Psycho-Social Rehabilitation of Children Withdrawn from Trafficking and Other Worst Forms of Child Labour

International Labour Organization

PSYCHO-SOCIAL REHABILITATION OF CHILDREN WITHDRAWN FROM TRAFFICKING AND OTHER WORST FORMS OF CHILD LABOUR

Based on the experience of organizations in Central and Eastern Europe

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Foreword

All over the world, children are being forced to undertake work, which damages them psychologically and physically and deprives them of their childhood. Child labour is work carried out to the detriment and endangerment of the child, in violation of international law and national legislation. It includes work and activities that are mentally, physically and socially dangerous or morally harmful to children. It is work that either deprives them of schooling or requires them to assume the multiple burden of schooling and work.

The International Programme on the Elimination of Child Labour (IPEC) was established in 1992 as a specialized programme of the International Labour Organization (ILO) to raise awareness of child labour and strengthen national capacities to combat it. ILO-IPEC focuses on the prevention of child labour, as well as the removal and rehabilitation of children involved in the Worst Forms of Child Labour (WFCL). This is achieved through the simultaneous implementation of short-, medium- and long-term measures, taking into account the specific context within each country.

These measures include country-based programmes which promote policy reform; building institutional capacity and putting in place tangible measures to end child labour; awareness-raising and social mobilization aimed at changing attitudes; and promoting the ratification and effective implementation of ILO child labour conventions. Complementary to this direct action has been substantial in-depth statistical and qualitative research, policy and legal analysis, programme evaluation and child labour monitoring. Together, these have contributed to the accumulation of a vast knowledge base of statistical data and methodologies, thematic studies, good practices, guidelines and training materials. ILO-IPEC's approach to the elimination of child labour has evolved as a result of experience gained with its partners, and with the children themselves.

The present manual is an example of collaborative effort between organizations and resource persons directly involved in the psycho-social rehabilitation of children withdrawn from trafficking and other worst forms of child labour in Bulgaria, Moldova, Romania and Ukraine. We hope it offers an in-depth understanding of the WFCL, and of the psychosocial methodologies for the rehabilitation of the child withdrawn from them.

Having assimilated the contents of this manual, the professional / paraprofessional should be able to a/understand child labour, its legal framework and its inherent dynamics, b/identify risk and protective factors associated with WFCL, c/together with the case management team, make a psychosocial assessment of the emotional, cognitive and behaviour problems of a child withdrawn from the WFCL, d/design a plan of services with appropriate referral as part of the Child Labour Monitoring System, e/conduct and monitor activities with the child and implement sustainable solutions for the child and his/her family.

Several points need to be highlighted:

- Not all forms of child labour are psychologically traumatic, and hence some child labourers may not seem to be in need of psychological rehabilitation. However, the proposed psychosocial approach to rehabilitation allows professionals a/to create a space for dialogue with the child and his/her parents and ensure a meaningful child participation, b/to target the beliefs and behaviours of children and of their parents that contribute to child labour, c/to design and implement individualised rehabilitation plans tailored to the specific needs of the child. This approach is consequently recommended, irrespective of the level of the trauma suffered by the child labourer.

- There is a recurrent and vital theme running through this document, i.e. the need to take into account the child's participation into his/her own rehabilitation process, and their views in the design, implementation and evaluation stages of the activities. Child participation is the cornerstone of all successful rehabilitation processes.

- Most activities proposed in the manual can be undertaken by professionals (social workers, NGO workers, etc.). However some activities should be implemented only by trained counsellors / clinical psychologists. These activities are clearly marked as such in the manual.

The information provided in this manual covers a wide number of issues and reflects the state of knowledge on the subject in 2007. The authors anticipate that it will generate comments, debate and hopefully some updates in the years to come, as part of the inter-institutional knowledge management process on issues related to the rehabilitation of children withdrawn from the Worst Forms of Child labour.

In particular, we envisage the creation of a 'toolkit' containing practical exercises to be conducted with a child withdrawn from WFCL. Training curriculum based on the present manual would also need to be designed and tested. Likewise, any emerging good practices should also be documented, shared, validated and disseminated. A website will soon be proposed by IPEC for relevant organizations in the region to share lessons learnt. It is anticipated that Standard Operating Procedures (describing the minimum services the child is entitled to) will be finalized in the four countries. We hope that more organizations from other countries will also join in the process and contribute to this work.

Finally, the authors are convinced that a strong and horizontal knowledge management process is a *sine qua non* for continuing to provide quality services to children who have been withdrawn from Trafficking and other Worst Forms of Child Labour. We hope that this manual will prove a significant step in that process.

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- *Creating a Healing Environment, Proceedings and Technical Papers*, IPEC Trafficking in Children South Asia (TICSA), 2002.
- *Understanding children's vulnerability to labour exploitation*. A practical intervention model, aimed at preventing the involvement in worst forms of labour of girls and boys at high risk of labour exploitation, CPE-ILO-IPEC (draft).
- *Handbook for action-oriented research on the worst forms of child labour including trafficking in children.* Bangkok: Regional Working Group on Child Labour in Asia (RWG-CL), 2003.
- *Trauma and Psychosocial Assistance*. A Handbook based on the experience of Georgian NGOs. Sarjveladze, N., Beberashvili, Z., Javakhishvili, D., Makhashvili, N., Sarjveladze, N., Kharashvili, J., 2001.
- *Psychosocial rehabilitation of refugee and IDP children*, A Handbook based on the experience of Azerbaijanian NGOs. Akhundov, N. 2001.

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Table of Contents

Abbreviations and Acronyms

CCC	Community Consultative Councils
CLMS	Child Labour Monitoring System
CM	Case Management
CL	Child Labour
CLU	Child Labour Unit
CPD	Child Protection Department
EU	European Union
ILO-IPEC	International Labour Organization — International Programme on the Elimination of Child Labour
LACs	Local Action Committees
MDTs	Multidisciplinary Teams
NAPCR	National Authority for the Protection of Child Rights
NGOs	Non-Governmental Organizations
NSC	National Steering Committee for the Elimination of Child Labour
OSCE	Organization for Security and Co-operation in Europe
PROTECT CEE	PROject of Technical assistance against labour and sexual Exploitation of Children, including Trafficking, in countries of Central and Eastern Europe
PTSD	Post Traumatic Stress Disorder
UN	United Nations
UNICEF	United Nations Children's Fund
WFCL	Worst Forms of Child Labour

Introduction

In Central and Eastern Europe, many children from poor families have become more vulnerable to child labour after the transition to market economies, or political and economic crises in the region. With poverty increasing and education falling by the wayside, families often see children as a source of income, a solution to deprivation.

PROTECT CEE (Project of technical assistance against the labour and sexual exploitation of children, including trafficking, in countries of Central and Eastern Europe) is the programming framework of ILO-IPEC in the sub-region. It covers Albania, Bulgaria, Moldova, Romania, Ukraine and the UN-administered province of Kosovo[1]

Each of the participating countries (Bulgaria, Moldova, Romania, Ukraine) has ratified the two key ILO conventions related to child labour: the Minimum Age Convention (1973) No. 138 and the Worst Forms of Child Labour Convention (1999) No. 182. They are therefore committed to taking immediate measures to prohibit and eliminate the worst forms of child labour, including trafficking of children, and to working towards the complete elimination of child labour. Moreover, all have signed memoranda of understanding on technical cooperation with ILO-IPEC.

The ILO IPEC Specialized Training Manual on Psychosocial Counselling for Trafficked Youth and its related documents[2] were shared with selected organizations involved in child protection issues in the region. The training package was adapted by: a/taking into account Eastern European specificities; b/the inclusion of Worst Forms of Child Labour other than trafficking. Training seminars were carried out for practitioners of these organisations, and of collaborative institutions/organizations. The trainees then pilot tested the contents as part of IPEC's Direct Action Programmes. Their experiences then enabled them to design national level manuals in Bulgaria, Moldova, Romania and Ukraine. Those four manuals were consolidated into this volume.

The manual is structured as follows:

Chapter one describes the international and regional legal framework for the Worst Forms of Child Labour. A table is also annexed with the relevant national laws in the four countries. The chapter also includes a description of the Child Labour Monitoring System, the institutional infrastructure that strives for the elimination of child labour in the region, with techniques for case management.

Chapter two offers a more detailed understanding of child labour, including the risks and protection factors that contribute to its incidence, as well as the consequences of child labour. It also describes the process through which children involved in the Worst Forms of Child Labour are identified.

Chapter three describes the six stages of child rehabilitation including 1/establishing a rapport with the child; 2/assessing needs, resources and capacity; 3/designing a plan of activities 4/facilitating the change 5/ensuring continuous assessment; 6/closing the case.

Many aspects of this manual merit lengthier explanations — notably on issues related to the empowerment of children and their families. However, the authors aimed for a reasonable number of pages, to ensure practical readability. A bibliography of key related documents is included, to allow the reader to gain more knowledge on a range specific issues, as appropriate/required. The reader should also feel free to contact national IPEC offices (addresses are provided on the back cover).

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1 For brevity in this document, the UN-administered province of Kosovo is hereafter refered to as 'Kosovo', and as one of the participating 'countries'. This does not imply any opinion of the ILO on the future status of the Province.

2 IPEC Trafficking in Children South Asia (TICSA), Creating a Healing Environment, Proceedings and Technical Papers, 2002.

Chapter 1

Legal and institutional frameworks for the rehabilitation of children withdrawn from the Worst Forms of Child Labour

I The Worst Forms of Child Labour as per international and regional legal instruments

The ILO C182 Worst Forms of Child Labour Convention, 1999 complements the ILO C138 Minimum Age Convention, 1973 that stipulates international standards for the establishment of national definitions of the minimum age for employment. ILO Convention No.182 defines the **Worst Forms of Child Labour** (WFCL) as:

> "(a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
> (b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performance;
> (c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
> (d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children."

The first three categories are referred to as **unconditional forms of child labour.** The fourth category — hazardous works — is to be further defined at national level. The Worst Forms of Child Labour Recommendation, 1999 further recommends countries to include the following items in their lists of Hazardous Works prohibited to children (Article 3):

- "work which exposes children to physical, psychological or sexual abuse;
- work underground, under water, at dangerous heights or in confined spaces;
- work with dangerous machinery, equipment and tools, or which involves the manual handling or transport of heavy loads;
- work in an unhealthy environment which may, for example, expose children to hazardous substances, agents or processes, or to temperatures, noise levels, or vibrations damaging to their health;
- work under particularly difficult conditions such as work for long hours or during the night or work where the child is unreasonably confined to the premises of the employer."

The **UN Convention on the Rights of the Child (1989)** also includes an article against child economic exploitation.

> "Article 32
> 1. States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.
> 2. States Parties shall take legislative, administrative, social and educational measures to ensure the implementation of the present article. To this end, and having regard to the relevant provisions of other international instruments, States Parties shall in particular: (a) Provide for a minimum age or minimum ages for admission to employment;
> (b) Provide for appropriate regulation of the hours and conditions of employment;
> (c) Provide for appropriate penalties or other sanctions to ensure the effective enforcement of the present article."

It also offers important articles that complement Convention 182 on aspects related to labour exploitation. Having ratified this Convention, Romania, Ukraine, Moldova and Bulgaria undertook the responsibility to provide children with education, to protect children against all forms of sexual violence and exploitation and to prevent kidnapping and child trafficking. The UN Convention on the Rights of the Child **Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography** further stipulates the obligation of state parties, including Bulgaria, Romania and Ukraine, to criminalize a/sexual exploitation of the child, b/ transfer of organs of the child for profit, c/ the engagement of the child in forced labour; and to protect the rights of the child victims. Article 2 provides the following definitions:

> 2a: Sale of children means any act or transaction whereby a child is transferred by any person, or group of persons, for remuneration or any other consideration.
> 2b: Child prostitution means the use of a child in sexual activities for remuneration or any other form of consideration
> 2c: Child pornography means any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.

Article 3(a) of the **UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children to the Convention against Transnational Organized Crime** (hereinafter the Palermo Protocol) defines trafficking as:

> "… the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or by means of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation."

The Protocol also points out that, as far as children are concerned, "recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set forth in the definition". It means that coercion does not need to be proved in a court of law to define child trafficking, and that the possible agreement of the child to being trafficked is irrelevant to identify his/her case as one of trafficking. It further defines exploitation as including "forced labour or services, slavery or practices similar to slavery [or] servitude". However, neither the Palermo Protocol, nor Convention 182, includes trafficking for purpose of adoption or organ transfer.

Some EU instruments related to the Worst Forms of Child Labour are binding for member states (including Romania and Bulgaria). They include:

1. The EU **Council Directive of 22 June 1994 on the protection of young people at work.** It sets the minimum employment age at 15 (14 in some exceptional conditions) and gives provisions for working time, rest, holidays, breaks, in line with the **ILO Minimum Age Convention, 1973**. The only differences reside in the fact that a/the Council Directive applies only to the formal economy; b/it lists hazardous works to be prohibited for children.

2. The EU **Council Framework Decision of 19 July 2002 on Combating Trafficking in Human Beings**. Its definition of Trafficking is consistent with that of the Palermo Protocol. It gives member states the responsibility to punish trafficking in human beings with "effective, proportionate, and dissuasive criminal penalties" (Article 3). Further, legal persons shall be liable (article 4), provisions are included to resolve possible conflicts of jurisdiction (Article 6), the testimony of the victim shall not be a sine qua non condition for prosecution and children shall receive appropriate assistance because of their special vulnerability (Article 7).

3. Under the EU **Council Framework Decision of 22 December 2003 on combating the sexual exploitation of children and child pornography**, child pornography is defined as materials that visually depict children (or persons appearing to be a child, or computerized generated images of children) either involved in a sexually / lascivious conduct and/or showing their genitals / pubic area (Article 1). Both children and exploiters (either legal persons or individuals) shall be prosecuted as per the Decision (Article 2 and 6). The production, distribution, acquisition and possession of child pornography shall be criminalized (Article 3). Convicted persons shall be at least temporarily prevented to exercise a professional activity with children (Article 5). Provisions are included to resolve possible conflicts of jurisdiction (Article 8). The testimony of the victim shall not be a condition for prosecution and children shall receive appropriate assistance because of their special vulnerability (Article 9).

The **Council of Europe Convention on Action against Trafficking in Human Beings** (2005) promotes a human rights-based approach to prevention work, protection of victims, and international cooperation (as opposed to the primarily criminal orientation of the Palermo Protocol). As per the Convention's detailed provisions, identification of victims shall take place as part of an inter-institutional process (as suggested in later chapters of this manual). The victim shall be presumed a child pending verification of his/her age. Victims should be granted temporary residence status and assistance (including translation, legal counselling and education for the child) until the investigation is completed. The victim's privacy and identity shall be protected. A recovery and reflection period of at least 30 days shall be granted to the potential victim before s/he decides whether to collaborate with the investigation. Victims shall have a right of compensation. Return of victims shall take place in conditions of safety, dignity and with due regard for their rights. Child victims shall not be returned if there is an indication that it is not in their best interest. The convention is currently applicable in Romania and in Moldova.

A table with related national legal frameworks is annexed (Appendix 4).

II Institutional framework for the elimination of the Worst Forms of Child Labour: Child Labour Monitoring System (CLMS) and Case Management

The present chapter describes shortly the general characteristics of the CLMS and case management systems in Bulgaria, Moldova, Romania and Ukraine. The reader should note that more detailed manuals are available for each country's CLMS, at the respective IPEC offices (see contact numbers on the back cover).

Child Labour Monitoring System

Child Labour Monitoring (CLM) is an integrated effort by institutions and organizations involved in the identification, withdrawal and protection of children involved in the WFCL. It incorporates and assigns to these institutions/organisations a specific role in the monitoring system, based on their mandates and capacities to assess, withdraw and follow-up child labourers and to contribute to policy formulation.

The aim of Child Labour Monitoring is to ensure that all children will be protected against labour and sexual exploitation. The CLM system is implemented while keeping in mind the best interests of the child as its ultimate principle: no policy, institutional or personal consideration should be prioritized over the best interest of the individual child for whom the CLM is working.

The CLMS can also be used for prevention activities with a focus on:

- **primary prevention** (activities targeting all children, usually awareness-raising);
- **secondary prevention** (activities focusing an children who have been identified as being at special risk of involvement in WFCL, according to a set of established criteria (see table nr. 3. Risk and protective factors for WFCL in the region);
- **rehabilitation / tertiary prevention** (activities focusing on children who have been withdrawn from the WFCL and who need to be prevented from re-entering WFCL).

Monitoring child labour involves:

1. the identification of children at risk / involved in the Worst Forms of Child Labour,
   - at the places where they work, with special focus on the risks they are exposed to,
   - at school — with a review of their attendance and performance,
   - in their families and communities;
2. immediately withdrawing children from unconditional forms of child labour; withdrawing them from hazardous work, possibly by first reducing the risks they are exposed to (as a temporary measure).
3. providing an integrated package of services for their rehabilitation (with a pre-agreed system of inter-institutional referral);
4. tracking the progress of the child even after the completion of their rehabilitation package;
5. using information learned through this process for policy formulation.

The aim of child labour monitoring is to ensure that all children and young people who work will be protected against WFCL, either on the formal or the informal market.

In **Romania,** the qualitative and quantitative information collected at the local level is submitted through periodical reports to the **National Steering Committee for the Elimination of Child Labour**. In turn, the Committee reports annually to the **Ministry of Labour** on the worst forms of child labour. The reports include recommendations for strategies, policies and programs. In this way, possible changes in the legal and policy framework are based on field data/experience.

General structure of the CLMS

The CLMS is co-ordinated at policy level by a National Steering Committee. It is composed of relevant institutions, social partners and other organizations, that direct policy on issues related to the elimination of child labour, monitor related activities and draft the report to the ILO on the implementation of Convention 182, based on data provided by the CLMS. The NSC is supported by a Child Labour Unit, within a relevant institution, which acts as a secretariat for the committee and a focal point on all child labour-related issues in the country. In the regions / counties / oblasts, Local Action Committees (LACs) are formed to supervise the CLMS at regional level and to make key decisions related to the withdrawal / rehabilitation of the child. They are assisted by Multi-Disciplinary Teams (MDTs) that monitor the situation in the field. In Romania, local Community Consultative Councils reinforce the outreach of the MDTs.

Role of Multi-Disciplinary Teams[3]

Child labour monitoring involves several social actors in activities that provide access to the working child a/in his/her working environment, b/at school, and c/in his/her family/community. These actors are gathered within a Multidisciplinary team (MDT)[4] that includes specialists from the social field with training in child's rights protection, as follows:

- social assistants;
- psychologists;
- police;

[3] ILO - IPEC in Moldova, *Guidelines for Child Labour Monitoring*, 2006

[4] Monitoring visits will be undertaken by MDTs jointly with employers, trades unionists, priests, parents' groups, young persons, women, media, children, etc.

- lawyers;
- labour inspectors;
- medical practitioners;
- teachers;
- child protection specialists;
- NGOs representatives;
- peer educators.

Table nr. 1. Multidisciplinary Teams Membership and Responsibilities in Moldova

Specialist	Duties
Lawyer	• Legal advice • Legal evaluation of the case • Primary intervention/ issue of legal documents • Notification of the competent authorities • Support for legal bodies in the process of identification and establishment of circumstances of the case • Victim assistance in court • Monitoring of the case
Social Assistant	• Identification of the victim or the child at risk • Primary assessment • Assessment of the social network of the victim or the child at risk • Establishment of the needs and competences of the child • Intervention plan development • Psychosocial investigation • Notification of the competent authorities • Placement of the victim in a safe environment • Case monitoring
Health worker (pediatrician, family doctor, nurse, etc)	• Promotion of the rights of the child to health and health assistance • Measures to prevent infectious disease • First aid and health assistance, as necessary • Rehabilitation of the health condition of the child in difficulty • Assessment of records of socially-vulnerable families, evaluation of their situation • Involvement of the school health worker and /or family doctor in monitoring the health condition of working children (possibly cases of child labour) • Referral to competent authorities
Psychologist or teacher (in schools where there is no psychologist)	• Initial assessment • Psychological and educational assessment (only the psychologist) • Preventive measures (seminars, counselling, training courses, discussions) • Assessment of family situation and parental attitude • Participation in development of intervention plan • Psychological counselling of the child and the family (only the psychologist) • Management of victim-rehabilitation activities and re-socialization process • Psychological preparation of the victim for the lawsuit, and assistance in court if necessary

Specialist	Duties
Police Officer	• Preventive measures • Identification of cases • Communication with members of MDTs • Case investigation • Physical protection of the victim during the criminal procedure • Administrative file preparation/ carrying out criminal investigation • Transmission of materials to the competent bodies (according to Appendix 3) • Case monitoring
Teacher	• Identification of school abandonment/ non-attendance cases • Individual discussions • Work with legal representatives (parents, guardians, custodians) • Individual, school-based activities plan • Moral support • Tutoring • Home visits • Involvement in extracurricular activities (creation centres) • Motivation of children by granting them diplomas, etc.
Labour Inspection	• State supervision of the observance of labour legislation by enterprises from the formal sector and employers-individuals: - identification of child labour cases - awareness-raising among employers on the hazards children might face in the workplace, and the related offences - notification of the competent authorities (according to Appendix 3) - documenting infringements of law, establishing the administrative contraventions • Awareness-raising among employers and employees to facilitate compliance with labour legislation and occupational health and safety requirements • Registration of monitoring and administrative files • Case examination and application of administrative sanctions (fines) • Withdrawal of child from hazardous situation • Monitoring of workplace to ensure observance of recommendations proposed (tracking of cases)
Representative of the Local Public Administration (child protection specialist)	• Identification of WFCL, including child trafficking • Guardianship and custodial authority: supervision of the activity of guardians and custodians • Organization and supervision of social protection and social assistance measures • Coordination of child social assistance activities • Support and supervision of the activities of non-governmental organisations in the area • Assistance in the implementation of programs on using labour force and creating new work places • Identification of violations of legislation by individuals and legal entities within the area and taking measures to prevent recurrence of such infringements • Building partnerships between public and civil society organizations that provide services to children

Specialist	Duties
	• Support for law enforcement bodies • Correlation of police activity with that of state and non-governmental organizations to prevent offences, maintain public order, and ensure security, protection of human rights • Report on WFCL (including trafficking issues) to the NSC on the Elimination of Child Labour and National Committee for Combating Trafficking of Human Beings • Provision of inputs for policy and legislation improvement • Follow-up on policy and legislative changes
Peer Educator	• Organization of prevention activities: - information sessions on WFCL (including trafficking) for children, teenagers, parents and school staff - extra-curricular activities for children and teenagers at community Youth Centres • Identification and reporting on child labour cases to the MDTs • Participation in outreach activities, including family visits and child workplaces • Participation in local MDTs meetings • Provision of emotional support to children and their families

There are several common characteristics of the CLMSs in Central and Eastern Europe:

- ***Targeting the informal sector*** - The multi-disciplinary approach of the CLMS allow institutions to target child labour in a comprehensive way, beyond their fragmented mandates; e.g. if a Labour Inspector is not mandated to inspect the informal economy, s/he can nevertheless contribute technical expertise on a field monitoring visit together with a policeman and/or a social worker.
- ***Outreach —*** There are comparatively less child labourers in this part of the world than on other continents. Consequently it is more difficult to reach out to them because they may be quite scattered (in rural areas) or mobile (street children / trafficking). It is therefore important to look for ways to reinforce this outreach (e.g. by telephone hotlines or by ensuring that participants in LACs act as focal points within their own organizations for the timely identification of child labourers: their colleagues should also be involved and coordinate with them).
- ***Child Protection*** — child protection institutions and mechanisms are better developed in Central and Eastern Europe than in many other parts of the world. The CLMS, as a comprehensive system of referral and rehabilitation, may well be open to other issues related to child protection (such as domestic violence) that also require a multi-disciplinary approach.
- ***Standardisation of services*** — The package of services provided to the child is based on an individual assessment of his/her needs and capacities. Hence every package should be different yet follow minimum standards appropriate to each country. Such standards help to ensure a minimum of quality of services to the child, to faster transparency and accountability, to boost trust between partner organisations, and thus to facilitate the timely identification and referral of children.

- ***Complementary Initiatives*** - In 2003, the OSCE member states approved an Action Plan for Combating Trafficking in Human Beings[5] that provides for the creation of a National Referral Mechanism (NRM) in each country. Within twelve months, the OSCE/ODIHR developed and published the Practical Handbook for NRM Creation. According to its Guidelines, the NRM «…is a cooperative structure within which the state's bodies fulfil their duties related to protection and observance of human rights in relation to victims of trafficking, strategically coordinating their efforts within civil society and other bodies concerned with the victims of trafficking in persons".[6] There is great scope and potential for the CLMS to link with the OSCE-supported NRM, in particular concerning the repatriation of victims of child trafficking.
- ***Juvenile Justice Systems*** - As part of the juvenile systems currently in pilot phase across the region, the CLMS can also act as a referral mechanism for rehabilitation/alternative to imprisonment, for children who were used for illicit activities (as per C182, in other words, juvenile offenders).

The Case Management process[7] as part of CLMS

Case management is the process through which the specific programme of services that correspond to each child is established, implemented, assessed, amended and closed. It is an essential tool for addressing the individual needs of each child and reinforcing / adapting their capacities[8].

The main characteristics of case management are:

1. ***Multi-disciplinary work*** of a case management team, appointed and coordinated by a case manager. In Bulgaria, Moldova, Romania and Ukraine the case manager is usually a social worker. This multi-disciplinary aspect is needed a/to boost the efficiency of the response, b/to address the multi-faceted root causes of the child's involvement in WFCL, c/to avoid the over-dependency of the child on the case manager.

The main duties of the case manager are:
1. To **design** a plan of intervention with the child and the case management team.
2. To **monitor** the case, permanently.
3. To ensure direct and **permanent contact** with the victim.
4. To ensure **coordination between team members** (e.g.: to call and organize case discussions).
5. To **coordinate and document the service plan,** implemented in co-operation with the assisted person.
6. To **assess resources and services** provided by service agencies.
7. To **establish criteria for success,** to be used in assessment of **objectives and goals.**

The case management team may include: the representatives of the child care institution, social workers, psychologists, psychiatrists, medical care providers, lawyers, law enforcers, educators, etc The case manager does not necessarily carry out all the activities of the plan, but coordinates and facilitates a flow of information to obtain the best results for the child. A clear definition of the role and responsibilities of the case management team is thus of great importance. Efficient communication and clear registering/reporting systems are essential for good case management.

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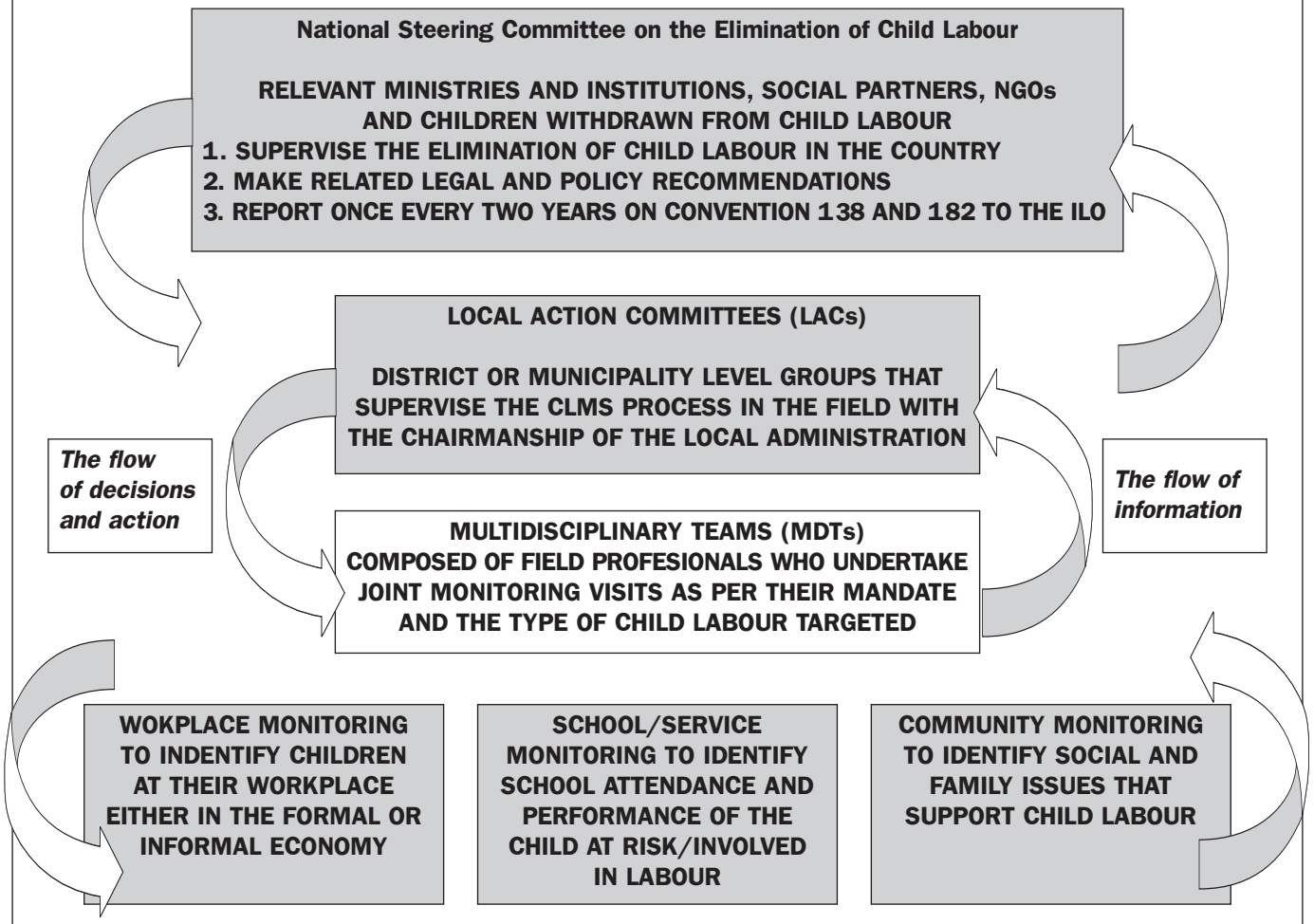
5 OSCE Action Plan for Combating Trafficking in Human Beings, Decision No. 557 of the Permanent Council of OSCE (PC DEC/557), July 24, 2003.

6 OSCE/ODIHR, «*National Referral Mechanisms. Joining Efforts to Protect the Rights of Trafficked Persons*». A Practical Handbook. Warsaw, 2004, p.15.

7 Barath, A., *Case Management and Program Implementation. Mental Health and Trafficking in Human Beings*: Regional Training of Trainers Workshop. Budapest, International Organization for Migration, 2004

8 International Labour Organization, *Creating a Healing Environment. Psycho-Social Rehabilitation and Occupational Integration of Child Survivors of Trafficking and Other Worst Forms of Child Labour*. Vol I., Proceedings, 2002

Chart nr. 1. Model of Child Labour Monitoring System



Actions - Examples

Regular inspection of factories, small- and medium-size enterprises, farms streets and homes	Identification of a child beggar in the street, and checking his/her schooling status and family situation	Mapping of services available and referral of the child to the appropriate services, as per his/her individual needs	Psychosocial rehabilitation, tutoring and enrollment (back) in school.	Closing of the case by case management team and tracking by MDT

Results - Examples

Child labourers, including children in Worst Forms of Child Labour are indentified and withdrawn	Children above minimum age for employment have decent work, as per national standards	Improved school enrollment and retention	Reduced participation of children in farms activities does not jeopardizes the development of the child	Communities are engaged in fight against child labour

Weekly, multidisciplinary meetings allow team members to exchange information on progress in cases under review, and to address emerging problems. From entry into the process to final reintegration, interventions are provided individually to each child through the decisions of the case management team, which is comprised of all caregivers involved.

2. ***Participation of the child*** as an active contributor to his/her rehabilitation at every step of the process. The case manager must ensure the child's participation at all stages of the development of the plan of services, including the allocation of specific responsibilities for both the institutions providing services, and for the child. Ideally, the planning of activities should take the form of a contract. This is of crucial importance in reinforcing the child's autonomy and his/her preparation for reintegrating into society, in a contractual/forward-looking frame of mind.

   Likewise, a/ the participation of the child in decisions that affect his/her life and b/ the participation of peers during the identification/withdrawal/rehabilitation/tracking phases, are both crucial components of the CLM.

3. ***Involvement of the family***. Unless parental rights are suspended by a court decision because of a direct threat to the child's safety, the family must be involved in the rehabilitation process. The direct material needs of the child should be addressed primarily through the family. Any dysfunctional beliefs of the family towards school, child labour, etc. should be discussed openly, so that arguments/counter-arguments can be freely and informally exchanged. A case cannot be closed until dysfunctional beliefs have changed.

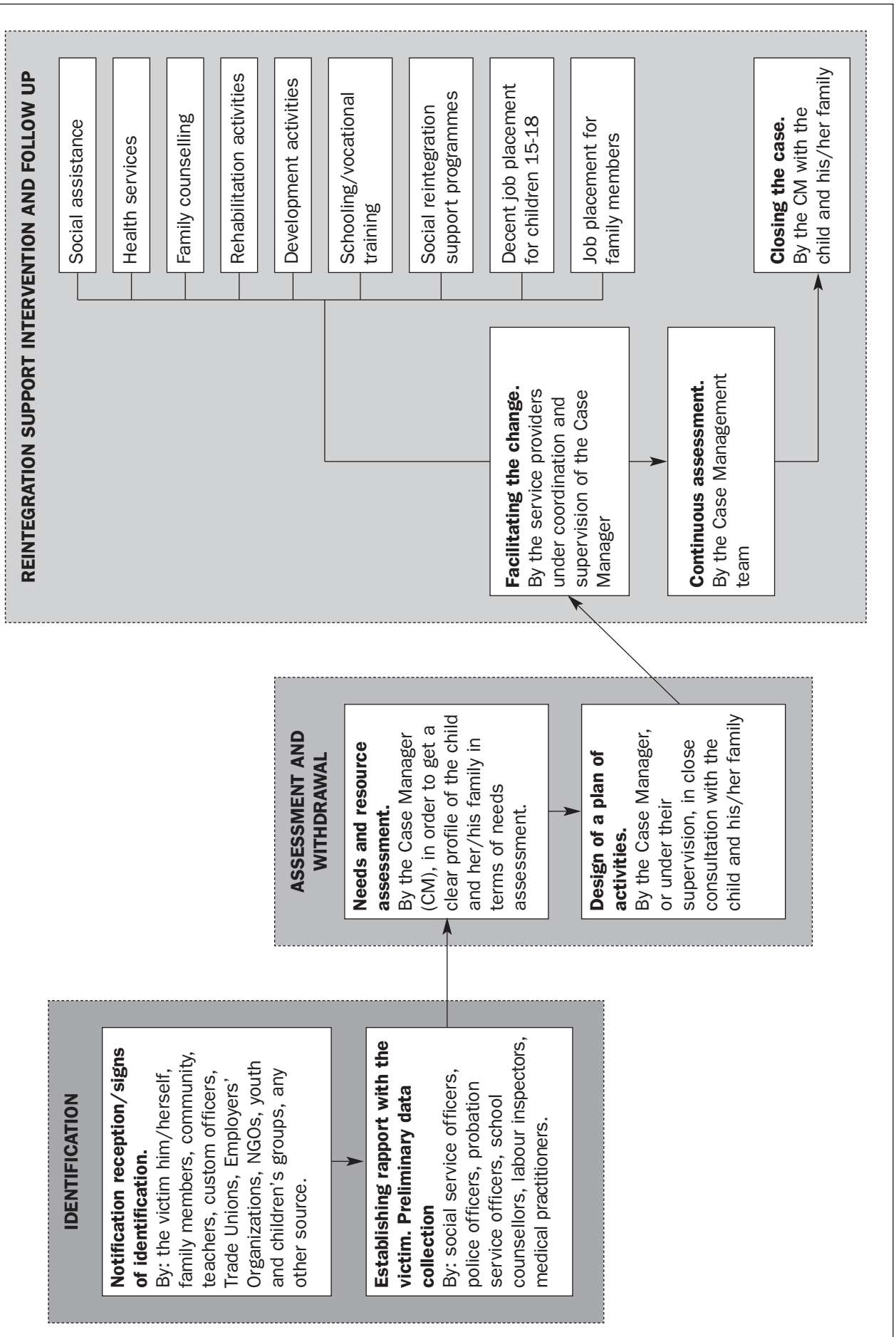
In the context of WFCL, case management requires a step-by-step process, which includes:

1. **Establishing a rapport with the child.**
2. **Assessing needs and resources.**
3. **Designing a plan of activities for rehabilitation and reintegration.**
4. **Facilitating the change.**
5. **Ensuring continuous assessment.**
6. **Closing the case.**

4. ***Referral*** based on a mapping of services available and on established procedures;

5. ***Centralized information*** management with a file composed of pre-defined formats, and pre-agreed criteria for disclosure of information to authorized persons. The case manager is responsible for the coordination of the information, its consolidation and subsequent analysis.

Chart nr. 2 A Case Management Process — an example from Kosovo



The appointment of the case management team is based on the needs and capacity assessment of each child. It is therefore statutorily different from Multi-Disciplinary Teams/Local Action Committees. However, some members may have overlaping duties (see regional overview, below):

Table nr. 2. Relationship between case management team and MDT, LAC per country

	Romania	Bulgaria	Moldova	Ukraine
Case management team and MDT	At community level, case management is supervised by a case manager — social worker from the General Department for Social Assistance and Child Protection. The local versions of MDTs, (Community Consultative Councils), are facilitated by the Community Social Worker	Case manager is a social worker from the CPD, also heading the MDT. Depending on the case, other MDT members may be involved	Case management team is part of the MDT. The case manager is appointed by the Territorial Department for Social Assistance or NGOs	Case management team — i.e. social workers, psychologists, psychiatrists, medical care providers, lawyers, law enforcers, educators - is part of the MDT. Case manager may be appointed from the Department of Juvenile Affairs, Centres of Social Services for youth, children and families, or NGOs
Case management team and LAC	The case manager, from General Department for Social Assistance and Child Protection (or from an NGO), reports to the ICTs (LACs)	The case management team directly involved with the child comprises professionals, whilst the LAC involves local representatives (key stakeholders)	1) The case management team is part of the MDT at local level, the LAC works at district level; 2) The MDTs meet the LAC to 1/ report and exchange information, 2/ solve difficult cases and 3/ provide updates on child labour cases, based on follow-up visits	LAC makes decisions; MDTs identify and refer the child to appropriate services. Case managers report to LACs on the status of the child

Chapter 2 Identifying child labourers

I Risk and Protection factors that define the likelihood of child labour

Understanding the risk and protection factors that lead to child labour, is at the core of the identification of child labourers and of the remedial action to be undertaken (proposed in Chapter 3).

Risk and protection factors are the elements, conditions, circumstances related to the family, community and the child him/herself, which will influence his/her involvement in the worst forms of child labour (or protect him/her from it). Those identified for the region, based on a review of existing literature, are listed in Table nr. 3 "Risk and protective factors for WFCL in the region". Protection factors may involve elements of the child's resources, social capital, economic well-being and family and school environment, that contribute to shield the child from the WFCL.

The presence of a risk factor does not necessarily mean that the child will be a victim of the WFCL, and a protection factor may not be sufficient to protect the child from labour. For example, although poverty is a risk factor for many in Romania, not all poor children will be exploited[9]. The paradigm behind this analysis is that the participation of children in child labour will depend mainly on the equilibrium between their risks and protection factors.

Poverty as a risk factor for child labour

The study[10] conducted in **Romania** in 2003 by the National Institute of Statistics identifies poverty as the main risk factor for child labour. Children's participation in economic activities is significantly higher in low-income households: 73,3% of economically active children come from families whose monthly net income does not exceed 115USD.

Several risk factors in association increase the child's vulnerability. For example, low family incomes are an important risk factor for sexual and labour exploitation. The presence of other risk factors (poor parental skills to supervise and educate the child, physical or sexual abuse) increases the risk of exploitation and the degree of vulnerability.

Some risk factors differ for various types of exploitation - agricultural work, household chores, washing cars, sales etc., trafficking or illicit activities and begging. For instance, drug addiction is a risk factor mainly for children exploited in connection with illicit activities.

Once a child is involved in one of the Worst Forms of Child Labour, s/he is also more likely to be exploited in another way. For example, many trafficked children were previously involved in street-based labour before being trafficked. Consequently it is sometimes difficult to define the borderline between prevention and rehabilitation programmes, depending on their focus. A project of prevention of Trafficking in Children may well involve the rehabilitation of children withdrawn from the street.

Many protective and risk factors are interrelated. For example, a lack of household income contributes to withdrawing the child from school because of direct and indirect school costs, and to the decision to involve the child in labour. However, it is not recommended to establish a hierarchical classification of risks and protection factors (even if some factors are more related to child labour than others), as this risks over simplification (e.g. 'child labour is caused uniquely by poverty'), which may not help in planning the rehabilitation and reintegration of children withdrawn from child labour.

9 CPE-ILO-IPEC, *Understanding children's vulnerability to labour exploitation*. A practical intervention model aimed at preventing the involvement in worst forms of labour of girls and boys at high risk of labour exploitation.

10 NIS and ILO, *Survey on Children Activities in Romania. Country Report*, 2003

According to the results of an IPEC study on child trafficking in Ukraine[11], children constitute the social group most vulnerable to trafficking, because a/caregivers who work with risk groups do not readily identify children as victims of trafficking, b/children who are being exploited do not always recognize the danger they are exposed to, and do not ask for help.

Each culture or community upholds certain norms and attitudes on child labour, which may act as risk or protection factors. For instance, a child who dropped out of school, and lives in an environment where school is considered useless, will be considered significantly at risk of child labour.

One risk factor is the parental attitude towards the girl's or boy's roles and responsibilities that foster the gender division of labour. For example, in traditional (such as Roma or Egyptian) communities, a girl's virginity at the time of marriage may have social and economic importance, thus parents would tend to limit her education and activities outside the house. Consequently, the forms of child labour the girl might be involved in would be typically more invisible (within the home), while boys would be more at risk of forms of labour outside the home. Typically, while girls would be more at risk of intended abuse by their exploiters, boys often suffer from accidents, exposure to hazards and recruitment by traffickers that are partly due to a lack of parental supervision. Another important gender-related risk factor is the under-reporting of sexual abuse of boys. The socialization of boys as initiators of sexual behaviour, their fear of losing access to unsupervised activities if they report abuse, and media focus on the vulnerability of girls, all contribute to this underreporting and, in turn, to the increased and undocumented involvement of boys in sexual exploitation.

Studies also show that a child who was the victim of sexual abuse is at least twice as vulnerable to future sexual abuse and commercial sexual exploitation as a child who did not suffer such a traumatizing experience[12], also as a result of his/her failure to properly perceive and assess the situations of risk and threat[13]. The lack of self-protection behaviours is related to the child's lack of confidence in his/her own competences (self-efficiency, assertiveness, avoidance of risk situations).

Early intervention by specialists who can develop protection factors decreases the likelihood of revictimization, even when a child has experienced a traumatic event such as sexual abuse.

It is not proposed here to provide an elaborate econometric analysis, also taking into account that risk and protection factors are difficult to measure/weight. In fact, many risk factors can become negative protection factors, depending on how they are worded (e.g.: a risk = lack of supportive environment, a protection factor = existence of a supportive family environment). There is also no linear correspondence between risk and protection factors (several protection factors can be the response to a single risk factor for instance). One limit of such analysis is also that it over-emphasizes the importance of the supply side of child labour, and does not take into account the demand side (traffickers, employers, etc.).

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11 *"Rapid Assessment of Trafficking in Children for Labour and Sexual Exploitation in Ukraine"*, Prepared by the Centre of Social Expertise of the Institute of Sociology, National Academy of Sciences, Ukraine under technical supervision of FAFO Institute for Applied International Studies, Norway for the International Programme on the Elimination of Child Labour (IPEC) of the International Labour Organizations (ILO), Kiev, 2003.

12 Messman-Moore, T. L. & Long, P. J. *The role of childhood sexual abuse sequelae in sexual revictimization: An empirical review and theoretical reformulation. Clinical Psychology Review, 23(4), 537-571, 2003*

13 Klain, E, J., "*Prostitution of Children and Child-Sex Tourism: An Analysis of Domestic and International Responses*", National Center for Missing & Expoited Children, 1999.

Table nr. 3. Risk and protective factors for WFCL in the region[14]

Types of exploitation	Risk factors related to: - the child's family - the living environment - situations in which the child is involved	Related protection factors: - skills, knowledge, competences of the child and parents - context or environment where the child lives
Hazardous Child Labour	**Family** - poverty/low parental incomes (unemployment or under employment) - poor educational level of parents - large number of family members - negative attitude of parents towards work performed by children - parents with mental health problems **Environment** - rural environment characterized by lack of economic, social, educational and job opportunities - community under-developed economically - community at a high risk (many street children, companies hiring people on the "black" market, beggars) - dysfunctional gender norms: "a man should get used to hard work from an early age"; "girls should learn how to manage a household from an early age" - lack of outreach of institutions to enforce labour law - ethnic based discrimination **Child** - school drop-out - membership of an ethnic minority (in a context of discrimination) - low self esteem (and easy acceptance of all offers) - too high self esteem (in denial of risks) - living on the street - Lack of opportunities for decent jobs for children above the legal age	**Child-related protection factors:** - social and emotional skills - coping skills - personal safety skills - problem-solving and decision-making skills **Protection factors related to the environment:** - environment of high employment (e.g. developing economy etc.) - school drop-out prevention programmes - companies with a strong sense of social responsibility towards their own communities

[14] Based on a review of documents listed in the bibliography and on experience of participating agencies

Sexual Exploitation **Prostitution** **Pornography** **Human Trafficking**	**Family:** - child abuse and neglect - family characteristics: unemployment or under employment, low incomes, illegal substance consumption, low education and poor supervision skills, parental mental disorders **Environment:** - community at a high risk (favors "sexual tourism", a high demand for sexual services; border zone etc.) - ethnic based discrimination - lack of outreach of institutions to enforce child protection laws **Child:** - history of sexual, physical and/or emotional abuse - being a runaway - abandonment by parents in social institutions or on the street - previous victimization - lack of a home (street children) - drug consumption - for children above the minimum age for employment, lack of opportunities for decent jobs - membership of an ethnic minority (in a context of discrimination) - early school drop-out - low self esteem (and easy acceptance of all offers) - too high self esteem (in denial of external risks) **As regards trafficking in general:** - negative influence of social norms regarding gender and/or ethnicity - living in a placement centre - an underestimation, by those in authority, of the risks of migration - low self-esteem - mental health problems - living on the streets **As regards pornography:** - online victimization - social marginalization - negative attitude towards own sexuality	**Child-related protection factors:** - ability to recognize and assess risk situations - social and emotional skills - high self-esteem - "healthy" perception of sexuality - personal safety skills - problem-solving and decision-making skills - ability to say NO, assertively **Protection factors related to the environment:** - availability of abuse prevention programmes - availability of anti trafficking prevention programmes focussed on female victims - availability of psycho-social rehabilitation centre for abuse victims - availability of day-care centres for street children which offer proper prevention and intervention programmes

	As regards prostitution: - living with a single biological parent - living with a step or "surrogate" father - one of the parents working in the sex industry - physical and/or sexual abuse by the father or another familiar person - a belief that prostitution is the only means to make a living - negative influence of friends who practice prostitution - domestic violence	
Exploitation by Illicit Activities (Drug Trafficking)	**Child:** ▪ for children above the minimum age for employment, lack of opportunities for decent jobs ▪ experiences of their own labour and/or sexual exploitation - alcohol or drug consumption; addiction - delinquent behaviour - dropping out of school - being a runaway - membership of an ethnic minority (in a context of discrimination) - low self esteem (and easy acceptance of all offers) - too high self esteem (in denial of external risks) **Family**: - unemployment or underemployment and lack of income - alcohol or drug consumption; addiction - neglect - sexual and/or physical abuse of child **Environment**: - community at a high risk of drug trafficking - lack of outreach of law enforcement agencies - ethnic based discrimination	**Child-related protection factors:** - ability to recognize and assess risk situations - emotional self-regulatory skills - problem-solving and decision-making skills - ability to say NO assertively - ability to cope with group pressures **Protection factors related to the environment:** - drug consumption prevention programmes - availability of recovery and reintegration centres for drug addicts

II Consequences of Child Labour

Child labour deprives children of their childhood and is an obstacle to their physical, emotional and social development. Children involved in the worst forms of child labour suffer major physical and psychological problems. The physical consequences may be the result of involvement in hazardous work, physical abuse, lack of proper nutrition, risky sexual behaviour (exposure to HIV/AIDS, hepatitis and other sexually transmitted diseases), lack of medical care. Child labour affects the child's development, short- and long- term (e.g. some illnesses provoked by inhaling coal dust will often develop 10 years or more after a child has worked in a mine).

Additionally, the possible lack of a permanent home, constant moving from one place to another, and uncertainty about what tomorrow might bring, prevent children from developing their own social support network. At the same time, the child is subjected to negative reactions from other people, such as exclusion, stigmatization and labelling ("the beggar"). This can lead to low self-esteem/high vulnerability. The lack of a stable environment and the negative reactions of others combine to create a distorted perception of the self, which proves detrimental to his/her personal development. However, experience shows that child labourers may also develop a sense of pride at being able to survive in difficult circumstances (as a coping mechanism). But such pride is often deceptive and prevents social reintegration, unless the reintegration process a/integrates this survival capacity of the child, b/is also based on the possible competencies acquired by the child during his/her experience of child labour

The child's psychological reactions to child labour depend on the nature of the event (single or repeated), the child's resources to adapt (the child's protective abilities, emotional and social support resources), the risks s/he is exposed to, and the child's age[15]. Protective/risk factors that play a role in defining the psychological consequences of child labour are in fact similar to the protective/risk factors that define the likelihood of the child entering child labour in the first place (see Table nr. 3). Consequently, not all forms of child labour are psychologically traumatic because of the protective factors (social, cognitive and emotional resources) that shield the child from the traumatic consequences of child labour. One child may develop minimum psychological reactions, whilst others may develop severe emotional disorders, such as:

- post-traumatic stress disorder, depression, anxiety,
- alcohol and/or drug addiction,
- self-destructive conducts, conduct disorders (e.g. stealing),
- dysfunctions in perceiving his/her identity,
- relationship difficulties and lack of trust in adults,
- alterations in relation to their bodily image, incorrect perception of his/her own sexuality, sexualised conducts,
- flawed perceptions of labour and childhood.

An efficient rehabilitation/reintegration plan for the child will aim both to a/reduce the risk factors, b/ reinforce the protective factors.

[15] International Labour Organization, *Helping Hands and Shackled Lives? Understanding Child Domestic Labour and Responses to it*, 2004

Table nr. 4. Consequences of the WFCL on child health and on cognitive, emotional and behavioural development

WORST FORMS OF CHILD LABOUR	Health consequences	Cognitive consequences	Emotional consequences	Behavioral consequences	Educational consequences[16] (for all forms of WFCL)	
					Short and medium-term consequences of child labour	Long-term consequences of child labour
(a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict	Injuries and work related accidents Physical under development Malnutrition, insomnia, diarrhea, tension, headaches, gastrointestinal disturbances	Dysfunction in perceiving his/her identity, relationship difficulties, negative/ incorrect perception of his/her own sexuality and difficulties with interpersonal relationships, lack of trust in adults	Emotional reactions related to exploitation or trafficking such as anger, sadness, guilt, shame Emotional skills: difficulties in expressing feelings and lack of self-regulating emotions Post-traumatic stress disorder, depression, anxiety, suicide	Failure to develop social skills. Behavioural difficulties such as hyperactivity, impulsiveness, lack of respect for rules, substance abuse	Fatigue Lack of attention Low school performance Absenteeism Running away from classes Lack of career plans Lack of motivation Low self-esteem Lack of satisfaction related to educational activities	Lack or insufficient development of writing, reading and computing skills Limited access to information related to personal, vocational and career development Lack of information related to support networks and socio-economic alternatives Limited access to education and informed decision-making School drop-out School failure Lack of sufficient vocational training
b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performance	High risk of HIV/AIDS, hepatitis, other sexually-transmitted diseases	Negative attitude about self, others, or world; Negative attitude to sexuality Low self-esteem and lack of self-confidence	Emotional reactions like anger, sadness, guilt or shame Post-traumatic stress disorder, depression, anxiety, suicide	Dysfunctional coping mechanism, such as alcohol consumption Self-destructive behaviours, conduct disorders (e.g. stealing), alterations in relation to their bodily image, sexualised behaviours		
(c) the use, procuring or offering of a child for illicit activities, in particular for	Vulnerability to physical abuse Drug use	Learned helplessness, external locus of control	Fear and anger related with social situations	Alcohol or drug abuse Behavioural difficulties such as hyperactivitiy,		

[16] Myers, *The Right Rights? Child Labour in a Globalizing World,* The ANNALS of the American Academy of Political and Social Science, Vol. 575, No. 1, 38-55, 2001.

the production and trafficking of drugs as defined in the relevant international treaties					impulsiveness, lack of respect for rules, substance abuse Delinquency	Lack of career development opportunities Increased unemployment risk
(d) work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children	Vulnerability tophysical abuse Work related accidents/ injuries Physicalunder-development Malnutrition, Somatic diseases	Lack of cognitive stimulation	Stress-related symptoms (e.g. anger or sadness)	Runaway. Self-destructive behaviours, conduct disorders (e.g. stealing)		

Any experience of the Worst Forms of Child Labour changes the child's cognitive, social and emotional development. It is manifested through acquiring, on the one hand, survival capacities to be acknowledged by the caregiver, and on the other, dysfunctional beliefs about him/herself, about other people and about the world in general. In other words, the experience of exploitation deeply modifies the way children perceive themselves, their environment and the world. The consequences of WFCL are two-fold: a/the child acquires survival skills that may prove useful in the rehabilitation process if properly adapted to other circumstances; and/or b/the child develops a series of cognitive distortions, especially in relation to their self-confidence, their attitude to interpersonal relationships, their sexuality and their personal safety.

For example, a child withdrawn from the WFCL may:

1. believe that "*the world is an unsafe and dangerous place", "people cannot be trusted", "everybody want to take advantage of you", "your body is your only source of income", "money can be earned easily, school is useless."* These fact-based beliefs will have been developed during child labour or sexual exploitation, and they reflect those realities. They are not, however, adapted to the new realities a child will experience within a rehabilitation/reintegration process and may thus become cognitive obstacles to that emotional, educational or vocational rehabilitation process.[17]

2. have acquired experiences that enable him/her to develop certain abilities, different from those of a child who has not gone through these experiences. A study of street children highlights the positive abilities that they develop — negotiation and interacting abilities - which will form their personal coping resources[18]. These abilities are protective factors for a child and thus extremely important resources for the rehabilitation process. Analysis of a child's development needs will also identify these personal resources, which will facilitate the process of rehabilitating a child withdrawn from the WFCL.

[17] Salmon, K., Bryant, R.A,. Post-traumatic stress disorder in children. The influence of developmental factors. *Clinical Psychology Review* 22, 163—188, 2002.

[18] Dunlap, E., Golub, A., Intergenerational Transmission of Conduct Norms for Drugs, Sexual Exploitation and Violence: A Case Study. *The British Journal of Criminology*. 1, 42,1, 2002.

The Competency Paradigm[19]

This paradigm recognizes the strength and capabilities of children that enable them to deal with difficulties within given circumstances. Children are seen as active agents of their own development, and in the case of abuse, of their own healing and recovery. This does not mean they should be left alone without any kind of support, but rather they should not be treated as passive recipients of assistance.

Children possess knowledge, skills and attitudes that may help prevent abuse or mitigate its effects. They also have the potential to build and enhance their inherent strengths and capabilities. Based on this view, the participation of children in their own development and recovery is of paramount importance. It not only recognizes children's competencies, but also acknowledges children's resilience.

The concept of resilience does not ignore the vulnerabilities and risks that are present in the child's environment, which includes the family, school and community. Resilience is the capacity of the child to make the best possible use of risk/protective factors for his/her own rehabilitation[20].

The competency paradigm is consistent with the child rights perspective. The UN Convention on the Rights of the Child recognizes the basic and inherent dignity of the child as a human being and upholds his/her rights, including the right of participation.

However, children's participation is not limited to expressing views and opinions. In recognizing their active role in development, adults are compelled to build an environment in which children can actively participate according to their level of maturity. This means allowing children to obtain sufficient, appropriate information and to access sufficient avenues for discussion with concerned individuals and groups, so that they can develop their own views on issues. This means letting them identify opportunities and allowing them to join activities where they can address issues that concern them. It is important not only to know what the child can do, but also what the child wants to do.

It is also important to note the limits of child participation within CLMS:

a) Child Participation should not be manipulated to support issues that contradict the rights of the child in line with international human rights and labour standards. In particular there is no universal right of children to work (NB: the Palermo Protocol would not recognize a child's views on the coerciveness of the traumatic situation);
b) Identification/rehabilitation/treatment is primarily the responsibility of adults. The limits of child participation, in terms of responsibility, should be made clear to children before they get involved.

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19 Source: *Creating a Healing Environment, Volume II: Technical Papers, Psychosocial rehabilitation and Occupational Reintegration of Child Survivors of Trafficking and Other WORST FORMS OF CHILD LABOUR,* IPEC Trafficking in Children-South Asia (TICSA), Kathmandu-Nepal, International Labour Office, 2002

20 Resilience, in this sense, is slightly different to its physical definition, "The property of a material that enables it to resume its original shape or position after being bent, stretched, or compressed; elasticity" (http://www.answers.com/topic/resilience visited on 05/02/06).

Table nr. 5. Comparisons between the Vulnerability and Competency Paradigm[21]

	Victim	Competency
Orientation Where do we stand?	We do it for/to the children	We do it with/ by the children
Outlook What is our prospect for the future of the child?	Child as beneficiary/recipient Victim	Child as partner
Views How do we see the child?	Child is seen but not heard Little adults Possession or property Extension of the parents Incomplete human beings *Tabula rasa* (blank slate) Passive Helpless	Survivor Child with rights With unique characteristics and needs Human beings Child with potential Childhood is life itself Innate qualities Active agent of change Active contributors of own development Resilient
Attitude	Weak *"I know all the answers"* Mistrust of child's capabilities Discriminatory (class, race, gender, age, religion) Looks at difficult situation	Listening or learning attitude Recognition of child's capabilities Gender and culturally sensitive Looks at opportunities
Approach	Identifies weaknesses (negative)	Identifies strengths (positive)
Nature/ Character	Output-oriented Rigid Formal Statistical Predetermined Preconceived Clinical/diagnostic Detached Compartmentalized Palliative/immediate relief	Process-oriented Flexible Informal Descriptive Evocative Consultative Participatory Grounded Integrated Holistic/enriched helping relationship
Method	Curative Dole-out Drug therapy	Participatory Empowering Uses creative arts, play, indigenous methods
Key players	Only professionals	Child and the community

[21] Source: *Creating a Healing Environment, Volume II: Technical Papers, Psychosocial rehabilitation and Occupational Reintegration of Child Survivors of Trafficking and Other WORST FORMS OF CHILD LABOUR,* IPEC Trafficking in Children-South Asia (TICSA), Kathmandu-Nepal, International Labour Office, 2002

Relationships	Authoritarian/paternalistic Vertical relationship Individualistic	Democratic, as equal human beings with rights Child as a human being with the same value as adult Shared meaning
Results	Learned helplessness Dependence Immediate relief Stigmatization/alienation	Self-confidence, self-esteem Social participation Long-term solutions Shared meaning

Not all WFCL include the development of coping mechanisms to be used for a rehabilitation programme. Traumatic WFCL may result in anxiety symptoms or anxiety disorders. As a consequence of this anxiety, children interpret the world as threatening. Related assumptions may be related to:

- acceptance: *"I'm worthless unless I'm loved", "Everybody must always be satisfied with me";*
- ability: *"In life, there are only winners or losers", "If I make a mistake, I will fail", "I can't deal with this situation", "I must do everything perfectly, otherwise I will be rejected", "If something is not perfect, it is worthless";*
- responsibility: *"I'm the only one responsible for how people feel when they are around me", "What happened to me is only my fault";*
- control: *"I'm the only one capable of solving my problems", "I must always be in charge", "If I allow somebody to get close to me, s/he will control me";*
- anxiety: *"I must remain calm all the time", "It is dangerous to show that you're stressed out, nervous or anxious", "It is not normal to be afraid or frightened.".*

Children learn to cope with the difficulties of life and develop skills, abilities and attitudes that change their cognitive and social resources. These abilities are important starting points in the process of rehabilitation of children.

Children involved in the Worst Forms of Child Labour (WFCL) acquire negative beliefs, which will be risk factors even for their own children (for instance *"I worked when I was a child, so s/he should work as well..."*). This effect is mainly due to wrongful appreciation of the risks involved. Sexual exploitation has particularly important intergenerational consequences[22]. These norms regarding labour or sexual conduct increase the risk of the child being re-victimized.

Traumatic WFCL

Children's reactions to traumatic event are very different depending on their level of cognitive and emotional development, the language development, their age and their parents' beliefs (see Table nr. 6 Developmental considerations on cognitive, social-emotional functioning [23]). A child's level of knowledge, depending on his/her age, has a considerable influence on the way in which s/he understands and assesses a traumatic event[24]. A child may stay in a traumatic situation, without realizing the risks and negative consequences, and may *"normalize"* the event. For example, a qualitative research project on children forced by their parents into prostitution showed that children perceive the parents' behaviour as being one of *"love and care*[25]*"*.

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[22] Dunlap, E., Golub, A., Intergenerational Transmission of Conduct Norms for Drugs, Sexual Exploitation and Violence: A Case Study. *The British Journal of Criminology*. 1, 42,1, 2002.

[23] McConaughy, S.H., *Clinical Interviews for Children and Adolescents: Assessment to Intervention*. Guilford Publications, 2005

[24] Salmon, K., Bryant, R.A,. Post-traumatic stress disorder in children The influence of developmental factors. *Clinical Psychology Review* 22, 163—188, 2002.

[25] Dunlap, E., Golub, A., Intergenerational Transmission of Conduct Norms for Drugs, Sexual Exploitation and Violence: A Case Study. *The British Journal of Criminology*. 1, 42,1, 2002.

Learning efficient adapting and coping mechanisms depends on the support the child receives from his/her parents and the adults assisting him/her, and also on the parents' understanding of the child's problems. For example, if the parent is the one who got the child involved in trafficking and s/he is not aware of its consequences, the child's rehabilitation depends a lot on the parent becoming aware of the problem and offering his/her child recovery support.

Table nr. 6. Developmental considerations on cognitive, social-emotional functioning [26]

Period	Cognitive functioning	Social— emotional functioning	Typical peer interactions
Early childhood (ages 3— 5)	Focus on only one feature at a time (preoperational stage) Easily confused between appearance and reality Difficulty recalling specific information accurately (limited memory development) Difficulty sustaining conversation	Difficulty understanding the viewpoint of another person (egocentric) Right or wrong based on consequences (pre-conventional moral reasoning) Limited verbal ability to describe emotions Can sustain a play task Can engage in reciprocal play sequences	Shared play activities Fantasy play Short interactions Frequent squabbles Unstable friendships Rough-and-tumble play Aggressive peers are generally disliked Reciprocal peers are generally liked
Middle childhood (ages 6— 11)	Able to reason logically about tangible objects and actual events (concrete operations stage) Increased capacity for verbal communication	Can think about what another person is thinking (recursive thinking) Right or wrong based on rules and social conventions (conventional moral reasoning) Understands and complies with rules of a game Develops a sense of self-competence Can regulate affect in competition	Structured board games, group games, and team sports with complex rules Squabbles about rules Stable best friendships, usually with same-sex peers Aggressive or socially withdrawn peers are generally disliked Friendly, helpful, and supportive peers are liked Peer status defined by classroom group or structured activities
Adolescence (ages 12— 18)	Able to reason abstractly and hypothetically (formal operations stage) Can engage in systematic problem solving Additional increases in verbal communication	Can take a third-person point of view (thinking about thinking) Right or wrong based on individual principles of conscience or ideals (post-conventional moral reasoning) Identity confusion and experimentation High emotional intensity and lability Social awareness and self-consciousness Peer group acceptance extremely important	"Hanging out" and communicating with peers (e.g., talking, sending notes, phone calls, e-mail) Intimate self-disclosure, especially for girls Squabbles about relationship issues (e.g., gossip, secrets, loyalty issues) Romantic partners Aggressive and antisocial peers are generally disliked Cooperative, helpful, and competent peers are generally liked Peer status defined by norms for various groups.

[26] Extracted from McConaughy, S.H., *Clinical Interviews for Children and Adolescents: Assessment to Intervention*. Guilford Publications, 2005

The Table nr. 6 presented above is of an indicative nature: some children may be more/less mature than others and consequently fit in a category older or younger than their real age. This may be true especially of child labourers that may have acquired an early maturity. Not all children develop post-traumatic stress after having experienced a trauma. Post-traumatic stress should in all cases be considered as a normal reaction to an abnormal situation — not a sickness or a handicap. Adapting to a potentially traumatic, extreme situation is a long process[27]:

Table nr. 7: Classification of stress related diseases

Duration of symptoms	Diagnosis	Characteristics
Less than 1 month	**Acute stress**	The symptoms seem to be a result of stressful factors, but they are transitory. The risk of developing PTSD is determined by the way in which a child reacts to a stressful factor.
From 1 — 3 months	**Acute PTSD**	Intensive therapeutic intervention is vital at this stage, in order to reduce risk of developing chronic PTSD and the associate disorders.
3 months or more	**Chronic PTSD**	Intervention is long term. Probability increases of developing associated disorders. Recovery involves both intervention in PTSD and the associated disorders, and in the indirect consequences of the disorder — school dropout, social isolation etc.

The most frequent disorders related to post-traumatic stress are: abuse or addiction to substances, depression, panic attack with or without agoraphobia, generalized anxiety, obsessive-compulsive neurosis, socio-phobia. They should also be addressed by the intervention. Post-traumatic stress is an anxiety disorder defined as a *selective processing of negative information or menacing aspects of a stimulus*. A characteristic of the anxiety disorder is that emotionally-neutral information is processed as being negative, while ambiguous information is processed as being threatening[28]. How to process information is a learnt practice and consequently it has relevant practical implications in reducing anxiety symptomatology. Thus, cognitive psychology research recommends the reinterpreting of external or internal stimuli in a non-threatening manner as a prevention and intervention method. The symptoms of post-traumatic stress developed by children are:

Table nr. 8. Children's Symptoms of Post Traumatic Stress

• intrusive images or memories • reliving a traumatic event • nightmares • cognitive avoidance (s/he refuses to know what happened, so as to avoid recalling the traumatic event) • low interest in any kind of activity • focusing difficulties	• hyper vigilance • exaggerated behaviour and emotional responses • dissociative responses • low self-esteem • depression • separation anxiety • generalized anxiety

[27] Only a specialist trained to make an assessment on post traumatic stress/disorders makes the diagnostic of PTSD.

[28] Wells, A., *Emotional Disorders at Metacognition. Innovative Cognitive Therapy*. John Willy & Sons, 2000.

POST TRAUMATIC STRESS DISORDER[29]

"POST TRAUMATIC STRESS DISORDER

A: The individual has been exposed to a traumatic event, where:

1) The individual has experienced, witnessed or has been confronted with event or events, including actual death or a death threat or serious injury, or threat against the physical integrity of him/herself or others.
2) His/her reaction has included intense fear, helplessness or horror. In children it may be demonstrated through disorganized or agitated behaviour.

B: The traumatic event has been persistently re-experienced, in one or more of the following ways:

1) Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions. In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2) Recurrent distressing dreams of the event. In children, there may be frightening dreams without recognizable content
3) Actions or feelings as if the traumatic events were recurring (includes a sense of re-living the experience, illusions, hallucinations and dissociative flashbacks and episodes, including those which occur when intoxicated). For young children, trauma-specific re-enactment may occur
4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C: Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three or more of the following:

1) Efforts to avoid thoughts, feeling, or conversations associated with the trauma
2) Efforts to avoid activities, places or people that arouse recollections of the trauma
3) Inability to recall an important aspect of the trauma
4) Markedly diminished interest or participation in significant activities
5) Feelings of detachment or estrangement from others
6) Restricted range of emotional response (e.g. unable to have loving feelings)
7) Sense of a foreshortened future (e.g. does not expect to have a career, marriage, children or a normal life span)

D: Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

1) Difficulty falling or staying asleep
2) Irritability or outbursts of anger
3) Difficulty concentrating
4) Hypervigilance
5) Exaggerated startle responses

E: Duration of the disturbance (criteria B, C, D) is more then a month.

F: Disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning."

Only clinical psychologists are entitled to diagnose and treat cases of PTSD; consequently, children suspected to suffer from PTSD should immediately be referred to one of them.

Post-traumatic reactions to WFCL can be explained by learning theories, which include the principles of classical and operant conditioning. When a child is experiencing a situation of exploitation (unconditioned stimulus), s/he has a range of emotional reactions, such as fear, fright, shame, anger (unconditioned response).

[29] American Psychiatric Associations, Diagnostic criteria according to *Diagnostic and Statistical Manual of Mental Disorders* IV, 2000.

Classical conditioning appears when other neutral stimuli, like clothes, a certain tone of voice, intensity of light, dark, a certain place (conditioned stimuli) are present in the abuse / exploitation event which determines negative emotional reactions (unconditioned responses). For example, a child will have the same intense negative emotional reactions to the situations involving the neutral stimuli, which were initially present in the abuse / exploitation event: intense reactions of fear or fright of dark, if the abuse took place at night; or there will be intense emotional reaction to entering a bathroom, if the abuse took place in a bathroom. Thus, children experience intense negative emotions in many neutral situations, which activate the recalling of the traumatic event.

Operant conditioning appears when children learn how to avoid the stimuli, which activate the recalling of the traumatic event, in order to reduce the experiences of fear and fright. Every time the child avoids, for example, a room when it is dark or the bathroom, the intensity of the fear and anxiety reaction decreases, and consequently the avoidant behaviour is negatively reinforced.

The understanding of child labour the reader will have gained in this chapter is of crucial importance before starting the rehabilitation process of the child as presented in chapter four. The following correspondences need to be highlighted:

- An in depth understanding of the consequences of child labour is required to understand the situation the child is in;
- The competency paradigm is at the root of the rapport to be established between the case manager, other members of the case management team and the child;
- The risk and protection factors should be used for establishing the needs and capacity assessment of the child.

III Identification process of children involved in the WFCL

A systematic and efficient identification system is key to the elimination of child trafficking and other WFCL. It is estimated that about 65% of victims of trafficking remain unidentified in South Eastern Europe.[30] Difficulties linked to the identification of WFCL in South and Eastern Europe include: a/the invisibility of child labour performed within criminal networks and/or within family-owned farms/companies, b/the lack of understanding of the consequences of hazardous child labour, and its relative acceptance as a coping mechanism against poverty.

UNICEF's "Guidelines on the Protection of the Rights of Child Victims of Trafficking in South-eastern Europe" recommends appointing a guardian as soon as the victim has been identified. The guardian shall accompany the child within the entire proceedings until a sustainable/permanent solution in the best interest of the child is identified and implemented.

[30] Barbara Limanowska, *Trafficking in Human Beings in South Eastern Europe*, UNICEF, UNOCHR, OCSE/ ODIHR, Belgrade 2002, p. 142.

Table nr. 9. Types of Identification (per type of WFCL at the place of residence or trough a trafficking process)

WFCL	Identification
Hazardous child labour as part of the formal or informal economy	A Labour Inspector, together with other members of the MDTs, establishes a/the age of the child, b/the hazards s/he faces, and then gathers additional elements from the school, community and family.
Use of children in illicit activities	A law enforcement officer, together with other members of the MDTs, establishes the offence / crime allegedly committed by the minor, and gathers additional elements from the school and the community / family.
Commercial sexual exploitation and production of pornographic materials	A law enforcement officer, a psychotherapist, together with other members of the MDTs establishes the case of alleged sexual exploitation and gather additional elements from the school and the community / family.
External Trafficking	Law enforcement agencies, mainly, in collaboration with international organizations, NGO networks, and consular agencies, identify the case — including transportation, and resulting exploitation, as per the definition (see Chapter 1). The child may have been reffered to them by a third party in the country of destination; they contact the LACs to gather more data on additional elements from the school and the community / family.

Pre-identification can also be made by teachers on the basis of the record of attendance and performance of children in school and on specific signs the teacher would have noted. A social worker visiting a family may also have indications of the involvement of children in WFCL that s/he will refer to the MDTs.

However, children and their entourage may not always be willing or able to disclose details related to labour or sexual exploitation because:

- they find it difficult to acknowledge such a blunt violation of their basic rights, and are in a state of denial about/blame themselves for what happened;
- they may be influenced by social prejudices (e.g. which may condemn victims of trafficking as 'worthless' human beings);
- they have lost all confidence in other people (including this 'newcomer': the case manager);
- they fear retribution from the trafficker or the exploiter;
- they do not want to talk about what happened to them, to avoid unpleasant memories;
- they fear possible legal consequences, if they were involved in committing offences / crimes;
- they do not understand that they have been exploited for labour or sex (especially young children).

Victims may experience several types of exploitation simultaneously. Since 2005, „La Strada" in Moldova has recorded cases of child trafficking in which victims were subjected to both sexual and forced labour exploitation.

In this case a case manager should seek **indirect signs to identify cases of WFCL**, based on researched data and his/her own experience. This should enable the case manager to establish a pre-identification that will allow the child to access a minimum package of services. Later, the child may be able to provide elements to confirm his/her status, and to decide whether to collaborate with law enforcement agencies.

It is important to note that children withdrawn from WFCL should have access to assistance regardless of a/their decision to testify or not in criminal proceedings against persons suspected of being involved in their exploitation, b/the conviction of their exploiter in a court of law.

It is important for the case manager to win the confidence of the child, in order to facilitate his/her identification. Practice shows that when children withdrawn from trafficking share their experiences, reveal their feelings and emotions, or express and acknowledge their condition, they tend subsequently to become more actively involved in the design, development and accomplishment of their own rehabilitation plan.

The symptoms of post-traumatic stress depend on age. Children react to trauma with disorganized and dysfunctional behaviour more frequently than adults, whose emotional reactions tend towards fear or vulnerability. The older the child, the more complex the reactions to the trauma, be they behavioural or cognitive/emotional. In most cases, children do not want to talk about traumatic events, therefore the psychologist must be prepared to recognize certain signs associated with physical abuse, such as:

Possible indirect signs of abuse

- Burns made with a cigarette - these leave macular scars with a diameter of 5 -10 millimeters and exhibit a de-pigmented center with a relatively blurred hyper-pigmented periphery.
- The consequences of whipping and punishment with a club — these are long, either linear or undulated scars, which are asymmetrically grouped. Tying the victim may damage the subcutaneous tissues, which are pressed. Thus, a nerve lesion may appear and cause the loss of sensorial or motor function.
- Razor cuts: these leave a scar of 5-10 centimeters long and 1 millimeter wide, macular and often de-pigmented. If the wound has been covered with pepper, the scar will be hypertrophied.

These indirect signs include the comparison of the child's basic data (gender and age, education and qualification, family background, employment and income level) with the current trends of the WFCL. Their poverty status and the violence experienced by the children throughout their lives is an important indicator of their likelihood of being a victim of WFCL (refer to the list of risk and protection factors, Table nr. 3). In case of trafficking, the legal status of the supposed victim in the country of transit or destination is an important indicator but is not sufficient to establish the case. Children may arrive in the destination country legally but be illegally involved in economic activities. If the child does not divulge his/her involvement in WFCL, but the educated intuition of the case manager establishes it tentatively, the child should still be admitted in the rehabilitation process if s/he wishes to.

Chapter 3 Rehabilitation Methodologies for children withdrawn from the WFCL

The understanding of child labour the reader will have gained in Chapter 2 is of crucial importance to the present chapter. The following correspondences need to be highlighted:

- An in depth understanding of the consequences of child labour is required to understand the situation of the former child labourer;
- The competency paradigm is at the root of the rapport to be established between the case manager, members of the case management team and the child;
- The risk and protection factors should be used for establishing the needs and capacity assessment of the child.

This manual describes identification and psychosocial rehabilitation as distinct, consecutive steps. However, bearing in mind a/that traumatized children display obvious signs, b/that the pain they suffer is unbearable, c/that a delay in the start of the counselling process may impact negatively on their recovery, it needs to be highlighted that trauma calls for an emergency by qualified psychologists even before the start of the long term rehabilitation itself. There is therefore a need to institute an emergency procedure in order to address the needs of the child as early as s/he is identified. The child may also have urgent protection and material needs that can be identified easily, and to which an answer must be provided immediately.

The long term rehabilitation of the child withdrawn from WFCL is a complex process that requires psychological, educational and vocational rehabilitation. A key element in this process is to change the child's dysfunctional attitudes - acquired during traumatic experiences - towards adults, work or their own self. The process involves several stages already listed in Chapter 3. To sum up, they are:

1. **Establishing a rapport with the child**; the success of this stage will have a direct impact on drop-out rate from the rehabilitation programme. The child withdrawn from WFCL are "*involuntary clients*" as they do not ask for help or specialized support, such as counselling or psychotherapy[31].
2. **Assessing needs, resources and capacity**; including conceptualizing the issue at hand in observable and measurable terms.
3. **Designing a plan of activities** for rehabilitation and reintegration, including setting the objectives of the rehabilitation programme and indicators / means of verification for quantifying progress. Its aim is to decrease those risk factors at the root of the child's involvement in WFCL, and reinforce protection factors. Rehabilitation focused merely on integrating the child into the educational system is not enough to reduce the risk of re-victimization of that child and of his/her future children. The objectives of the psycho-educational, counselling or psychotherapeutic activities must be to develop some cognitive, social and emotional abilities, which should enable the child to adapt healthily to events in later life.
4. **Facilitating the change**. Each child has different capacities, needs and responses to services. Consequently, the more individualized the plan, the more multi-disciplinary its process of implementation, and the more often it is assessed and possibly modified, then the more likely it will succeed in rehabilitating the child.
5. **Ensuring continuous assessment** (and deciding on possible changes in the plan of activities).
6. **Closing the case.**

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[31] Barath, A., *Case Management and Program Implementation. Mental Health and Trafficking in Human Beings*: Regional Training of Trainers Workshop. Budapest, International Organization for Migration, 2004.

Information management

In order to monitor the child's progress and enable a proper selection of intervention methods, each professional must document the counselling sessions. One method is to create a file or record, which may include:

- General data (age, sex, educational level, parents' name, place of residence, physical health condition);
- Personal resources and capacities (development of cognitive, social and emotional abilities, social support);
- List of problems (behavioral, emotional, cognitive, physiological reactions);
- Description of each behavior, cognitive or emotional problem (frequency, severity, duration, latence);
- Counselling, general objectives (long term — 6 months and 1 year);
- Each session's objectives (short term, objectives for each intervention area — educational, psychological, vocational);
- The intervention techniques used in each session;
- Monitoring progress after every counselling or intervention session; progress is registered in terms of learnt abilities, acquired behaviours, coping mechanisms, level of the emotional state.

To ensure an accurate record, the professional should write down the objective of every session, the intervention methods used, and any tasks/assignments that carry over into future sessions. In this way, the child's progress in achieving the objectives may be assessed, in terms of abilities acquired, behaviours learnt, coping mechanisms, etc. The continuous monitoring of the child's progress throughout counselling provides proper feedback for the professional and allows him/her to adapt the specific objectives and techniques for developing and implementing an efficient intervention plan. Progress is evaluated in relation to the initial assessment. It is also very important for the child to be made aware of any progress achieved during the counselling, because this can become a strong motivational factor.

Stage 1 Establishing a rapport with the child

The main objective at this stage is to establish and maintain a supportive, caring, therapeutic alliance. The aim is to encourage children withdrawn from WFCL to "open up", to regain their self-esteem, to learn to have confidence in themselves and other people. A relationship of trust involves mutual interaction and understanding. Children, like adults, do not usually reveal details of their life to strangers. It takes time to bond and establish trust. Consequently, the professionals must come across as reliable and 'open', they must not lie or make promises they cannot keep.

Establishing a trusting relationship can take weeks or months. It takes time for the professional to win the trust of a child, the family or the community. Frequent visits allow this to happen. The professional must show that s/he will not use the information to harm anyone. For example, it is helpful if s/he can show an identity card, and explain his/her position and the aim of the discussion. People like to know who exactly is sitting opposite them. Children, in particular, like to know about the family of the professional and see a picture of his/her children. It is not strange that some people refuse to give information about their life to a person who refuses to give information about his/her life. Pictures and appropriate personal details can help establish trust.

A child who has been exploited is also more likely to trust an adult who is accompanied by someone the child trusts. However, there is a risk that such a 'go-between' may try to influence what the child says.

Some investigators establish friendly relationships with children through shared activities like watching movies, playing, drawing, etc. The gathering of information starts only after they have won the child's attention. Nevertheless the child may feel obliged and betrayed by the professional when s/he starts collecting information from him/her. The professional must identify him/herself as such from the very beginning and should let time pass before s/he starts collecting information other than through observation.

Professionals should be chosen for their approachability from the child's point of view. The professional should be experienced, should know how to work with difficult and sensitive topics, how to solve moral dilemmas and how to react when the child or an adult becomes stressed.

The professional must be honest and clear regarding the aims of the discussion, and how information received will be used. S/he should always keep any promises s/he has made to the children, adults, their family or community and consequently not raise false expectations with support s/he can not provide or is not sure about. Assistance should also be unconditional and not promised as reward for a testimony; however the assistance provided creates the necessary conditions for the child to decide on whether s/he wishes to testify against his/her former exploiters.

Children should not be deceived. In one country of the region, policemen disguised as 'social workers' used to visit a shelter to get information on trafficking. This approach may seriously undermine a child's rehabilitation.

Basic Principles for interviewing children withdrawn from the Worst Forms of Child Labour[32]

This section relates to interview techniques for front-line practitioners with minimum education and experience of working with children.

Protection

Professionals are responsible for protecting the children from any physical or emotional harm which might result from the discussion, and for safeguarding their interests and rights. This will involve an assessment of the potential risk of conducting the discussion, and of any risks which might arise out of the stigmatization of the child due to his/her being involved in a rehabilitation programme as a prostitute or a thief (for instance). These risks may include a possibility that the child may be beaten, persecuted or even murdered by traffickers. A child might also be harmed as a result of the method, tone or content of the discussion, especially if they relate to memories of stressful experiences and feelings.

Context of the discussion

The meeting with the children should be held in a separate, secure place where they will not feel threatened and if possible, it should be selected by them. However, it may take time for a child to trust the professional and to take him/her to a place where s/he feels safe. In some cases children are so exhausted that they need to sleep before they can take part in a discussion. For some children staying in a secluded place only with the professional can be frightening, especially if the door is closed. This can remind them of being arrested by police or locked up by traffickers or the abusive family. It is best to ask the child where s/he wants to talk. In any case, the professionals should avoid discussing with the child alone, in order to avoid later accusations of abuse.

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[32] *Handbook for action-oriented research on the worst forms of child labour including trafficking in children.* Bangkok: Regional Working Group on Child Labour in Asia (RWG-CL), 2003.

Active listening

This is a basic counselling activity, which provides support for an efficient communication between professional and child. Active listening encourages the child to speak openly and freely. Through active listening, respect for what the child is thinking or feeling is communicated, and the nonverbal message that s/he has been understood, is conveyed. The basic do's and don'ts of active listening are:

Table nr. 11 Do's and Don'ts in Active Listening

Do's	Don'ts
• Use nonverbal communication (voice tone and intensity, mimicry, gestures) should be appropriate to the context and the child's emotional state • Maintain eye contact with the child, without staring • Make sure you understood correctly what the child communicates, by statements such us "What you mean is that…" • Listen to the child, without being preoccupied with the answers you want to give • Use expressions such as "hmm", "yes", "I understand" • Give the child the chance to talk and ask questions, do not talk incessantly • Listen with compassion — the professional should be honestly and genuinely interested in the problem / issue approached • Listening should not merely focus on the verbal message — most information is obtained through nonverbal messages that the children send: vegetative reactions (pale or blushing face), tone of voice, gestures etc. • Respect any silences and/or gaps in the child's speech	• Don't be distracted. You must pay attention to what the child is talking about • Don't offer "surface" or superficial listening, when you only pretend to follow a conversation, without paying attention to the discussion • Don't listen without understanding the message, or without asking for more details • Don't repeat in your mind the question you want to ask next • Don't interrupt the child in the middle of his/her sentence • Don't 'filter' his/her words in search of what the professional expects to hear • Do not feel menaced and offended if the child has different values from you • Do not react to issues or information which contradicts professional opinion • Do not judge what you hear according to your own attitudes and beliefs, e.g. in terms of "good" or "bad", "acceptable" or "unacceptable", "right" or "wrong", "interesting" or "uninteresting" • Do not sort the information according to your own interests and beliefs • Do not 'label' the child, as occupying a certain category

Perception

Good perception skills enable the professional to understand the child's message and emotional state in more depth. Perception involves two important indicators: nonverbal behaviour (mimicry, gestures, voice, vegetative changes) and verbal behaviour (the content of the messages). An ability to spot discrepancies between these two types of behaviour can often provide supplementary information about the respective person / situation.

However, difficulties with the perception process may arise if the professional moves from simply observing certain modes of behaviour, to interpreting these in a personal manner in an attempt to draw inferences about the child's particularities. This approach is incorrect, risks breaching the trust and undermining the authenticity of the relationship with the child. The professional objective of the counselling sessions is not to try and label or categorize the child, but to provide them with a proper environment where they can begin to understand themselves better, to respect themselves and others and learn how to take responsible decisions.

Asking questions

Interviewing is an invasive method, therefore it should be used with caution. The professional asks the child various questions in order to help him/her to clarify his/her feelings, beliefs, attitudes and personal values. The questions may be:

- ***Closed questions*** — these generate straightforward "yes" or "no" answers. Most of the time, such questions tend to terminate or undermine communication. However, there are some circumstances when we can use them to help focus the discussion and obtain or clarify information about a particular, concrete aspect. For example: *"Do you live with your family?"*
- ***Explanatory questions*** ("*why?*") are useless questions for counselling, because they make the child identify causes or reasons, which is not the aim of counselling. These types of questions are associated with feelings of guilt. The child associates questions like *"Why did you do that?"* or "*Why did you take the decision to do X?"* with *"Why did you do such a silly thing?". "Why?"* questions make the child defensive and non-communicative; when we are asked why we reacted *"like that",* we feel obliged to find logical explanations or excuses for our behaviour. Instead of using the question *"why?",* it is recommended to use open questions, such as "*Could you describe the situation X to me?*". Most of the time, it is much more difficult to find out why one did a certain thing, than it is to ask the question "*What happened?*".
- ***Hypothetical questions*** are useful for visualising the positive or negative consequences of certain actions and for considering different alternative actions (for e.g. in planning ahead in one's life and career). Questions such as "*What would you like to be doing in 5 years?*", and/or "*If you were a flower, what type would you be?*" are a useful way to stimulate discussion about self-esteem, conflict, taking decisions. They make the child feel comfortable because they approach a problem hypothetically, and do not focus on specific or individual issues.
- ***Open questions*** are those questions which communicate to the child that s/he is being listened to and that the professional is interested in the information revealed. These questions help the child express their attitudes, values, feelings or options regarding a certain issue under discussion. Therefore, it is advisable to use mostly open questions. They facilitate the communication process through an invitation to describe the situation: "*Could you tell me more about…?*", "*Could you describe the situation X to me?*"

While discussing familiar topics with children, try to listen to their speech and adapt your own vocabulary to theirs. Ask the children to identify colours, check whether they can count (taking into account the skills appropriate to their age), check their understanding of prepositions like "over", "under", "in front", "behind", etc (see table nr. 11. Developmentally Sensitive Interviewing Strategies).

Ask the children why they are here, ask them about what others may have told them would happen during the discussion. Go over the meaning of truth and lies (especially important with small children), then use examples to ascertain whether the child can distinguish between these two concepts, for example, *"If I say my hair is green, would that be true or would it be a lie?*". Explain to the child that today you want to talk only about things that are true.

Remember that the child is very likely to be afraid. Explain that you are going to talk about secrets. When working with children you have to devote a lot of time to distinguishing between a good secret and a bad secret. The perpetrator has probably applied all sorts of pressure on the child to ensure s/he will not be exposed. So always bear in mind that the child can be very scared.

Tell the child that if they do not know the answer to a question it is better to say *"I don't know"* rather than to guess. Tell the child that they probably will not know the answers to all the questions and that they should say so, as and when appropriate. You can easily check whether the child understands this (especially important with small children) by asking, for example: *"Where did I go on my vacation last summer?"*

Suggestions for the correct use of questions when addressed to the child:

- Do not use specific technical terms that are difficult to understand. Try to hear the expressions that *children use* to name the things they did or the things that were done to them, then speak in those terms yourself. It is not necessary to use slang to get nearer to a child — they know that you are not like them and they expect you to talk normally.
- Do not ask questions in long convoluted sentences. Speak simply, and clearly.
- Do not repeat questions the child did not understand, because this might make him/her think that s/he made a mistake; instead, better to rephrase your original question;
- Do not respond with a new question after every answer.
- Leave the most sensitive questions for the end of the discussion. By then, you will have gained some idea about the general situation and wider context.
- If possible, organize several meetings with the child and leave the most difficult topic for the last meeting.
- Respect the child's right not to answer questions they feel uncomfortable with.
- Do not imply criticism or accusation.

Giving feedback

Providing efficient feedback is an ability which supports communication between the professional and the child. Here are some recommendations for giving efficient feedback:

- Feedback should focus on positive aspects; it should be constructive, not destructive. The aim is to support and help the child, not to assess or judge him/her.
- Feedback should be specific and concrete, focused on specific and not general behaviour. Vague terms or indirect references to the behaviour or the person in general do not help the child to progress.
- Feedback should be descriptive, not judgemental or critical. Try to avoid the words *"good"* or *"bad"* and similar words deriving from these, because they do not say anything about specific behaviour that the child should develop.
- Feedback should be given for those behaviours and attitudes that can be changed.
- Feedback should offer alternative behaviours; if feedback is given for aspects which cannot be changed, the child will immediately experience a state of conflict and emotional tension.
- Feedback must not be delayed. It must be given immediately, to strengthen behaviour.
- Feedback should address the child's behaviour, not the child in general.

Providing information

During the discussions, the professional identifies the child's knowledge, attitudes and skills. According to the accuracy of the information gathered, the professional provides new, correct information (for example, information about drugs, sexually transmitted diseases, emotional communication, services available). The information should be communicated in such a manner as to be easily understood by the child.

When it is noticed that the child has information gaps, it is important that the professional should not give him/her negative feedback related to these gaps or distortions, and should not criticise the child for stating them. This kind of behaviour will block communication and leave the professional unable to encourage the child's self-study and development.

The counselling framework and interactive manner in which the necessary information is provided are important, so as the child who receives counselling is empowered to make responsible decisions.

Recommendations for providing information:

- Use the same kind of language as the child.
- Provide correct information.
- Explore alternatives together. Don't offer them as the only solutions to the respective problem.
- Teach the child how to look for information by him/herself and how to judge it critically.
- Analyse and modify with the child any incorrect information that s/he has, and provide arguments that s/he will understand and accept.
- Provide enough information for the child to make adequate and informed decisions

Rephrasing

Rephrasing is the ability to reword what we think is essential in a certain message. Our objective is to clarify aspects related to the issue or topic under discussion. Rephrasing uses phrases which communicate to the child that the message has been understood: "*What you are saying refers to...*", "*In other words...*". Rephrasing also allows the professional to clarify whether s/he has understood the child's message correctly. It is important that the professional should not use other words or information, which the child has not communicated in his/her message, in order not to give a personal interpretation to the message or to influence the course of communication. Recommendations for rephrasing:

- Avoid defining the problems yourself.
- Do not judge and do not minimise what the child is communicating.
- Do not use sarcasm or irony when providing feedback.
- Do not assess or interpret what the child has said.
- Be honest and do not pretend that you understood when you did not, or when you are not sure that what you understood is what the child wanted to communicate.
- Use nonverbal behaviour in order to communicate acceptance.

Summarizing

This is a way to sum up methodically the most important aspects of the child's discourse. The aim of summarizing is to go over the main points of a discourse or to end the discussion. It is used to establish the priorities or alternatives in approaching an issue or to clarify the child's possibilities on the alternatives that s/he has, in approaching the issue.

Summarizing is also a useful way to open a new stage of the discussion on a certain issue, thus recollecting the conclusions of the previous stages. Summarizing is carried out together with the child and is the stage where we clarify which subjects need to be approached afterwards and which ones have already been identified and clarified.

Reflecting

This is an expression of the professional's understanding of both the informational content, and the emotional state, transmitted by the child. Sometimes it is more relevant to reflect the emotions than the content. Reflecting gives the child the feeling that s/he is listened to and that what s/he is expressing or experiencing is important. Crucially, reflecting should validate the child's emotional experiences. The aim of reflecting is:

- *To check whether or not what the child said, has been understood;*
- *To communicate understanding and unconditioned acceptance, to the child;*
- *To establish a relationship based on trust.*

Reflecting the emotions makes the child aware of what s/he is feeling, and encourages him/her to confront the emotional problems and not avoid them. Very frequently, some children avoid exploring their feelings, because they want to avoid the pain associated with strong emotions such as sadness, disappointment, anger or anxiety. Confronting their own feelings will allow the child to approach and solve their problems.

Development sensitive interviewing techniques

It is important for the person carrying out the assessment to know the child's emotional and cognitive development level, because it influences the way in which the events have been stored in the autobiographic memory (see Table nr. 6). Usually, dissociative responses are the child's defense mechanisms in response to trauma. These dissociative reactions alter the memory, perception or emotional response in order to minimize stress. But before making these assumptions, one must investigate whether these reactions are the result of a normal development process or of a traumatic event.

Table nr. 11. Developmentally Sensitive Discussion Strategies[33]

Period	Interviewing do's	Interviewing don'ts
Early childhood (ages 3—5)	Sit at the child's level (e.g., on a mat on the floor or a small chair) Limit the length and complexity of questions Use open-ended questions about specific and familiar situations Use toys and props Use the child's terms and phrases Use people's names instead of pronouns Allow ample time for the child to respond	Do not attempt to maintain total control of the discussion Avoid embedded phrases or clauses Avoid questions that can be answered "yes" or "no" Do not follow every response with another question
Middle childhood (ages 6—11)	Take time to establish rapport Listen with empathy Solicit and restate feelings Follow the child's lead in conversation Use open-ended questions Sometimes provide multiple choice options as probes Talk about familiar settings and activities Provide contextual cues (e.g., pictures, verbal examples) Rephrase or simplify questions when the child has misunderstood or not responded Use direct requests to transition to new topics or tasks	Avoid making judgmental comments Avoid too many factual questions Avoid too much direct questioning Avoid constant eye contact Avoid abstract questions Avoid questions with obvious right or wrong answers Avoid rhetorical questions Avoid "why" questions about motives
Adolescence (ages 12—18)	Be clear about limits of confidentiality Show respect Solicit and listen to adolescents points of view and feelings Be prepared for emotional stress Ask for possible alternative ways to solve a problem Pursue any indications of suicidal risk	Avoid psychological terms Avoid making judgments based solely on adult norms

[33] Extracted from McConaughy, S.H., *Clinical Interviews for Children and Adolescents: Assessment to Intervention*. Guilford Publications, 2005.

Stage 2 Needs and capacity assessment

This part relates specifically to the psychological assessment to be carried out by accredited specialists/case managers. The assessment should, however, be carried in a multidisciplinary way, i.e. the case manager should also involve other professionals, as required.

This assessment covers the full spectrum of the child's risk and protection factors, his/her emotional, cognitive and social skills, his/her social networks and material assets. It proceeds from various viewpoints: the child's own, that of another person significant to the child, those of relevant professionals selected by the case manager.

Within the context of multi-disciplinary assessment, child interviews are especially useful for the following purposes:

- To establish rapport and mutual respect between the professional and the child;
- To learn about the child's perspective on his/her functioning;
- To identify which of the child's current problems are appropriate potential targets for interventions;
- To identify the child's strengths and competencies that can be reinforced through interventions;
- To assess the child's view of different intervention options;
- To observe directly the child's behaviour, affect, and interaction style.

The evaluation of a child who has experienced a traumatic event is a multidisciplinary process. The data necessary for assessing the child have to be collected from as many persons (parents, educators, teachers, siblings), through as many evaluators (the child himself/herself, social worker, psychologist, teacher, parent) and in as many contexts as possible (in the rehabilitation centre, in school, during the various activities s/he takes part in, at home). However, this multidisciplinary aspect should not reactivate the child emotional reactions related to the trauma. Therefore care should be taken not to ask the child repeated questions directly related to the traumatic event. A proper information system between the members of the case management team should ensure that this does not happen.

There are several assessment methods, apart from discussion. They include: self-monitoring, assessment questionnaires and scales, information gathered from other persons, direct observation of behaviour (see Table nr. 12).

The case manager can use semi-structured questions to cover a wide range of topics, while adapting questioning strategies to fit the child's developmental levels and interaction styles. S/he can also use behaviour-specific questions to assess the child's understanding of antecedents and consequences for specific problems, and use problem-solving questions to explore the child's own views of potential interventions.

Table nr. 12. Assessment methods used with children and adolescent

Type of methods	Definition	Who is responsible?
Discussion with child and other persons	Assessment methods that use specific questions on key areas of concern The professional should remain sensitive to the child's reactions during the discussion process and be ready to reorient the discussion accordingly	Psychologist, social workers, psychiatrics and educators
Assessment questionnaires and scales	Assessment methods that use standardized questionnaires and scales to identify specific emotional and behavioural problems or difficulties	Accredited specialist as per national standards
Behavioural assessments and direct observation of behaviour[34]	Behavioural assessments consist primarily of obtaining frequency, rate, and duration measures of specific behaviours	Accredited Psychologist who may collaborate with educators and other professionals involved in educational activities with children
Self-assessment and self-monitoring	Assessment methods that collect information about emotions, cognitions and behaviour identified by the child (e.g.: a diary) It is a very important method because it provides information about problems or difficulties from the child's own perspective	The child him/herself

Psychological assessment is carried out by a certified clinical psychologist, specialized in evaluating the consequences of sexual and/or physical abuse, of trauma and post-traumatic stress (see Table nr. 8). S/he identifies details about a) the traumatic event and b) the way the child reacted to the trauma. This information helps the child to adapt better to consequences of the traumatic situation. Specialised research shows that, after the age of 6-7 years, children are able to provide consistent information on how they reacted cognitively and emotionally during the traumatic situation (see also the consequences of WFCL, Table nr. 4)[35].

[34] Eric J. Mash and Leif G. Terdal, *Assessment of Childhood Disorders.* Guilford Publications, 2001.

[35] Salmon, K., Bryant, R.A,. Post-traumatic stress disorder in children The influence of developmental factors. *Clinical Psychology Review* 22, 163—188, 2002.

Table nr. 13. Symptoms of post-traumatic stress

Cognitive factors	Subjective factors	Emotional factors	Physiological factors	Behaviour factors
Black-out; Intrusive thoughts; Nightmares Flash-backs/ reliving the events; Selective amnesia; Reduced ability to focus.	Derealisation; Dissociation; Depersonalization; Pain perception.	Depressive disposition; Reduced emotional reactions; Irritability/angry outbursts; Guilt; Shame.	Sleep disturbances (insomnia, problems getting to sleep); Hyper vigilance; Exaggerated or very reduced physiological responses (heartbeats, perspiration, breathing etc.) when the child confronts with stimuli related to the trauma.	Avoiding activities, persons, and/or discussion subjects related to the trauma; Losing interest in daily activities; Isolation.

Including the family

The assessment should also focus on the family: to what extent is the family a factor of support and assistance for the child's recovery or, on the contrary, an obstacle, and what kind of intervention should be performed in that case? This assessment should first define whether the child is at direct risk when staying with his/her family, and whether a court order should be sought for a (temporary) suspension of parental rights.

Issues for discussion / assessment include:

1. The parents' perception of the child labour experience and the traumatic event; the parents' role in the child labour experience;
2. The parents' reaction to the trauma or the traumatic event: **emotional** (e.g. anger, despair, desolation, guilt,), **cognitive** (e.g. denial — *"it is impossible that something like this has happened to my child"*, rationalization — *"my child makes things up sometimes, this could not have happened"*) and **behavioural** (e.g. parents are overprotective or, conversely, too distant and cold with the child).
3. The defence mechanisms built by the parent(s) involved in the child's exploitation *("it was for his/her own good…", "they took good care of him/her….", "it was better there for him/her, than here"*);
4. The parents' previous traumatic experiences that modified their perception of the world and normality (e.g. the mother was also a victim of sexual abuse or exploitative employment);
5. How the exploitation experience has affected the family, including relationships with other siblings, relationships within the family, the child's attitude towards his/her parents, the parents' attitude towards the child;
6. The risk that the child might be re-victimized by his/her parents, or the parents' abilities to be supportive and to help their child throughout the rehabilitation process; the case manager should also consider how the parents are involved in strengthening the rehabilitation strategies and methods (e.g. whether or not they encourage and support the child in resuming schooling, whether or not they talk to the child about his/her feelings and thoughts).

All these elements should be carefully considered before a decision is made on a) possible support to the family, b) possible separation of the child from the family.

Stage 3 Design of a plan of activities

This plan is discussed and agreed with the child and whenever possible with his/her parent(s)/tutor. It is based on the needs and capacity assessment, available services and agreed procedures (see Appendix nr. 2 for additional information about mapping the services "*Mapping of services for referral of cases of WFCL including trafficking*"[36]). It includes specific objectives and indicators that will help track progress made by the child throughout the process. The objectives should be realistic and aim to ensure a sustainable solution to the child's situation. Every member of the case management team should clearly understand and agree to his/her responsibilities as defined in the plan, and to fulfil his/her tasks accordingly. For example, see Appendix 1 - the work plan developed by a multidisciplinary team in Bulgaria for a child withdrawn from external trafficking **"***Needs of the survivors of trafficking and work plan*".

The structure for this stage is:

a) A **list of the child's problems** (behavioural, emotional, cognitive and educational), obtained as a result of the assessment phase;
b) A list of **long-term and short-term objectives** to address those problems;
c) For each short-term objective, **design a set of interventions and actions** to reach it.
d) For each intervention and action, design some **indicators to track progress** made by the child in the process of rehabilitation**.**

An example of such a table is presented below (without the related activities):

Table nr. 14. Example of a plan of activities for rehabilitation of children

Issues	Short-term objectives	Indicators
Behavioural difficulties such as hyperactivitiy, impulsiveness, lack of respect for rules	**Behaviour modification** At the end of rehabilitation the child will be able to identify practical advantages linked to improved social behaviour (e.g. respecting social rules)	Ability to quote four practical advantages for using social rules
Difficulties in expressing and self-regulating emotions	**Emotional self-regulation** At the end of the rehabilitation, the child will be able to use self-control strategies (e.g., "stop, look, listen, and think") to inhibit the impulse to act out or engage in negative attention-seeking behaviors when encountering frustration with social rules	Capacity to describe several instances where s/he used self control strategies
	Use of relaxation techniques At the end of rehabilitation, the child will be able to use deep breathing and relaxation techniques to inhibit the impulse to act out or engage in negative attention-seeking behaviours when encountering frustration with his/her social situations	Capacity to describe instances where s/he used deep breathing and relaxation techniques to counteract impulses

[36] ILO-IPEC in Moldova, *Guidelines for Child Labour Monitoring*, 2006.

Issues	Short-term objectives	Indicators
Negative attitude about self, others, or world	**Cognitive restructuring techniques** At the end of rehabilitation, the child will be able to have an improved image of him/herself	One positive statement daily about her/himself, recorded in a journal or on a poster in his/her room
	Behavior modification At the end of rehabilitation, the child will be able to engage in positive behaviors that help him/her to assert him/herself positively	Capacity to tell examples of positive actions s/he has engaged in
	Emotional self-regulation At the end of rehabilitation, the child will be able to express his/her underlying, painful emotions	Demonstrated capacity to express one's emotions in a dialogue with the case manager
Lack of satisfaction related to educational activities	**Social capital** At the end of rehabilitation, the child will rely on a support network in case of future increased risk	S/he knows a list of resource people within or outside the school whom s/he can turn to for support, assistance, or instruction when encountering difficulty or frustration, and s/he is not afraid of asking for assistance when needed
	Self confidence At the end of rehabilitation the child will be able to specify the positive reinforcers that are contingent on him/her achieving specific academic goals	The child knows the positive reinforcers related with achieving specific academic goals
	Awareness of labour market At the end of the rehabilitation the child will have a clear understanding of the labour market (appropriate to his/her age) and of his/her capacity to find decent employment in the future	Expressed commitment to continue schooling for better jobs in future, or a clear choice of a future occupation, and an education strategy in place to reach this objective (including vocational education training)
The future of the child is jeopardized by the attitude of the family towards child labour and its incapacity to provide alternative solutions	**Economic sufficiency** At the end of the rehabilitation, the child's family will have a sufficient income from either welfare or jobs, in order not to send the child back to work. The family will be convinced of the necessity of keeping the child in school and out of work	Demonstrated capacity and willingness as per discussion with the case manager

Stage 4 Facilitating the change

> "The critical state in which a person finds him/herself after a traumatic event should not be considered a disease but a normal reaction to abnormal circumstances. Crisis is a process of personality development: if overcome positively the person reaches a new stage of his/her psychological development. Consequently, rehabilitation should be considered a support element in the long term development of the personality, rather than a form of treatment."
> Nodar Sarjveladze and colleagues, Trauma and Psychosocial Assistance, Tutu, 2001

Facilitating the change is the stage related to the implementation of the services by the case manager and case management team. The objective of this stage is to generate changes that are both acceptable to the child and useful for his/her reintegration. This chapter describes a/the activities that are linked to the psycho-social process and b/the ways in which members of the case management team should take into account this psychological rehabilitation process, in the activities they carry out with the child.

Two issues need to be highlighted:

- Therapy / counselling itself should be carried out only by accredited staff.
- Other activities, especially those related to economic empowerment, would deserve a more thorough description that falls beyond the scope of this manual.

I. Guidelines for the case management team to support the psycho-social rehabilitation of the child

Teaching a child positive behaviour will be most effective if it involves[37]: (a) instruction and opportunities to observe others behaving effectively; (b) practice and feedback on the skills they are learning; (c) instruction in many different examples of the skills; and (d) positive rewards from adults or peers when children use their skills in their daily lives.

It is first recommended to propose that the child should become involved in leisure activities to fulfil five essential purposes: a/to foster healthy relationships, b/to build confidence and trust, c/to encourage self-learning and self-discovery, d/to encourage positive behaviours, and e/to give happiness and enjoyment. The rehabilitation activities are conceived in such a way as to make the child perceive them as pleasant, to offer them positive support and to enable them to carry out activities specific to their age.

Activities with child victims of WFCL must also be seen from the point of view of their appropriateness to the experiences the children have had (belly dancing is not recommended), their age, and the consequences of the trafficking experiences on them. Children may have different reactions including revolt, lack of trust in adults, desire to run away, and problems related to discipline and respecting rules. These issues should be taken in account when designing the games.

Table 15. Age specific learning patterns

Age	Learning patterns
Pre-school	Through games, drawing, singing and story telling
7-12 years	Through role play, art therapy, and sports
12 and older	Through all the above, with an increasing part for discussion

[37] Sharon L. Foster, Patricia Brennan, Anthony Biglan, Linna Wang And Saud al-Ghaith, *Preventing behaviour problems: what works*. International Academy of Education (IAE), 2002.

Traumatized children may be involved in games without the support of a rehabilitation programme, but these games a/may be accompanied by fear, not joy, b/do not include role improvisation but rituals, c/are repeated endlessly, with obsession, d/do not serve the development of the child. Through these leisure time activities (drawings, role play etc.), children may well be given an opportunity to express their trauma; it is of prime importance not to leave this expression unanswered but to propose another direction for the child's feelings/attitudes — for instance through another drawing, a happy end to the play session, etc.

Generic leisure time activities may include[38]:

1. Participatory activities, when children can contribute to the design, planning and the game itself;
2. Group discussions, when children talk about themselves, sharing their personal feelings and reservations;
3. Role play (see below);
4. Art-therapy (see below);
5. Story telling and writing activities (see below);
6. Cooking and agricultural activities, to cultivate the feeling of success by taking care of other people, plants and animals;
7. Sport (see below);
8. "Favourite object", when children take care of a pet or a toy they love;
9. Sightseeing, visiting historical places, museums, exhibitions to allow children to discover new facets of life;
10. 'Letter links', when children establish friendly relations with the volunteers or mentors thus developing the ability of building up trust and friendship with other people.

The art produced within the context of the rehabilitation of children may be also be of great artistic value. The term art brut was coined by the French artist Jean Dubuffet in 1945 for the art of children and adults who do not follow any established artistic trend / school. Much of this art was produced as part of psychological therapy. Its core characteristics is that it does not seek commercial profit or public recognition, it is done without taking into account any artistic codes / traditions in terms of processes and materials (it can be made of mud, asphalt, broken glass), and is not supported by any theoretical basis. For example, a workshop was recently established in a Bruxelles day care centre, where therapy consists of the design and production of costumes, through which participants can express their feelings.

Art therapy allows children to express their emotions in a non-verbal way, and the case manager to have greater understanding of the emotions / elements of the trauma that can not yet be put into words by the child. However, great care should be taken not to interpret the creations in a hasty way: they are but elements for the understanding of the child's problems. Drawing can also be used to reinforce social interaction between children through group drawings (e.g. in pairs with complementary colors or within a larger group). Exhibitions also reinforce a child's self esteem.

Story telling can be used as part of the rehabilitation process as it allows the child to express his/her feelings (if s/he tells a story s/he imagined), and the case manager to promote values and positive behavior to be internalized by the child (when carefully selecting which stories to tell). Writing a story can also be a group exercise. Care should be brought not to perpetuate prejudices that can be part of old tales (against old women/witches for instance), by choosing the tale carefully, rewriting it, or having a discussion dissipating these prejudices after the story is told.

[38] Sarjveladze, N., Beberashvili, Z., Javakhishvili, D., Makhashvili, N., Sarjveladze, N., Kharashvili, J., This subchapter is from "*Trauma and Psychosocial Assistance*". A Handbook based on the experience of Georgian NGOs., 2001 and *"Psychosocial rehabilitation of refugee and IDP children*", A Handbook based on the experience of Azerbaijanian NGOs. Akhundov, N. 2001.

Role play offers children the chance to test different behavioural roles without taking any risk and to freely express their emotions. Plays can be a/either strictly regulated with a fixed scenario and possibly some text, b/with a fixed subject leaving the scenario to be improvised, c/with a free topic and total improvisation. Where role play is used to facilitate behavioral change, the case manager might assign roles *opposite* to the behavioral characteristics displayed by the child involved;.e.g. a shy child will be asked to play an assertive role, whilst an extroverted child will be asked to play a timid, reserved role. To avoid dissent within the group, it is necessary to explain in advance that there are no "good" or "bad" roles but that roles are good according to the capacity of the actor. Role play can also be used to ask children to represent several alternative feelings in a given situation. This helps the child to shift from a rigid, repetitive behaviour and adapt to given situations. It helps him/her to realize s/he can choose how to behave. In case of conflict, role play can also help to reduce tension and to find solutions by asking children to swap around and play each other's roles. At the end of all role play activities, a debriefing session should allow the children to verbalize what they learnt.

Sports activities should be chosen with care, as sports competition can lead to an overestimation of one's capacity, or conversely to less self-esteem (when a game is lost). Briefing and debriefing should foster in the children the idea of trying to improve their own personal capacity, rather than of trying to undermine or overcome the capacity of others. Prizes should also be distributed for all teams.

I.A. Reinforcing Positive Behaviour

A child is constantly confronted by risk factors that may influence his/her behaviour in a negative way. These risk factors become more complex as they grow older, making interventions more difficult. A child must therefore learn to recognize these risks, and how to react to them. This can typically involve teaching the child how to recognize what a trafficker will offer (in a newspaper's advertisement or when meeting them), what health and safety aspects are linked to agricultural activities or to activities that are common for children in the area (collecting metal on dumpsites, mining etc.). These awareness-raising activities will be more effective if they also target the parents, at the same time.

There is another level of serious risk: in the context of WFCL, especially where a child is involved in illicit activities, they may easily accept these activities as the new norm. A child who exhibits problematic behaviour may need more immediate, frequent, and long term services. In his/her on-going interaction with the child, the professional should identify the norms and principles on which the child bases his/her behaviour. This analysis should serve as a basis to a/provide positive reinforcement of the principles that support positive behaviour, b/provide support to alternative principles that support negative behaviour.

Punishment achieves nothing.

One of the best-established principles of learning is that appropriate, immediate positive consequences can make the desired behaviour more frequent. This process is commonly called positive reinforcement. Similarly, increasing positive reinforcement for alternatives to problem behaviour can lead to decreases in problem behaviours. **Positive Reinforcement** involves providing a pleasant consequence to reward the desired behaviour and therefore increase its frequency. Consequences that increase desired behaviours are called reinforcers. Their efficiency increases if they occur immediately after the behaviour. Reinforcers differ from child to child, and are linked to his/her likes and dislikes. Reinforcers include toys, access to desirable activities, attention and praise. **Negative Reinforcement / Escape** involves taking away something unpleasant to increase behaviour. For example, a child who does not like some group rules may separate him/herself from the group and consequently be sent to

ABCs of Behaviour
A = antecedent –what is happening before a behaviour occurs
B = behaviour –the actual behaviour that occurs
C = consequence –what happens after the behaviour occurs.

his/her desk. The use of an alternative (/escape) is likely to reinforce the tendency of the child to isolate him/herself.

Extinction involves not reinforcing a behaviour that was previously reinforced. For example, the child may cry and complain about some tasks, because s/he was previously used to crying and complaining to obtain what s/he wanted. However, if we ignore the crying and complaining and instead encourage the child to perform the task, then s/he will eventually stop complaining. This method is very useful in the case of aggressive behaviours. When using extinction, behaviour often gets worse before it gets better. This is called an **extinction burst**. If we begin ignoring the child's complaining, we can expect longer, louder complaining at first. However, if we continue to ignore the complaining, it will stop. Conversely, if we initially ignore the complaining but 'give in' when it becomes too bothersome, we will have taught the child that if s/he complains long enough, s/he will get his/her way. This is why it is important to be fully committed to using extinction, before starting it.

Differential Reinforcement - When a child misbehaves, the professional can often change this behaviour by providing positive reinforcement to something s/he approves, while ignoring the misbehaviour. This is called **differentially reinforcing other behaviour**. It will stop the crisis and increase the behaviours the professionals wish to reinforce.

I.B. Developing abilities of emotional and social self-regulation

Social and emotional abilities are basic indicators of the child's mental and emotional health. The proper development of these abilities is part of the rehabilitation process. Acquiring self-regulating emotional abilities helps the child to cope with the traumatic situations they have experienced and to adjust better to future circumstances.

Table nr. 16. Emotional self-regulation

Emotional abilities	Types of behaviour
Recognizing and expressing the emotions	• To use words and expressions denominating emotional states • To identify situations when s/he is experiencing an emotion • To identify situations when other persons are experiencing an emotion • To identify emotions associated to a particular context — especially linked to the traumatic WFCL • To recognize emotions based on a person's facial expression • To transmit emotional messages non-verbally • To identify situations when there are differences between the emotional state and the way it is expressed externally • To transmit persuasively the verbal and non-verbal emotional messages • To show empathy towards other persons • To express complex emotions (shame, guilt, pride) • To take into consideration each person's characteristics when interacting socially

Emotional abilities	Types of behaviour
Understanding the emotions	• To identify the cause of the emotions • To recognize the consequences of the emotions in a particular situation
Emotional regulating	• To express self-regulating strategies

Emotional self-regulating methods

There are seven main stages through which these self-regulating skills can be developed:

1. **Identifying the situations/circumstances** when children have experienced negative emotions (e.g somebody cursed me, or beat me, or stole my food; somebody laughed at me etc.);
2. **Identifying emotions** that are negative/positive, pleasant/unpleasant; naming them (e.g anger, sadness, helplessness, joy, fear, depression, worry, satisfaction, happiness etc.), and distinguishing functional emotions (which motivate me) and dysfunctional emotions (which hinder my personal, professional and social life);
3. **Establishing a connection between thoughts and emotions**; Children older than 7/8 years can realize that a/"It's not so much the negative situations that bother me, but the negative thoughts attached to it that block my progress"; b/ "I have the power to change the way I feel and how I react."
4. **Identifying the disadaptive beliefs, ideas behind the dysfunctional negative emotions** and how these ideas/beliefs can be changed not to feel afraid / depressed / angry.
5. **Exchanging irrational for rational beliefs;** increasing tolerance for other people's opinions and deeds, distinguishing between a person's value and the way s/he behaves in a particular situation and accepting even negative things that s/he can not change.
6. **Re-evaluating the emotions** by looking at differences in feelings when the child feels rationally and when they do not.
7. **Solving practical problems;** Once the child 's emotional issues have been solved, s/he can contribute to evaluating the situation, making decisions and communicating with others.

"Power of language"[39]

Objective: awareness of the structure of one's speech through its alteration and through an increase in the sense of responsibility towards one's speech:

The following words are written on the blackboard:

I must — I would prefer to.
I cannot — I do not want.
I need — I want.
I am afraid that — I would like to.

A group of children splits into pairs. Each participant writes down 3 sentences, starting with "*I must"* that s/he says to his/her partner (without getting answers). Then, *"I must"* is replaced with *"I would prefer to",* without changes to the rest of the sentence. The revised sentences are also told to the partner. The same applies for the other sentences written on the blackboard. Children then share their impressions. During the closing discussion it is emphasized that the first phrases deny the child any responsibility for actions, emotions and thoughts. On the other hand, the replacement of words brings feeling of freedom and competence. Children are finally encouraged to search for examples, in which the alteration of the structure of speech and the replacement of words entails positive results.

[39] Sarjveladze, N., Beberashvili, Z., Javakhishvili, D., Makhashvili, N., Sarjveladze, N., Kharashvili, J., See for the examples of activities with children "*Trauma and Psychosocial Assistance*", a handbook based on the experience of Georgian NGOs. 2001.

Examples of psycho-educational activities for developing emotional self-regulating abilities[40]:

1. **Goal: To use words and expressions denominating emotional states —** This involves small cards, on which various characters are depicted expressing joy, sadness, anger, fear, surprise, disgust, shame, contempt, pride, guilt through facial expressions and bodily gestures. These cards are distributed to children, who are then asked to recognize the emotion and write the name of it on each card. Then, each child has to imitate an emotion and the other children should recognize which one it is. The professional may also talk about some characters from cartoons or movies that the children have seen and ask them to name the emotions those characters demonstrated.

2. **Goal: To identify emotions associated to a particular context —** Small cards depicting various contexts, situations, events and faces expressing various emotions (simple and complex) are shown to children, who have to match 'context' cards with 'emotion' cards. Children who match the faces and the events correctly are rewarded with smiling faces. The children may also be shown a face expressing an emotion and be asked to name some situations when they themselves felt that way.

3. **Goal: To identify situations when there are differences between the emotional state and the way it is expressed externally —** children are shown drawings representing life situations that are not linked to joy and entertainment (as perceived by them). The children then have to identify the emotion they are likely to have in such a situation and how they might choose to express or not express it, and what might be the consequences for them and others (for instance, it is not appropriate to laugh at a funeral). The reasons why we should hold these emotions back will be explained to the children.

4. **Goal: To identify the causes and consequences of emotions** — Children are told a story in which the main character expresses an emotion (joy, sadness, anger, fear, surprise, disgust, shame, contempt, interest, pride, guilt). Then, starting from the story, the children are involved in discussions about identifying that emotion, its causes and the consequences of showing it to others, emphasizing the fact that a/emotions are caused by the cognitive interpretation we give to the various events we are experiencing throughout our life and not by the events themselves; b/when expressing emotions, we should consider the environment and the consequences.

5. **Goal: To express self-regulating strategies** —The children use a big sheet of paper to draw solutions to the states of sadness, anger, fear (or other negative emotions) which they feel. Such solutions may be activities that the children could carry out when they experience negative feelings. The poster made in this way can be put in a visible place, such as on the door of the child's room, on the fridge or on a wall in the child's room, so that s/he can see it every time s/he experiences certain negative emotions and can remember an emotional regulating strategy.

Social self-regulation

Interpersonal communication represents the main area of training in communication skills, even though it implies the reinforcement of the inner link between the self and explicit behaviour[41]. It is also intended to promote social and emotional development (expression of emotions, revealing one's own self), the ability of having a sense of responsibility, and the ability to be socially active. During the sessions, children learn to use harmonious and persuasive communication, to control emotions, to listen in an empathetic way, to respect their own experiences as well as the experiences of other people, and to accept other people's subjective realities.

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[40] The cards related to these activities are annexed to the manual (see Appendix 5).

[41] See for the examples of activities with children Sarjveladze, N., Beberashvili, Z., Javakhishvili, D., Makhashvili, N., Sarjveladze, N., Kharashvili, J., "*Trauma and Psychosocial Assistance*", a handbook based on the experience of Georgian NGOs, 2001.

Table nr. 17. Social self regulation

Social skills	Types of behaviour
Initiating and maintaining a relationship	• To initiate and maintain an interaction with another child • To listen actively • To share objects and experiences • To make and receive compliments • To solve conflicts efficiently
Integration in a group	• To respect the rules related to a social situation • To cooperate with others in solving a task • To offer and to ask for help, when it is necessary

Examples of psycho-educational activities for developing social self-regulating abilities:

1. **Goal: To solve conflicts efficiently** — materials: images or short stories showing/narrating conflicts will be shown to children. A discussion will be held afterwards about the way in which they can express their negative emotions in the particular situation, and what conflict resolution they would promote. It teaches young children cognitive skills for recognizing conflict situations, and interpersonal skills for handling conflict non-violently and evaluating the consequences of different solutions.
2. **Goal: To respect the rules related to a social situation** — the children will choose a situation, for example having dinner, and write the rules they would recommend in this situation for the benefit of all. These rules for the particular situation (having dinner) and how they should be implemented, will also be discussed.
3. **Goal: To offer and to ask for help when it is necessary** — the children will be assigned a task (to clean up a room) and they will have to work with other children in order to finish sooner. The common effort made to obtain the final product will be emphasized ("If you work together and help one another, you will finish sooner and then it will be easy for you to go and play outside"). The children will write several situations when they need other persons' help and will identify the persons who could help them in the respective situations.

I.C. Specific aspects of rehabilitation for child withdrawn from commercial sexual exploitation

One of the consequences of sexual exploitation is that it has an impact on normal sexual development and on the individual's perception of their own sexuality. Children withdrawn from sexual exploitation experience feelings of fear, guilt, shame or anger. Studies carried out on children withdrawn from sexual exploitation have identified post-traumatic stress and "sexualized" conducts as the most common consequences of sexual exploitation.

The **Crisis Unit** is a service developed in **Bulgaria** and is a 24-hour program which serves children and adults who are in crisis after suffering violence. Through the Crisis Unit the survivors of trafficking can receive:

- Crisis intervention
- Social work on the case — including social advocacy, establishment of a social network, referral to services and programmes
- Psychological consultation
- Accommodation and humanitarian aid.

The sexual education of children withdrawn from commercial sexual exploitation involves, both for girls and boys, a healthy and functional re-signification of their sexuality. This can be achieved by first analyzing the way in which the children perceive sexuality and their own body, since this influences their subsequent behaviours.

During adolescence, beliefs related to sexuality and bodily image are strengthened. Any negative traumatic experiences during this period will influence these beliefs. During the rehabilitation process, the professional must identify the child's

dysfunctional negative beliefs on sexuality, friendship, love, relationships, marriage, bodily image. The professional must then seek to correct them by building healthy and constructive beliefs to avoid relationship problems, sexual dysfunctions, bodily image problems.

Table nr. 18. Examples of activities and topics to be addressed for the rehabilitation of the child withdrawn from commercial sexual exploitation

Activities	Topics
• Crisis interventions and/or counselling • Participation in support groups • Psycho-educational activities — sexual education, education for family life, for health • Psycho-educational activities, which aim to develop certain cognitive, social and emotional resources/abilities • Individual and/or group counselling focused on approaching the trauma caused by the traumatic event • Cognitive-behavioural psychotherapy for the children who develop post-traumatic syndrome, anxiety disorders, depression, suicidal tendencies, behaviour disorders • Educational rehabilitation, tutoring and activities for career education	• femininity and masculinity: behaviours, roles, responsibilities, gender-related stereotypes • the relation between gender stereotypes and risky behaviours: e.g, femininity and unwanted pregnancy, masculinity and risky behaviours such as alcohol or drug use; preventing violence within a couple's relationship • healthy sexuality: transformations of the human body, healthy sexual behaviours, healthy interpersonal relations • prevention of sexual abuse, STDs, HIV/AIDS; • assertiveness and negotiations within couple relationships • family life: roles, responsibilities, behaviours (e.g. the role of the parent, husband-wife)

1.D. Counselling and/or therapy for children withdrawn from WFCL — for Accredited Counsellor only

A child has certain characteristics according to their age and the stage of their cognitive, emotional, social and biological development (see Table nr. 6. Developmental considerations on cognitive, social-emotional functioning). Intervention should be age-appropriate; for example, infants communicate mainly through play and drawings, activities that may be used in counselling as a way to communicate with them. The duration of a counselling session must be adapted to the child's ability to focus; a 30-minute session should be enough for preschool and primary school children. It is recommended to alternate discussions with play and drawing, so that the child does not lose interest and/or focus. The role of the professional should be explained to the child in a manner appropriate to his/her age. The child will also be told about the confidential character of the session (and its possible limits as part of the case management team's activities).

Specialised assessment and psychological intervention must be carried out a/only by a specialist accredited for cognitive-behavioural interventions, b/in compliance with a deontological code[42], c/taking into account the children's age. Studies[43] have shown that cognitive-behavioural techniques carried out by specialists are the most efficient intervention techniques for post-traumatic stress, when children have the cognitive abilities necessary to understand the relationship between thought, emotion, and behaviour and to identify disadaptive thoughts (generally seven years or older).

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[42] See as an example the Ethic Framework of the British Association for Counselling and Psychotherapy http://www.bacp.co.uk/ethical_framework/index.html

[43] Salmon, K., Bryant, R.A,. Post-traumatic stress disorder in children The influence of developmental factors. *Clinical Psychology Review* 22, 163—188, 2002.

Children tend to identify themselves with their problem and to consider it a personal characteristic. This increases the difficulty of the intervention. For this reason, child counselling specifically seeks to educate the child to separate their problem (anxiety, fears) from their personal characteristics. It is recommended to use methods that enable children to perceive the dichotomy "myself — the problem": graphic representations of worries or fears can be used, giving every worry or fear its own name.

In order to process and integrate the trauma, the objectives of the therapy/counselling should be:

- To identify and assess the adaptive strategies which the child has built in order to cope with reliving the traumatic event (avoiding places or persons, rituals etc.);
- To restructure the memory related to the trauma (e.g. in the case of a child withdrawn from commercial sexual exploitation, the recovery of the memory related to the trauma is undertaken by gradually and completely exploring the traumatic event, "reliving" the traumatic event);
- To contextualize the traumatic experience, so that it is not perceived anymore as a present threat (e.g the trauma is an event which happened in the past, an event which is over, etc.);
- To identify and modify the child's disadaptive cognitions and beliefs related to the traumatic situation, which do not allow the integration of the trauma (e.g. the child who has been subjected to violence at the workplace: *"I got what I deserved. It was all my fault";* the child withdrawn from commercial sexual exploitation: "*It is my fault, and my fault only*".)

Techniques to be used include exposure, cognitive restructuring, anxiety management techniques.

Exposure

The exposure technique involves exposure to stimuli or to trauma-related situations, which the child considers aversive, dangerous or threatening. The child is exposed gradually to such situations: first, *in vitro exposure* (reliving, recalling certain difficult aspects of the traumatic situation during psychological counselling sessions), and afterwards *in vivo exposure* (child's effective confrontation with the trauma- related events or stimuli, in his/her real life environment). These exposure methods aim to foster a processing, accepting and integrating of the trauma, within the child's historical life context. The objectives are:

- To acknowledge the whole traumatic situation and to emphasize the characteristics of the traumatic situation;
- To establish the parameters of the trauma-related memory:
  - gaps in recalling the event;
  - incoherence in structuring the trauma-related memories;
  - intensive negative emotions related to certain aspects of the traumatic experience;
  - re-building certain myths related to the traumatic experience;
- To identify defence mechanisms used in confronting the traumatic event (denial, rationalization, detachment, dichotomist evaluation);
- To identify the significance assigned to the trauma (e.g: "trauma as a lifetime stigmatization", "trauma as a divine punishment", "trauma as misfortune");
- To identify how the child processes information related to the trauma.
- To classify anxiety situations related to the traumatic situation, and to rank the tasks to be accomplished through exposure (*in vitro* then *in vivo*).

Cognitive restructuring techniques[44]

Children exposed to trauma need to identify what they are thinking and feeling in order to begin to change those thoughts and feelings. Cognitive restructuring techniques help the child to change some unrealistic assumptions or beliefs and any negative, dysfunctional ideas that lead to dysfunctional emotions or dysfunctional behaviours. Traumatized children may have feelings of guilt related to the trauma. For example, a child withdrawn from commercial sexual exploitation may have very strong feelings of self-blame related to this experience (*"I am the only one to blame for everything that happened… I should have realized what they wanted me to do…*).

The main objectives of cognitive therapy are a/to identify the child's dysfunctional thoughts and to assess their adaptability for the child's everyday behaviour and adaptation to the traumatic situation and b/to change these thoughts, in order to increase the child's ability to adapt on a day-to-day basis (cognitive restructuring). For a child, cognitive changes may be built up through play. For example, the child can be encouraged to imagine his/her dysfunctional ideas as being recorded on a tape recorder, which is always turned on *("I will not succeed", "I am very scared", "I am the only one to blame")*. In order to control their dysfunctional thoughts, the child is asked to imagine the volume switch of the tape recorder, which s/he switches off anytime these thoughts come up, so that they cannot be heard anymore.

How should we explain trauma to children[45]?

"Your brain has a way of helping us you to understand and digest difficult experiences. You may try to stay away from things that remind you of the trauma, and you may not want to talk about it either. Right now, you may feel as if you are never going to feel better again, and it is okay to feel that way. Though you can never change what happened, with time you will be able to live with it. Right now we need to help you feel safe and strong, and when you are ready, we will work on those big feelings and scary pictures. We will take them one at a time.

You might feel upset about some things at first. For example, if a friend teases you, but then maybe later that day or the next day you feel a bit better, or you maybe you forget about it. That works very well for most ordinary disappointments or upsets. But when something very scary or very sad happens, the feelings are so big and the memories so many that your brain can't digest it all in a day. It is such a big job that sometimes, feelings sort of shut down and you feel numb, like nothing matters. Sometimes sad feelings may change into angry and frustrated feelings. When you think of what happened, you may get very nervous, upset, or frightened — it's like having a video of a scary movie where you keep seeing the worst part, and the tape seems to be stuck and won't play forward. All of this is normal. After working on this, you can heal your mind so that you are in charge of the remote control — which means that you can decide how and when you see those images again."

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44 Friedberg, R.D., McClure, J.M., *Clinical Practice of Cognitive Therapy with Children and Adolescents. The Nuts and Bolds.* The Guilford Press, 2002.

45 Chanskky, T.E., *Freeing your child from anxiety. Powerful practical solutions to overcome your children's fears, worries, and phobias.* Broadway Books, 2004.

In order to identify dysfunctional ideas, we might use drawings showing characters who interact and talk, but whose words are omitted. The child must add words to the empty speech bubble, above each character. The words, which the child writes, help us understand the way s/he thinks about him/herself or about certain situations. At the same time, the counsellor may also introduce symbolic characters, whose role is to help the child identify his/her thoughts: *"The Thought Finder", "The Detective", "The Emotion Detector"* etc. In order to identify their emotions, the child may be asked to draw how they feel, to choose a face from a picture board showing several such emotions, etc.

Identifying dysfunctional thoughts

Identifying dysfunctional thoughts related to the traumatic event is the first step of the cognitive restructuring process. Some of the most frequent dysfunctional thoughts, which appear in PTSD are:

- *"I am going crazy."*
- *"I cannot control myself."*
- *"From now on, anything bad can happen to me."*
- *"I am to blame for everything that happened."*
- *"I can't do anything well."*
- *"I will never be like everyone else."*

Methods we can use to identify dysfunctional thoughts include:

a) Discussing a recent emotional experience during counselling sessions and identifying the thoughts which came up whilst re-living the event: *"Which was the most terrifying thing that crossed your mind at that moment?";*
b) Matching associated thoughts with various sensations experienced by the child — discussing the relation between the sensation and the negative (catastrophic) interpretation — e.g throbs — *"something serious is happening to me"*, accelerated breathing — *"I can't breathe, I will choke and I will die,"*, dizziness — *"I will blackout."*, negative thoughts — *"I am losing my mind!"*
c) Using techniques for monitoring dysfunctional thoughts identified during the counselling session (for instance, the child is asked to imagine the volume switch of the tape recorder, to identify the volume of specific thoughts at a specific moment, and to switch it off so that those thoughts cannot be heard anymore);
d) Using imagery or role play to encourage discussion of an emotional experience triggering recall of the traumatic situation. When it is difficult to identify disadaptive thoughts, then we can use imagery or role play to make the process easier;
e) Determining the significance that a situation has for the child. For example, for a child who has been raped in a park, we can establish "What does it mean for you to get close to parks?". One possible answer could be: "When I get close to parks I feel insecure, I feel like anything can happen to me and I cannot do anything".

Changing dysfunctional thoughts

The first step for changing dysfunctional thoughts is to *monitor* them. Note that monitoring procedures are selected in accordance with how the case has been defined, and with the intervention plan as established in partnership with the child and the case management team. Next comes the process of changing the dysfunctional thoughts — which can take time. It includes *testing dysfunctional thoughts*, through: finding arguments for and against such thoughts; gradual testing of dysfunctional thoughts, using behavioural experiments, logical argument and role-play. Behavioural experiments are performed either during counselling sessions or during other rehabilitation activities, carried out in a protected environment, such as a shelter where the child is staying.

For example, a child withdrawn from trafficking might think: *"Adults cannot be trusted".* In this case, the professional's role is to facilitate the identification of those positive experiences when

adults could be trusted, and at the same time to teach the child how to estimate and assess where there is a risk and in what situations it is actually safe to trust an adult. In such a case, another objective is to teach the child which support resources s/he can bring to bear during crises or difficult situations, as required. S/he will also need to be taught how to summon up these resources.

Anxiety management techniques

These techniques help a child to learn how to adapt healthily / efficiently to stressful situations. Some of the techniques we can use, include:

- **Relaxation techniques:** the child is taught how to control his/her fear and anxiety through various relaxation methods. *Controlled breathing methods:* the children are taught abdominal breathing techniques, which they may used in situations of stress or anxiety.
- **Positive thinking and positive inner dialogue:** children are taught how to replace their negative, dysfunctional thoughts (e.g. *"I am worthless"*) with positive, functional thoughts (e.g. *"I am able to do many things that I want."*).
- "**Stop! Don't think!" techniques**: the child is taught how to distract their own attention away from negative repetitive thoughts related to the trauma (e.g. *"There is no place where I can be safe")* by "stopping" such thoughts.
- **Assertive training techniques:** the child is taught how to properly express his/her opinions, desires or emotions, without offending or excluding others. This is a very important technique for preventing the re-victimization of child withdrawn from the WFCL. The child is taught how to say NO and how to cope with various risk situations in future.
- ***Play therapy***[46]: Certain difficult aspects related to the trauma may be approached through play, thus facilitating the exposure to, processing of and ultimately re-signification of, traumatic memories.

II. Reintegration: social and economic empowerment of children and their families

The process of reintegration of a child withdrawn from WFCL is a long term one. It is wide-ranging and includes family and community reintegration, as well as (re)schooling, re-employment, and other aspects. This multiplicity of needs justifies the use of case management and referral techniques for the services provided. In this context, it is important to establish timing and priorities, i.e. a child who has not fully recovered from his/her trauma is unlikely to succeed in school or in a new job; on the other hand a child who is making psychological progress will soon need to generate his/her own income, or to benefit from his/her own family's income. The question of when to start an economic empowerment component is further complicated by the fact that many national and international assistance to children withdrawn from the WFCL is often time bound and specific, and does not offer the flexibility needed for a sustainable rehabilitation process. As previously underlined, it is therefore crucial for the case manager to provide regular updates to his/her mapping of services, in order to help facilitate more flexible services for the child.

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[46] See the Georgian manual for detailed information about play therapy Sarjveladze, N., Beberashvili, Z., Javakhishvili, D., Makhashvili, N., Sarjveladze, N., Kharashvili, J., "*Trauma and Psychosocial Assistance*". A Handbook based on the experience of Georgian NGOs, 2001.

II.A. Reintegration Stages and Actions

The case management team should now either a/ facilitate the complete reintegration of the child in his/her family and community, with particular focus on family reunification and identification / elimination of possible stigmatization, and/or b/develop alternatives to reintegration outside the family if direct threats persist to the safety of the child (particularly in terms of exploitation).

The main issues to be addressed, include:

1. **Promotion of family / community reintegration**
   a. Family identification — to identify the family of origin in cooperation with the local authorities.
   b. Family assessment - after identifying the family, the case manager shall assess the possibility of reuniting the family, by investigating a/the family's past, the reasons that led to exploitation / recruitment and the likelihood of it happening again (also taking into account the attitudes and beliefs of the family towards WFCL and towards the child withdrawn from WFCL); b/the situation in the wider community, which may support as well as hinder family reintegration. In the case of a child who has been trafficked, the family should be assessed before repatriation,
   c. Organization of visits to the family, together with the child, and/or organization of meetings between the child and the family at the centre where the child is staying;
   d. Counselling the family and the child, in order to rebuild family relations, including identifying wrongful perceptions and beliefs on both side, and attempting to establish a new "family contract" that is acceptable to the child and in his/her best interest;
   e. Taking a decision on family reunification, considering child's wishes and interests;
   f. Supporting reintegration of the child by a/guaranteeing that s/he benefits from all his/her entitlements (from local authorities and programmes), b/ensuring that s/he is either back at school or in a decent job, c/ensuring the family has sufficient income, d/ closely monitoring the case (see next chapter);
   g. Raising the awareness of community member to reduce stigma and facilitate the integration of victims into their families.

2. **Exploring other options:** changing the place of residence or alternative care systems; the case manager should: a/contact the extended family (uncles/aunts, grandparents); b/find a placement family; c/identify social lodgings.

3. **Juridical and/or legal protection**. This service entails a/ensuring that the child is aware of his/her rights and entitlements before making a decision (especially on whether to collaborate to police and judicial enquiries), b/accompanying the child to meetings with the police and sessions at court, and ensuring that his/her rights are respected throughout the process c/protecting him/her from undue access by law enforcement agents, and d/making sure s/he gets all the services / support that s/he is entitled to.

4. **Education:** The reintegration of the child into school should be based on a joint decision of the child, the family and the school itself, and should be facilitated by a process of education counselling (see below). Some bridging courses, mentoring and tutoring are likely to be needed to facilitate the child's reintegration into school. They can be best organized within the school itself with the participation of teachers and/or peer educators. They should target any classes the child has missed during his/her absence as well as any educational gaps the child had before being recruited in WFCL. This is of particular importance when traffickers recruit children who have been out of school for long periods and may not be functionally literate. This informal schooling should not become a parallel school in itself, i.e. the objective should always remain the reintegration of the child into school. For a child

above the minimum employment age who can not be reintegrated in school either because s/he does not wish so (and is above school age), or because s/he has missed too many years to be reintegrated, additional job and education counselling should be provided either by the school counsellor or by the State Employment Agency. This counselling should first help the child to a/identify and develop any skills s/he has learnt, b/ decide how s/he might use them on the labour market, c/identify new skills s/he needs to learn.

5. **Skills for independent living:** Child withdrawn from trafficking and other WFCL may not know what institution(s) they should address for different documents, how to administer their household budget, how to maintain their personal hygiene, how to establish a schedule. The case manager should familiarize the child with all these issues, and mediate the contact between the victim and relevant institutions. The case manager should always ensure that s/he is targeting the greater independence of the child and should not foster a situation where the child becomes dependant upon his/her services. This is likely to happen in a context where the child lacks a strong network of family and friends to fall back on. Here are several examples of key issues and social skills that should be developed:
   a. The implications, rights and responsibilities of living with other people (for a child in sheltered accommodation);
   b. How to manage a household budget, how to pay bills;
   c. Hygiene — personal and domestic.
   d. Where and how to obtain health care;
   e. What other services are available, and how to obtain them;
   f. How to socialize, how to assess risks involved with making new friends and acquaintances.

6. **Job related skills** - A child above the minimum employment age should acquire skills related to employment, such as: a/job search skills (how to get a job), and b/core work skills to keep it. These core work skills include all skills that are not competence-specific, including communication, presentation skills, self discipline, assertiveness and positive leadership, understanding the work environment etc. These skills can be acquired through job counselling, which is the process through which the child will a/learn about opportunities on the labour market, b/learn about his/her own potential as a worker, c/make a decision related to taking a job or to training for a particular opportunity, d/benefit from mediation between him/herself and an employer/training institute.

Stage 5 Continuous assessment

Continuous assessment of the child's progress, and redirecting the services offered, as appropriate: at this stage, the child and the case manager together review progress, as per indicators previously defined and feedback from institutions/organisations involved. They then design alternative action plans that they may choose to enact.

The monitoring phase of the case management process is continuous. It commonly involves procedures designed to determine a) whether rehabilitation objectives are being met, b) whether changes that have occurred are attributable to specific interventions, c) whether changes are long-lasting and generalizable across behaviours and situations, and d) whether rehabilitation outcomes are acceptable to the child and his/her parents.

Assessments for determining whether treatment goals are being met require the measurement of targeted objectives over time. Such measurement will indicate the presence or absence of change. The methods used during the evaluation phase of assessment tend to be highly focused and specific in comparison to earlier assessment phases.

Stage 6 Closing the case

From the start, the case manager and the child ensure they have a common vision of what needs to be achieved in terms of the child's rehabilitation. Assistance should be provided until the child and his/her family are able to continue their lives without the services provided. When objectives have been met, the case is officially closed.

At the end of the rehabilitation process the child, possibly his/her family, and the multidisciplinary team should review the gains made during rehabilitation, the extent to which goals were met, what basis the child has developed for sustainable living (including an economic perspective), the new "contract" between the child, his/her family and his/her environment, and the existing support mechanisms that s/he can call upon if need be. To help illustrate these rehabilitation gains, a graph or chart can be created showing improvement in the acquisition of the ability or skills (such as emotional self-regulation or in terms of learning acquisitions related to school). The case management team should also review with the child which interventions were most helpful for him/her and which ones s/he would suggest to change or to approach differently. The MDTs and the LACs continue to monitor the child's situation for at least six months after the case is closed, to ensure that s/he does not relapse into child labour.

Prevention of re-victimization and relapse is an essential feature of closing the case. Even when the psychological problems of the child are successfully reduced, some symptoms or problems may recur at some point in the future. The important issue is not whether the problems will return, but how the child or parents should deal with them in case of setbacks. This can be accomplished through compiling a list of "high-risk situations" and the actions the child/the parents should take when confronted with them. These are events or circumstances more likely to lead to the return of a risky situation (see Table nr. 3. Risk and protective factors for WFCL in the region).

Closing Remarks

This manual offers the reader an outline of the current know how of some of the best organizations in Bulgaria, Moldova, Romania and Ukraine working for the psychosocial rehabilitation of children withdrawn from the Worst Forms of Child Labour. The scope of the manual is context specific (Central and Eastern Europe) and its contents may be subject to change overtime, based on emerging good practices. More importantly, it is hoped the manual will generate debate, knowledge exchange and play a role in the setting up of Standard Operating Procedures for the rehabilitation of children involved in Worst Forms of Child Labour. Above all, it is hoped the manual will contribute to make the Worst Forms of Child Labour in Europe a phenomenon of the past.

Appendix 1 Needs of the survivors of trafficking and work plan — Example from Bulgaria

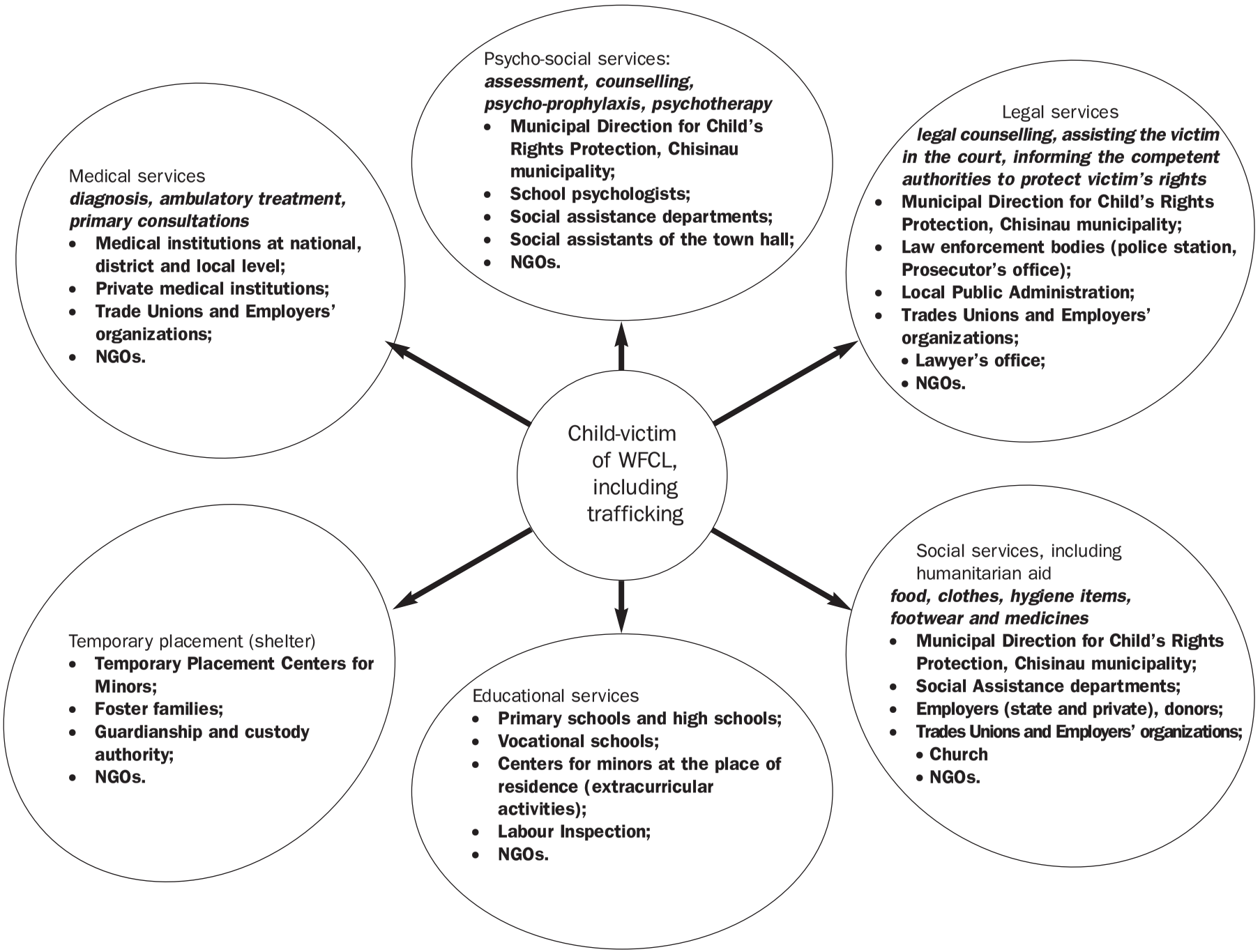
Needs of child survivors of trafficking	Role of assisting organization	Partners
To return safely to Bulgaria — someone should meet them and take care of them	• A representative of the team talks to the case manager and the child on the phone about his/her most immediate needs • Discussion of the case and preparation for meeting the child • Setting up a team consisting of case manager (a consultant responsible for the counseling and recovery from the trauma) and a social worker • Establish a network of people, institutions and services, which can cooperate with, and offer support to, the woman/child/adolescent	Bulgarian Embassy in the destination country; in cases of minors — contacts with the State Agency for Child Protection and the Child Protection Department • Issue temporary ID documents • Ensure transportation • Establish contacts with Animus/La Strada
To spend the first night after returning to Bulgaria in a safe place, to eat, take a shower and sleep	*Social assistance* (done mainly by the case manager): • Meeting at the airport/train station/bus station • Accommodation in a safe place for an unlimited period of time. • Humanitarian aid (money and clothes) for meeting the child's most immediate needs	• Contact with the police department in the region of the airport/bus station, for protection when meeting the client
To share his/her feelings, to receive support, to discuss his/her problems and needs, to make a plan; to receive support, understanding and not feel blamed	• Meeting with a consultant — initial discussion for assessment of the child's immediate needs, planning next steps and individual consultations • Team discussion and setting up a strategy • Humanitarian aid, including clothes, personal accessories (e.g. toothbrush, sanitary napkins, etc.) • Information about availability of other resources • Procedures for establishing the safety of the child at risk: 1. Contact the Child Protection Department and request permission from the parents or a referral from the CPD for using a service 2. Inform the parents and assess their willingness to support 3. Contact the Child Delinquency Department of the Police, for police protection 4. Work in a multidisciplinary team	Child Protection Department Child Delinquency Department of Police Combating Organized Crime Department of Police

Needs of child survivors of trafficking	Role of assisting organization	Partners
Issue new documents for the child	• Contacts with Passport service in the child's home town; urgent issuing of new documents • Preparation of a letter of support • A social worker accompanies the child if necessary	Parents Child Protection Department Passport service in the child's home place or ID Documents department of Police
To see a doctor for a medical examination/test for sexually transmitted diseases (or other medical problems) Specificity - usually, due to their unfavorable social situation prior to trafficking, and also due to their extended absence from their home country, victims are no longer enlisted in the existing health insurance/social services system. Although they are victims of a crime, there are no mechanisms within existing specialized legislation for restoration of these rights upon the child's return to Bulgaria	• Contacts with specialists • Paying for the medical examination • Buying pills, and any other medication • A social worker accompanies the client	Hospitals, doctors
Psychological needs • To share strong feelings (shame, fear, guilt, anger), to receive support to help cope with them • To receive support during flashbacks/recollections of painful experiences • To receive support in order to restore sense of personal worth • An opportunity to discuss his/her safety and plans for the future • To explore the symptoms of psychological trauma and receive support to overcome them • To restore his/her trust in people, hope in life.	• Meeting with therapist/consultant, setting up a plan for therapy or counselling - usually twice a week for the first month after the withdrawal from WFCL	Psychologists, psychotherapists, Child Protection Department

Needs of child survivors of trafficking	Role of assisting organization	Partners
To report to the police about those people responsible for his/her involvement in WFCL	• Contact with the respective organizations; agreement on a procedure which guarantees the safety and confidentiality of the child. Conflict may arise when testimony risks the child's best interests. Two main risks should be avoided through adequate support and procedures: 1/ that the trafficker may find out about the testimony and plan revenge against the child or their relatives 2/ that the process of testimony and interrogation may victimize and re-traumatize the child	Police, Combating Organized Crime Department Child Protection Department
To return to his/her family (here there is also an assessment of the danger of the child/adolescent returning to his/her family)	• Contact with the child's parents • Initiate telephone conversations with the parents so that they are prepared for meeting their child, and accept and understand what has happened to him/her • Paying for transportation costs	Child Protection Department Parents and other relatives
Social reintegration in the community Continuing their education Inclusion in qualification programs Inclusion in rehabilitation programs Finding a job Safety Inclusion/attendance at daily centers Finding a safe place and care Preparation for cooperation and support after leaving the organization	Empowerment program • Referral for proper training/education • Consultations on possibilities for work • Preparation for a job application • Acquaintance with labour rights	• Day centers for children • Schools • Homes for temporary accommodation • Labour agencies

Appendix 2

Mapping of services for referral of cases of WFCL, including trafficking — Example from Moldova



	Bulgaria	Moldova (5 pilot regions)	Romania	Ukraine (2 pilot regions)
NSC = National Steering Committee for the Elimination of Child Labour	Ministry of Labour and Social Policy, Ministry of Foreign Affairs, Ministry of Interior and Ministry of Education and Science, General Labour Inspectorate, State Agency for Child Protection, Agency for Social Assistance; Confederation of Independent Trade Unions, Trade Union 'Podkrepa", Bulgarian Chamber of Industry, Association of Industrial Capital in Bulgaria, Union of Private Entrepreneurs 'Vazrazdane', Bulgarian Trade and Industry Chamber, NGOs — Bulgarian Red Cross, Animus AF, 'Children and Youth' Association, National Council on Social Rehabilitation	Ministry of Economy and Trade, National Employment Agency, Ministry of Education and Youth, Ministry of Health and Social Protection, Ministry of Interior Affairs, General Prosecutor's Office, National Employers' Organization, Confederation of Trade Unions, National Confederation of Free Trade Unions, "Solidaritate", International Center La Strada	Ministry of Labour, Social Solidarity and Family; Ministry of Health; Ministry of Education and Research; Ministry of Administration and Interior — 2 representatives; Labour Inspection - 2 representatives (ensure NSC coordination at present); National Authority for the Protection of Child Rights (NAPCR) - 2 representatives; National Representative Trade Union Confederations (Confederation of Trades Unions of Romania); National Representative of Employers' Confederations (Romanian Employers' Organization); Association of County Council Presidents in Romania; Association of General Secretaries of County Councils in Romania; Non-governmental organizations(NGOs)- 2 representatives (Save the Children Romania and Step by Step Education and Professional Development Centre) A Child Labour Unit (CLU) has been officially established within the National Authority for Protection of Child Rights to act as an executive body for the NSC. A proposal for the NAPCR to undertake coordination of the NSC was discussed in the NSC meetings and submitted to the Ministry of Labour.	Ministry of Labour and Social Policy, Ministry of Family, Youth and Sport, Ministry of Education and Science, Ministry of Health Protection, Ministry of Interior Affairs, Ministry of Justice, Public Employment Service, Federation of Employers' Organizations of Ukraine, All-Ukrainian Association of the Employers of Ukraine, Union of Lessees and Entrepreneurs of Ukraine, Federation of Trade Unions of Ukraine, Confederation of Free Trade Unions of Ukraine, All Ukrainian Organization of Solidarity of Workers, International Women's Rights, Center "LaStrada, Ukraine", Women's Consortium of Ukraine, Children's Fund of Ukraine.

	Bulgaria	Moldova (5 pilot regions)	Romania	Ukraine (2 pilot regions)
LAC = Local Action Committees	Social Assistance Directorate, District Labour Inspectorate, Local municipality, School Inspectorate, School, Local Police Department, local NGO, Local Commission against Juvenile Delinquency.	Local Councils, and local branches of Police, Prosecutor's Office, Department of Education, Youth and Sports, Department of Health, Department of Social Assistance, Local Employment Agencies, NGOs, and other local institutions.	ICT (Intersectoral County Team): General Department for Social Assistance and Child Protection at the level of the counties and sectors of Bucharest — ensure coordination of the ICT; Territorial Labour Inspectorate at the level of the counties and Bucharest; County Police Inspectorate/ General Police Department and Sector Police Station in Bucharest; County School Inspectorate/ School Inspectorate of Bucharest and Sector School Inspectorate; County Public Health Agency at the level of the counties and Bucharest; NGOs at national or local level. ICT is a multidisciplinary and inter-institutional team established at the level of each county and six sectors of Bucharest, to identify/ refer /monitor child labour cases at local level as per legislation in force. ICT has a resource role for : - Professionals involved in intervention or prevention, such as: dissemination of information and training; also, ICT implements prevention programs and monitors child labour cases at county level. - Case management team; sometimes both teams may have joint members, with different roles and responsibilities. Periodical reports (on child labour cases at local level) are submitted by the ICTs to the Child Labour Unit (CLU) within the National Authority for Protection of Child Rights. The CLU submits a consolidated report to the National Steering Committee on Child Labour.	Deputy Governor on Humanitarian Issues, Regional/Local Department on Juvenile Affairs, Regional/Local Department on Social Services for Youth, Regional/Local Department on Labour and Social Policy, Regional Police on Juvenile Affairs/ Prosecutor's Office, Regional/Local Department on Education, Regional/Local Department on Health Protection, Territorial Labour Inspectorate, Regional/Local Public Employment Service, Regional Department on combating crimes related to trafficking in people, Trade Unions and Employers' organizations NGOs

	Bulgaria	Moldova (5 pilot regions)	Romania	Ukraine (2 pilot regions)
MDT = Multidis-ciplinary Teams	Child Protection Department, District Labour Inspectorate, Local municipality, School, Service provider, Local Police Department, local NGO, Local Commission against Juvenile Delinquency.	Social assistants, Psychologists, Police, Lawyers, Labour inspectors, Medical Practitioners, Teachers; Child protection specialists (under the Ministry of Education and Youth), NGO Parents' Committees Peer Educators Church Representatives Sometimes, members of MDTs may be members of the case management team and have the same role and responsibilities in both teams, due to the lack of professionals at community level.	CCC (Community Consultative Council): City Hall professionals; Priest (regardless of faith) and/or the teacher of religion; Community police representative; Family doctor or paediatrician; School professional, school or class master; Representative of any other NGO (religious, youth, women's, minority etc.); Former beneficiaries of social services; Local media representatives; Economic agents and/or entrepreneurs CCC is a voluntary team which helps community public service to solve cases of children at risk. CCC, officially recognized by the municipality, may be established at the level of each small village and town according to the legislation in force. CCC formulates practical propositions for community public service, regarding solutions that might be adopted for children at risk; sometimes, members of CCC may be members of the case management team and have the same role and responsibilities in both teams, due to the lack of professionals at community level.	Child protection specialists (under Ministry of Family, Youth and Sport), Social workers, Psychologists, Police, Labour inspectors, Medical Practitioners, Teachers, NGO representatives, Community Watchdogs (community leaders, Trade Unions)

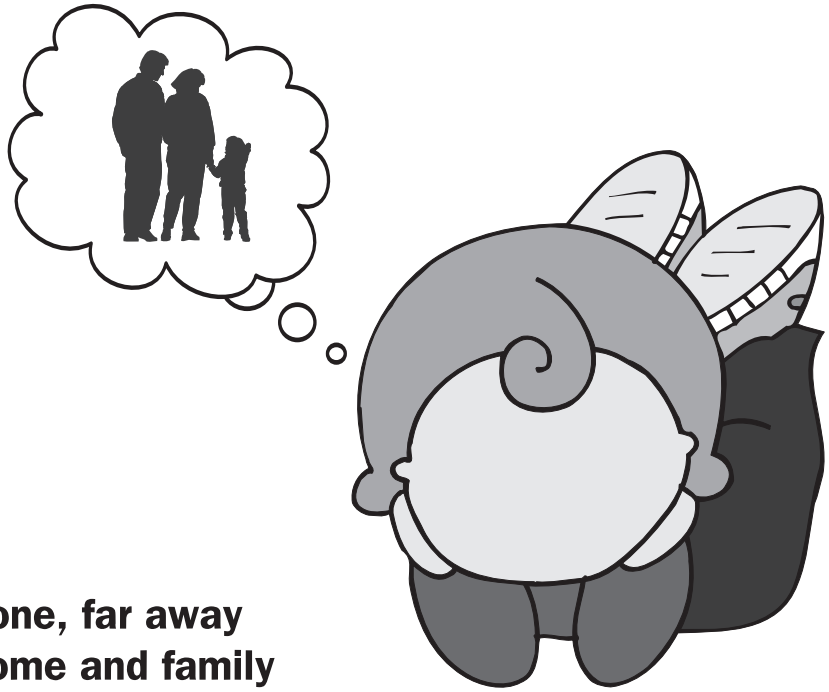
	Bulgaria	Moldova	Romania	Ukraine
Generic child protection law	Child Protection Act (2000)	Law on the Rights of the Child, No.338-XIII 15.12.1994	Law no.272 on the protection and promotion of child rights 23.06.2004;	Law 'On Childhood Protection' # 2402 — III, April 26, 2001 (including its amendment of February 2005 on WFCL and work for children of legal age)
Law on education	Public Education Act (1991)	Law on Education, No.547-XIII 21.07.95	Law no.84 on Education published on 31.07.1995, last modified and published on 25.12.2006	Law On Education # 1060-12, 1996
Minimum age of employment	16 years (Labour Code, 1986)	16 years - or 15 years with permission of parents (Labour Code, 2003)	16 years old - or 15 years with permission of parents (Labour Code published on 5.02.2003, last modified, published and entered in force on 18.09.2006)	16 years (Labour Code, 1971).
Relevant elements of Criminal code + law on trafficking with related punisments	Criminal Code / Chapters II and IV/ 1968; Combating Trafficking in Human Beings Act / 2003 As per Art. 159a/2: imprisonment of 2 to 10 years and a fine of up to BGN ten thousand. Criminal Code, 18.04.2002 Observation: the child is criminally liable after 14 years of age	Criminal Code of 18.04.2002, Chapter III-VII Observation: the child is criminally liable after 12 years of age. Art. 168: Forced Labour - imprisonment for up to 3 years with a fine amounting from 200 to 500 conventional units (1 conventional unit = 20 MDL); Art. 167: Slavery and conditions similar to slavery - fine from 200 to 600 conventional units or imprisonment from 3 to 10 years;	Criminal Code published and entered in force on 16.04.1997, last modified and published on 12.07.2006 and entered in force on 11.08.2006 Observation: the child is liable after 14 years of age. Art.190: slavery — imprisonment 3-10 years and denial of rights; Art.191: forced labour — imprisonment 1-3 years; Art.198: sexual intercourse with a minor - imprisonment 3-25 years and denial of rights; (according to aggravating circumstances involved); Art.306: Maltreatment against a minor — imprisonment 3-15 years and denial of rights; Art.312 Drugs trafficking - imprisonment 3-25 years and denial of rights (according to aggravating circumstances); Art.326 Beggary — imprisonment 1 month — 3 years	Law on Criminal Code of Ukraine (CCU) # 2341-14, April 5, 2001 The age of criminal liability is 16 (14 for serious crimes). Art. 150: Exploitation of Children - imprisonment up to 5 years (according to aggravating circumstances); Art. 303: Pimping - imprisonment 3 to 5 years; Art. 304: Involvement of minors into criminal activities — confinement or imprisonment up to 5 years;

Disclaimer: the inclusion of legislative provisions in this table does not mean that ILO or IPEC endorses its compliance with international law.

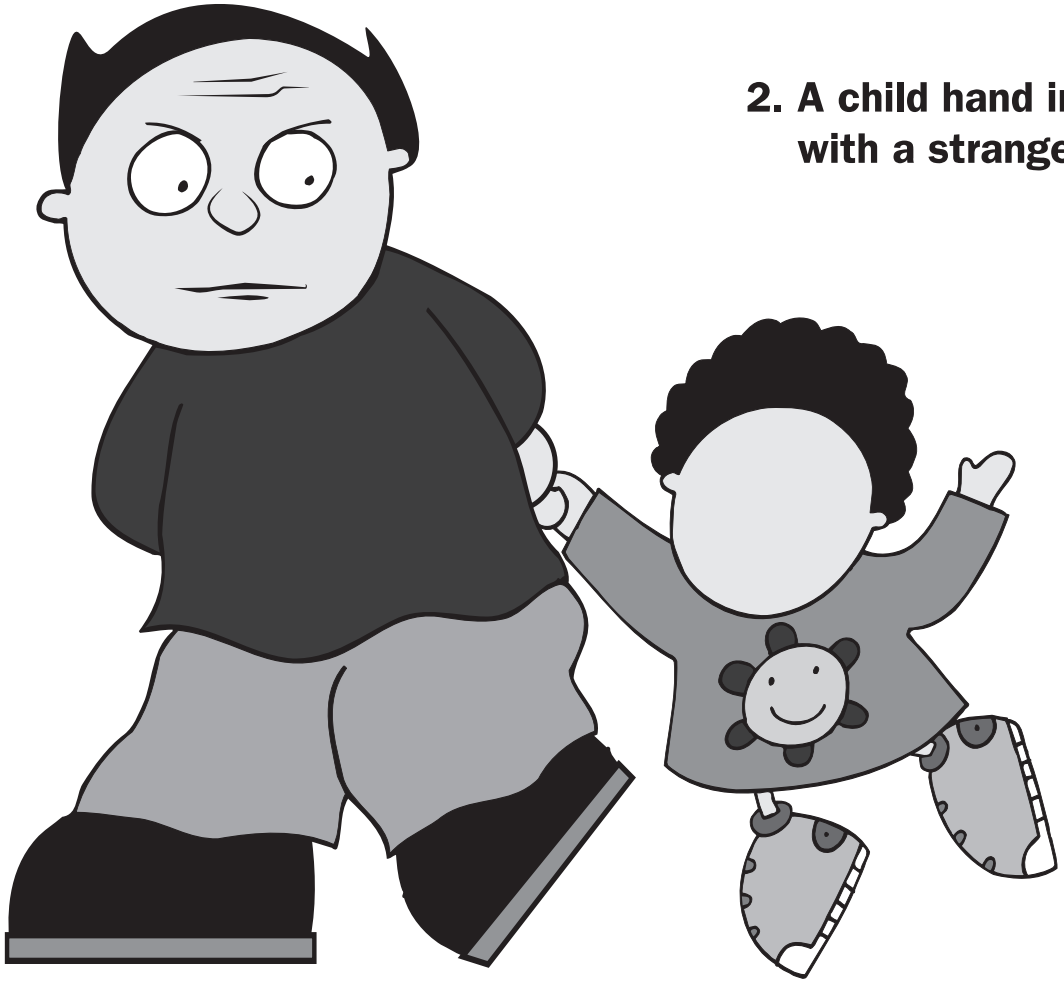
		Art. 206: Trafficking in children - from 10 years to life imprisonment; Art. 210: Involvement of children in armed conflicts - fine from 200 to 600 conventional units or imprisonment from 2 to 5 years; Art. 171-175, and 201: Rape and Other Sexual Acts - from 3 years to life imprisonment. Art. 208: Involvement of children in illicit activities - imprisonment 5-10 years. Law on Preventing and Combating Trafficking in Human Beings, No.241-XVI 20.10.2005	Art.328 Prostitution — imprisonment 3 months — 3 years; Art.329 Child pimping — imprisonment 5-18 years and denial of rights; Law no. 678 on prevention and combating trafficking in persons published and entered in force on 11.12.2001, last modified and published on 13.10.2005; Art.13: imprisonment 5-25 years and denial of rights (according to aggravating circumstances); Law on prevention and combating of pornography Published on 20.05.2003 and entered in force on 19.06.2003, last modified and published on 18.11.2003 Art.10: imprisonment 3-12 years and denial of rights; Law no.272 on the protection and promotion of child rights Art.132 - Art.133: use of child beggary, imprisonment 1-7 years (according to aggravating circumstances);	Art. 3094: Involvement of minors into drug production, distribution, etc. — imprisonment from 5 to 8 years; Law On Amendments to the Criminal Code of Ukraine as for Increased Responsibility for Human Trafficking and Coercion into Prostitution #3316-IV January 12, 2006 • if the victims are aged between 15 - 18, imprisonment is 5 to 12 years, • if the victims are below 14 years, imprisonment is from 8 to 15 years.
List of Hazardous Works	Ordinance No 6/ 24.07.2006 on terms and conditions for granting permission for work of persons under 18 years of age and lists of hazardous occupations	Draft list of hazardous works will be proposed for approval to the National Commission for Collective Consultations and Bargaining, as part of the Collective Convention on the Elimination of the Worst Forms of Child Labour and its Plan of Action in 2007.	Drafted and submitted for approval to the Minister of Labour, Social Solidarity and Family. The final draft, including ILO comments, will be discussed publicly and then submitted for final Government approval.	List of hard work and work with hazardous conditions, approved by the Decree on the Ministry of Health # 46, March 31, 1994 The list was reviewed by the Labour Inspectorate in 2006, and is currently under comment and consideration by the National Tripartite Socio-Economic Council under the President's office.

Disclaimer: the inclusion of legislative provisions in this table does not mean that ILO or IPEC endorses its compliance with international law.

Appendix 5 Materials for exercises (Chapter 3)

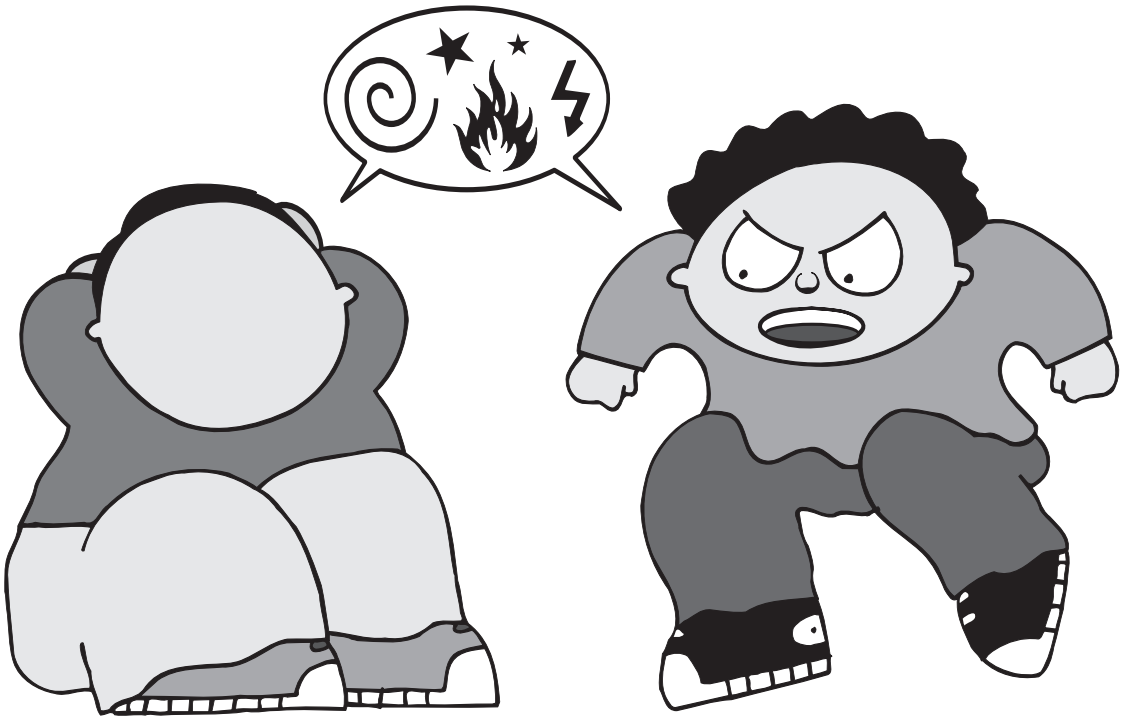


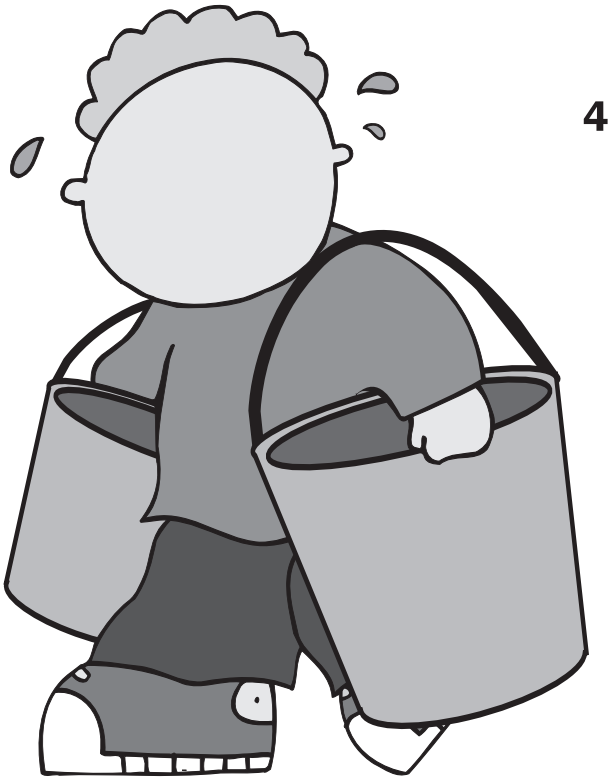
1. A child, alone, far away from his home and family



2. A child hand in hand with a stranger (adult)

3. A child in conflict with another child

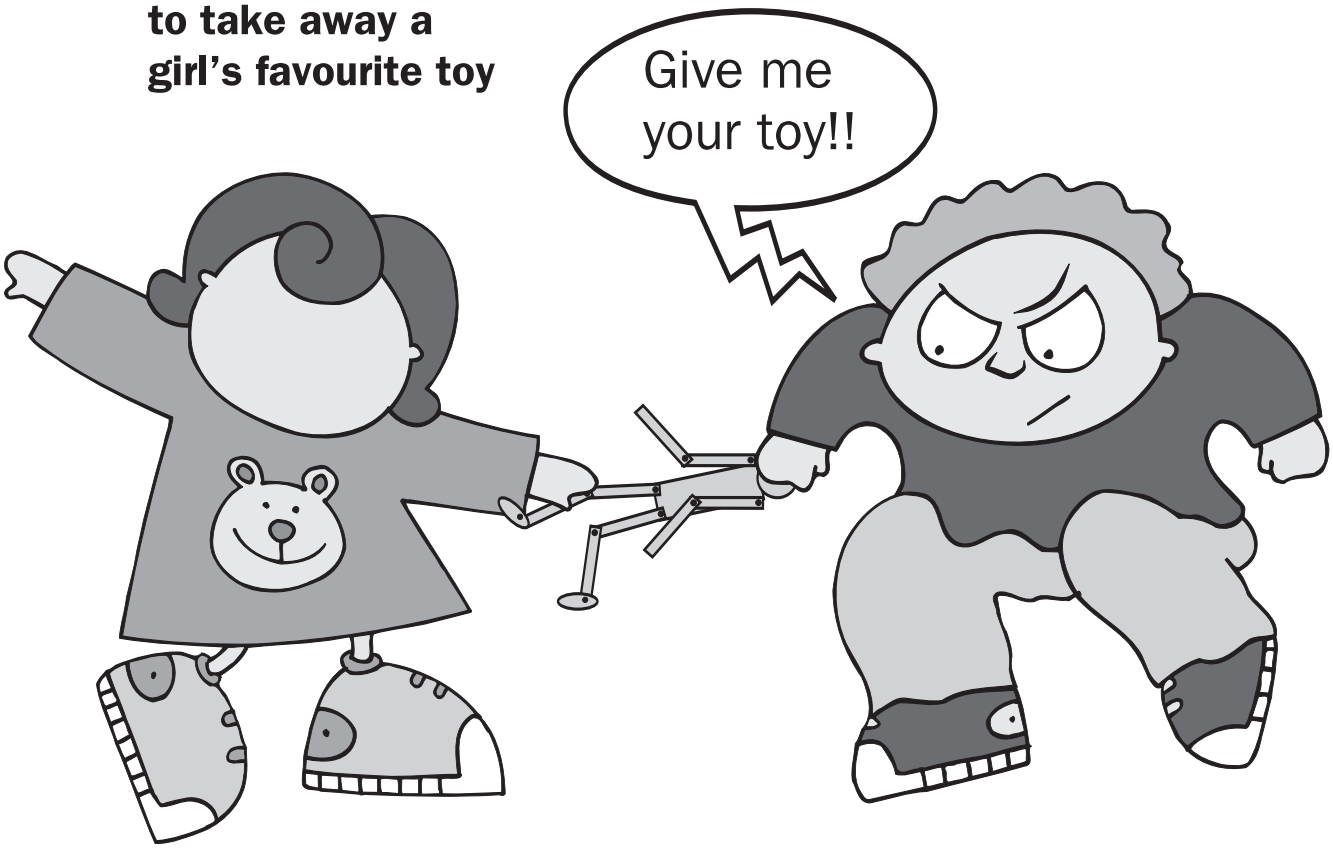




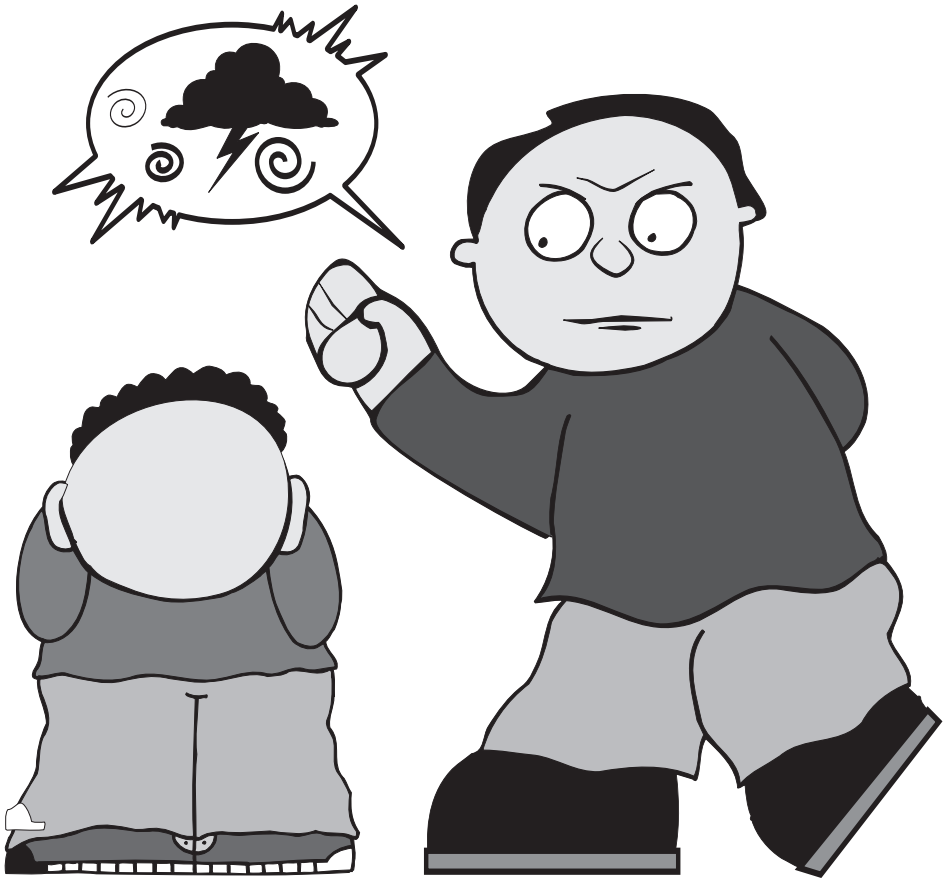
4. A child carrying two heavy buckets

5. A child begging in the street

6. A child trying to take away a girl's favourite toy

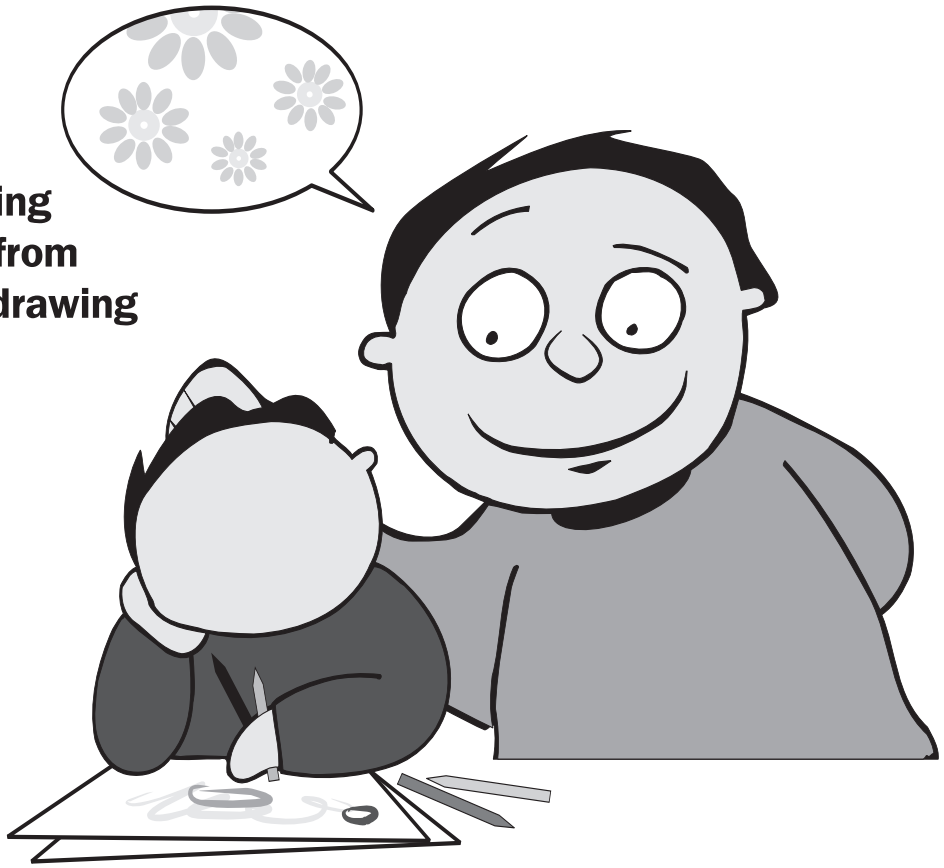


7. An adult screaming to a child

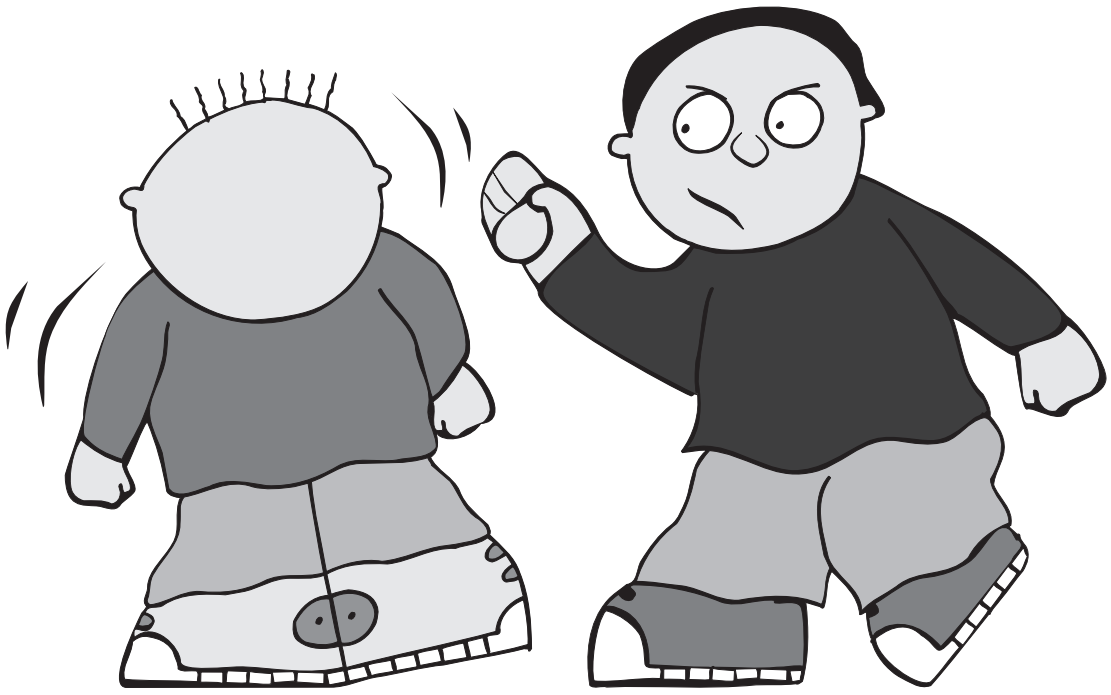


8. A group of children playing together

9. A child receiving a compliment from an adult for a drawing



10. A child hit by another child



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