

Module One: The Social Context of Children in Especially Difficult Circumstanced (CEDC)

Background Document on

The Mekong Project on Sexual Abuse and Sexual Exploitation of Children and Youth: Research and Intervention Phases

1. Introduction

The ESCAP project entitled "Strengthening national HRD capabilities through training of social service and health personnel to combat sexual abuse and sexual exploitation of children and youth in the Greater Mekong Subregion" was formulated in direct response to the concern expressed by ESCAP member governments at the Asia-Pacific Meeting on Human Resources Development for Youth, held in Beijing in October 1996. The Beijing Statement on Human Resources Development for Youth in Asia and Pacific, adopted by that Meeting, puts forward a proposal for action on elimination of sexual abuse and exploitation of youth. In particular, it highlights the lack of information on the situation of sexual abuse and exploitation of young people, the inadequate health and social services available for victims and potential victims of sexual exploitation and abuse, and the general lack of training among social service and health providers. The on-going ESCAP project seeks to address these gaps, with its overall objective being to strengthen the human resources development (HRD) capabilities of social service and health personnel to assist young victims and potential victims of sexual abuse and sexual exploitation to: (1) be reintegrated in communities and families; (2) avail themselves of relevant health and social services; and (3) develop skills for alternative means of livelihood. The project is supported by the Swedish International Development Cooperation Agency (Sida) and partially by United Nations Population Fund (UNFPA) and United Nations Drug Control Programme (UNDCP). It is being implemented in close collaboration with the Section for International Maternal and Child Health (IMCH) at Uppsala University.

The project activities of this four-year project commenced in 1998. In the first phase of the project, ESCAP invited the governments of all the six countries to nominate a focal point for the project. For some of the governments, the existence of child sexual abuse and sexual exploitation had not even been openly accepted. Thus, some governments were initially reluctant to nominate any government counterpart, for to do so would be to admit that such problems did exist in their own country. Though it is true that certain organizations, particularly NGOs, had been working in these areas for many years, it was felt that governmental recognition and acceptance from the beginning and throughout all subsequent phases of the project activities would enable policy changes to be made and thus facilitate the greatest impact to the beneficiaries – the victims and/or potential victims of sexual abuse and sexual exploitation. In fact, some of the governments that were contacted were initially reluctant to appoint any government focal point for the project precisely because of the sensitive nature of the project topics.

The next step in the first year of the project was to conduct qualitative research to establish the health needs of the victims and the type of services available to them in the six participating countries, namely, Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam.

The resulting national research reports form the basis for the development of interventions in the second and third years of the project. In addition, collaborative linkages and networking among government agencies, research institutes and NGOs working to combat sexual abuse and sexual exploitation of children and youth in the subregion were established. In the same year, a film entitled "No is Not Enough" was produced and screened at the Second Asia-Pacific Intergovernmental Meeting on Human Resources Development for Youth held in Bangkok in June 1998 to sensitize policy makers about the needs and problems of this group of children with a view to supporting policies and programmes to improve access to relevant health and social services. Other activities for this year included the production of a directory of organisations providing social and health services to sexually abused and exploited children in the subregion.

The second phase of the project activities, in the second year, were initiated at national HRD workshops on sexual abuse and sexual exploitation among youth, which were held in all six participating countries. The workshops, attended by up to 60 health and social service care providers from concerned government ministries and NGOs, as well as United Nations agencies, were organized jointly by ESCAP and each of the national focal points. The objectives of the workshops were threefold: (1) to share the findings and recommendations of the qualitative research; (2) to identify the training needs of health and social service providers; and (3) to develop a pilot project to follow up on some recommendations of the research. The training needs assessments have been used in the development of curriculum and training materials to enhance the capacity of social service and health professionals to deal with sexually abused and sexually exploited children and youth. In addition, community-level pilot projects were implemented from mid-1999 to mid-2000 to follow up the recommendations of the research as well as to raise awareness among community members of the health implications of sexual abuse and sexual exploitation for children.

The last phase of the project, from mid-2000 to December 2001, focused on the conduct of the subregional *ESCAP HRD Course on Medical and Psychosocial Services for Sexually Abused and Sexually Exploited Children and Youth* to assess the applicability of the course curriculum developed during the second year. The curriculum and training materials, which will be translated into national languages, will provide input for the training of other social services and health personnel, and allow for project sustainability and improved services to sexually abused and sexually exploited children and youth. As follow-up to the course, country teams implemented pilot projects over a period of eight months, which aimed to improve the access of sexually abused and sexually exploited children and youth to relevant health and social services, as well as educational and training opportunities. In addition, the pilot projects increased awareness among institutions, both governmental and non-governmental, of the need to prevent sexual abuse and sexual exploitation of children and youth. The conduct of the *ESCAP Course* produced a pool of competent social service and health personnel whose improved performance will lead to better service delivery. This pool of qualified personnel could in turn train other service providers at the community level.

2. THE RESEARCH PROCESS

The following section provides definitions of terms used in the project as well as a synthesis of the situation relating to child and youth sexual abuse and sexual exploitation in the six participating countries. The subregional synthesis is based on the national reports of Cambodia, Yunnan Province (China), Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. National research teams composed of government agencies and NGOs and/or

academic institutions have carried out the national research and written the reports, with - assistance from ESCAP. The research had the following **objectives**:

- (1) To collect and analyse existing information on the country context, sexual abuse (rape and incest) and sexual exploitation (trafficking, pornography and prostitution);
- (2) To identify the common health (medical, psychological and social) problems and needs of sexually abused and sexually exploited children; and
- (3) To explore the range of services available to sexually abused and sexually exploited children and the capacity and potential of the different agencies in providing such services.

It is necessary from the very onset to provide **definitions** of some terms that were used in the research. To define a child, the research used article 1 of the Convention on the Rights of the Child, which defines a child as, “every human being below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier”. According to the national laws of the participating countries there are numerous age brackets and definitions of what constitutes a child and his/her rights and responsibilities as a citizen. In many of the countries, children are considered to be those citizens aged less than 16 years old. However, for the purpose of the ESCAP research project, a person under the age of 18 years is considered a child. This definition of a child overlaps with the United Nations definition of “youth”, which covers the age range of 15 to 24 years.

Sexual abuse of children¹ can be defined as contacts or interactions between a child and an older or more knowledgeable child or adult (stranger, sibling, or person in positions of authority, such as parent or caretaker) when the child is being used as an object for the older child or adult’s sexual needs. These contacts or interactions are carried out against the child using force, trickery, bribes, threats or pressure. The two forms of sexual abuse that were considered in this study are rape, which is defined as any sexual behaviour imposed on a child by a stranger, and incest, defined as any sexual behaviour imposed on a child by a member of either the immediate or extended family. The extended family includes people whom the child or family has known for a significant length of time and whom they trust, such as fathers, stepfathers, uncles, siblings and other family members, as well as friends, neighbours, teachers, doctors and members of religious communities. Broadening the concept of incest beyond close blood relatives is very important. It helps underscore the special harm caused by any sexual activity between a person in a position of status, trust and authority, and a child in a position of dependency.

Sexual abuse can be physical, verbal or emotional, and includes:

- Physical sexual abuse: touching and fondling of the sexual portions of the child’s body (genitals and anus) or touching the breasts of pubescent females, or the child’s touching the sexual portions of a partner’s body; sexual kissing and embraces; penetration, which includes

¹ Adapted by W. Kaime-Atterhog from: (a) W. Kaime-Atterhog, “Voices of sexually abused children who live on the streets of Nakuru, Kenya”, unpublished report, Section for International Maternal and Child Health, Uppsala University, Sweden (1998); (b) D. Finkelhor, “Current information on the scope and nature of child sexual abuse, *The Future of Children*, vol. 4 (2): 31-53 (1994); and (c) National Centre on Child Abuse and Neglect, *Sexual Abuse of Children – Selected Readings*, Office of Human Development Services, US Department of Health and Human Services, DHHS Publication No. 78-30161 (1980), pp. 1-6.

penile, digital and object penetration of the vagina, mouth or anus; masturbating a child or forcing the child to masturbate the perpetrator.

- Verbal sexual abuse: sexual language that is inappropriate for the age of the child, used by the perpetrator to generate sexual excitement, including making lewd comments about the child's body and making obscene phone calls.
- Emotional sexual abuse: use of a child by a parent or adult to fill inappropriate emotional needs, thereby forcing the child to fulfil the role of a spouse.
- Exhibitionism and voyeurism: having a child pose, undress or perform in a sexual fashion on film or in person (exhibitionism); and "peeping" into bathrooms or bedrooms to spy on a child (voyeurism); exposing children to adult sexual activity or pornographic movies and photographs.

Commercial sexual exploitation of children is defined by the United Nations as the use of a child for sexual purposes in exchange for cash or in-kind favours between the customer, intermediary or agent and others who profit from the trade in children for these purposes (parent, family member, procurer, teacher etc).

There are three forms of commercial sexual exploitation of children, which have already been defined by the United Nations: child prostitution, trafficking and sale of children across borders and within countries for sexual purposes and pornography.

Child prostitution is the act of engaging or offering the services of a child to a person to perform sexual acts for money or other consideration with that person or any other person.

Trafficking and sale of children across borders and within countries for sexual purposes is the transfer of a child from one party to another for whatever purpose in exchange for financial consideration or other rewards. Sexual trafficking is the profitable business of transporting children for commercial sexual purposes. It can be across borders or within countries, across state lines, from city to city, or from rural to urban centres.

Child pornography is visual or audio material, which uses children in a sexual context. It consists of the visual depiction of a child engaged in explicit sexual conduct, real or stimulated, or the lewd exhibition of the genitals intended for the sexual gratification of the user, and involves production, distribution and/or use of such material.

The starting point for the research has been that commercial sexual exploitation and sexual abuse of children and youth are a violation of the rights of young people, with far-reaching consequences for their health and well-being. The basic premise is enshrined within the Convention on the Rights of the Child which, in articles 19, 34 and 35, requires States Parties to protect children from abuse and neglect, sexual exploitation and sale, trafficking and abduction. Article 33 states that States Parties shall take all appropriate measures, including social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances. This problem is closely linked to the health of children in prostitution and those living and working on the streets.

The Convention also addresses issues related to the provision and quality of health services. In article 24, children have the right "to the enjoyment of the highest attainable standard of health". In addition, article 3 states that the best interests of the child shall be a primary consideration in all actions concerning children, and it emphasizes the responsibility of States Parties to have a good standard of health care: "States Parties shall ensure that the

institutions, services and facilities responsible for the care and protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision". The text in article 39 is clear regarding the factors that are crucial for effective rehabilitation programmes for sexually exploited and sexually abused children: "States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters health, self-respect and dignity of the child".

3. METHODOLOGY

The project design was based on an interactive process whereby the children and social service and health-care providers were informants of the research. Given the nature of the data to be collected and the subjects, the researchers used qualitative research approaches. The project began with an initial planning phase when the research methodology was developed, teams were identified and trained in research methods. This was followed by an exploratory phase, in which primary data on the background and locations of the children, their health problems and their care-seeking behaviour in all six countries were collected and analysed by the research teams. Information was also collected on the nature of the services available to sexually abused and sexually exploited children and the capabilities of the staff to provide care.²

These planning and exploratory phases enabled the research team to be familiar with and initiate discussions with children, communities and service providers. The information on the agencies and their programmes was vital for establishing potential collaborators in the field and the gaps in their current programmes. Interventions on awareness-raising at the community level were designed based on the findings of the research. The pilot projects were developed at national HRD workshops held in each of the participating countries for social and health-care providers, and are currently being implemented by the national coordinating organizations in each of the six countries. Apart from developing the pilot projects, the workshop participants also discussed the research findings and analysed their training needs. Specific interventions for the effective delivery of care to the victims and potential victims of sexual abuse and sexual exploitation will be designed by the national coordinating organizations during the ESCAP subregional course for 30 social service and health-care providers from the subregion, which is scheduled for September 2000. The follow-up projects were implemented over an eight-month period following the course, and thereafter evaluated at a national seminar in each of the six countries. The next section covers the planning and exploratory phases of the project.

3.1. PLANNING PHASE

3.1.1. Adaptation of the research methodology

Researchers working with children in exceptionally difficult circumstances have noted that surveys and quantitative research approaches often fail to generate valid data. This research, therefore, utilized a qualitative research methodology that has been developed by the expert on the subject, Wanjiku Kaime-Atterhog, and used among children in prostitution in Thailand and

²The data collection and analysis tools are contained in annex 1 of this background document.

street children in Kenya. A key aspect of this method is the understanding that children and care providers are knowledgeable of their own “world” and researchers can only really understand these “worlds” by listening to and learning from their respondents. Furthermore, any interventions for these two target groups aimed at improving their situation must be based on such an understanding if it is to have any meaningful impact on their lives.

In order to provide guidance to the country research teams, a detailed set of methodology notes was produced, as well as a research protocol.⁴ A broadly qualitative and participative approach was set out in which the following were the main methods used:

- Review of documentary and archival information, including reports, evaluations, registers, videos etc.;
- Observation of programme activities, adopting participant observation techniques where appropriate;
- Informal discussions with a wide variety of people encountered during visits of observation; and
- Semi-structured interviews with sexually abused and sexually exploited children and youth, programme managers, medical staff, social staff, teachers etc.

3.1.2. Selection and training of the national research teams

Owing to the sensitivity of the topics under investigation and the sustainability of the project, it was proposed that local staff members from the national coordinating organizations conduct the research. Many government officers, however, are responsible for developing and implementing policies and programmes on sexual abuse and sexual exploitation of children and youth in their respective countries, often without an understanding of the real problems and needs of the target groups. This therefore involved identifying appropriate persons from the national coordinating organizations that had some previous experience in participative research or were working with young people and had an interest in research.

In two countries, China and Thailand, the national coordinating bodies lacked the staff to carry out the research and, together with ESCAP, identified local academic institutions to serve as the national research focal points. In Myanmar, the government officers worked alongside staff from the psychology department and did not entirely hand over the research activities to an academic institution. These national research teams were then trained on sampling and data collection methods and techniques by ESCAP, but it is to the credit of the national research teams that the research generated a large amount of rich data.

The researchers came from a wide range of different academic and professional backgrounds, which undoubtedly enriched the material that they generated. Research sites were also selected during the research methods training sessions based on the following criteria: the provinces should be rural and urban centres known to have a large number of children engaged in prostitution and sexually abused children; and the provinces should be those that serve as areas of origin, transit and destination for children who are trafficked within or outside the country for purposes of prostitution. The research teams then decided on the specific districts that they would target for the study.

More specifically, the research teams were trained in sampling methods and techniques to establish trust and friendship with the children and care providers. Because of the difficulties

involved in identifying sexually abused and sexually exploited children and service providers, the researchers were familiarized with the snowball sampling method. This method begins the interview process with a few interviewees and then relies on them to expand the contacts. In order to avoid bias in identifying the target groups to be interviewed, the researchers were asked to consult other sources of information in the community. Various methods were explored in the training workshops to access children at highly concealed places of work such as brothels. These included such methods as collaboration with health workers in the area who were already involved in care provision to the target group, police officers, or posing as clients or pimps.

Research teams employing such undercover techniques were requested always to reveal their true identity and purpose to the children and obtain their consent before conducting the interviews. Unfortunately, some country teams did not reveal their identity or objectives of the research to the children they interviewed in brothels. Adequate sample size, utilizing the snowball method, is obtained when the data from the samples consistently repeat themselves and reveal definite patterns of information. The data that are obtained from such a sample are reliable in explaining behavioural patterns.

To establish trust, the research teams were asked to begin with observational and informal interviews selecting a topic of interest and one easy to discuss before moving to in-depth interviews. Once a relationship was developed, the researchers used a semi-structured interview procedure to guide their discussions, relying heavily on the spontaneous generation of questions as they emerge naturally from the free-flowing discussion between them and the respondent. Moreover, they were asked to make use of the immediate surroundings to increase the relevancy, concreteness and immediacy of interview questions and responses. The research teams were also encouraged to help children, especially those who might have appeared to be traumatized by talking about their abusive and exploitative experiences, whenever they could, including providing basic counselling, or referring them to counsellors. However, there were few cases in which the researchers intervened in order to assist the children. One example is of a girl interviewed in Khammouane Province in Lao People's Democratic Republic, who had been working in a local pub for two weeks. She had not been sexually exploited but she was homesick and wanted to go back to live with her parents a long way from town. She had no money or knowledge about how to return because she had been accompanied by relatives who had left her at the pub to earn money. The researchers thought she was at high risk of being sexually - exploited and so they sent her home on a bus.

Owing to the sensitivity of the information to be collected from the children and service providers, and the importance of keeping the interviewing environment as natural as possible, the research teams were requested not to use a tape recorder at the beginning, but to do so at a later stage, once trust had been established. Regrettably, some national research teams used concealed tape recorders without the consent of the children.

The training also focused on methods of recording and analysing data obtained from observations and interviews.

The national research teams from the six participating countries comprised the following persons.

In **Cambodia**, ESCAP selected the Cambodian Centre for the Protection of Children's Rights (CCPCR) to serve as the research focal point. The research team in Cambodia consisted of three staff members of CCPCR in Phnom Penh. The research team targeted nine provinces for the study, Koh Kong, Sihanoukville, Siem Riap, Kompong Chhnang, Phnom Penh,

Kompong Cham, Poipet, Battambang and Svay Rieng. On average, the researchers spent 5 to 10 days at each research site and the data collection phase ran from April to June 1999.

In **China**, the All-China Youth Federation was chosen by ESCAP as the focal point for this project. The Yunnan Academy of Social Sciences was then designated as the research focal point. The fieldwork was conducted in Kunming, Quijing, Xishuangbanna and Hekou. The research team comprised six staff members of the Academy who split into two groups to collect the data. The research was conducted from October to December 1998, with staff spending one to two weeks in each research site.

In the **Lao People's Democratic Republic**, the Department of Social Welfare under the Ministry of Labour and Social Welfare served as the national focal point for this project. The Deputy Director of the Social Welfare Department was the coordinator of the project. The research team consisted of staff of the Department of Social Welfare from the Ministry and Vientiane Municipality and from the Lao People's Revolutionary Youth Union. The fieldwork was carried out from June to July 1998 and the researchers spent 15 days in each province.

The Department of Social Welfare served as the national focal point for this project in **Myanmar**. A professor of the Psychology Department, Yangon University, coordinated the research. The research team members comprised people from the Psychology Department of Yangon University, the Department of Social Welfare and the Rehabilitation Centre for Ex-Drug Addicts. Two research teams carried out fieldwork simultaneously owing to unavoidable delays in the conduct of the study. The first team, Team A, was assigned to conduct fieldwork in Muse, which is situated on the Myanmar-China border, and Yangon. The second team, Team B, was assigned to conduct the study in Hpa-an and Mawlamyine, which are situated in the southern part of the country.

In **Thailand**, the National Commission on Women's Affairs initially served as the national focal point for this project. (The focal point was changed to the National Youth Bureau in mid-1999). The research focal point was Chulalongkorn University and a child psychiatrist at the University served as the research coordinator. The research team members comprised staff of the University, child psychiatrists from Vajira and Ramathibodhi hospitals, and a nurse and volunteer from the Centre for the Protection of Children's Rights Bangkok. The data were collected from the provinces of Chiang Mai, Chiang Rai, Nakhon Ratchasima, Udon Thani, Khon Kaen, Nakhon Pathom, Bangkok, Rayong, Chonburi, Songkhla, Phuket and Trang from October 1997 to May 1998.

The Department of Social Evils Prevention served as the national focal point for the project in **Viet Nam**. The Department organized a research group including eight of its own specialists and researchers from the Institute of Labor Science and Social Affairs and the Centre for Human and Labor Resources (both under Ministry of Labour, Invalids and Social Affairs). In order to complete the project in three months and within the proposed budget, the team was divided into two groups. Team A worked in Hanoi and Lang Son provinces and Team B in Danang, Khanh Hoa, Ho Chi Minh City and Can Tho.

3.2. EXPLORATORY PHASE

3.2.1. Preparation for fieldwork

The research teams in all six countries began by locating and reviewing available documents, including medical and police records, and studies conducted by international

organizations and governmental institutions on sexually abused and sexually exploited children. The data were reviewed and summarized to provide an overview of the areas where sexual abuse and sexual exploitation were prevalent, and the organizations that worked with the victims and potential victims in the respective countries. The research team members also held discussions with care providers in organizations providing services to sexually abused and sexually exploited children to obtain information on the research sites and interviewees.

In Viet Nam, for example, the Department of Social Evils Prevention wrote to the provincial branches of the Ministry of Labour, Invalids and Social Affairs in all the six research sites requesting information on sexually abused and sexually exploited children and youth and available services. In Thailand, where the national research team comprised medical professionals, information was sought from hospitals and other health-care facilities, including the Division of Venereal Diseases Control. The Centre for the Protection of Children's Rights, where one of the team members worked as a volunteer, was also visited. The team in Myanmar held preparatory meetings to review the objectives of the research, identify research sites, distribute and discuss the interview guides and to develop a detailed programme for the two teams. In the Lao People's Democratic Republic, the research teams compiled their own lists of questions based on the interview guides. In order to conduct a research project in the Lao People's Democratic Republic, government cooperation is necessary at all levels. Thus, the next step was to obtain permission from the Minister of Labour and Social Welfare. After the permission had been obtained the researchers divided themselves into two research teams. In China, the Yunnan Academy of Social Sciences interviewed all the different departments concerned, such as public security and health, before conducting the fieldwork. Owing to the sensitive nature of the issues, they integrated in-depth interviews with the questionnaires. In addition, group discussions were held.

The last step before primary data collection was the translation of all the interview guides into the six local languages.

3.2.2. Community entry phase: establishing a presence

At the provincial level, researchers made initial contact with social welfare offices, police and some NGOs to brief them on the project and its purpose as well as to collect general information on the situation of sexually abused and sexually exploited children in the province.

In Cambodia, the research teams contacted the Commissar of the provincial and municipal police headquarters to ensure some level of security for the team members should it be required. In addition, researchers met with relevant sections of the Ministry of Social Action and Veteran Affairs, district police inspectors and some NGOs in the province, which were working with sexually abused and sexually exploited children, in order to obtain more information about the problem. In the Lao People's Democratic Republic, the provincial officers introduced the researchers to officials at the provincial governing office. There they met with representatives of the Lao Youth Union, the Lao Women's Union and the police to obtain information on the situation of the children concerned at each research site. After the provincial-level meetings, researchers were accompanied by officers from the Ministry of Labour and Social Welfare and introduced to district-level police officials who were able to provide area-specific information regarding location and methods for contacting such children. In China, the researchers interviewed government departments at each research site. In Viet Nam, the researchers worked with the provincial branches of the Ministry of Labour, Invalids and Social Affairs, and the Committee for the Care and Protection of Children in each province. The research team also

requested the assistance of officials from the Viet Nam Women's Union and the police in the field.

3.2.3. Identification and selection of target groups

Sexually abused and sexually exploited children and youth are sensitive issues in all countries and areas of the subregion and the researchers used several methods to locate them as well as their caregivers. In Cambodia, for example, the researchers spent time surveying the brothel areas prior to selecting their entry strategy and tried to target both open and closed brothels for their interviews in each province. The male researchers posed as clients, while the female researchers posed as pimps or brothel owners. In some instances, the researcher also disguised herself as a man in order to enter closed brothels. In this way, they were able to identify and interview 65 children, including 55 girls and 10 boys. More time would have been required for the researcher to build up trust with the boys and to gather their full stories.

In the Lao People's Democratic Republic, as another example, the researchers identified sexually exploited children from police files as well as from the children's friends. The local police officers also tipped them about entertainment establishments where children were known to be engaged in prostitution, and even accompanied them to those entertainment places. The researchers initially made enquiries with the establishment owners and the friends and relatives of sexually abused children about the location and backgrounds of the children. Using this approach, they were able to identify and interview 43 girls who were sexually exploited. Although researchers identified children who had been sexually abused from police records, they decided it was inappropriate to interview them as the situations seemed to have been resolved and they did not want to upset the children by asking them to recount their stories. The researchers also interviewed doctors in two clinics and two hospitals, a secondary school teacher, representatives of the Lao Women's Union and the Lao Youth Union, and a pharmacist.

3.2.4. Methods of data collection

Data were collected through observation, in-depth interviews and group discussions. Techniques to establish trust and friendship with the children were emphasized during all of the interviews in the participating countries. In **Cambodia**, the three researchers differed in their approach. One researcher tried to take the children he interviewed away from the others, either by taking the girl into her room or by leading her away from the brothel. He took the time to explain the purpose of the study to the girls whom he interviewed and he built up the girl's trust in him through conversation. Another researcher always interviewed the girl in open areas within the brothel while simultaneously engaging in other activities that the girls enjoyed, including playing cards, singing, watching television and eating. He felt that conducting the interview in that informal way made the girl feel at ease. In addition, a female researcher spoke about her own life or pretended that she knew the girl's parents in order to secure the trust of the children. Two of the researchers never revealed their true identity as they felt they lacked the time needed to explain the objectives of the study to the girls. Furthermore, they feared that the girls would reveal their identity to the brothel owner, which might have endangered them. Most of the interviews lasted from half an hour to two hours. In some cases, when more information was required, the researchers returned to the brothel for a second interview. All researchers taped interviews using small concealed cassette recorders, and following the interviews recorded information and observations on paper.

The research teams from **Yunnan Province (China)** conducted in-depth interviews and had the children fill out questionnaires. In addition, group discussions were held. The researchers used tape recorders and transcribed the interviews later. Working with the local women's federations, they were able to locate the girls for interviewing, and conduct on-the-spot investigations. The researchers also spent much time observing the environment before the interview, to better acquaint themselves with the girls' situation. It was often necessary to provide detailed assurances to the children that they would be treated with respect in the interviews and that the researchers would not expose them and damage their reputation.

In Savannakhet and Khammouane provinces in **the Lao People's Democratic Republic**, the girls felt more comfortable speaking to a woman researcher. Interviews were usually conducted with individual children but in some places it was necessary to meet with two or three children. For some interviews, conducted in Khammouane and Savannakhet, researchers brought the children together in a larger group of five or six children for a meal and an informal discussion. After the meal, the researcher interviewed the children separately. During the interviews, she asked questions while another researcher took notes. In Vientiane Municipality and Champasack Province, the two male team members posed as clients in order to collect data from the sexually exploited children. They did this after they realized from the first few interviews that the children were reluctant to talk to them. The researchers suspected that the children might have thought they were police officers who wanted to arrest them, or the girls might have felt uncomfortable talking with men about their situation. In these cases, it was necessary to interview the children first, and write down their answers later.

The research teams from **Myanmar** conducted the interviews in quiet places with no interruptions. They used tape recorders, with the children's permission, to record interviews that lasted for one hour to three hours. The researchers also kept a daily diary, including verbal and expressive material from each child.

In **Thailand**, where most of the research team members were psychiatrists, a psychiatric assessment was conducted together with the semi-structured interview of each child. Brief, focused counselling was provided to children when required and relevant. Observation of health-care facilities, correction homes and centres that were visited was also carried out. When possible, group discussions were conducted with children, care providers and local people in order to obtain a more thorough understanding of their feelings, attitudes and opinions on sexual abuse and sexual exploitation.

The researchers in **Viet Nam** made the children comfortable by having a local staff member who was acquainted with the families hold informal conversation. The research team members were introduced as social officers and not researchers. Once the families were relaxed, the researchers would slowly begin their interviews, beginning with general information. Members of the research team worked in pairs, with one person asking the questions and the other taking down notes. They also recorded the interviews, although this was not always with consent from the children. They felt that the families appeared comfortable with the team because they were in the company of officers known to them.

3.2.5. Methods of data analysis

The teams used tables based on the interview questions to facilitate data entry. In those countries where tape recorders were used, the teams first transcribed the data and then coded them, examining common patterns of behaviour as well as variations. Both question and content analysis methods were used to summarize and describe the data from each province in

the participating countries. The provincial data were then analysed and synthesized to present a qualitative country assessment of the services and health needs of sexually abused and sexually exploited children in each country. The reports from Cambodia, Viet Nam and Thailand were first written in the local languages and then translated into English by the team members. The Yunnan Province (China), the Lao People's Democratic Republic and Myanmar reports were written in English. The ESCAP team, working together with the research teams, produced more complete and thorough reports.

3.2.6. Problems encountered

The researchers encountered common problems in their study. They all felt that they lacked sufficient time both to establish trust with sexually abused and sexually exploited children and to conduct in-depth interviews. Many of the researchers did not conduct interviews in the provinces with health-care providers, social workers and teachers owing to limited time and resources. They did, however, interview managers of organizations providing services to the target group.

In **Cambodia**, the presence of armed guards and brothel owners in some cases hampered the interview process, as the girls were afraid to speak out. Some researchers did not enter these brothels, themselves fearing the guards. The research team also felt that they had lost some interview information owing to the secretive procedure followed, which did not allow for the manual recording of information at the time of the interview.

In **China**, the issues of sexual abuse and sexual exploitation are very sensitive. It was thus necessary for the researchers to visit service providers once or twice to explain in detail the purpose of the project prior to conducting the interviews. In addition, as prostitution is illegal in China, it was difficult for the children to admit that they were involved in illegal activities. This made it difficult for the researchers to identify and approach the girls. To deal with these problems, the researchers spent a considerable amount of time observing the girls before approaching them, and treated them with a respectful attitude.

The teams in **the Lao People's Democratic Republic** had problems finding sexually exploited children, as they are highly mobile. In several instances, when the researchers went to find the children who had been referred to them by the child's friend, a police officer, or another key informant, they were sometimes told that the girl had moved on to another pub or restaurant located in a different province or district. At times, the pub owners would not co-operate with the researchers or the police who accompanied them because they were afraid of being arrested or they were annoyed that the researchers were taking too much of the girl's time from customers who were spending money at the pub. To deal with this problem, the researchers bought drinks and food while they were conducting interviews or making observations. Researchers suspected that the children might have been lying about or did not know their ages. This may have been because prostitution is illegal.

For the male researchers it was often difficult to ask the girls about their sexual health. Thus, the researchers would spend time drinking soda or beer with the girls in order to put them at their ease. Further, when asking about condom usage, if the researchers were posing as customers, the girls might not have told the researchers about their true condom use behaviour. This could be because they would be more likely to tell a prospective customer what they would want to hear about previous condom usage rather than divulge their actual behaviour.

In **Myanmar**, many of the brothels where girls were known to be working were located across the borders and the researchers had no access to them.

As the researchers had extensive networks in the field, and employed local health professionals known to the children, no problems were encountered in **Thailand**.

Sexual abuse cases were especially difficult to identify and interview in many of the countries. In **Viet Nam**, most of the sexually abused children identified from police records came from families which had not received satisfactory compensation or those threatened by the sex offenders. Thus, the sample of sexually abused children represented a specific group of children. For children involved in prostitution, the researchers felt that the data collected were not precise, as the children were not consistent on a number of points. However, the researchers tried to control this by rephrasing the questions. Researchers also found that giving children toys, candy and various gifts helped in gaining their trust and acquiring more accurate information.

4. RESEARCH FINDINGS

4.1. The Magnitude of Sexual Abuse and Sexual Exploitation of Children

There are no accurate data on the number of cases of sexually exploited and abused children and youth per year and the proportion of young people already affected in specific countries, but indications are that these are growing problems in all six countries.

Little research has been conducted to date on the sexual abuse of children and youth in the Greater Mekong Subregion. It is a sensitive issue and one that is not easily solved owing to a traditional reluctance to intervene directly with other people's family life. In many cases, young victims and their families, out of shame or fear of banishment, do not disclose the crime. In cases where sexual abuse is exposed, it is often not recorded as an agreement is made between the victim's parents and the offender, often with the involvement of officials. Many authorities on the subject report that the pressure on victims of sexual abuse to remain silent or to retract their stories is heavy, and threats of violence are not uncommon. Organizations that offer services to these children may have records of new cases that are reported to them. However, the data are largely documented in an unsystematic manner and reflect specific groups of victims. The police, for example, often only retain statistics on victims who could not settle their case with the abuser. The figures recorded by hospitals reflect the numbers of victims who suffer from severe physical or emotional problems and require treatment. Lastly, social welfare officers may only have statistics of young victims who need social welfare assistance. Thus, the actual number of sexual abuse cases is well in excess of the documented total.

Although the data available on sexual abuse and sexual exploitation of children and youth from service organizations are not comprehensive, they do show that a serious problem exists and that it is growing in magnitude.

The actual number of sexually exploited young people is also difficult to determine with accuracy because many of the sex establishments engaging children are concealed. Children working in the commercial sex sector in many of the countries of the subregion are known to lie about their true age and often have fake identity cards. Some estimates on the number of sexually exploited children in Cambodia and Thailand have been provided by organizations working with these children and are a major factor causing divisions between government authorities and NGOs in these countries. In Cambodia, a survey conducted by Human Rights Vigilance among 6,110 sex workers in Phnom Penh and 11 provinces showed that 31 per cent of the interviewed sex workers were children aged 12 to 17 years. The greatest number of sexually

exploited children were found in Phnom Penh and Battambang provinces, where they made up a third of the total. Proportionally, Takeo and Kompong Chhnang surpassed the other provinces, where sexually abused children made up 47.4 and 36.6 per cent of the totals respectively.

In Thailand, NGO figures of children involved in prostitution are as high as 800,000 while government figures put the number at 15,000. Government statistics on children in prostitution are percentages of the adult commercial sex workers. Figures on the latter are based primarily on information from venereal disease (VD) clinics or open commercial sex establishments, and thus those commercial sex workers who do not visit these clinics and those hidden away in closed commercial sex establishments, including many children in prostitution, are not included. Some health officers who treat sexually exploited children do not report the true figures from their surveys on child prostitutes as this may result in conflict with the police owing to the government policy to eradicate child prostitution. The provinces with the highest numbers of commercial sex workers are Bangkok Metropolis and the central region, followed by Chonburi (Pattaya), Songkhla (Hat Yai District), Phuket and Chiang Mai.

4.2. Causes of Sexual Exploitation of Children

No studies have been carried out on the factors that make children vulnerable to sexual abuse in the subregion. However, some studies exist, mainly in Cambodia, Thailand and Viet Nam, on the factors that influence the entry of children into commercial sex. In Cambodia, the social and economic crisis has created a large supply of young, undereducated and unaware girls, who seek employment to assist their families financially. Owing to the high demand for sex services in the country, young girls are forced or volunteer to sell their virginity for a high price and then continue to work as prostitutes. Boys who live on the street in urban centres have also been sexually exploited by paedophiles in recent years, but they are in far less demand than girls. With the rapid spread of HIV/AIDS throughout the region in the past decade, young girls have been in high demand in sex establishments as many believe that virgins are virus-free and, in the case of old men, that virgins can restore a man's virility.

In Thailand, poverty, community acceptance of the profession, low educational level and lack of skills among children, severe family problems, history of sexual abuse, materialism, and acquaintance with a commercial sex worker are contributing factors. The economic benefit accruing from prostitution has always enticed young people in Thailand. The Thailand study found that each time a prostitute goes out with her customer, she earns at least 500 baht for her sexual services. If she stays overnight with him, she makes B1,500, and the guide who brought the customer to her receives B200 to B300 commission. Salaries in other fields that require minimal education offer far lower wages. The highest minimum wage level in Thailand is - currently B162 per day. Many commercial sex workers hope to save money from their work in order to return home to start a family and invest in a small business such as a grocery store or a beauty salon. A recent study on boy prostitutes in Bangkok found that most boys enter prostitution between the ages of 12 and 18 years for monetary reasons, and in some cases, for the sexual experience. These boys live in groups and are often substance abusers of drugs and cigarettes. Sexually, they are known to be promiscuous.

In Viet Nam, cases of girl prostitutes are normally those of girls born in peasant families. Sometimes, a child will see prostitution as an easier way to earn money because it is higher paying than most other available jobs, and will enter the business of prostitution voluntarily. Because of the new market economy and the rapid economic and social changes in Viet Nam, it has been difficult for the state to stay current and in control of all the latest changes, including the business of trafficking and the prostitution of children and child sexual abuse.

4.3. Health Effects of Sexual Abuse and Sexual Exploitation

Commercial sexual exploitation and sexual abuse of children and youth result in several physical and psychosocial problems. The limited information available on the health aspects is concentrated on the direct effects of sexual experiences. However, equally important is information on the circumstances leading to the exploitation and abuse and the long-term and intergenerational effects. The direct effects of sexual exploitation and sexual abuse include injury resulting from accidents and physical abuse, pregnancy and STDs, as well as affective, personality and organic mental disorders. Medical doctors working in university hospitals in Thailand, where the majority of sexually abused cases in the country are referred for treatment, report that depression, withdrawal, fear and anxiety are the most common psychological reactions in the victims. Physical signs include vaginal discharge, painful genitalia and pregnancy, while some children have psychiatric problems, including running away from home, post-traumatic stress disorder and withdrawal.

Conditions in the workplace, working hours and the nature of the tasks involved and their consequences are the most obvious characteristics affecting children's physical health and development. The conditions under which children in prostitution live and work in many of the countries of the subregion are reportedly unhealthy and exploitative. In the 1994 survey by the Cambodia Women's Development Association conducted in Cambodia among 399 women and girl prostitutes, 13 per cent of the respondents, when asked about their problems, replied that they "live like animals". Other reports show that these sex workers must be available to serve clients 24 hours a day, whether they are in good or poor health (GAATW 1997). Receiving an average of 5 to 10 customers a day, children in prostitution are extremely vulnerable to STDs. Some common forms found in the countries of the subregion include gonorrhoea, syphilis, herpes simplex, urinary tract infections and polyps.

In Cambodia, Human Rights Vigilance reported that the physical health problems of the children in prostitution it surveyed in 1995 included skin irritations, discharges, warts and STDs. The organization sees HIV/AIDS as the biggest health threat to sex workers. Most sexually exploited children have never been educated about, or discussed, sex and do not know their own bodies. In many cases, they have no control over the behaviour of their clients. Moreover, many visit the pharmacy near the brothel for treatment of the disease as, for many of them, mobility is restricted and the cost of visiting a doctor is too high. Some simply have no access to medical care (GAATW, 1997). Girls will only visit a doctor when they are really ill, which in the end increases the expense as their health condition has deteriorated.

4.4. Legislation and Available Social and Health Services

Sexual abuse and sexual exploitation of children are considered crimes under the penal laws of all countries in the subregion and offenders are liable to imprisonment or a fine. Furthermore, all the countries are signatories to the Convention on the Rights of the Child and the majority have national committees on the rights of the child that facilitate the implementation of the laws and provisions of the Convention. With the legislative measures in place, the challenge for countries of the subregion appears to be with law enforcement. In many of the countries, however, these laws are relatively new and methods of law enforcement and judiciary procedures are still being developed. With few exceptions, the police and military in countries of the subregion do not implement laws that protect children from sexual crimes. Instead, in several cases they are actually engaged in the sexual abuse and sexual exploitation of children and youth. According to the UNICEF *The Trafficking and Prostitution of Children in - Cambodia: A Situation Report*, there is little doubt that law enforcement officials are involved in

practically every stage of the trafficking process (UNICEF 1995). Several locally powerful police and military personnel are known to be involved in both abduction rackets and the protection of establishments which offer the services of child prostitutes. Secondary data from the subregion also point to the fact that many officials and community members, including children, are not aware of these new laws or of the rights of children.

Many organizations are working to end the sexual exploitation and sexual abuse of children and youth in the countries of the subregion as well as to care for the victims of these crimes. The current research project on the health needs and services available to sexually abused and sexually exploited children and youth forms a contribution to these common goals. The few programmes that are in place in the countries of the subregion focus on sexually exploited children. Child rights groups and religious groups have raised fundamental questions regarding the causes, the exploiters and methods of recruitment, the effects on the children and appropriate interventions. They have intervened in communities to prevent more children from being recruited, and they have rescued and cared for those already trapped in the commercial sex industry. This focus has largely been translated into preventive and rehabilitation programmes that are often implemented on a trial and error basis.

5. Recommendations

The recommendations that follow are based on the findings from the research that was conducted in the six participating countries and from feedback received from the national HRD workshops for social and health care providers held upon the completion of the research. The workshops were intended both to disseminate the results from the research and to elicit input for formulating additional recommendations and developing the training curriculum and pilot projects. The recommendations are grouped under three levels of prevention: primary, secondary and tertiary. Specific recommendations are also made with regard to training and future research. More detailed country recommendations are contained in annex I.

Interventions at **the primary level of prevention** suggest programmes that will promote a safe and healthy environment in which all children and youth can grow without fear of sexual abuse and sexual exploitation. The main features of primary prevention include specific policies and laws, basic health, education and housing services, and the provision of information and education through a variety of channels. Policies and legislation can have a powerful impact on the conditions that promote healthy development in young people. It is important that such policies and laws be integrated, taking into account the many different sectors that affect the healthy development of children. The strength of basic health, education and housing services and the amount of appropriate attention they can give to children depend in large measure on national priorities as expressed through policies and legislation. The public, including children and youth, can be informed of issues related to sexual abuse and sexual exploitation of children and youth by means of one-way channels of communication, such as radio, television, live entertainment, newspapers, magazines, books, comics, cartoons, videos, films, cassettes, records, posters or pamphlets, or through two-way communication – in person, by telephone, or through an exchange of written messages. Interactive communication is especially powerful, since it permits people to ask questions and explore issues of special individual significance, ensuring that the information has a greater degree of personal relevance. Education not only provides information for children and youth but also nurtures intellectual as well as social and moral development. Education should not only include guidance on maturation, sexuality and relationships but also aim at enabling children to manage their own healthy destiny. The two

major vehicles for such education are the school system, which often provides formal training in sexual health education, and the family, the primary source of knowledge and habit formation for everyone. Other people who can play a significant role in providing education to children and youth are health workers, leaders of youth organizations, religious leaders, modern heroes of sport and entertainment and so on. For education to be a success, educators must be both knowledgeable and skilled at communicating with the public and the young, in particular. This means being able to listen sensitively and without condemning the individual.

The interventions at the **secondary level of prevention** are meant to identify vulnerable groups of children and reduce the risk of sexual abuse and sexual exploitation. Research, including that undertaken by ESCAP, has shown that some children and youth are more vulnerable than others to sexual abuse and sexual exploitation because of their individual, family or social circumstances. Programmes at this level of prevention therefore are typically grass-roots-oriented, relying on key institutions such as the family, school, church, village council, health centre, social or youth club, women's group, and so on, for initial identification and action. However, because many schools and communities are without an effective screening service, self-reporting and identification by family or community groups long after the sexual abuse and/or sexual exploitation has taken place is more common. Secondary prevention will only be effective if young people in need are reached early enough with sex education and life skills training to increase their resilience. In many countries in the subregion, children often do not know where to turn or what help can be provided. It is a major challenge to make services and service providers more accessible to the young. If public information on sexual abuse and sexual exploitation is readily available, in and out of school, and accurate, it is more likely that children will seek care when they need it. For this to work well in the long term, it requires a two-way process in which the local institutions identify and contact the children at risk of sexual abuse and sexual exploitation and, at the same time, the child is willing to trust, confide in and seek out those who can help him or her. People with the ability to listen well, who feel and show respect for the individual child, are more likely to attract children seeking help, whether they are in a professional setting or not.

Tertiary prevention aims to reduce harm or further damage to child victims of sexual abuse or sexual exploitation. The main focus is on compensatory services for those in fluid situations, treatment and (re)habilitation. A key element in tertiary prevention is the availability and accessibility of counselling, treatment and rehabilitation services for physical, mental and social problems. Treatment and rehabilitation can focus on the individual, family or community and can be carried out in an institutional setting or on an outreach basis. The approach that is selected depends on the careful examination of the child and his or her family and community. Complications can be prevented or cured much more easily if the child and his or her immediate family understand the problem and if those who provide the care are aware of the special needs and perceptions of sexually abused and sexually exploited children and their families. Services that treat such children and youth are largely in the health and social welfare sectors and have great variation. They are predominantly aimed at physical and social problems and, to a lesser extent, at problems of mental health. The few services available in the health and social sectors appear to be curative and stigmatizing respectively. Providing care early to prevent more chronic conditions is highly cost-effective. Furthermore, rehabilitation needs to be directed at the whole individual so that he or she is able to develop physically, psychologically and socially to the fullest extent possible. This requires good cooperation between the sectors, particularly between health, education and social services, and the involvement of community and non-governmental organizations. The efforts must be directed not only at the young person, but also at those who have contact with him or her, and this calls for retraining and awareness-training for health and social service personnel so that they are better equipped to help the child integrate into his or her

natural setting. When a prolonged stay in a hospital or rehabilitation institution is necessary, efforts must be made to maintain a normal environment as far as possible, including, for example, continued schooling, association with peers, recreation, and daily chores compatible with age and recovery, so as to help psychosocial and physical development and pave the way for a return to normality.

The Human Resources Development Section of ESCAP is aware of the challenges that the participating six countries of the subregion now face to turn their recommendations into action. It is also aware of the fact that governments in the respective countries must initiate such action. In its effort to further strengthen the capacity of government agencies and NGOs responsible for programmes targeting sexually abused and sexually exploited children and youth in the subregion, ESCAP has implemented the following activities.

- (a) Established a web site, which is available to countries in the Greater Mekong Subregion. The web site provides detailed information about the current situation of sexual abuse and sexual exploitation of children and youth in the countries of the subregion, legislation to protect children from sexual abuse and sexual exploitation, information on complementary activities under way in the context of the subregion and their relationship to other regional and international initiatives. It also includes a directory of organizations in countries of the subregion engaged in programmes to prevent or combat sexual abuse and sexual exploitation of children. The national coordinating organizations collaborating with ESCAP in this project will continue to serve as focal points for each participating country and will be responsible for providing information to the web site. Moreover, a video depicting the situation of sexually abused and sexually exploited children in the subregion has been developed and distributed to the participating countries to create more awareness of the phenomenon.
- (b) The conduct of a subregional course in September 2000 to provide training that will help social and health-care professionals in the subregion to deal with the needs and problems of sexually abused and sexually exploited children. The course will also address caregivers' needs and how to deal with them, as well as equip them with a child-centred approach in carrying out needs assessments, planning programmes, implementing, monitoring and evaluating programmes for sexually abused and sexually exploited children.

The above-mentioned activities that are being implemented by ESCAP will invariably strengthen exchange and collaboration within countries of the subregion to prevent sexual abuse and sexual exploitation of children and youth and facilitate the repatriation and reintegration of young people who have been trafficked within and across borders. It could also form the basis for exchange visits, joint research and investigation on both preventive and remedial approaches.

Finally, ESCAP is aware that the shortage or ineffective allocation of funds is one of the main obstacles to the delivery of services to sexually abused and sexually exploited children and youth. To this end, ESCAP will continue to work with governments and NGOs to stress the importance of the provision of health and social services to victims of sexual abuse and sexual exploitation. ESCAP will also work in partnership with governments and NGOs to implement follow-up projects targeting sexually abused and sexually exploited children and youth, and the conduct of national training courses on service provision.

The following recommendations are especially pertinent to government and non-governmental programmes in the six countries of the subregion participating in this research project. The

following abbreviations are used in the recommendations: primary prevention (PP), secondary prevention (SP), tertiary prevention (TP), research (R), and training (T).

A. CAMBODIA

Recommendations from the research

- (1) The quality and delivery of basic health and education services need to be improved in order that all citizens, particularly children, can access them, including those who live in rural areas (PP).
- (2) Existing laws to protect children from sexual abuse and sexual exploitation should be enforced by the police and other government officers in a smooth, open and coordinated manner. Sexually exploited children should be treated as victims and not criminals (PP).
- (3) Awareness-raising activities on the implications and consequences of sexual abuse and sexual exploitation of children should be conducted in high-risk communities. Networks, which exist to eliminate the sexual exploitation of children, should be strengthened (SP).
- (4) The activities in recommendation No. 3 should be combined with vocational training courses, revolving funds and employment to enable children as well as their parents to learn skills and have alternative sources of income (SP).
- (5) More centres should be established to provide shelter, medical care, counselling and skills training for sexually abused and sexually exploited children, particularly in those provinces in which these services do not currently exist and in those with high concentrations of children in prostitution (TP).
- (6) Innovative outreach services are needed to address the physical and psychological health needs of sexually exploited children (TP).
- (7) Sexually exploited children who are kept against their will in brothels should be released (TP).
- (8) Awareness-raising activities should be conducted to reduce societal discrimination against sexually abused and sexually exploited children (TP).
- (9) Law enforcers should be trained to change their attitudes and behaviour regarding sexually abused and sexually exploited children. Brothel owners should receive training in the prevention of STDs, including HIV/AIDS. Caregivers who work with sexually abused and sexually exploited children, and with vulnerable children in general, lack the skills required to provide them with appropriate psychological care. These staff members need to be trained to be able to identify the psychological needs of sexually abused and sexually exploited children, who are often traumatized children, as well as the skills to address those needs (T).
- (10) Both qualitative and quantitative studies should be conducted on the sexual abuse of children in Cambodia, as there is a lack of research in this field thus far. Children with disabilities should be included in the focus of the study (R).

**Additional recommendations from the
national HRD workshop held at Phnom Penh
from 2 to 4 June 1999**

- (11) Education and public awareness should be heightened with regard to HIV/AIDS (PP).
- (12) Collaboration between government organizations and NGOs working to assist sexually abused and sexually exploited children should be strengthened (SP).
- (13) A referral system, including medical care centres, counselling and psychosocial services, and skilled psychologists should be established to handle cases of sexually abused and sexually exploited children (TP).
- (14) Substance abuse problems among sexually exploited children should be addressed (TP).

B. YUNNAN PROVINCE (CHINA)

Recommendations from the research

- (1) Sex education should be included in the school curriculum, and public awareness of sexual issues, particularly sexual health, should be increased (PP).
- (2) Existing laws and regulations should be reinforced and fully implemented, while new legislation needs to be put in place to ensure the protection of the rights and interests of women, children and youth, particularly with regard to curbing the commercial sex trade, trafficking in women and children, pornography and other forms of sexual exploitation (PP).
- (3) Steps must be taken to promote sexual equality in both the social and the legal aspects (PP).
- (4) Knowledge of STDs and AIDS must be disseminated through various channels, in order to raise public awareness of these diseases. In particular, this information must be made available to those involved in the commercial sex trade, who are more difficult to access because of the covert nature of their work (SP).
- (5) Measures should be taken to help women, children and youth who have been involved in the commercial sex trade, or who are victims of sexual abuse, to increase their levels of self-esteem. Negative social attitudes towards these groups must also be addressed. Social workers and family members can also be trained to provide advice on relevant laws, as well as on sexual matters, in order to reach those women, children and youth who have not had access to government programmes (SP).
- (6) Community-based work must to be conducted as a means of assisting sexually exploited and sexually abused youth and children, and to prevent others from being involved (TP).
- (7) When designing community-based action, measures must be taken and implemented in relation to the situation prevailing in each area. For example, a profile of women's and children's social and economic development can be drawn up in an area where there is a considerable amount of trafficking in women, and comprehensive development projects based on these findings can be established. These development projects should incorporate programmes to enhance the protection of the rights and interests of women and children, programmes of education for female children, and promotion of fertility and health (TP).
- (8) Training programmes should be developed aimed at raising awareness of AIDS and STDs, and their prevention (TP).

- (9) More education is required on the legal and personal rights of women, in order to provide more women with knowledge of how laws can be used in circumstances where their personal rights have been violated, or are under threat. Legal assistance, psychological counselling and information on health must be provided for sexually abused women and children, to ensure that their personal rights will not be violated again (TP).
- (10) Community-based organizations should develop their capacity to prevent the trafficking of women and children (TP).
- (11) Close attention must be paid to saving and helping the most vulnerable groups of women, and to providing assistance, medical treatment, legal aid and psychological counselling to women, children and youth who have been rescued from situations of abuse and/or exploitation (TP).
- (12) Training courses to develop women's vocational skills must be provided, in order to equip them with the means to achieve a stable livelihood (TP).
- (13) Training courses should be provided for family members and social workers in communities with a high incidence of entry into the commercial sex trade. The trainees should be asked to raise awareness about legal matters, sexuality and health, as well as provide ideological counselling for those children and youth who have been involved, or are at risk of involvement, in commercial sex work (TP).
- (14) Information on sexual issues and sexual health should be made available in communities where cases of sexual abuse are common, in order to reduce the number of cases of sexual abuse (TP).
- (15) The sexually exploited and sexually abused children need assistance in reintegrating into their home communities and families to minimize personal trauma as much as possible, as well as developing life goals and resuming normal lives (TP).
- (16) The youth and children who are reluctant to return to their former careers after their release from the detention centre, or refuse to continue to engage in the pornographic trades should be given practical assistance in the areas of employment, study, training, marriage, housing and family relations, so that they will not be forced to go back to, or become trapped in, commercial sex work (T).
- (17) Girl prostitutes who go on with their careers should also be advised on how to protect themselves, so as to reduce the risk of contracting STDs; for those girl prostitutes who have been detained, the training programmes should incorporate sexual education, health education, training in technical skills, and education on legal issues (T).
- (18) More attention needs to be paid to the provision of psychological counselling for these groups (T).
- (19) Family education and marriage adjustment training should be conducted among the parents or husbands of these girl prostitutes so that they can enter a favourable family environment after their release from the detention centre (T).
- (20) The sexually exploited and sexually abused children need training courses which provide knowledge of hygiene and health, particularly basic knowledge of the spread and prevention of STDs and HIV/AIDS (T).

C. LAO PEOPLE'S DEMOCRATIC REPUBLIC

- (1) Existing laws relating to sexual abuse and sexual exploitation should be reviewed and improved to protect children more adequately, and public awareness should be raised among the general public on these laws. Additional laws to protect children should also be formulated, including those that prohibit children from entering entertainment establishments (PP).
- (2) Children, at high risk of sexual exploitation should be trained in appropriate vocations. Particular attention should be paid to juvenile delinquents, drop-outs and other marginalized children (SP).
- (3) The working conditions of factories, including garment factories, should be improved (SP).
- (4) A sex education curriculum should be developed and taught in schools with a specific component on sexual abuse and sexual exploitation (SP).
- (5) Parents should be actively involved in raising their children and decreasing their vulnerability to sexual abuse and sexual exploitation (SP).
- (6) Organizations should be established to provide services to sexually abused and sexually exploited children, including counselling, rehabilitation and medical services. Existing government health facilities should be upgraded to offer such services. These services should be accessible to sexually abused and sexually exploited children (TP).
- (7) Existing and potential care providers should be trained, in order to address the health needs of sexually abused and sexually exploited children effectively. Possible topics for training could include statistics collection techniques; counselling children on how to protect themselves; knowledge about medical, psychological and social health issues; treatment; and implementation of appropriate vocational education programmes for youth (TP).
- (8) Outreach programmes should be implemented to raise awareness among sexually exploited children on health issues, covering STDs, including HIV/AIDS; the dangers of substance abuse; and proper treatment from medical personnel, including gynaecologists (TP).
- (9) Sexually exploited children should receive vocational training and they should be assisted in the search for alternative forms of employment (TP).
- (10) Further research should be conducted on the physical and psychosocial needs of sexually exploited children as well as their specific health service needs, particularly in the provinces not covered by the study, such as those in the northern part of the country. Further studies should also target children of the many ethnic groups other than the Lao Loum. Sexually abused children and their health needs should also be researched. The research could be conducted with the collaboration of the Ministry of Labour and Social Welfare, the Ministry of Health and the Ministry of Interior. Half of the researchers should be women, as this research showed that sexually exploited children trusted women more than men (R).

**Additional recommendations from the
national HRD workshop held at Vientiane
from 4 to 6 May 1999**

- (11) Basic health care and medical services in the country, including clinics, hospitals, pharmacies and traditional health care, should be improved, particularly in areas outside the

Vientiane municipality. Some of these services should be established in all villages and districts (PP).

- (12) Child development centres and consultation centres should be established throughout the country (PP).
- (13) Public information campaigns on the health effects of substance abuse should be launched (PP).
- (14) Family members and members of the community of the sexually abused and sexually exploited children should be informed on how to assist them, as well as on the services available for such children, once they are developed (PP).

D. MYANMAR

- (1) Strict enforcement of the laws that exist to protect sexually abused and sexually exploited children should be strengthened through the joint efforts of governmental and non-governmental organizations. Some laws should be further elaborated in line with the Convention on the Rights of the Child (PP).
- (2) The quality and accessibility of educational and health-care services in Myanmar should be improved, particularly in rural and remote areas (PP).
- (3) Public awareness should be heightened concerning the Convention and its implications, particularly among children (PP).
- (4) The delivery of health education should be enhanced, particularly at the village level, so that positive behavioural changes occur in addition to increased knowledge of health topics, such as personal hygiene, nutrition, reproductive health and HIV/AIDS (PP).
- (5) Families should be strengthened through increased economic and social service support, particularly those in high-risk communities (SP).
- (6) Rehabilitation centres for sexually abused and sexually exploited children should be established throughout the country. Existing health services for these children should be widely publicized (TP).
- (7) The number of health-care facilities, including hospitals, clinics and public health care centres, should be increased and made accessible to sexually abused and sexually exploited children (TP).
- (8) Awareness and understanding of the health risks of unsafe sexual relations and substance abuse should be promoted among sexually exploited children, their customers and the owners of sexual establishments, particularly in relation to the transmission of HIV/AIDS and STDs (TP).

Additional recommendations from the national HRD workshop held at Yangon from 7 to 9 April 1999

- (9) Recreational facilities for children, including playgrounds, should be built (SP).
- (10) Children in high-risk communities should be provided with the resources and training needed to earn sufficient income (SP).

- (11) Sexual abuse should be discussed (SP).
- (12) Foster parent programmes should be expanded for sexually abused and sexually exploited children (SP).
- (13) In addition to the need for establishing rehabilitation centres for sexually abused and sexually exploited children, existing institutional services and community-based services need to be improved (TP).
- (14) The number of health facilities that conduct HIV/AIDS testing should be increased, and existing services should be strengthened (TP).
- (15) The quantitative and qualitative data collection skills of social workers should be developed in order to facilitate research on sexually abused and sexually exploited children (R).

E. THAILAND

- (1) The Prevention and Suppression of Prostitution Act, BE 2539 (1996), should be enforced (PP).
- (2) The law regarding the closing hours of entertainment establishments and those which bar the entry of children to them should be enforced (PP).
- (3) The number of entertainment establishments should be reduced and the remaining ones should be contained in one area (PP).
- (4) Support for children at high risk of sexual abuse and sexual exploitation should be provided so that they can continue their education. This should be combined with appropriate vocational training between Grades 6 and 9 (SP).
- (5) Recommendation (4) should be coupled with support for the children's parents in the form of income-generation activities for poor families (SP).
- (6) Special care should be provided to street children, including the provision of accommodation and food. The Homes should be open, allowing children to seek assistance but also giving them the freedom to stay or leave (SP).
- (7) Members of the community, especially parents should be informed about the frequency at which sexual abuse and sexual exploitation occurs; they should try to ensure that their baby-sitters are not sexual abusers. Parents and other community members should be made aware of the physical and psychosocial impact of sexual abuse. They should be able to detect the need for rehabilitation in order to help their children and they should know whom to contact regarding cases of sexual abuse and sexual exploitation (SP).
- (8) Parents and communities should be educated regarding the exploitation and health risks involved with prostitution, including HIV/AIDS (SP).
- (9) Sports centres should be established and children should be encouraged to spend their free time playing. The centres should be equipped with adequate facilities and equipment (SP).
- (10) Teachers should be trained in how to handle cases of sexual abuse and sexual exploitation and should be informed of the services available to treat sexually abused and sexually exploited children in the country (SP).

- (11) More centres and homes providing services for sexually abused and sexually exploited children, particularly in the area of rehabilitation, should be established in the country (TP).
- (12) Caregivers who work with sexually abused and sexually exploited children should receive further training in how to treat the psychosocial problems of such cases (TP).
- (13) Services for sexually abused and sexually exploited children should be improved, especially with regard to rehabilitation (TP).
- (14) Male sexually abused and sexually exploited children should be targeted for physical and psychosocial care (TP).
- (15) Follow-up programmes should be implemented for sexually abused and sexually exploited children who have been discharged from centres, homes and hospitals (TP).
- (16) Rehabilitation programmes should be developed and implemented for sexual offenders (TP).
- (17) The reporting of cases of sexual abuse should be improved (TP).
- (18) The legal process for sexually abused children should be improved and shortened in length (TP).
- (19) An active network should be established in all large cities and towns to assist with cases of sexual abuse. The work of organizations that serve sexually abused and sexually exploited children should be advertised so that community members are aware of their work (TP).

F. VIET NAM

- (1) The Government should formulate a specific and comprehensive national policy to prevent and combat sexual abuse and sexual exploitation of children. Such a policy should also be translated into concrete programmes (PP).
- (2) To better meet the needs of sexually abused and sexually exploited children, public education and advocacy programmes about relevant laws, the rights of children, sexual abuse and sexual exploitation should be developed to encourage children and families to report instances of sexual abuse and exploitation. Such education campaigns and advocacy programmes should also be implemented in remote and border areas and, where applicable, information, education and communication material should be developed in the languages of minority ethnic groups. Furthermore, campaign messages should be developed for the different information channels to ensure that a wide range of the population is reached (PP).
- (3) Sexual and reproductive health education should be incorporated in the school curriculum. Both children and care providers must be aware of these issues in order to prevent the occurrence of sexual abuse and sexual exploitation of children (PP).
- (4) Articles in the Penal Law need to be reviewed. The different components of these crimes need to be specified more accurately, and the punishment should be made proportional to the severity of these crimes. In fact, there should be harsher penalties for the sexual abuse and sexual exploitation of children. In particular, more severe punishments should be stipulated by articles 113, 113a and 114, up to and including life imprisonment. In addition, the existing laws should be better enforced, and the capacity of the organizations that implement these laws should also be strengthened. Finally, an ordinance on the prevention of prostitution should be drafted and promulgated (PP).

- (5) Families and children at risk should have access to vocational training courses, revolving microfinance funds and employment to enable them to learn employable skills and earn an income (SP).
- (6) Sexually exploited children who are kept against their will in brothels should be rescued. The study indicated that the large majority of sexually exploited children were forced into prostitution and wished to leave the brothel to receive training in vocational and business skills. As a result, brothels that keep children against their will should be raided. The children rescued by these raids should be rehabilitated and reintegrated into their families and communities (TP).
- (7) More centres should be established to provide comprehensive care to sexually exploited and sexually abused children, including medical and psychosocial care, particularly in those provinces in which these services do not currently exist and in those with a high concentration of children in prostitution. To facilitate this, existing networks should be strengthened, activities should be coordinated and information should be exchanged. Finally, these services should be provided free of charge (TP).
- (8) Sexually abused and sexually exploited children should be assisted in being fully reintegrated into their communities (TP).
- (9) Caregivers who work with sexually abused and sexually exploited children and with other categories of vulnerable children need to be trained and equipped with the proper skills to be able to identify the needs of these children (T).
- (10) Quantitative research should be carried out to identify the root causes of sexual abuse and sexual exploitation. Additional research on related legal measures is also necessary in order to combat these causes (R).
- (11) There should be additional exchanges and substantive collaboration between Viet Nam and other countries, especially those in the Greater Mekong Subregion, in order to prevent the sexual exploitation of children (subregional exchange).
- (12) The relevant government agencies in Viet Nam, including the Ministry of Labour, Invalids and Social Affairs and the Ministry of Foreign Affairs, should actively seek to participate in regional seminars sponsored by international organizations for the countries in the Greater Mekong Subregion (subregional exchange).

**Additional recommendations from the
national HRD workshop held at Hanoi
from 11 to 13 May 1999**

- (13) Vocational training and job-placement services should be provided to school drop-outs (SP).
- (14) High-risk groups, such as street children, children from big families and children working or living close to seaside resorts, should be protected from sexual abuse and sexual exploitation (SP).
- (15) Specialized agencies dealing with the legal issues of sexually abused and sexually exploited children should be established and should work closely with the police (TP).

- (16) Because a high percentage of sexually abused children become sexually exploited children, it is important to break this cycle of abuse and exploitation by providing timely treatment to sexually abused children (TP).
- (17) Schooling should be provided for sexually abused and sexually exploited children (TP).
- (18) Psychosocial counselling services should be provided for sexually abused and sexually exploited children and their families. These services should be provided not only in urban areas but also in rural areas and at the grass-roots level (TP).
- (19) Care providers should be properly trained in child development, child psychology and child health, with a particular emphasis on working with sexually abused and sexually exploited children, so that these care providers may be able to meet the psychosocial and medical needs of such children (T).
- (20) Research institutes should be established that would collect and analyse statistics on sexually abused and sexually exploited children in order to provide policy recommendations for the government. These research institutes and other qualified organizations should conduct research in those provinces of Viet Nam that have not been covered by the current report. Furthermore, these institutes and organizations should conduct research on children who have been sexually abused and sold into prostitution by their parents or close relatives and/or children who have been sexually exploited over a long period of time (R).