

THE DEVELOPMENT OF QUALITY OF CARE STANDARDS IN WELFARE SERVICES FOR CHILD VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION

by Guy Thompstone



Artwork by: Shohel, Ain o Salish Kendro (ASK), Bangladesh

INTRODUCTION

In recent years, a growing incidence has been reported of children in armed conflict, of children trafficked for domestic labour and of commercial sexual exploitation of children. There is increasing global recognition that children who suffer trauma during childhood require an elaborate process of rehabilitation if they are to take their rightful place within wider society. The trauma experienced in such situations is often so severe that only specifically adapted programmes of rehabilitation and reintegration will enable the full recovery of victims.

Many governments, often in collaboration with international and local non-government organisations, have taken up their responsibility to establish care homes to protect children who have endured these violations of their fundamental human rights.¹ Such homes, while offering refuge and rehabilitation, have tended to be designed in isolation, rather than as part of a wider standardised system of child protection. This article deals specifically with direct care provision for child victims of commercial sexual exploitation and examines a protective ‘safety net’ that must be incorporated into care programmes. Specifically, it calls for the introduction, implementation and monitoring of ‘Quality of Care Standards’ (QCS) across child protection services, focusing specifically on care homes that provide recovery services for child victims of commercial sexual exploitation. It should be recognised from the outset, however, that such standards will be effective only if they are established and implemented in parallel with other programmes that support the recovery of children.

DETERMINING THE DAMAGE

The specific circumstances and nature of abuse within the context of CSEC vary greatly. The physical and emotional experience of victims will largely determine the nature and extent of the psychosocial trauma they suffer. In turn, this trauma will be the key factor in shaping the actual behaviour of the individual child. Children who have been isolated in a brothel or who have been beaten and psychologically tortured will respond very differently to care provision and caregivers than, for example, children who have been members of a street community selling sex for survival. However, sexually exploited children do share some common psychological traits such as low self-esteem, an inability to form healthy trusting relationships, confused role boundaries, and feelings of social marginalisation and stigma.² Some children may also be highly withdrawn and manifest their suffering through self-harming practices, while others will demonstrate a pseudo-maturity, often reflected in acts of aggression and unpredictable behaviour. This does not mean that victims of CSEC should be segregated from children who have suffered other forms of abuse, but simply that individual needs must be accommodated within care services.

Given the extreme trauma caused by sexual exploitation, victims of CSEC require specialised support and care to achieve full recovery. Since caregivers are often the first point of reference for these children, it is important that they have a clear understanding of CSEC issues and the skills to respond appropriately. For example, children who are sexually abused in the home may well still be attending school, while a sexually exploited child on the streets will almost certainly require a long-term programme of reintegration into the formal education system.

In an ideal world, protection pertaining to all children would be incorporated within a formalised legal framework and professional system of social services. In reality, government and NGO response to direct care provision for victims of CSEC has tended to be ad hoc and informal. This is largely due to a lack of financial resources and professionally trained social workers and caregivers. Efforts to protect and rehabilitate traumatised victims of CSEC have resulted in the creation of large institutions

that try to meet the diverse range of needs presented by these children. This has often created dehumanised care services, where individual needs are not catered to, thereby thwarting the recovery process. In fact, victims of CSEC require a network of holistic services including counselling, health provision and education. Many children can no longer live with their own families or communities, and it is essential that they find a stable and loving 'home'. While these homes take many different forms around the world, it is beyond the scope of this article to explore the merits of different models. Regardless of the 'shape' of the individual care home, QCS should be developed based upon universal children's rights to ensure that the highest level of care is achieved within all homes.³

QCS AND HUMAN RIGHTS

There is no universal set of QCS, but comprehensive standards have been elaborated at the national level in some countries. QCS establish a minimum threshold of care, which, translated into practice, means that all children should receive the same quality of care regardless of external factors. The reality is that universally standardised QCS have not been developed largely due to the disparity in available financial and human resources across countries, as well as the diversity of cultural norms pertaining to child care services. However, QCS can and should be developed in every country precisely because they are founded upon universally applicable human rights principles. These principles are to be found in a range of international legal instruments, the most significant of which is the United Nations Convention on the Rights of the Child. This instrument is designed to ensure that the fundamental rights of all children are upheld, thereby protecting the most marginalised and vulnerable in society, including children at risk due to armed conflict, disability, refugee status or child labour. Article 34 of the Convention declares the right of children to live free from sexual abuse and sexual exploitation in all countries. Based upon this universal right of all children to protection from such exploitation, nations have a duty to provide the same protection standards and rehabilitative care for all children, including those trafficked for sexual purposes.

It is this fundamental right that must underpin the subsequent development of concrete and measurable QCS founded upon an ethical child rights approach to care. Representatives from government, social welfare authorities and human rights groups, as well as children themselves, must therefore collaborate to devise a set of specific national standards, policies and activities to guarantee the implementation of this right. Such standards might provide that:

1. All children trafficked for sexual purposes shall have equal access to education programmes, regardless of citizenship.
2. Care plans shall be developed and case records shall be maintained in care homes for all children.
3. Repatriation schemes will include child protection mechanisms to ensure that child victims of trafficking are returned to a place of safety.

With the elaboration of these standards, those responsible for the care of trafficked children will be able to take concrete measures to achieve them. Such measures might include: foreign children to be registered into local schools; interpreters to provide support in the classroom and education materials to be translated; record-keeping systems to be designed and policies on confidentiality developed; social workers to be trained to conduct assessments of post-repatriation risks; and the progress and safety of individual children to be evaluated on a fortnightly basis for a period of six months.

REHABILITATION

The principal role of QCS within direct programmes of care for victims of CSEC is to facilitate the full recovery and social reintegration of individuals. As mentioned above, traditionally there has been little standardisation of care in homes. QCS are increasingly being employed by social services and NGOs as a way to address this non-methodological approach to such child care services which, developed appropriately, will ensure that direct care is appropriate, uniform and child-friendly.

The NGO Coalition to Address Sexual Exploitation of Children in Cambodia, for example, has been active in developing criteria to regulate services across the child welfare sector, creating standards for the management and operation of care facilities for exploited children. This coalition recognises that it is most practicable and appropriate to introduce QCS while conceptualising and designing a home rather than at a later stage when care practices may have become ingrained. Given below is an example of how QCS may be employed; while the home is fictitious, the scenario is very common.

‘Happy Days Home’ is a newly established home for 10 girl victims of trafficking for sexual purposes. The house mother and staff have received training on the impact of CSEC on young girls and, even with their limited resources, are working to address the trauma suffered by the girls. Staff hold a meeting to discuss the rights of children in their care. They recognise the right to privacy as enshrined in Article 16 of the CRC, and agree that Happy Days, as a shared home, must address this issue. Having been held in brothels, these girls have never known any form of privacy and have never had ‘ownership’ of a place to sleep. Based upon this identified right, staff propose care standards to ensure that the right to privacy is upheld. It is agreed that each girl will have her own bed in the dormitory and a private place for her belongings that she can ‘call her own’. These minimum standards to ensure privacy are written into the home’s formal policy, and management accepts accountability to uphold it.

A year after the project’s inception, an external inspector visits the home and finds that 20 girls now share the dormitory, some sleeping on the hard floor, others sharing a bed with a friend. Clearly, the agreed care standards have not been maintained. While there may be good reasons why the number of girls requiring shelter has increased, this does not change the fact that the standard to which Happy Days subscribed has not been met. However, through the formal monitoring process, staff have the opportunity to assess and address the reasons why standards have been compromised. It may be, for example, that the problem lies with Happy Days’ intake policy (or lack of) or that beds are broken and funds need to be raised to buy new ones. In this way, QCS are an essential tool for maintaining standards and

identifying solutions when standards lapse. Ideally, Happy Days would have made a 'contract' with the girls on arrival, detailing what kind of care standards they could expect while living at the home. In this way, the girls themselves may have been able to raise concerns earlier about the rising numbers of children and the subsequent lack of personal privacy.

CHILD PROTECTION

The second major function of QCS is to increase child protection mechanisms. Institutional abuse is increasingly reported around the globe and care homes do not always serve as the safe havens they are intended to provide. In some cases, exploitation and abuse is committed at the hands of intentional abusers. In a recent case in West Africa,⁴ refugee children were sexually exploited by the very aid workers who had been sent to help them. More often, abuse occurs due to a lack of trained personnel, inadequate funding and poor supervision mechanisms. Such situations lead to staff burnout and the subsequent neglect of children.

Children recovering from the trauma of CSEC are rarely in a position to assert their rights fully. Their trauma is such that the humiliation they have endured renders them vulnerable and powerless. They may not feel able to challenge or refuse those who would abuse them, or they may accept this secondary exploitation as the price for their care. In addition, child victims of prostitution may be stigmatised as deviant within care homes, so it is vital that standardised child-friendly procedures are implemented and monitored. The example below illustrates some of the QCS that could be implemented to protect children.

Staff at Happy Days recognise that victims of abuse and exploitation remain vulnerable to secondary exploitation, both intentional and unintentional, during the rehabilitation process. They are committed, though, to the inalienable principle that every child has the right to live free from physical, sexual and emotional abuse at the home. In order to ensure this right, a set of minimum standards is established to ensure that a child is never abused in their care. A child protection policy is created to formalise protection mechanisms. This policy includes: criteria for selection of staff, and a reference verification system; a formal

staff supervision structure; child protection training for new staff members; a mechanism for reporting and responding to disclosures of abuse; a child rights education programme for staff and children alike; and a policy on confidentiality. In addition, a process of induction and orientation for children is established, and the above protection mechanisms are explained to them in child-friendly terms.

CSEC victims, who have had every aspect of their lives controlled by others, have a right to participate in their own recovery. Such participation facilitates the therapeutic process, and prepares them for decision-making in later life. Former victims of exploitation are in the best position to know what support they need and, depending upon their level of recovery and their ability to assume such responsibilities, their opinions should be sought at every stage of the rehabilitation process. QCS must be developed to reflect the right of children to participate in all aspects of life in the home, including policies that provide an opportunity for children to play an active role in the design and monitoring of QCS.

MONITORING AND EVALUATION

It is often assumed that QCS can be established and maintained only in countries where social work is formalised and professional. It is true that, in some parts of the world, social welfare provision is comparatively well funded by the state, social workers are trained and state programmes are supported by well-resourced NGOs. Through the development of sophisticated child protection legislation, including national plans of action to combat CSEC, functioning in parallel with standardised and regulated social work practices, the approach to children's care is modelled more closely on international child rights instruments. The quality of direct service provision is open to external evaluation and independent monitoring mechanisms are created. In many European countries, special government-funded inspectorate departments have been created to establish indicators to measure the performance of state social welfare agencies. In Britain, for example, Quality Assurance Departments have, in collaboration with children, established clear sets of standards and created

an external regulatory body responsible for the assessment of rehabilitative interventions.⁵

In other parts of the world, the impact of commercial sexual exploitation on children is not always a priority for governments struggling with political instability, debt, war and unemployment. National infrastructures afford neither legal protection for children nor rehabilitative remedy, and child victims have to rely on more informal mechanisms and services to provide them with legal protection and rehabilitation. In some of these countries, it may be years before appropriate state social welfare systems are developed, and until such time, under-resourced NGOs with untrained caregivers will provide a means of survival for children rather than a holistic therapeutic intervention. These independent, often isolated, NGOs must increasingly work in collaboration to establish a system of standardised care, thereby moving away from self-regulatory practices. Even where network resources do not allow for the design of elaborate policies, it is nonetheless possible, with a minimum of child rights training, to devise realistic and effective QCS and a system for independent monitoring.

In some countries of South Asia, recovery programmes are now managed as a collaboration or network between state and local and international NGOs. Legislation to combat CSEC in India and Bangladesh has incorporated mechanisms to establish minimum care and child protection standards in care homes. While these instruments do not detail individual standards, they provide the foundations upon which actual guidelines can be created. These include acknowledgement of a child's right to protection from institutional abuse, to appropriate rehabilitative support, and to play a role in decisions that affect him or her.

It is sometimes said by staff at care homes that the development of QCS is too bureaucratic, costly and a distraction from the actual provision of care. However, QCS should not be thought of as supplementary to the provision of recovery services, but rather, as an integral element to them. They should be considered by staff not as a threat or burden but as a tool that will help them to provide the most appropriate possible care for the children in their charge, thereby ensuring the maintenance of the highest

possible standards. The process of creating QCS should in itself be considered an exercise in professional and personal development.

NGOs do not require vast financial resources to develop QCS, but there must be a commitment to the development of good models of care through programmes of training on child protection and child rights. Without a sound understanding of the fundamental rights of children, caregivers will not be able to develop QCS appropriate to the specific needs of CSEC victims. While cultural norms and practices will dictate the shape and implementation of QCS, there are certain inalienable rights that apply to all children in all nations. Armed with an appreciation of such rights, and a commitment to providing sustained quality care, staff can create a safe and stable environment for traumatised child victims of commercial sexual exploitation to begin the process of recovery.

QCS are essential in the care home setting, but this is not their only application: similar standards must be developed and applied across all sectors of child protection, thus reflecting the diversity of an exploited child's needs. It is recognised that 'care' and 'rehabilitation' begin the moment an exploited child comes into contact with a trusted adult. The first point of contact for children 'rescued' from brothels is often with police authorities. Therefore, standards need to be developed within law enforcement systems to ensure appropriate interviewing and investigative techniques. Likewise health services must standardise medical and forensic interventions for child victims of exploitation, and education departments must ensure that the rights of exploited children are protected through QCS. It is only through a holistic, cooperative and standardised approach to recovery services that the diverse and complex needs of child victims of commercial sexual exploitation will be met.

ENDNOTES

¹ UNESCAP HRD. *Course on Psychosocial and Medical Services for Sexually Abused and Sexually Exploited Children and Youth*. ESCAP. New York. 2002.

² T. Heiberg. *Commodities in Stigma and Shame: An international overview of Save the Children's work against child sexual abuse and exploitation*. Save the Children. 2001.

³ J. Frederick. 'Standards and Guidelines for the Care of the Sexually Abused and Sexually Exploited'. Paper presented at ILO-IPEC South Asian Technical Meeting on Psychosocial Rehabilitation and Occupational Integration of Child Survivors of Trafficking. Kathmandu, Nepal. June 2002.

⁴ UNHCR and Save the Children UK. *Note for Implementing and Operational Partners by UNHCR and Save the Children-UK on Sexual Violence and Exploitation: The Experience of Refugee Children in Guinea, Liberia and Sierra Leone*. UNHCR and Save the Children UK. 2002.

⁵ David Batty. 'Q&A: social care institute for excellence'. Guardian Unlimited. 13 June 2002. Accessed on November 25 2003 from: <http://society.guardian.co.uk/regulating-social-care/story/0,8150,512428,00.html>