Recovery services for child victims of sexual violence and their families – What can be offered?

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Introduction

“I need to speak and explain the thing, just to have someone to talk with…”

“Sexual violence” according to WHO covers a wide range of sexually violent acts including rape, sexual abuse, forced prostitution and trafficking for sexual exploitation. It is beyond the scope of this paper to discuss the many different variations of sexual violence in-depth; therefore this paper, when discussing sexual violence, will focus primarily on child sexual abuse and child sexual exploitation – specifically through prostitution and trafficking. In this paper “child sexual abuse” is understood as a situation where an adult or older adolescent abuses or attempts to abuse a child for sexual stimulation; “child sexual exploitation” is understood as a situation where a child is used sexually by an adult, and the adult pays for this with money, gifts or favours – such as giving alcohol, food or shelter; and “child trafficking for the purposes of sexual exploitation” is understood to relate to a situation where a child is moved from one place to another, within a country or across a border, for the purpose of sexual exploitation.

Article 39 of the United Nations Convention on the Rights of the Child (UNCRC) outlines states’ duty to promote the recovery and reintegration of children who have experienced neglect, exploitation or abuse. The subsequent Council of Europe Convention on Action against Trafficking of Human Beings and the Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse are welcomed as they go beyond the UNCRC in detailing and raising the standards of support for victims.30

The importance of assistance during the recovery phase has been highlighted in numerous global and European declarations and plans of action.31 Nevertheless, there remains a lack of specialist or “targeted” support worldwide for children who have been sexually exploited and trafficked (Asquith and Turner, 2008) and scarce and unevenly scattered services for those affected by sexual abuse in many European countries (Allnock et al., 2009; Baginsky, 2001; Bunting et al., 2010). A key challenge in determining the level of need and overall service demand stems from the difficulties in obtaining accurate statistics on the prevalence of child sexual violence.32 For example, a 2004 study, “Childoscope”, highlighted that statistics on sexual exploitation of children are generally “unavailable” in the EU (European Union Agency for Fundamental Rights, 2009). The lack of accurate data makes it very difficult to justify a substantial budget allocation and therefore plan effective, inclusive, accessible and available service provision for all. What complicates this problem further is that even with prevalence data, not all victims will require or wish to obtain formal assistance (Baginsky, 2001; Brunovskis and Surtees, 2007) and many may outwardly reject it.

30. “Victim” is used throughout this paper due to the legal status of the child; however it is acknowledged that the term “survivor” may be a more beneficial and accurate term to apply in some contexts. The Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse in addition details support for the families.
31. For example, the Stockholm Declaration and Agenda for Action, the Budapest Commitment and Plan of Action adopted by the participants from Europe and Central Asia, and most recently the Rio de Janeiro Declaration and Call for Action which all highlight the importance of recovery and reintegration support for child victims of sexual exploitation.
32. Such data are notoriously hard to obtain due to the hidden nature of these crimes, the inability and failure to disclose abuse, the child’s or parent’s lack of faith in the system, the lack of standardised, joined up reporting mechanisms, and the taboo and stigma associated with these violations.
Despite the general shortcomings in statistics, it is estimated that between 10% and 20% of children are sexually assaulted during childhood in Europe (May-Chahal and Herczog, 2003). The high percentage of these figures is not only deeply concerning, but has a direct impact on the quantity of service provision that could be required if all affected children were to realise and claim their rights to support and assistance.

The lack of services is compounded by a dearth of an evidence base to inform effective policy and practice. Failures to systematically and rigorously monitor and evaluate current interventions and the lack of longitudinal outcome studies and absence of children's voices makes it challenging to assess the quality of services delivered and establish what works and for which children. This is significant, as although often lumped together and labelled as “child victims”, the children affected by abuse and exploitation are not a homogenous group: they are boys and girls of different ages with varying experiences drawn from different environments. Their needs and the approach taken to address such needs may vary significantly with diverse perceptions of what constitutes a “success” story for different individuals. The field is also without commonly agreed and adopted standards of what constitutes “good practice”, so there is some way to go before these can be confidently communicated across the continent and beyond.

In spite of the shortage of a solid evidence base on effective interventions, the sector has built up a good understanding of the range of problems and difficulties that some children may face. Based on such understandings, it becomes more evident what the needs may be and thus the range of services that should be available. In addition, many voluntary sector organisations have led the way in working with sexually exploited children in Europe and have built up a comprehensive picture of what they perceive are effective measures in working with this group. Such bodies are undertaking some promising and innovative practice in the field – which will be further explored in this paper. Many of these same groups are now attempting to develop a similarly solid understanding and knowledge base on issues of child
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trafficking. There are also notable examples of organisations starting to quantitatively evaluate their support projects for affected children (Scott and Skidmore, 2006; Coren et al., 2010).

This chapter provides a starting point for further discussions on the types of services that should be offered and made available to children and their families. A brief overview of the impact of sexual violence is followed by a consideration of the specific needs that some children may have, and based on this the range of possible services that should be considered. The chapter concludes with a series of recommendations for the Council of Europe to reflect on.

The impact of sexual violence on children and their families

A child’s experience of abuse or exploitation will differ depending on – amongst other factors – the age of the child, the relationship with the abuser, the type and length of abuse, the environment and the child’s own resilience. Children will be affected in different ways. Some may show few signs of distress appearing relatively unscathed, while others may need access to standard universal services. A number of children will require targeted specialist support or professional psychological interventions. Individual responses not only differ, but difficulties and needs may arise at different stages of development.

The range of emotional, psychological and behavioural problems widely documented for children experiencing sexual abuse include sexualised behaviour, symptoms of post traumatic stress disorder (PTSD), depression, low self-esteem, eating disorders and suicide and substance misuse (cited in Coren and Hutchfield, 2009). Similar problems have been highlighted for children involved in sexual exploitation and in trafficking cases.33

33. “Research on women and girls who had been trafficked from European and non-European countries found a range of physical and psychological symptoms including depression, anxiety, PTSD and hostility (Zimmerman et al. 2006). The majority of research on the impact of childhood sexual violence appears to relate to sexual abuse; little, for example, is known about the consequences of child pornography or the role of new technologies in abuse and their impact on the child (Quayle, Loof and Palmer, 2008).
In a number of cases the abuse and suffering does not immediately end once the child is taken out of, or escapes the abusive or exploitative condition. In many situations a child often has to deal not only with internal struggles, but with an external hostile environment where they are judged, stigmatised and discriminated against. It is not clear what the long-term impacts for children are; however, to ensure that the same children, as adults, do not face further violence and social exclusion, early intervention and long-term support may be critical.

Whilst support is largely directed at the child, sexual violence can have a huge impact on the family as a whole. Research shows that contrary to popular belief the majority of perpetrators of child sexual abuse are relatives or step-parents (United Nations, 2006). In many cases the family is “groomed” alongside the child by the perpetrator. The non-abusing parent or carer, once the abuse comes to light, is likely to feel guilty for not protecting the child and be unable to fully comprehend the situation. If the abuser is a family member and leaves, particularly if the main breadwinner, this will have a huge impact on the family. In cases of sexual exploitation, the behaviour and struggles between carer and child often result in family conflict affecting the whole family. For those children who have been trafficked little is known about the impact on the family unit.

**Needs and support services**

The social and economic contexts across Europe differ dramatically and although the needs may be similar for the child and family, the responses, resources, structures and systems in place will look very different. Despite these variations it is important to ensure that there are common quality standards across all services for affected children. In Europe there have been many positive moves in this regard including the development of the Unicef *Guidelines on the protection of child victims of trafficking*. The guidelines have been translated into most of the relevant languages in the region and
informal monitoring of their implementation has begun (Dottridge, 2010; Cazenave, 2010).

There is not a “one-size-fits all” package of care for children affected by sexual violence, and the nature and length of any assistance will depend on the individual. However, cases of sexual abuse, exploitation or trafficking are likely to lead to and require diverse initial interactions with children. This section begins by looking at “targeted” specialist services – those set up to provide a more holistic approach to working with particular “groups” of children –, before considering the generic or universal needs that sexual violence victims and their families may require.

**Targeted specialist services**

The dearth of evidence over whether specialist services provide better outcomes for children or whether generalists who have obtained additional knowledge and training can be as effective remains problematic (Asquith and Turner, 2008). However, those who provide specialist services, those who receive them and those who work in partnership with them are passionate about the need for such services (Scott and Skidmore, 2006). Targeted services offer specialised, sensitive support and workers have a sound understanding and knowledge of the complexities of the different forms of sexual violence. In addition the role of these services in training other professionals and raising awareness is equally valuable.

Specialist services for children affected by sexual abuse may include one-to-one support, group therapy, organised peer activities, family support, and therapeutic treatments such as play or art therapy. Much targeted work in this area addresses fear, anxiety, low mood and sexually inappropriate behaviour (Action for Children, 2009).

Assistance for children involved in sexual exploitation can look very different. Children exploited through prostitution often do not recognise the coercive and exploitative nature of their
relationships and feel they are in control of their lives. This makes effectively engaging with them in the first place very challenging. Building up a relationship of trust is central so that, in time, the child can begin to recognise the abuse and in turn access support in escaping and recovering from the exploitation. Therefore many organisations working with exploited children concentrate on reducing the risk and building up the child’s protective and resilience factors, with the end goal of totally breaking from the exploitation.

Barnardo’s, a UK based organisation and pioneer in this field, embodies this approach and has developed and established the 4 A’s model across their 21 services: access – services are open, honest, welcoming and accept self-referrals; attention – workers recognise that children need positive and consistent attention from a key worker; assertive outreach – workers are persistent in engaging with the child even if help is initially rejected; and advocacy for young people in need – workers help children get access to other services that they need and work with other professionals to increase their understanding of exploitation (Barnardo’s, 2009).

Children who are trafficked into sexual exploitation, especially those who are internationally trafficked, are likely to require additional layers of support. This may include translation services; family tracing; risk and security assessments of the home and organising support in the country of origin; transport; and specialist legal support including acquiring essential legal documentation. Depending on the child’s legal status, an increased level of advocacy may be required to gain access to generic services such as health and education.

Specialist services provide much of the intensive work and have a solid understanding of the complexities involved in abuse and exploitation. However, such services are not accessible to all, with the few services that are available generally being located in capital cities. It has also been noted that many specialist services are established to cater for the “typical” victim and are not always able to respond to
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the diverse needs of all children equally. In addition, there continue to be concerns over the sustainability of services which are often funded by the voluntary sector.

Case management

Whether there are specialist services available for child victims or not, not all needs will be met by one single service. Children and their families are likely to need access to a range of information and support from different organisations and agencies including social services, the police, the courts, medical practitioners and education and training providers. Keeping a multitude of appointments and negotiating the different systems can be daunting and therefore an appointed “key worker”, “case manager” or “guardian” from a voluntary or statutory organisation is fundamental. The case manager can advocate on the child’s behalf, ensure any action taken is in the best interests of the child, co-ordinate the response and act as a consistent, trusted person for the child to engage with, as well as a single point of contact for those different agencies to communicate with. This has been recommended for those working with child victims of sexual exploitation, internal and international trafficking in many different contexts (GTZ, 2007; Terre des Hommes, 2009; Clawson and Dutch, 2008).

34. Many specialist services have to employ strict criteria surrounding the “types” of clients that they will work with as well as the length of time they will be supported. Children who are without proper legal identification, are drug or alcohol dependent or affected by HIV and Aids may be unable to qualify for specialist support (ECPAT International, 2006b). It has been noted that there are few shelter places for very young children 0-12 and for male victims of trafficking in some European countries (Casenave, 2010). In the UK it has been highlighted that there is little understanding of the needs of girls involved in sexual exploitation from different ethnic backgrounds (Ward and Patel, 2006) and an overall lack of information regarding the needs of sexually exploited boys (Lillywhite and Skidmore, 2006). It has also been noted that different age groups may require different assistance (Asquith and Turner, 2008) and that children who do not speak the local language, have substance abuse problems, exhibit particularly violent behaviour or have complex medical conditions are all “harder to engage with” during recovery (Allnock et al., 2009). Children who live in rural areas may also be less able to access the necessary support.

35. The Unicef Guidelines on the protection of child victims of trafficking highlights the importance of a “guardian” noting that: “Individuals appointed as guardians must have relevant child protection experience, knowledge of child rights/human rights and an understanding of the specific needs of child victims, including those specific to gender. Guardians shall be given specialised training, professional support and appropriate assistance in the performance of their responsibilities” (Unicef, 2006:16).
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Information

Accurate and honest information that children can understand is critical and simple and yet this is sometimes forgotten. Children should be aware of their rights, the legal process, different services they can access and be constantly kept up to date. Young people should not only be informed but involved in decision making – having choices and options no matter how small. Information should be provided to children in an accessible way both verbally and in writing so it can be referred to at a later date if necessary. Educational books for children can be useful in providing information in a child-friendly format. For example, the “Childhood without abuse” multi-partner project across central and eastern Europe developed the publication *I am going to court* which helps children get ready to testify and clearly explains the court procedures (Fundacja Dzieci Niczyje, 2008).

For children who speak other languages, particularly those who have been internationally trafficked, there may be the need to have trusted translators who are sensitive to the child’s needs. An innovative practice by one European police force has been the use of iPods with pre-recorded information in different languages. The recordings are used to provide basic information during raids and investigations when translators are not immediately at hand (UN.GIFT Conference, cited in Rosenburg, 2008).

Helplines can be a useful source of free information, advice and support for children and their families. Helpline services can be a first step for children and adults who may be reluctant to approach more formal, statutory agencies and are accessible to those living in rural areas where there may be few appropriate drop-in services locally.

Basic material assistance

Children who leave home quickly may arrive at a service with very little and therefore may need some basic items such as clothes and toiletries. The lack of food and basic necessities is an issue that has been reported for some children accessing protection from sexual violence across Europe (ECPAT International, 2006c).
Housing

Children who have suffered from sexual violence may require emergency, crisis housing support as well as longer-term permanent placements. Every effort should be made to enable a child to remain with, or return to their parents or caregivers, but in some circumstances the child may be unable to stay at, or return to the family home. When it is not in the best interests of the child to remain with their family, alternative arrangements must be sought. This may involve placing the child with extended family, specialist foster carers, or for older children, in supportive semi-independent housing arrangements.

Young people involved in sexual exploitation across Europe have reported that having a safe and secure place to stay was important for them in escaping from exploitation and rebuilding relationships with their parents (Brown, 2004; Skidmore, 2004). This has been echoed by service providers working with these young people (Scott and Skidmore, 2006).

Crisis accommodation, if available, seldom has dedicated places reserved for children affected by the different forms of sexual violence, but is likely to serve other populations with different needs including adult women. For example, across the European Union only three member states have shelters specifically for child trafficking victims (European Union Agency for Fundamental Rights, 2009).

Short-term emergency placements should not become long-term living solutions; the child should be moved out of temporary accommodation as soon as possible. A recent review in Albania, Kosovo and “the former Yugoslav Republic of Macedonia” found that child victims of trafficking identified in these countries often stay in shelters for long periods of time – up to five years in one case (Casenave, 2010). It is not in the best interests of the child to be placed in a residential institution for any length of time; this is costly to the state and has long-term costs for the child in question as well.

Children who have been trafficked and those at risk of, or involved in, sexual exploitation, sometimes abscond or “disappear”. A recent
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study relating to unaccompanied foreign minors in Belgium, France, Spain and Switzerland noted that the disappearance of children from institutional care is not a trivial problem, but can affect up to 50% of a given population depending on the location (Terre des Hommes, 2010). This has also been highlighted as a problem in the UK with large numbers of suspected child trafficking victims missing from care (CEOP, 2009).

Research in Scotland found that children absconding and involved in sexual exploitation were at times referred to secure units. In some cases this seemed to be due to the lack of alternative services in the community that may have been better able to meet the children’s needs (Creegan et al. 2005). Such units can feel punitive when children who are victims of abuse and exploitation are detained with others who have committed crimes. Shelters which are not technically “secure” can still feel like detention centres or prisons to some children (ECPAT International, 2006a).

Accommodation needs for some children will be critical, and as of yet, it is not entirely clear how to balance safety and security with protection and assistance. However, the United Nations guidelines for the alternative care of children, adopted on 24 February 2010, provide some helpful guidance on this issue.

Health care

Children who have been abused or exploited are likely to have a range of physical and psychological health needs. Health practitioners may be involved in collecting forensic evidence, taking a medical history, interviewing and conducting physical examinations. Such practitioners should have core skills, knowledge and training in handling such cases. Health workers must be able to communicate confidently and sensitively with the child to explain the process and children should be given the choice of whether they would prefer male or female practitioners.

All children affected by sexual violence should have access to general medical assessments to determine what actions are needed to protect
the child's health and well-being. Services may include sexually transmitted infection (STI) testing, counselling and psychological therapy. Where there are issues of alcohol or drug dependency, specialist services should be available and immediately accessible to the young people that need them. Additionally, access to dentists and opticians who are sensitive to the child should also be made available.

In the case of trafficking victims, the International Organization for Migration (IOM) has supported the development of guidelines for health practitioners in *Caring for trafficked persons: Guidance for health providers*, which has a special section on caring for children and adolescents who may have been trafficked. This helps practitioners to ensure that children’s rights are respected and protected (IOM, UN.GIFT and LSHTM, 2009).

**Professional psychological services**

Not all children will require “psychological” support and there is still a great deal to learn about the resilience of children and the fact that some children have the capacity to draw on their own strengths during recovery (Asquith and Turner, 2008). However, professional psychological and mental health services should be available to both the child and family if required. Although services may be available in some contexts, there are concerns here in terms of waiting times and locating appropriate therapists who can be sensitive to the cultural needs of some victims. A range of therapeutic interventions should be available as different approaches are likely to work for different individuals. It must be remembered that there is not one universal path to healing and that individuals cope with illness and trauma in very different ways. Not all children will want talking therapies and services should be supportive of alternative positive acts to enhance healing. The key is to not make choices based on

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36. Cognitive behavioural therapy (CBT) is often cited as the most effective treatment for children and their families affected by sexual abuse (Ramchandani and Jones, 2003). Alternative modes of therapy have been found to have positive effects on different aspects of sexual abuse, though often lack a rigorous evidence base (Coren and Hutchfield, 2009).
preconceived notions of what will work, but to listen to the child’s needs and together find ways of overcoming the challenges, ensuring that any therapies “do no harm”.

**Education and training**

Children who have been involved in exploitation or trafficked into exploitative conditions are likely to have missed significant time in the classroom and therefore may require support to re-engage with education. Children who have experienced abuse can suffer from cognitive, behavioural and social problems, which sometimes make attending a formal school setting challenging. Children should be offered extra support in these instances. This may include mentoring schemes, and distance and flexible learning. In some situations children may even have experienced sexual abuse in the classroom from teachers or their peers and consequently the challenge of going back to school will be even greater.

Older children may prefer to train for a vocation. Appropriate services therefore may include providing relevant training courses or support in the form of careers advice, CV clinics and organising work placements. Such training could be supplemented by development programmes that boost self-confidence and self-esteem, teach life skills, and sex and relationship education.

**Self-esteem and confidence building programmes**

It has been argued that support services for children who have been abused and exploited are too centred around crisis care and do not take into consideration the longer-term needs and development opportunities for these children. This is an area where targeted services play a key role. Several projects have demonstrated the positive effects for young people who have been involved in leadership and youth achievement and development programmes.

In the United States, a leading organisation for exploited youth, Girls Educational and Mentoring Services (GEMS), has constructed an intensive leadership development programme for girls which has
shown positive outcomes for those involved. The work also helps young people reframe the exploitation and gain an understanding of who is at fault, which can help in recovery (Lloyd, 2010).  

Family support

When discussing “reintegration” it is important to consider the environment into which the child is being reintegrated. Although not all children will be able to return to the family home, for those that can family support interventions are critical to ensure the parents or carers are able to cope, welcome back and support the child through recovery. For non-abusing parents and carers it is important that they are offered counselling and access to ongoing support. Studies have shown that parental support is the strongest predictor determining good outcomes for sexually abused young children (Cohen and Mannarino, 1998 as cited in Ramchandani and Jones, 2003).

The Coalition for the Removal of Pimping (CROP) is a UK based organisation which supports and works with families whose children are or have been involved in sexual exploitation and enables them to effectively support the child. CROP’s parent support unit offers a unique service which includes providing confidential and non-judgmental advice on a one-to-one basis and acting as a mediator between the child and caregiver.  

Legal assistance and guidance

The successful prosecution of those responsible for sexual violence may be an important element of recovery. The legal process, however, can be a very complicated, painful and lengthy experience for all involved and therefore trusted, consistent support is essential.

37. For more information on GEMS see <http://www.gems-girls.org>.
38. For more information on CROP see <http://www.cropuk.org.uk/conferences3.htm>.
A number of children may feel threatened or intimidated when reporting abuse and as a consequence may find it difficult to articulate what has happened to them. Special units within police stations that deal specifically with crimes against children, where officers are trained on child rights and child-friendly law enforcement, may be beneficial (Feinstein and O’Kane, 2009). One important element of this concerns the interviewing of children. Children are often required to make multiple statements to different agencies including the police, medical practitioners, social workers and courts, which can be traumatising.

One model that has been hailed as promising practice is the Barnahus or Children’s House developed by the Government Agency for Child Protection in Iceland to support sexually abused children. The Children’s House is a child-friendly centre where different professionals work under one roof in the investigation of child sexual abuse cases. The purpose is to prevent subjecting the child to multiple interviews by different bodies in a multitude of locations. Instead, the child is interviewed in a special room by a trained investigator, observed by a judge, social worker, police, lawyers and the child’s advocate. The interview is videotaped and can be used in court (Guðbrandsson, no date).

In some cases, the child and family may receive threats and may be in need of witness protection. Even without such threats testifying can be extremely traumatic. Nobody’s Children Foundation in Poland has a specific programme concerning the child as a witness. One initiative that is part of the programme is the “Coalition for child-friendly interviewing”. The coalition aims to protect the rights of child victims who participate in legal procedures through promoting and implementing child-friendly interviewing, creating child-friendly interview rooms, and improving the competence of professionals involved in the process.  


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Conclusion

This paper has focused on the range of services that may be necessary in the recovery of children and families from sexual violence. However, it should also be remembered that practitioners working on these cases will require support as they play a pivotal role in the child’s recovery. Resources to sustain ongoing training, supervision and exchange of experience and knowledge are critical in ultimately assisting affected individuals and families. Opportunities for sharing and “networking” are important in inspiring and motivating staff to try fresh, innovative approaches.40

There have been many positive examples of work in the field of child sexual violence by a range of actors and this good work should be examined and explored in more detail to see how it could be replicated or modified for different countries as well as for different individuals and groups.

The wide range of services and multitude of different actors involved in responding to sexual violence calls for high levels of co-operation along with clear guidelines and quality standards to ensure a consistent approach to all children – an area where the Council of Europe can play a critical role.

Key recommendations

- Ensure the child’s voice and that of the family are heard and their needs documented and acted upon.

- Focus on long-term, sustainable support for children such as working with parents and caregivers to provide assistance at

40. The “Childhood without abuse” project in central and eastern Europe is one such example supporting networking and training for practitioners. See <http://www.canee.net/oak/project_description>. A longer-term promising model for exchange and support is the National Working Group for Sexually Exploited Children and Young People (NWG) in the UK which meets regularly offering support and advice and hosting regular practitioner seminars <http://www.nationalworkinggroup.co.uk>.
all times. This should occur at all times and not just during crisis care.

- Encourage all services to monitor and evaluate their services in order to build up a picture of “what works” and “for whom” in terms of recovery and reintegration.

- Introduce an objective consistent scoring system in the region to ascertain what is meant by “good practice” in the field.

- Create regional protocols and guidelines, and ensure quality standards in all services working with children and their families affected by sexual violence.

- Support the ongoing training and awareness-raising of staff from all sectors working with children affected by sexual violence including social workers, the police, lawyers, judiciary, health and educational practitioners in order to increase identification and effective responses.

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