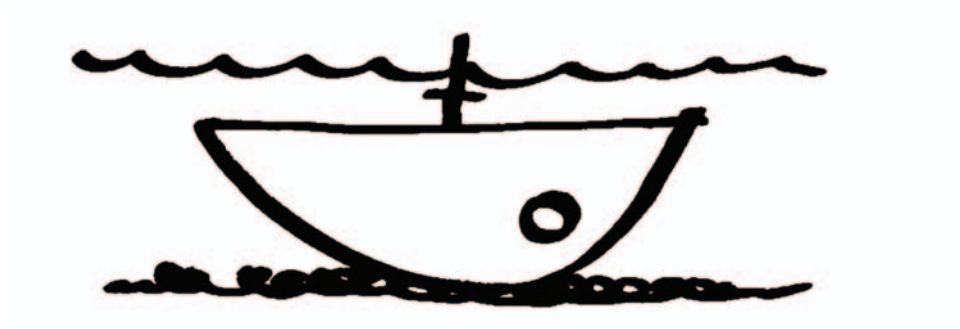
VULNERABILITY FACTORS

Try to think of all of the social, cultural, political, economic and religious factors why children are forced into the commercial sex industry. Write each factor against an arrow - 'female' and 'minority group' have already been entered.



PART SEVEN

What are the differences between CSA and CSEC?



Many victims of CSEC have been sexually abused in the past, but that first abuse has rarely been dealt with. Like the boat illustrated, these children have a point of vulnerability - a hole that threatens to drag them to the bottom of the river. Children that are commercially sexually exploited have already sunk like this boat.

How do we refloat the boat?

Do we drag it out of the river and place it on the river bank? ie. rescue the child and put him/her in a place of safety. If the boat is not closely attended to, or left too close to the shore, it will be taken by the rising water again.

Do we try to fix the hole? ie. try to repair the psychological damage done to the child whilst s/he is still selling sex. Even if the hole is fixed, the weight of the water will not allow the boat to re-surface.

Do we drain the river? ie. deal with the issue of CSEC on a wider front rather than focusing upon individual children.

7.A

Think about the situations of Sam, Jo and Chris. What are some of the differences they may experience through CSEC as opposed to a child victim of CSA? An example has been given.

<u>CSA</u>	<u>CSEC</u>
Child in powerless position.	Child assumes position of power

PART EIGHT

What pressures are there on CSEC victims?

Centres have been known to refuse children who have been victims of CSEC because they are considered uncontrollable or are a bad influence on the other children. In fact it is these children who are most in need of care and understanding from you. When caregivers can see through the labels and stereo-types associated with 'prostitution', they can begin to consider the strengths that the child must possess to have endured and survived the pressures of CSEC.

PHYSICAL AND EMOTIONAL PRESSURE ON CSEC VICTIM

PHYSICAL

- Normal pressures of being a child or adolescent
- Unresolved earlier physical or sexual abuse
- Pressure as income generator for self or others
- Health problems (HIV, STIs, anaemia, malnutrition etc)
- Drugs & alcohol (most abuse some substance)
- No chance to become qualified adult (missed education, only career choice is illegal)

EMOTIONAL

- Real or perceived fear (dangers inherent to prostitution, threats from intermediaries/exploiters etc.)
- Deep need to belong (society and the law are against you)
- Self-esteem issues (you believe that you are bad/at fault/a criminal)
- Escaping from someone or something (your past/an abuser/poverty etc.)

8. A

Close the book, write down



PHYSICAL



EMOTIONAL

Write down the points mentioned above. Add any others you can think of.

8. B

These pressures materialise in a number of ways in CSEC victims. The following list was taken from case studies of children at various shelters.

Suicidal	.....	Confuses love/sex	.....
Self-abusive	.....	Depressed	.....
Emotionally unstable	.....	Slow development	.....
Aggressive	.....	No ability to structure	.....
Poor concentration	.....	Sees self as commodity	.....
Lost trust	.....	Distrusts adults	.....
Self-hate	.....	Rebellious	.....
Lack of confidence	.....	Abuses others	.....
Low self esteem	.....	High sexual arousal	.....
Drug+alcohol misuse	.....	Feels an outcast	.....
Pregnant	.....	Feels powerless	.....
Debilitated	.....	Feels unworthy	.....
Malnourished	.....	Feels unloved	.....
Regular injuries	.....	Feels degraded	.....
Exhaustion	.....	Feels violated	.....
Headaches	.....	Enters bad relationships	.....
TB/respiratory problems	.....	Blames self	.....
AIDS/STDs	.....	Confused time concept	.....

Do you know a child victim of CSEC? Go back over the list and, remembering that child, put a tick against any conditions he or she exhibited. If you do not know a child victim, ask a colleague who has experience to help you.

How many did you tick? The important thing is that the CSEC victim presents with many problems, some of which probably go back a long way. Some of these problems may heal themselves with love, care and nutrition provided by your centre. Others will not be that easy.

PART NINE

How do children survive during CSEC?

It has been said that, in order for children to cope with a life in CSEC and to survive on the streets, they need to develop a new personality. They often adopt a tough, secretive exterior, change their names and put on an act that they are enjoying this new life.

COPING MECHANISMS

9. A

Look at this list of coping mechanisms (ie. ways that children survive) that have been found in CSEC victims. Put them in order from the most common (1) to the least common (8)



- () Rationalizing ("We're professionals / hostesses")
- () Pride in self-sufficiency ("I don't need any help from anyone.")
- () Materialistic attitude / self-indulgent, (buying clothes, fashionable gadgets, going to restaurants, treating friends)
- () Secrecy/anonymity (new name/change of personal history)
- () Temporary mental lapses (child switches off past/present)
- () Substance abuse (drugs/glue/alcohol etc.)
- () Stoicism (pretending not to be affected by the situation)
- () Dissociation of ego from body (the sex act by the body, not person inside)

As a caregiver, you will be tested by the CSEC victim. Later in this book you will see how to react to difficult situations. In the beginning, remember that the child will probably see you as part of the problem, not as the solution.

PART TEN

What is the most suitable location when working with CSEC victims?

10. A

Look back at the three types of CSEC victim in Part 6. Referring to the circumstances of Sam, Jo and Chris, which setting below do you think would be most suitable to begin the rehabilitation process of each type of CSEC victim. Why? List your reasons separately



STREET

Work at - or near - location where child is selling sex.



DROP IN CENTRE

Centre where child can come in at arranged times for activities, food, bath, etc.



RESIDENTIAL CENTRE

Child lives at a centre.

Forcing a child into any one type of centre will not work. Rehabilitation of children in a secure unit is often unsuccessful.

Here are some tips, suggestions and comments from professionals about the three types of workplace.

TIPS

STREET

- Make small changes to child's present environment (eg. give condoms, sexual health information, toiletries, medical check-up)
- Offer health check ups
- Do not preach but be regular presence in the area (children know your team will be in certain location at certain times)
- Be aware of danger
- Set up child help line (24 hour emergency phone line)

DROP IN CENTRE

- Beware of 'shelter hoppers' who move from one to another without any real follow-up support. (could establish a central registry to monitor progress?)
- Make some kind of agreement/contract with child (must be commitment to change.)
- Never make a child who disappoints you think s/he can't come back (child learns in limited periods - end of a period of success isn't necessarily failure. S/he may come back to try again)
- Avoid street terms or derogatory language even in jest
- Provide lockers and rules for their use

RESIDENTIAL CENTRE

- Child's early days difficult as income is cut off
- May act violent if no authority figure at centre.
- Home can be used as halfway house between drop-in and reintegration (but combined drop in and residential often fail)
- Never use violent punishment
- Establish house rules with children
- Children will need to retain some autonomy, otherwise life in the home may be traumatic

UNIT THREE

Psychosocial Rehabilitation

PART ELEVEN

Why do we need to use psychosocial rehabilitation?

History and experience have shown that the best vocational training, educational programmes, health care and the most careful family reintegration are likely to fail as rehabilitation tools unless we are able to deal with the psychological and social issues which are affecting the child.

The CSEC victim will probably be returning to a similar situation that forced him/her into CSEC in the first place.

11. A

Even after intensive psychosocial rehabilitation, 15-20% of children still return to CSEC. Can you think of any reasons why that would be? List a few of your ideas before looking at ours.



From interviews with CSEC victims around the world, we learn about how they see themselves and their problems. This too helps us to work with them on their own rehabilitation. Remember, the only way our efforts to help the child can be successful, is if we work with him/her on solving the problems that made him/her a CSEC victim.

11. B

Look at the interview answers from boys and girls who were involved in CSEC. Put a tick beside the answer you think most children gave for each question. (Responses on next page) Remember, to survive people - including children - have to make sense of their situation and find a way of coping with it. This sometimes means that they think it is more positive than it is.

INTERVIEWS

GIRLS

- 1. What are you most afraid of?**
 - a) Pregnancy
 - b) AIDS
 - c) Violent men
- 2. How do you feel about yourself?**
 - a) I am dirty
 - b) I have no honour/dignity
 - c) I am in control
- 3. What do you think about this job?**
 - a) It's horrible
 - b) It's just a job/I can't do without the money
 - c) It's great
- 4. What's your dream for the future?**
 - a) I want to be rich
 - b) I want to get a normal job
 - c) I want a real/lasting love relationship

BOYS

- 1. What are you most afraid of?**
 - a) AIDS
 - b) Being/becoming homosexual
 - c) Violent men
- 2. How do you feel about yourself?**
 - a) It's OK to be a prostitute if you are poor
 - b) I'm dirty
 - c) I have a lot of power
- 3. What do you think about this job?**
 - a) It's just a job/I can't do without the money
 - b) It's OK
 - c) It's terrible but I have no choice

4. What's your dream for the future?

- a) To be rich
- b) To get out of prostitution
- c) To be better at this job

Only in question 3 did the boys and girls give similar answers. They both said that CSEC was just a job.

In question one, the girls' greatest fear was pregnancy although few of them used condoms or insisted on the customers using them. This showed an obvious conflict within the girls and a tremendous cause for stress.



A common response from girls referred to a loss of honour or dignity. This was most common in Asian respondents but came up quite often in other areas. The boys on the other hand claimed that they did not see it as a dishonourable profession and that it was appropriate to work in prostitution if you are poor. Many said they liked the work. However, as we will see later, boys and girls in CSEC tend to put up a façade which may not reflect their true feelings.

When we look at how to work with these children therapeutically, the responses in question four are interesting. All the girls wished for the perfect relationship. There were images of the kind of happy endings they saw in the movies. The boys hoped to get out of prostitution as soon as practically possible. This desire to leave can be the starting point for counseling.

It was also found that boys take on the role of 'big brother' to the younger kids. This is probably an outward indication of the boys' desire to be nurtured themselves and should be recognised in counseling.

PART TWELVE

Can we solve these problems through counseling?

Some form of counseling is certainly necessary for all children who have been victims of CSEC but often informal counseling from a knowledgeable caregiver, together with physical and social care can be more effective than a formal programme of therapy. Don't forget that children will be affected in different ways and although there will be some severe reactions to the ordeal that need specialist care, most children will eventually respond to a good general centre programme.

12. A

Which of these statements is **not** true?

1. **Counseling means giving advice to the child.**
2. **Counseling means listening to the child.**
3. **Counseling means exploring the traumatic event.**

One thing that we have found is a confusion about what counseling really is. In many countries, caregivers claim to be counseling when they are actually not giving the child the opportunity to speak. Giving advice of course is very valuable, but a good counselor knows when to be quiet and let the child lead them on their therapeutic journey. The art is not to comment on every problem the child describes but to allow the child to work towards his or her own conclusions. The child has chosen you to tell the story to. Your job is to listen and allow the child to explore the traumatic events that led to this experience of CSEC.



So, how do we start? A child comes to your centre. Let's begin with three focus areas:

1. BUILD TRUST/RESPECT

- Quickly establish that you do not see the CSEC victim as the 'bad person in the scenario
- Do not question violent/sexual behaviour until trust/confidence is established.
- Quickly learn and remember what name the child wants to be known by.

2. LISTEN & USE

- Listen to what the child says to you and to others and act on it. You're doing this job together with the child, not on your own
- Make short term plans together
- Be firm about your own limitations (child doesn't respect false promises)

3. REACH INTO CHILD'S ENVIRONMENT

- Contact the child's family and friends as soon as possible to learn about the real child
- if it is safe to do so and with the child's knowledge.
- Be a part of the child's street life if it is ongoing (your centre is an extension of the child's lifestyle, not yet an alternative to it)

Consider this dialogue between a nine-year-old street boy and a counselor at a drop-in centre.



- C: You should really get out of prostitution Nin.
Boy: Why?
C: Why? Because it's a dangerous job.
Boy: I'm not afraid. I can look after myself.
C: I'm sure you can but you can't cure yourself of STDs or AIDS.
You're going to get very sick one day, maybe die.
Boy: No problem. I know my customers. I don't go with dirty guys.
C: Right!
Boy: And I've got money saved up now: plenty of it. I can afford the best doctors.
C: But you aren't happy.
Boy: Sure I'm happy. The sex is great and I'm free to do it when I like.
Why shouldn't I be happy?

12. B

This was a conversation we heard between a CSEC victim and a counsellor. On a piece of paper make observations about that conversation.

- 1) What did you notice about the comments from the counsellor
- 2) What did you notice about the boy's responses?
- 3) What do you think needs to be done before we can work meaningfully with the boy?

PART THIRTEEN

Where does counselling fit into a psychosocial programme?

A recovery programme may be considered in three stages:

1. ESTABLISHING SAFETY

- Establishing a safe environment
- Basic health needs - sleep, food, exercise, medical intervention and control of self-destructive behaviours.

2. EXPLORING THE TRAUMATIC EXPERIENCE

- Only if safety is established
- Often best done in support groups
- Only when and if the client is ready - should not be forced
- At the pace of the client
- Empathic listening
- Non judgmental stance of the worker

3. THE ACTIVE PURSUIT OF SOCIAL RE-CONNECTION

- Peer group support
- Exploring ways of establishing non-abusive relationships
- Link of societal structures - church, school, sporting clubs, self-esteem group

That is how you as a caregiver could view a programme. But remember, the purpose is to build on the child's strengths so that you can work through the programme together. In a child-focussed programme, we would aim to work on three areas of the child's emotional and psychological state to achieve this:

■ Internal Strengths

■ Growth in Social and Interpersonal skills

■ External Supports

13. A

Look at the following list of skills, supports and strengths on the left. Decide which category they fit into and write them in the correct column. Some may fit into two columns.

Towards Recovery	External Supports	Internal Strength	Growth in Social/ Interpersonal Skills
Example	adults who can be trusted	spiritual balance	social skills
<ul style="list-style-type: none"> ➊ problem solving ➋ moral leadership ➌ people around who give love unconditionally ➍ impulse control ➎ trust ➏ altruism (unselfishness) ➐ being loveable ➑ trusting relationships ➒ access to services (legal, health, education, social welfare) ➓ creativity ➑ autonomy ➒ appealing temperament ➓ emotional support outside family ➑ communication ➒ structures/rules ➓ persistence ➑ achievement oriented ➒ adult encouragement to be autonomous ➓ stable environment ➑ self-esteem ➒ humour ➓ role models ➑ adults who can set reasonable limits ➒ focus on control of emotions ➓ adults who can take on leadership role 			

Of the three children we met in Part Six, Sam and Jo will usually be the most difficult to engage in long-term programmes. Consistent, regular sessions and established relationships with caregivers are vital in order to break down the barriers the children have set up to ensure their survival.

Children heavily involved in CSEC and the drug dependency that often accompanies it, usually have to 'hit rock bottom' before they can be helped. That is to say, there will come a time when the bad times outweigh the good ones. This is when the child will be ready for help to leave CSEC. The child has to have experienced some of the terrors of violence, drugs or illness before serious doubts give him/her the will to change. This could take a long time. During that time, the centre has to just cushion the hardships until a working relationship can be established. You may lose some children along the way. One project reported:

“

We do get results but we've buried 200 girls in the last five years.

”

The child, Chris, who is in a closed brothel is in no position to accept or refuse your help. This child is essentially invisible and will have to be rescued and removed to a place of safety. Only then will the caregiver have the opportunity to develop a recovery plan for the child.

PART FOURTEEN

Personnel

Ensuring the successful rehabilitation and reintegration of CSEC victims is a long and intense process. These children have been betrayed and abused by adults, most often those who were responsible for their protection and wellbeing. In order to rebuild trust in adults, children require good, caring role-models. Different countries have adopted different caring practices: some children will be looked after by a series of professional social workers and surrounded by a team of specialists, other children will be taken to a local home and cared for by 'house-mothers'.

Whatever the environment, the team needs to rebuild the self-esteem and confidence of the child. However, this will only be possible when the child learns to trust again. The team must say to the child, "Let us earn your trust" rather than expecting it automatically. At first many children may be suspicious of the motivations of caregivers:

'Why would you want to help me?'

An important element for building a trusting relationship is the issue of continuity. Children need to know that they are not going to be abandoned or sent away. Individual caregivers cannot necessarily commit to a lifetime at a particular centre - and they should not make promises to individual children that they will always be there for them. However, it is vital that the team ensures continuity and consistency for children. A high turn-over of adults involved in the case will be a negative influence on the child's rehabilitation.

This means that the team must take responsibility for a child rather than an individual. This will reduce the dependency, and ultimate pressure, upon caregivers. That said, once the team is committed to a child, it must see the process through. It cannot give up.

Given this, your team should include:

- **People who children can trust.**
- **People who work well together in a team.**
- **People who have positive traits and are good role models.**
- **People who understand their role in the team.**
- **People who are reliable and committed to a long term process.**

THE TEAM

Here follows a list of people you may include in your case team. Of course you may not have access to all of them in your own country, but imagine for now that you do. Look at each member and write what role you think they should play in the rescue and rehabilitation of your CSEC victim. Be as creative as possible. Ask in your centre to see who is employed and what they do.

Social worker / Caregiver

Therapist / Counselor

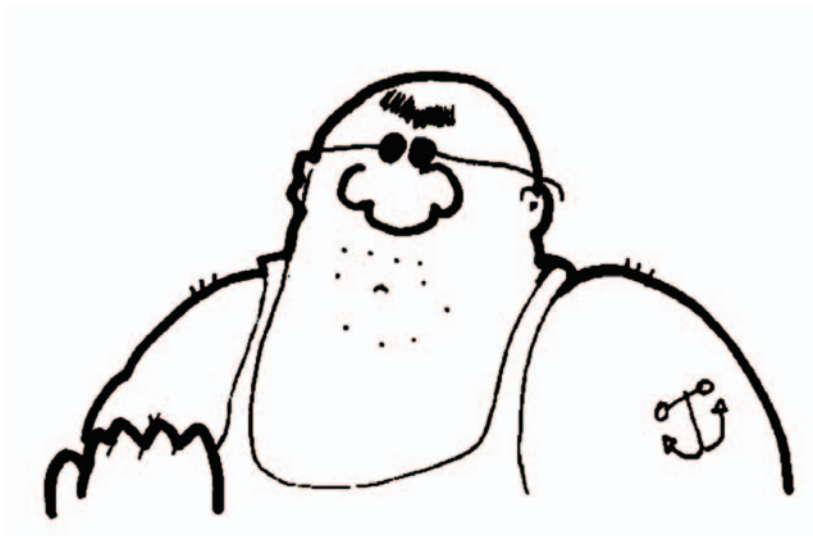
Peer Counselor (young person)

Medical Personnel

Educational Specialist

Parents / Legal Guardians

Police Liaison Officer



As the majority of perpetrators against girls and boys are men, a question often arises about the suitability of having male caregivers at the centre or in the team. The simple answer is that you do not solve any issues that children may have about men by removing men from their lives. The centre needs both male and female role models. The healthy relationships between the men and women the children see will be of enormous value, so your own role in those relationships is vital. Girls in the centre may either over-compensate (fall in love with any man who shows kindness) or under-compensate (hate all males who come into their lives). It is important males in the team understand this.

UNIT FOUR

Centre Programmes

PART FIFTEEN

What else should your programme include?

Wherever your centre is located, it will be necessary to assess the local population of vulnerable children that you are to provide services for. This is particularly true when establishing programs of prevention. However, there are certain elements of a rehabilitation program that will almost certainly be required whatever the cultural context.

EDUCATION

CSEC victims have probably missed large parts of their education or have never had the opportunity to study. Basic literacy and numeracy are the very least we can provide to empower the child. We find that many of the children in centres would study if they had the opportunity. However, a rigid system drives them away.

VOCATIONAL TRAINING

Competing with CSEC is a tough act. Children, depending upon their circumstances, may be able to earn the kind of money that their counterparts with a full education would be unlikely to match. Once they are able to escape CSEC, they will need help to acquire skills in order to make a living.

CREATIVE THERAPY

The life the children have come to know is usually dangerous. For many children selling sex on the streets, these dangers may be exciting. The activities offered at the centre have to compete with that. CSEC victims are often creative. We can offer activities such as drama, art and music that will also present an opportunity for the children to express themselves and their troubles. Group work offers a non-threatening environment and the activities are therapeutic in themselves.

PROTECTIVE BEHAVIOURS

As a result of the processes of traumatising and victimisation, children often do not develop the ability to protect themselves from violent or sexually exploitative situations. Children with low self-esteem are likely to engage in risky behaviours and, due to confusion about the role of sexual behaviour, they can often fail to identify abusive or potentially abusive situations. This is why survivors of sexual assault may place themselves in situations that are clearly dangerous to others.

15. A





Assume that every morning an illiterate 16 year-old girl comes to your centre for three hours. Write up a tentative programme for that child using the resources you have available at your centre or a centre you know of.

AM	9-10	11-11	11-12
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			







PART SIXTEEN

What education can we realistically offer?

EDUCATION

-  There is a 90% plus failure rate for CSEC children like Jo and Sam (see Part 5) if they are put into a formal education system, even when reintroduced to a school level deemed to be appropriate for their ability.
-  You can't expect learning to take place until security and health are taken care of. So it may take a while for the child who comes to the centre to be physically and psychologically ready to study. The important thing to remember is that children, especially those from the street, will not be able to manage a formal study environment or study periods of long duration.
-  Children may be hostile to counseling. (They may associate it with addicts and criminals.) But they tend to be pleased when offered an education. The counselor and the educator will need to work together to counsel through lessons. The educator's feedback of what the child writes or talks about, and the counselor's input into therapeutic activities are important collaborations.
-  The time and opportunity to work with children may be limited. Maximize it. We can never be sure whether the child will stop attending classes so we need to prioritize the input.

Focus Areas -

-  **LITERACY**
-  **NUMERACY**
-  **PERSONAL HYGIENE**
-  **SEX EDUCATION**
-  **POLITICS/RIGHTS**
-  **SOCIAL SKILLS**

16.A

Look at the focus areas above and note down what you think each area should include and cover.

BARRIERS TO LEARNING

The educator at your center will need to be patient with CSEC victims. S/he will have to be flexible both with the length of time given to lessons and the timetable. The children are unlikely to respond well to fixed lessons. There will also be a need for a good deal of repetition of material.

The children may experience some or all of the following learning difficulties:

Attention Deficit Disorder (ADD)	(Lacks concentration)
Poor memory	(Affected by drugs and nutrition deficiency)
Poor cognitive structuring.	(Decision making skills deficient)
Poor expression	(Limited/restricted language)
Behaviour problems	(Impatience/showing off)



16. B

Choose one of the education focus areas and plan a short lesson for a child who exhibits one or more of the above disorders.

PART SEVENTEEN

Will vocational training keep children off the streets?

VOCATIONAL TRAINING

No vocational training will enable a child to permanently escape from commercial sex unless:

- 1) the training provides a viable financial alternative to selling sex
- 2) the child is free from an intermediary / exploiter
- 3) the training is accompanied by other psychosocial programs

17. A

Below are some comments from vocational trainers. Each one asks a question. Answer them all before you go to Section 2.

- ♣ **You won't compete with the money the children have become used to from CSEC. The children have known independence and we need to encourage that independence if possible. Look towards individual careers or jobs with a lot of individual input and autonomy. What type of training do you think fits this category?**
- ♣ **Factory employment is rarely successful. The regimented work style is everything the children have been rebelling against. Only one type of factory work could prove interesting to CSEC victims. What is that?**
- ♣ **Children need a same-sex role model with a career - possibly a former CSEC victim - as motivation. This person would be humble but happy, and not too financially successful. Why?**
- ♣ **If we are planning to help children become involved in a small business venture, there are three important issues that we need to take responsibility for before they attempt to run this business in the community. What are they?**
- ♣ **One other area of work that may be suitable for children is that which carries an element of responsibility. What type of work do you think that may include?**

PART EIGHTEEN

What creative therapy will work at a centre?

We will begin with the premise that if an activity is enjoyable and creative, that in itself will be therapy for the child. If the child is in a group of like-minded children and is participating in a positive activity, the experience will be rewarding. One of our aims is to make the child happy in the surroundings of the centre.

It is when we force a child into an activity which is stressful, or into a group which is not harmonious, that we do more harm than good. It is therefore better to start working with a new child on a one-to-one basis. In some cases we may need to teach the skills needed to participate. There are times when the child will be happier to experiment with a skill or art form alone, or to observe the group perform rather than being embarrassed in front of others.

Group members will not necessarily blend, particularly when they are directly from the street and from a pseudo-adult world. The first reactions to our game or artwork will often be that it is stupid and childish. It is important therefore that the caregivers participate and express their enjoyment. Being childish is one thing we are hoping to help abused children to achieve.

We won't look at specialized one-to-one creative therapy because a good deal of professional training needs to be done to become skilled. However, we can introduce group work, drama, art and craft, as well as behavioral activities.

CREATIVE ACTIVITIES



Art and Craft



Poetry



Clay/Pottery



Play/games



Drama/Role-play



Music/Dance

18. A

Look at the above list and make up your own programme of activities which are directly related to your own culture (traditional dance etc). Think about activities the children can work on in groups.

With specific groups, the activities will be more focussed. The activity may need to have a direct aim such as 'cooperation' or 'problem solving'.

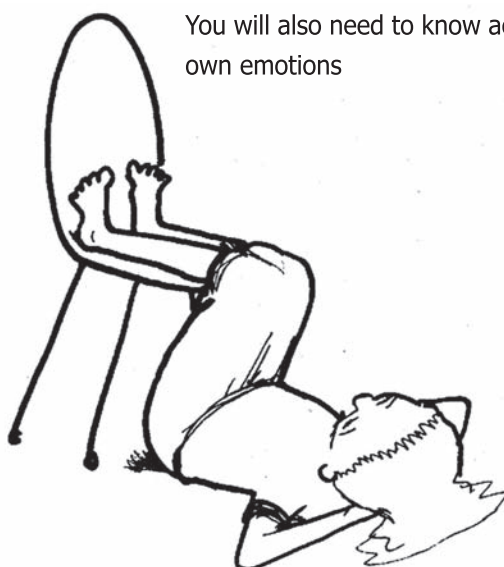
DEALING WITH RELATIONSHIPS

Group sessions for adolescents can help them to explore non-abusive relationships. Areas to be covered include:

- Communication skills
- Sexuality
- Social skills training

18. B

Go back to the activities you have drawn up in 18.A and think of ways that the activity can be adapted to focus on the areas above. Alternatively, think of a game or activity you know which directly addresses these problems.



You will also need to know activities that help the child to control their own emotions

STRATEGIES FOR DEALING WITH INTENSE EMOTIONS

- Relaxation
- Mediation
- Self-talk
- Self-soothing techniques

18. C











Ask other experienced caregivers for examples of these strategies or look them up in reference material. Then produce your own notebook of activities for this section.

PART NINETEEN

Isn't it too late to start introducing protective behaviours?

It's never too late. In fact the children we work with, even if they have been sexually active / exploited for a number of years, need to understand their physical rights as much as any other. They were probably introduced to sexual activities without an appropriate concept of right and wrong. Many still consider that their bodies are public property. Until we are able to instill a sense of pride in the self and the desire to limit access to their personal space, these children will be exploited again and again.

Bill of Sexual Rights

-  I have the right to my own body
-  I have the right to my own feelings, beliefs, opinions, and perceptions
-  I have the right to trust my own values about sexual contact
-  I have the right to set my own sexual limits
-  I have the right to say "no"
-  I have the right to experience sexual pleasure
-  I have the right to be sexually assertive
-  I have the right to be in control of my sexual experience
-  I have the right to have a loving relationship
-  I have the right to have a relationship with someone who respects me, understands me and is willing to communicate with me

19. A

Do you agree that the above rights are suitable for a child? Would you have any personal conflict in encouraging a child to stand up for these rights? Do you see that any of these rights contradict our attempts to remove the child from CSEC? Write a paragraph stating your feelings on these issues.

The methodology for working through protective behaviours with older children or younger children with experience of abuse, is quite different from that used in schools with children who may not yet have been abused. With the latter, we encourage the children to listen to their feelings of danger or discomfort.

CSEC victims probably lack those instinctive feelings as they have been hardened to unpleasant experiences. However, in some cases it may be necessary to teach

the early concepts such as good and bad touching, personal boundaries, and development of networks of people they can trust so that they can understand society's norms.

Adolescents are more likely to respond at a political level. They will probably be able to see themselves as victims of human rights abuses rather than as abused children.



19. B

You see one of the girls, Maya (aged 14), from the centre on the street interacting with a gang of young motorbikers . They regularly touch her breasts and lift up her skirt during the conversation. She responds by giggling and telling them to stop, but does not move away from them.

How would you deal with her when she returns to the centre?

UNIT FIVE

Reintegration

PART TWENTY

Should we really send these children back to the communities that sent them into CSEC?

20. A

Think about the question above. What is your first reaction to it?
If they were CSA victims would we send them back to live with the abuser?

This is a question that you will find yourself asking very often. Are you prepared to accept the responsibility of releasing the child back into an abusive situation? There is no one answer as every case presents different problems and possible solutions.

As a rule, we would say that:

the caregivers should make every effort to return the responsibility of raising the child to the parents or legal guardians.

However, there many conditions attached to that statement. Before we send the child back home, there are four major considerations:

- 1. Have we assessed the risks involved?**
- 2. Have we built strengths in the child to resist temptations and threats?**
- 3. Have we educated and empowered the family to receive and parent the child?**
- 4. Do we have the resources to follow up?**

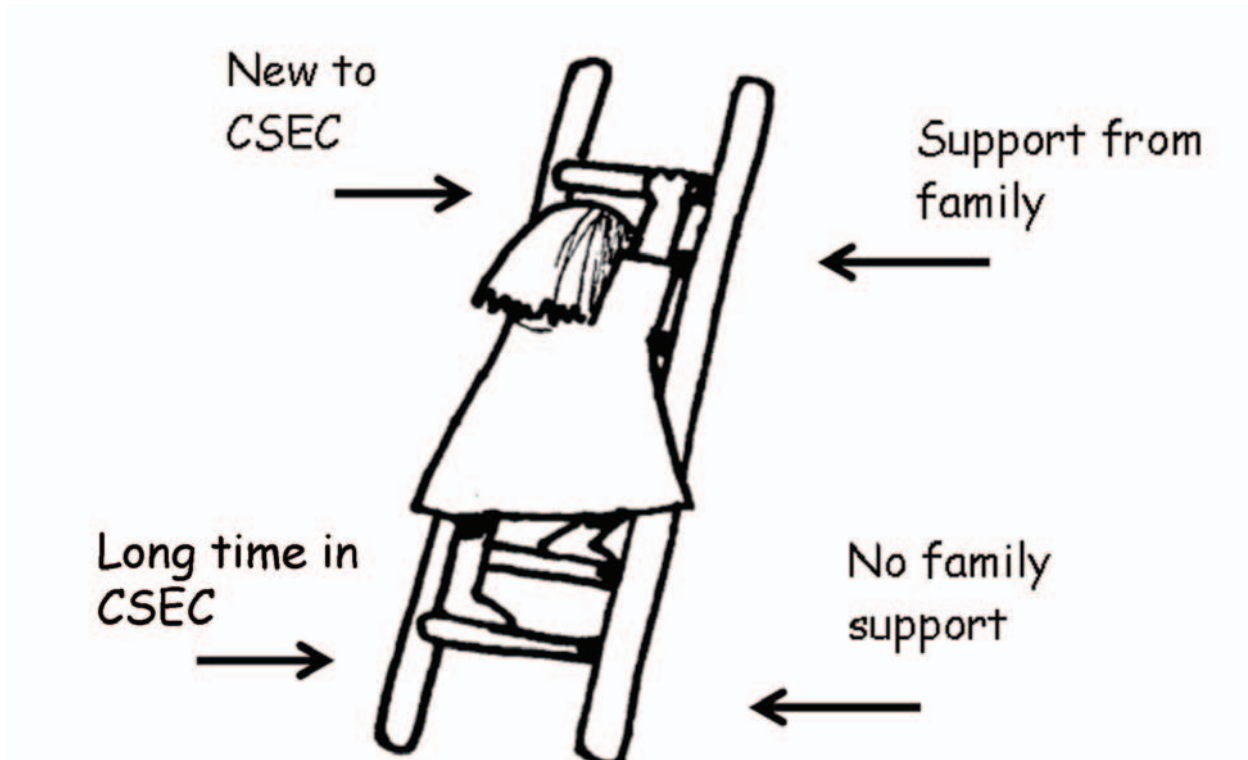
20.B What risks could there be when returning the child to his/her family?

20.C What strengths will the child need to survive?

20.D What knowledge and resources does the family need in order to accept the child?

20.E Why should we follow up?

SUCCESS LADDER



The ladder above shows that from the experience of numerous centres, the most successfully reintegrated children have been involved in CSEC for a comparatively short period of time and have support from their families. As the amount of support decreases and the time spent in CSEC increases, the likelihood of a successful rehabilitation is reduced.

PART TWENTY - ONE








What is *SUCCESS*?

If we are saying that a programme is only successful when a child has been 'saved' from prostitution, is living with a happily reunited family and has returned to live a 'normal' life, we are all going to be sadly disappointed with our programmes. If 'rescue' and 'salvation' are the standards by which a) the centre is assessed and b) funding is promised, we may never be funded for ongoing programmes.

CSA rehabilitation programmes are more likely to provide statistical evidence that children have been rehabilitated in that they eventually return to living a life that is overtly 'normal'. CSEC victims are not that easy to categorise as rehabilitated.

21. A

WHAT WOULD YOU SUGGEST IS 'SUCCESS' WHEN DEALING WITH CSEC VICTIMS?

	_____
	_____
	_____
	_____
	_____
	_____
	_____

UNIT SIX

Prevention

PART TWENTY - TWO

What role can caregivers play in prevention?

The purpose of these materials is to provide caregivers with a basic knowledge of techniques for working with children who have been sexually exploited. As the focus is on rehabilitation, we have not dealt very much with the element of protection. But some things need to be said:

“ **PREVENTION IS BETTER THAN CURE** ”

For every reactive (rehabilitation) programme your centre develops, there should be at least one proactive (prevention/protection) programme. Try to think of some examples?

“ **KEEP YOUR EYES OPEN FOR POTENTIAL PREVENTION** ”

Your work will take you into communities that present threats to other children. What preventative work could you do whilst you are reintegrating children?

That is the end of this course but not the end of your use of this book. When you have time, go back over the early answers you gave and see whether you have changed your opinions. You can also test yourself from time to time on the quizzes. This is your personalized textbook so keep it with you and refer back to it.

The work you are doing is very important. Don't ever forget that you are a very special person to be doing it and that you will make a big difference to the lives of most of the children you come into contact with. You will be depressed often, want to give up regularly, and burn out on a weekly basis. That is to be expected, as you are a sponge for a great deal of sadness. Just remember that there are very few people able to do this work well and none of them have a foolproof method that works every time. Focus on your successes and learn from your mistakes. You are giving these children a chance they would otherwise not have. **Good luck.**

RESPONSES & ANSWERS

“

This is called the '**RESPONSES & ANSWERS**' section but much of what you read here are actually suggestions or opinions of people working in the field.

”

1. A

- 1) **F** The issue is not about age. It is about power: strong over weak, male over female, rich over poor. We are seeing more examples of children and adolescents abusing other children.
- 2) **T** The cases of CSA which involve violence or anal/vaginal penetration are in the minority. In most cases there is no physical evidence, although the emotional scars go deep.
- 3) **F** Children rarely lie that they have been abused unless they are forced to by another person. CSA is an uncomfortable subject to talk about and children would not choose to do so unless it were true. If there is lying, it will be to say that abuse did not happen when in fact it did.
- 4) **F** Most children are sexually abused by somebody they know. In many cases the person is an adult in a position of trust such as a father, stepfather, priest or teacher.
- 5) **F** Being abused as a child does not mean you will be an abuser when you grow up. However, a large percentage of adult abusers were abused as children.
- 6) **T** Children are naturally sexual. This innocent sexualized behaviour is often misinterpreted by abusers to be flirtation. No child invites sexual abuse.
- 7) **T** All children are different and the way that traumatic events affect them will differ also. Sometimes the trauma does not surface until later in life. To some extent, every child will find CSA traumatic.



- 8) **F** Although it is hard to comprehend, a child may continue to love and respect the abuser. S/he may not realize until later that the abuse was a violation and not a natural part of the loving process. In some cases, the abuser is the only person in the child's life upon whom s/he can depend to stay alive. The abuse may also have been accompanied by warmth and caring.
- 9) **F** Abusers will look for children who are less likely to disclose the abuse. This may include children who are shy and have few friends or who have a bad relationship with parents.
- 10) **T** Apart from situations which involve rape, the majority of CSA involves careful and nurturing of a relationship which will facilitate ongoing abuse. Habitual abusers also like to believe that the abusive relationship is consensual.

- 11) **F** Although this is a common response, it should not be the rule. There are many situations where removing the child will cause further trauma. It is better to say that the abusive situation should be removed from the child. This may include the removal of the abuser or the establishment of a safer environment in which people are able to monitor contact between the abuser and the victim.
- 12) **T** Even when the child does not disclose until long after the abuse, it will be necessary to conduct an examination immediately to look for STDs or injuries. A medical check provides vital forensic evidence and should be done as soon as possible, however, the child be involved in decisions about this.
- 13) **F** If the child is prepared to talk about what happened, it should not be discouraged although we do not want to force the child to speak. In criminal cases, the police will need to get evidence from the child as soon as possible but this should be done in the presence of a qualified social worker or psychologist.
- 14) **F** The law in this country states that it is illegal to have sex with a child under the age of (**) whether s/he gives consent or not.
- 15) **T** Around 95% of child sexual abusers are male.
- 16) **T** Some studies show that less than 12% of CSA is disclosed at the time of the abuse. There is an increasing trend now for police to accept 'historical' cases where adults who were abused as children can bring charges against the abuser even after many years. This serves to protect the children in the abuser's immediate circle of contact.



- 17) **F** Although the majority of reported cases of abused children are female, many male children abused. The latter are far less likely to disclose the abuse. In some cultures, far more boys are abused / exploited than girls.
- 18) **F** There is a very low correlation between homosexuality and paedophilia. children are attractive to a group of men who do not find adult males attractive. A lot of these men are able to switch their attention between young boys and young girls. Usually they are fixated on a specific age group.
- 19) **F** According to records, the two ages most popular with abusers are 2 and 8.
- 20) **F** Most children involved in CSEC were CSA victims beforehand. But the issues associated with the initial abuse were not addressed. These problems are compounded by involvement in CSEC which also brings its own problems.

If you strongly disagree with any of the above comments, now is the time to discuss them with your supervisor.

4. A

How do perpetrators select their victims?

- ⇒ Perpetrators typically select victims who are **VULNERABLE** targets.
- ⇒ The children often have ambivalent feelings towards the offender.
- ⇒ The offenders often develop a relationship with victims by developing trust and providing 'care' and kindness to children who had previously been largely **NEGLECTED**.
- ⇒ Offenders often make children feel special. In many cases the sexual abuse relationship filled a **VOID**.
- ⇒ A common method of coercion involves the **EXPLOITATION** of a child's normal need to feel loved, valued and cared for. Children who do not have these needs met may be susceptible to the interest shown them by sexual offenders.
- ⇒ Disclosing the abuse poses a **THREAT** to the child's position.
- ⇒ Children often report that **INITIALLY** they did not know they were being sexually abused. The sexualised behaviour is often gradual. It may begin with normal affectionate contact or in the context of ordinary physical activities.
- ⇒ It is important to understand the role of **POWER** in the victimisation cycle.
- ⇒ This process has an enormous impact on the victim's belief system.
- ⇒ The young person's beliefs about the adult world have been formed in part by the abuse. Victims may minimize the abuse and/or not be able to identify some behaviours as abusive. They may become **DESENSITISED** to the abuse as a way of coping but also come to normalize their experiences if they have experienced mostly exploitative relationships.

4. B

These are emotions commonly felt after rape. What type of things may a child say to indicate how they are feeling?

Anger	"I WANT REVENGE" "I HATE HIM."
Guilt	"NOW I'LL GET IN TROUBLE"
Self Blame	"I MUST HAVE CAUSED THIS" "I LED HIM ON"
Relationships	"NOBODY WILL WANT ME NOW"
Disbelief	"HOW COULD THIS HAVE HAPPENED TO ME?"

5. B

Below is a brief outline of the issues that may be involved in each of the case studies presented. These are suggestions and you may have thought of other things as well. Some of the qualities, skills and attributes previously mentioned are highlighted in italics.

1 Heather

Although we do not know for certain, it is fairly safe to assume that Heather is suffering in two ways from the actions of her parents – firstly from the loss, and secondly from the effects of being abandoned, in particular how this may have affected the way she feels about herself. Obviously ‘forcing’ Heather to talk about how she feels will not work – instead, staff need to be quietly available for Heather when she feels ready to share things with them. When she does open up, staff should be receptive and actively listen.

It is very important that we work with Heather to help her realise that she is important and wanted at the centre, irrespective of the way she behaves (*perseverance, non-judgmental and positive attitude*). At the same time, we need to keep Heather safe. Whilst we may not have control over the way that Heather obtains glue, we can control the way that she uses it, for example by placing consistent boundaries about her not being able to sniff glue in the centre. Children need structure and certainty to feel safe. Heather may feel very frightened about having control over her own life.

We do not know if Heather’s use of glue is something new, following the loss of her parents, or something that she may have been doing for a long time. What we can guess is that her behaviour has escalated and become more out of control following her rejection by her parents. It would be useful to involve someone with specialist knowledge in this field, although it is likely that Heather would not be at a stage where she can accept their help (*knowing when to refer to someone else*).

Given that her parents misused drugs, we should be alert to the high degree of risk that Heather has suffered some degree of physical and emotional neglect, and has probably been emotionally abused (*understanding of abuse*). We have to wonder to what extent Heather has had to fend for herself, and whether she has had adults around her that she can rely on. We need to show her that the adults in the centre can be relied upon (*stability & reliability*).

Despite Heather saying that she thinks that the centre’s activities are childish, there is scope for developing her sense of ‘belonging’ by encouraging her to participate in decisions about how the centre is run and what activities take place. As well as increasing her sense of being included, wanted and important, this will also help to improve her confidence and self-esteem. We can compliment her and focus on this positive behaviour. This will also give an opportunity to see whether her lack of attention is due to boredom, whether it is associated with her abuse or if it is a learning disability. In the latter instance, Heather will need specific help her achieve her educational

potential (*acceptance, patience and acknowledgement of child's strengths*).

Regarding Heather's relationship with this older male "friend" we need to proceed with care. It may well be that this man is only a friend who is trying to help Heather at this difficult time. We need to know more about this man, and why people are suspicious about his behaviour (*safety & knowledge of the dynamics of sexual abuse*). One way of testing his 'motives' would be to invite him to the Centre to participate in a meeting to think about how Heather's needs can best be met. Even if suspicions remain about his place in Heather's life, we should be careful about cutting off Heather's contact with him for two reasons: firstly, although he may be abusing her, there may be aspects of the relationship which are helpful to Heather and to lose him, as well as her parents, may be too much for her to cope with. The second reason for caution is that there is a risk that we will push Heather away from us and, literally, into his arms. We need to think if there is a way we can allow Heather to stay in contact, but at the same time keep her safe (*problem solving skills & assessment*).



The case study does not give any information about Heather's family or social circle. It would be useful for Heather if we identify someone in her life who is important to her – such as a relative or family friend, or even a previous school teacher. Even if it is not possible for them to look after her on a full time basis, they may be able to support her at this difficult time in her life.

② Andy & Marko

Obviously the first things that needs to be done is to stop the fighting, and to make sure neither boy needs medical treatment. Each boy needs to be given the opportunity to tell their side of the story and to think about what happened and what they could do differently next time. If they are not able to 'make up' then they need to be able to decide how they are going to carry on...are they both going to continue to use the centre? The adults need to help them resolve this (*safety, conflict resolution and communication*).

We should wonder about the disproportionate reaction that Andy had towards Marko's cheating, and what this may mean. We know that both children experienced sexual abuse as young children. It may be that his behaviour now is an effect of this, or it could be a 'normal' part of him struggling with adolescence. We know that Andy is living on the streets and from this we can presume that he has to spend a lot of time 'fending' for himself. Children often demonstrate a heightened sense of injustice when their self esteem and confidence are low. We need to help Andy feel better about himself and show him that he does not need to fight in order to get what is fair at the centre. The

adults there will ensure this (*understanding about abuse, stability, environment that builds trust*). It would be useful to help Andy develop skills in anger management and assertiveness, but in the meantime it might be wise to make sure that he has closer supervision by adults so that if such situations occur again they can be resolved before things get out of hand.

Marko may have very similar issues to Andy. He is coming to terms with life and staff need to be alert to this and supportive of him. We need to think about his behaviour. Does he cheat to show us that he, like Andy, is used to having to fight for his survival? Marko may be shaken by the behaviour of Andy and he may need to talk about this and be helped to understand Andy's behaviour (*assessment & listening skills*).

3 Milly

We need to think about how the death of Milly's mother is affecting her now and think about ways in which we can support her at this time. It may not be possible, because she may not be prepared to have 'counselling' about her loss. However, we can make sure that we are receptive if she wants to talk (*assessment & listening skills*). It would be useful to see if we can identify someone in Milly's family or social network that she can have contact with and who can offer support.

It is fortunate that Milly is popular because this will give staff something very positive to work with (*acknowledging strengths*). In general, it would be better to focus on what Milly does that is good – informing her what she does well - rather than giving her attention by 'telling her off' for her sexualized behaviour. However, when Milly's behaviour affects other children's welfare she needs to be given the clear, consistent message that her behaviour is not acceptable in the centre (*clear expectations, consistency & safety*). This needs to be done in a way that makes it clear that it is her behaviour that is not wanted, but that she herself is very much wanted in the centre (*acceptance*).

Milly's sexualized behaviour and talk about sex should alert us to the fact that something of an abusive nature has happened in her past, if indeed it is not taking place now. It is curious that she says she does not have a boyfriend and it might be useful to know why she tells us that – is she trying to cover up that she does have a boyfriend or is she trying to tell us that she would like a boyfriend? It is the former we need to think about. Is this 'boyfriend' someone who is exploiting Milly (*understanding about abuse, assessment & safety*)

We need to be prepared to help Milly resolve some of her feelings surrounding her supposed abuse, but at her pace. In the meantime, staff can help Milly learn how she can keep herself safe and trust adults in a way that does not put her at risk of abuse. We can also help the other children at the centre think about how they can react appropriately to Milly when she rubs herself against them.

6. A

Based on the descriptions, look at these children and see which category they fit into.

Xa = C. This is a very common case, where language is as much of a prison as the building itself.

Xb = A. Although X seems to be in control, she is perhaps a victim of peer pressure and certainly has some social or domestic issues to be taken care of.

Xc = A.

Xd = B. Being a boyfriend does not stop him being a sexual exploiter / pimp or reduce the level of exploitation. In fact this boyfriend pimp is perhaps even more dishonest than a straightforward business person as he is taking advantage of her trust.

Xe = A. Although it could be argued that poverty puts him into category B or C. We often find that people are forced to perform actions because the alternative is starvation.

Xf = B. The reward is not money but there is pressure from a third party to perform.

Xg = C. Domestic servitude ranks as one of the most common forms of sexual slavery worldwide.

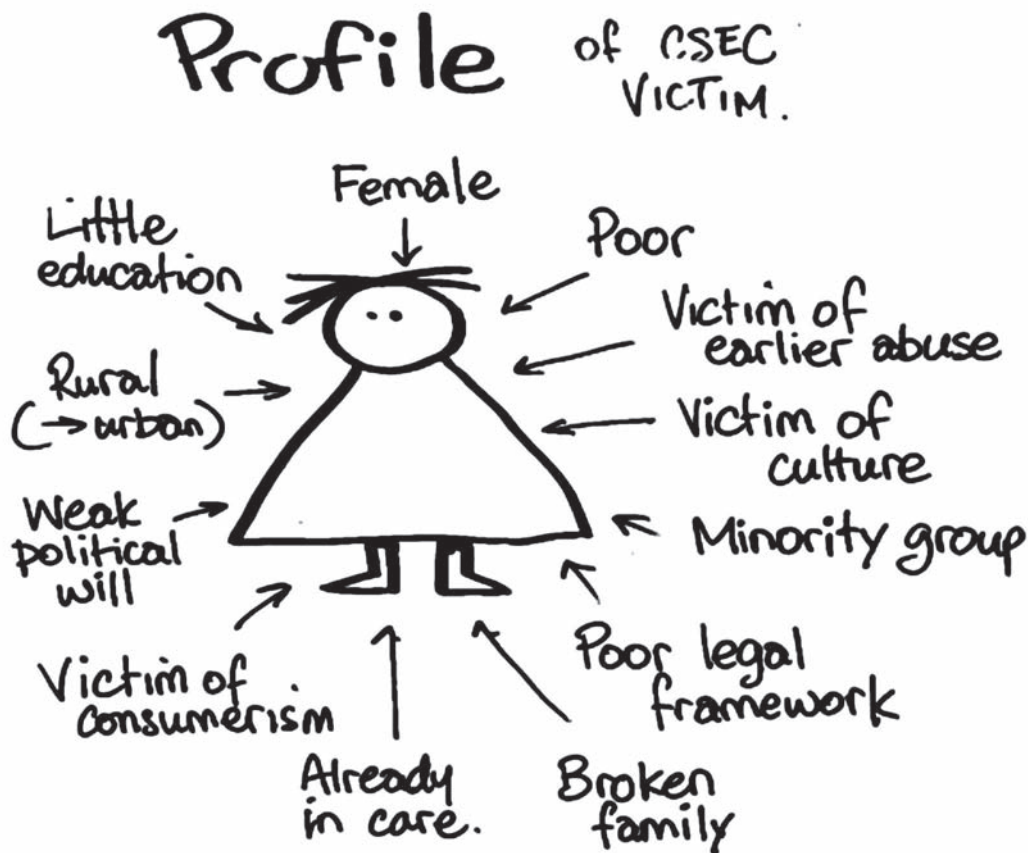
Xh = B.

Xi = C. Apart from the initial exploitation (which may have been caused by A or B), pornography can also be described as a form of imprisonment or slavery in that the victim cannot escape from the distributed image.

Xj = C. This falls into the same category as domestic service.

6. B

VULNERABILITY FACTORS



'Weak political will' refers to situations where the income from commercial sex has an influence on the economy and there is no will to wipe it out.



'Poor legal framework' refers to a legal system that victimises or does not take the child into account at all. It could also refer to poor policing/enforcement.



'Victims of consumerism' refers to children who get involved in CSEC for themselves or their families to acquire material wealth.



'Children already in care' are those who already receive care from a centre or home.



'A victim of culture' is a child who suffers under the pretext of cultural or religious norms, ie. forced marriages or virginal sex.



Not all CSEC victims fit into these categories but most will be in at least one.

7. A

These were suggestions from one group of social workers.

<u>CSA</u>	<u>CSEC</u>
<ul style="list-style-type: none">■ child may still be in the 'system' (eg. education, health, leisure)■ child knows sexual abuser and abuse takes place in known place■ sexual and emotional violence■ secret from closest friends■ child is totally passive and powerless■ people around victim (apart from perpetrator) say it is a bad thing■ supportive community / legal attitude■ do not receive money (may get bribes)■ withdrawn and humiliated	<ul style="list-style-type: none">■ outside system / marginalised■ child probably does not know sexual abuser■ sexual and physical violence■ not secret from friends■ child may be proactive in initiating sexual contact and and feel in control■ people around (peers) say it is a good thing■ negative community attitude■ receive remuneration■ often pseudo-mature, even outwardly aggressive

The experience of children who are held in brothels, in private houses or who are debt-bonded may resemble more closely that of CSA victims rather than CSEC victims. Although they are the most marginalised and invisible children, they are more likely to have been betrayed by people they know, such as family members. In sexual slavery, they have no power or control and will be degraded and 'broken' in the same way that CSA victims are. This ensures their dependency on and servitude to their 'owners'.

9.A Coping Mechanisms

1. Substance abuse
2. Materialism/consumerism. Self indulgent, (clothes, gadgets restaurants)
3. Rationalizing ("We're professionals/ hostesses)
4. Pride in self-sufficiency
5. Temporary mental lapses
6. Dissociation of ego from body
7. Secrecy/anonymity
8. Stoicism (pretending not to be affected by prostitution)

10. A



A. SAM

Sam has a high level of autonomy and has found a way to support him/herself. Sam does not recognise the need for help, perhaps not realising the dangers to which s/he is exposed. You might meet Sam on the street (although contact with 'clients' may be arranged by mobile phone).



B. JO

Jo may be desperate for help but has to be careful. It may be difficult to work with Jo on the street in case the 'pimp' objects and puts the worker and the victim in jeopardy. You can either work with Jo at a location away from the regular patch, or invite him/her to visit the centre when it is safe.



C. CHRIS

Chris will have to be physically rescued in order to work with him/her. Chris will need to be taken to a place of safety such as a shelter. S/he will need constant support and care in the first months.

11. A



Pressure from previous 'employer' / 'pimp'

Revenge if family still rejects the child

No other employment opportunities

Lack of family security (e.g. no other income)

No follow-up from caregivers

12. B

- 1) The caregiver was not at all sensitive to the feelings of the child. Telling him to leave prostitution is unlikely to have any effect. It was also insensitive to suggest the boy would get sick in such a way as the boy probably has fears already. Instead of focussing on the negative, the counselor should be looking to draw on the boy's strengths.

- 2) These are not the answers of a 9-year-old child. They are the answers of a person who has built up an identity which can cope with life on the streets. They are the answers that the older boys would give. It has been suggested in studies that children such as this begin to live their new identity because it is better suited to cope with the traumas of this new life.
- 3) Before we can begin to work through this boy's issues, we need to break through the exterior he has set up and find the real child. To do this, we need to look for chinks in the armour. We need to be sensitive to comments and actions that are made by the child, not the 'prostitute'.

13.A

External Supports	Internal Strength	Growth in Social/ Interpersonal Skills
<ul style="list-style-type: none"> ☺ trusting relationships ☺ access to services (legal, health, education, social welfare) ☺ emotional support outside family ☺ structures/rules ☺ adult encouragement to be autonomous ☺ stable environment ☺ role models ☺ moral leadership ☺ people around who give love unconditionally ☺ adults who can set reasonable limits ☺ adults who can take on leadership role ☺ adults who can be trusted to deliver 	<ul style="list-style-type: none"> ☺ being loveable ☺ autonomy ☺ appealing temperament ☺ achievement oriented ☺ self-esteem ☺ spiritual balance ☺ altruism (unselfishness) ☺ focus on control of emotions ☺ impulse control 	<ul style="list-style-type: none"> ☺ creativity ☺ persistence ☺ humour ☺ communication ☺ problem solving ☺ trust ☺ social skills

You can add others to these lists as you think of them.

14. A

LITERACY

- ➞ Top priority (empowerment)
- ➞ Children need to learn to read national language
- ➞ Give exercises for child to practice writing and reading away from centre
- ➞ Some success with older children teaching younger ones (show them how to teach)

NUMERACY

- ➞ Money: child is working with money and s/he is easy to cheat if does not have basic accounting skills. This may also help if the child one day establishes a business
- ➞ Time: street children often have confused time concepts. The clock loses all meaning when you live at night

PERSONAL HYGIENE

- ➞ Nutrition, cleanliness
- ➞ Effects of drugs*
- ➞ Medicines to buy to cure specific ailments

SEX EDUCATION

- ➞ Understand own body*
- ➞ Protection, use of condoms
- ➞ Pregnancy and child-care
- ➞ Concepts of love and affection*

POLITICS/RIGHTS

- ➞ Child needs to know the reasons why people live on the street*
- ➞ Gender issues*
- ➞ Government services*
- ➞ Relevant laws *

*(these can be taught through literacy/language course materials)

16. A

- **What type of training do you think fits this category?**
Weaving, sewing, computing, typing, cooking, batik, tailoring/dressmaking, trades such as carpe try and hairdressing, tour-guide, encourage artistic abilities (without giving false hope), sales.
- **Only one type of factory work could prove interesting to CSEC victims. What is that?**
Working to make an employer rich is unlikely to be successful. The only system that is probably of interest to these children is one of profit sharing.
- **This person should be humble but happy, and not too financially successful. Why not?** If we put up a wealthy role model, we are again equating success with the acquisition of money. We need to show the children that it is possible to be happy without riches.
- **If we are planning to help children get involved in a small business venture, there are three important issues that we need to take responsibility for before they work in the community. What are they?**
 - \$ Prolonged training in business skills
 - \$ Assessment of business sense
 - \$ Realistic initial investment
- **One other area of work that may be suitable for children is that which carries an element of responsibility. What type of work do you think that may include?** Daycare (but there are certain security/safety issues to be considered), handling money (ditto), leading others, transferring information (reception), waiter/waitress etc.

19. B

MAYA

From her behaviour, it is obvious that Maya has problems setting boundaries and keeping herself safe. These are areas that we need to help her develop. Closely associated with this is the need for Maya to improve her self-confidence and self-esteem.

One of the difficulties when developing strategies and approaches to help Maya, is thinking about ways to work with her which will not alienate her and push her away from attending the centre. Maya will almost certainly feel very sensitive to criticism and we must proceed with caution.

Perhaps the best way, at least initially, of working with Maya would be to develop a group programme at the centre that looks at issues such as good/bad touch, being assertive, confidence and self-esteem. Participating in such a programme would allow Maya to safely explore some of the issues that affect her but not in a confrontational manner.

If trust was developed with staff members, it might be possible to look at some of Maya's behaviour on a more individual level, although this would be a longer-term goal.

20. B

As we saw in 11. A, there are a number of reasons why reintegration may not work and a number of risks to take into consideration. There is always a danger that we will be sending the child back to the original abuser. Unless there is some structure in place to guarantee the safety of the child (relatives or friends to monitor the abuser) there is a strong likelihood that the abuse will reoccur.

We have also seen that the original intermediary / pimp may hear of the child's return. The CSEC victim is returning as a more valuable commodity. S/he has been looked after and her health is perhaps improved. S/he may have acquired new skills (e.g. a second language). In 20. D we will see the risks in the family relationship. The caregiver who accompanies the child on the initial family visit will need to be aware of any indicators of tension or lack of attachment with the family.

20. C

Once away from the centre, the child will be on his/her own. If we are sending him/her to the same environment that caused the initial problems, the child will need to be better armed to cope with it. Many of the qualities we have tried to introduce (resilience, self-confidence, autonomy, creativity, an understanding of boundaries and rights, social skills) will prove invaluable to the child. By understanding how s/he fits in the power relationship, the child will be less inclined to become a victim of it. There still needs to be a lifeline however (see 20. E).

The life the child is leaving may have been a dangerous and adventurous one. In many cases s/he becomes addicted to the adrenaline rush that comes with the danger. This rush may need to be replaced. That is not easy, but there is some success noted in finding an exciting hobby or an intense sport for the child.

20. D

We cannot hope to reintegrate a child unless the family and home environment are

ready for them. That is probably the most complicated aspect of the whole process from rescue through rehabilitation, yet the part which is paid least attention. Most centres pay a couple of visits to the family and do not include them in the rehabilitation process. In some cases the distance from the centre is so great that visiting becomes a financial burden on the organization. But there are a number of things that the family will need to know about the child and the process s/he has been through. They will need to be confident that they can cope. The following traits may be present during the first two months of the child's return:

- Test boundaries
- Resent parent's power
- Resist discipline
- Display anger (short fuse)
- Be frustrated (street is easier)
- Rebel
- Think regular life/low salary are pointless
- Smoke/swear/have bizarre views
- Hoard food/hide possessions/lock room door/sleep with lights on /have bag packed, ready to leave

The child may have problems living life as a normal child/adolescent. Can s/he cope with dating, with socializing, with normal unexciting (village) life?

Perhaps the most common reason for children leaving home is the lack of financial security within the family. Children are forced to leave either to relieve the family burden or to go off in search of money to help them. Your centre programme should include a process of empowering the family and giving them the resources to support these children. Some programmes include local industry establishment for communities, small business/manufacturing for single mothers and employment opportunities for unemployed fathers.

20. E

Because of the potential problems of reintegration, follow up on cases by the centre is vital. If the child believes that the 'friends' made at the centre have suddenly lost interest, there will be a questioning of their trust in adults. In some cases, even occasional chats by telephone maintain the link and provide a lifeline when things get tough. The same applies to an emergency contact line to the centre or, in situations where telephoning is impossible, contact persons in the village or the region who can talk through the child's problems.

In some situations, village women's groups have successfully been involved in the

process of reintegration. In such cases, with the consent of the child, the women may also be briefed on the problems the child has experienced and the difficulties that may arise from living in the same area as a child you are counseling.

21. A

With so many CSEC victims continuing to be exploited in CSEC or having to return to prostitution at a later stage, we may consider other ways of judging whether our programme has been a success.

1. That the child is no longer taken advantage of financially by pimps or sex abusers.
2. That the child has more control in power relationships.
3. That the child has a higher opinion of him/herself.
4. That the child is less subject to physical ailments or has access to medical care.
5. That the child is aware of, and insisting, on birth control.
6. That the child has a reduced dependency on substances and is taking steps to cut them out completely.
7. That the child has plans and a clear goal to leave CSEC and has the resources and the internal strength to follow that plan.

22. A

Prevention generally falls into three categories:

PRIMARY PREVENTION

The main focus here is on public awareness campaigns and education courses aimed at changing the habits of perpetrators and the way society views CSEC victims. For a small centre such as yours, expensive campaigns may not be possible. But it could be possible to use the experiences you have gained to make people aware of the problem. Public service broadcasts might offer free airtime for

interviews and newspapers are often willing to include articles from organizations. Simple brochures, posters and fact sheets may also help to educate the public and shame men who use children for sex.

In some cases, school visits and talks on child rights and protective behaviours may have an influence on children who later drop out or consider prostitution as an option whilst still at school.

SECONDARY PREVENTION

In many cases the children involved in CSEC are from an easily recognisable socio-economic or ethnic background and from known residential locations. These children-at-risk need to be targeted with programmes in their communities.

Firstly, the younger children from the slums need to have an equal opportunity to attend schools. Secondly, the older children could receive vocational training or social activity opportunities to interact with others and meet good role models. Ignoring these children will not make the problems go away.

Targeting street children who have not yet been forced into CSEC will have a marked effect on the numbers who eventually do. They will be under pressure from the street community to sell themselves and your centre could be the only influence away from such a life.

TERTIARY PREVENTION

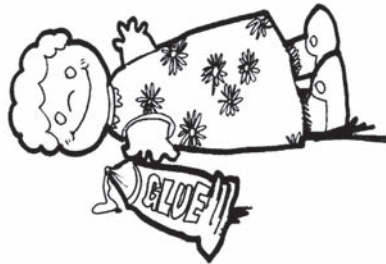
The work we have talked about in this course are all types of tertiary prevention in that they are aimed at changing the habits of current CSEC victims. Once children have been rescued from CSEC, or given an opportunity to attend shelters whilst still selling sex, a programme of awareness raising on health, social and legal matters should be provided to empower the child. Contact needs to be made with the family where possible to begin the process of reintegration and to look for ways to help the family to support the child. Here we are trying to prevent further abuse.

22. B

The community from which the CSEC victim came is a breeding ground for similar victims. As many children come from large families with poor concepts of birth control, education on this issue and provision of contraceptives could be included in your programme.

There is a likelihood that other siblings in the family have already been victimised or are potential victims. You will need to consider this when visiting families and assess the risk for younger brothers and sisters.

The family and the community may benefit from an education programme on values and rights. Responsible members of the community may be identified to follow up on your programmes. You may also come up against beliefs and customs that legitimise the involvement of children in sexual practices. These findings need to be reported to authorities for more official intervention.



VOCABULARY AND TECHNICAL TERMS

PAGE	WORD/TERM	MEANING

Use this page to record any words or terms that you are not familiar with, together with their meaning.

VOCABULARY AND TECHNICAL TERMS

PAGE	WORD/TERM	MEANING

WORKING WITH CHILDREN WHO HAVE BEEN COMMERCIALY SEXUALLY EXPLOITED

SOME GUIDING PRINCIPLES

1. The involvement of children in commercial sex is, per se, exploitative and abusive
2. Children are not passive 'victims' but 'survivors' of abuse
3. All services and interventions must show respect for the child
4. The child is a social being so must be assisted within a social context
5. Community based programmes which nurture and promote indigenous support networks maximize the developments of sustainable systems
6. Prevention and rehabilitation programs are interlinked and interdependent
7. Effective services view the child holistically, so must work from a multi-disciplinary perspective
8. Participatory strategies work most effectively. Listen and respond to child / family / community and facilitate their direct input
9. Change is not unidirectional or consistent. It is a painful process and its uncertainties must be recognised
10. Abuse through CSE is traumatic and leaves long-term scars. Helping to reduce damage takes a long time
11. Programmes must be aware of the developmental stage at the time of the first abuse / its duration / current age of the child
12. Therapeutic interventions can be undertaken in different settings. The appropriate setting enhances potential for reintegration.
13. There is no universal blueprint, no simple equation to devise intervention programmes. The child's individual experience combines with societal and cultural settings. This demands a package of response that is sensitive to his/her particular circumstances.

From: A Right to Happiness, NGO Group for CRC, 1996

LANGUAGE

Throughout the document we have referred to children who have been commercially sexually exploited as CSEC 'victims'. We are aware of the idea that, in terms of recovery, it is more helpful to refer to these children & young people as 'survivors', which they are. However, ECPAT believes that the use of the emotive word 'victim' is a constant reminder to carers that these children are in that position because of a crime perpetrated by an adult.



**End Child Prostitution, Child Pornography and the
Trafficking of Children for Sexual Purposes**

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