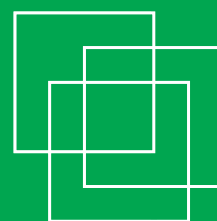


Combating Child Trafficking



International
Labour
Organization

Child-friendly Standards & Guidelines for the Recovery and Integration of Trafficked Children



Regional Project on Combating Child Trafficking
for Labour and Sexual Exploitation (TICSA-II)

**Child-friendly Standards and Guidelines
for the Recovery and Integration of Trafficked Children**

International Labour Office

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Foreword

Trafficking of children for labour and sexual exploitation leaves many of them with devastating impacts. Those who are physically, emotionally or socially fragile struggle with the physically and psychologically painful experiences during the process of trafficking as well as at the point of destination. When rescued, many are in desperate condition and need special care when placed in a shelter home for their recovery and social integration.

Every year, a large number of child victims of trafficking are rescued in Asia. Unfortunately, the shelter-based rehabilitation system in many countries is significantly inadequate and in some cases professionally unacceptable. Their practices and sometimes policies are not appropriate for child victims of trafficking. In certain cases, even further harm is done to children in the name of rehabilitation, such as using physical punishment to make them disciplined. Cases have been documented in which children were confined in a very tightly controlled premise where they were not allowed to meet and socialize with outsiders – neither with neighbouring children nor with adults. There have been cases in which the food and physical facilities provided in the shelters were not even minimally acceptable. Education and skills training provided are not needs-based or well designed, and there is no proper follow-up after children have been returned from shelters to their communities.

This gloomy revelation of the shelter-based rehabilitation process prompted ILO-IPEC to develop minimum standards and child-friendly guidelines for care providers of rescued child victims of trafficking, especially in shelters.

The standards and guidelines in this document refer to the different steps, procedures and services needed for the protection, recovery and social integration of the child victims of trafficking. These are recommended for practical use by all practitioners, shelter managers, government officials and policy makers who are directly and indirectly involved in the process. They also are intended to influence future policies or policy reforms.

These guidelines were developed through an intensive review of existing shelter-based rehabilitation services in the countries covered by this ILO-IPEC project, followed by a series of national consultations in those countries and finally validated through a regional tripartite workshop of government officials and representatives of employers' and workers' organizations from all the relevant countries.

I would like to thank the US Department of Labour for its financial support to this project, which made developing these guidelines possible. I would also like to thank Elaine Pearson who led the effort and the national consultants and other involved professionals for their sincere efforts towards establishing these minimum standards and guidelines. Thanks are also due the government officials, employers' and workers' representatives, the ILO technical specialists and other ILO officials for their contribution to this process. Finally, I would like to thank Wahidur Rahman, Chief Technical Adviser of this regional project and other members of the TICSA team including Anders Lisborg, Parissara Liewkeat and Yumi Nabeshima for their contribution in the process of development of these guidelines.



Guy Thijs
Director, IPEC
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Contents

| | |
|--|----|
| Foreword | 3 |
| Acronyms and Abbreviations | 5 |
| I. Introduction | 7 |
| II. Definitions | 13 |
| III. General Guiding Principles | 18 |
| IV. Different Stages of the Recovery and Integration Process | 21 |
| 1. Intake and Assessment | 23 |
| 2. Interim Care and Support in Recovery (Healing and Strengthening) | 27 |
| 3. Integration and Continuing Care | 28 |
| V. Rights and Services Throughout the Recovery and Integration Process | 31 |
| 1. Case Management | 34 |
| 2. Safe and Adequate Accommodation | 37 |
| 3. Legal Support | 38 |
| 4. Physical Health Care | 40 |
| 5. Counselling and Psychosocial Support | 42 |
| 6. Education | 42 |
| 7. Vocational Training and Job Placement | 44 |
| 8. Life Skills | 46 |
| 9. Recreation and Culture | 47 |
| 10. Nutrition | 48 |
| 11. Access to Family | 49 |
| 12. Access to Community | 50 |
| 13. Child Protection and Staffing | 52 |
| 14. Discipline | 54 |
| 15. Child Participation | 55 |
| VI. State Responsibilities | 57 |
| VII. References | 61 |

Acronyms and Abbreviations

| | |
|----------------------|---|
| CPCR | Centre for the Protection of Child Rights |
| CRC | United Nations Convention on the Rights of the Child |
| CSE | Commercial sexual exploitation of children |
| CWISH | Children–Women In Social Service and Human Rights |
| CWPB | Child Welfare Protection Bureau |
| ECPAT | End Child Prostitution, Pornography and Trafficking |
| EU | European Union |
| HIV/ AIDS | Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome |
| ICMC | International Catholic Migration Committee |
| IGO | Inter-governmental organisation |
| ILO | International Labour Organization |
| IOM | International Organization for Migration |
| IPEC | International Programme on the Elimination of Child Labour |
| MANK | Mahila Atma Nirvarta Kendra |
| NCPA | National Child Protection Authority |
| OHCHR | Office of the High Commissioner on Human Rights |
| SAARC | South Asian Association for Regional Cooperation |
| Trafficking Protocol | UN Protocol to Prevent Suppress and Punish Trafficking in Persons, Especially Women and Children (2000) |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

I. Introduction

I. Introduction

“States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of...exploitation.... Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.”

– **Article 39 of the United Nations Convention on the Rights of the Child (CRC)**

Child victims of trafficking urgently need their rights protected. Children who are trafficked suffer grave human rights violations at the hands of their traffickers and exploiters. They are forced to work; locked up; suffer sexual, physical and psychological abuse; and denied their childhood. Traffickers deceive and exploit children's innocence, youth and helplessness. Often trafficked children are made to commit illegal and immoral acts against their will; children are easily influenced, often lacking full capacity to know right from wrong.

Escape or removal from the exploitative situation does not always mean their problems are solved. Many such children suffer discrimination and harassment from authorities, rather than help or concern. Lacking both formal education and the positive life lessons learned in the process of growing up, such children are vulnerable to further abuse, sometimes becoming potential abusers or even traffickers themselves.

Many trafficked children across the Asia region continue to have their rights violated in various ways throughout the processes of recovery and integration.

“After we were rescued we were kept in a shelter home... for seven months. We had to go through health check-ups and the doctors were not very cooperative with us. We spent a very regimented type of life in the shelter. Several girls during their stay there even requested the shelter in charge to send them back to the brothel or to their house”.

– **Sabina, victim of trafficking**¹

“We are happy as well as unhappy. Happy because we will be meeting our parents here, unhappy as we are clueless about what we will do in this country”.

– **Ronni, 17-year-old returned camel jockey**²

“After three months I returned home.... My father had come to receive me and while I had some money with me he treated me very well. But as my money finished, his colour changed.... Every time I spoke to them [my family], they would call me a ‘Mumbai returnee’. I used to feel very bad every time they called me so.... The memories attached to that city are very painful, though it wasn't less painful than the kind of treatment I got at my own house. In fact, the humiliation from your own family is more painful than from the strangers”.

– **Prerana, victim of trafficking**³

1 Shakti Samuha, In search of self-reliance, UNIFEM, Kathmandu, 2005, p.17. Throughout these guidelines, all names have been changed to protect each child's confidentiality.

2 Zaman, M., “An Uncertain Homecoming”, Daily Star, Dhaka, 7 October 2005.

3 Shakti Samuha, p.6-8.

All children have the right to care and assistance appropriate to their age and developmental needs as well as the right to participate in decisions about their future.⁴ Though it is the main duty of care providers to protect and care for children, child victims of trafficking are in special need of protection when they approach or enter a care-giving facility due to the abuses many others have suffered to date in these situations.

Organizations caring for children may often have good intentions yet may lack knowledge on how to implement rights-based strategies or on the impact of not applying a human rights framework. For example, care providers might adequately meet a child's material needs for food and shelter but, in the name of "child protection", violate their rights to freedom of movement or to access their family and community.

The International Labour Organization's International Programme on the Elimination of Child Labour (ILO –IPEC) has developed guidelines to explain to care providers what must, must not and what should be done at every stage of the recovery and integration/reintegration processes. As States are ultimately responsible for the protection of children's rights, these guidelines are intended to remind government officials of their obligations under international human rights standards. These guidelines are presented in this document, which also includes practical examples from within the region to show what is and is not acceptable toward fulfilling those obligations.

A plethora of guidelines already exist covering general care for abused children as well as specific care and

protection for child victims of trafficking at the national and international levels.⁵ This document aims to build on the broad international guidelines and national care standards in various countries by giving a more culturally appropriate context for Asia.

These guidelines were developed in consultation with Governments, international and non-government agencies involved in child protection as well as with input from child victims currently and formerly living in shelter homes and shelter staff. Formal national consultation meetings were organized in four Asian countries: Bangladesh, Indonesia, Nepal and Sri Lanka. In total, more than 20 care facilities for children were visited in these countries and in Thailand. Participants to an ILO regional workshop involving employers, trade unions and government representatives from seven Asian countries (Bangkok, November 2005) reviewed the draft and gave valuable input into the final guidelines.

Guidelines on recovery and integration are necessary in Asia because many countries in the region have no national guidelines on child protection or have only archaic legal provisions that are not enforced. A region-wide minimum standard will ensure uniformity in the region, which is especially important when considering the treatment of trafficked children across borders. While national regulatory guidelines are being developed in a few countries such as Nepal and Sri Lanka, the regional guidelines are different in that they deal specifically with victims of trafficking. Trafficked children are children who have lived away from their homes and communities and have been systematically exploited in some way. These guidelines

4 United Nations Convention on the Rights of the Child (CRC).

5 For example, the United Nations Office of the High Commissioner on Human Rights (OHCHR) Recommended principles and guidelines on human rights and human trafficking, UNICEF Guidelines for protection of child victims of trafficking in South-Eastern Europe, Frederick, J., Standards and guidelines for care of the sexually abused and sexually exploited: Some application for South Asia developed for ILO-IPEC and the South Asia Regional Initiative/Equity Support Program: Minimum Standards of Care and Support for the Victims of Trafficking and Other Forms of Violence in South Asia.

respond to the specific needs of this group of children to recover and integrate them effectively. Too many trafficked children are re-trafficked or re-victimized because they do not receive adequate care and support that enables them to survive in the communities or countries from which they were trafficked.

Finally, regional guidelines should be a bridge between the very detailed technical operational standards at the national level and the broad child-rights principles, which provide a firm foundation of what to do but not necessarily how to do it. To this end, this document includes examples of how to implement rights-based strategies in relevant Asian countries or what is the impact on children when not applying these standards. The good and bad practices presented show the real-life experiences of trafficked children.

These guidelines are especially pertinent in an Asian context due to the large numbers of children in residential care, particularly in South Asia. This situation is partly a result of the laws and policies that encourage institutional care of children who are victims of a crime. Yet, children often prefer the streets to staying in a shelter. Effective recovery and integration means, at a minimum, that children must prefer the recovery process to the situation of exploitation. If children's voices are heard, if they are given rights, responsibilities and choices, they become active agents in the process of their own development and change. This is a fundamental basis for rights-based recovery and integration.

Implementing these minimum guidelines may require additional financial resources and additional staff trained to improve the quality of the assistance given to children. Ultimately, donors and Governments have a responsibility to give technical support, such

as training, capacity building and monitoring for these guidelines to be applied in practice. However, this document also provides examples of sustainable actions that have been carried out by organizations with few resources. For instance, encouraging and supporting families and communities to take more responsibility for the care of children and networking with others saves resources. Many of the guidelines, such as encouraging more child participation, do not require more funding but a change in attitude. Implementing some of the guidelines simply requires care providers to be more open, accountable and systematic in operating their current child protection systems.

Target audience

These guidelines are for care providers or caregivers. This means anyone directly or indirectly involved in caring for child victims of trafficking. This includes state caregivers and authorities, shelter managers and staff, practitioners, social workers, child care services, medical and legal professionals, non-governmental organizations (NGOs) and inter-governmental organizations (IGOs) involved in the recovery process. However, donors and international and government agencies should also reflect on what steps are required to ensure that these standards are achieved in different countries.

How to read this document

This document is a reference tool for care providers. While protection of the fundamental rights of children is the responsibility of the State (see State Responsibilities, p. 58), the guidelines speak directly to care providers, whether state or private entities, who

engage directly with children.

Twelve over-arching general principles of child protection are presented first and are essential reading for everyone interested in child trafficking. Depending upon the exact role of the various readers, they may refer to subsequent sections in the document for more specific information. The three main phases of recovery and integration (intake, interim care and integration) are described, followed by a description of each main service (or right to protection) that a child requires.

A colour coding system indicates the recommended actions that must, must not and should be taken:

- ✓ The guidelines set out in blue describe what care providers are obligated to do (must do).
- ✗ The guidelines set out in red describe what care providers must absolutely not do. Bad practices are likewise in red boxes.
- ✓ The guidelines set out in green describe what care providers should do (what care providers in the region have done – referring to good practice examples – are in green boxes).⁶

Care providers and donors supporting care providers should use these guidelines as an assessment tool to know whether their interventions are operating in a rights-based fashion or where improvements are necessary.

Note concerning references

Many of the guidelines contained herein have been already developed in the policies of different countries or are from relevant international standards on child protection. The source of each guideline is not referenced within the document because it would require too much cross-referencing of documents. Most can be traced back to the CRC as the main source of child protection. All sources from where the guidelines come are indicated at the end of the document (see References).

⁶ The good practices selected are examples of actions taken by specific organizations consulted in the process of developing the guidelines. The organizations are named so that those seeking further information on the particular initiative know whom to contact. Many other organizations and government agencies working in these countries have also implemented various good practices in recovery and integration, but there is neither space nor is it the objective of these guidelines to list them all here.

II. Definitions

II. Definitions

The following definitions are applied throughout this document:

Care provider (also caregiver): Any individual or institution directly or indirectly involved in caring for trafficked children. This includes state caregivers and authorities, shelter managers and staff, practitioners, social workers, child care services, medical and legal professionals, NGOs and IGOs involved in the recovery process.

Care-giving facility (also a shelter or centre): An institutional care facility for interim and sometimes continuing long-term care of a child.

Case conferencing: Regular meetings of the multidisciplinary case management team to discuss an individual case.

Case management: A system of managing each individual child's recovery and integration process. This involves planning for the child, meeting her/his needs, and assessing and reviewing her/his recovery and integration. This should be conducted by a "multidisciplinary case management team".

Child: Any person younger than 18.⁷ For ease of clarification, children are divided into three subgroups: infant, school-age and adolescent.

Infant: Child aged between 0 and 5 years, inclusive.

School-age: Child aged between 6 and 13 years, inclusive.

Adolescent: Child aged between 14 and 17 years, inclusive.⁸

Community-based care: Care that is as close as possible to a real-life family living situation of a child where a community is involved in the process of a child's recovery. Community-based care might still be in a shelter but one that allows access to the outside community through formal and informal networks. Foster and extended families are other examples of community-based care.

Intake centre: A short-term shelter facility that provides special care to children upon their initial arrival, as well as assessing the individual's needs to be addressed.

Institutional care: An artificial environment (residential institution) that is established with the professional motive of caring for a group of children.

⁷ As defined under the UN Convention on the Rights of the Child.

⁸ This definition is for the purposes of this document only and does not refer to any other definition of adolescent in other documents.

This category reflects the group of children who may legally work. The minimum working age is 14 years for developing countries, as set out under Article 2 of ILO Convention No. 138.

Integration: After recovery, this is the process of a child victim returning to daily life in a community on a long-term basis. Integration includes reintegration, which is the specific situation where a child returns to her/his family or a familiar community. Integration also includes the long-term prospects for those victims who settle in the destination country or in a different community to their home. The term “integration” is preferred to the term “reintegration” because it is broader and many victims do not go back to their families and communities.

Life skills: Various skills children can learn regarding social development and living and coping independently. This includes self-awareness, problem solving, learning to negotiate, decision-making, creative thinking, critical thinking, effective communication, interpersonal relationship skills, conflict resolution, empathy, coping with emotions and stress management as well as money management, raising a family and running a home.

Multidisciplinary case management team: A small group of professionals and non-professionals who oversee and recommend activities conducted on behalf of each individual child from the time of intake through to integration. The composition of the team usually includes medical (including physical and psychosocial care), legal and social welfare professionals. The team should entail people, working both within the child facility and outside of it, who deal with the individual child's case (for more information, see p. 34).

Recovery: The process of stabilization during which the child develops the means (physical and emotional) to face her/his new life situation.⁹ This term is generally considered more empowering than the term “rehabilitation”.

Rehabilitation: *See Recovery.*

Reintegration: *See Integration.*

Survivor: Any child who has been trafficked, according to the definition of trafficking, and has been removed from the situation of exploitation; see Victim of trafficking.

Trafficking: The recruitment, transport, transfer, harbouring or receipt of a child for the purpose of exploitation, either within a country or between countries. Exploitation shall include, at a minimum, exploitation in the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.¹⁰ Consent to the exploitation is irrelevant. This means that trafficking is facilitated movement into exploitative conditions. There is no need for threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or a position of vulnerability to be proven where children are involved. However, these means are required for trafficking of adults to be proven.

Transit home: A short-term shelter for children awaiting repatriation to their home country or home district.

Victim of trafficking: Any child who has been trafficked, according to the definition of trafficking; see also Survivor.

⁹ Bangladesh Thematic Group on Human Trafficking, *Revisiting the human trafficking paradigm: The Bangladesh experience*, Dhaka, 2003, p.84.

¹⁰ As defined under the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, attached to the UN Convention Against Transnational Organized Crime (2000).

III. General Guiding Principles

III. General Guiding Principles¹¹

The following 12 principles should guide all actions in the recovery and integration of trafficked children:

- 1. Each child is an individual and the recovery and integration process should be an individual one promoting the best interests of each child.**

Commentary: Too many shelters institute generic rules and procedures for children, at the expense of considering the specific needs of an individual child. Care providers should also acknowledge the way that abuse can affect children in different ways. Each child is an individual and may have a different response based on their background, age, sex, cultural identity as well as their personality and the type of exploitation (sexual or labour) that they experienced.

These guidelines are not blanket rules for all shelters to follow blindly in relation to every single case. Application of the guidelines should always consider what is in the individual child's best interests.

- 2. While respecting differences between individual children, each child should not suffer discrimination on the basis of age, sex, nationality, race, language, religion or ethnic or social origin, birth or other status.**

Commentary: All children, non-national as well as national or resident children, are entitled to the same protection and rights. Children should be treated equally and not discriminated against or favoured at the expense of others. Care providers should respect children of different cultural backgrounds, religions and castes.

At the same time, care providers must deal with each child as an individual; respect differences and distinguish between a child's age, level of maturity, sex and cultural identity when giving what should be the best assistance to trafficked children. For example, ensuring a stable family environment is a priority when caring for trafficked infants. For primary school-aged children, education is the main focus, whereas for adolescents a range of responses might be warranted, depending on their situation and maturity. This could include vocational training and employment, life skills and coping with drugs and sexual behaviour.

Aside from age, boys have different needs than girls. Certain types of trafficking are more prevalent in Asia than elsewhere, particularly those that affect boys. These include trafficking as camel jockeys or to work in carpet factories, brick kilns and the use of children in armed conflict in areas such as Indonesia, Nepal and Sri

¹¹ These standards are drawn from the UN Convention on the Rights of the Child, its Optional Protocols, ILO Convention No. 182 on the Worst Forms of Child Labour, UNICEF's Guidelines for Care and Support of Child Victims of Trafficking in South-Eastern Europe and the UN Office of the High Commissioner's Principles and Guidelines on Human Trafficking and Human Rights.

Lanka. However, trafficked boys are often more difficult to see and less likely to be treated as victims. They are more likely to be placed in juvenile detention homes and less likely to receive psychosocial counselling or extensive recovery services. Girl children face additional discrimination (if found in another country) and stigmatization because they are female or if they have been sexually exploited.

3. No trafficked child should be held in detention at any time.

Commentary: Laws that permit the detention of children should not be enforced in the case of trafficked children. Alternative measures to detention should be used to safeguard the child's security. Trafficked children are unlikely to recover effectively if they feel they are being imprisoned in a care facility and may feel like they are being punished. Accommodation facilities should not resemble jails (see Safe and Adequate Accommodation, p. 34).

4. Each child's right to privacy and confidentiality should be respected and protected at all times.

Commentary: All necessary measures must be taken to protect the privacy and identity of victims. Name, address or other information that could lead to the identification of a child or her/his family must not be disclosed to the public or the media. Children must never feel under pressure to speak to journalists.

5. Each child should be protected from all forms of neglect and physical and psychological abuse (including verbal abuse) at all times.

Commentary: This extends to protection from traffickers, community, family, media and individuals working within or visiting a care-giving facility. Children have the right to be protected from abuse and neglect in the care-giving facility (see Code of Conduct under Staffing, p. 52 and 53).

6. The views of each child should be considered and actively sought.

Commentary: Child participation should be promoted throughout every stage of recovery and integration. The views of the child should be given due weight in accordance with her/his age, maturity and best interest. Each child should be encouraged to form opinions and participate in decisions affecting her/him. Care providers should not presume "they know best" but always involve children systematically in decisions.

7. Each child should be made aware of her/his rights as well as responsibilities.

Commentary: School-aged and adolescent children must be informed about the recovery and integration process, such as what are their entitlements while in a care home, services available and prospects for family reunion. At the same time, responsibility, trust and caring for others should be instilled in these children; for example, by securing their participation in simple daily tasks or light chores at the shelter.

8. Each child should be treated with respect, affection and dignity. Self-reliance and resilience of the child should be promoted in line with her/his age and maturity.

Commentary: To foster independence of children in the long term, care providers should use an empowering approach that enables children, especially adolescents, to make their own decisions. A “welfare” approach that only meets the child's needs will be less sustainable because it does not equip children for life outside the care facility.

9. Family and community-type arrangements for a child should be favoured over institutional settings.

Commentary: Even in institutional settings, community-based measures can be implemented by ensuring a minimum level of social contact with members of the community. Due consideration for a child's welfare and safety is essential (see Education, p. 42 and Access to community, p. 50).

10. Each child should not be separated from her/his family unless there is a risk of being neglected, abused or re-trafficked.

Commentary: Too many shelters presume that trafficked children are “better off” in the shelter because their family must have been complicit in their trafficking or because the family is considered “too poor”. This neglects the basic right of children to be with their families. There are ways to help children and their families to solve their problems, especially if the child wishes to return to the family. Where there is evidence of past domestic violence, a willingness to exploit the child or other evidence of possible neglect, then alternatives to family reunion should be considered, in line with the child's wishes (see Integration, p.15 and Access to family, p. 49).

11. Care providers should form networks to ensure that each child has appropriate physical and emotional care in a setting that encourages her/his development.

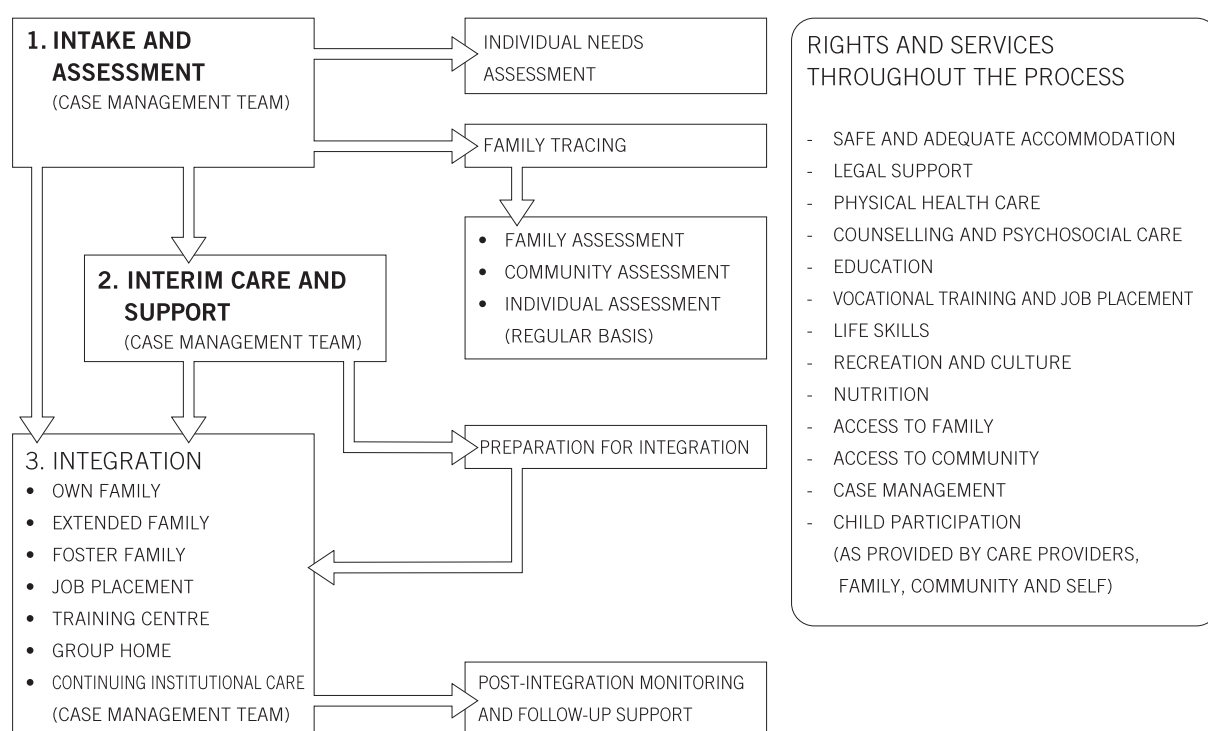
Commentary: Networks between organizations in different geographical areas and between specialized services are more effective and save resources.

12. Care providers should be trained and experienced in caring for children and have the relevant professional qualifications according to their job description.

Commentary: For example, non-professional staff such as wardens and house mothers/fathers are direct-line caregivers, which means they provide emotional support to the child on a daily basis. While it is not necessary for them to be professionals, they should be empowered and supported to protect children in their care. Staff should agree to and apply a code of conduct for working with children (see Staffing, p. 52).

IV. Different Stages of the Recovery and Integration Process

IV. Different Stages of the Recovery and Integration Process



When a child is assisted in the recovery and integration process, there are three main stages of care that they pass through: 1) intake and assessment, 2) interim care and support and 3) integration. However, the process will not be the same for each child. Some children might not spend any time in an interim care facility. Others may spend a very long time there. Some children will shuttle between a care home and attempted

reintegration with their families or communities, until the most appropriate lasting solution can be found.

Throughout each of the three stages, there are certain basic aspects of care that should be respected. For example, access to the community is important whether the child is staying in a shelter on a temporary basis when integrating back into that community. Likewise,

the right to education must be promoted in both interim care and during integration. The following section describes the three main stages of care and includes a listing of the general child-friendly standards for upholding the rights and providing services throughout the process.

1. Intake and assessment

A. Individual needs assessment

WHAT? From the moment a child enters the care-giving facility, care providers begin the process of conducting an individual needs assessment and attending to the child's most immediate needs, such as counselling and medical or legal assistance. Information collected in the needs assessment should accompany the child if she/he is transferred from, or to, other facilities or care providers. The needs assessment should be updated on a regular basis until the child leaves the facility and integrates with society. Even post-integration monitoring of the child's development will involve consideration of how the individual needs of the child are being met in the new environment.

Once family tracing is successful, then the family and community assessment begins. From the very beginning, this is an individual, participatory process where the child expresses her/his views and the best interests of the child are the primary consideration.

Who does it involve? Relevant members of the case management team from social services, the legal guardian of the child (in countries of destination) or an intake centre or shelter specialized in caring for trafficked children.

How long should it take? This initial phase will usually take from two weeks up to one month, depending on the well-being of the child. In some cases, it may take even longer to ascertain the needs of the child.

Criteria: All services provided to the child, such as accommodation, legal and medical, must meet the minimum criteria elaborated in part V. Rights and Services Throughout the Recovery and Integration Process.

Care providers MUST NOT:

- Rush or pressure the child to give information.

Care providers MUST:

- Register the child immediately upon arrival.
- Develop a rapport with the child and collect information at the child's pace and in ways that she/he feels comfortable to talking about experiences.
- Inform the child of the process and her/his rights.

Commentary: The care provider should clearly explain to the child what is happening and what are her/his rights. Few children actually have knowledge about their rights. Some trafficked children may be very grateful that they are being cared for, but they should clearly understand that it is their right to obtain adequate care and support.

- Conduct a series of interviews and observe the child's behaviour to determine her/his needs.

Individual needs assessment:

What are the needs of the child? ¹²

- Physical: safe and adequate accommodation, food and clothing, health care and any special needs of a child, such as disabilities, psychosocial distress, illness and pregnancy. Abused children will often require a medical examination as soon as possible
- Psychological: assessment of the child's current psychosocial and emotional state and maturity
- Social: language, educational background and assessment of current level, vocational training interests and aptitude, culture, religion and behaviour: development of peer relationships and relationships with adults
- Legal: access to a lawyer and information about relevant legal processes affecting the child, such as immigration status, guardianship, criminalization of offences related to trafficking and filing a criminal and/or civil complaint against the trafficker

Commentary: Relevant professional members of the case management team will assess each need. Information to collect includes the child's age, sex, social history, circumstances of trafficking and any other abuse or exploitation by the family, traffickers or others, as well as details on the family, home community and on non-family members important to the child. When trying to verify the accuracy of the child's story, pay attention to her/his age, maturity, prior history and documentation.

- ✓ Collect and record facts and evidence about traffickers, other exploiters and all crimes committed against the child.

Commentary: Several crimes may have been committed against the child, such as trafficking, forced labour, rape, or physical abuse; it is important for the care provider to verify and document the child's version of events so that the information can be passed on to the relevant authorities. Children should be informed about why such information is being collected, how it may be used and why it is important.

- ✓ Encourage the child to voice her/his own preferences, wishes and plans for the future and to ask questions.

Commentary: Age and maturity of the child will determine the extent to which her/his views may be taken into due consideration. Assessing a child's needs is a participatory process worked out between each child and the case management team; her/his care providers must share the outcome of all needs assessments with the child and discuss options.

- ✓ Begin the process of tracing and identifying the family of the child within 30 days of the child's first individual needs assessment.

Commentary: This does not mean that the child's family will be located in 30 days but that the process will have started in earnest by that time.

¹² Koombpraphant, S. et al., 2002, "Case Management Guidelines for Child Protection and Care Services", in ILO, Creating a healing environment, Volume II: Technical Papers, ILO, Kathmandu, 2002, p.25.

Good practice: In Pakistan, the Child Protection and Welfare Bureau (CPWB) initiates family tracing for returned camel jockey children in various ways: care providers consult a database the CPWB has established, use community contacts as well as conducting awareness-raising activities at the local level. Between the arrival of the first children in June 2005 and until December 2005, 215 of 231 children had been reunited with their families.

- ✓ Update the information in the needs assessment on a regular basis and especially prior to integration.
- ✓ Develop a short-term and long-term integration plan with each child.

Care providers SHOULD:

- ✓ Ensure that the staff person conducting the needs assessment is of the same cultural background and speaks the child's preferred (native) language. If not, provide interpreters who are trained and experienced in dealing with child victims of trafficking.

B. Family assessment and community assessment

Criteria: All services provided to the child, such as accommodation and legal and medical assistance, must meet the minimum criteria elaborated in part V. Rights and Services Throughout the Recovery and Integration Process.

Care providers MUST:

- ✓ Ensure that they (or a known partner organization) visit the family and community before returning the child.
- ✓ Conduct thorough family and community assessments where possible.
- ✓ Check against the individual needs assessment that all basic needs are capable of being met prior to integration.

Family and community assessments:

Similar to the individual needs assessment, consider the ability of the family and/or local community to meet each of the needs of the child involved (physical, psychological, social and legal).

For family assessments, additional considerations are:

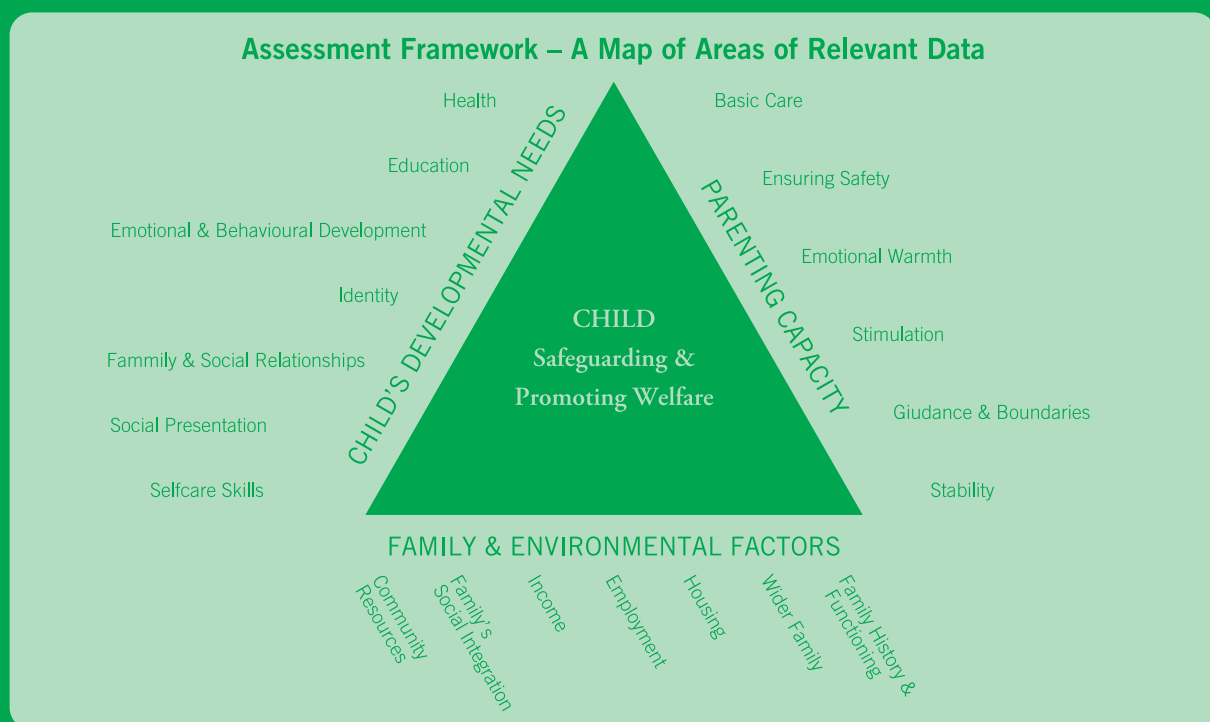
- What is the economic status of the family and ability to support the child financially?
- What is the risk of re-trafficking?
- What is the risk of reprisals by traffickers? Have they been apprehended? Where are they? Is there protection from reprisals in the village?
- What are the risks of harm by the family through neglect or abuse?
- Any changes to the family structure since child left (death, new step-parent)?

For community assessments, additional considerations are:

- What is the community's attitude toward trafficked children and related issues such as prostitution, HIV/AIDS and armed conflict? Any risks of stigmatization and social rejection?

- What action is being taken in the community to prevent trafficking?
- What resources exist in the community to prevent trafficking (e.g. the presence of law enforcement officials)?
- What resources exist in the community that will support the child's integration process, such as drop-in centres, schools, child clubs, training centres, counsellors, etc?
- Are there external factors that may place the child at risk of further abuse or neglect (e.g. conflict or lack of food, security or access to basic services)?

Good practice: The Centre for the Protection of Child Rights (CPCR) in Thailand uses the following diagram to show the various needs and issues concerning the child that must be assessed on individual, family and community levels. While this framework applies generally to any abused child, it is certainly relevant to trafficked children.¹³



13 Bentovim and Pizzey, "Working with family violence: The use of evidence based approaches to assessment and intervention," PowerPoint presentation, Slide 8.

Care providers SHOULD:

- ✓ Consider if vulnerabilities noticed during the assessment can be addressed through additional measures, such as family and individual counselling, income-generation projects or scholarships.

Commentary: In some cases, trafficking may have occurred due to the lack of income, awareness and/or valuing the child, especially a girl child. This may be remedied by providing information, family counselling, income-generation projects or support to send the child to school. Some parents may have allowed their child to migrate because they honestly believed the child would have more possibilities and a brighter future. They may have believed that the child could earn money for the family and did not know about the risks of harm and exploitation.

If any needs are not met in the family assessment, then consider what steps are required to bring them into practice. For example, if the economic status of the family is very poor, then this does not mean reintegration is necessarily bad for the child but that additional funding may be required for the family to take care of the child or send her/him to school.

Good practice: In some provinces of Indonesia, ILO provides scholarships for education to returned girls whose families cannot afford to send their daughter to school. To avoid putting any particular “type” of child at risk of being exploited in order to obtain that scholarship, the education assistance also is provided to other “vulnerable” children in sending communities.

- ✓ Counsel community members on why they should accept victims back and problems associated with stigmatization rather than focusing on the negative effects of trafficking.

Good practice: In Nepal, local women's groups and village leaders have been educated about the negative impacts of stigmatization, such as girls cannot leave the house because they are feared to be HIV-positive or because they are regarded as a “bad girl”. Through the support of women's groups and village leaders, more survivors have returned with people in the community willing to protect and stand up for them.

2. Interim care and support in recovery (Healing and strengthening)

WHAT? A period of time in a care-giving facility is often needed for children to recover and determine their next steps, as well as giving time to contact and prepare a family and/or community for the child's return. The goal is the sustainable long-term integration of the child into a family or community as soon as possible.

Who does it involve? The case management team involves social services, the legal guardian of the child (in destination countries) or organizations and individuals experienced in caring for trafficked or abused children. Care providers include medical staff, psychiatrists or psychologists or trained psychosocial counsellors), peer counsellors, social workers, art/recreation therapists and workers, house mothers and fathers. Other caregivers include peripheral members of case management teams such as lawyers, police and immigration and court officials.

How long should it take? Interim care and support is a temporary phase that may last from a few weeks to approximately six months. However, this does not mean care for the child must stop at six months, as pointed out in General Guiding Principle 1. Some children will take much longer to work through this temporary period, or their families and communities may require more assistance before taking responsibility for their integration. Some children will require long-term institutional care if they have needs that cannot be met by their home community, if there is no one else to care for them or if there are risks associated with them returning home.

Criteria: All services provided to the child, such as accommodation and legal and medical assistance, must meet the minimum criteria elaborated in part V: Rights and Services Throughout the Recovery and Integration Process.

3. Integration and continuing care

WHAT? After a period of temporary care, or in some cases after the preliminary needs assessment, the child will be placed in a long-term integrated environment. This may be back with their family, with another family (such as extended or foster care), or in the case of adolescents, living independently or semi-independently with others while working or studying. This is sometimes called a “durable solution” for the child.

Who does it involve? Long-term integration firmly places the responsibility for the child’s development into the hands of the community and family who are legally responsible for the child’s care and welfare. Upon reunification of the child with the family (or another family or other alternative long-term arrangement),

the care provider involved usually will be a local organization in the community that reports back to the shelter facility where the child formerly stayed.

How long should it take? This depends on each individual case. Monitoring the integration process should take place for at least 12 months or up to three years, or longer, if the case requires. For the first six months, the child should be monitored on a monthly basis. This could be reduced, if the child is integrating successfully, to once every six months and reduced or stopped after one year if it seems the child has integrated well. However, many children still require continuous support post-integration; thus, there should be organizations or resources in the local community of integration so the child can ask for help.

Criteria: All services provided to the child, such as accommodation and legal and medical assistance, must meet the minimum criteria elaborated in Part V: Rights and Services Throughout the Recovery and Integration Process.

Sample indicators when monitoring successful integration:

- Does the child have a meaningful responsible activity (such as a job or school)?
- Does the child have a functioning social network?
- Is the child accepted by the family?
- Is the child accepted in the community?
- Does the child feel safe and protected in that environment?

Care providers MUST NOT:

- ❌ **Disclose to a family or community that the child has been trafficked, without consulting the child in this decision.**

Commentary: Due to stigmatization in many Asian countries, the child risks further harm, harassment, social exclusion or even re-trafficking if she/he is discovered to have been trafficked for sexual exploitation. Although it is often likely that a family will eventually find out if the child was sexually exploited, it is the child's decision to disclose that information. As far as the community is concerned, it can be very damaging indeed.

Bad practice: A social worker goes to a village to conduct a family and community assessment prior to returning a girl. She mentions to the school principal that the child was kept in a brothel. The school principal tells others in the community that the child probably has HIV/AIDS. The girl is then refused entry to the school and is ostracized from the community.

- ❌ Inform the community or family that a staff member is from an organization working on trafficking without the child's consent.

Commentary: Care providers who contact families or communities should say they are working on broader issues, such as child protection or income generation, rather than specifying they work on trafficking exclusively. Otherwise, communities will presume that children have been trafficked and may stigmatize them.

Bad practice: "After staying in the NGO shelter, I decided to go back home... But I stayed home only four months. The villagers came to know that I had been sold [into prostitution]. They told me that they learned about it when people from some organization came to look for me in the village with my photograph. Later I felt that it would have been better if the organization had not made an open publicity about me or had been a little sensitive about the confidentiality."

– Sabina, victim of trafficking¹⁴

Care providers MUST:

- ✅ Consider what the child wants to do, such as return home to her/his family or community or attend school or a training course or obtain a job.

Commentary: Many adolescent children do not go back to their families or communities because they do not want to, are not accepted, it is too dangerous, they need medical or psychological care or they have no one to care for them. In this case, it might be better to integrate a child into a local community rather than return her/him to the home community. In some cases, trafficked children may stay in the host country.

- ✅ Prior to integration, give practical information regarding housing, employment, further education, savings and other financial management, etc.

¹⁴ Shakti Samuha, p. 24.

Commentary: This is especially relevant for adolescents who will need to learn to be independent. Such information might be learned as part of life skills; however, context-specific practical information also must be given so that the adolescent can become as self-reliant as possible upon integration.

- ✓ Establish an open channel of communication with the child so that she/he can contact the care provider whenever she/he needs to.

Commentary: If the integration community is far from the interim care-giving facility, a local partner such as someone in a community-based organization, local government authority or teacher should be the contact point. This person should build a rapport with the child, do the monitoring and follow-up, as well as be available for closer consultation when required.

Good practice: In Nepal, Mahila Atma Nirvarta Kendra (MANK), a local community women's organization invites returnees to participate in women's clubs and children's clubs to discuss various social and health issues. This way the organization can regularly meet the returnee and assess her integration in a less obtrusive way than organizing a meeting or interview.

Care providers SHOULD:

- ✓ Monitor the child's progress regularly (such as once a month for six months) and then at least once per year, for approximately three years.

Commentary: The exact length of time and regularity of monitoring depends on the specific case circumstances and difficulties or successes in

integrating. There are sometimes practical challenges of long-term post-integration follow-up, including lack of financial resources, remote and difficult areas, and armed conflict. Such challenges may inhibit successful long-term monitoring; however, all reasonable attempts should be made to contact the child.

- ✓ Consider whether direct or indirect monitoring is most appropriate in each case in accordance with the child's own views and the success of the integration thus far.

Commentary: If the community or family is unaware of the child's history of being trafficked, the child may prefer to have direct contact with the care provider to report on the post-integration development. But if a child's history is known and the community is a supportive one, her/his progress may be monitored by communicating with others who are important people in the child's current environment, such as teachers, or counsellors. The success of integration may be measured by using the sample indicators presented on page 28.

V. Rights and Services Throughout the Recovery and Integration Process

V. Rights and Services Throughout the Recovery and Integration Process

1. Case management

WHAT? Case management is a system of planning, assessing and responding to each individual child from the point of intake up to and including monitoring their integration.

There are five basic features of case management:

1. Collecting facts and evidence: When presented with a case of abuse, collect preliminary data, then collect and verify in-depth information, and always protect the integrity of evidence
2. Protection: Provide protection and welfare for the vulnerable child
3. Assessment and treatment planning: Assess the case, then plan treatment and rehabilitation programmes
4. Treatment and recovery: Execute the treatment and recovery programme
5. Social integration: Plan and execute a social integration programme

The CRC emphasizes that children have the right to effective procedures regarding their support and protection.

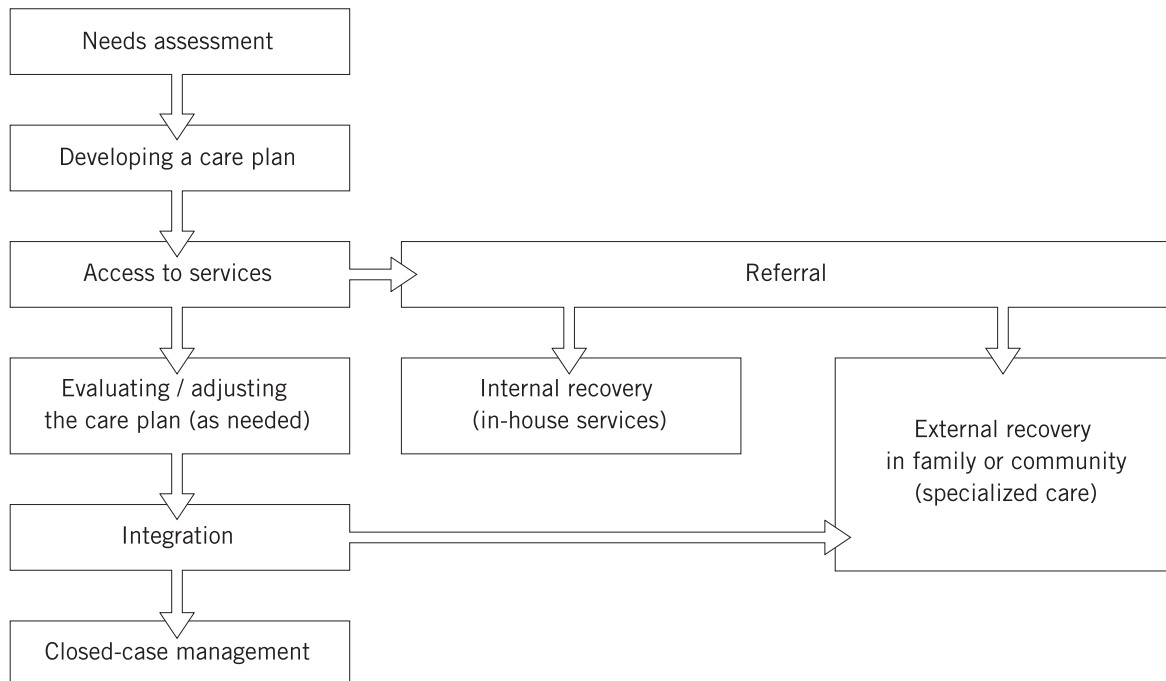
Who does it involve?¹⁵ The case management team is a multidisciplinary group of professionals skilled in different aspects of recovery and integration. Composition of the team may vary depending on the needs of the individual case. The three main professional disciplines that form the case management teams are:

- Medical: May include, depending on need, a paediatrician, psychiatrist, forensic physician, obstetrician, other medical specialists competent in treating or assessing victims of trafficking, medical social worker, psychologist, counsellor or nurse
- Social welfare: Team members include a social worker who acts as the case officer, a social worker who specializes in community service and others qualified to handle cases of child abuse or exploitation
- Legal: This includes a lawyer, police, prosecutor, judge and other legal advisors

These professionals are involved throughout the process via regular case conferences (meetings to discuss the case), planning sessions, monitoring and evaluation, individual, family and community assessments and social reintegration assistance. They should include staff both in and outside the facility. The team should establish good channels of communication and systems for working together rather than in parallel.

15 International Labour Office, "Case management information package", ILO, Kathmandu, 2004, p.12 (Draft only).

Case management involves:¹⁶



Care providers MUST:

- ✓ Develop individual case management procedures to be carried out by a multidisciplinary team composed of people both inside and outside the facility.

Care providers forming part of the case management team MUST:

- ✓ Manage each child's case on an individual basis from the first intake and individual needs assessment until the end of the care process, when integration is completed.
- ✓ Develop case management plans with the participation of the child and, if possible, her/his family.
- ✓ At the intake stage, explain to the child what she/he can expect from individual members of

the case management team and others providing assistance.

Care providers forming part of the case management team SHOULD:

- ✓ Review the case of each child within 15 days after intake and up to each 60-day period thereafter for as long as the child is held in a child-care facility (called multidisciplinary team case conferencing).
- ✓ Ensure that all case management includes an integration plan from the outset, which is developed within at least 60 days from the date of admission and reviewed every 60 days thereafter.
- ✓ Undergo joint training on case management and other issues related to child protection.

16 International Labour Office, "Case management information package", ILO, Kathmandu, 2004, p.12 (Draft only).

Commentary: As mentioned previously, not all members of the case management team are required to be professionals or experts, but their roles should be clearly defined and they should have experience and skill in caring for children who have suffered abuse.

Good practice:¹⁷ CPCR, an NGO in Thailand, developed a multidisciplinary approach to case management, which has been adopted into law (Ministerial Regulations of the Child Protection Act 2003). As a result, it is also being implemented in government homes for trafficked children.

CPCR supported and assisted the government shelter home to know how to incorporate the multidisciplinary approach for the recovery of children. As a result, the government home now has more varied staff, including more professionals working outside the shelter, such as psychiatrists from local hospitals, lawyers from the Ministry of Justice and teachers from the Ministry of Education. Various professionals now come together to discuss a case in regular case conferences, whereas in the past it was purely the responsibility of a social worker to monitor a child's progress.

CPCR social workers and psychologists also follow up on cases that CPCR has referred to the government home. The CPCR advisory team visits the shelter home monthly to discuss difficult cases and improve the government home's integration of the multidisciplinary approach.

2. Safe and adequate accommodation

Bad practice: “I don't know why they are keeping me here. I haven't done anything wrong. I don't like it here. I want to go home.”
– Trafficked boy locked inside a shelter home, 2005

WHAT? In accordance with the Office of the High Commissioner on Human Rights (OHCHR) Recommended Principles and Guidelines No. 6, “States have a responsibility to ensure that safe and adequate accommodation that meets the needs of trafficked persons is made available. Trafficked persons should not be held in immigration detention centres, other detention facilities or vagrant houses. In addition, trafficked persons should be effectively protected from harm, threats or intimidation by traffickers and associated persons.”

Trafficked children must be in a child-friendly environment that protects them from further abuse from traffickers, the media, community members and from staff or visitors to the shelter. Trafficked children must feel that the environment is one that supports them – not one that is punishing them.

A. Interim care and support

Care providers MUST NOT:

- ❌ Under any circumstances, hold a child victim in detention or imprisonment, including in vagrants' homes.
- ❌ Hold a child victim in an institutional care facility for an indefinite or extended period of time, unless there is no other alternative.

¹⁷ Feinberg, S., p.8.

Bad practice:¹⁸ Seema is rescued from a brothel. While the repatriation process is being started, the State sends her to a vagrant home for safe custody. With major backlogs in the overall system, the case drags on for many months. After a while, those who carried out the rescue lose interest in the case. With no one moving the legal process forward, Seema is forced to stay in the home for nearly six years before her case is brought to the attention of a local NGO.

States MUST NOT:

- Under any circumstances return a child to a country where she/he is at risk of further harm, including torture, cruel or degrading treatment, risk of re-trafficking, and States must arrange for residency in the destination country or resettlement in a third country.¹⁹
- Enact or enforce laws that promote detention of trafficked children, as this is in violation of the CRC.

Commentary: Detaining trafficked children in safe custody or vagrants' homes is a violation of their rights. "In 2003, the UN Committee on the Rights of the Child expressed its concern to the Government of Bangladesh that child victims of abuse or exploitation were being placed in 'safe custody' and deprived of their liberty for up to ten years."²⁰

- Advertise the fact (make it widely or publicly known) that a care-providing facility is for trafficked women and children only.

Commentary: To do so, not only increases the risk of reprisals by traffickers but also jeopardizes the chance of children staying there to integrate into the local community. This is because of heavy stigmatization against trafficked children. It may be more appropriate that the accommodation is known as a training centre for "vulnerable children" or "children at risk" as far as the local community is concerned. However, police and law enforcement should know the truth in order to provide security if needed.

- Treat children (even adolescents) the same as adults staying in the same facility.

Commentary: In some cases, adolescent children are placed in shelters with trafficked women because of scarce resources and lack of alternate housing. In such cases, care providers must ensure that all children staying in a shelter have access to services appropriate to their age, especially regarding access to education and recreation.

Care providers MUST:

- Where there is flexibility over where the child may stay, consider what type of accommodation is best for each child survivor and refer the child to the most appropriate facility that can best meet her/his needs.

Commentary: Care providers should develop networks with other organizations and institutions providing accommodation to trafficked children. Factors in deciding the appropriate accommodation for the child are considered in the individual needs assessment (see previous reference) as well as their age, sex, physical and emotional state, circumstances of exploitation and prior

18 Bangladesh Thematic Group on Human Trafficking, p. 86.

19 Convention Against Torture, Inhuman and Degrading Treatment.

20 Dottridge, M. , Kids as commodities? Child trafficking and what to do about it, International Federation Terre des Hommes, Lausanne, 2004.p.80.

sexual abuse or experiences. However, in some cases, judges may refer a child to a specific child care home and there is little opportunity to move the child to other (more appropriate) facilities.

Good practice: In Sri Lanka, Sheila stayed at the Senehasa Government Children's Home where children were able to attend a local school. However, when Sheila was followed by an unknown person on her way to school, the centre staff decided to refer her to another shelter that provided schooling within the shelter grounds. It deemed Sheila's security risk to be higher than what they could protect.

- ✓ Consider and regularly review the safety of each child and how best to protect the child from traffickers and others, depending on the individual circumstances of the case.

Commentary: For some children trafficked by their family, their safety may be best protected by ensuring their family does not know the whereabouts of the home. However, another child's family may be low-risk and thus family visits to the home might be encouraged.

- ✓ Prioritize community and family-based accommodation over institutional care facilities.

Commentary: Bringing into practice General Guiding Principle 6, the care provider must ensure that a child will be at no risk of further abuse, exploitation or neglect and then develop an external programme, ensuring the child has access to appropriate services.

- ✓ Ensure all accommodation facilities meet the following requirements:

- Each child has her/his own bed or sleeping area
- Separate areas for eating, sleeping, studying and recreation/play
- Clean and well maintained
- Security is provided through personnel rather than by bars on the windows
- A homely environment, for example, children can decorate designated areas of the facility within reason
- Each child has privacy, including access to private space and a lockable cupboard where she/he can store personal belongings
- Due regard is paid to health considerations, including climatic conditions, lighting, heating and ventilation

- ✓ Give children appropriate orientation of the accommodation facilities and explain the way of life in the shelter home.

Good practice: Children who have been staying a long time at the Maiti Nepal shelter home provide orientation to the new residents through a peer-support "buddy" system.

Different accommodation types for trafficked children

Interim care:

Intake centre

This is usually the place where a child is interviewed for the individual needs assessment before being referred to a more appropriate shelter. Children usually stay in an intake centre for a very short time; however, sometimes intake centres mistakenly refer some children to a general recovery home.

Emergency shelter or flight house

A shelter with high security for stay on a short-term basis (days or weeks) when a child has first left a trafficking situation or is at risk of harm from traffickers or others or at risk of self-harm. The location of the shelter is a secret. Children usually stay in such shelters prior to referral to a more appropriate longer-term shelter. Victims of trafficking should only stay in emergency shelters for a maximum time of one month.

Transit home

A short-term shelter for children awaiting repatriation to their home country or home district. Sometimes, any shelter is referred to as a “transit home”, but such usage of that term is misleading and should be avoided.²¹

Rehabilitation centre

A place of temporary residential care offering specialized services orientated to the full or partial rehabilitation of children, as well as preparing for integration. Children should stay in these shelters for as short a time as possible because they represent an artificial environment. They are far from the “real life” of normal child development.

Integration or continuing care:

*Formal and informal foster family care*²²

Care of a child on a temporary basis in a family environment. The ultimate goal is to reunite the child with her/his own family or other placement. This is a particularly good option for infant and school-aged children.

Kinship/extended family care

Care provided by the extended family, where the child

is treated the same way as other children.²³

Group homes

Group homes are usually of five to 15 is children and try to replicate a larger family-type environment than an institutional home. May be run by a house mother or father.

Semi-independent group living

Some adolescents may prefer and be capable of living semi-independently, such as in a house with other former victims or in a workplace or training hostel. Extreme caution should be taken that the child will not be at risk of further exploitation or abuse in such an environment.

Rehabilitation centre

Some rehabilitation centres do provide long-term care to children who have no other alternatives, such as for school-aged children; however, this should be a last resort where fostering, extended family and group homes are not appropriate.

B. Integration

Care providers SHOULD:

- ☑ Monitor the security and appropriateness of the living arrangement by conducting visits at least once pre- and post-integration and maintaining regular contact with the child.
- ☑ Ensure infant and school-aged children are placed with families in the long term, wherever possible.

21 Frederick, J., “Standards and guidelines for care of the sexually abused and sexually exploited: Some application for South Asia” in International Labour Office, Creating a healing environment, Volume II: Technical Papers, ILO, Kathmandu, 2002 ILO-IPEC, p.202.

22 Regulatory Standards for Child Care Homes (Nepal) (draft 1/3/05)

23 Regulatory Standards for Child Care Homes (Nepal) (draft 1/3/05)

Good practice: In Bangladesh and Nepal, some care providers have successfully placed victims with a single mother who has her own children. The child can continue to receive services from the care provider but does not need to live within the institution.

- ✓ For adolescents, consider semi-institutional arrangements, such as hostels, educational training homes or an autonomous group living arrangement.

Good practice: An NGO in Nepal has a hostel for children who are 16 years and older. Children studying or working can stay at the hostel; they pay a nominal rent and are responsible for themselves, including when they come and go, cleaning and food arrangements. A counsellor lives at the hostel who monitors the children's development and helps them to solve problems while fostering their independence. Children can stay a maximum of two years in the hostel, after which they must find their own accommodation. By this stage, they are more used to living independently.

3. Legal support

WHAT? As victims of crime and sometimes as alleged perpetrators, many trafficked children come into contact with the criminal justice system. They may also require legal support in civil proceedings, such as filing compensation claims against a trafficker or regarding their immigration status if they remain in

the destination country. Victims of trafficking require information about the legal processes affecting them as well as protection of their rights and interests in criminal and civil proceedings.²⁴ Due to their vulnerability as children, it is important that child-friendly measures are instituted by both law enforcement and judicial officers. The exact scope of child witness and victim protection is beyond the capacity of these guidelines; however, there are various measures that care providers should take to ensure that children's rights are protected.

Care providers (especially lawyers, para-legal personnel, law enforcement officials and judicial officers) MUST NOT:

- ✗ Pressure a child to take part in criminal proceedings against a trafficker.
- ✗ Tell the child she/he will only be protected if she/he files a complaint against a trafficker.

Commentary: Law enforcement officials sometimes pressure a child to file a complaint immediately against the trafficker. Adolescents and some school-aged children might require some time to make a more informed decision about whether they wish to press charges. They may be confused, distraught and still under the psychological control of the trafficker or afraid of the consequences of their actions.

- ✗ In legal proceedings, treat a child victim like a criminal; this includes even temporarily detaining the child because “there is nowhere else for her to go”.

²⁴ Office of the High Commissioner on Human Rights Guideline 8:8 and Article 8 of the Optional Protocol to the Convention on the Rights of the Child.

Bad practice: Leela agreed to testify against her traffickers. She stayed in a shelter but when the case came to trial she travelled with the police officer to the capital city, far away. There was nowhere for her to stay in that city and she was placed in the jail with convicted criminals for the one week she was required to give testimony.

Good practice: In Indonesia, a legal rights NGO supported Dewi and her family to press criminal charges against the people who trafficked her into prostitution. Dewi's family was threatened by associates of the trafficker. Although the NGO did not have a shelter, they enabled the family and child to stay in a safe house for the duration of the trial.

Commentary: While nothing in these guidelines should prejudice the right of a defendant to a fair trial, it is unacceptable that children who are victims of a crime are held in custody with convicted criminals. In such cases, alternative safe housing with a family, community or local organization must be found.

Care providers (especially lawyers, para-legal personnel, law enforcement officials and judicial officers) MUST:

- ✓ Provide free and professional legal assistance and counselling to any child in terms that a child understands.

Commentary: Advocates must be qualified legal professionals and experienced and trained in protecting victims of trafficking. Legal information and processes must be explained in a language and terms that the child understands (age-specific).

- ✓ Be trained in conducting child-friendly interviews and familiar with child-friendly court procedures.

Commentary: For example, law enforcement personnel and lawyers should conduct interviews with the child in a space where she/he is comfortable, with a person she/he trusts present and ensure the child gives consent to be interviewed.

- ✓ Investigate the possibility of whether a child accused of a crime could have been trafficked.

Bad practice: Eight-year-old Proch was trafficked into begging in another country. He worked for a criminal organization that beat him up and injected him with amphetamines to make him work harder. He tried to escape and one day was caught by the police, who put him in detention and eventually deported him back to his country.

Commentary: Children usually need legal assistance as a witness to a crime, but in some cases they are punished for crimes related to them being trafficked. If a care provider comes to know of such cases, it is the provider's responsibility to ensure that the child is treated as a victim instead of a criminal and defended against such claims.

- ✓ Provide a child with adequate information about her/his legal rights, including risks and benefits of participating in criminal, civil and any other legal proceedings against traffickers or others.
- ✓ Inform a child about her/his rights to compensation and assist her/him to make any claims against traffickers or others.

Commentary: For example, a child may bring a claim in a labour court for unpaid wages or may be able to ask for a portion of the trafficker's assets if the assets were confiscated by authorities.

- ✓ Assist a child to stay in a destination country if this is her/his wish and if there are grounds for believing she/he could be at risk of further harm if she/he were to return home.

Commentary: Lawyers have a duty to assist children to regularize their immigration status, especially if they would be endangered upon returning home (in line with the Convention Against Torture, Cruel, Inhuman and Degrading Treatment).

- ✓ Prepare a child witness for court by informing her/him about the court procedures and what to expect.
- ✓ Accompany a child witness to court and be present during her/his testimony.
- ✓ Ensure the child is regularly informed and updated about legal proceedings by a lawyer or judicial authorities.
- ✓ Seek adequate and child-friendly witness and victim protection measures for a child witness during the investigation, trial and, if necessary, in the long term for her/him and the family.²⁵

Commentary: This includes coordinating with the police and justice system to ensure they use child-friendly measures that protect the child's rights and also the family, if the family is at risk. This varies from case to case but could include making sure someone who knows the child accompanies her/him to the police

station and court, is present during all interviews and ensures interviews are conducted in a manner that does not place undue pressure or stress on the child. It may also include ensuring a child's testimony is given via a video camera-link to the courtroom or from behind a screen. This prevents the child from having to face the accused, whose very presence might be intimidating. The exact nature of witness protection is to be considered according to each case.

Good practice: Sofia was forced to sell roses in Thailand and was beaten if she did not make enough money. The Foundation for Women found Sofia at an immigration detention centre during a weekly visit and requested that the Ministry of Social Development and Human Security refer her to a government shelter home for women and girls because she was a victim of trafficking. She moved to the shelter, and the NGO helped to take Sofia back and forth from the shelter to the police station to aid in the investigation and criminal charges against her traffickers.²⁶

4. Physical health care

WHAT? Under the OHCHR Recommended Principles and Guidelines, victims of trafficking should be able to access primary health care and should not be subjected to mandatory testing for diseases, including HIV/AIDS.

²⁵ The issue of child victim protection in legal proceedings is a huge topic for discussion and shall not be considered in this document. Refer to the South Asia Regional Initiative/Equity Support Programme, "Regional victim witness protection protocol to combat trafficking, commercial sexual exploitation and sexual abuse of women and children in South Asia" for more detailed guidelines for the South Asia region.

²⁶ Feinberg, S. "Victim services for trafficked girls at Baan Kredtrakarn," ILO, Bangkok, 2005 (draft).

Care providers MUST NOT:

- ❌ Test a school-aged or adolescent child for disease, including HIV, without obtaining her/his consent and giving adequate information and counselling prior to and after testing.

Bad practice: “One day we were taken for a blood test, but we didn't know where we were going until we arrived at the clinic. We weren't told anything. They didn't ask for our consent for the tests. When they got the results, the diseased persons were kept separately.”
– Champa, victim of trafficking

Care providers MUST:

- ✓ Provide each child with high standards of health care, especially recovery from injuries and illnesses occurring as a result of being exploited.
- ✓ Ensure health care is also preventative and covers immunizations and health education.
- ✓ Ensure that:
 - Each child has ready access to a general practitioner
 - Each child has access to medical, dental, nursing and psychological advice, treatment and other services, as required
 - Each child is provided with such individual support, aids and equipment as she/he may require as a result of any particular health needs or disability the child may have
 - At all times, at least one staff on duty at a care-giving facility has a suitable first aid qualification
 - Any person appointed to the position of nurse at the facility is a registered nurse

- ✓ Keep written records of all significant illnesses, accidents or injuries suffered by the child during her/his placement in care. Develop a database so that if a child returns, the information will be on hand; but maintain complete confidentiality and protection of those records.

Care providers SHOULD:

- ✓ Give guidance, advice and support about health education appropriate to the child's age, needs, culture and wishes. This should include:
 - Alcohol and substance abuse
 - Smoking
 - Solvents
 - Sex and relationship education
 - HIV infection
 - Hepatitis and sexually transmitted diseases
 - Hygiene and sanitation
 - Reproductive health
 - Fitness
- ✓ Provide a written health plan (within their placement plan) for each child, covering:
 - a. Medical history
 - b. Any specific physical or mental interventions that may be required
 - c. Any necessary preventive measures
 - d. Allergies or known adverse reactions to medication
 - e. Dental health needs
 - f. Any hearing needs
 - g. Any optical needs
 - h. Records of developmental checks
 - i. Specific treatment therapies or remedial programmes needed in relation to physical, emotional or mental health
 - j. Health monitoring required of staff

- k. The involvement of a child's parents or significant others in health issues (where appropriate)

5. Counselling and psychosocial support²⁷

WHAT? Under the CRC, States are committed to ensuring the psychological recovery of the child. Trafficked children suffer various psychological problems as a result of their experience, including trauma, sexualized behaviour and self-inflicted violence. Counselling can be done individually or in groups. Some children may require deeper psychosocial support, such as psychotherapy.

Care providers **MUST**:

- ✓ Ensure that each child has regular psychosocial counselling and support by a trained professional.
- ✓ Develop an individual programme for each child, based on their circumstances, background and psychosocial needs.
- ✓ Ensure those giving counselling possess the appropriate qualifications.

Commentary: “Appropriate” does not mean every person involved in counselling has to be a professional expert in psychosocial care. Clear distinctions must be drawn between the roles of staff who provide informal counselling and support to children, such as house mothers/fathers and wardens, from those who provide deeper psychosocial care. Serious mental issues, such as trauma and suicide, are to be dealt with by professionally trained and experienced counsellors, psychologists and psychiatrists. Informal counselling by non-professional staff might cover protecting oneself from discrimination and stigmatization or bullying and abuse in and outside the child-care facility.

Good practice: In Bangladesh, Nari Unnoyon Shakti children's home uses art therapy and drawing as a way of getting younger children to open up and discuss their feelings.

- ✓ Provide counselling to children before moving them from one facility to another or prior to return or integration/reintegration.
- ✓ Ensure counselling sessions are not too long (maximum of two hours for group counselling and 45 minutes for individual sessions).

Care providers **SHOULD**:

- ✓ Provide culturally appropriate counselling in the child's mother tongue, or if this is not possible, through an interpreter who has undergone training in counselling or interviewing child victims.

Commentary: “Culturally appropriate” means that counselling should be conducted by a person of the same cultural group or very familiar with that group.

6. Education

WHAT? Under the CRC, access to primary and secondary education is a right to all children, as is the right to vocational information and guidance. ILO Convention No. 182 further reiterates the need for free basic education and vocational training for all children removed from the worst forms of child labour (which would include trafficked children).

²⁷ For more information on this issue refer to ILO, Creating a healing environment: Psychosocial rehabilitation and occupational integration of child survivors of trafficking and other worst forms of child labour, Volumes 1 and 2, Kathmandu, 2002.

Care providers MUST NOT:

- ❌ Limit education to basic education only.

Bad practice: An organization provides basic education for children but does not offer alternatives for those who wish to progress past the basics. This is on the grounds that there is lack of funding and children only stay there for a maximum of six months so it is difficult to send them to a local school.

Care providers MUST:

- ✅ Provide basic education to those who cannot read and write, including to migrant children.
- ✅ Help each child to obtain formal and/or non-formal education in accordance with her/his age, abilities, wishes and potential.

Commentary: For example, if trafficked children are staying in a shelter for more than a few weeks, they should have an opportunity to attend a regular school and establish a normal routine as fast as possible.

Good practice: In some shelters in Bangladesh and Nepal, education classes staffed by volunteer teachers conform to the standardized curriculum of regular schools.

Care providers SHOULD:

- ✅ Give each child the opportunity to attend a regular school where possible.

- ✅ Give training to teachers so they understand the emotional and behavioural problems trafficked children experience and know how to deal with such problems. At the same time, personal history of individual children should not be divulged without due cause.

Good practice: In Sri Lanka, Senehasa Government Children's Home sends the children to a regular school in the community. For the first month or so, children are given non-formal education classes to determine their correct standard. After starting at the regular school, they are assisted by non-formal teachers after school. Attending school ensures that children have more opportunity to mix in a "normal" life with other children and aids their emotional development. However, the educational level of most girls remains weak. Initially the school was not willing to accept girls from the centre. Teachers received some basic training to understand that some of these children are victims of abuse and trafficking and to know how to deal with them. Now girls from the shelter are well accepted within the school and the local community.

- ✅ If there is a school within the shelter, ensure children outside the shelter also have some access to the school or its particular activities.

Good practice: An organization in Nepal allows needy children from outside to attend the school that was set up in the shelter grounds.

Commentary: In some cases, parents might be willing to risk their child being exploited or trafficked in order to access the shelter and its education facilities. Or in other cases, children might want to stay in the shelter until they finish their education because they do not have the same opportunities outside. By giving education opportunities to outside children, this increases community interaction and promotes equal treatment among children.

- ✔ Assist a child to be educated and study in her/his mother tongue.

Commentary: Shelters might consider looking for volunteer teachers or translators who could assist those children who do not speak the local language.

7. Vocational training and job placement

WHAT? Vocational training is technical training to prepare an adolescent for employment. Adolescents should be given choices regarding vocational training, as well as the choice to continue education if she/he wishes, as well as receiving training. Job placement should be closely monitored to avoid children from being exploited again.

Care providers MUST NOT:

- ✘ Substitute education with vocational training without consulting the child.
- ✘ Limit children to vocational training opportunities within the shelter only.

Good practice: In Thailand, the Baan Kredtrakarn government shelter provides short (six week) vocational training courses inside the shelter. When local girls are deemed fit and ready to go outside, and if they desire it, they can attend longer, more professional training courses while still living at the shelter. For migrant girls, the shelter obtains information from their home countries about jobs in demand in that country and tries to tailor the vocational training to match the needs of that country.

- ✘ Confuse therapy and recreation with vocational training.

Commentary: Vocational training should be professional enough so that children can obtain a job based on the skills learned through the training. Otherwise, it is not really vocational training.

Bad practice: Various shelters in Asia admit that the training offered (such as sewing, weaving and bag-making) is not going to lead to jobs for children because the skills learned are not professional enough and it is not possible to obtain a job doing these things. However, they justify the practice on the grounds that such activities are therapeutic and prevent the children from getting bored.

- ✘ Permit employment of infant or school-aged children, for example, younger than 14.

Commentary: Under ILO Convention No. 138, the minimum age for employment is 14 years for developing countries.

- ❌ Permit work that is likely to be harmful to the child.

Commentary: In line with ILO Convention No. 182 and subsequent ILO Recommendation No. 190, the work should not involve long hours, extensive work during the night time, be dangerous to the child's welfare, health or morals.

Care providers MUST:

- ✅ Give adolescent children opportunities for quality vocational education and training of their choice, in addition to school.

Commentary: Children should have the opportunity to choose vocational training of their own wish and interest. While resources may limit the type of training the shelter provides, the shelter should network with other organizations offering other types of training so that children have access to more choices.

- ✅ Give an adolescent child who has completed vocational training information about relevant credit loans to start a business and how to run a business.

Commentary: Due to the exploitation they have experienced, some trafficked children, especially those trafficked into sexual exploitation, may not adapt well to working for an employer, such as in a factory-style environment. They may prefer to work independently.

Care providers SHOULD:

- ✅ Choose vocational training courses based on the labour market and attainment of skills that will lead to stable, sustainable jobs that are in demand in the community where a child will integrate.

Commentary: Vocational training should be sustainable (in terms of being a skill in demand), market driven (according to where a child lives or plans to live) and in line with the child's own preference and interest. "Market driven" means determining the long-term needs of the market and training for professions that will give the child opportunities, not simply short-term unskilled labour.

- ✅ Assist an adolescent child who has completed vocational training with job advice or assist placement with appropriate employers.
- ✅ Coordinate with employers' and workers' organizations regarding job placements and apprenticeship opportunities and raise awareness among workers and employers about trafficking and its effects on children.
- ✅ Coordinate with employers' and workers' organizations and governments to monitor employers and workplaces to ensure a child is protected from exploitation.

Commentary: Care providers should be aware of the risk that a child could be subjected to exploitation again in a work environment or may be subjected to stigmatization by other workers, staff or customers. Employers should be chosen with care, with an assessment carried out beforehand of the employer, working conditions, other staff members and available protection mechanisms in the workplace. The child should also undergo extensive life skills and empowerment training before working.

- ✅ In the long term, build the capacity of child victims to share their knowledge and expertise on recovery and reintegration on a professional basis in line with their wishes.

Commentary: Former child victims have specific knowledge and expertise about what works best and what does not work in recovery and integration, based on their own experiences. After they have recovered, such survivors can be empowered to share this expertise by working on these issues directly with an organization.

Good practice: In Nepal, care providers facilitated entrance of former victims of trafficking into a self-organized women's group called Shakti Samuha. This provided employment for the women but also ensured that anti-trafficking policies were improved and informed by the direct experience of victims. These survivors have now developed guidelines for protecting trafficked women and children, based on their experiences.

these children find successful integration in the “normal” world very difficult. Particularly in Asian countries, it is important that victims of trafficking are prepared to deal with stigmatization and harassment, as it is likely they will need to confront these issues in the future.

Bad practice:²⁸ At the age of four, Ramesh was sent to the Middle East to be a camel jockey. After three years, when he became too heavy to effectively compete, he was returned to his home country. His parents could not be located, so he was placed in a shelter home. For nearly 12 years he lived in this facility. He received food, shelter and an education in a structured setting. When he was finally allowed to leave, however, he found it nearly impossible to cope with the rigors of community life. Having followed a strict routine within the facility, he was totally unprepared to face a return back to society.

8. Life skills

WHAT? Life skills include various social skills such as self-awareness, problem solving, learning to negotiate, decision-making, creative thinking, critical thinking, effective communication, interpersonal relationship skills, conflict resolution, empathy, coping with emotions and stress management. It also refers to basic living skills, including money management, health and hygiene, raising a family and self-protection. Teaching children life skills is a way of ensuring their emotional and social development and equipping them to meet the challenges, conflicts and crises that confront them in everyday life.

Trafficked children often lack these skills because of the period of exploitation in which they lacked control over their life. Sometimes the subsequent period of time in an institution fails to develop these skills. As a result,

Care providers **MUST:**

- ✓ Be trained to teach life skills to children.
- ✓ Commence life skills training for each child as soon as possible after they enter the facility.

Good practice: Ray of Hope, along with the Asia Foundation, is currently developing an extensive life skills curriculum for girls called “Power Girls: Life Skills for Personal Strength and Self-confidence”. This aims to empower survivors of trafficking and violence with self-awareness, internal resources and problem-solving skills with which they can positively assert themselves against the challenges of their society.

28 Bangladesh Thematic Group on Human Trafficking, p.85.

It is an extensive course that will be administered through an intensive teacher training programme. The curriculum developer has noted, “The life skills taught in this curriculum will succeed only if the survivor is given full rights of participation, choice and opinion within the care-giving environment and is allowed to test and practise her skills through interaction with the outside community.”

- ✓ For adolescents, provide life-skills training and orientation prior to integration, focusing on independent living skills and economic independence.

Commentary: Adolescents need training to foster their own sense of self-reliance. Potential issues to cover include managing money, caring for a home/family, health and fitness and self-protection.

Care providers SHOULD:

- ✓ Offer life-skills training, including both self-protection from abuse and ways to avoid hurting others.

Commentary: Sometimes trafficked children are not only vulnerable to further abuse but to becoming abusers themselves later in life, as they have seen this as a survival strategy in difficult situations.

9. Recreation, culture and religion

WHAT? The CRC recognizes all children have the right to rest and leisure, and opportunities for play and recreational activities appropriate to their age. Children should participate freely and fully in cultural life and artistic life and have freedom to practise their own religion.

Care providers MUST NOT:

- ✗ Limit recreation activities to traditional activities without consulting the children about what they would like to do.
- ✗ Force a child to take part in any religious or recreational activity.

Care providers MUST:

- ✓ Ensure each child has sufficient time for recreation, play and cultural activities.
- ✓ Provide a recreational place for children in the shelter grounds, preferably outdoor and indoor areas.
- ✓ Ensure recreation facilities and activities are appropriate to the child's age and sex.
- ✓ Provide each child with choices about the type of recreation she/he engages in, and give time and physical space for “personal space” or “individual time” in the facility.

Commentary: For example, music, dancing and sports are more important for adolescents as a form of recreation, whereas toys and games may be more appropriate for infants and different toys and games for primary school-aged children.

- ✓ Provide organized recreational activities that the children are interested in and try to involve the community.

Commentary: This includes outings, excursions, music, performance and sports activities.

Good practice: In Paratha Government Children's Home in Sri Lanka, children vote every day on what type of recreational activity they will engage in, based on the selection that the shelter has to offer. The staff supervises the group activity. Any child who does not wish to participate has free time.

- ✓ Respect different religious and cultural practices of each child and permit each child to practise the religion of her/his choice and maintain her/his cultural identity and values.

Commentary: This includes permitting children to wear clothes and eat food in accordance with their religion. Children who speak a different language should not be forced to speak the local language.

Bad practice: A Muslim child staying in a Christian shelter was permitted freedom to practice her religion. However, this did not extend to the fasting requirements of Ramadan because staff said they could not easily accommodate these needs of the child.

Care providers SHOULD:

- ✓ Give each child an opportunity to use recreational facilities outside the home.

10. Nutrition²⁹

WHAT? All children have the right to food that will nourish and sustain them and help them grow. Some rescued trafficked children have been undernourished. Care providers should ensure the food provided is clean, varied and of sufficient quantity and quality.

Care providers MUST NOT:

- ✗ Exclude a child from meals as a form of discipline.
- ✗ Segregate a child who is HIV-positive from eating or drinking with other children.

Bad practice: "The diseased persons were kept separately. And they got their food separately; they weren't served like the others."

– Champa, victim of trafficking³⁰

Care providers MUST:

- ✓ Ensure that each child has a balanced diet of adequate food that is wholesome, varied and of nutritious value adequate for health, strength and growth.
- ✓ Prepare food hygienically and accommodate reasonable preferences.
- ✓ Meet any special dietary needs of a child due to health, religion, ethnic origin or cultural background.
- ✓ Ensure each child has access to fresh drinking water at all times.

²⁹ Minimum Standards for Child Care Homes (Sri Lanka) (draft 5/9/05).

³⁰ Pearson, E., Opportunities and lessons learnt in measuring the human rights impact of anti-trafficking measures in Nepal, Oxfam GB, Kathmandu, 2004, p.49.

Bad practice: “We ate three meals per day. But the food was not good. We ate the same vegetable every day for one month at a time. When I complained, the staff told me, ‘You should be grateful. If you were at home, you would not even get this.’”

– Deepa, victim of trafficking³¹

11. Access to family

WHAT? Under the CRC, the family is recognized as the most powerful unit to protect and support children and their development. Measures to strengthen families to be responsible and to nurture their children in positive ways are more important and sustainable than improving the standards of institutional care. Trafficked children have the right to see and be with their families, so identifying and tracing the family as soon as possible and assessing the family is a priority (see family assessments, p. 25).

However, in granting access or family reunion, the extent to which the family is involved, complicit or any circumstances that led to the trafficking of the child must be considered; for example, if a family member sold or gave away a child or if there was violence or abuse in the household from which the child sought to escape. In such cases, child protection may mean protecting the child from the family.

Care providers MUST NOT:

- Presume it is in the child's best interest not to contact or reunite with the family, without consulting the child in this decision.
- Send a child back to a family without conducting

a family assessment.

- Suggest family reunion if there is any evidence of neglect or abuse.

Bad practice: “My family didn't know I was there [in the shelter]. The only way my family knew about me was that I was away with a group of girls on an awareness-raising programme. My photo went in the newspaper and my father saw it. My father arrived and I was so happy to see him, I really wanted to leave with him. But they wouldn't let me leave. My sisters and brothers came to visit, but the staff made it difficult for them to see me. The staff weren't supportive. It took three months before my mum came and finally I could leave with my mum. I don't know why they prevented me from going back with my family.”

– former child victim (interviewed in 2004)

Care providers MUST:

- Consult the child before establishing contact between the child and her/his parents.
- Listen to the child's wishes about contacting and reuniting with her/his family.
- Conduct a family assessment, prior to the child meeting the family, and inform the child of the results (see Family Assessment).
- Based on the assessment, facilitate reunification with parents if the child wishes and if the assessment is positive (no risk of neglect or abuse in the parents' care).
- During interim care, ensure the child can communicate with the family through regular correspondence and visits, unless it is deemed to be not in the child's best interest.

³¹ Pearson, E., p. 49.

Commentary: If there is any risk that the family may threaten or harm the child, then communication should be supervised or closely monitored.

- ✓ During interim care, provide a safe and comfortable place to receive family visitors, either at the shelter or elsewhere.

Good practice: To integrate returned camel jockey children, the Bangladesh National Women's Lawyers Association conducts a thorough family assessment as well as interviewing each child about whether he wants to return home with a particular family member who has come to pick him up. In some cases, they found that the person claiming to be related to the boy was in fact no relation, presumably intending to sell or exploit the boy again. The thorough family assessment prevented re-victimization of the children.

Care providers SHOULD:

- ✓ Where there is no risk of harm or abuse, facilitate family members to visit the child regularly.
- ✓ Give counselling to the family and the child.

Good practice: In Sri Lanka, Senehasa Government Children's Home pays the transport costs for family members living far away to visit a child in the home once every two months. When the family visits the child, a portion of the visit is allocated to counselling and supporting the family and raising their awareness about trafficking. This also indicates to the organization their suitability to receive the child.

12. Access to community

WHAT? Social interaction with a community is a vital contributor to the well-being and development of children. If a child is living in an institution and lacks interaction with the community outside, she/he will not develop the skills that enable her/him to integrate effectively. This section relates to local communities (surrounding care institutions) as well as communities into which children will later integrate. For details of community assessment for integration, refer back to community assessments, p. 25.

For trafficked children, there are real risks associated with providing children access to the community; for example, risks that they will be threatened by traffickers, that they will run back to exploitative work or to the streets or that they will be harmed or stigmatized by others within the community. Security concerns and concerns for the child's physical and emotional well-being must guide what type of community access is granted. Risks should be measured carefully on a case-by-case basis. There are small things institutions can do to ensure that children mix with community members in a safe, protected environment. Even in facilities that are institutional rather than community-based, promoting formal and informal networks, interactions with individuals and experiences outside the shelter are ways of promoting community-based care.

Interim

Care providers MUST:

- ✓ Give children regular opportunities to interact with people outside the shelter while respecting safety and child protection considerations.

Commentary: At an absolute minimum, interactions with teachers and authorized visitors coming to the shelter should be encouraged.

- ✓ Ask children what kind of social and community interactions they would like to have and with whom (other children, adults).

Commentary: This might be through regular consultation meetings with the children.

- ✓ While always upholding legitimate safety concerns, give children opportunities to go outside the care facility for different reasons, either supervised with staff or in groups, depending upon the child's age, security risks and circumstances of each individual case.

Commentary: Visits outside the shelter might include excursions, trips to the local market, school or to attend vocational training or apprenticeship courses. Care providers should distinguish between actual safety risks connected to an individual child's case and slight risks based on general issues and preconceptions about a community or stigmatization. Many shelters seem to prefer to lock up children and only let them out in occasional controlled excursions. However, this is not necessary in all cases and if inflicted in the long term, can be very damaging to a child's psyche. Depriving children of their liberty may cause them to run away or inflict harm on themselves or others.

Bad practice: One shelter does not allow children the opportunity to leave the shelter at any time because once they had a case of a child who ran away years ago. In 2005, two girls who had been in the home more than one year attempted suicide.

- ✓ Build rapport with members of the local community to ensure children are not stigmatized by the community and take steps to integrate the centre into this community.

Good practice: An organization in Nepal allocates spaces to needy children in the surrounding community to attend the school that is within the shelter. The same centre provides child day care and free basic health services for single mothers and their children in the local area. On special occasions, local children in the community can visit the shelter and use the recreational facilities.

Bad practice: Shelter staff in Bangladesh say children cannot go outside because people in the community have a bad view of children staying here and see them as “rotten, bad girls”. The shelter does not engage in any activities to change the mindset of the community but instead adopts a policy of not allowing girls to leave the shelter unless accompanied by a shelter staff person.

Care providers SHOULD:

- ✓ Promote interaction between children in and outside the shelter.
- ✓ Sometimes make shelter facilities available to children outside the shelter.

Good practice: In Thailand, children from outside the shelter come every day and play with the children inside of the same age group in a supervised manner. Children from outside are willing to come because the shelter has better recreational and playground facilities than those outside.

- ✓ Encourage visits from outside guests, such as musicians, theatre groups or guest speakers, on issues important and interesting to children.

13. Child protection and staffing

Care providers (managing shelters or coordinating assistance to children) MUST:

- ✓ Ensure that children have an accessible independent mechanism for communicating complaints so that they can share their feelings about the care and support they receive.

Commentary: This may be done by giving the child access to someone outside the facility to whom they can express any concerns or complaints about their care.

Good practice: In Sri Lanka, the National Child Protection Authority (NCPA) designed posters with the address and telephone number of the office for dissemination to child care homes. Children who were being maltreated in one particular home wrote a letter and dropped it over the wall to a neighbour who posted it to the NCPA. The NCPA raided the shelter, rescued the children and prosecuted the matrons running the home.

- ✓ Employ staff who show a capacity to interact with children, as well as fulfilling their specific job descriptions; for example, possess correct educational qualifications for a specific job role.
- ✓ Screen staff to prevent employment of possible abusers by conducting a background check and have procedures for staff supervision.
- ✓ Ensure staff receive adequate training in child protection and appropriate ways to support victims of trafficking.
- ✓ Develop and apply a written child protection policy and code of conduct for all staff who come into contact with children.

Commentary: This is in accordance with General Guiding Principle 5 on protection from all forms of abuse at all times. The code of conduct should apply to staff working in a shelter and equally to partner organizations that interact with victims of trafficking. At a minimum, the child protection policy and code of conduct should cover:

- Procedures for visitors to a shelter
- Regular monitoring and assessment of staff working practices, both internally and by independent authorities
- Mechanisms for regular and systematic child participation (to monitor staff working practices and encourage open and participatory management styles)
- An open and transparent system of management
- Clear procedures that each child understands, so a child can report problems or abuse to an independent third party or trusted adult
- Written policies and standards regarding intake, treatment and evaluation procedures, client confidentiality, complaints and release and maintenance of records. These policies shall be transparent and available to others outside the facility

Example of a code of conduct

The UNICEF Code of Conduct from Let's Talk: Developing Effective Communication with Child Victims of Abuse and Human Trafficking (Mitchels, B., 2004):

Code of conduct for safeguarding children and young people:

DO::

Remember that children and young people have the right to respect (this includes respect for their physical, intellectual, social and emotional welfare).

Respect the cultural, religious and ethnic background of all the people with whom you work, however different it may be from your own.

Model good conduct for others to follow.

Ensure that there is always be more than one adult present during activities with children and young people, or the activities should be within the sight and hearing of others.

Respect the right of children of personal privacy.

Create an atmosphere of trust in which children and young people can challenge attitudes or behaviours which they do not like.

Monitor each other's behaviour with children.

Feel able to comment on each other's conduct and be prepared to offer and accept constructive criticism.

Challenge any inappropriate behaviour with children

Report any suspicions or allegations of abuse.

Be aware that some actions may be misinterpreted, no matter how well intentioned.

Recognise the need to exercise special care and caution in discussing sensitive issues with children and young people.

Be aware of and comply with the codes of conduct and rules of the agency or organization with which you are working.

Children have the right to decide how much physical contact they have with others (unless for medical attention).

Remember that physical contact should only be that which is necessary for the activity, it should be age appropriate, and should reflect the child's needs not those of adults.

Physical contact should be initiated by the child, not the adult, unless for medical attention.

Seek advice about any concerns about the behaviour of any adult with children, advice.

Ensure that children and young people know of trusted adults (e.g. the school child protection co-ordinator, or social services) with whom they can share their concerns, and how to contact those people if they are worried about any issue.

DO NOT:

Have any inappropriate verbal communication with children or young people.

Have any inappropriate physical contact with children or young people.

Allow yourself to be drawn into inappropriate or attention seeking behaviour.

Make suggestive or derogatory remarks or gestures to (or in front of) children or young people.

Jump to conclusions about others without checking the facts.

Exaggerate or trivialize child abuse issues.

Show favouritism to any individual.

Rely on your good name or your job to protect you.

Think "it cannot happen to me."

Take a chance when common sense, policy or practice suggests a more prudent approach.

14. Discipline

WHAT? Trafficked children are often difficult to control because of the situations they have experienced prior to or when trafficked and the types of exploitation they have suffered. For example, they may illustrate aggressive behaviour if this was a survival tactic in the brothel, on the street or in an armed conflict situation. They may find it difficult to adjust to a living arrangement with a timetable and set of rules to follow. This does not mean they are “bad” children but that they need a different kind of attention and support from care providers. Abuse and physical punishment may happen in shelters because staff are frustrated with difficult children and lack knowledge on how to control them. Under the CRC, all children are to be protected from violence, negligent treatment, maltreatment or exploitation, including sexual abuse.

Care providers MUST NOT:

- ❌ Hit, slap or use or condone any form of physical (corporal) punishment of children.
- ❌ Inflict punishments or discipline in a manner demeaning or degrading to children, including verbal abuse or embarrassment in front of other children.

Bad practice: “A few girls ran away. But they were caught. When they were brought back they were beaten up and had hot water poured over them. The staff would beat any girl who ran away.”
– Champa, a former victim on her experiences in a shelter³²

Care providers MUST:

- ✅ Promote positive behaviour of children.³³

Commentary: By praising good behaviour of children and giving more attention to good (rather than bad) behaviour, care providers establish an atmosphere where the peer group responds positively to good behaviour.

- ✅ Have open and transparent written procedures about discipline (including a clear complaints mechanism) available to staff, children and children's families.

Care providers SHOULD:

- ✅ Train staff about harmful impacts of corporal punishment as well as effective, positive disciplinary methods, including protection of children with violent or unacceptable (anti-social) behaviour.
- ✅ Involve children in decision-making and discussions about effective positive disciplinary measures to be taken.

Good practice: In a Nepal centre, children have formed their own disciplinary committee. This committee discusses what appropriate punishments should be dealt for specific behaviour; for example, extra cleaning duties or prohibited from watching television. This is discussed among all the children and staff, who then make a final decision after hearing all the views.

³² Pearson, E., p. 48.

³³ Refer to ECPAT, The psychosocial rehabilitation of children who have been commercially sexually exploited: A training guide, Bangkok (undated), for examples of how to reward positive behaviour in children.

15. Child participation

Care providers MUST:

- ✓ Promote and institutionalize procedures for child participation through regular consultation with children and child representation.
- ✓ Give due weight to a child's views, bearing in mind her/his age and maturity.

Commentary: This does not mean blindly accepting children's views at all times. For example, if the child wants to engage in behaviour that is likely to cause harm to herself/himself or to others.

- ✓ Monitor what impact child participation has on the programmes and operations of the caregiving facility.

Commentary: To activate General Guiding Principle 7 on child participation, children currently and formerly living in care facilities are to be consulted about standards of care in the recovery and integration process. To participate effectively, children should give input into all the processes affecting them, including their daily life and routine, their short-term and long-term decisions and policies affecting them. Former trafficked children can engage in policy-level discussions about effective care and support, including participation in regulatory monitoring boards. Their capacity to participate should be supported through organizing, capacity building and training of former survivors.

Genuine vs. fake child participation?

Genuine child participation is difficult, and some organizations use this as an excuse to only offer superficial participation of children. For example, they might simply ask a child basic questions or provide information without seeking a response.

Genuine child participation means involving children in the developing and monitoring of the very tools to promote child participation. If done by children, this encourages their natural and open participation.

Good practice: In Sri Lanka, children in Senehasa Government Home have a daily meeting where they discuss the day's events, report back on teachers, schools, any problems or difficulties and discuss together what should be done to overcome these issues. Each evening the children elect a child leader for the next day. Every child staying in the shelter must be elected leader at some time. Their job is to supervise the other children, wake them up, ensure they do their chores and watch out if anyone does not perform the responsibilities or is naughty. The child leader reports back in the evening

Good practice: Children-Women In Social Service and Human Rights (CWISH), an organization in Nepal that assists child domestic workers, has developed several ways to ensure that child participation is systematic within their practices. For example, it conducts an annual consultation meeting with children to discuss the quality of services provided. Child-friendly methods are used and the organization acts on children's recommendations. For example, in one consultation meeting children mentioned their negative experiences with police officers; CWISH staff began a new programme involving interactions between community police and children.

Child clients of CWISH nominate some of their peers to represent them on a child advisory team. The child team leader is an observer in the Executive Board of the organization. The child advisory team gives recommendations and feedback on the organization's

programmes and their needs throughout the year. The advisory team discusses their needs and the difficulties and strengths of the interventions, which staff members then take into consideration.

VI. State Responsibilities

VI. State Responsibilities

State departments responsible for child welfare should:

- ✓ Ensure that care and protection are in line with the standards and guidelines presented in this document.
- ✓ Provide an adequate legal framework for child protection (amend national laws and policies that do not conform to these standards and guidelines) or develop additional laws and policies to safeguard these rights.

Good practice: The Department of Women and Child Development in India has published a protocol for pre-rescue, rescue and post-rescue operations for child victims of trafficking for commercial sexual exploitation.³⁴ With regard to recovery, this protocol establishes the general responsibilities of protective care homes in order to protect the basic rights of trafficked children in their care.

- ✓ Ensure care providers have adequate funds and resources to bring these standards and guidelines into practice.
- ✓ Give technical assistance, such as training and information exchange, to assist care providers to meet the guidelines.

- ✓ Maintain a system of accreditation for state and non-state organizations providing accommodation, health, legal and psychosocial support to child victims of trafficking throughout the country (see Monitoring).
- ✓ Facilitate networking and information exchange between service providers in-country and across borders.³⁵
- ✓ Keep and regularly publish accurate statistics about child trafficking, based on the information from care givers. These should cover types of trafficking, length of time in recovery and reintegration and good practices with integration.
- ✓ Consult child victims currently and formerly in care about the application of these standards and guidelines.

These regional child-friendly guidelines are a model for States to use when reflecting on their current child protection systems and policies. National policies and practices may require amending in order to comply with the guidelines. For example, some Asian countries may already have well-established child protection systems for local children but do not extend these services to migrant children. Some countries, such as Nepal, Sri Lanka and Thailand, may already be in the process of adopting their own national standards. States also can use these guidelines to advocate with other

³⁴ Department of Women and Child Development, Ministry of Human Resource Development, Government of India, Protocol for pre-rescue, rescue and post-rescue operations of child victims of trafficking for commercial sexual exploitation, Delhi, 2005.

³⁵ United Nations Office of the High Commissioner on Refugees, Guidelines on policies and procedures in dealing with unaccompanied children seeking asylum, Geneva, 1997.

sending/receiving countries to which they are connected to guarantee a minimum standard of protection for children, both in the receiving and sending countries.

While the guidelines are directed at care providers, the State is ultimately responsible for ensuring that care providers are supported and empowered to protect children in accordance with the guidelines. Through monitoring and enforcement, States should ensure the practices of their own institutions as well as non-state care providers are in line with these minimum standards.

States need to ensure that state-managed institutions have the resources to protect the basic rights of children. For example, one Government's policy allocates approximately US\$0.10 per day per child in a care-giving institution for the daily food intake. Shelter managers state it is simply not possible to feed a child nutritious, adequate and varied food with this amount of money. There is a need for States to consider what resources and priority shifts are required to ensure that minimum standards are met, in line with their obligations under the United Nations Convention on the Rights of the Child and ILO Convention No. 182 on the Worst Forms of Child Labour. Donors are also responsible for ensuring that these challenges and resource constraints can be met.

Monitoring and evaluation

States SHOULD:

- ✓ At the national level, ensure a respected independent body has the ability and authority to conduct unannounced visits to care-giving facilities and the ability to interview children.

Good practice: In Sri Lanka, the National Human Rights Commission conducts random visits to child care homes and submits reports to the Department of Probation and Ministry of Social Welfare.

- ✓ At the regional level, establish a task force to monitor compliance with these guidelines, consisting of government, non-government and child protection specialists.

Under Article 25 of the CRC, children have the right to the periodic review of treatment provided to them by institutions and care providers. At a minimum, States should ensure there is a national monitoring mechanism to process complaints about care providers. For example, this may be through the National Human Rights Commission in the country.

It is recommended that a regional task force or ombudsman could monitor compliance with the guidelines/standards on a regional level. This body could investigate complaints, develop standardized assessment criteria or a grading system to measure these standards and conduct random visits (spot-checks). The task force should provide helpful and supportive feedback to care providers. It should also provide technical assistance in the form of training and information exchange to ensure that organizations who do not comply with the minimum standards are assisted to do so. The task force should be composed of government officials responsible for child welfare, NGOs working on child protection, psychologists, paediatricians, child social workers, lawyers and former victims of trafficking.

VII. References

International treaties and standards

ILO Convention No. 138 on Minimum Age

ILO Convention No. 182 on the Worst Forms of Child Labour

Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, attached to the UN Convention Against Transnational Organized Crime (2000)

United Nations Convention on the Rights of the Child and its Optional Protocols

United Nations Convention Against Torture, Inhuman and Degrading Treatment

United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power

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United Nations Standard Minimum Rules for the Treatment of Prisoners

United Nations Standard Minimum Rules for the Administration of Juvenile Justice

United Nations Standard Minimum Rules for Non-Custodial Measures

Regional standards

EU Policy Guidelines Regarding Children Affected by Humanitarian Crises

SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution

UNICEF Guidelines for Protection of Child Victims of Trafficking in South-Eastern Europe

National standards

Child Protection Act 2003 (Thailand)

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