



## BELIZE PROTOCOL

# HOW TO CARE FOR CHILD AND ADOLESCENT VICTIMS OF COMMERCIAL SEXUAL EXPLOITATION



***HOW TO CARE  
FOR CHILD AND ADOLESCENT  
VICTIMS OF COMMERCIAL  
SEXUAL EXPLOITATION***



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# INTRODUCTION

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Since the early 1990's there have been significant developments in the child abuse protection system in Belize. Following the ratification of the CRC, the Belize Family Court was established. In honour of the International year of the Family in 1994, the Government of Belize established the Family Services Division (FSD) of the Ministry of Human Development, Women and Youth simultaneously with the National Committee for Families and Children (NCFC).

The Ministry's goals through FSD, was to strengthen and improve services to children and families, particularly protection services. FSD developed policy and procedures for the management of child abuse cases based on the CRC, the philosophy of "family perseverance" and incorporated the values of the social work profession. These policy development in the FSD, coupled with the existence of the Belize Family Court, started a paradigm shift in the child abuse protection system. The system became far more child focused and aimed to protect children while ultimately working towards them having permanent placements in families rather than languishing in institutions. The work of the FSD and the Belize Family Court were complimented by the prevention activities of NOPCA.

Despite these efforts, legal protection for children, especially against abuse, was incomplete due to inadequate laws which did not reflect the new practice paradigms. In 1995, the NCFC, with funding from the National Children's Home (NCH) began the complex task of legal reform. The initial process was a four-year, systematic one that included national consultations with stakeholders at all levels of society. It culminated in the passage of the Families and Children's Act (FACA) on July 11, 1998. The Act broke new ground in the protection, care and upbringing of children, the provision of services to children and their families, and children's rights in Belize.

Since the passage of the FACA, there have been other major improvements to the child abuse protection system in the areas of legal reform and some work has been undertaken in the areas of policy and institutional reform. The major accomplishments include the passage of Statutory Instruments on the mandatory reporting of child abuse and other provisions to strengthen FACA, the passage of regulations for residential facilities for children, the restructuring of the Department of Human Services (inclusive of FSD) that created specialized units to deal with the various aspects of child protection and the creation of the Family Violence Unit in the Police Department.

Even with these improvements, there was general agreement in the sub sector that much more needed to be done to ensure quality services to children in need of protection. A project entitled "Strengthening the Child Abuse Protection System" was developed with the intent of addressing the prioritized concerns in the areas of policy changes, training and public education. As such, the National Child Protection Protocols and internal policy and procedures were created.

Although these national protocols do exist, they do not reflect the issue of commercial sexual exploitation of children and adolescents (CSE), which is an emerging issue of serious concern in Belize.

This document has been developed to address the need for a coordinated protection, care and support to victims of CSEC so that child and adolescent victims can access and enjoy their human rights and develop to their full potential. It is hoped that those providing care for victims will find the document insightful, practical and helpful in developing programs to care for victims.



# ***PART ONE***

## ***GUIDELINES FOR USING THE PROTOCOL.***







### ***A. Care services must recognize and protect the rights of victims***

Victims of CSEC are children whose rights have been violated. Perpetrators of CSEC seek out children and adolescents who are vulnerable by means of their economic situation or their inability to stand up to intermediaries or pimps facilitating the CSEC. Further, victims of CSEC suffer cruel violations of their personal safety, development, honour and freedom. In most cases victims of CSEC have usually already experienced sexual and physical abuse earlier in their childhood which has caused them to see their bodies as objects and to have deep rooted self-esteem issues. As a result they are easy prey for perpetrators looking for persons who are already emotionally and psychologically damaged to participate in sexual activities that perpetrators feel that they cannot get the other persons in their lives to participate in. This usually means that, victims are often subject to humiliation, physical attack, and emotional aggression and forced to participate in unsafe sexual acts by perpetrators.

These actions not only erode the child's sense of dignity and honour but also constitute serious violations of the child's human rights. The principles of the human rights of children have been enshrined in the Convention on the Rights of the Child (CRC) and mirror the fundamental rights and freedoms guaranteed to all Belizeans in our Constitution while recognizing the special vulnerability of children.

### ***B. Care services must recognise the evolving capacity of the child and the vulnerability of child victims***

Children and adolescents are still developing their sense of identity and still shaping their ability to make decisions based on an understanding of the long term impact on the personal growth and development of the particular child. This process is referred to as the evolving capacity of the child. It means that a 10 year old is not as emotionally developed and/or as physically developed as a 16 year old and a 16 year old is not as emotionally or as physically developed as a 22 or 28 year old. A child's emotions are therefore, capable of being manipulated and exploited by an adult which also underscores the vulnerability of children to pressure from older or more influential persons in their social group.

This evolving capacity of the child also means that the child or adolescent victim is not thinking of the long term physical consequence to them such as the risk of HIV/AIDS or STIs or the risk of cervical cancer or infertility later on in life.

For care providers, this means that they should be cognizant of the gender and age specific needs of victims in developing care programs and providing care services. Services for a 10 year old girl may be different from that for a 16 year old girl and services for a boy may be different from services provided for a girl.

### ***C. Care services must allow for the participation of victims in determining care***

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Child victims and more particularly adolescent victims must be allowed to participate in the development of care plans setting out what care services will be provided to the child and when those services will be provided. The participation of victims in the development of the care plans ensures their commitment and participation in the intervention services that will be provided.

### ***D. Care services should be coordinated and cyclical***

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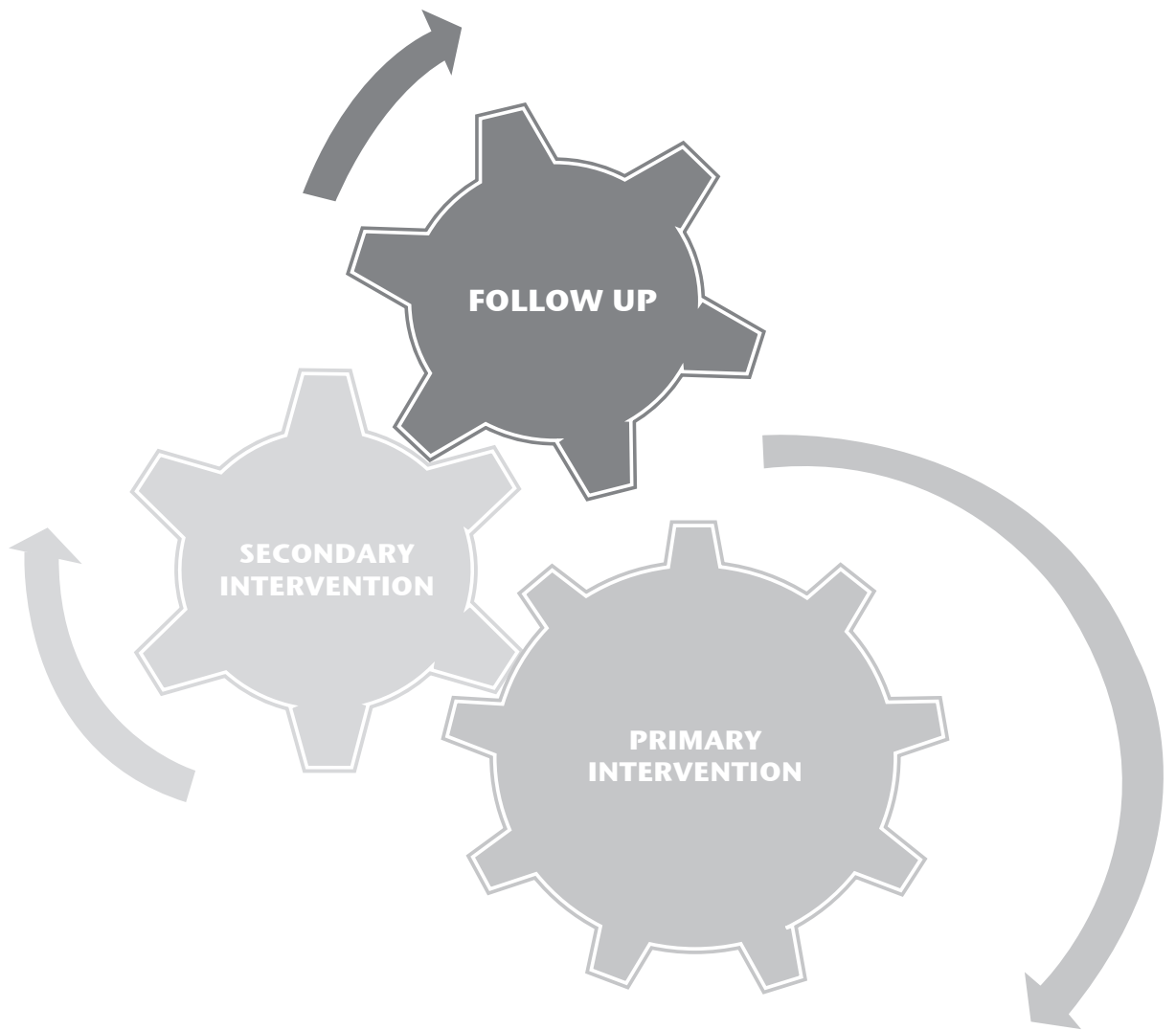
In order to ensure that victims do not “slip through the cracks” and that victims do not reenter the child protection system as repeat victims of CSEC or as victims of other forms of abuse against children, care services must be coordinated with all care providers and stakeholders. Networks must be established with the education sector, the Police, the health sector, the immigration sector, NGOs, and other sectors offering services necessary to provide a continuum of care for victims of CSEC. The model emphasizes a multi-sectoral response.

The care model proposed in this document envisages care being provided in a cyclical rather than linear manner that is adapted to the specific needs of the child or adolescent. The cyclical model takes account of the fact that same or similar services may be required at different stages in the rehabilitative process.

The cyclical model appreciates that the child may receive one aspect of the service at one stage and appreciate or respond to a different aspect of the same service at a different stage of the rehabilitative process. Therefore, it may be necessary to repeat services or aspects of services while other services are being provided at the same time in order to achieve the overall goal of rehabilitation.

This is especially true since in most cases, victims, at the outset, will not reveal the full extent of the trauma that they have suffered until trusting relationships have been established. As trust is established, the care provider may discover other underlying abuse or CSEC violations against the child that were not addressed earlier and must, at the time that it is discovered, provide primary intervention services to meet the rehabilitative needs associated with the abuse or CSEC violation uncovered so that the child may be fully rehabilitated.

In typical linear models, care moves along a straight line continuum from step to step and the emphasis is on taking the child through all the steps of one stage before the next stage of care is initiated. In this cyclical model, the child may be receiving primary care services for one issue while receiving care services associated with detection. The focus is on the holistic rehabilitation of the child and addressing all the presenting issues as they arise and as the child is ready to deal with them. The success of care is dependent on the child or adolescent victim's cooperation and the progress made by the child or adolescent in response to various aspects of care.



### ***E. Care services should be conditional on the victim's commitment to the program of care where possible***

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Victims of CSEC have suffered loss of personal dignity and loss of personal empowerment and self esteem at the most intrinsic levels. Their sense of personhood has often been destroyed. They often do not have a sense of empowerment over their future and about decisions relating to their welfare. At the same time, the trauma suffered has forced them to pick up other habits such as drinking or drug use to deaden the emotional pain. In addition, their sense of right and wrong has often been warped so that services must allow for retraining in these areas.

Further, the necessity of having to survive in an environment where they do not have equal bargaining power and where they must navigate subversive or criminal elements, means that victims have developed deception and manipulation techniques as a survival mechanism. Care providers must be aware of this and understand that they can't expect victims to self motivate or to be self-disciplined in following up on requirements of care programs. Care providers must allow for retraining in self-discipline and personal empowerment by setting conditions requiring commitment from victims at each stage of the rehabilitative process.

***PART TWO***  
***PROTOCOL ON THE CARE MODEL***  
***FOR CSEC VICTIMS:***  
***STEPS FORWARD***



## **INTAKE, DETECTION AND REGISTRATION**

This is the first component of the care model and encompasses the role of the Department of Human Services and the Police in receiving reports of allegations of CSEC and beginning the initial assessment to substantiate such reported allegations.

Intake involves the logging and recording of allegations of CSEC and coordinating efforts for follow up reports by interviewing witnesses and potential victims to detect whether the allegations have been substantiated enough to justify intervention on the basis of a possible CSEC crime or whether referral to another unit within CPS is necessary.

Detection involves the work of determining whether a victim is entrapped in CSEC and it involves the interviewing of alleged victims and the documentation of CSEC allegations.

Registration is the process of documenting the information gathered regarding the allegation of CSEC that will allow assessments to be made.

This initial component is the beginning of protecting the human rights of CSEC victims and also provides the opportunity to identify other existing or potential victims and to lay groundwork for the prosecution of exploiters. The Department of Human Services will maintain a centralized intake officer in Belize City during business hours, whose responsibility will be to conduct a preliminary informational session either in person or over the phone. In the districts, the district officer will act as the intake officer. All service needs that may be met with information and referral will be the responsibility of the intake officer.

## **PROCEDURES**

### **INTAKE**

- All referrals for services from the DHS must be documented by the intake office on the DHS' intake forms before being submitted to the Appropriate CPS Officer for completion of the other components of care.
- The intake officer must ensure that the person reporting gives as much information as possible on the location of the potential victim, the identity of the perpetrator, if that is known, or any information about intermediaries and places where the CSEC allegation is being facilitated, as well as contact information for the reporter.
- The intake officer must explain to the person reporting that the appropriate CPS Officer will follow up the allegation.



## **DETECTION**

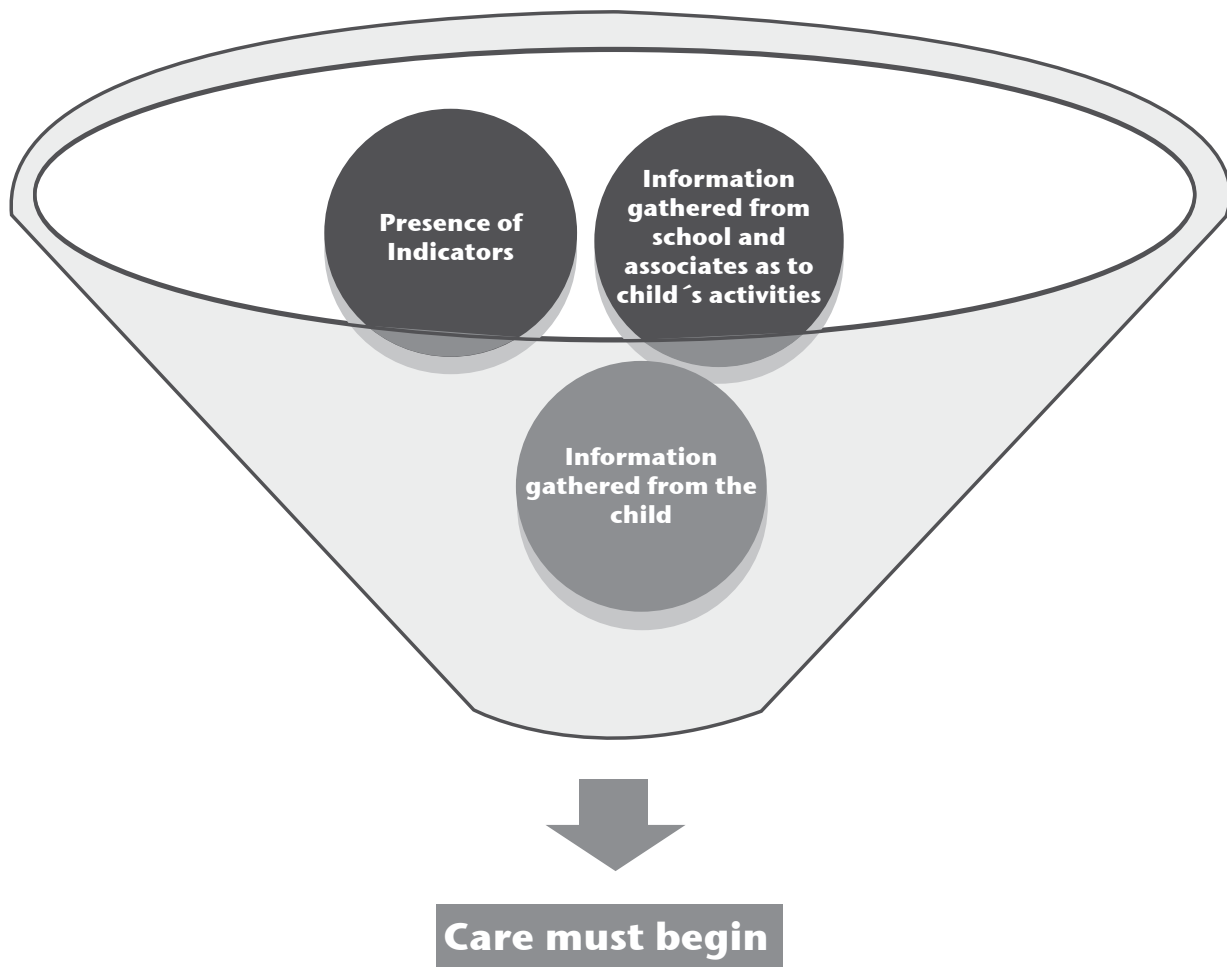
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- Once the intake form has been passed to the Appropriate CPS Officer, that officer must assess the indicators of CSEC that are present from the report made. If the information received is not sufficient to conduct an assessment the Appropriate CPS Officer must contact the person(s) making the report to obtain additional information that may justify an intervention.
- The Appropriate CPS Officer is responsible for assigning investigative responsibility to the social service practitioner (SSP) who will be responsible for the initial investigation and interview of the victim. This assignment of the case must happen within 6 hours after receiving the report of the alleged CSEC.
- The SSP must then begin to coordinate with other service providers to put together a possible task team that will be needed to carry out intervention.
- The SSP must familiarize himself or herself with the laws and regulations dealing with the protection and removal of victims of abuse and exploitation and trafficking.
- The SSP must contact the person who made the report to gather as much information and evidence as they may have that may substantiate the report made.
- The SSP must also ascertain before doing any intervention:
  - a. Who will be responsible for collecting any forensic evidence that may be needed. This will entail coordination of efforts with the Police.
  - b. Who will accompany victim to do medical exams.
  - c. Whether parental consent for medical exams are needed and must be aware of the provisions allowing for senior Police Officers to order medical examinations to be done where the parent/guardian does not consent.
- The detection process may involve an initial interview with the victim where the report was inconclusive as to the absence or presence of CSEC. The SSP must interview the alleged victim and members in the household where the victim is located to ascertain whether the allegations in the reported complaint are substantiated and to determine what immediate action is necessary to safeguard the victim.
  - a. Many of the victims of CSEC are also victims of trafficking and in some cases will be living on the street. SSP must go where they are and in some cases interviewing may take several days. SSP must assure the victims security. It may take several sessions before the victim feels comfortable enough to give the SSP details about their life and collaborate in the proposal of the second level care plan.
  - b. In some cases emergency removal may be necessary such as situations in which the victim is being held by the intermediary or client exploiter, or where the victim is of a young age. Such removals must be coordinated with the Police to protect against hostilities.

## REGISTRATION

- This is the process of documenting the alleged report once the allegation is deemed to be a CSEC matter by opening a file for the victim.
  
- The SSP must ensure that the National Gender Based Violence Form is completed and that the file includes information on the proof of identity, immigration status, contact numbers for victim and family members, and other information on the department checklist for file openings which are already available from the initial interview with the victim.
  
- The SSP must document on the victim's file any information received from the victim or other sources during the initial interviews including:
  - I. Physical indicators such as:
    - a. Sexually transmitted diseases
    - b. HIV/AIDS
    - c. Pregnancy
    - d. Induced or spontaneous abortion
    - e. Vaginal or anal rape
    - f. Fissures or destruction of the anal sphincter
  - II. Psychological indicators such as:
    - a. Self-destructive behavior (self-mutilation, suicide attempts)
    - b. Running away from home
    - c. Frequent drug use
    - d. Sexualized behavior
  - III. Sociological indicators such as:
    - a. Difficulties complying with limits or boundaries
    - b. Frequent places known for CSEC activities
    - c. Adults picking them up in cars or vans
    - d. Seen in the company of adults who are not family members or who are foreigners
  - IV. Economic indicators such as:
    - a. Possess expensive jewelry, cell phones, beepers etc despite living in poverty.
    - b. Possess money that is unaccounted for and have not been given to them by care givers

Information gathered from the various indicators must be analysed and filtered and once substantiated, care must be begin by seeking the consent of the child and parents and guardians for intervention.



## **PRIMARY INTERVENTION**

This entails the provision of emergency services to ensure the protection and safety of the victim. This primary intervention will entail the provision of emergency services to the victim to take into account and reduce with the utmost urgency any imminent risk of abuse, exploitation or death, while ensuring that the victim exercises all human rights. Primary intervention will also entail the development of a work plan to reflect the full range of human rights protection that the victim may need, though some rights may be prioritized at the beginning of primary intervention. These rights include:

- a. The right to life
- b. The right to health
- c. The right to protection against all forms of exploitation and abuse
- d. The right to protection of basic freedoms guaranteed by the Constitution
- e. The right to participate in decision making affecting their development and welfare.

The work plan's targets should be completed within 4 to six weeks of the initiation of primary intervention, this may be extended as protection and safety issues are addressed. However, primary intervention begins the moment the allegations of CSEC are substantiated by the presence of physical and psychological indicators or by the words of the victim. If she/he is victimized by other rights violations refer to DHS.

## **PROCEDURES**

1. The SSP assigned to the case must make a risk assessment of the victim's situation by assessing:
  - a. Immediate dangers to life and health, these include:
    - I. The immediate danger to the victim of further sexual exploitation
    - II. The immediate threat to life either by the victim committing suicide or by the victim being murdered by client exploiters or intermediaries.
    - III. The immediate danger of drug use
    - IV. The immediate danger of the victim becoming homeless or placed in a situation of vulnerability especially if the victim lives with the client exploiter or intermediary.
  - b. The risks to the exercise of other rights such as:
    - I. Whether the victim attends school,
    - II. Whether the victim lives with his or her family
    - III. The emotional stability of the victim and the resources available to the victim to allow his or her participation in the work plan
    - IV. The availability of external support such as institutional or public or private resources to ensure the feasibility of the work plan.

2. Once the assessment has been made and resources located to address the risks identified by the presenting situation of the victim, the SSP must set out a workplan for primary intervention addressing the areas of risk assessment;

- a. This workplan will lay out responsibility for investigation and gathering evidence.
- b. The assessment of immediate risks and the risks to the exercise of rights including provisions for emergency removal and emergency placement should that become necessary.
- c. How these risks will be addressed within the next 4 to six weeks
- d. Who will have the responsibility of implementing the risk alleviation measures, whether referral to other agencies or coordination with other areas of DHS is needed.

3. Once the immediate risks have been assessed and set out in the workplan, the SSP must coordinate with the police or with the trafficking team, where necessary, and immediately proceed to the alleged victim's location or residence.

- a. The SSP must be mindful of the need to be discreet in situations where the victim is not at home or under the care of someone else besides the parent/guardian so that potential client exploiters or intermediaries are not tipped off or valuable forensic evidence destroyed.
- b. If the victim is living with a parent/guardian to visit the alleged victim and the SSP determines that there is very little risk of flight e.g. because of the established ties the victim has to school or relatives in the community, the SSP's first meeting with the victim should be as neutral as possible and all attempts must be made to establish trust with the victim as their cooperation is fundamental to the success of the investigation and to any convictions.

4. Where the SSP determines that the victim must be placed under emergency protection and must be removed from the environment, that must be done and the victim placed in emergency care.

- a. With regards to CSEC victim, the priority for placement is:
  - I. Family members (including extended family)
  - II. Foster families
  - III. Community homes
  - IV. Emergency shelters
  - V. Institutions

The first and best alternative for emergency placement is placement with a family member.<sup>1</sup> If the SSP placement with the family may not be the best option, it may be better to place the victim with a foster family or in a community home until the familial situation stabilizes enough for the victims reentry and to ensure he or she gets the help needed.

- b. Any period of alternative placement outside the family should be used to assess the situation that gave rise to the removal and placement of the child with a view to ameliorating that situation to allow for eventual reconciliation with the family where that is possible, and where that is in the best interest of the child victim.

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<sup>1</sup> The SSP must ensure that the family member with whom the victim is placed is able to guarantee the victim's protection and able to supervise the immediate activities of the victim to guard against suicide or running away.

5. The SSP must take the victim for a medical examination as soon as possible after first contact with the victim to guarantee the right to health and to document and preserve any forensic evidence on the victim.

***a. The consent of the parent/guardian should be obtained for the medical examination. At the time that the victim agrees to receive assistance, the DHS must ensure that the victim and the family sign a contract agreeing to cooperate with the workplan and rehabilitation to be provided. This contract should include a provision for the victim's parents to consent to medical examinations and treatment of the victim.***

***b. If no parent is are present, the DHS will act in their capacity.***

***c. The SSP must ensure that the new medico-legal forms are used and that any injuries on the victim are documented and that a rape kit is used. The SSP must also ensure that the victim receives treatment for any medical conditions exhibited.***

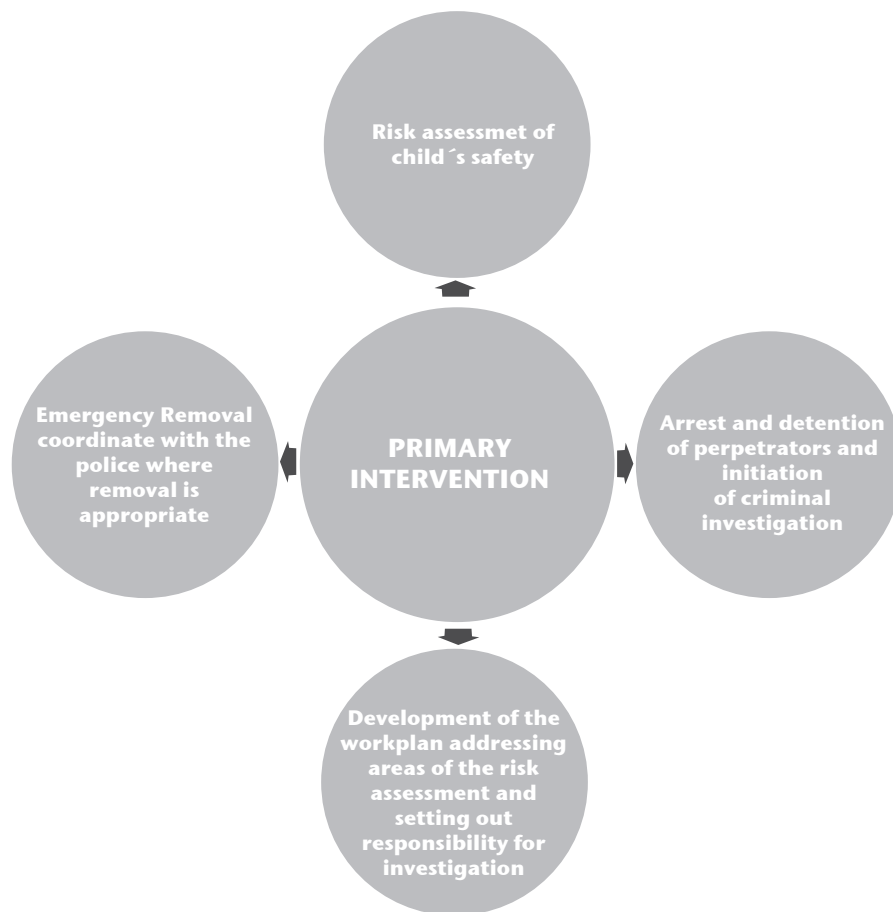
6. From time to time, the plan must be updated and reviewed. It may be necessary to re-assess risk after removal and placement as additional information may come to light for instance that the client exploiter or intermediary has access to the victim at the location of placement.

7. The police must be directed to initiate a criminal investigation to locate and charge client exploiters and intermediaries after trust relationships have been built with the victim and after the victim agrees to proceed with criminal prosecution.

***a. The SSP may need to coordinate initial efforts with the Police to reduce victimization of the person underage by successive interviews. The SPP assigned to the victim must be present at all interviews conducted by the Police and must request copies of any statement given by the victim to the Police.***

***b. Where the SSP uncovers evidence as to the name and whereabouts of client exploiters from successive contact with the Police this must be forwarded to the Police. In addition, all other care providers such as medical personnel or persons providing emergency food support to the victim's family must be reminded of the need to report to SSP any information uncovered regarding any crime perpetrated against the victim.***

***c. In addition, SSP, all other care providers and the media must keep information on the victim confidential as required by law.***



Under primary intervention the DHS must coordinate with the Police to ensure the protection of the human rights of the child victim. The DHS should also be mindful of the need to secure the cooperation of the child victim, especially where the child is an adolescent as well as the cooperation of the parents in the continued provision of services.

The SSP must secure the cooperation of the child especially where the victim is an adolescent before instituting secondary intervention. Where such cooperation is not present the SSP should concentrate on developing the trust relationship and should secure medical care for the child victim and may provide food support to the family but should delay other aspects of secondary intervention until cooperation is received.

## **SECONDARY INTERVENTION**

Secondary intervention is the beginning of rehabilitating the victim and the focus of secondary intervention is to lessen the impact of the abuse and promote positive change in the daily lives of victims and their families. It is devoted to reconstitute all of the other rights that have been violated: education, health, recreation, culture, living with family.

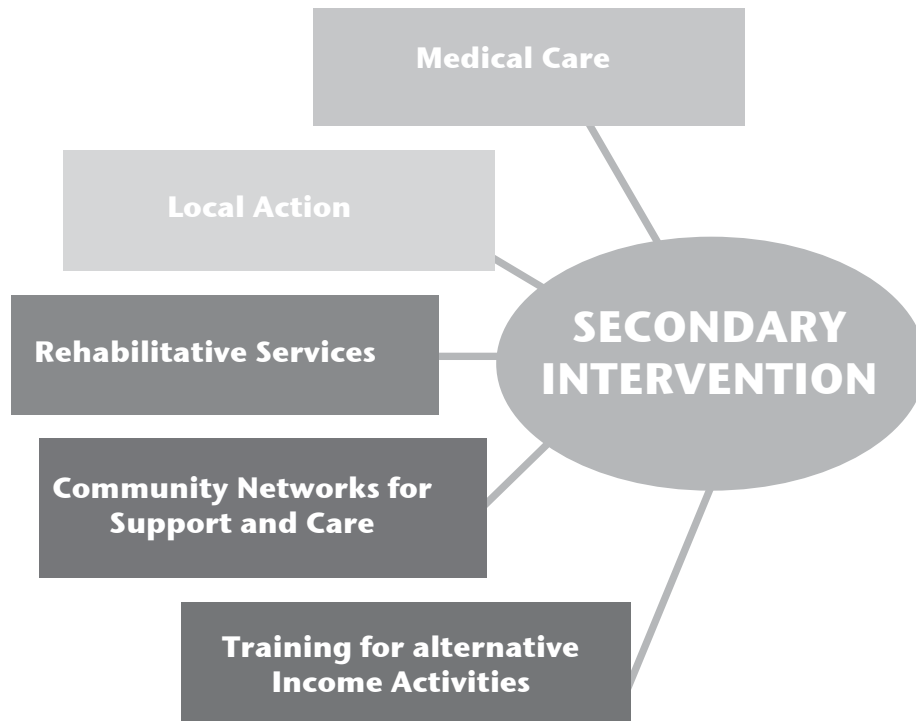
The impact of CSEC cannot be lessened if the CSEC is still being perpetrated on the victim or the risk factors uncovered in the risk assessment are still present as the victim will not cooperate with rehabilitation objectives if they still have a drug habit to feed or they have nowhere to live except with the client exploiter or intermediary.

In addition, the victim must consent to and agree to all the goals of secondary intervention. All care plans must be developed with the participation of the victim and where it is in the best interest of the victim, the family should also participate. Secondary intervention is about empowering the victim and their active participation to the achievement of goals is necessary.

Goals of secondary intervention include:

- I. Providing treatment for chronic health problems or other physical consequences of the CSEC on the victim.
- II. Obtaining legal orders to protect the welfare of the child and to facilitate the achievement of Care Plan goals.
- III. Reintegration into school life or alternative academic endeavor or the development of vocational abilities in persons over 16 years of age.
- IV. Identifying and strengthening family and community networks that will allow the victim to remain within the family or community where that is in the best interest of the victim and which will allow for recovery of rights such as the right to recreation, socialization and family contact.
- V. Identifying and strengthening economic self sufficiency for the victim and the family.
- VI. Psychological and emotional recovery of the victim from the violence and trauma suffered.
- VII. Counseling to remedy the effects of CSEC on the victim's life.





## **PROCEDURES**

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1. Once the targets of the workplan for primary intervention have been reached, primary intervention is complete and secondary intervention begins. The SSP must develop a Care Plan for rehabilitation of the victim.
2. The Care Plan should set out:
  - a. Medical goals
    - I. This should address any STDs or other chronic illness or medical condition presented by the victim and set out a plan for long term treatment or cure.
    - II. This should also include any surgery that may be necessary to repair physical deformity or other physical condition present in the victim or caused by the abuse.
    - III. This should also include plans for future routine physicals and medical examinations including pap smears, STI testing, pregnancy tests, to ensure that any long term effects of CSEC are identified quickly and dealt with immediately.
    - IV. Other medical examinations and procedures such as immunization updates, dental checks, nutritional and dietary checks should also be done and plans included to ameliorate any effects of these presented by the victim to ensure that the victim will be able to enjoy good health.

**b. Obtaining legal orders**

**I.** The SSP must obtain legal orders in respect of the child to give the DHS the ability to institute and monitor intervention and follow up with the victim.

**II.** Where the parent/guardian facilitated the CSEC as an intermediary or where the victim lives with the client, the DHS must obtain a Care Order to remove the child from the CSEC environment and to facilitate permanent placement for the victim. The priority for placement given under primary intervention should be adhered to. It is usually wise to obtain an interim order for two months in the first instance to allow for investigation of the risk of further CSEC and to build a case for a full care order where that is being contemplated and then to apply for a full care order before the interim order expires.

**III.** Where the victim is an orphan or does not have proper family support, the DHS should apply for custody of the victim so that a long term legal decision can be made concerning the victim.

**IV.** Where the victim can be properly supervised within the immediate family and the victim is willing to comply with the goals and requirements of the Care Plan, a supervision order can be obtained.

**V.** The SSP must also work with the Police and the legal sector to ensure that criminal charges are brought against the client exploiter and intermediary and must prepare the victim as a witness in those proceedings.

**VI.** The SSP must accompany the victim to interviews with prosecutors in preparation for trial.

**c. Educational goals and how these will be achieved**

**I.** This should include an indication of the current educational level of the victim and what is needed to bring the educational level up to par if the educational level is below par for the age of the victim. This means that in some cases, the victim will need to get remedial reading or writing skills before reintegration into the formal school system or it may mean placing the victim in alternative educational programs outside of the formal school system if the victim has a learning disability to ensure that basic educational goals, life skill training and some skill that can generate future income is obtained by the victim.

**II.** This should also include where the victim will go to school, who will pay educational expenses, provide transportation and homework or other support to the victim. Family and community resources should be networked for this.

**III.** This may also require the obtaining of proper identification documents for the child where that is not available before academic or other enrollment.

d. Identifying and strengthening family and community networks.

I. The SSP must identify what resources are available within the family by reaching out to extended family members and bringing them in as part of the support structure for the victim. For instance, where the victim will not have contact with the parent or guardian contact with other extended family should be substituted and regular visitations by them must be made a part of the care plan. Where the victim is in alternative placement, the persons with care and control of the victim must agree to facilitate such visitations as they will assist with emotional recovery for the victim and provide the victim with a support mechanism to fall back on when the goals of all intervention have been achieved and the victim is rescued from CSEC.

II. Community resources such as church youth groups and youth service organization, sports clubs and extra-curricular school clubs and societies are valuable resources for providing the victim with peer socialization and opportunities for recreation and relaxation which will help the rehabilitative process.

III. The SPP, in locating suitable peer group activity for the victim, must ensure that proper screening of these clubs and societies is done by checking information obtained from the investigation to ensure that intermediaries or client exploiters do not have access to the victim and that such activities will be properly supervised.

IV. It is recommended that the participation in peer group activity be conditional on the victim's commitment to educational and other goals of the care plan.

e. Identifying and strengthening economic self sufficiency.

I. The victim and the victim's family must be taught tools to make them economically self-sufficient.

II. This may mean networking with other agencies and community groups to meet basic needs for food, shelter and clothing in the short term.

III. The SSP will need to utilize resources of other agencies, this may entail working with the Women's Department to facilitate the female parent/guardian receiving training in an income generating activity to ensure that the family can meet long term basic needs so that the victim and the family have alternatives to CSEC to meet needs.

IV. Alternatively, the SSP may refer the victim's family to loan institutions providing loans for small business for women and assist with the application and referral process if the mother or guardian has a viable talent such as baking or cooking that can be used to generate income.

V. It may also entail getting a part time job for the victim in a place where the victim will be supervised and where the SSP has done CSEC screening.

f. Psychological and emotional recovery

I. The SSP must coordinate counseling services for the victim and parental training for the parent/guardian or the care –givers of the victim in placement.

II. The counseling services must be aimed at identifying and supporting the child because of all the psychological and emotional trauma present in the victim as a result of CSEC.

III. In addition to counseling services to the victim. The SSP must coordinate group therapy for the victim by forming and facilitating support groups with other victims. Group work is important because it:

1. Helps to deal with and lessen stigmatization for the victim.
2. Contributes to strengthening cohesion and solidarity amongst victims which restores empowerment.
3. Allows members of the group to help each other and to form care strategies together to deal with issues as they arise.
4. Makes the best possible use of institutional resources
5. Constitutes an opportunity for favouring education based on experience
6. Creates a political sphere for underage persons to participate in the search for and implementation of responses to these and other social problems.
7. Allows the SSP to observe the interactions of the victims together. This will provide valuable information on the progress and achievement of Care Plan goals and may also help to identify intermediaries within the group with whom more aggressive work must be done and whose interaction with the group must be monitored.
8. Counseling services and parental training may also be needed by the parent/guardian where such parent/guardian was an intermediary for the CSEC or did not do anything to stop the CSEC or created vulnerability for the victim. Such services should be conditional on parent/guardian's cooperation with criminal proceedings against client exploiters or other intermediaries.

#### g. Engaging in therapy

- I. In many cases the CSEC activity has so scared the victim and so destroyed the victim's personhood that they no longer value their bodies or view sexual expression as something dignified and valuable.
- II. In many cases even after they are removed from the CSEC, victims may engage in unsafe sexual practices.
- III. They feel that their bodies are not valuable and that sexual activity is a tool for achieving other ends.
- IV. The goals of is twofold:
  1. Restoring a sense of value and restoring a proper appreciation
  2. Reducing the risk of contracting HIV/AIDS or other STIs
- V. In achieving these goals, the Care Plan must provide for sex education for the victim.
- VI. In addition, resources that focus on the restoration of innocence that may be available from Church Youth Groups or books or other community resources must be utilized.

The goals of the Care Plan must be implemented by the SSP but the victim should be prepared during the implementation of each component of the Care Plan for eventual follow up by an NGO. The SSP must incorporate the NGO in the later stages of the implementation of the Care Plan and must supervise the transition to the NGO for follow up by orientation with the victim and by creating networks between care providers in the victims Care Plan and the NGO responsible for follow up before follow up begins.

While secondary intervention is being implemented, information may be discovered that indicate that the victim has suffered from other trauma associated with CSEC or has become involved in CSEC again after primary intervention and primary intervention must be reinstated before secondary intervention can be completed. This is the cyclical response of the Care Model.

All contact and services provided to the victim must be documented on the victim's files. The cycle of care plan is not complete until all the goals of the child's Care Plan have been implemented and there has been a hearing in the criminal case against client exploiters and intermediaries and permanent placement of the victim has taken place.

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## **FOLLOW UP**

The objective of follow up is to assess the effectiveness of the actions developed and undertaken as part of primary and secondary intervention. Follow up must be specific to each victim taking account of the gender, the age, the dynamics of CSEC, the economic needs and addictions, and must include an assessment of the victim's risk of re-entry into the sex trade.

## **PROCEDURES**

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1. DHS must develop a follow up plan for each CSEC case that outlines regular review of Care Plans and victim's files to see whether the procedures and results of intervention strategies were in accordance with and led to the achievement of the goals of the Care Plan.
2. The initial review must be done with the SSP. If the strategies employed have not achieved any component of the Care Plan then other activities must now be substituted and implemented by the SSP before follow up can be completed. This is the basis for presenting the Care Model as a cyclical response model.
3. DHS must establish routine period visits with the victim by making house calls to observe the victim's adjustment to daily routine. There should be at least one visit per month, where possible such visits must be randomly done which will require knowledge of the victim's schedule for school and care services such as counseling and medical treatment to reduce scheduling conflicts.
4. DHS must continue interviews and discussions with the underage person to ensure their continued commitment to the Care Program and provide or network resources for any additional assistance the victim may need.
5. DHS should also monitor school attendance and performance. Such monitoring should follow the school's schedule in issuing reports and will require that there be representation for the victim at Parent Teacher Conferences on days reports are issued. DHS should coordinate with the person with care and control of the victim to ensure these representations are made on behalf of the child and ensure that they obtain copies of report cards etc. It may also entail working with schools to enroll victims in extra lesson classes or remedial reading programs.
6. DHS must also monitor health care to check the victim's access to the health services set out in the Care Plan and to assess whether appropriate medical care is being provided to the victim.
7. DHS must also monitor counseling to assess the progress of the victim's psychological and emotional recovery. Any information indicating further CSEC activity on the part of the victim must be reported to the follow up coordinator from the NGO who should liaise with the SSP to investigate the new allegations and to undertake another cycle of primary intervention where necessary.
8. DHS must also interview the victim to assess the success of therapy.
9. DHS must organize focus group discussions with victim support groups on specific intervention activities to discuss their effectiveness in meeting goals and to document their experiences with care providers and their perceptions of the services provided.
10. DHS should also follow up with the legal sector to ascertain the status of criminal proceedings and to inform the victim of the progress of such proceedings as well as secure the attendance of the victim at trial.



In the cyclical model Follow Up is a process and not merely a stage of care. Follow Up is present throughout, from the beginning of care to the time that the victim is transitioned out of care as there must be follow up of each service provided. DHS care providers must ensure regular reviews of each service set out in the care plan through assessment and evaluation of the effectiveness of the services in rehabilitating the victim, and make adjustments to the plan as needed to achieve overall goals of care. The victim and the victim's family must be involved in the review process as much as they were involved in the planning process. In addition, Follow Up ensures that there is strategic coordination of the various services providers and builds opportunities for networking and collaboration into the provision of care.

***PART THREE***  
***MONITORING AND EVALUATION.***





## **MONITORING AND EVALUATION**

The objective of monitoring and evaluation is the review of all intervention strategies and of all care providers to assess the effectiveness of the Care Program. This aspect of care will depend heavily on the collaboration of the different stakeholder agencies who are a part of the CSEC committee established. The monitoring and evaluation seeks to:

- a. Ensure that the services provided by care providers is effective in meeting the rehabilitative needs of victims
- b. Evaluate the sufficiency of resources utilized by various stakeholder agencies in providing adequate care to victims, and
- c. To improve multi-sectoral collaboration.

## **PROCEDURES**

1. The NGO should collaborate with the DHS to arrange for annual monitoring and evaluation of the care program. The monitoring and evaluation should be conducted by independent research or audit agencies under contract with the DHS and the audit report submitted to DHS.

2. Such monitoring should evaluate:


- a. The quality of services provided by care givers in terms of:
  - I. Respect for the rights and dignity of the victim
  - II. Professionalism and competence
  - III. Cost and time efficiencies
- b. Whether overall goals for victims were clearly expressed in the care plan and whether such goals are feasible.
- c. Whether the plan, intervention and follow up adequately identified and addressed the most pressing presenting problems for victims.
- d. The effectiveness of strategies and activities used in primary, and secondary intervention in achieving targets in the workplan and goals of the care plan.
- e. Whether the overall plan has resulted or will result in the rehabilitation of the victim.
- f. Whether care providers have policies and protocols clearly setting out what, who and how services to victims will be provided.
- g. Whether officers and employees of care agencies have been trained in such policies and protocols.
- h. The effectiveness of networks between care providers.

3. The NGO must collaborate with DHS to develop and implement new strategies where monitoring and evaluation establishes that current strategies have failed to achieve overall goals.

4. The adequacy of follow up provided.

5. Monitoring tools must be written and placed on the files of each victim and dates for monitoring and evaluation must be determined at the time the follow up component of care begins.

6. A summary of the monitoring and evaluation of files indicating the broad results of the care program implemented and a final report must be produced that must be made available to ILO and form part of reporting requirements under the CRC and for the Optional Protocol.



DHS social services practitioners are often the point of first reporting and will be responsible for the initial registration and documentation of the allegations of CSEC. They will also be responsible for coordinating initial investigation and primary intervention services such as emergency removal and placement with the police.

Social service practitioners must work to ensure that reports alleging CSEC are investigated by collaborating with the Police Department and the Prosecution offices in preparing victims as witnesses and to forward any information uncovered while providing care that may assist the investigations of CSEC crimes.

In addition, social service practitioners must become familiar with the provisions of the Criminal Code and other legislation prohibiting CSEC so that they can properly advocate for the rights of victims. As DHS is the primary response agency, DHS must coordinate care of victims of CSEC and the procedures set out in this document demonstrate this.

## **ROLES OF STAKEHOLDERS**

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### **A. DHS Social Services Practitioners**

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#### ***Multi-sectoral coordination***

1. DHS will coordinate with NCFC to ensure the development of protocols for the Police Department setting out the collection of forensic evidence in sex crime cases, preparing child witnesses for trial and taking statements from children, preparing profiles and composites for sex offenders.
2. DHS will coordinate with NCFC to create a multi-sectoral CSEC committee comprising representatives from the various stakeholders agencies and partners who will establish an action plan to coordinate the work of the various agencies in eliminating CSEC.
3. The committee will meet regularly and work closely with the trafficking taskforce, the Crime Control Council and the child labour committee to ensure adequate, timely and effective deployment of resources to prevent overlap of functions, while at the same time, providing advocacy for the development of policies and the passage of the Prohibition of CSEC Bill.
4. DHS will collaborate with NCFC to coordinate training for the Police Department on the CSEC Care Model and on the development of a curriculum for the training of police recruits on issues related to CSEC.
5. DHS will collaborate with the DPP and the Prosecution Branch to provide assistance in training for Prosecutors on prosecuting sex offenders and preparing social workers as expert witnesses to give evidence on the social and psychological effects of CSEC on child victims.
6. DHS will coordinate with the Prosecution Branch and the legal sector to promote the prioritization of criminal cases involving child victims.
7. The DHS will coordinate with NCFC and each stakeholder agency to provide training on the implementation and usage of the Prohibition of Commercial Sexual Exploitation of Children Bill.
8. DHS will coordinate with Police to ensure calls are properly logged to create adequate records for criminal investigations and prosecutions.

## **B. Police**

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The Police together with the Department of Human Services are institutions of first reporting. The Police must also provide supportive services to social services practitioners to ensure the safe removal and emergency placement of CSEC victims once reports are made and substantiated.

However, the primary role of the Police is as investigators and prosecutors for CSEC crimes. The Police are responsible for arresting, charging, collecting forensic evidence and investigating CSEC crimes. The Police are also responsible for coordinating raids on businesses suspected of facilitating CSEC.

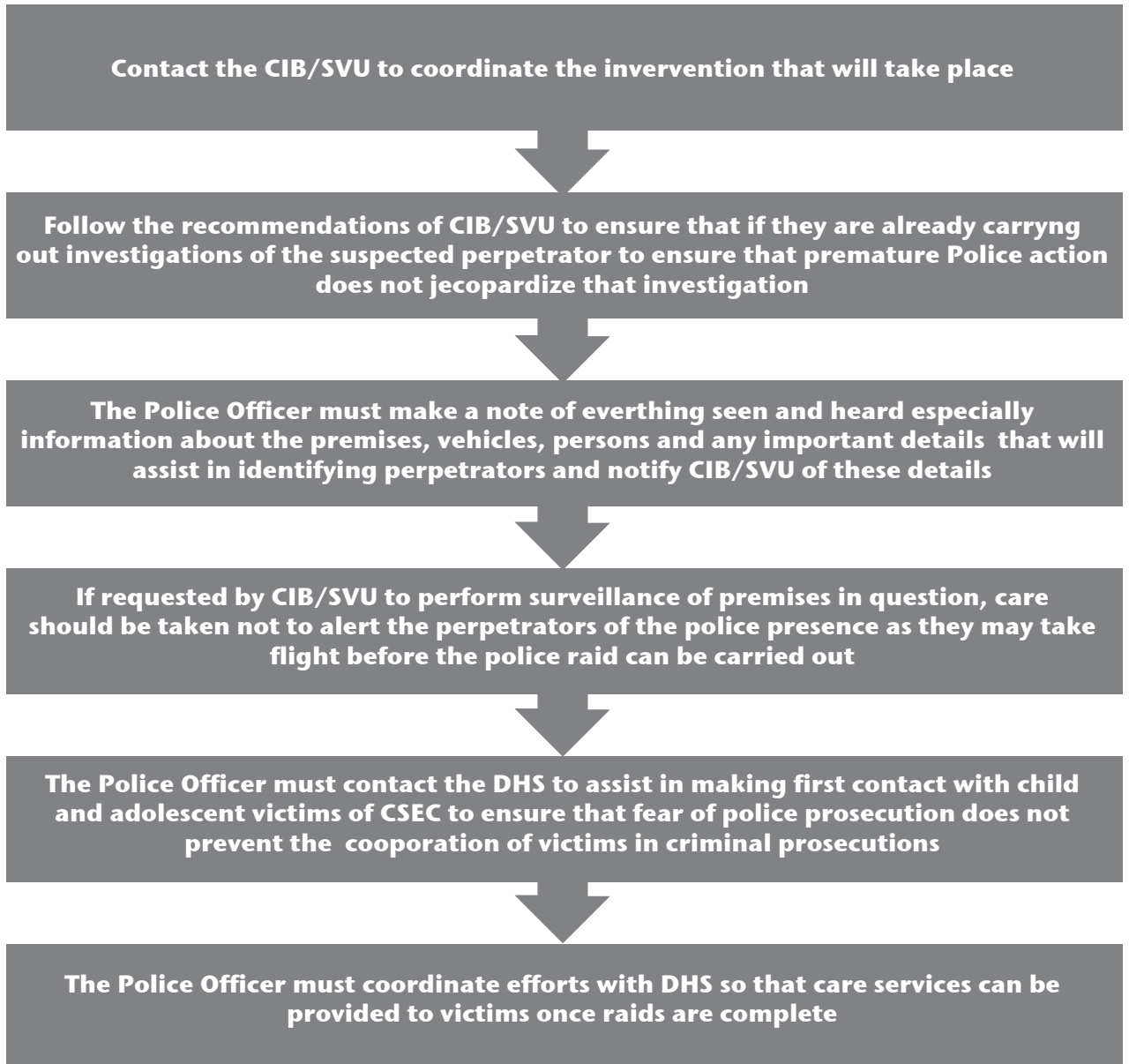
### **PROCEDURES:**

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1. All reports made to the Police of suspected CSEC must be documented on the Gender Based Medico-Legal Forms and must be referred to the DHS.
2. The Police immediately investigate all reports of CSEC and investigative reports made comprising at least:
  - a. The victim's and exploiter's personal details
  - b. A brief account of the facts reported and substantiated
  - c. Information on the institutions that the Police Investigation will coordinate with.
3. The Police Department must provide training to Beat Officers to sensitize them on the investigative protocols to be used in cases where they suspect CSEC where such investigation can provide grounds for instituting the detection components of the care model.
4. The Police's role in primary intervention requires the prosecution of criminal cases against the suspected exploiters and intermediaries and to prepare witnesses for trial in secondary intervention and follow up

## ***Police investigative protocols for detection of CSEC***

### ***1. When faced with a suspicious situation***



## *2. When the victim is not in danger*

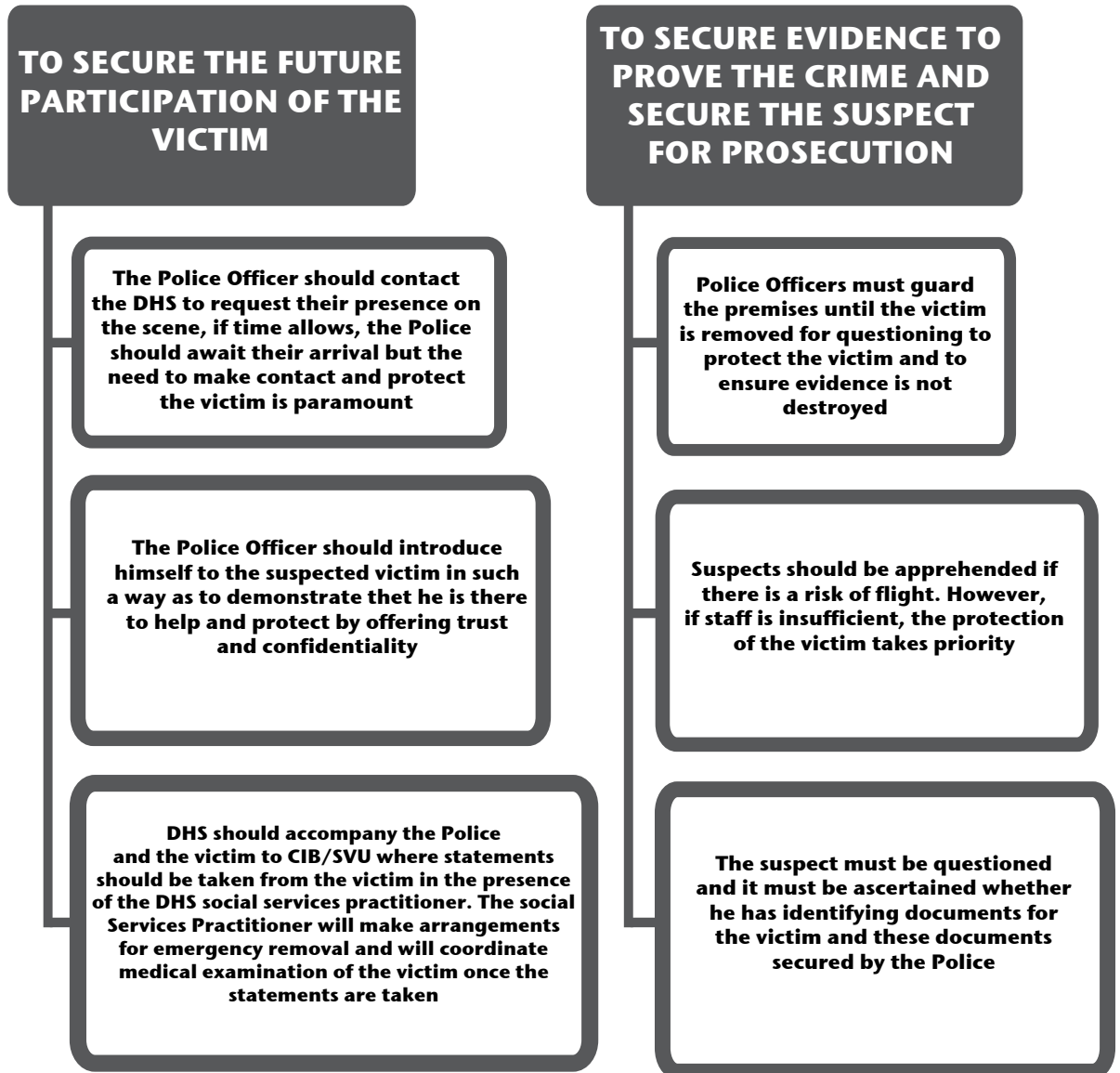
**Since the suspected victim is not in danger, the Police Officer should not move, question or interrogate the underage person**

**No attempt should be made to question or interrogate associates or other persons on the same premises as the victim as this could alert the potential exploiters to the actions of the police and they may flee or remove the victim from the premises**

**The Police should gather observation details such as descriptions of victims and perpetrators, identifying information of vehicles and addresses of the premises and the movements of suspected victims and perpetrators**

**The Police Officer should hand a report to the CIB/SVU and the DHS so that a raid can be coordinated and should collaborate with the CIB/SVU by divulging observation details. The DHS will then attempt to build relationships with potential victims and associates to decide if a raid is justified and will coordinate with CIB/SVU to carryout such raid**

### 3. When the victim is in danger





## *Multi-sectoral coordination*

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1. The Police High Command will coordinate efforts with the DHS in public awareness and public education campaigns particularly in schools emphasizing in such campaigns that perpetrators will be found and prosecuted and that victims will be helped.

2. The Police High Command will coordinate with DHS and NCFC to ensure that investigative and beat officers and members of the SVU be sensitized on CSEC issues and be trained in procedures for investigating and prosecuting cases involving child sex victims.

3. Police will coordinate with the City and Town Councils in each district and with the Chamber of Commerce to impose sanctions on businesses that facilitate or act as intermediaries for CSEC.

4. The Police Department will participate in CSEC committees made up of stakeholders by attending meetings regularly and contributing to the development and implementation of action plans, promote policy changes within the Police Department and advocate for the passage of the Prohibition of CSEC Bill.

5. The Police Department will coordinate training with the Health Department and the NCFC to train officers and prosecutors on using medico legal forms, interpreting the medical evidence uncovered and providing such evidence to the court in criminal cases.

6. The Police Department will coordinate with the DPP and the Prosecution Branch to ensure witnesses are located and served with summons to attend trials well in advance of hearings.

7. The Police Department will coordinate with DPP and Prosecution Branch to provide protection for victims by doing regular patrols in the communities where victims live.

8. Police will coordinate with the DHS, the trafficking taskforce and the child labour committee to organize raids and to effect the safe removal of victims from brothels, bars or places where CSEC situations are promoted

## **C. Education Sector**

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The CSEC study has indicated that in Belize, the victim's relatives and friends often act as intermediaries for client exploiters as such client exploiters often provide economic advantages to the family. As a result, it is often the case that reports of CSEC activities will come from persons outside the family. The Pilot project has revealed that teachers and principals and other persons in the education sector are well placed to provide early detection of CSEC cases and for reporting such cases to DHS or to the Police as required by the Mandatory Reporting Requirements of the Families and Children Act (FACA). Education providers must develop programs that ensure that students remain in schools by providing grants and adapting programs to the needs of students and by devoting attention to students who repeat.

### **PROCEDURES:**

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1. Look for probability indicators or the warning signs of CSEC.
2. Interview the boy, girl or adolescent to see if signs are substantiated and to find out who may be the potential client exploiter (s)
3. The parent or guardian of the child should also be interviewed but not if the guardian is a client exploiter
4. If a situation of CSEC is identified:
  - a. The teacher must follow mandatory reporting rules to report the allegations to DHS
  - b. The teacher should also do all that he or she can to protect the victim by cooperating with DHS investigations
  - c. The teacher must work with the victim to ensure that the victim remains in school
5. If CSEC is not identified, the teacher should assess the existence of other problems that may be affecting the underage person and intervene directly or by making referrals.

## *Multi-sectoral coordination*

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1. The Education Department will collaborate with NCFC, DHS and NGOs such as NOPCAN to implement the CSEC awareness curriculum in the classroom.
2. The Education Department, Principal's Associations and School Managers will collaborate with DHS and NGOs such as YES to provide public awareness campaigns on CSEC in schools including video presentations, brochures and posters being presented in schools.
3. The Education Department will collaborate with DHS to provide sensitization training for School Counselors and Peer Counselors on how to identify, report and secure help for CSEC victims.
4. The Education Department will urge School Managers to create networks with community organizations such as churches and NGOs to assist families of victims to assist DHS to secure food support, alternative housing or foster care for victims, tuition sponsorships and where necessary aid to other family members.
5. The Education Department will participate in CSEC committees made up of stakeholders by attending meeting regularly and contributing to the development and implementation of action plans and promote policy changes within the Education Department that will allow CSEC issues to be taught in schools.
6. DHS will collaborate with the Education Department, Principal Associations and School Managers to develop policies that protect CSEC victims who become pregnant from being expelled from school or otherwise denied their education.
7. Principals and School Managers will give homework and curriculum support through extra or preparatory classes to CSEC victims who are behind in their academic performance as a result of having been denied an education.

## ***D. Health Sector***

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The health services sector is needed to provide emergency medical care as well as long term rehabilitative medical services to CSEC victims. Health care professionals must collect, preserve and properly document any forensic evidence obtained in a medical examination since the medical evidence may provide the corroboration needed to obtain conviction in a sexual offence, especially since social and psychological forensic evidence are often regarded as inferior sources of corroborative evidence.

### ***PROCEDURES:***

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The health care professional providing service must:

- a. Explain to the victim the process of the medical examination to be done.
- b. Protect the privacy of the victim by restricting non-essential personnel from the medical examination.
- c. Ensure that all requisite consent forms are signed.
- d. Ensure that the medico-legal form is properly completed documenting injuries, infections etc.
- e. Cooperate with criminal prosecutions and family court proceedings by attending court when required to do so
- f. Request that he be served with witness summons to ensure he will be able to get the time off to attend court when needed to give evidence.
- g. Provide the prosecutor with evidence of his qualification and experience in performing the medical examination requested.
- h. Provide care and treatment for any infections, injuries or medical conditions presented by the victim.
- i. Report any suspected CSEC case encountered in general practice to the DHS or the Police.

## *Multi-sectoral coordination*

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1. The Health Department will coordinate with the NCFC, DHS to develop protocols for effecting mandatory reporting requirements of the FACA, conducting medical examinations of children in CSEC cases; such protocols to provide for the use of medico-legal forms and the availability of medical doctors conducting such examinations to give evidence in criminal cases.

2. The Health Department will coordinate with the Education Department, Principal Associations and School Managers to provide Health Education to Primary and Secondary Schools.

3. The Health Department will ensure that National Insurance Schemes such as NHI provide coverage for medical examination and treatment of STIs in minors who are brought in for examination and treatment by the DHS.

4. The Health Department will coordinate with the DHS to make qualified medical doctors available to the DHS in each district to provide medical examination and medical treatment to CSEC victims.

5. The Health Department will coordinate with the DHS to make the Psychiatric Doctor and the PNP Nurses in each district available to provide counseling and behaviour modification therapy to CSEC victims.

6. The Health Department will coordinate with the NCFC, DHS, the Police to collect, track and collate statistics on the incidence and treatment of CSEC victims for the purpose of national planning and policy development.

## ***E. Non-governmental organisations***

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NGOs are well placed to influence law and policymaking and to ensure that CSEC issues are high on the political agenda so that appropriate resources can be allocated to getting rid of CSEC. They are also well placed in the community to facilitate community networks with officials working on eliminating CSEC and well placed to detect victims and assist with follow up and monitoring of care plans for victims.

### ***PROCEDURES:***

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#### **1. Coordinate with Prevention efforts by:**

- a. Including CSEC issues on the organizational agenda
- b. Developing mass media CSEC public awareness campaigns
- c. Facilitate training for stakeholders and the public
- d. Influence public policy making to address vulnerability factors for CSEC such as poverty, family violence and child labour and to create a culture of intolerance of CSEC
- e. Participate in national and local coordination efforts addressing CSEC

#### **2. Coordinate with Care efforts by:**

- a. Developing general care programs for CSEC victims
- b. Working with community organizations to develop networks for watching over and protecting those at risk
- c. Promoting the strengthening of national legislation
- d. Reporting exploiters as criminals
- e. Collaborating with legal authorities investigating CSEC crimes

#### **3. Coordinate with Monitoring Efforts by:**

- a. Watching over and following up on commitments made by governmental authorities and the institutional response.

## *Multi-sectoral coordination*

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1. Non-Governmental Organisations must participate in the CSEC committee by attending regular meetings.
2. Non-Governmental Organisations must provide advocacy for the passage of the Prohibition of CSEC Bill and promote the development and implementation of policies and protocols to protect CSEC victims in each of the stakeholder agencies, particularly the Police, Education and Health sectors.
3. Non-governmental organizations must assist in procuring resources for victims and families especially tuition for child victims and food and housing support for families.
4. Non-governmental organizations must collaborate with Trade Associations, Hoteliers Associations, Tourism Bureau, the Chamber of Commerce and Professional Associations to promote internal regulation of members and the imposition of penalties to include the suspension of trade licenses of members who facilitate or act as intermediaries for CSEC.
5. Non-governmental organizations must collaborate with NCFC and DHS to provide sensitization training on CSEC issues to media houses.
6. Non-governmental organizations must coordinate with DHS and NCFC to provide sensitization training for CSEC and training on mandatory reporting requirements and provide information on the help available to victims and families to community organization, the Justice of the Peace Association and to Village Councils.
7. Non-governmental organizations must collaborate with the NCFC, the DHS and CSEC committee to develop protocols for monitoring and evaluation and to provide the audit needed for such monitoring and evaluation of action plans developed by the CSEC Committee and to provide monitoring and evaluation of DHS.

## ***F. Community organisations and volunteer groups***

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These are organizations such as churches, support groups, volunteer groups and other organizations working within the community. These organizations often have established credibility and influence or authority in the community and are well placed to aid in detection efforts and to provide follow up care and rehabilitation to victims. They can also refer information of CSEC cases to DHS and report to the Police.

### ***PROCEDURES:***

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1. Report suspected cases of CSEC to DHS and cooperate with ensuing investigations
2. Coordinate with DHS to provide support to victims by providing counseling to victims and families as well as food or shelter support as needed.
3. Provide recreational activities for victims
4. Provide safe and supervised socialization and interaction for child and adolescent victims with other children and adolescents
5. Provide sensitization training on CSEC as part of programming
6. Distribute and display posters etc indicating what is CSEC and where victims can get help
7. Assist DHS by providing monitoring and follow up services to victims as requested such as transporting victims to trials, securing educational grants and locating foster families for victims removed from families
8. Assist with creating a culture of intolerance for CSEC by speaking out against CSEC.
9. Assisting victims' families by providing alternative income generating capacities for the family.



## *Multi-sectoral coordination*

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1. Community Organisations must collaborate with DHS to undertake educational campaigns in their communities aimed particularly at reaching youth and their families on the laws relating to CSEC and help that is available for victims.
2. Community Organisations must collaborate with the DHS and NCFC to provide advocacy for victims and families to ensure that criminal cases are prosecuted in a timely manner and to provide witness support to child victims and families as needed.
3. Community Organisations must collaborate with the Education Department and schools to provide counseling and financial and in kind support to victims and families.
4. Community Organizations must collaborate with the Health Department to make public education on STIs and treatment available to community youth groups.
5. Community Organizations must collaborate with DHS to provide rehabilitation services to victims and families.
6. Community Organisations must collaborate with DHS and NGOs to provide training for families to provide them with alternative income generating skills.
7. Community Organisations must collaborate with village councils to regulate bars, clubs, video rental agencies and other businesses in the community to ensure that they do not encourage minors on their premises where prohibited by law and to ensure that such bars and other businesses do not facilitate or act as intermediaries for any CSEC crime.

## **CONCLUSIONS**

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The persons chosen to become care providers and to provide direct services to victims must receive sensitization training to ensure that they address areas of personal prejudice in regard to sexual violence and commercial sexual exploitation.

The care providers must be trained in laws and conventions protecting the rights and welfare of children and must be trained how to develop and maintain networks with agencies and with community groups.

In Belize, a large number of intermediaries are family members or close friends of the victims and the number one factor for the incidence of CSEC is poverty. It is, therefore, necessary to ensure that care providers are sensitive to the desperation and moral deprivation that poverty causes in victims and in victims' families and that this sensitivity undergirds their interaction with victims and their families.

Care providers should also be provided with counseling and emotional support to ensure that they don't suffer breakdowns from the overwhelming depressive situations they will encounter.

In addition, regular retreats and group activities must be built into the plans for care of care providers to build networks amongst care providers and to provide opportunities for emotional support.

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## DEFINITIONS

### CHILD:

“child” means a person below the age of eighteen years;

### COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN :

Using an underage person for sexual purposes in which the child, adolescent or the intermediary or a person caring for the child receives an economic reward. The CSEC may include sale and trafficking of children for use in sexual activities as well as the use of underage persons in pornography, including audio-visual imaging, internet images and public or private performances of a sexual nature.

Under the proposed Prohibition of Commercial Sexual Exploitation of Children Act, CSEC activities includes: *“the employment, hiring, use, persuasion, inducement, coercion or enticement of a child to engage in, or aid another person to engage in, sexual intercourse, fondling, oral sex, sodomy or any other activity of a sexual nature, or to engage in prostitution, indecent behaviour or incest with other children or with adults, or to perform in obscene or indecent exhibitions or shows, whether live or via audio-visual aids or on film, or by electronic media or to pose or act as a model in obscene publications or other pornographic materials, or to sell, or participate in the selling of, or to distribute or participate in the distribution of, such publications or materials in exchange for money, gifts, goods or other item for the benefit of that child or of an intermediary third party involved in the sexual exploitation; and also the illicit transfer or sale of the organs of a child;”*

### THE CLIENT EXPLOITERS:

Persons who pay for sexual activities with boys, girls and adolescents. They may be any nationality, age, marital status, profession, social class or sex, although the majority are male.

### THE PIMPS:

Pimps are persons who take advantage of the socio-economic conditions and vulnerability of the boys, girls and adolescents to involve, lure or recruit them for sexual activities in order that they may obtain financial gain from these criminal acts.

### THE INTERMEDIARIES:

These are taxi drivers, owners and staff at hotels, bars, massage parlours, photographic studios and other businesses or establishments, who facilitate the exploitation of children and adolescents in order to obtain financial gain from it. For example, they provide information on places where underage persons are sexually exploited, take the exploiters to these places or provide them with a space in which to commit CSEC crimes. In other cases, they are persons who take underage persons to places where they will meet with client exploiters.

### CARE PROVIDERS:

Persons working with institutions or organizations involved in providing care and support services to victims of CSEC.

### CARE SERVICES:

Services provided to child and adolescent victims of CSEC to protect their human rights and to rehabilitate them from the effects of CSEC.

## CONCEPTS

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In Belize, the majority of victims of CSEC are female. The combination of factors and dynamics that give rise to the sexual abuse and sexual exploitation of children and adolescents in Belize is complex and diverse.<sup>2</sup> The understanding of the problem of CSEC requires recognition of some of these underlying factors:

### A. ECONOMIC FACTORS

Studies on the prevalence of poverty in Belize have found that significant portions of the population live below the poverty line especially in rural villages.

The large number of families living below the poverty line has been identified as one of the underlying causes of CSEC as many child victims of CSEC see their participation in CSEC activities as the only way to meet food and educational needs.

This is countered by the rising demand for sexual activities with underage persons which provides a major incentive for direct and indirect trading of children and adolescents for sexual purposes.

### B. SOCIO-ECONOMIC FACTORS

In Belize cultural tolerance of sexual behavior with younger and therefore less powerful females has been identified as an underlying factor facilitating the prevalence of CSEC.

Marriage, cohabitation and visiting relationships between older men and younger women are often tolerated and encouraged by parents of CSEC victims who see such relationships as a means for economic security not only for the child or adolescent involved but also for the entire family who can benefit from any money or other economic benefit given to the child or adolescent on return for sexual services.

In addition, the perception that children have less rights than adults and that an imbalance of power and rights between adults and children is culturally necessary, is also a factor that gives rise to CSEC.

### C. LEGAL FACTORS

The recent study on CSEC in Belize has identified that there is a low rate of conviction of perpetrators of CSEC. Some of the causes of the low conviction rate has been identified as:

- a. The lack of specific legislation prohibiting CSEC
- b. Inadequate or incomplete investigations
- c. Non-corporation of witnesses
- d. Low sanctions and sentences for sex crimes

The low conviction rate has created the perception amongst perpetrators that the legal system will not prosecute them is a factor giving rise to CSEC which must be countered by swift and vigilant action from care providers.

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<sup>2</sup> San Jose, C.R. "The Commercial Sexual Exploitation of Children and Adolescents in Belize", 2006. ILO.

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