



History and Analysis
of a Model for Reclaiming
and Empowering Lives





Fundación Camino a Casa

History and Analysis of a Model for Reclaiming and Empowering Lives

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Foreword

Human trafficking for the purpose of sexual exploitation is a serious problem. A manifestation of gender-based violence, it is one of the most abhorrent human rights violations faced by governments around the world and by the international community as a whole.

The very magnitude of the problem has brought civil society together in the fight against it. For more than fifteen years now, Mexico's Fundación Camino a Casa (the Camino a Casa foundation or FCC) has been helping survivors of the horrendous experience of trafficking, its aim being to support them on their road to recovery and in their reintegration into society.

This report documents the foundation's Model of Care and the important contributions it made during the period 2007 to 2021. Over the years, the foundation has expanded the range of support services its program provides the girls and young women concerned, in an effort to ensure they have all the tools they need for their rehabilitation and for them to become self-sufficient. This endeavor has sparked innovation in the FCC's development of a comprehensive program of care and protection for these survivors, one that now includes interventions in the areas of physical and mental health, education, legal support, and social work. Moreover, there is no predefined end date for the program. Instead, there is a focus on fostering investment in the survivors' education and health as a long-term process, one that can last even up until they graduate from college or university. It is essential for these young survivors to get a better education and enjoy good physical and mental health, if they are to become independent and have new opportunities open up for them in their lives.

The analysis and documentation of this worthy program have been enriched by the invaluable contributions of researchers from the Ramón de la Fuente Muñiz National Institute of Psychiatry. So it is my pleasure to present to you what is the result of a joint effort by civil society, the state, and the Inter-American Development Bank. The fact that this publication is the product of this three-party effort is an indication of the importance of the issue it addresses and the need to work together in the quest to find solutions.

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Executive Summary



Fundación Camino a Casa

*History and Analysis
of a Model for Reclaiming
and Empowering Lives*

For over fifteen years now, Fundación Camino a Casa (the Camino a Casa foundation or FCC) has been working to deliver on its mission to rehabilitate young female survivors of trafficking for the purpose of commercial sexual exploitation, and to reintegrate them into society and into a healthy and productive lifestyle.

The first chapter of this publication looks at the issue of human trafficking in Mexico, at how the foundation came about, and at the role of the FCC in pushing for change in the law to make it mandatory for all states to prosecute and combat trafficking across the country. It also describes how the FCC's founders developed their concept of its purpose: to be an institution that provides companionship and personalized support to help the young survivors recover, through love and understanding; in other words, to create a family environment, enriched with values, affection, responsibilities, and learning experiences. To achieve this, it was vital that the girls and young women concerned be allowed to stay for an indefinite period, until they felt they were ready and had all the support they needed.

Chapter two discusses how the comprehensive Model of Care now in place at the foundation has evolved over time and at the lessons learned during this process. It also provides a detailed description of how the FCC program operates. The guiding principles of the model are social justice and solidarity, the protection of human rights, a gender- and child-sensitive approach, and personalized care at a shelter where they receive support to develop a life plan based on (secular) principles and values. The model involves a medium- and long-term intervention program that provides the young girls and women with protection, legal support, access to medical and psychological services, and education.

Chapter three explores the types of violence experienced by the victims, as described in their own words, and also the physical, psychological, and social impact this has had on them. Based on the effect it had or the harm they suffered as a result, the acts of violence perpetrated against them are categorized into types (i.e., physical violence, psychological violence, sexual violence, and violence due to neglect). The chapter identifies the closeness of the relationship between the victims and the perpetrators of the physical, psychological, and sexual violence, as well as the “caregivers”—father, mother, stepfather, stepmother—who engaged in acts of neglect either by commission or omission, and categorizes the participants or parties involved in the process of trafficking the victims according to their respective roles: a) traffickers and/or exploiters and b) “clients.” The chapter also looks at the impact such violent acts have on the physical, reproductive, sexual, and mental health of these adolescent girls, as well as on their emotional and social development.

Given that violence serves an instrumental role in trafficking as a means to facilitate sexual exploitation, it is important that psychosocial interventions and clinical care focus on the physical and mental health impact and ramifications for this target group, so that the survivors of trafficking can rebuild their lives, free from both exploitation and violence. Lastly, the psychosocial strategies employed in the FCC’s comprehensive Model of Care are discussed from the perspective of the adolescent girls it has been used with.

Chapter four contains a statistical analysis of the program implemented at the FCC shelter. The results show that there is a strong link between the length of time survivors spend in the program and the years of education they gain, a factor that will significantly increase their future income and opportunities. The amount of time spent in the program also plays a role in the young girls’ and women’s ability to achieve the short- and medium-term goals they set for themselves. With regard to their psychological profile, the data available (albeit limited) show a substantial improvement in the scores the survivors obtain on psychological tests for anxiety, depression, self-esteem, adjustment, and post-traumatic stress disorder. These tests should continue to be conducted on the survivors both when they enter the program and when they leave it in order to get a better understanding of the issue and ensure a wider group for monitoring purposes. The data indicate that a significant number of the girls and young women got a job after they completed their stay at the foundation and that several of them made considerable advances in their education, some reaching high school, technical college, and even university level.

Chapter

1 ●

The Camino a Casa foundation:
How it all began





Chapter 1

The Camino a Casa foundation: How it all began

Shoshana Berenzon Gorn

1. Trafficking for the purpose of sexual exploitation: An overview

To illustrate just how important it was to create Fundación Camino a Casa and indeed to ensure its continued existence, we shall begin this chapter by looking at a few definitions of trafficking in persons (also known as human trafficking) for sexual exploitation and at how serious a problem it is in Mexico.

The Palermo Protocol defines trafficking in persons as: "... the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs" (Article 3). In the case of those under the age of 18, evidence of such means (i.e., the threat or use of force, coercion, and so on) is not required, as children are incapable of consenting to any kind of exploitation (UN, 2000).

Human trafficking is the third most lucrative illegal enterprise after drug and arms trafficking. According to United Nations estimates, it generates at least US\$35 billion a year globally. Mexico is among the top 25 countries with the highest rates of this type of crime (UNODC, 2020).

The purpose of child trafficking for sexual exploitation is for a third party (the trafficker) to obtain a monetary or other benefit through the provision of sexual services by children under the age of 18, including pornographic performances and the production of pornographic material (UNODC, 2018).

Trafficking children and adolescents for the purpose of sexual exploitation is a social phenomenon that has existed throughout the history of humanity. In the case of Mexico, evidence of such practices dates back to colonial times (Gonzalbo, 1988). However, it is a phenomenon that continues to grow and become ever more complex today, and one that is a major cause for concern around the world.

Based on figures available for 2018, the Trafficking in Persons Report 2020 estimates that:

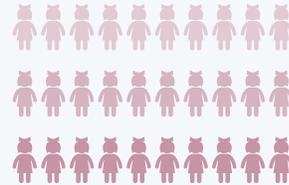
50% of the detected victims

worldwide were trafficked for the purpose of sexual exploitation



most of these **women and girls**

The report indicates that **the share of adult women among the detected victims, has fallen over the last fifteen years from 70% to 50%**



meanwhile, **the share of minors among the detected victims has tripled.**

North America (USA, Canada, and Mexico) **saw an increase in the share of trafficking victims** who were trafficked specifically for sexual exploitation, where **they accounted for 70% of the total** (UNODC, 2020).

In Mexico, as in the rest of the world, it is difficult to give a precise idea of the scale of the phenomenon due to its illegal nature, though it is estimated that:

At least **600,000 sexual crimes are committed** against children and adolescents every year, **with 4 out of every 10 victims being females under the age of 15.**

Moreover, for several years now the country has been **one of the main destinations for child sex tourism**, as well as one of the world's biggest producers and distributors of child pornography.



In 2020, Mexico ranked **ninth in the world in the trafficking and storage of child pornography**



and second in sex tourism

(Comisión de Derechos de la Niñez y la Adolescencia, 2020; DIF e INACIPE, 2018).

Trafficking for the purpose of sexual exploitation is an extreme form of violence against women and is clearly linked to the fact that there are prevailing standards, beliefs, and prejudices in society that foster discrimination, inequality in access to rights and opportunities, and power inequalities.

The primary victims of trafficking for sexual exploitation are those who are in a situation of vulnerability that is affected by a combination of both socio-economic factors (such as social inequality, poverty, inequality of opportunities, natural disasters, socio-political violence, and domestic violence) and cultural factors (such as machismo) (CNDH, 2019).

It is a very painful fact that child exploitation in various parts of Mexico often begins in the home, particularly in regions with high levels of poverty, where the sexual exploitation of girls comes to represent an opportunity to bring money in (CNDH, 2019).

Despite the scale of the problem and all the evidence, child trafficking for sexual exploitation went unnoticed for many years and it was only relatively recently that there were any attempts at all to eradicate it.

As recently as 2000, with the support of diverse academic groups and civil society organizations, the United Nations adopted the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, within the framework of the Convention against Transnational Crime (UN, 2000). Mexico was one of the first countries to sign it, subsequently ratify it in 2003, and implement it in 2005.

In 2007, the country's first Federal Prevention and Punishment of Trafficking in Persons Act was enacted. This law was subsequently amended in 2014 and renamed the *General Act for the Prevention, Punishment, and Eradication of Crimes related to Trafficking in Persons and for the Protection and Care of Victims of Such Crimes*. This updated version stipulated which offenses were deemed trafficking in persons, as well as the obligations of state and municipal governments to comply with the new act. The latter include an obligation to implement care, education, training, and research programs relating to the criminal acts specified, as well as the obligation to establish shelters and halfway houses¹ (Mendoza, 2015).



Despite the existence of these legislative tools, the number of people actually charged and convicted remains very low. According to Azaola (2015), this low figure may be due to the factors that make people vulnerable to this type of crime, such as its clandestine nature, differences in related legislation, and the lack of training of legal professionals in the spectrum of experiences it encompasses and, therefore, in how to deal with this type of offense.

In the specific case of measures aimed at eradicating and protecting children and adolescents from trafficking for sexual exploitation, it is important to acknowledge that this issue is actually on Mexico's public agenda. There have been major advances in terms of the legal framework, as well as in the design of protocols, models of care, and training programs. Nevertheless, society still owes a debt to the victims; there are still no public policies in place that allow the implementation of comprehensive solutions designed to respond to the needs of the victims of this type of violence. The model discussed throughout this publication offers a valuable example that can help improve the conditions of this target group.

¹ 'Halfway houses' (*casas de medio camino*) are facilities that provide victims of trafficking with somewhere to stay under a semi-independent living arrangement designed to support social reincorporation programs (Secretaría de Gobernación, 2014). Shelters (*refugios*) are closed-door, restricted-access housing facilities that provide victims of crimes related to human trafficking with ongoing and uninterrupted protection and security services, and comprehensive care and support with a gender perspective. Their precise location is not public knowledge (Secretaría de Gobernación, 2014).

As we shall see in this chapter, those responsible for the model proposed by the Camino a Casa foundation were aware that the level of trauma that the victims of sexual exploitation are subjected to is something that cannot be remedied in the short term, which is why those who devised it have endeavored—since its very inception—to establish protocols for long-term care, companionship, and social reintegration. One of the reasons for this is the fact that the victims of this kind of trafficking are stigmatized by society and by their families, and are subjected to institutional stigmatization, which is why returning the girls to their families and their previous social setting is often not the best option and, in many cases, could actually prove dangerous. As we shall see in Chapter 2, the Fundación Camino a Casa model of care is built on a comprehensive person-centered approach that aims to support each individual by providing her with technical and professional training and strengthening her autonomy in order to enable her to realize her personal life project.

2. Where did the idea for the foundation come from?

In 2005, the founder of Fundación Camino a Casa, Rosi Orozco, was invited to a seminar on human trafficking in Washington, DC. The program of activities organized to coincide with the event included the screening of *Lilya 4-ever*, a 2002 film by Swedish director Lukas Moodysson that deals with the sexual exploitation of young girls and teenagers. It was this film that initially brought the issue of human trafficking to her attention and sparked her interest in the fight against it.

Upon her return to Mexico, she invited a small group of friends and acquaintances to collaborate on a project aimed at providing care for girls who are victims of trafficking for sexual exploitation. The general idea was, in her own words:



“to open a shelter, which would need to be a high-security facility because there may be victims of organized crime, etc., there; and that’s how the idea was born.”

With this idea in mind, Rosi began knocking on doors in order to get the authorities on board and be able to provide a place to welcome the girls. In 2007, she eventually managed to rent a house through Mexico’s Asset Management and Disposal Service (*Servicio de Administración y Enajenación de Bienes*, or SAE) that met the required security specifications. And that is how the Camino a Casa (the “Way Home”) shelter was created, so named because one of its main objectives from the outset was to teach the girls how to be part of a family and of a home.

As Patricia Prado, the first person in charge of the shelter and subsequent president of the foundation notes, prior to this initiative there was no support whatsoever available to girls who had been trafficked for sexual exploitation. According to Rosi, there were two main reasons why she decided to put Patricia in charge of the shelter: *“First, because she is a psychologist, and second, because of her social commitment as a woman and as a mother.”*

Patricia recalls how challenging things were during those early days at the shelter and how much was learned through trial and error: *“There was a very small group of us who committed to the initiative, without really having any clear understanding of the scale of the problem....”*



“When we began,” explains Patricia, “we had no money. We made sure they had food, legal support, and an authority figure within the house; that’s all we could manage. We couldn’t afford a psychologist; we focused on supporting the girls in their legal processes. We didn’t have any lawyers, but we accompanied them to court. We were there by their side when they had to testify or come face to face with the pimps. We brought them back to the house, and so on.”

She also recalls how they were eager to send every woman they rescued to the shelter, as it was the first of its kind. During the first year, they accepted many girls there, but due to their lack of experience, they took them in regardless of their profile; regardless of whether or not they were victims of sexual exploitation. However, they came to realize that it was counterproductive to try to cater to girls with different types of issues all under the same roof.

After numerous attempts, setbacks, and learning experiences, the founders were eventually able to define more clearly what path they wanted the Camino a Casa project to take:

“...the home is for girls who are victims of trafficking for sexual exploitation; not for adult women or for families, or for men or boys, or for girls who are homeless, have drug problems or any issue other than having been trafficked for sexual exploitation.”

In addition, they began to advocate for the drafting of a national law to criminalize the sexual exploitation of children. The initial efforts to address the trafficking of women and children in Mexico date back to 2004 and the Prevention and Punishment of Trafficking in Persons Act was passed in 2007, yet these actions proved far from sufficient. Therefore in 2009, one of the founders, then a member of the country’s Chamber of Deputies, succeeded in pushing for the amendment of Articles 19, 20, and 73 of the Constitution to enable the enactment of a general law that would make it mandatory for all states to prosecute and combat this type of crime. The most significant thing achieved as a result of these changes was the fact that it became mandatory to prosecute such offenses and to fully recognize and protect the rights of victims and survivors of human trafficking.

Those behind the project were clear in their belief that it was very important that there be an authority figure at the shelter, ideally a mother and father figure, so as to create a feeling of the shelter being a home, and so that the girls would have someone who would not only tell them what to do but also provide them with love, support, and understanding. For several years, this role was performed by the Del Villars, a married couple both of whom are lawyers, who in addition to providing the girls with legal support also provided them with a family structure.

Little by little, the Model of Care began to take shape. In addition to providing the girls with a safe and secure home and legal support and representation, the



Patricia Prado and Rosi Orozco with The Queen Consort of the United Kingdom on her visit to the Camino a Casa foundation

foundation also took steps to be able to provide the girls with an education, as well as psychological and psychiatric care. Patricia points out that what has set this particular shelter apart since it opened is the fact that the girls are allowed to stay in the house indefinitely:

“There never comes a time when we say, ‘Hey look, it’s been quite a while. She needs to go home, even if she’s worse off or whatever.’ Nothing like that. Our model aims to ensure that when the girls leave, they have access to better living conditions; that they don’t go back to a situation where they are vulnerable. On the contrary, we give them courses on human rights and violence. We try to ensure the girls get a real grasp of these issues, but we also want them to know how to demand those rights... We try to empower the girls so that they start to realize they have rights and that they have a chance to really get more out of life rather than simply being ex-victims.”

3. What does the Camino a Casa foundation do and what sets it apart? Those involved in the FCC describe how it works

All those who are or have been involved in it agree that for the girls, the foundation becomes a surrogate family, given that many of them were trafficked by close relatives, primarily their mother, father, stepmother or stepfather. As Patricia explains:

“The girls have to come here voluntarily as they are underage, and after a process of adjustment lasting several months, we come up with a life plan. Many of them are wary when they get here; angry, and with very strong emotional problems. We provide them with support in the form of social workers, psychologists, lawyers, in-house teachers, and even protection. Our aim is to reintegrate them into society.”

How do you define those involved in the foundation? From the outset, the founders have involved a range of individuals and organizations within the foundation’s Model of Care. According to Paty, one of their major concerns was how to create a family atmosphere, which is why it was vital to be able to provide a surrogate mother and/or father to teach the girls principles, values, standards, and basic rules of living together, and above all to care for each of them as individuals in a loving way, and to accompany them throughout the entire process, from the moment they arrived until they went back to their families and/or were reintegrated into society. As we have already seen, the role of surrogate parents was initially filled by two lawyers, the Del Villars, who were responsible for creating this early sense of the FCC being a home and a family. The foundation also adopted the concept of “aunties,” women who take turns to stay with the girls at the shelter overnight.



Irma, the foundation's operations manager, has the following to say in this regard:

“The founders realized that many of the girls were so young that what they really needed was something that would convey a feeling of family. They wanted to create a family atmosphere, with values, chores, learning experiences, and affection.”

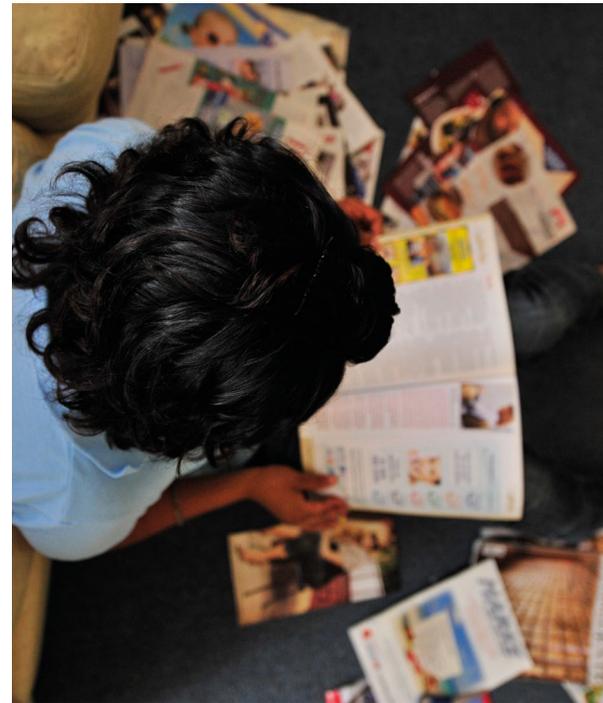
Later, a doctor, psychologist, lawyer, social worker, and volunteers all joined the program on a more formal basis. Everyone who has been involved in the foundation throughout its history has been asked to share certain values “...such as respect, love, consideration, compassion, and patience, so that the girls learn these first-hand through the example of those around them.”

The Book of Dreams initiative. When the girls started to arrive, it became clear that many of them had no hopes or plans for the future, and that they were merely surviving from day to day. Therefore, a strategy known as the Book of Dreams was introduced, in which every girl is given a blank notebook and told the following: “I want you to write, paint, draw, and paste your dreams in here; your hopes; what you want to achieve, and where you want to get to...” The idea is that the girls will build their own future, which is currently blank, by filling in the pages of the notebook. According to Lorena del Villar, one of the founders and one of the first people in charge of the shelter, it also teaches them to dream, to have hope for the future and something to motivate them on a daily basis.

At first, they were simply asked to write down or draw everything they felt and hoped for, but soon more elements were added to develop it, for example, establishing short-, medium-, and long-term goals that were realistic and achievable.

The *Book of Dreams* is the cornerstone of the **Life Plan**, which itself is currently one of the pillars of Fundación Camino a Casa's Model of Care and seeks to provide the girls with the foundations on which to rebuild and redefine themselves. Patricia believes that the girls need to be encouraged to gradually develop their hopes, dreams, and goals; to reflect on what it is they want to achieve in their personal and professional lives, as well as on what they need to work on in order to attain it:

“...that's when they start to dream, and the Life Plan allows us to show them the progress they are making, and if at some point they say, 'No, I want to throw in the towel, I want to leave,' we sit down with them and tell them, 'Hey. Look at how when you arrived you were here, and now you are here. This whole journey has cost you a lot, but now you're much closer to reaching this point here. You can see there's not a long way to go. Can you imagine what you could do for yourself, for your family, for your siblings? How you could inspire others?'; and that's when the girls start to say 'Hey, well, it really is worth it.'”



Introduction of legal support. As mentioned earlier, one of the most far-reaching actions of the founders was to push for reforms aimed at classifying trafficking in persons and related crimes as serious offenses.

Yet at the same time, the founders also had to build strategies to provide the girls with support in legal matters. They describe how at the beginning they had to act like lawyers; to understand legislation and then teach it to the girls. They also had to educate themselves on possible legal remedies for protecting the girls.

“When we first started taking them to the Public Prosecutor’s Office, the law as it stood back then heavily victimized the girls, as the burden of proof was on them. So you can imagine what it was like when we got there: ‘What? Like you didn’t enjoy it? You wanted to be there, don’t kid yourself. Were you tricked into it?’ Why did they have to prove that they were tricked? That’s how the law was back then. ‘How were you tricked into it?’ And you could just see the pain in the girls’ faces.” (Rosi).



Germán and Lorena del Villar made it a point to familiarize themselves with all the legal aspects involved in human trafficking cases. Lorena explained how they had to learn a lot about the very few standards and laws that existed to eradicate human trafficking and how they had to carefully review the rights of the victims to prevent them from being further victimized by the Public Prosecutor’s Office.

“...I would stand there in the Public Prosecutor’s Office, and [they would be like,] ‘Who are you?’ ‘Well, I’m from the foundation and I’m here to look after the girl; to see that she’s treated well and that her rights are respected.’ ‘And what are her rights?’ ‘Well, [the right to] medical [care]; to hear from her parents; to hear from her friends and family; everything; to work.’” (Lorena).



Fundación Camino a Casa’s current lawyer, Sandra, who joined the team while the Del Villars were still there, says that Germán taught her a great deal about the whole legal side of trafficking and provided her with the basis on which to continue the work he started.

According to Sandra, the “legal side” has been gradually built on and refined, though since she arrived, the main focus has been “...to support the girls during the investigation, the trial, and the sentencing.” In addition to being provided support, they are told, for example, about who is who in the court and each of the procedures involved; in other words, everything they will have to deal with.

Sandra also learned how to act from Germán, for example, “what legal actions to take if a little girl doesn’t have the papers she needs to enroll in school or what to do when they are denied any medical care they are actually entitled to receive.”

Lessons learned along the way. Paty and Rosi recall how the first girl came to the foundation in 2005. Since then, they have supported 200 victims of trafficking and are heartened by the fact that over 90% of these have not returned to their state of slavery. Nevertheless, the most important thing is that most of them have managed to consolidate their life project.

“...I think it’s important that we were the first shelter to open in Mexico for these specific purposes. When we began, there was no one else dealing with this precise issue.... We were the first to take the plunge and start addressing it. And today I can say we have a very clear and stable model; one that is of course being constantly improved and adapted.” (Paty).

For Eli, an overnight caregiver at the shelter, one of the great triumphs of the Model since its inception has been its mission to be “a home for the girls:”

“Well since it was first created, the aim of the foundation’s model has been to provide a home for the girls, right? To make it somewhere they feel a little closer to, so they can relate a little more closely to the staff; to not [see] us so much as caregivers, but instead as the closest thing they have. So they wanted them to look upon us as a family, which is why it is called Camino a Casa [‘the Way Home’]. We teach them how to be part of a family where there are aunts, a dad, a mom....”

According to Irma, the foundation’s current operations manager, one of its greatest accomplishments are the values and love that each and every one of those involved in Camino a Casa brings to the project:

“...I believe one of the foundation’s greatest achievements is the love that each and every one of those involved in the foundation shows each of the girls; in spite of their needs, in spite of the insults, in spite of the violence, in spite of everything each of them goes through. I think it’s the empathy that each of us can feel or have for them and knowing that maybe what the girl is doing, maybe her aggression or her stealing, was what helped her survive while she was being mistreated on the outside.”



This vision is shared by Sandra, who believes that these values are what set the Camino a Casa foundation apart:

“We put our hearts into everything we do. We understand what they’ve lived through; what they’ve been through and why they are how they are. Because at the end of the day, they’re teenagers. They’re still growing; still learning and making mistakes, right? And so we do what we do with love and affection. I think that is what sets the Model of Care apart, the fact that we don’t see it as just a job.”

For Paty, helping provide the girls with a more level playing field and breaking the cycle of violence is what motivates them and makes them feel it has all been worthwhile.

“We want the girls to be on a more equal footing, because when you get to see a girl graduate from college, or finish middle school or high school, and you see how happy she is, [you know] we’re doing what we set out to do; because you’re making sure that girl never goes back to where she was in the past. That doesn’t necessarily mean she’ll never have any problems; and maybe she’ll mess up, but she’ll enjoy the same equal playing field as other girls her age and be able to choose what she wants. So when you succeed in creating a less difficult path for them, that’s what motivates us and why we say it’s all worthwhile!”



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Chapter

2

The Model of Care





Chapter 2

The Model of Care

Patricia Prado Hernández

I. Introduction

Without a shadow of a doubt, every teenager, indeed every girl and young woman who has passed through the doors of Fundación Camino a Casa, A.C. (the FCC) has been a source of inspiration to those of us who have been involved in the foundation's program over the last fifteen years, as we accompany them on their arduous yet achievable—and of course rewarding—journey towards full recovery; towards the sense of freedom they feel once they have overcome the seemingly impossible and succeeded in leaving behind all that has left a scar on their lives, and begin to look forward to a future filled with hope.

While we may not always have accomplished as much as we would have liked, the model on which the Fundación Camino a Casa program is based has had a 93% success rate in its effort to ensure that the victims never return to the life of slavery they once endured.

For reasons that will be explained later, the model has evolved over time. However, it is safe to say that this evolution has been largely due to the opportunity each survivor has provided us with; opportunities that have enabled us to learn more about this particular crime day by day and about its repercussions. They are opportunities that have allowed us to walk alongside the victims on their road to recovery, supporting them in their challenging quest to achieve their dreams; dreams born of their heartfelt conviction that they could make them come true.

Hundreds of survivors, hundreds of stories to tell; most of them sad and moving, yet at the same time inspiring, for example:

“That of the young girl who joined the program one afternoon in 2011, terrified, despondent, and profoundly damaged both physically and emotionally. Just the day before, she had managed to flee after suffering a beating from her pimp and the threat of being whisked away to the U.S. at any moment. Thanks to her survival instinct and to someone we would call a ‘hero,’ she made her way to what was then known as the Procuraduría General de la República (Mexico’s Federal Prosecutor’s Office)—now the Fiscalía General de la República (the Attorney General’s Office or FGR—, where she filed a complaint, as a result of which the pimp was arrested.

Like many victims from outside the capital, she had fallen in love with her abuser, who subsequently enslaved her and forced her to provide sexual services to between 20 and 30 clients a day, every day for two years in Mexico City. It was in these circumstances that she entered the FCC program on the very day her captor was sent to prison, where he is now serving a lengthy sentence.

Those who manage to escape or are rescued exhibit signs of extreme vulnerability, often feeling guilty for having lived through such a bitter experience. The women are physically and psychologically affected due to posttraumatic stress disorder, their ability and willingness to make decisions diminished and their self-esteem profoundly damaged. It is for this reason that they require care programs that will enable them to first accept that they have been victims, and then to embark on a process of recovery that will take as long as is needed for them to heal both physically and emotionally, become empowered, and reclaim their lives by making the right choices regarding their future.

Most victims who manage to break free have no access to any kind of recovery program and therefore end up going back to their families and communities, only to experience extreme rejection and social exclusion that drives them away. Many have no other choice but to return to where they originally escaped from; in the best-case scenario, to work as prostitutes independently, and in the worst, to be exploited by their pimp once again. Some even become brothel managers or madams, who will help to recruit and control yet more victims.

There are also those who do actually end up staying in their communities after they gain their freedom, only to live a life of fear, with no desire to reintegrate themselves into society and oftentimes turning into chronic victims. The FCC has been fortunate enough to provide help to girls and young women who, after spending time back home, decide to enter the program in order to get the care they need and commence their recovery.

“Happily, this was not the case for the young woman in our story, who accepted the support offered to her as soon as she arrived at the organization. Though it was very difficult and painful for her to come to terms with her ordeal at first, in time, and with the help of staff working in the Model of Care program, she made a full recovery and began to shine as a result of her achievements and the resilience she developed over time.

She came to understand that what had happened to her in the past should not dictate her future and, having found her purpose, decided to enroll in



college to study for a law degree. She then went on to do an internship at Mexico's Supreme Court, where as a result of her excellent performance, she was subsequently hired to work alongside one of the justices of the Court. In recent years, she has earned a master's degree in law.

This empowered young woman is a role model in her community, where people frequently seek her advice as a lawyer and where she has been recognized as a hero in a special ceremony. She is the pride of her family for being the first to ever gain a college degree, and an inspiration to other girls and young women who have decided to follow in her footsteps by going to college. For several years, she was also a social activist and traveled to various national and international forums, congresses, and other events, speaking out for the victims and fighting against slavery in the 21st century.

This is certainly one of the many stories we could tell about the teenagers and young women who have benefited from the program that culminated in the 2021 Model of Care.

In 2005, when the project began, academic research on the subject, though scant, helped provide a better understanding of the issues that would have to be addressed. As the months went by, the Fundación Camino a Casa project was launched, its purpose at that time to provide refuge to victims of trafficking of all kinds. The original model has evolved and become more professional, and over the years been refined and perfected. Between 2005 and 2006, the road proved rocky and various hurdles had to be overcome.

A number of academic studies were consulted in the search for information on trafficking, the causes of the problem, and the general characteristics of the victims. As an example, Azaola (2000, pp. 151-154) provides a snapshot of the situation in six cities across the country, though this was a mere glimpse of the problem the FCC would face.

As for the care available in 2005, Mexico's National Network of Shelters (*Red Nacional de Refugios*) and Comprehensive Care Center for Women (*Centro Integral de Atención a las Mujeres*, or CIAM, founded by Lydia Cacho) were already operating, though neither program specialized in the population we intended to serve, nor did they offer medium- or long-term programs.

There were no laws against human trafficking back then, nor was there any such crime as trafficking in persons defined in law, instead its being defined as child abuse where the victim was under the age of 18 (and even then it was neither investigated nor prosecuted). The authorities were generally oblivious and indifferent to the hell endured by the victims, and indeed some would often abuse them themselves after the raids, a fact confirmed by some of the women who have been rescued. Sometimes these abusers even tried to justify this with comments like, "*If they are there, it's because they enjoy it,*" as spoken by a high-ranking police officer at the time.

Underage victims of trafficking were sent to both public and private shelters, where they did not receive specialist care and were even shunned by others there. As Azaola describes, the result of this was as follows:

“... as an agent of the Public Prosecutor's Office put it, '*If there were the promise of somewhere safe for them to stay, maybe the girls would make a move; but there's nowhere they feel safe; because where they are, there are children with different issues [from theirs] and they feel they don't belong there.*'" (Azaola, 2000, 137).



Many young women who came to Fundación Camino a Casa reported having previously been at two, three or even more shelters or refuges.

In 2006, there was an effort to see if any similar programs existed in other countries, for example in the U.S., but the only example found was the *Hogar Renacer* home in Bogota, Colombia, which provided refuge through a short-stay program for teenage victims of commercial sexual exploitation (CSE) of both sexes. This program was without a doubt what inspired the foundation in the early days of the organization's work.

More recent research, including Such (2021), has found that the majority of adult female prostitutes were trafficked as children or adolescents.

A study carried out in nine countries on five continents reached a similar conclusion:



“Like adult prostitutes, incested children are bribed into sex acts by adults and offered food, money, or protection for their silence. Use of a child for sex by adults may thus be understood as prostitution of the child, whether the act occurs in or out of the family, and whether it is with or without payment.” (Farley et al., 2003, 13-14).

II. Timeline of the Model of Care and its evolution

The timeline of the Fundación Camino a Casa Model can be divided into three stages:



2007 Model

Due to the paucity of information available at the time, the FCC set itself the task of developing its First Specialized Model of Care (2007), allowing for flexibility to make any necessary changes and adjustments as more knowledge of the issue was gained through direct contact with the victims who joined the program.

Under the initial model (in place until late 2010), girls and young women who had been victims of any form of human trafficking were accepted into the home, whether it had been for commercial sexual exploitation, labor exploitation, begging, child pornography or for some other purpose; homeless girls were also admitted during this stage. The age range of these victims was from 7 to 31 years old.

In 2007, the foundation opened the doors to its High Security Shelter with a team comprised of a psychologist and a married couple both of whom were lawyers, along with a social worker who lived with the survivors. From the outset, the shelter has been staffed with security personnel 24 hours a day, 7 days a week, 365 days a year.

During this first stage, the program was designed to recreate a family rather than an institutional atmosphere, relying on volunteer “surrogate parents,” typically married couples, to foster a warm, friendly, cooperative and supportive environment, and provide not just a safe home, but food and clothing, as well as psychological, legal, medical, and educational support.

Every survivor admitted presented a new challenge; a tremendous experience for those taking care of them and spending time with them on a daily basis, and an opportunity for the team to broaden its knowledge and understanding of the issue, and thereby enhance the focus and the approach to treatment. The lessons learned in this first stage were invaluable and provided an opportunity to learn about the problem of trafficking firsthand from the victims that were welcomed into the home; victims of different ages who also varied significantly in terms of their experiences and the impact, damage, and after-effects of what they had lived through. Techniques were developed to ensure the survivors were given a warm welcome and introduction, so as to ease them into the program and aid their recovery. The change in the survivors in the first few weeks was undeniable, so much so that the authorities were astounded and would frequently ask how we had managed to get the girls to be so calm and cheerful, and willing to cooperate in expanding on or confirming their statements, and thus provide valuable information to help further the investigations. During this stage, there was also an effort to approach authorities and institutions that would provide the full range of medical services, including psychological and psychiatric care.

When it came to education, the foundation needed to cater for survivors with different needs; for example, some were from indigenous communities who did not speak Spanish, some were illiterate, and so on. Where possible, the girls and young women were enrolled in Mexico’s National Institute for Adult Education (the INEA) in order to help them make up for any years of schooling they had missed out on. In some cases, they were provided with job training, as was the case with those who joined the UK’s Prince’s Trust program that leads to a vocational qualification in hospitality.

In the four years the 2007 Model operated up to the end of 2010, 96 survivors of diverse forms of trafficking were provided with care and support. Of these, 23% stayed a few weeks or months, 64% stayed at least a year, and only 13% remained in the program for two or more years.

There is no doubt that the incentives for survivors to stay for periods of longer than a few months or at most a year were lacking, and many of them requested to leave as soon as their legal process was over or when they reached the age of majority. This happened for a variety of reasons:

- The age range of those accepted into the program was very diverse.
- The types of trafficking involved varied significantly: labor exploitation, commercial sexual exploitation in conditions of slavery, begging, child pornography, and so on; at the same time, some girls were admitted because they were homeless.
- The experience of each of them was very different, which manifested itself in their individual behaviors and needs, which made it difficult to provide them with personalized care.
- Back then, legislation on trafficking was sorely lacking and the authorities of the time were generally not particularly interested in the issue. Furthermore, on the rare occasions when an arrest was actually made, the alleged perpetrators would go free due to failings in the way their cases had been handled, a lack of evidence or the crime being classified as child abuse. Investigations would often stall, and cases would eventually be closed. All of this not only affected the quality of the care that it was hoped could be provided, but also discouraged the victims from wanting to remain in the program for longer.
- In the case of the homeless girls, for whom we discovered that commercial sexual exploitation was a separate issue and who never saw themselves as victims of trafficking, very often they ran away, even when they were making good progress in school and in the program in general. Worse still, they sometimes persuaded girls who had not been living on the street to run away with them, putting both at risk.

Little by little, it became apparent that the scope and limitations of the foundation as an organization had to be clarified in order to improve the program. For this reason, new courses of action were drawn up for the coming years, the vision and mission of the organization defined, and a new model developed.

Lessons learned from the 2007 Model

1. This stage served as an opportunity to learn firsthand about the phenomenon of human trafficking in its diverse forms, and about the damage, impact, and after-effects for the victims, as well as a chance to provide survivors who had never before received any kind of specialized care with treatment.
2. The Model of Care developed by Fundación Camino a Casa was not suited to victims of all types of trafficking, nor to all ages of survivors. If the aim was to provide personalized care, the profile of the victims to be served had to be more narrowly defined.
3. Though the program did not fully succeed in bringing about the desired goal of helping all the survivors recover, it did become clearer that full recovery was an achievable goal, particularly in the case of adolescent girls.
4. In order to broaden the range of services and attend to a greater number of survivors, more qualified personnel needed to be brought on board in various areas.
5. The volunteer network needed to be strengthened by defining its functions and members.
6. The “surrogate parent” model, which proved to be inadequate, was dropped.
7. The only option that would provide protection to victims of organized crime was a high-security shelter.
8. It became clear that alliances needed to be formed with authorities and institutions in order to be able to deliver more and better-quality services to survivors; services to which they have a right as citizens.
9. A general anti-human trafficking law was urgently needed to combat the crime in Mexico.

2011 Model

Based on the experience gained over the previous four years, in 2011 the project developed into a new, professionalized model and the objectives of the organization were defined.

The intervention program evolved into a Comprehensive Model of Care in which, based on a diagnostic and ethnographic study involving focus groups, the theoretical, methodological, and operational principles of the FCC Model were drawn up.

There was also a shift away from the “surrogate parent” model to a *home-shelter* model, after the first had proved unsuitable for the survivors. The “surrogate parents” had been volunteer couples who had played the role of mom and dad but who, for understandable reasons, had not stayed with the program very long, resulting in a significant loss for the girls and young women, many of whom expressed a feeling of abandonment. For this reason, the model was transformed into a *Home-Shelter* model, which was not designed to be an institution as such, but rather a space where people could feel at home.

During this second stage, there was an increase in the number of staff, and these received training based on the experience gained in the previous years, which, combined with further adjustments in the profile of the target population, provided for more specialized, personalized, and professional care. In addition, the Life Plan initiative was introduced, a tool which, though still in its infancy, helped provide each survivor with guidance in terms of their planning and being involved in their own individual project throughout their time in the program.

On the legislative front, while the number of victims of trafficking for sexual exploitation continued to rise, they still had no effective means of access to justice, much less to any form of redress for the harm suffered, which affected their recovery. Therefore, the FCC decided to take an important step forward in this regard: Fundación Camino a Casa founder Rosi Orozco left the foundation and went on to win a seat in the LXI Legislature of Mexico’s Chamber of Deputies, where she succeeded in getting the *General Act for the Prevention, Punishment, and Eradication of Crimes related to Trafficking in Persons and for the Protection and Care of Victims of Such Crimes* passed (DOF, 2012), which was signed into law in July of that year by then President Felipe Calderón Hinojosa.

While the FCC was the first civil society organization to push for the law that is now in place in Mexico to combat this type of crime, the latter was undoubtedly the result of a concerted effort by numerous CSOs, survivors, members of academia, and social activists who actively participated in working groups convened by the then Chamber of Deputies, contributing documentary evidence, experiences, and testimony in order to achieve this goal.

In 2012, the halfway program *Reintegra México* (now *Reintegra US*) was launched, offering young women over the age of 18 from the FCC the opportunity to study for a college degree. As a result, the education options available were broadened and the model became a medium- and long-stay program, marking the beginning of a period in which many more survivors would decide to stay on to study high school, obtain a post-high school vocational qualification or join *Reintegra US* so they could go to college. As a result, survivors became far better prepared and emerged empowered and better equipped to face the future.

Lessons learned from the 2011 Model

The number of success stories increased under this second model compared to the first, with the teenagers staying longer thanks to the following:

1. The narrower target profile helped ensure more specialized care (though this would be even more narrowly defined in the following years).
2. The *Home-Shelter* approach proved more beneficial than the previous one, enabling the survivors to adapt, recover emotionally, and feel a sense of belonging, acceptance, and empowerment within a safe, friendly, loving, violence-free environment, thus encouraging their development as individuals, the hope being that they would seek to replicate this model in the future with their own families.
3. Thanks to the 2012 enactment of the *General Act for the Prevention, Punishment, and Eradication of Crimes related to Trafficking in Persons* and the resulting increase in access to justice for survivors, the crime became easier to prosecute and punish, which in turn had an impact on the survivors' rehabilitation and empowerment, since it helped them regain the trust they had lost in the authorities and in society in general.
4. The incorporation of the Life Plan tool into the program encouraged survivors to participate proactively; it involved them in decisions about their future, stimulated their interest in remaining in the program and in getting a better education, which had a positive impact in terms of improving their future prospects: the better the level of education a young woman has, the more likely she is to find better job opportunities and, where possible, climb up the social ladder.
5. The systematization of user information laid the groundwork for improvements in the way client files were compiled, ensuring their information remained confidential under the legal guidelines established as a right of victims, and with a record kept of their development, their psychological, medical, and academic progress, and their prospects of reinsertion into society and family life, among other things.
6. This systematic approach also allowed for a quantitative and qualitative evaluation of the organization, with a regular report of this being published.
7. The formation of a more comprehensive team of professionals resulted in improved services and benefits for the users.
8. The training and professionalization of FCC staff proved a determining factor in the goals achieved.

In summary, the 2011 Model of Care and all subsequent modifications thereto resulted in better services, a fact reflected in the increase in the number of success stories. However, given its dynamic nature, the model underwent further changes and adjustments over time. It became increasingly clear how important it was to develop and document such changes, all of which were in response to the reality and to the events or phenomena that unfolded in the second decade of the 21st century.

2021 Model

Over the years, human trafficking—and the phenomenon of commercial sexual exploitation in particular—has gradually intensified in Mexico and around the world, despite the existence of laws to combat it. According to the *US Department of State Trafficking in Persons Report 2015*, more people are enslaved today than were during the entire 350 years of the transatlantic slave trade. The tactics used by traffickers to recruit victims have become increasingly diverse, and while seduction remains the preferred method, easy access to the social networks of children and teens has provided a window of opportunity for pimps to employ new strategies, such as cyber grooming. Meanwhile, the phenomenon of global migration has had an impact on the increase in this type of crime, with more and more foreign teenage girls being recruited by exploitation networks that use false offers of work or even kidnapping to achieve their ends.

In recent years, the FCC has seen an alarming increase in the sale of children and adolescents by family members, particularly parents.

Of the victims supported between the years 2007 and 2016,

only 13%

had been victims of exploitation by a family member (including parents),



whereas in the period from 2017 to 2021,

64%

had typically been sold by one or both of their parents.

For this reason, the foundation devised a new model, introducing changes informed by recent trends, best practices, and the experience of all the staff and participants in the program over the course of more than fifteen years of operation and of attending to the needs of 207 survivors. This new model is known as the:

“2021 Model for the Comprehensive Care of Adolescent Female Survivors of Human Trafficking for Commercial Sexual Exploitation”

As the name suggests, this version of the model is intended exclusively for the care and rehabilitation of adolescent women who have been victims of commercial sexual exploitation (CSE), which distinguishes it from previous models and means it is not suitable for victims under the age of 12 or over the age of 19.

The components of the 2021 Model (Prado, in press) include a theoretical and conceptual framework, a modus operandi, monitoring and assessment, and sustainability. The Guiding Principles that form the pillars of the program have also been redefined and can be summarized as follows:

- i. **TZEDEKAH: Social Justice and Solidarity.** This Hebrew term connotes the implicit restitution of the right of a fellow human being to live in dignity; a bridging of the inequality gap between one group and another, in this case by providing the victims with the same opportunities as any other young person their age. So, for those of us able to do something for the victims, the fight against slavery should be an obligatory act of social justice and solidarity, rather than a mere act of kindness.
- ii. **Human Rights.** Human trafficking is an issue that entails a violation of human rights, which is why the program is built around the rights of young women and the best interests of the child. The adolescent girls who receive support will not only learn about their rights, but also how to exercise these throughout their recovery process.

- iii. **El Gender and Childhood.** The gender and childhood perspective is an essential principle in the care of victims of commercial sexual exploitation, given that it primarily affects girls and women. The phenomenon needs to be understood from this perspective, as do the diverse forms that CSE takes, the functioning of the networks that ensnare the victims, the devastating effects they have on the latter, and so forth.
- iv. **Personalized Care.** The needs of each victim vary from one person to the next and require different approaches, due to the fact that every individual is unique in terms of their age, the psychoemotional impact they suffered during the exploitation, how long and how often they were subjected to exploitation, the conditions in which it occurred, and their family background and resilience, among other factors. This combination of distinct circumstances and conditions requires specific knowledge of each adolescent and a tailored approach specifically designed to suit them. Encouraging them to exercise their personal freedom to make decisions and choices consistent with their age and condition is a key aspect of the intervention.
- v. **Home-Shelter.** The model has been developed around a High-Security Shelter (Prado, 2018, 58-59) in keeping with the guidelines stipulated in law to provide users with round-the-clock protection throughout the year. However, once inside, the shelter is somewhere that feels like home; a place the girls and young women make their own and with which they can identify. This fosters their personal development by providing an environment in which the prevailing theme is a sense of common good and cooperation, so as to maintain harmony and the feeling of family that pervades throughout.
- vi. **Life Plan.** During this stage, the Life Plan tool has been further refined by focusing on four formative areas: the cognitive element, physical well-being, mental health, and social development. By having clear goals and knowing how to achieve these within a comprehensive care program, the young women will be able to successfully reintegrate into their families and society, building a future for themselves in which they will have the academic skills they need to enter the labor market just like any other young woman their age.
- vii. **Principles and Values.** While respecting people's freedom of belief, the guiding philosophy of the program is the teaching of principles and values that will contribute to the girls' development and which, when applied in their daily lives, play a key role in their inner health, the formation of their character, developing positive interaction habits and a personal effort that allows them to learn to make the right choices and decisions, and achieve positive results in their lives.

Objectives of the FCC

The 2021 Model redefines these objectives:

- To protect, care for, assist, and rehabilitate adolescent girls between the ages of 12 and 18 who have been victims of human trafficking for commercial sexual exploitation.
- To provide the target population with comprehensive services through medium- and long-stay programs.
- To provide personalized support through a custom-designed project and individual Life Plan, constantly striving to achieve a successful full recovery and their reintegration into society and their family.
- To facilitate the voluntary safe return of survivors to their families and/or their places of origin when appropriate, including survivors from other countries, for whom contact will be made with the relevant immigration authorities, consulates or embassies to arrange the necessary procedures and funds.
- To process any official documents required to gain access to medical, educational or any other type of services to which the survivors are entitled as citizens.
- To apply for passports and humanitarian visas when required.
- To support survivors over the age of 18 who wish to transfer to the halfway program *Reintegra US*.

- To support the successful insertion of survivors into new social and work settings as they move forward in their Life Plan.
- To participate as an NGO in anti-human trafficking campaigns and actions.
- To participate in studies, research, and activities aimed at gaining a deeper understanding of the phenomenon of human trafficking.
- To support legislative action aimed at reducing the impunity of perpetrators by encouraging the exercise of justice.
- To promote and encourage national and international cooperation in order to provide survivors with access to justice and full respect for their rights.
- To collaborate with other civil organizations and authorities in the opening of new shelters and refuges for the care and rehabilitation of victims, providing guidance, advice, and training in this area.

The profile of the target population has been more narrowly defined: adolescent female survivors of commercial sexual exploitation; the term “adolescence” is understood to mean the stage between the ages of 11 and 19 years old, in accordance with the World Health Organization (WHO).

The admission criteria for this new model are as follows :

- Adolescent women who may have been exploited since childhood but who at the time of entering the FCC program are aged no younger than 12 years and no older than 18.
- Must be referred by the competent authority with a completed referral document.
- Must have been exploited by an organized crime network, a pimp (male or female) or by any member of their immediate or extended family, including parents, stepparents, spouses, siblings, grandparents, uncles, aunts, cousins, and so forth, or by any person known to them, such as a boyfriend, friend, etc.
- The exploitation has occurred under conditions of “apparent freedom” or in a context of captivity, kidnapping and/or away from the home; also, when it has occurred in the victim’s own home or a family setting. Whatever the circumstances, the exploitation may have lasted weeks, months or years.
- A survivor’s admission is completely voluntary, though she must accept the standards and regulations of the shelter and the program.

The 2021 Model also clarifies the **Criteria for Non-Admission of a Victim** and sets higher success rates than those achieved in previous years through more specialized services and more and better practices focused on adolescent victims of commercial sexual exploitation.

Infants born to survivors as a result of their enslavement, known as **secondary victims**, are accepted into the program and provided with all age-appropriate services, including schooling, where applicable.

The purpose of allowing infants to live with their mothers is severalfold:

- To enable the adolescent girl concerned to learn how to be a mom;
- To foster maternal-infant bonding; and
- To enable the mother to learn healthy and constructive ways to interact with her child.



From when it first opened until January 2021, the Fundación Camino a Casa shelter took in 32 boys and girls between the ages of 0 and 6 years old who were children of survivors.

The 2021 Model defines the characteristics and components of what is designed to be systemic, current, comprehensive, participatory, specialized care. It also provides a framework that sets out, organizes, and guides the everyday activities and internal operations of the *Home-Shelter* based on the foundation's objectives, mission, and vision.

The care provided comprises four stages, as outlined below:

1) Referral, admission, and adjustment

After all the official formalities have been carried out, the potential newcomer is referred to the program by the authorities. From that moment on, steps are taken to ensure she becomes integrated into and adjusts to the home. Through a gradual process that includes support techniques, the technical and operations team gradually involves the girl or young woman in its internal dynamics, thus initiating her recovery process with the help of medical care, legal support, on-site psychological care, interviews, and companionship. This stage lasts between 1 and 2 months.

2) Life and growth

This is the longest stage and can last several years, depending on the person's age when she is admitted to the program and the choices she makes when it comes to education. The goal is for the girl or young woman to adapt to the program, continue receiving all the previously mentioned services, and to receive psychotherapy at an outside facility. If needed, she should also receive specialized medical care, as well as legal support. At the same time, the aim is for her to lead a life similar to that of any other girl or young woman her age; to enter the school system; to learn to make decisions, and to assume responsibilities within a welcoming, safe environment that will help boost her self-esteem, social inclusion, and autonomy. As she advances in the spheres of education, social integration, and even employment (once she is an adult) in a safe and independent way, so will she also move forward in terms of her reintegrating into her family.

3) Family reintegration

The aim of this stage is for the young survivor to be reincorporated into her nuclear family whenever possible, and provided the family was not responsible for exploiting her as a minor. When this is impossible, alternative living arrangements are sought among second- or third-degree relatives.

4) Social reintegration and discharge

From the moment a survivor arrives, the program works towards reintegrating her into society, though from the second month onwards, weekly activities are introduced to provide her with recreational opportunities and the chance to learn new ways of relating to young people of both sexes, e.g., by attending congresses and conferences and taking part in activities such as outings, camps, cultural activities, and training courses.

The **discharge** process begins months in advance of a survivor's leaving the program. If she is of legal age, she can choose to either return to her family or to live independently, or she can join the *Reintegra US* program in order to continue her education. There is also provision for vocational training to enable the young woman to enter the workforce and equip her for an independent life.

Another of the features of the care provided under the 2021 Model are **social responsibility** activities, which have yielded significant results in terms of the girls' social reintegration, as well as having an impact on their empowerment and self-esteem, allowing them to stop seeing themselves as victims and instead as women who can and in the future will be able to help the most vulnerable members of society through their participation in their own community. This initiative responds to the basic need of any young person who is given the opportunity to define their own goals and challenges; those involved can take part in these activities alongside their peers, thus fostering solidarity, companionship, and the sense of satisfaction that comes from helping in children's homes, homes for the elderly, rural areas, and so on. The activities are led by foundation volunteers and staff and take place at least twice a year.

One thing that has characterized the program since 2012 is the fact that some of the young women of legal age at the shelter have taken on the role of **social activists**. Fifteen courageous women (i.e., 9% of all the young women supported up to 2021) have appeared in the media, participating in awareness and prevention campaigns, sharing their testimony and giving a voice to the victims, appearing on national and international television and radio, and at forums, schools, universities, and legislative congresses.

From victim to survivor

Mexico's Secretariat of the Interior (SEGOB, 2015) defines the term 'survivor' as follows:

"When we speak of survivors of trafficking crimes, we are not only referring to those who have managed to escape from the oppressive situation they were in as a result of the violence and coercion exercised by the traffickers. A survivor is one who, after going through a healing process, moves beyond that stage in his or her story and, whilst not forgetting it, can resume his or her life unafraid, becoming an agent of change for him or herself and for their community." (SEGOB; 2015, 87)

The Royal Spanish Academy (*Real Academia Española*) defines the term 'survivor' as:

"A person who survives a perilous situation."

Based on both definitions and as a **symbolic** gesture, the FCC program calls for the adolescent girls admitted to it to be referred to as *survivors* rather than victims, thereby affording them the status of women who have managed to escape slavery and are now in the process of overcoming their terrible ordeal thanks to all the comprehensive support they will receive.

The reason for this is that the term 'victim' re-victimizes them, stigmatizes them, and pigeonholes them in an undesirable role; reminding them of their past as if it were the only thing that defines them, which can lead to their becoming chronic victims. The goal is for them to see themselves as women who have overcome a terrible ordeal; for them to stop fixating on the past, and to learn to look to the future.

Professionalization of services

Over the last ten years (2011–2021), trafficking has evolved and new methods of entrapment have been developed, as have the methods of dealing with the problem and its consequences. As a result, the foundation's model has had to adapt its approach to the issue and to care by making the actions of its staff more specialized, by introducing new approaches and practices in relation to the Commercial Sexual Exploitation of Children (CSEC), professionalizing its services, and eliminating anything that contributes nothing to achieving the FCC's objectives and is detrimental to the survivors. The following is a summary of the roles and programs that comprise the 2021 Model:

President

The President coordinates the overall functioning of the FCC program. Furthermore, she acts as the organization's representative before the authorities, the media, public and private institutions, and civil society.

The President approves the admission of new survivors and works in conjunction with the technical staff to coordinate the plan to be followed with each of the young women in their recovery process based on the criteria of the best interest of the youngster and with a gender perspective, carrying out periodic assessments of each case. She also supervises the hiring of personnel and their training, taking into account the area and roles in question. She produces a monthly report on each user and the organization's annual plan of technical, operational, and administrative activities. She oversees the Annual Financial Report and prepares the Annual Report of Achievements and Activities of the foundation to ensure the organization's compliance with requirements in terms of accountability and transparency before the authorities, donors, and



Patricia Prado Hernández
Cofounder of the FCC

the general public. Together with the Operations Manager and the legal team, she is responsible for providing the authorities with support during visits to inspect and oversee the shelter and the care and attention given to its users, as well as for responding to any requests for information from such authorities.

Beyond the walls of the foundation, she represents it at the signing of national and international agreements and conventions for the protection and exercise of the rights of survivors of trafficking and the eradication of slavery in all its forms, as well as in prevention campaigns. She promotes strategic projects designed to secure funds and benefits for survivors in accordance with the mission, vision, and objectives of the organization.

The President is responsible for maintaining relations with national and international donors, as well as for accountability. She works on new projects in conjunction with volunteers, coordinating their involvement in fundraising activities.

Operations Manager

In coordination with the President, the Operations Manager organizes and steers the internal life of the *Home-Shelter* in keeping with the foundation's objectives, while fulfilling its mission and vision, which, in turn, translate into benefits for the survivors in their daily lives and long-term achievements.

As the senior authority, she attends to and manages all the actions to be taken in the event of an emergency at the *Home-Shelter*. She arranges and verifies the proper performance of the roles and responsibilities of the technical and operations staff, coordinating the internal and external logistics of the girls' weekly activities, monitoring the significant progress made by each, as well as their healthy coexistence and safety.

At the same time, she is involved in the selection and training of technical and service personnel (security guards, kitchen staff, drivers, maintenance and cleaning staff), coordinating and supervising the latter. She also organizes all the volunteers who help inside and outside the shelter for the benefit of the young girls. She is responsible for ensuring the optimal use of financial and material resources and serves as a liaison with the administrative team.

The Operations Manager prepares a monthly report on each survivor with input from all areas, which serves as the basis for the reports the President prepares for the authorities and donors, which are used to compile the annual executive report and the annual budget.



Irma Mejía Hernández
Operations Manager

Intervention programs

The following is a brief description of each intervention program, all of which are linked and interconnected and each of which provides specific elements needed for the girls' recovery as an individual and as a group.

1. Psychology and Mental Health Program

The FCC program benefits from the service of an in-house psychologist who performs various functions from the moment each girl or young woman enters the program, providing prompt and timely assistance with any psychoemotional needs that become apparent. Under the new model, the survivors are given a pre-admission psychometric assessment upon arrival and another prior to their discharge from the program. The initial assessment provides information on the survivor's psychoemotional state when she



first arrives at the FCC and an idea of the most important actions to be taken, while also serving as a benchmark against which to measure the progress she makes over the course of her stay. Though formal psychotherapy is provided outside the shelter, all of the staff are trained in crisis management in case any of the survivors suffer an episode requiring psychoemotional support. Crises of this nature tend to occur frequently, particularly in the first few months, and manifest themselves as episodes of posttraumatic stress, skin cutting, depression, anxiety, self-harm, aggression, and so on.

Upon their arrival, it is common for the young survivors not to recognize themselves as victims, and the initial task of the psychology and legal teams is to get them to accept that they actually were, given that their recovery process cannot commence until they do. This recognition occurs around the second or third month of their stay, when disappointment, rage, anxiety, anger, depression, and posttraumatic stress crises become evident; aspects that need to be worked on and which can be overcome with timely intervention and professional support.

The psychologist is also responsible for resolving any in-house conflicts among the girls and with the staff, and for conducting group dynamics and teaching courses on a variety of topics. Furthermore, she is always available for short-term and emergency therapy. Other techniques used by the psychologist and other external specialists include narrative therapy, the collaborative model, and art therapy, Ellis' rational emotive therapy, cognitive behavioral therapy, dance therapy and acting, and relaxation techniques, among others.

Survivors receive psychotherapy at public health institutions not only to address their psychological and psychiatric needs but also to combat addiction problems. It is estimated that 72% of the survivors at the shelter have been temporarily prescribed some form of psycho pharmaceutical during their rehabilitation to treat anxiety, depression, post-traumatic stress attacks, panic attacks, and so on. In most cases, the survivors in question are taken off these drugs under medical supervision after a few months. Only in emergencies has it ever been necessary to hospitalize survivors for them to receive short-term psychiatric care.

The psychologist accompanies the girls and young women to psychotherapy sessions at the outside facilities and collects and records all the information provided by the specialists who treat them, to enable the foundation to monitor the progress and advances of each person concerned. Similarly, she supervises the administration of any prescribed drugs in coordination with the social work team. She also carries out career guidance assessments and, in conjunction with the education team, advises the survivors on their choice of academic options. She gives workshops and courses on sexuality, gender violence, self-care, couple relationships, and so forth.

Between 2014 and 2019, all FCC staff received training in the latest advances in the intervention processes involved in trauma management, based on a neuroscientific approach. This provided new insights into their understanding of post-traumatic stress, its management and containment, and trauma-related behaviors, and marked a turning point in the foundation's approach to psychotherapeutic and rehabilitation processes in times of crisis and in daily life.

This new vision has allowed the technical team and the survivors in the program to understand what causes and triggers these crises, the damage and effects they have on the brain, and how to deal with them by developing techniques to control and reduce their frequency and intensity until they eventually disappear. The feelings of shame and guilt that usually follow these events are soon overcome, thanks to the prompt intervention of staff and the fact that the survivor has information on and an understanding of what triggers them and what happens during such episodes.



Adriana Ibarra López
Psychologist

From a psychological perspective, there was a change in the approach to dealing with and managing the self-destructive and negative behaviors commonly seen in victims of trafficking. These behaviors include lying, manipulation, aggression, beatings, anger, fighting, theft, self-harm, and so on; while useful as a survival mechanism during their captivity and exploitation, in this new stage of their lives they are no longer advisable or appropriate and lead to interpersonal conflicts or jeopardize the person’s health and safety.

The neuroscientific approach provides an explanation for these behaviors and allows the survivor to understand the root cause of why she is acting that way, then modify her behavior with the help of sessions of reflection and relaxation with the therapist. During these, the survivor learns diverse techniques that can help her gradually abandon these behaviors and develop new and better ways to act, which in turn provides her with direct benefits and healthy ways for her to interact with her surroundings. Followed by staff and survivors alike, this approach has yielded highly satisfactory results, in 90% of the cases eliminating the need to transfer a girl or young woman to hospital for treatment in times of crisis, as used to happen.

2. Social Work Program

The role of social work has been expanded and enriched in the 2021 Model of Care. Under the foundation’s social work program, each case is classified and monitored by keeping individual files containing information that remains confidential and protected at all times, as is the right of the victims. This information is provided regularly by all other personnel involved in the foundation’s program. Thanks to these records, the FCC holds valuable documentary information on more than 200 survivors; information which has served as the basis for this report.

The social worker also takes care of arranging school services outside the shelter, looking for the best educational options for each individual in coordination with the President, the Operations Manager, and the education team. She looks for school options based on each survivor’s level, as well as possibilities in terms of vocational qualifications and special programs for people with intellectual disabilities, and so on.

The social worker is also responsible for keeping track of all types of medical services, making appointments with private doctors and health centers, accompanying the survivors to these, and keeping a record of all prescriptions, medication, lab tests, and so forth.

Similarly, she carries out the initial interview with each young survivor upon their arrival at the *Home-Shelter*, as well as their discharge interview and evaluation of the services received at the FCC. In coordination with the psychologist, she helps survivors develop their Life Plan, in which the girls and young women outline the goals they want to achieve in the coming months and years. Together, the social worker and the survivor periodically review this plan, which is a useful tool that enables all the various areas involved in the program to help her achieve the goals she has set for herself. The social work program also deals with managing survivor services, including their recreational, sports, cultural, and social responsibility activities, and so on.

Rosario Lara Mondragón
Social worker



Sandra Diéguez Martínez
Lawyer

3. Legal Counsel, Protection, and Support Program

From the outset, the foundation has sought to establish alliances with law enforcement authorities at the Attorney General’s Office in Mexico City and elsewhere in Mexico, always striving to secure justice for survivors and respect for their human rights. This is why, following the enactment of the *General Act for the Prevention, Punishment, and Eradication of Crimes related to Trafficking in Persons* (2012), this particular program has acquired special relevance due to the number of convictions that have been secured on behalf of the survivors at the foundation, and has set a precedent in this regard, thanks to the joint work of the legal team and law enforcement authorities, prosecutors, and judges.

To this end, the legal and psychology teams work jointly, and with great dedication, to prepare the survivors for any appearances before the authorities, whether it be to elaborate on their statements, or at oral hearings or trials. During this preparation, they receive instruction on human rights, as well as on gender equity and equality. Efforts are made to ensure they do not testify at hearings and so forth until they are physically, emotionally, and psychologically ready to do so. They are advised on how to dress, and steps are taken to ensure they do not have to appear in court in person, but instead remotely, for example via CCTV, in order to avoid their having to come face to face with their aggressor and to prevent their re-victimization, as is their right as minors.

The survivor learns values such as honesty in her everyday life at the shelter and while she is being prepared for hearings, she is made to see how just important the truth and her word are. This way, when it comes time for her to appear before the authorities, she has no problem sticking to the truth, while avoiding contradictions and at the same time knowing how to defend her rights.

Thanks to the effort of all those involved in this aspect of the FCC program, as of 2013, 90% of all cases of young women at the foundation whose exploiters have been arrested and prosecuted have resulted in successful convictions, often leading to sentences of between 35 and 40 years' imprisonment for the perpetrators.

One thing that has contributed significantly to the prosecution of these crimes is the interdisciplinary work involving the survivors, who in recent years have collaborated with prosecutors' offices by providing information and identifying locations and victims, which in turn has allowed other young girls to be rescued, some of whom have subsequently entered the program themselves as a result of this cooperation.

4. Education Program

In the new model, the education opportunities available to survivors have been broadened to include more and better options, with the halfway program *Reintegra US* still available for those who wish to pursue university studies. Those who graduate with post-high school vocational qualifications or from high school have taken a huge step forward and gone on to engage in productive work activities in diverse areas, significantly increasing their chances of finding employment.

The education team is responsible for assessing the academic level of the girls and young women entering the FCC program, planning their academic development, and carrying out any required formalities relating to education. They also liaise with external educational institutions and act as the survivors' guardians at school meetings and events, as well as keeping records of their academic progress and providing help with homework assignments. As in-house teachers, they oversee the distance learning and adult education programs of the National Institute for Adult Education (INEA). In conjunction with the psychology team, they provide career advice to help the girls and young women decide on the academic path they wish to take once they graduate from middle school or high school.

Over the last four years, an increasing number of teenagers who were victims of parental exploitation from the age of as young as 5 or 6 have been admitted. This devastating ordeal, when endured for long periods of time, results in constant stress and profound psychoemotional damage. According to the neuroscientific approach, this is why one of the things most affected in the survivors is their cognitive capability. Studies show there is a reduction in intellectual capacity, memory, and learning skills, and repercussions in the prefrontal regions, which in many cases are irreversible.



Gloria López Vázquez
Teacher



Jennie Olvera Vargas
Teacher

This helps explain why even with the support of a home teacher or perhaps learning therapies, some girls are unable to progress beyond elementary school at best, and exhibit both serious deficiencies and a great deal of frustration. It therefore became necessary to address this situation by offering **special education** alternatives for survivors with disabilities, in line with the specific needs of each and, at the same time, leveraging their abilities, skills, and interests in other areas.

The result proved very gratifying for the survivors, who have shown enthusiasm, dedication, and a desire to achieve their goals, and to leave the program with the tools they need to start their own business or practice a trade.

5. Physical Health Care Program

Due to the fact that the physical consequences of the abuse suffered by victims of commercial sexual exploitation are so serious, health services are provided by institutions with which arrangements have been made for the provision of specialized services. These include the Clínica Condesa clinic, which specializes in sexually transmitted diseases, Mexico’s National Institute of Perinatology, the Women’s Hospital, substance abuse counseling centers, and health clinics run by the government of Mexico City, among others.

These services are also provided privately, which makes it possible to broaden the range of care options available, to include, for example, chiropractors (through the Dolorfin private clinics), pediatricians, dentists, ophthalmologists, orthodontists, dermatologists, general practitioners, and internal medicine specialists, most of whom provide their services free of charge.

Night Staff

Night staff perform various functions (including staying overnight at the shelter) and their duties include maintaining order, discipline, and the safety of the survivors during the night, administering their medication, and providing them with time to reflect both on the day that has just ended and on the day ahead. They are also responsible for kicking off activities each morning, ensuring that the girls and young women take care of their personal hygiene and housekeeping, as well as for making sure they eat their meals, are ready for school on time, and for accompanying them to school, among other things.

Administration

The administration team is responsible for providing administrative support for the program, managing staff, financial reports, payments, banking, safeguarding the organization’s official documents, and so on. It also manages and follows up on social network activity, donors, the foundation’s website and email, as well as many other activities.

Monitoring and assessment

The specialists responsible for each area of the program carry out a monthly review and assessment of each of the girls and young women, as well as of the group dynamics at the home, information that is then recorded in each of their files.

At regular work meetings with the President and Operations Manager, each case is analyzed, as are the dynamics of community life within the home, providing information that informs decision making and helps determine the type of interventions that need to be implemented, maintained or adjusted at an individual or group level in order to ensure successful recovery.

“Aunts” – Night staff

Laura Serralde Hernández
Elizabeth Álvarez Leandro
Norma Solis Santoyo



Claudia Romero Alonso
Administrative Coordinator



Juan Manuel Patiño Barron,
Driver
Reyna M. Hernández Santiago,
Cook



Group of heroic survivors with Germán and Lorena Villar, founders of the halfway program Reintegra, a follow-on to the FCC program

With regard to the monitoring, assessment, and general outcomes of the program, a qualitative and quantitative report is prepared every four months, which serves to inform future projects, ensure accountability and transparency for donors and institutions, and is the basis for the annual report the FCC publishes on its website.

Volunteers

As in any organization, the foundation's volunteers play a major role, participating for and alongside the FCC users in activities at the shelter, such as parties, celebrations, gift-giving, and sports activities, as well as offering courses in image consulting, physical fitness, and recreational activities. They work together with the young women on tidying up and arranging the shelter facilities, as well as on refurbishing it, and also help provide it with furniture and equipment. They accompany the girls during social responsibility, recreational, cultural, vacation, and other activities, and also help with fundraising campaigns and in the search for new donors. The team includes experts in interior design, the arts, dance therapy, handicrafts, and so on.



Marcela Domínguez Carroza
Volunteer

Interinstitutional relations

Without a shadow of a doubt, none of the organization's achievements would have been possible were it not for the coordinated effort with the government authorities and institutions with which the foundation has worked throughout its years of operation. The good practices adopted by many of the authorities in coordination with the FCC's legal team have secured the cooperation of the survivors in the investigation and prosecution of trafficking, the securing of convictions, and even the rescue of other victims.

Interinstitutional relations have proved fundamental, particularly in the services to which young women are entitled as regards health, access to justice, and a life free of violence.



Graciela Vázquez Prada
Volunteer

Donors and relations with other NGOs

The foundation's relations with other national and international civil society organizations have served as a source of financial and material resources for the program, providing the survivors with services, funding for basic and secondary education, as well as vocational training and college studies, recreational activities, trips, specialist therapies, art, dance, and so on. A number of international organizations have also helped with staff training and specialization.

Through their financial and material contributions, donors—both individual and corporate—have provided vital support to the organization's operations and in its pursuit of its founding objectives, as well as for each survivor's life project.

Lessons learned from the 2021 Model

1. Between 2007 and January 2021, 175 survivors and 32 secondary victims of the crime of human trafficking were admitted to the program. This experience has been enriched by the daily interaction with each of the girls and young women, enhancing the staff's knowledge of the issue and making it possible to develop the FCC model into what it is today.
2. The model has proved a success in providing care and rehabilitation for adolescent women who have been victims of trafficking for commercial sexual exploitation. Given its specific characteristics and components, it is not suitable for providing care to girls under the age of 12. Fifteen years' experience with this model have shown (and as the WHO agrees) that mixing age groups, in this case, children and adolescents, is counterproductive. Similarly, the model is not deemed suitable for caring for victims of other forms of human trafficking, whose needs and problems differ from those of the target population the FCC model has specialized in; in most cases, it was not possible to achieve any significant progress in the recovery of those other kinds of victims, and in some cases, it even proved contrary to their interests.
3. Other than providing them with primary care, the FCC model has not been effective with women over the age of 20 who have been admitted, given that their needs and expectations are distinct due to the fact that they are at a different stage in their life cycle to the younger women. In the past, 90% of the women over that age who were given help by the foundation asked to be discharged within the first six months of their arrival at most.
4. The guiding principles and elements of the 2021 Model have been essential in steering the functioning of the program, within a framework that defines and structures daily life within the *Home-Shelter*, at all times for the benefit of its users. This has enabled the professionalization and specialization of services, an essential requirement of the foundation in accordance with its objectives, vision, and mission. All this experience and knowledge have helped enormously in providing a clear understanding of the limitations of the model, the work still to be done, and the areas of opportunity yet to be explored.
5. The advances in the training, professionalization, and specialization of staff have been one of the major achievements during this stage, and have resulted in increased knowledge of the issue, the introduction of new care techniques for the management of trauma and its effects, and the assessment of each of the survivors by the various care teams, based on an interdisciplinary approach.
6. The 2021 Model defines and sets out the four stages that all users entering the program go through, with directions on the actions to be followed by staff during each; these stages are evaluated, as is the progress made.
7. Ensuring the comprehensive rehabilitation of adolescent survivors requires medium- and long-term programs that provide them with optimal education options suited to their skills, abilities, and interests, in order to improve their prospects of finding employment and for their future development, so that they can achieve independence, personal fulfillment, and self-sufficiency.
8. The social reintegration activities offered under the program during this new stage provide opportunities for the young survivors to live together in a healthy environment and allows them to learn about different ways of life from those they experienced in the past, which were often the result of social breakdown and domestic violence. In this model, social reintegration is positively impacted by other factors in the program, namely, the teaching of principles and values and the social responsibility activities; the first helps them make better personal choices in their daily lives based on their convictions and free will, while the second provides them with the opportunity to learn about other realities and to see that they can have an impact by helping those most in need, which also makes it possible for them to see themselves as potential agents of change in the social settings in which they will operate in the future.

9. These social reintegration activities have motivated 9% of the adult users to join the fight against trafficking as social activists, bringing the voices of millions of trafficking victims around the world to national and international forums (in the knowledge that their contribution is fundamental to prevention tasks), while being the face of hope for those still held captive and raising awareness of the issue.
10. As for education, the new model has brought about major developments: over the last ten years, 60% of the young survivors have completed their studies or are currently studying high school, vocational courses, bachelor's degrees or master's degrees; 5% are enrolled in special education programs, and the rest are catching up on the years of elementary or middle school they missed out on. These achievements stand in contrast to those of previous years, when most of those admitted to the program dropped out of school, completed only their basic education or, in the best of cases, enrolled in some kind of post-high school vocational course.
11. Getting the survivors to stay in the program long enough to finish high school, pursue vocational training or enter the halfway program *Reintegra US* has been possible thanks to the personalized Life Plans that allows them to periodically assess their progress, make free choices about what they want to do with their lives, and achieve their dreams. Staying longer has also had a positive impact on the survivors' inner health, recovery, and rehabilitation by providing them with work opportunities and an income, which has enabled them to become independent and self-sufficient. It is worth noting that, in most cases, the survivors have gone on to achieve more academically than anyone else in their family, thus making them the family's greatest source of pride.
12. When it comes to their academic achievements, the halfway program *Reintegra US* has marked a major turning point for the young women who choose this option; between 2012 and 2021, 9% have graduated with or are currently studying for a college degree, and of these, two now have a master's degree.
13. With respect to the psychological care of the survivors, the new model includes a psychometric assessment of the survivors prior to their admission and another upon their discharge from the program. These are a useful tool with which to decide on the best course of action for each survivor from the moment she arrives, and to assess the results of the care provided at the end of her stay. Something else that has proved very useful for the survivors is the career guidance testing that has been applied to help them decide on their academic options. These assessments have also made it possible to detect any cognitive impairments in the girls and young women, and so help ensure they have access to special education programs, while seeking the best alternatives based on their abilities, skills, and interests.
14. Training all staff in trauma intervention processes based on a neuroscientific approach has enabled them to apply techniques for dealing with moments of crisis and with self-destructive or negative behaviors. This has yielded pleasing and quantifiable results in terms of changes in behavior and a reduction in the number of cases requiring emergency psychiatric care.
15. The social work team has contributed to the 2021 Model by professionalizing case files, including increasingly solid information on client histories. Furthermore, its monitoring of the survivors' Life Plans throughout their stay in coordination with other areas helps the girls and young women achieve the goals and objectives they have set for themselves.
16. The work of the legal team has improved substantially since the enactment of the General Act due to its coordinated efforts with law enforcement authorities, prosecutors' offices, and the justice system in general, and due to the thorough preparation survivors receive prior to their appearance at hearings and so on, with a gender perspective in the exercise of their rights. This has resulted in major accomplishments in terms of justice for the survivors, significantly impacting their rehabilitation and the restoration of the trust they had lost in the authorities.
17. In the 2021 Model, the monitoring and assessment of users has made it possible to personalize the services they receive and better meet their needs. Likewise, the quantitative and qualitative results of the program are also monitored and evaluated, thus ensuring greater transparency in the functioning of the foundation and when it comes to accountability; this has also served as the basis for new project proposals.
18. The 2021 Model can be replicated provided the victim profile for which it was designed is the same.
19. The teamwork and interdisciplinary approach of the staff is essential for the success of each survivor's individual project.

Future challenges

1. Despite its significant achievements, the 2021 Model can certainly be improved; there are still certain challenges that need to be addressed and areas where improvement is needed.
2. Survivors of trafficking, particularly those who have been exploited by organized crime, hold valuable information that could help bring about the rescue of many other victims. This knowledge should be leveraged in collaboration with authorities at different prosecutor's offices in order to strengthen the investigation and prosecution of the crime of trafficking with information provided voluntarily by the survivors, while guaranteeing their anonymity.
3. Formal mechanisms for contacting the girls and young women who have left the program need to be developed so as to be able to provide follow-up and support when required, e.g., referring them to mental health and psychoemotional care services, job placement services, and so forth.
4. Although the foundation does have a reading corner for the survivors, it would be a good idea to create a formal library with the support of volunteers to guide them and encourage the reading habit, which will have a positive impact on the present and future development of the users.
5. The monitoring and evaluation of the program should be professionalized so that its various elements are all constantly assessed to ensure they are up to standard and that the qualitative and quantitative outcomes achieved are as required, both in terms of overall results, and the results of each stage and intervention program, with every event and experience being recorded, while also allowing for a critical interpretation of the latter.
6. It would be advisable to assess the emotional stability of staff at least once or twice a year and offer them the option to undergo brief personalized counseling aimed at addressing any issues raised, in order to avoid vicarious trauma.
7. The training and professionalization of staff should be an ongoing undertaking.
8. A professional fundraising division is needed in order to a) ensure the financial stability of the program, b) secure medium- and long-term funding to support future projects, c) upgrade the facilities, d) improve staff salaries, and e) increase the capacity of the facility and its human resources so as to allow a greater number of survivors to be helped.
9. Client files should be digitized in order to safeguard current and future information and guarantee the security of the process; timestamped digital signatures should be included for storing electronic evidence and to comply with the institution's obligations. This digitization needs to be kept up to date so that the organization can access national and international funding projects through second-tier foundations.

Recommendations

The primary tasks performed by the authorities involved in combating human trafficking are those of preventing and prosecuting this crime, for which reason they need to become more institutionalized. They also need better funding and to formalize both their relationship with NGOs that provide comprehensive care and rehabilitation services to trafficking victims and how the tasks and resources of each are divided up.

To date, the collaboration between the authorities and civil society organizations in this matter has been informal in nature. Efforts should be made to develop collaboration agreements between institutions, state governments, anti-trafficking prosecutors, health services, and so on, in order to ensure that victims have permanent access to services. Arranging access to the latter places a heavy strain on the very limited resources of NGOs, which often makes it impossible for them to provide comprehensive care, something that is vital if victims are to acquire the tools they need to successfully reintegrate into society.

Today, only a few states operate temporary short-stay refuges and shelters. In most cases, underage girls are channeled to NGOs to receive comprehensive care. From that moment on, the organization that takes them in is responsible for their food, accommodation, clothing, education, medication, general services, and all expenses associated with their comprehensive care. Regrettably, this makes it impossible to provide the users with everything they need in terms of overall care, which is why it is essential that NGOs and relevant public institutions work together in their respective areas of responsibility.

Only when government institutions and civil society organizations work in coordination and in a spirit of cooperation will there be true justice for these girls and young women, trust in the authorities be strengthened, and NGOs be able to provide more effective support in the fight against the heinous crime of human trafficking.

A few last words

The expertise the organization has gained over the years has been enriched by the life of every single young survivor that has let us accompany her on her arduous but ever hopeful path of “returning home.” We thank you for being an inspiration to those of us who have had the privilege of collaborating with the Camino a Casa foundation, and for showing that brave young women survivors of commercial sexual exploitation can indeed make a full recovery when given the help and tools they need to embark on their journey to freedom.



Success Stories²

Hundreds of survivors, hundreds of stories to tell; most of them sad, moving and inspiring. The following are just a few brief examples:

Mónica

At the age of just 6 years old, Mónica stopped going to school due to the fact that every night a family member was letting men molest her for money. Years later, after a neighbor raised the alarm, Mónica was rescued and taken under the FCC’s wing. As a result of the cognitive impairment caused by the violence during her childhood, she needed to make up for several missed years of schooling and completed middle school in a special education program. Thanks to the comprehensive care she received, she has grown into a joyful young woman, eager to live her life independently, and has gained a post-high school vocational qualification that has enabled her to become financially self-sufficient. She is currently working and living with her partner, with whom she is expecting a child.

Tanya

Tanya was born into a world of prostitution, surrounded by exploited women. Rescued at the age of 11, she had never attended school. During her first few months in the program, her recovery was tough, and she would cry a lot. However, once she settled in, she began to show an interest in school and learned how to read and write. After several years of effort, she finished high school and is now studying Textile Design.

² The names and certain other details of the survivors have been changed in order to protect their identity and privacy

Remedios

This young woman from an indigenous background had been exploited by a pimp who left her pregnant. She arrived at the foundation when her baby was six months old. Not only did she not speak Spanish, but she had never been to school, and while in her daily life she showed herself to be fairly functional, her cognitive impairment was so profound that it was not possible to teach her how to read and write.

Therefore, it was decided that her best option was a special education program, which she is successfully completing. Remedios hopes to return to her community in the south of Mexico, taking with her the knowledge, tools, and everything else she needs to set up her own garment and sewing workshop, to be financially self-sufficient, and to support her 5-year-old daughter so that she can stay in school.

Graciela

Graciela arrived at the shelter when she was 15 years old, along with her baby. Their recovery was complex, as both had serious health problems. Exploited by her mother, who rented her out from an early age, she was still attending school and to the outside world seemed to be leading a normal life. After being rescued, she was taken to the shelter, where she has received comprehensive care, including specialist medical attention. She has since gone on to finish middle school through the INEA program, after which she enrolled in a V course in beauty culture, which she recently completed. She is currently undergoing job training at a salon, where she is gaining experience. Once she finishes this training, she and another young woman hope to open their own beauty salon with the help of an organization that has promised to support them financially in this undertaking.

Enedina

Enedina arrived at the shelter when she was just 15 years old. She had been tricked and sold by an aunt, who took her to Tijuana, Baja California and later to Mexico City. Fortunately, she was rescued by the authorities, who transferred her to the foundation. Like most, she was sad, angry, and afraid when she got there. She eventually got well, and her spirited, cheerful character began to shine through. Enedina went on to study Beauty and Cosmetology, and once she had qualified, she returned to her home after two years away, taking with her everything she needed to open her own beauty salon there. She is now married with two small children.

Aurora

This young girl from the provinces, with severe psychoemotional damage and an apparent intellectual impairment, came to the foundation at the age of 15 after having been sold by her stepmother when she was 4 or 5 years old, together with her older sister. After her rescue, she showed great determination in everything she undertook, despite an evident cognitive impairment. Somewhat remarkably, Aurora graduated from middle school and has a teaching-related qualification thanks to her excellent grades and great enthusiasm. Today she works at a daycare center and lives independently with her partner.

Miriam

After falling in love with a pimp, this young woman was taken to Puebla and then to Mexico City, where she was exploited for almost two years. She entered the program after her release at the age of 17 and began her gradual journey to recovery. She eventually finished high school and enrolled at a private university, where she studied Business Administration. She now has her own apartment and lives in Mexico's southeast, where she is self-employed and runs her own business.

María del Carmen

Severely damaged not only by the exploitation she endured, but also by her own family history, when María del Carmen arrived, she was deeply depressed, had PTSD (like most of the girls), and a great deal of resentment and feelings of insecurity. After a long period of convalescence and treatment, she decided to enter the nursing school of the Mexico's National Autonomous University (UNAM), where she successfully completed her degree. During the COVID-19 pandemic, she cared for many patients at the hospital where she worked. Today, she lives independently and has her own apartment.

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Chapter

3.

Violence and trafficking for sexual exploitation: consequences and care for victims from a psychosocial perspective





Chapter 3

Violence and trafficking for sexual exploitation: Consequences and care for victims from a psychosocial perspective

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In its **Global Report on Trafficking in Persons 2020**, the United Nations Office on Drugs and Crime (UNODC) finds that trafficking primarily affects women and girls—who comprise 65% of detected victims—and that the main reason for trafficking globally is sexual exploitation, which is the case for up to 50% of detected victims (UNODC, 2021). In this chapter, we shall examine child trafficking for the purpose of sexual exploitation within the framework of the conceptual definition of trafficking and its definition in diverse standards and legislation:

1) For the UN, trafficking in persons means “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of a threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation,” including for the purpose of sexual exploitation (UN, 2000). This definition lays out the process of trafficking, specifies how the violence involved is perpetrated—by coercion of the victim—, and identifies sexual exploitation as one of the purposes of trafficking.

2) The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children specifies that the “recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered trafficking in persons,” a child being anyone under eighteen years of age (CNDH, 2019). In terms of a standard, this specification of the Palermo Protocol limits the scope of trafficking for the purpose of exploitation to the population of women and children.

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The primary purpose of trafficking is for sexual exploitation, and across the globe it principally affects women and girls.

(Global Report on Trafficking in Persons 2020).

In regard to the impact of the social and health consequences of the violence endured by victims of trafficking, McQuaid argues that women who are trafficked for the purpose of sexual exploitation are subjected to physical, sexual, and psychological violence such that they are “acutely at risk for developing not just short-term physical ailments but also lasting mental illness that can profoundly alter their ability to navigate effectively in the social world” (McQuaid, 2020).

With this in mind, the aims of this chapter are to explore: 1) the types of violence experienced by the victims of trafficking for sexual exploitation based on their own testimony; 2) the physical, psychological, sexual, and social consequences of these types of violence; and 3) the psychosocial strategies of the Fundación Camino a Casa (FCC) foundation’s 2021 Model for the Comprehensive Care of Adolescent Female Survivors of Human Trafficking for Commercial Sexual Exploitation, as identified in interviews with the young survivors.

The victims’ testimony is drawn from a qualitative study based on an exploratory design in which thirteen adolescent female victims of trafficking for sexual exploitation were interviewed. The girls and young women concerned were from various parts of Mexico—Mexico City (4), Mexico State (5), Guerrero (2), Michoacán (1) and Chiapas (1)—and their ages at the time of the interviews ranged from 11 to 17. Furthermore, all of them had completed between 6 and 9 years of schooling. The interviews themselves, which were personal and semi-structured in nature, were conducted between 2019 and 2020 in a room provided for this purpose at Fundación Camino a Casa’s high-security shelter to which the adolescent girls had been admitted after being rescued in order to enter the FCC’s care program for victims of trafficking. The interviews were carried out following ethical protocols to protect the identity of the victims and the confidentiality of the information.

Violence is “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse,” while the child is in the care of parent(s) or any other person who has the care of the child.

(Convention on the Rights of the Child)

1. Physical, emotional, sexual, and neglect-related violence experienced by victims of trafficking for sexual exploitation

Conceptual framework

According to the literature, child maltreatment is the abuse and neglect suffered by children under 18 years of age. It is a concept that encompasses “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” with an adult (WHO, 2009, 9; PAHO, 2020).

In terms of standards and legislation, the violence experienced by the adolescent girls interviewed falls within the scope of the Convention on the Rights of the Child (CRC), which defines violence as “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” while the child is in the care of their parent(s) or any other person responsible for their care (UN, 2011, 4).

Methodology

This conceptual framework provided the basis for developing the descriptive analysis of the testimony given by the victims of trafficking for sexual exploitation and was used to define the types of physical, psychological, and sexual violence and neglect inflicted on them, in order to identify—based on their own descriptions—the various acts of violence committed by an assortment of perpetrators against the adolescent girls interviewed (perpetrators who varied in terms of their



relationship to the victims). This victim testimony also revealed both the forms of violence perpetrated and the involvement of those who either took part or were complicit in it at one time or another at various locations during the trafficking process. In this context, the descriptive analysis entailed the following:

1. Dividing the types of violence experienced by the interviewees into four categories according to the degree of impact or harm suffered by the victims, as follows: a) physical violence, b) psychological violence, c) sexual violence, and d) neglect (Martínez Pacheco, 2016; UNICEF, 2019).
2. Forming different groups of violent acts within each of the categories described above, based on a review of the literature and the various manifestations of violence described by the victims of trafficking.
3. Identifying the relationship between the victims and both the perpetrators of physical, psychological, and sexual violence and the “caregivers” who engaged in acts of neglect either through commission or omission (Fortson et al., 2016; UNICEF, 2019).
4. Categorizing the participants and parties involved in the trafficking process according to their respective roles, i.e., a) traffickers and/or exploiters and b) “clients.”
5. Categorizing the dynamics of the spiral of violence against the victims of trafficking. Generally, when a violent act is committed, this creates a momentum that can lead to an increase in both the number and the types of violence inflicted. This explains why each victim is subjected to numerous and diverse forms of violent acts within each category.

1.1 Physical violence

In the trafficking of minors, physical violence is the intentional use of physical force against a child that results in or is highly likely to result in harm to the child’s health, survival, development or dignity. It involves corporal punishment of a child by his or her parents, caregivers, other authority figures, or certain other individuals. It can take the form of acts such as hitting, kicking, shaking, biting, strangling, burning, and suffocating, among others (WHO, 2009; PAHO, 2020, 83).

In their testimony, the thirteen victims of trafficking interviewed in this study described in their own words the forms of physical violence they experienced in different places at different times. The discourse analysis involved both a review of the literature and of the examples of physical violence mentioned by the victims in their testimony, in order to then perform the descriptive analysis of the physical violence shown in Table 3.1

The physical violence category comprises eleven groups of acts of physical violence reported by the interviewees (Table 3.2).

The kinds of acts of physical violence committed against the victims of trafficking include: 1) slapping/smacking; 2) punching; 3) locking up (isolating); 4) restraining (tying up, gagging, and keeping watch on); 5) throwing objects; 6) kicking and hitting to induce miscarriage; 7) burning with cigarettes (breasts, hands, body); 8) hair/ear pulling; 9) shaking, shoving, and dragging; 10) beating with cables and sticks, whipping; and 11) cutting eyelashes, sticking needles into hands. These violent acts of corporal punishment caused injuries that harmed the health and dignity of the victims and affected their development.

According to their testimony, the perpetrators of physical violence against the victims included: 1) the father, 2) the mother, 3) the stepfather, 4) the stepmother, 5) the exploiter or trafficker, and 6) the “client.” In terms of their relationship to the victims, the first four of these aggressors were members of the girls’ immediate social circle; people they could expect to turn to for protection, affection, trust, and emotional support. Instead, they found a family environment in which violence flourished, to the extent that the victims persistently experienced violence in their own homes. The last two of the aggressors mentioned used physical violence to force the victims into being trafficked at the

location where the sexual exploitation took place (hotels, bars, and the trafficker’s or “client’s” home) and ensure the trafficking continued.

The victims’ testimony shows the increase in both the number of violent acts committed against each of the thirteen victims of trafficking—behind closed doors and in conditions of impunity—, and in the numerous different forms the physical violence committed by the perpetrator(s) took.

TABLE 3.1 Acts of physical violence committed against the victims, by perpetrator

Act of physical violence	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
1. Slapping/smacking	█	█			█	█	█		█	█	█	█	█
2. Punching					█				█			█	█
3. Locking up	█	█		█	█	█		█		█	█	█	█
4. Restraining	█		█		█							█	█
5. (Tying up, gagging, and keeping watch on)	█	█	█	█			█			█	█	█	
6. Throwing objects			█										
7. Kicking and hitting to induce miscarriage			█			█				█	█		
8. Burning with cigarettes (breasts/hands/body)	█				█								
9. Hair/ear pulling	█		█				█	█	█			█	█
10. Shaking, shoving and yanking	█	█	█	█	█	█	█	█	█	█	█	█	█
11. Beating with cables and sticks, whipping										█	█		
12. Cutting eyelashes, sticking needles into hands													

█ Father █ Mother (exploiter) █ Stepfather █ Stepmother █ Bar managers
█ Exploiter (father, mother, stepfather, stepmother, godfather, aunt(s), boyfriend, female friend) █ Client (neighbor, friend(s) of mother, friend(s) of father, friend(s) of stepmother, friend(s) of stepfather)

The forms of violence experienced and described in the victims’ testimony were identified and divided into eleven categories of acts of physical violence committed by the various perpetrators in order to subject the victims to trafficking for sexual exploitation. The age of the victim and the category of perpetrator of the specific violent act or the participants in the trafficking are shown beside each victim comment.

The “traffickers” and “clients” perpetrated acts of physical violence to force the victims into being trafficked behind closed doors and with impunity and ensure the trafficking continued.

TABLE 3.2 Acts and manifestations of physical violence committed against the victims of trafficking as described in their testimony

Violent act	Testimony
1. Slapping	<p>A5. (Aged 15). <i>"The first time I said no to a client, they slapped me around to make me shut up."</i> (Client).</p> <p>A9. (Aged 15). <i>"Whenever I said I didn't want to go with the client, I would get a slap in the face."</i> (Exploiter).</p>
2. Punching	<p>A2. (Aged 11). <i>"The man my dad used to take me to would hit me if I didn't do what I was told."</i> (Client).</p> <p>A5. (Aged 15). <i>"The guy at the bar used to punch me whenever I didn't do what he wanted and the first few times when I tried to escape."</i> (Exploiter).</p>
3. Locking up	<p>A2. (Aged 11). <i>"My dad never let me go out and the only times I did was at night when he would take me to see the guy."</i> (Father).</p> <p>A8. (Aged 10). <i>"My mom and the man they used to take me to kept me locked up and wouldn't let me out until they decided."</i> (Exploiter [Mother], Client).</p>
4. Restraining (tying up, gagging, and keeping watch on)	<p>A5. (Aged 15). <i>"I was kept locked up and they kept watch on me. We only went out with him when he took us to meet clients and there were other girls there too."</i> (Exploiter).</p> <p>A13. (Aged 17). <i>"They kept a close eye on us at the bar and if you didn't do what they told you, they tied you up and kicked you in the stomach."</i> (Bar managers).</p>
5. Throwing objects	<p>A13. (Aged 17). <i>"Whenever I said I didn't want to do something, they would throw beer bottles or whatever was lying around at me so I wouldn't answer back."</i> (Exploiter).</p>
6. Kicking to induce miscarriage	<p>A3. (Aged 15). <i>"When I told Raúl that I was pregnant, he told the waiters to kick me and throw me down the stairs to make me miscarry."</i> (Bar managers).</p> <p>A13. (Aged 17). <i>"One time they punched me to make me miscarry."</i> (Bar managers).</p>
7. Burning with cigarettes (breasts/hands/body)	<p>A10. (Aged 19). <i>"She would burn my hands, arms, and breasts with her cigarette."</i> (Stepmother).</p> <p>A11. (Aged 17). <i>"She would hold the cigarette against my back, my legs, and my stomach."</i> (Stepmother).</p>
8. Hair/ear pulling	<p>A5. (Aged 15). <i>"My mom was always angry and would always pull my hair or tell me off for everything."</i> (Mother).</p>
9. Shaking, shoving and yanking	<p>A3. (Aged 15). <i>"When I didn't want to drink with the customers, Raúl's friend who was in charge of the bar told the waiters to hit me, and they would grab me by the arms and drag me up and down the stairs."</i> (Bar managers).</p> <p>A8. (Aged 10). <i>"My stepfather and my mom used to push and shove me and drag me by the hair."</i> (Mother, Stepfather).</p>
10. Beating with cables and sticks, whipping	<p>A10. (Aged 19). <i>"She always hit me with cables or sticks or slapped me anywhere on my body to get me to do what she wanted."</i> (Stepmother).</p>
11. Cutting eyelashes, sticking needles into hands	<p>A10. (Aged 19). <i>"She would stick needles in my hands and feet."</i> (Stepmother).</p> <p>A11. (Aged 17). <i>"She would cut my eyelashes with the scissors and prick my fingertips with a needle, one by one."</i> (Stepmother).</p>

The numerous cruel forms of physical violence described and framed as testimony within the eleven categories of violent acts committed against the trafficked girls demonstrate the escalation in the physical violence committed by the various perpetrators in their role as caregivers, traffickers or exploiters.

As can be seen, the perpetrators used physical force repeatedly—in multiple forms of violence—with the intention of oppressing and subjugating the victims in order to sexually exploit them. This physical abuse has produced a series of effects and injuries that have had an impact on the victims’ physical and mental health, as well as on their emotional and social development.

1.2 Psychological violence

Psychological violence is defined as the form of psychological maltreatment, mental abuse, verbal abuse and emotional neglect that is manifested as a persistent harmful interaction with the child. It takes the form of acts such as scaring, terrorizing and threatening; exploiting and corrupting; spurning and rejecting; isolating, ignoring and favoritism; insults, name-calling, humiliation, belittling, ridiculing and hurting a child’s feelings (UNICEF, 2019, 13). This can include, for example, making the child believe they are unwanted, unloved, worthless or in danger (WHO, 2009; PAHO, 2020).

In their testimony, the thirteen victims of trafficking interviewed in this study described the acts of psychological violence they experienced in different places at different times. The discourse analysis involved both a review of the literature and of the forms of psychological violence mentioned by the victims in their testimony, in order to then perform the descriptive analysis of the psychological violence shown in Table 3.3.



The psychological violence category comprises thirteen groups of acts of psychological violence reported by the interviewees.

The kinds of acts of psychological violence that show the verbal abuse and the manipulation and coercion perpetrated against the victims of trafficking were: 1) threatening to hit the victim or involve her sibling(s) in trafficking; 2) threatening the victim in order to stop her from reporting the trafficking; 3) scaring, striking fear in; 4) terrorizing; 5) denigrating and belittling; 6) hurting feelings; 7) humiliating; 8) ignoring; 9) insulting, name-calling; 10) intimidating/bullying; 11) isolating; 12) rejecting; and 13) making the victim believe she is unwanted, unloved, or worthless. These acts of psychological maltreatment had an impact on the mental health of the young girls.

According to the victims’ testimony, the perpetrators of psychological violence included: 1) the father, 2) the mother, 3) the stepfather, 4) the stepmother, 5) the exploiter or trafficker, and 6) the “client.”

In terms of their relationship to the victim, the first four of these aggressors belonged to the girls’ immediate social support network; people they could expect to look upon as family and who they could turn to for protection and to attend to their physical, psychological, affective, and emotional needs. Instead, they found a family environment in which what developed was the psychological violence the victims experienced persistently in their own homes. The last two of the aggressors mentioned used psychological violence in the form of verbal abuse and coercion to intimidate, threaten, and psychologically control the trafficked victims at the locations where the sexual exploitation took place (hotels, bars, and the trafficker’s or “client’s” home).

TABLE 3.3 Acts of psychological violence committed against the victims, by perpetrator

Act of psychological violence	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
1. Threatening to hit the victim or involve her sibling(s) in trafficking	Exploiter	Exploiter	Bar managers		Bar managers	Exploiter	Exploiter		Exploiter	Stepmother	Stepmother	Exploiter	Exploiter
2. Threatening the victim in order to stop her from reporting the trafficking	Mother (exploiter)	Father	Stepfather	Father	Bar managers	Mother (exploiter)	Exploiter	Mother (exploiter)	Exploiter	Stepmother	Stepmother	Exploiter	Bar managers
3. Scaring, striking fear in	Exploiter	Exploiter	Bar managers		Exploiter	Exploiter		Mother (exploiter)	Exploiter	Stepmother	Stepmother	Exploiter	Exploiter
4. Terrorizing					Exploiter					Stepmother	Stepmother		Bar managers
5. Denigrating and belittling	Father	Father	Bar managers		Bar managers	Client	Father	Mother (exploiter)	Mother (exploiter)	Stepmother	Stepmother	Mother (exploiter)	Bar managers
6. Hurting feelings	Father	Father	Mother (exploiter)		Mother (exploiter)	Client	Father	Mother (exploiter)	Mother (exploiter)	Stepmother	Stepmother	Mother (exploiter)	Mother (exploiter)
7. Humiliating	Mother (exploiter)	Father	Mother (exploiter)		Mother (exploiter)	Client	Father	Mother (exploiter)	Mother (exploiter)	Client	Client		Mother (exploiter)
8. Ignoring	Mother (exploiter)	Father		Father	Mother (exploiter)			Mother (exploiter)	Mother (exploiter)				
9. Insulting, name-calling (cursing)	Mother (exploiter)	Father	Client		Client	Client	Client		Client	Stepmother	Stepmother	Exploiter	Client
10. Intimidating/Bullying	Exploiter	Exploiter			Exploiter	Exploiter	Exploiter	Mother (exploiter)	Exploiter	Stepmother	Stepmother	Exploiter	Exploiter
11. Isolating	Exploiter	Exploiter	Bar managers	Father	Exploiter	Exploiter	Exploiter		Exploiter	Stepmother	Stepmother	Exploiter	Bar managers
12. Rejecting	Mother (exploiter)		Mother (exploiter)			Mother (exploiter)	Father	Mother (exploiter)		Stepmother	Stepmother		Mother (exploiter)
13. Making the victim believe she is unwanted, unloved or worthless	Mother (exploiter)		Mother (exploiter)	Mother (exploiter)	Mother (exploiter)	Mother (exploiter)	Father	Father	Mother (exploiter)	Stepmother	Stepmother		Mother (exploiter)

■ Father ■ Mother (exploiter) ■ Stepfather ■ Stepmother ■ Bar managers
■ Exploiter (father, mother, stepfather, stepmother, godfather, aunt(s), boyfriend, female friend) ■ Client (neighbor, friend(s) of mother, friend(s) of father, friend(s) of stepmother, friend(s) of stepfather)

The “traffickers” committed acts of psychological violence in the form of threats, belittling, isolation, and bullying in order to subjugate, coerce, manipulate, and control the trafficked individuals.

The victims’ testimony (see Table 3.4) shows the increase in both the number of violent acts committed against each of the thirteen victims of trafficking with impunity and in the numerous different forms the psychological violence committed by the perpetrator(s) took.

The traffickers carried out acts of psychological violence for different reasons and in diverse forms, including: a) using manipulative tactics to control and subjugate victims through threats of corporal punishment; b) keeping them isolated from their family or community to stop them from speaking out, and c) controlling them through fear or the threat of harming or involving their younger sibling(s) in trafficking. These are the different manifestations of psychological violence described in the victims’ testimony.

The forms of violence experienced and described in the victims’ testimony were identified and divided into thirteen categories of extreme acts of psychological violence committed by the various perpetrators constantly to oppress and wear down the defenses of the trafficked victims and which, as a result, affected their mental health. The age of the victim and the category of perpetrator of the specific violent act or the participants in the trafficking are shown beside each victim comment.

TABLE 3.4 Acts of psychological violence committed against the victims of trafficking as described in their testimony

Violent act	Testimony
1. Threatening to hit the victim or involve her sibling(s) in trafficking	<p>A2. (Aged 11). <i>“The man my dad used to take me to would say that if I didn’t let him, he would beat me because he had already paid my dad.”</i> (Exploiter/Client).</p> <p>A10. (Aged 19). <i>“My stepmother used to say that if I didn’t want to go upstairs with the policeman (Client), then she would send my sister.”</i> (Exploiter/Stepmother).</p>
2. Threatening the victim in order to stop her from reporting the trafficking	<p>A1. (Aged 14). <i>“My mom told me that if anyone asked me if my godfather’s son had done anything to me, I was to say no.”</i> (Mother/Exploiter).</p> <p>A5. (Aged 15). <i>“The man who worked at the bar told me that if I said anything, he would kill me and my whole family.”</i> (Exploiter).</p>
3. Scaring, striking fear in	<p>A3. (Aged 15). <i>“I was more afraid of my stepfather, because he would take it out on me at home.”</i> (Exploiter/Stepfather).</p> <p>A8. (Aged 10). <i>“I used to get really scared whenever my mom took me to see the man.”</i> (Exploiter/Mother).</p>
4. Terrorizing	<p>A5. (Aged 15). <i>“I was really afraid that the guy who was like the bar manager would kill me.”</i> (Exploiter).</p> <p>A10. (Aged 19). <i>“I was terrified of my stepmother because she would take things out on me and my sister.”</i> (Exploiter/Stepmother).</p>
5. Denigrating/belittling	<p>A3. (Aged 15). <i>“The bar managers don’t care; they just tell you to go with one guy and to have a drink with another because ‘He already paid me, and that’s what you’re here for.’”</i> (Bar managers).</p> <p>A5. (Aged 15). <i>“The bar managers would always say, ‘You do as you’re told here because that’s what you’re here for. Oh, like you don’t like it...’”</i> (Bar managers).</p>
6. Hurting feelings	<p>A3. (Aged 15). <i>“My mom used to tell me I was a whore.”</i> (Exploiter/Mother).</p> <p>A11. (Aged 17). <i>“Whenever she got angry, she would call me a slut.”</i> (Exploiter/Stepmother).</p>
7. Humiliating	<p>A3. (Aged 15). <i>“The clients call you rude names and ask why you’re there if you don’t want to be.”</i> (Client).</p> <p>A13. (Aged 17). <i>“My mom used to call me a bitch, a loser, an asshole.”</i> (Mother).</p>
8. Ignoring	<p>A2. (Aged 11). <i>“My dad never even looked at me or paid me any attention.”</i> (Father/Exploiter).</p>
9. Insulting, name-calling (cursing)	<p>A3. (Aged 15). <i>“The clients then call you a tramp, a drunk, and cuss you out.”</i> (Client).</p> <p>A12. (Aged 15). <i>“My boyfriend used to swear at me, because I had to go with his friends as he’d already been given money.”</i> (Exploiter/Boyfriend).</p>

10. Intimidating/Bullying	<p>A2. (Aged 11). <i>"When I said anything about what they were doing at the house, it would be my dad that got the worst of it."</i> (Exploiter/Client).</p> <p>A8. (Aged 10). <i>"My mom used to tell me that if I said anything, they would take her away."</i> (Mother/Exploiter).</p>
11. Isolating	<p>A2. (Aged 11). <i>"My dad would never let me go out and I would only get to go out in the evenings when he took me to see the man."</i> (Father).</p> <p>A4. (Aged 13). <i>"My dad never let me leave the room or talk to anyone. I was kept locked up at home and only ever went out with him."</i> (Father).</p>
12. Rejecting	<p>A3. (Aged 15). <i>"Whenever I would try to get close to my mother, she would ask me what I wanted and tell me to get away from her. She was always high and drunk."</i> (Mother).</p>
13. Making the victim believe she is unwanted, unloved or worthless	<p>A3. (Aged 15). <i>"My mom used to say that the only thing I had ever done was ruin her life and that she wished she'd never had me."</i> (Mother/Exploiter).</p> <p>A11. (Aged 17). <i>"She never loved us and would say as much but I didn't even care anymore. I hated her too."</i> (Stepmother/Exploiter).</p>

The numerous harmful forms of psychological violence described and framed as testimony in the thirteen categories of violent acts committed against the victims of trafficking demonstrate the escalation in the psychological and emotional violence committed by the various perpetrators against their victims in their role as caregivers, traffickers or exploiters.

As can be seen, the perpetrators used threats, belittlement, isolation, and bullying on a regular basis—through numerous manifestations of violence—with the intention of coercing and manipulating the victims into being trafficked for sexual exploitation. This psychological abuse has impacted and harmed both the mental health of the victims and their emotional and social development.

1.3 Child sexual abuse

Child sexual abuse is the involvement of a minor in sexual activities that he or she does not fully understand, cannot consent to or is not sufficiently developed to engage in, or that contravene laws or social norms. Children may be subjected to diverse types of sexual abuse by adults or by other children who, due to their age or stage of development, find themselves in a position of responsibility, trust or power relative to their victim. In sexual abuse, there is an intent on the part of the perpetrator or a third party to satisfy their own needs, and even to assert power over the child (WHO, 2009; WHO, 2003; AMS, 2016; UNICEF, 2019).

Among the different types of child sexual abuse, the WHO lists the following: a) non-contact sexual abuse (e.g. threats of sexual abuse, verbal sexual harassment, indecent exposure, exposing the child to pornography); b) contact sexual abuse involving sexual intercourse, including the use of physical force to perform a sexual act involving the vagina, anus or mouth, and c) contact sexual abuse excluding sexual intercourse but involving other acts such as fondling and inappropriate touching (WHO, 2003; WHO, 2017).



In their testimony, the thirteen victims of trafficking interviewed in this study described the acts of sexual violence they experienced in different places at different times. The discourse analysis involved both a review of the literature and of the forms of sexual violence mentioned by the victims in their testimony, in order to then perform the descriptive analysis of the sexual violence shown in Table 3.5.

The sexual violence category comprises ten groups of acts of sexual violence reported by the interviewees.

The kinds of acts of sexual violence committed against the victims of trafficking include: 1) sexual abuse prior to being trafficked; 2) rape; 3) sexual exploitation for trafficking purposes; 4) exposure to pornography or sexting; 5) indecent exposure; 6) fondling or inappropriate touching; 7) forcing victims to witness others engaging in sexual acts; 8) inducing, coercing or permitting engagement in sexual acts with the perpetrator; 9) pressuring or bullying into engaging in sexual activity involving bodily contact between the victim and the perpetrator, and 10) coercing to perform a sexual act involving the vagina, anus or mouth. These acts of abuse had an impact on the physical, mental, and sexual health of the young girls.

According to the victims’ testimony, the two perpetrators of sexual violence were the traffickers and the “clients.” However, it is important to note that the people responsible for trafficking them for sexual exploitation (i.e., the traffickers) were, in the majority of cases: 1) the father, 2) the mother, 3) the stepfather, and 4) the stepmother.

In terms of their relationship to the victim, the traffickers were people who supposedly formed part of the girls’ immediate social support network; people who they believed would provide them with protection, affection, trust, and security, their being part of their family. However, it was precisely within this family setting that the violence perpetrated by the trafficker in his/her role as exploiter began. As a result, the victims experienced forms of sexual violence that included: (a) inducing, coercing or permitting engagement in sexual acts with the perpetrator; (b) sexual exploitation for the purpose of trafficking, and (c) forcing victims to witness others engaging in sexual acts.

As for their degree of relationship to the “client,” the victims reported that the perpetrators were male and either a neighbor, friend or acquaintance of the mother or father, or a friend or acquaintance of the stepmother or stepfather; in other words, someone close either to the victim or to his or her immediate social circle, which is consistent with the literature. (Acuña, 2014). The “client” used physical and psychological violence to subjugate and control the victims of trafficking, and committed diverse acts of sexual violence, as shown in Table 3.5. The places where the trafficking for the purpose of sexual exploitation took place included hotels, bars or the home of the “client,” behind closed doors and in conditions of impunity.

The victims’ testimony shows the increase in both the number of violent acts committed against each of the thirteen victims of trafficking with impunity and in the many and varied forms the sexual violence inflicted by the traffickers and “clients” took.

The “traffickers” and “clients” committed shocking and reprehensible acts of sexual violence on a constant and extreme basis to subjugate and oppress the trafficked victims, whose physical, mental and sexual health were affected as a result.

TABLE 3.5 Acts of sexual violence against victims, by perpetrator

Act of sexual violence	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
1. Sexual abuse prior to being trafficked	Godfather's son	Father	Stepfather's son	Cous-in								Boyfriend	
2. Rape	Orange, Yellow	Orange, Blue	Green		Yellow	Yellow	Orange	Yellow	Orange	Orange	Orange	Orange	Blue, Yellow
3. Sexual exploitation for trafficking purposes	Pink, Orange	Blue, Yellow	Green, Blue		Blue, Orange	Pink	Orange	Pink	Orange	Green	Green	Orange	Blue, Orange
4. Exposure to pornography or sexting									Orange	Yellow	Yellow	Orange	
5. Indecent exposure								Pink	Yellow	Yellow	Yellow		

Actos de violencia sexual	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
6. Fondling and inappropriate touching	Exploiter	Father	Exploiter		Exploiter	Client	Client	Exploiter	Client	Client	Client	Exploiter	Client
7. Forcing victims to witness others engaging in sexual acts						Client		Exploiter		Client	Client		
8. Inducing, coercing or permitting engagement in sexual acts with the perpetrator	Exploiter	Father	Exploiter		Exploiter	Exploiter	Exploiter	Exploiter	Exploiter	Stepmother	Stepmother	Exploiter	Bar managers
9. Pressuring or bullying into engaging in sexual activity involving bodily contact between the victim and the perpetrator	Exploiter	Father	Bar managers		Exploiter	Exploiter	Exploiter	Exploiter	Exploiter	Stepmother	Stepmother	Exploiter	Bar managers
10. Coercing to perform a sexual act involving the vagina, anus or mouth	Client	Father	Client		Client	Client	Client	Client	Client	Client	Client		Client

■ Father ■ Mother (exploiter) ■ Stepfather ■ Stepmother ■ Bar managers
■ Exploiter (father, mother, stepfather, stepmother, godfather, aunt(s), boyfriend, female friend) ■ Client (neighbor, friend(s) of mother, friend(s) of father, friend(s) of stepmother, friend(s) of stepfather)

The forms of violence experienced and described in the victims’ testimony were identified and divided into ten categories of extreme acts of sexual violence committed by the various traffickers and “clients” constantly to subjugate and oppress the victims of trafficking and which, as a result, affected their mental health. The age of the victim and the category of perpetrator of the specific violent act are shown beside each victim comment (see Table 3.6).

We have not included any accounts of acts of sexual violence of types 5, 6 or 10 in order to protect the dignity and integrity of the interviewees.

TABLE 3.6 Acts and manifestations of sexual violence committed against the victims of trafficking as described in their testimony

Violent act	Testimony
1. Sexual abuse prior to being trafficked	<p>A1. (Aged 14). “It was one of my godfather’s neighbors, who used to touch me when I was about 7 years old.” (Neighbor)</p> <p>A2. (Aged 11). “My dad used to touch my privates, though it’s hard for me to believe because he really loved me.” (Father/Exploiter).</p>
2. Rape	<p>A1. (Aged 14). “My godfather’s son raped me and covered my mouth so that I couldn’t scream. It happened lots of times.” (Client)</p> <p>A3. (Aged 15). “My stepfather raped me and then took me to the guys at the bar for them to rape me too.” (Stepfather/Exploiter)</p>
3. Sexual exploitation for trafficking purposes	<p>A3. (Aged 15). “The bar managers would charge customers for the services I performed and my stepfather would get a cut.” (Stepfather/Exploiter)</p> <p>A12. (Aged 15). “My boyfriend charged his friends and left me with them.” (Exploiter/Boyfriend).</p>

4. Exposure to pornography or sexting	<p>A12. (Aged 15). <i>"My boyfriend would keep asking me to send him nude selfies."</i> (Exploiter/Boyfriend).</p> <p>A11. (Aged 17). <i>"The policeman wanted me to do the same thing they did in the movies on the computer."</i> (Client).</p>
7. Forcing victims to witness others engaging in sexual acts	<p>A8. (Aged 10). <i>"I saw how my mom would sleep with the man she used to take me to."</i> (Client/Exploiter).</p>
8. Inducing, coercing or permitting engagement in sexual acts with the perpetrator	<p>A2. (Aged 11). <i>"My dad arranged with the guy (Client) for me to be taken there at night, and he knew that other men would be there too. He'd wait for me outside."</i> (Father/Exploiter).</p> <p>A5. (Aged 15). <i>"It was one of my friends, who was 11 years old, who took me to the aunts so they could take me to the bars."</i> (Exploiters).</p>
9. Pressuring or bullying into engaging in sexual activity involving bodily contact between the victim and the perpetrator	<p>A7. (Aged 15). <i>"My friend forced me to go to the bar with her."</i> ("Friend/Exploiter").</p> <p>A8. (Aged 10). <i>"My mom would take me to the man (Client) and force me to be with him."</i> (Exploiter/Client).</p>

These harmful, shocking, and repugnant manifestations of sexual violence described in the victims' testimony can be divided into ten categories of violent acts committed against them to demonstrate the spiral of violence the perpetrators—i.e., the traffickers and "clients"—inflicted on the victims of trafficking for sexual exploitation.

As can be seen, the traffickers and "clients" committed repeated acts of sexual violence—as well as physical and mental abuse—with the intention of coercing and forcing the victims into being trafficked for sexual exploitation. This physical, psychological, and sexual abuse has impacted and harmed the physical, sexual, and mental health of the victims, as well as their emotional and social development.

1.4 Neglect

Neglect is an act of omission that consists of a failure to meet the basic physical, psychological, affective, and emotional needs of a child—when it is within a person's capacity to do so—or a failure to protect the child from harm or potential harm (Fortson et al., 2016; CDC, 2019). It is the failure to meet both the basic needs of the child in the various areas of his or her life and to protect him or her from danger when those responsible for the child's care are in a position and have the resources and knowledge to do so (UNICEF, 2019, 13).

Neglect can be understood as the inability or refusal of a parent or caregiver to protect a child from actual or potential harm, or to meet basic physical, psychological, and social needs in different aspects of a child's life, including their physical and mental health, emotional development, nutrition, education, and home life. It takes the form of acts such as physical, emotional or educational neglect; inadequate or non-existent supervision; and exposure to risk or violent environments (Azaola, 2000; CDC, 2019; Fortson et al., 2016). Some of these acts of neglect are described below:



- When a child is denied or prevented from accessing the education they require for them to fully develop.
- When a child is ignored or deprived of the care and emotional support they require for them to fully develop.

- When a caregiver fails to provide safe living conditions in which a child is not exposed to unnecessary risks; or when the caregiver fails to provide adequate supervision.
- When a caregiver intentionally fails to take measures to protect a child from violence in the home or community (Fortson et al., 2016; Leeb et al., 2008; CDC, 2019).
- When the whereabouts of the parents is unknown or the child or children have been left alone in circumstances in which they have suffered harm.
- When a caregiver neglects the nutrition and hygiene of a child.
- When a caregiver fails to provide a safe home for a child because the housing is unstable, inappropriate or unsafe.

In their testimony, the thirteen victims of trafficking interviewed in this study described the acts of neglect they experienced in different places at different times. The discourse analysis involved both a review of the literature and of the forms of neglect mentioned by the victims in their testimony, in order to then perform the descriptive analysis of the neglect shown in Table 3.7.

The neglect category comprises thirteen groups of acts of neglect reported by the interviewees.

The kinds of acts of neglect experienced by the victims of trafficking include: 1) physical abandonment by father or mother; 2) nutritional neglect and neglect of the hygiene of a child; 3) unsafe, unstable, and inappropriate housing (car, hotel, trafficking site); 4) throwing out of the home; 5) denying access to education; 6) causing absenteeism or withdrawal from school; 7) inability to satisfy affective needs; 8) inadequate supervision; 9) assigning adult responsibilities and roles; 10) exposure to domestic violence (witness); 11) exposure to health or safety risks for trafficking purposes (exploiter); 12) exposure to alcohol or drug use by exploiter, and 13) exposure to trafficking (failure to protect against harm to physical and mental health). These acts of neglect affected the physical and mental health of the victims, as well as their dignity, and impaired their development.

According to the victims' testimony, the perpetrators of acts of neglect included: 1) the father, 2) the mother, 3) the stepfather, and 4) the stepmother.

In terms of their relationship to the victim, these four perpetrators of acts of neglect supposedly belonged to the girls' immediate social support network and, therefore, should have met their physical, psychological and affective needs, and protected them from any harm or potential harm. However, all they actually experienced in their "family environment" was neglect on the part of their caregivers, either through commission or omission. In this way, the victims were denied their basic needs and were exposed to a variety of risky and dangerous situations that caused them physical, psychological, sexual, and social harm.

The victims' testimony shows the increase in the number of acts of neglect committed against each of the thirteen victims of trafficking behind closed doors and in the many and varied forms the neglect inflicted by one or more perpetrators took.

The acts of neglect committed by the child's father, mother, stepfather or stepmother in their role as caregivers left the victims unprotected and exposed them to the risk of being trafficked.

TABLE 3.7 Acts of neglect against victims by caregivers either through commission or omission

Act of neglect	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
1. Physical abandonment by father or mother	■ ■	■	■	■	■ ■	■ ■	■ ■	■		■	■	■	
2. Nutritional neglect and neglect of the hygiene of a child	■	■	■	■	■	■	■	■		■	■		■
3. Unsafe, unstable, and inappropriate housing (car, hotel, trafficking site)	■			■	■		■	■					■
4. Throwing out of the home							■			■	■		
5. Denying access to education				■									
6. Causing absenteeism or withdrawal from school	■	■	■		■	■	■	■	■	■	■		■
7. Inability to satisfy affective needs	■	■	■	■	■	■	■	■	■	■	■	■	■
8. Inadequate supervision	■				■		■					■	
9. Assigning adult responsibilities and roles			■	■					■	■	■	■	■
10. Exposure to domestic violence (witness)										■	■		
11. Exposure to health or safety risks for trafficking purposes (exploiter)	■	■	■		■	■	■		■	■	■	■	■
12. Exposure to alcohol or drug use by exploiter	■		■		■	■	■	■	■			■	■
13. Exposure to trafficking (failure to protect against harm to physical and mental health)	■	■	■		■	■	■	■	■	■	■	■	■

■ Father ■ Mother (exploiter) ■ Stepfather ■ Stepmother ■ Bar managers
■ Exploiter (father, mother, stepfather, stepmother, godfather, aunt(s), boyfriend, female friend) ■ Client (neighbor, friend(s) of mother, friend(s) of father, friend(s) of stepmother, friend(s) of stepfather)

The forms of neglect experienced and described in the victims’ testimony were identified and divided into thirteen categories of extreme acts of neglect committed by their “caregivers” for different reasons until they eventually wore down the defenses of the victims and, as a result, affected their mental health. The age of the victim and the category of “caregiver” are shown beside each victim comment.

TABLE 3.8 Acts of neglect committed against the victims of trafficking as described in their testimony

Act of neglect	Testimony
1. Physical abandonment by father or mother	A10. (Aged 19). <i>"My mom left us. She went away and we never heard from her again. After that, my dad spent all day drinking."</i> (Mother) A11. (Aged 17). <i>"My dad went to work abroad and left us with my stepmother."</i> (Father)
2. Nutritional neglect and neglect of the hygiene of a child	A4. (Aged 13). <i>"We didn't have much money for food. My sister was given away because we couldn't afford to keep her."</i> (Father) A13. (Aged 17). <i>"The truth is, my mom didn't care if we ate or not. She couldn't care less."</i> (Mother).
3. Unsafe and inappropriate housing (car, hotel, trafficking site)	A1. (Aged 14). <i>"We lived in one of the rooms my godfather rented out. We had a bed, a nightstand, and we shared a bathroom with the other tenants on the first floor."</i> (Mother/Exploiter) A4. (Aged 13). <i>"Sometimes my dad and I would spend all day in the car while my mom was working [as a prostitute]."</i> (Father).
4. Throwing out of the home	A7. (Aged 15). <i>"When my dad was drunk, he'd always throw me out of the house. But then I came to the city because I thought he was going to sell me at any moment; that happens quite often there."</i> (Father).
5. Denying access to education	A4. (Aged 13). <i>"I never went to school because my parents lost my documents and so they couldn't enroll me."</i> (Father/Mother) A7. (Aged 15). <i>"I never went to school; it was too far away and it was a long walk."</i>
6. Causing absenteeism or withdrawal from school	A1. (Aged 14). <i>"My mother didn't take much notice of how I was doing at school. Sometimes she would send me and sometimes she wouldn't. I only studied up to fourth grade of elementary school."</i> (Mother/Exploiter) A11. (Aged 17). <i>"When we went to live with my dad and my stepmother, I stopped going to school. She didn't make me go or anything. I never got beyond fifth grade."</i> (Father, Stepmother/Exploiter)
7. Inability to satisfy affective needs	A1. (Aged 14). <i>"I'm mad at my mom because she didn't take care of me and never did anything."</i> (Mother/Exploiter) A3. (Aged 15). <i>"My mom was always on drugs. It was like she wasn't even there."</i> (Mother).
8. Inadequate supervision	A1. (Aged 14). <i>"I used to talk to all the boys in our neighborhood. They were about 24 or 25 years old and I was 7. My mom used to leave us on our own, so she never knew what was going on."</i> (Mother/Exploiter) A12. (Aged 15). <i>"I was 13 and my mom didn't know how old my boyfriend was (22)."</i> (Mother).
9. Assigning adult responsibilities and roles	A4. (Aged 13). <i>"I used to clean the house and do the cooking because my dad would take my mom to work."</i> (Father). A3. (Aged 15). <i>"I took care of my brothers and sisters, though they weren't my mom's children, they were her partner's, but she never took any interest in them."</i> (Mother).
10. Exposure to domestic violence (Witness)	A10. (Aged 19). <i>"My stepmother used to fight with my dad a lot and they would hit each other while we looked on."</i> (Stepmother/Exploiter) A11. (Aged 17). <i>"My dad didn't even realize we could hear everything when they were arguing. I used to cover my ears."</i> (Father)
11. Exposure to health or safety risks for trafficking purposes (Exploiter)	A6. (Aged 15). <i>"My baby girl was 18 days old and my mother wanted me to have sex with a man, but I didn't want to. She never took me to get seen by a doctor."</i> (Mother/Exploiter) A9. (Aged 15). <i>"The people who took care of us and took us to the clients never cared if we were all right. Sometimes they didn't give us anything to eat and they never took us for medical check-ups."</i> (Exploiter)

<p>12. Exposure to alcohol or drug use by exploiter</p>	<p>A1. (Aged 14). <i>“My godfather’s son used to give me something to drink; I don’t remember what it was, but it made me sleepy.”</i> (Client/Godfather’s son) A5. (Aged 15). <i>“I used to drink beer and tequila with the clients and they gave me cocaine that the bar manager sold.”</i> (Exploiter/Bar managers)</p>
<p>13. Exposure to trafficking (failure to protect against harm to physical and mental health)</p>	<p>A3. (Aged 15). <i>“My mom was always high and my stepfather took advantage of that to take me to work at the bar.”</i> (Stepfather/Exploiter) A11. (Aged 17). <i>“My dad drank a lot and then he went to the US, so my stepmother started sending me to the policeman (Client) to make some money.”</i> (Stepmother and Father/Exploiter).</p>

These numerous horrific forms of neglect described and framed as testimony in the thirteen categories of acts of neglect committed repeatedly either through commission or omission against the victims of trafficking demonstrate the escalation in the acts of neglect committed by the father, mother, stepfather and/or stepmother in their role as caregivers, putting them at risk and in danger with the intention of manipulating and coercing the victims into being trafficked for sexual exploitation.

As can be seen, some of the trafficking “caretakers” took advantage of the father’s or mother’s abandonment or their lack of supervision to involve the victims in trafficking, while others used neglect to deny their victims an education and keep them isolated. Moreover, by involving the victims in trafficking for sexual exploitation, the “caregivers” failed to protect them and instead put their safety and physical, mental, and sexual health at risk.

In sum, the various types of physical, psychological, and sexual violence and of violence in the form of acts of neglect experienced by the victims of trafficking had a series of harmful effects, the consequences of which impacted not only the physical, mental, and sexual health of the adolescent girls, but also their emotional and social development.

The effects of the acts of physical, psychological, and sexual violence and acts of neglect experienced by the victims of trafficking impact the physical, reproductive, sexual, and mental health of the adolescent girls, as well as their emotional and social development.

2. Psychosocial consequences of the violence experienced by the victims of trafficking

Child maltreatment has adverse consequences for both the physical and mental health of the victims throughout their lives and for their social development, as these can go beyond just cuts and bruises, and instead manifest themselves as serious cases of harm to their health and their physical and mental development. Such maltreatment is also associated with reproductive health risk behaviors, alcohol and other drug use, and suicidal behavior, and also limits the victims’ potential to fully develop (Azaola, 2000; WHO, 2009; WHO, 2020).

The impact of the various types of violence experienced by the victims of trafficking—whether physical, psychological or sexual or in the form of neglect—has had severe repercussions on their health and physical, mental, emotional, and social development, for which reason they require and indeed deserve comprehensive and specialized care.



2.1 Consequences for physical health

Exposure to violence at an early age can impair brain development and affect other parts of the nervous system, as well as the endocrine, circulatory, respiratory, immune, musculoskeletal, and reproductive systems (vaginal or anal tearing or bleeding), with lifelong implications. Moreover, it can increase the risk of chronic diseases such as various types of cancer or diabetes, among others (WHO, 2020).

Most of the ailments and injuries that victims of trafficking for sexual exploitation present (e.g., bruises, burns, fractures, wounds, scars, and genital injuries) are the result of the types of physical and/or sexual violence to which they have been subjected. Unprotected sex can also result in the spread of a range of sexually transmitted infections (STIs), including HIV, as well as in unwanted pregnancies. Furthermore, the implications for their reproductive health are many, including the following: a) the negative repercussions on their future sex life of sexual initiation at a very early age; b) early or at-risk pregnancies resulting in higher maternal and infant mortality, and c) complications arising from unsafe abortions that put their lives at risk (IOM, 2007; IOM, 2009; Acuña, 2014; WHO 2017; WHO, 2020).

In this regard, McQuaid notes that survivors “may be dealing with HIV infections, experience gynaecological issues, succumb to substance and alcohol abuse, and suffer the prolonged effects of physical injury” (McQuaid, 2020, 37).

2.2 Consequences for mental health

The mental health consequences of trafficking for sexual exploitation can be devastating in terms of the psychological functioning of the victims, who can typically present:

- Feelings of guilt, shame, hopelessness, low self-esteem, and stigmatization, as well as anxiety, distress, depression, and sleep and eating problems, in addition to distrust, fear, hostility, helplessness, insecurity, and aggressiveness towards others.
- Rebellious behaviors—as a defense mechanism used by victims—aimed at diminishing the emotional effects of the violence experienced.
- Problems with interpersonal relationships due to the fact that the victim’s emotional stability is compromised, switching between affection and aggression, trust and distrust, loyalty and betrayal, and between submissiveness and rebelliousness.
- Tendency to reproduce the violence, given that having been exposed to various types of violence may constitute a risk factor for their becoming perpetrators of the same.
- Increased lifetime risk of mental illnesses such as depression, anxiety disorders, eating disorders, sleep disorders, and posttraumatic stress disorder (PTSD), as well as high-risk behaviors such as alcohol, tobacco and drug use, unsafe sexual practices, self-injury, and suicidal behavior (WHO, 2003; Levine and Schumacher, 2017; McQuaid, 2020, Finkelhor et al., 2007; IOM, 2009; Acuña, 2014; Cantón and Cortés, 2015; WHO, 2017, 2020).



2.3 Consequences of child sexual abuse

According to the WHO, the sexual abuse of children and adolescents has an impact on their physical health, their behavior, and their mental health. For girls and adolescent women, the consequences of sexual abuse on sexual and reproductive health include the risk of pregnancy, gynecological disorders, menstrual irregularities, dysmenorrhea, genital infections, and sexually transmitted infections (STIs)—including HIV—, sexual dysfunction, and hypersexuality. Similarly, sexual initiation at a very early age has negative repercussions on their future sex life (WHO, 2003; WHO, 2017).

The mental health consequences of child sexual abuse are also linked to low self-esteem, anger, dissociation, helplessness, stigmatization, self-injury, suicidal ideation and intent, depression, anxiety, posttraumatic stress disorder, eating disorders, sleep disorders, and externalizing disorders. Moreover, the victims are more likely to experience problems in their interpersonal relationships and to engage in other high-risk behaviors (Cantón, 2015; WHO 2017; UNICEF, 2019).

2.4 Social consequences

Trafficking children for sexual exploitation is an illegal activity in which various forms of violence are used to subjugate the victims. Such practices are unfortunately carried out behind closed doors and with impunity; while there may occasionally be witnesses at certain locations, generally, incidents of this kind are not reported. Consequently, neither the traffickers nor the “clients” experience any kind of rejection by society, nor do they face social censure or criminal conviction.

Victims of trafficking for sexual exploitation may present a range of social challenges, such as poor academic performance, running away from home, antisocial behavior, risky behaviors in adulthood —such as violence victimization, perpetration or reproduction of violence and even delinquency—, in addition to having to deal with stigmatization and discrimination, which negatively affects their family and their social integration (WHO, 2020; WHO, 2020).

Most victims of trafficking have experienced isolation as a means of subjugation and of maintaining the trafficker’s or exploiter’s control over them.

3. Psychosocial intervention strategies

According to the UN, the physical and mental health impact on victims of trafficking subjected to sexual exploitation makes them more vulnerable, putting them at greater risk of re-victimization and re-trafficking. Therefore, the protection and care provided to victims should focus on guaranteeing their safety, ability to act, empowerment, and long-term autonomy, through strategies that contribute to their social inclusion as survivors, as discussed in Chapter 2 (UN, 2019).

In this context, this section covers the provisions on the care and protection measures for victims of trafficking stipulated in both the Palermo Protocol and the General Act for the Prevention, Punishment, and Eradication of Crimes related to Trafficking in Persons and for the Protection and Care of Victims of Such Crimes.



Article 6.3 of the Palermo Protocol and Articles 68 and 69 of Mexico's General Act for the Prevention, Punishment, and Eradication of Trafficking in Persons and for the Protection and Care of Victims of Such Crimes set out the need to implement measures aimed at supporting the physical, psychological, and social recovery of victims of trafficking through the provision of accommodation (protection); medical, psychological, and material support; employment, education, and training opportunities; and counseling on the legal rights of trafficked persons (CNDH, 2019).

Based on both these regulatory instruments for the protection and care of victims and on a review of the relevant literature, the actions taken under the FCC's Model of Care have been structured around three main objectives of the psychosocial intervention: 1) restoring rights; 2) identifying mental health issues caused by the trafficking experience, and 3) self-empowerment (IOM, 2007; SEGOB, 2015; CNDH, 2019; UN, 2019). In this chapter, we explore the psychosocial strategies of the Model of Care developed by the FCC for victims of trafficking, based on the interviews with the adolescent girls.

3.1 Restoring rights

The restoration of victims' rights includes: a) the right to adequate care, protection, and security; b) the right to physical and emotional health care; c) the right to receive both legal advice and access to justice and protection during judicial proceedings, and d) the right to education, be it formal or non-formal. With respect to education, processes need to be put in place for enrolling the girls in formal and non-formal education systems, and for making sure they continue to attend, and they should also have the option to enroll in vocational courses or specific training, based on the needs and interests of the adolescent target group. Likewise, they should have the possibility to participate in recreational activities (e.g., cinema and games), artistic activities (e.g., music, theater), cultural activities (museums, exhibitions, and so on), and sporting activities (UN, 2019).

3.1.1 Right to adequate care, protection, and security

With respect to the right to adequate care, protection, and security, the FCC provides victims with both food and accommodation in a safe environment, which they receive at a shelter that is a closed-door facility that provides continuous and uninterrupted care and support services to female victims of trafficking who are at high risk or in imminent danger (SEGOB, 2015; CNDH, 2019).

The FCC provides support at the refuge with the help of a team of professionals made up of a lawyer, a social worker, a teacher, a psychologist, a manager, and two caregivers, whose training and experience allows them to take on the challenges of active and proactive participation in the FCC's Model of Care.

In relation to the right to receive legal advice, the lawyer provides permanent advice and support to the girls both with respect to their legal rights and in connection with any judicial proceedings they are involved in as a result of the trafficking.

According to the girls, since they first joined the FCC program, the care, protection, and security strategies provided under the Model have meant they have had a safe place to stay, food, clothing, legal advice, and daycare for their daughters (in the case of the two teenage mothers). This is reflected in their testimony and in their respective responses shown in Table 3.9 to the question: *How has the Model of Care helped you in terms of care and protection?*

Given that violence serves an instrumental purpose in trafficking as a means to sexually exploit the victims, effective interventions are needed to enable those trafficked to rebuild their lives, free from both exploitation and violence, be it physical, emotional or sexual.

TABLE 3.9 What has the Model of Care given you in terms of care and protection?

Support	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
A safe place to stay	X	X	X	X	X	X	X	X	X	X	X	X	X
Food	X	X	X	X	X	X	X	X	X	X	X	X	X
Clothing	X	X	X	X	X	X	X	X	X	X	X	X	X
Legal advice	X	X	X	X	X	X	X	X	X	X	X	X	X
Daycare						X	X						

Comments on the care, protection, and security provided.

- A4. *“They give me everything I need here; clothes and food.”*
- A6. *“We have everything here; a house and even childcare for my daughter.”*
- A7. *“The lawyer helps you because she explains what’s going to happen when they take you to testify.”*
- A8. *“I have food and a house.”*
- A9. *“The lawyer explains your whole process to you.”*
- A10. *“They give me everything here. If I hadn’t come here, I don’t know where I’d be.”*
- A11. *“The lawyer explains what happened to you and helps you understand it.”*
- A13. *“The lawyer reassures you when you go to testify.”*

With respect to the right to education, the formal and non-formal education for the adolescent girls is included under the heading of self-empowerment, in line with the recommendation of the UN.

3.2. Identifying mental health issues

Specialized professional assessment of the physical and mental health of the victims of trafficking for sexual exploitation is important in order to: a) identify any physical health problems and mental health impact; b) determine the required personal interventions, based on the individual characteristics of the victim and her diagnosis, so as to restore her physical and psychological wellbeing, and c) manage any corresponding referrals to specialized health services.

The strategies followed by the FCC for identifying physical and mental health issues focused on referring victims to different health services for their assessment and care.

Women who are trafficked for the purpose of sexual exploitation are subjected to physical, sexual, and psychological violence such that they are “acutely at risk for developing not just short-term physical ailments but also lasting mental illness that can profoundly alter their ability to navigate effectively in the social world.”
(McQuaid, 2020).

Table 3.10 shows the health service support strategies followed by the FCC based on the girls' responses to the following question: *What has the Model of Care given you in terms of health care?* Their responses indicate that most have received general medical, dental, psychological, and psychiatric care, and in specific cases, gynecological care, pediatric care, and specialized treatment for HIV.

TABLE 3.10. What has the Model of Care given you in terms of health care?

Physical and emotional health	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
General medical treatment	X	X	X	X	X	X	X	X	X	X	X	X	X
Gynecological care			X			X	X						
Pediatric care						X	X						
Specialized treatment (HIV)						X							
Dental treatment	X	X	X	X	X	X	X	X	X	X	X	X	X
Psychological treatment	X	X	X	X	X	X	X	X	X	X	X		X
Psychiatric treatment	X	X	X		X	X	X	X	X	X	X	X	X

Table 3.11 shows the psychiatric diagnoses of the thirteen victims as reported by the specialized services.

The mental health assessment of the thirteen victims of trafficking conducted by specialized care services and reported in Table 3.11 shows that the main psychiatric diagnoses were: depression, anxiety, aggressiveness, posttraumatic stress disorder (PTSD), significant cognitive delay, suicidal ideation and intent, and sleep disorders. This is consistent with the literature showing that trafficked persons have been found to have problems of depression, anxiety, aggressiveness or irritability, panic disorders, eating disorders, and PTSD, as well as feelings of guilt, shame, and insecurity and, in general, problems with making emotional connections. (WHO, 2017).

TABLE 3.11. Impact on the mental health of the victims of trafficking according to psychiatric services

Effect on mental health	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
Anxiety and anguish (fear, insecurity)		X	X	X	X	X	X	X		X	X	X	
Depression/moderate depressive episode	X	X		X		X	X	X	X	X	X	X	X
Dissocial personality disorder			X	X									
Self-injury (self-harm)			X									X	
Depersonalization			X										

Effect on mental health	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
Isolation (loneliness)				X	X		X			X	X		
Suicidal ideation and intent				X						X	X	X	X
Oppositional defiant disorder			X	X									
Insomnia, nightmares			X				X			X		X	X
Paranoia												X	
PTSD							X	X				X	
Aggression						X	X	X	X				
Nonorganic encopresis								X					
Stockholm syndrome							X			X	X		
Maladjustment					X				X	X		X	
Significant cognitive delay				X		X	X				X		
Helplessness							X			X	X	X	
Irritability, outbursts, anger, rage				X	X	X				X	X		
Impotence			X		X		X				X		
Low self-esteem							X	X				X	
Substance use			X		X		X	X	X			X	X

Diagnosing each of the victims was essential to the FCC’s strategies for the mental health support required in terms of both psychiatric services and psychotherapy. In general, psychosocial care seeks to mitigate the negative effects of the trafficking experience by facilitating the grieving process associated with the multiple losses sustained as a result of the experience and reducing any feelings of shame and guilt for not having reported the perpetrator. It also seeks to enable the person to move on from being a victim of trafficking to being a survivor, meaning someone who, after going through a healing process, moves beyond that stage in his or her story and, while not forgetting it, is able to resume her or his life unafraid, becoming an agent of change for him or herself and for his or her community (SEGOB, 2015).

3.3 Self-empowerment

The self-strengthening or self-empowerment process needs to be accessible, timely, reliable, and safe for victims of trafficking; it should also be administered by sensitized and trained personnel, and be tailored to the characteristics (e.g., gender, age, cultural background) and needs of the victim concerned. This process comprises the following: a) recovering power through actions focused on changing the perception of the victims that they lack control over their lives, which means gaining new knowledge and enhancing skills so they can take control of it; b) building a positive self-concept and self-image based on self-respect and the ability to make decisions; c) enhancing life skills, and d) developing a new life project or Life Plan (UN, 2019).

Victims of trafficking who have experienced an escalation of physical, psychological and sexual violence—with prolonged social isolation—require protection and psychosocial care in order to regain their self-esteem and physical and psychological integrity and achieve social inclusion.
(UN, 2019)

With regard to the self-empowerment of adolescents, the UN considers it to be very important:

1. To guarantee access to a formal and non-formal education system.
2. That they enjoy recreational activities (games), artistic activities (music, theater), cultural activities (museums, cinema, exhibitions), and sporting activities, which are all important as children generally need long-term psychological care and long-term guidance on interpersonal relationships based on mutual respect, non-violence, and gender roles.
3. To facilitate the construction of a new life project, based on options that will allow them to explore new paths and provide them with opportunities for personal and social empowerment, so as to enable the adolescent girls to see that there is always something they can do and become.

Based on the girls’ and young women’s testimony, the FCC’s strategies with regard to self-empowerment are reflected in the formal and non-formal educational opportunities and recreational activities available to them, in their perception of their having control over their lives, and in the hopes expressed in their new life project.

3.3.1 Right to formal and non-formal education

When they first arrived at the FCC, most of the victims of trafficking had completed only a few grades of elementary school and two had never attended school in their lives. Never having attended school or dropping out and not being in the school grade they should be according to their age were found to have had a physical, psychological, cognitive, and social impact on the victims. This loss or lag in learning also resulted in:

- Learning difficulties, due to the fact that the victims’ cognition, motor skills, and language were affected, depending on how old they were when they dropped out of school and the grade they were in. Table 3.12 shows which level of schooling the victims had reached when they arrived at the FCC.
- Lack of motivation among the adolescent girls, as well as frustration due to the limitations the victims had in these areas, which hampers their ability to learn and get an education.

TABLE 3.12 Learning loss/lag

Schooling	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
Grade before coming to the FCC	4 th grade of elementary school	2 nd grade of elementary school	5 th grade of elementary school	Never attended school	2 nd grade of elementary school	2 nd grade of middle school	Never attended school	2 nd grade of elementary school	3 rd grade of middle school	Elementary school	5 th grade of elementary school	2 nd grade of middle school	1 st semester of high school

Given this situation and in order to ensure there are processes in place for the victims to enroll and remain in formal, technical, alternative non-formal, and vocational education systems—taking into account their self-reported previously completed grades and assessments carried out by education institutions, as well as the girls’ and young women’s interests, needs, and abilities—, the FCC has set itself the task of seeking to enter into agreements, coordinate efforts, and take inter-institutional steps to find potential opportunities for the victims of trafficking to have access to educational options for academic studies and/or training. The ultimate aim of this is to help them access formal, technical, non-formal, and vocational education. In addition, there is a full-time teacher at the foundation who supports any educational activities the girls take part in.

According to the girls’ testimony, the strategies pursued by the FCC to promote their right to education have meant that they have received help with entering the formal and non-formal education system ever since they joined the program. This is reflected in their responses shown in Table 3.13 to the question: *How has the Model of Care helped you in terms of your education?*

The girls report that they have enjoyed formal education, because each of them got the chance to make up the gap in their education by enrolling in basic education, which allowed them to complete their elementary, middle, or high school studies in order to move on to vocational courses or college degrees, depending on their interests and needs, as shown Table 3.13.

TABLE 3.13 How has the Model of Care helped you in terms of education?

Effect on schooling	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
Elementary/middle/high school	X	X	X	X	X	X	X	X	X	X	X	X	X
Training		X			X				X	X	X	X	
College			X										X

The efforts of the FCC with respect to the right to education resulted in two of the victims—girls who had never been enrolled in school because their relatives had denied them access to basic education through acts of neglect—achieving the following:

- One managed to enter and complete elementary, middle, and high school, and gain a vocational qualification. She is currently pursuing a university degree.
- The other managed to start and complete her basic education and is currently studying a post-high school vocational course in garment design and manufacture.

Furthermore, coordinating with a variety of organizations made it possible to cater to the needs and interests of some of the other victims, who opted to pursue a post-high school vocational qualification in gastronomy, hairdressing/styling, garment design and manufacture, teaching assistantship, and food and beverage preparation.

TABLE 3.14 Grade before and after admission

Schooling	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
Grade before the FCC	4 th grade of elementary school	2 nd grade of elementary school	5 th grade of elementary school	Never attended school	2 nd grade of elementary school	2 nd grade of middle school	Never attended school	2 nd grade of elementary school	3 rd grade of middle school	Elementary school	5 th grade of elementary school	2 nd grade of middle school	1 st semester of high school
Grade at the FCC	2 nd grade of middle school	Vocational course in food and beverage preparation	College (Chemistry/Pharmacy/Biology) 1 st year	College	Completed middle school, vocational course in hairdressing and styling	Completed middle school (currently studying hairdressing/styling)	Elementary school, vocational course in garment design and manufacture	6 th grade of elementary school	Vocational high school	Vocational course in gastronomy	Vocational course to become a teaching assistant	High school	College (Sport Science)

Table 3.14 shows the path followed by the girls in accessing formal and vocational education, along with the results achieved by each.

Comments on formal and non-formal education

A2. *"The foundation has given me everything; school, entertainment. I want for nothing here, except to be with my brother."*

A7. *"They've given me everything here. I can study and my daughter is in daycare."*

A8. *"I go to school and I have food and a home."*

A8. *"The teacher helps you understand the classes."*

A9. *"They support you in everything. They take you to the doctor. If you don't like studying, they give you other things to do, like hair and makeup, cooking..."*

A10. *"The teacher helps you with school and gives you advice."*

A11. *"They provided me with a school here and taught me other things to help me get ahead."*

A11. *"The teacher really helps you a lot and checks you're OK."*

A12. *"I don't regret coming to the foundation because [if I hadn't] I wouldn't be studying right now."*

A12. *"The teacher gets you."*

A13. *"You can talk to the teacher about anything."*

The strategies followed by the FCC with regard to recreational and physical activities are reflected in the girls' testimony and in Table 3.15, which shows their responses to the question: *What has the Model of Care given you in terms of recreational and physical activities?*

TABLE 3.15 What has the Model of Care given you in terms of recreational and physical activities?

Activity	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
Recreational (arts and crafts, entertainment, movies, outings, theater)	X	X	X	X	X	X	X	X	X	X	X	X	X
Physical (swimming, dance, competitions, camps)	X	X	X		X	X	X	X	X	X	X	X	X

Comments on recreational activities

A1. *"I like it when they take us on outings or to the movies."*

A2. *"They've taken us to the movies, to the theater."*

A3. *"They've taken us to the movies and we also do arts and crafts."*

A4. *"They give me everything I need here and they also take us on outings."*

A5. *"They give us everything here: classes, outings... They teach you lots of stuff."*

3.3.2 Perception of control over one's life

To address the matter of the girls' self-empowerment, it was decided that it was important to explore the subjective approach to well-being, which emphasizes the individual perception and experience of the adolescent and their personal fulfillment, including finding meaning in life, having positive self-esteem, feeling happy, being optimistic, and experiencing a sense of personal growth (Ross et al., 2020).

With this in mind, the FCC considered it important to look at the changes in how the girls who have been impacted by the FCC's Model of Care perceived the amount of control they had over their lives and at how their future perspectives had changed.

The girls' testimony sheds light on the actions taken by the FCC to change how they perceive the control they have over their lives, as evidenced by their responses to the question: *How has the Model of Care helped you on a personal level and in terms of your emotional welfare?*

Comments on how the Model of Care has helped on a personal level and in terms of emotional welfare

- A1. *"Here they've given me the family I never had."*
- A2. *"They've taught me to love myself."*
- A2. *"The foundation gives you everything, with more privileges."*
- A3. *"They've taught me to dream and to believe that I can do whatever I want to do."*
- A5. *"They've helped me grow."*
- A6. *"They've taught me to see beyond what happened to me."*
- A8. *"They've taught me to be confident in believing that I can accomplish things."*
- A9. *"They've helped me to be confident in what I do."*
- A10. *"They've helped me to grow."*
- A11. *"They helped me understand what happened to me, which I had thought was normal."*
- A12. *"They helped me find meaning in my life."*
- A12. *"They helped me feel that I have value and worth."*
- A13. *"They helped me understand that what happened to me is not normal and that I have value and worth."*
- A13. *"They've supported me in what I want to do."*

The victims' testimony shows how they have grown in confidence, self-esteem, and self-assurance; they have found meaning in their lives and have hopes for the future.

3.3.3. Building a new life project or Life Plan

Girls who experience the FCC Model of Care as survivors have the opportunity to draw up a life plan based on options and opportunities that will allow them to explore new paths or alternatives that will lead to a healthier state of well-being and help them get an idea of what they are capable of and who they can become.

The strategies followed by the FCC to help them build a new life project and envision their hopes for when they leave the foundation are reflected in Table 3.16, which shows their responses to the question: *What are your hopes for when you leave the foundation?*

Violence against young and adolescent girls is preventable, which is why timely psychosocial interventions are required in a variety of contexts, especially in places where the violence is perpetrated behind closed doors and in conditions of impunity.

First, they have identified four goals that can help them make a change in their lives: to get a degree or vocational qualification; to get a decent job; to have a house, and to become independent. It is very important for them to have these as a starting point for their life ahead, as they point the way to the societal goals generally envisaged for young people (Fuentes et al., 2020).

TABLE 3.16 What are your hopes for when you leave the foundation?

Hope	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13
To get a degree	X		X	X	X	X	X	X	X	X	X	X	X
To get a job	X	X	X	X	X	X	X	X	X	X	X	X	X
To have my own home	X	X	X	X	X	X	X	X	X	X	X	X	X
To become independent	X	X	X	X	X	X	X	X	X	X	X	X	X

As regards their hopes for when they leave the FCC according to their own statements, the girls have begun to draw up a road map showing what they hope to achieve in the various areas of their lives: their personal life, work life, family life, and relationships. This way, they have set themselves apparently realistic expectations for both the emotional and social areas of their lives; they have also taken into account the potential obstacles and possible ways of overcoming these.

Hopes for when they leave the FCC foundation

Emotional sphere

- A1. "To be able to see and spend time with my brother."
 A2. "To spend time with my brother and to talk."
 A3. "To get married, have children, adopt a little boy, have a family."
 A5. "I haven't thought about it yet."
 A6. "To live with my siblings and take care of them."
 A8. "I don't want to leave."

Social sphere

- A2. "My long-term plan is to become independent, get a good job, and have a house."
 A3. "I would like to have a house and a good job."
 A3. "To get a degree in chemistry, pharmacy, and biology and to study languages."
 A4. "I want to get a good job."
 A4. "My plan is to finish my degree."
 A5. "What I want is to live in a house that I own with my siblings and to have a good job."
 A5. "I'd like to be able to study to become a medical examiner or something to do with accounting."
 A6. "I'd like to have my own house and to fight for custody of my siblings."
 A6. "I would like to get a degree in architecture."
 A7. "I want to have a job somewhere and a house."
 A7. "I want to finish elementary school."
 A8. "I'd like to continue studying and do a law degree and help the other girls here."
 A10. "To get a good job."
 A10. "To get a degree."

A11. "I want to have a house and fight for custody of my siblings so I can take care of them and so that what happened to me doesn't happen to them."

A12. "To have a house and be able to work for the Unidos contra la Trata [United Against Trafficking] foundation and to continue at the foundation, but in the second stage."

A12. "I want to study to become a teacher."

Lastly, it is clear that dividing the psychosocial intervention into three main objectives, namely, 1) restoring rights; 2) identifying mental health issues caused by the trafficking experience, and 3) self-empowerment, has enabled us to:

- Understand what care strategies the FCC has provided the victims of trafficking for sexual exploitation to achieve these three objectives and what those strategies consist of;
- Based on the testimony of girls who have experienced the FCC's 2021 Model of Care, recognize how successful its strategies have been both in terms of achieving goals and of changing the girls' perceptions, perspectives, and hopes;
- Highlight the FCC's efforts to help provide the protection and care that victims of trafficking for sexual exploitation need, in order for them to both recover their physical integrity and self-esteem and to have the chance to rebuild their lives, free from violence and exploitation.

Final thoughts

Few studies exist on the various types of violence experienced by the victims of trafficking for sexual exploitation, which is consistent with Levine and Schumacher's assertion that little is known about the physical and psychological toll it takes on them. For that reason, they recommend that further research be conducted in this area (Levine and Schumacher, 2017).

Given that violence serves an instrumental purpose in trafficking as a means of achieving a specific end (i.e., sexual exploitation), following the recommendation of the UN Commission on Human Rights, effective measures are needed to enable the victims of trafficking to rebuild their lives, free from exploitation and all forms of violence, be it physical, emotional or sexual (UN, 2019).

As recommended by the UN, victims of trafficking who have experienced an escalation of physical, psychological and sexual violence—with prolonged social isolation—require protection and care aimed both at helping restore their self-esteem and physical and psychological integrity and at promoting their social inclusion (UN, 2019).

Conclusions

Violence against young and adolescent girls is preventable, which is why timely interventions are required in the various contexts in which the members of this particular population group find themselves, especially where the violence is perpetrated behind closed doors and in conditions of impunity.

It is important to highlight the many forms of violence—physical, emotional, sexual and neglect-based—experienced by young and adolescent female victims of trafficking so that the psychosocial and clinical care provided to them can focus on the consequences and impact on their mental health.

Female child and adolescent victims of trafficking are subjected to diverse forms of violence, including physical, emotional, and sexual violence and neglect. Under such abusive conditions, they are deprived of their right to an education and denied access to medical services, their being kept isolated to prevent them from reporting the fact that they have been trafficked.

Drawing attention to the various types of violence—physical, psychological and sexual—experienced by victims of trafficking makes it possible to focus psychosocial and clinical care on its consequences and its effects on the mental health of this population group.

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Chapter

4.

Impact of the
Fundación
Camino a Casa
Model of Care





Chapter 4

Impact of the Fundación Camino a Casa Model of Care

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1. Introduction

Human trafficking for sexual exploitation is a structural issue of gender-based violence that has a profound impact on the lives of the victims and on society in general. In the words of former UN Secretary-General Kofi Annan, “...the trafficking of persons, particularly women and children, [...], is one of the most egregious violations of human rights that the United Nations now confronts” (UN, 2004). For over fifteen years, the Fundación Camino a Casa foundation (or FCC) has been striving to rehabilitate young survivors of human trafficking and bring them back into mainstream society.³ Throughout this time, the foundation has been developing and consolidating an intervention model, the results of which we will be analyzing in this chapter.

Trafficking for sexual exploitation is a particularly extreme and persistent form of gender-based violence against women. The violence has physical, reproductive, and mental health repercussions, and also causes harm to third parties (Walby et al., 2016). According to the UNODC (2020), in addition to the harm they suffer, people who are trafficked for sexual exploitation are often financially vulnerable and have no means of subsistence. This situation is exacerbated if the victimization occurs at an early stage, as childhood experiences affect the development of a person’s cognitive, linguistic, social, and emotional skills and the way in which they function productively in society (Perry, 2002). The existence of factors that inhibit the proper development of these skills, such as abuse and neglect, places children at an early disadvantage (Heckman, 2006), which in turn contributes to their being ill-prepared for formal schooling, underperforming academically, and consequently, being less likely to go on to tertiary education, which ultimately reduces their career prospects, increases the likelihood of their engaging in criminal activity, and can have an intergenerational effect by perpetuating the cycle of disadvantage for their children (Guerin, 2014, and Jordan et al., 2014). The FCC is committed to breaking this cycle, firstly, by restoring the physical health of the girls and young women; secondly, by restoring their mental health by providing psychological and psychiatric support, when needed; thirdly, by providing them with relevant support in any legal process or proceedings they are involved in; and finally, by encouraging them to further their education. It is worth noting that a better education means a better income (Ordaz, 2007) and, therefore, greater capability to become independent and provide for oneself financially. Myklebust and Båtevik (2021) show that this is also the case when there is some kind of special needs provision. Moreover, the benefits education brings go beyond the mere financial. A better education is also reflected in a better state of health (Grossman and Kaestner, 1997), a lower mortality rate (Lleras-Muney, 2005), and a lower crime rate (Lochner and Moretti, 2004).

³ The foundation generally uses the term ‘survivors,’ so this is the term that will be used throughout this chapter in relation to the program.

While experiences in infancy are a source of risk for cognitive development in early childhood, the malleability of the brain during a child's growth stages means that investing in children's development can compensate for cognitive deficiencies (Rees et al., 2012). There are a number of measures that can aid in the recovery of the human capital lost as a result of abuse. For example, Bald et al. (2019) show the benefits for their educational outcomes of removing girls from situations of abuse or neglect. Guerin (2014) shows that early childhood care and education have proved effective as a means of targeting inequality by generating a significant return on the investment made. According to Jordan et al. (2014), early years intervention programs in education for the purpose of increasing the human capital of children from disadvantaged backgrounds can reduce the gap in the development of children's human capital and have spillover effects on society. This is achieved by investing in children so that they thrive, "facilitating academic attainment and social development, helping to prevent early school leaving, and ultimately strengthening children's ability to access higher education" (Guerin, 2014).

The damaging effects of sexual exploitation have, over time, prompted Mexican legislators to establish mechanisms for the prevention, punishment, and eradication of crimes involving human trafficking, and to provide protection and assistance to its victims.⁴ At an international level, Article 6 of the Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (as ratified by Mexico) stresses the need to implement measures to provide for the physical, psychological, and social recovery of victims through the provision of appropriate housing, counseling and information, medical and material assistance, and educational and training opportunities. Given the need to create more and better spaces for people in situations of exploitation and trafficking—spaces that cater to the vast range of population groups—and to provide comprehensive care geared to the personal development of survivors and their successful reintegration into society with better opportunities, it would be wise for the government to work with NGOs to provide protection and support services to the survivors of trafficking crimes.

Civil Society Organizations (CSOs) have been active in a variety of issues related to sexual exploitation, particularly with regard to victim support. As an example, there are shelters that are key to guaranteeing the personal and emotional safety of survivors, as well as providing them with assistance. In spite of the important work carried out by CSOs, there has been very little statistical analysis of the scope and limitations of their activities and their needs in terms of improving and expanding their programs and services.

As stated previously, this chapter focuses on the Camino a Casa foundation's care program. The FCC is a non-profit organization whose mission is to rehabilitate young survivors of trafficking for commercial sexual exploitation and reincorporate them into society and into a healthy and productive life. Its Model of Care is long-term and helps girls and young women between the ages of 11 and 19 through activities designed to restore their physical and mental health, provide legal and social work support, and encourage their education. The FCC and its Model of Care are described in detail in Chapter 2. The analysis presented in this chapter includes an evaluation of the contribution the program has made in terms of both the resulting learning gains and the achievement of the goals the survivors set for themselves as a step towards their reincorporation into society. In addition, the chapter also makes a number of proposals with regard to the program.



⁴ See Mexico's General Act for the Prevention, Punishment, and Eradication of Crimes related to Trafficking in Persons and for the Protection and Care of Victims of Such Crimes [*Ley General para Prevenir Sancionar y Erradicar los Delitos en Materia de Trata de Personas y para la Protección y Asistencia a las Sobrevivientes de estos Delitos*] and the rules governing the same.

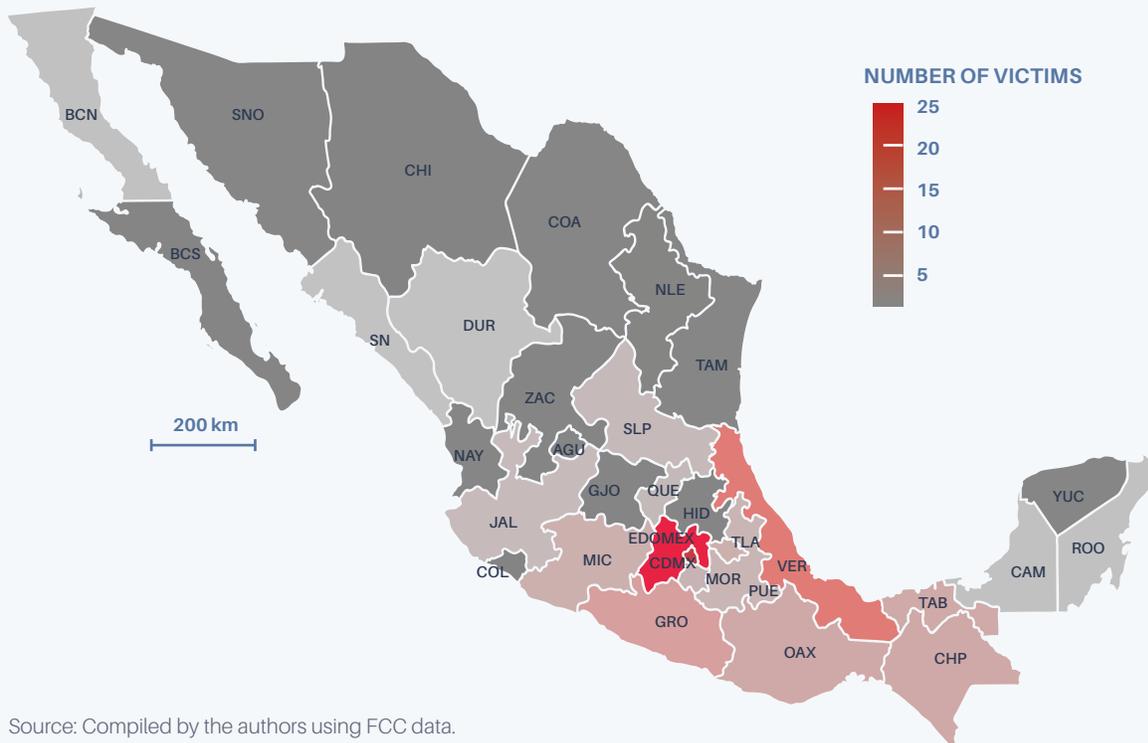
The rest of the chapter is organized as follows: section two presents a descriptive analysis of the profile of the survivors who have been involved with the foundation. Section three provides a statistical analysis designed to identify the factors underlying the program’s success stories. The fourth section seeks to provide an overview of the impact of the psychological support provided under the Model of Care. Section five presents data on the young women who have successfully returned to the labor market. And lastly, section six presents the conclusions and concluding remarks.

2. Economic and demographic profiling of the survivors

Over the course of 2021, Rosario Lara, the FCC’s social worker, constructed a database of the survivors who have come under the wing of the foundation.⁵ For the purpose of this analysis, the database comprises the 151 primary survivors (i.e., it does not include any children of these girls and young women, even when these were under the protection of the foundation). All of these primary survivors are female. As a second filter, any individuals who came to the foundation temporarily in extraordinary circumstances and who did not form part of the program’s target population were also excluded. Once these two filters were applied, the total number of girls and young women served over the 15-year period studied (2007–2021) was 121.

The average age of the survivors at the time of their admission to the foundation was 17.8 years. The map in Figure 4.1 shows the distribution of the 110 Mexican survivors according to their state of origin (of the remainder, ten were from Central America and one from Venezuela). Approximately 40% of the survivors were from the State of Mexico (Edomex) (25) and Mexico City (CDMX) (23), and 10% from Veracruz (11).

FIGURE 4.1. Number of survivors cared for at the FCC by state (2007–2021)

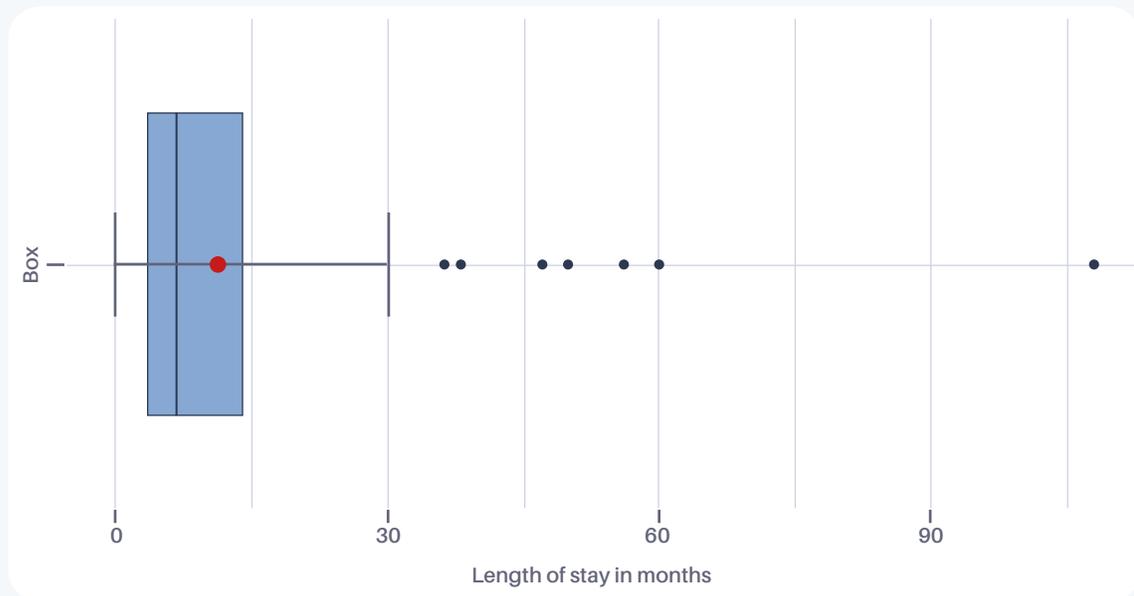


Source: Compiled by the authors using FCC data.

⁵ Annex B contains a description of this database.

The time a survivor spent at the FCC is measured as the number of months that passed between her admission to the program and when she left it. The time calculated for each survivor varies considerably; while some stayed in the program for years, many others spent less than a month at the foundation. Graph 4.1 shows the spread of the time spent by the survivors in months. The average number of months spent in the program was 12.44. The average length of stay of the 25% longest-staying girls and young women at the foundation was 32.4 months. The seven points off to the right are outliers. There are four survivors who stayed for more than 48 months (4 years). The interquartile range (the difference between the third and first quartiles of the distribution) is 10.875 months, indicating a relatively wide spread.

GRAPH 4.1. Box Plot. Time spent at the FCC by survivors in months



Source: Compiled by the authors using FCC data.

Note: The span of the horizontal black line represents the length of stay in months across quartiles. The red dot denotes the mean of the data. The black line inside the box represents the median of the distribution, while the blue area represents the interquartile range. The black dots correspond to the seven outliers.

Table 4.1 shows the type of survivors helped by the FCC. At the time they were admitted to the foundation, they were vulnerable for different reasons: fifty-seven percent were living in poverty; 64% had no work experience; 48% had suffered family violence, and 38% had suffered sexual abuse prior to becoming survivors of trafficking.⁶ Sixty-five percent of the survivors admitted came from dysfunctional families and 34% had experienced family abandonment. Ninety-two percent had suffered sexual exploitation⁷ and 56% of them were admitted to the FCC with some type of addiction. Furthermore, most of the survivors had experienced some type of physical (75%), emotional (84%), and/or verbal (87%) violence. This abuse drove some survivors to try to take their own lives. Twenty-three percent had attempted suicide before coming to the FCC. During the time they were being exploited, 94% of the survivors had filed a complaint against their aggressors and 73% stated that the outcome of that complaint had been positive.

In terms of their health, 44% of the survivors presented some kind of psychological disorder and 34% came to the FCC with some kind of minor health issue. Furthermore, with regard to their reproductive history, 35% of the survivors reported having been pregnant at some time and 56% of those pregnancies had been unwanted. Thirty-five percent of the survivors had had at least one child and 14% had had a miscarriage or abortion.

⁶ The average age at which the survivors at the FCC were sexually abused was 9.5 years old.

⁷ Other types of trafficking exist, such as forced begging or criminal activity.

Lastly, 70% of the survivors were behind in their schooling,⁸ 10% were illiterate, and the average number of years of schooling they had completed when they were admitted to the FCC was 6.8 (i.e., they had completed at least elementary school).

TABLE 4.1. Profile of survivors in the care of the FCC

Category	Control	No	Yes	N/A	Total (excl. N/A)	Ratio of 'Yes' to Total (excl. N/A)
History	Survivor living in poverty	52	69	0	121	57%
	Work experience	77	44	0	121	36%
	Family violence prior to being trafficked	63	58	0	121	48%
	Family sexual abuse prior to being trafficked	75	46	0	121	38%
Facilitator	From a dysfunctional family	40	73	8	113	65%
	Family abandonment prior to being trafficked	74	38	9	112	34%
Exploitation	Sexually exploited through trafficking	10	109	2	119	92%
Addictions	Addictions at time of admission to the FCC	52	65	4	117	56%
Violence	Had suffered physical violence	29	86	6	115	75%
	Had suffered emotional violence	15	100	6	115	87%
	Had suffered verbal violence	18	97	6	115	84%
	Attempted suicide while the trafficking was taking place	86	25	10	111	23%
Pregnancy	Had been pregnant at some time	73	39	9	112	35%
	Unwanted pregnancy	85	22	14	107	21%
	Had had at least one miscarriage/abortion	95	15	11	110	14%
	Has children	74	38	9	112	34%
Complaint	Had reported her exploiter(s)	7	111	3	118	94%
	Outcome of the complaint was positive	29	78	14	107	73%
Health	Minor health issues when she came to the FCC	71	37	13	108	34%
	Serious health issues when she came to the FCC	105	6	10	111	5%
	Psychological disorder when she came to the FCC	62	49	10	111	44%
Education	Illiterate when she came to the FCC	105	12	4	117	10%
	Was attending school when she came to the FCC	100	16	5	116	14%
	Educational lag when she came to the FCC	35	81	5	116	70%
Other	Transferred to another refuge/shelter	76	15	30	91	16%
	Left the FCC for failing to comply with its rules	80	12	29	92	13%
	Confident that her former abuser will not track her down when she leaves	31	68	22	99	69%

Source: Own calculations using FCC data.

Note: N/A indicates no available values. These are cases where no record of a survivor's details was available.

⁸ A person will have an educational lag if they are between 3 and 21 years old and do not attend any kind of formal education institution.

3. Factor analysis

The primary aims of the FCC are to rehabilitate the survivors and, ultimately, to help them reintegrate into society. To determine whether or not these objectives have been met, a series of outcome variables have been defined in the database in order to allow the relative success of the program to be measured. These variables have been grouped under the following headings: 1) education, 2) short-, medium-, and long-term personal goals, and 3) psychological tests. In the following subsections, we analyze how these variables changed between the survivors' arrival at the foundation and their leaving it, and also look at the determinants of their educational attainment and their achieving their personal goals.

3.1. Education

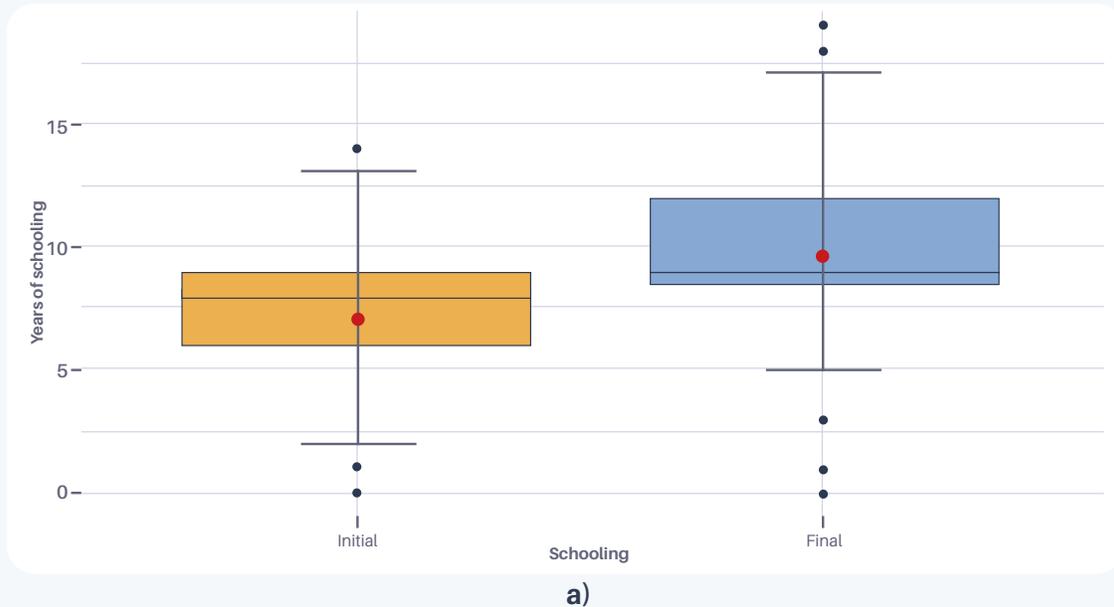
As previously mentioned, upon their arrival at the foundation, the survivors presented an educational lag, in some cases a very significant one. Therefore, when the FCC program was first launched and for the first five years of its operation, the foundation offered the following education options: (i) *Escuela en Casa [Home School]*, a distance-learning program run by Mexico's National Institute for Adult Education (INEA) for elementary and middle school, (ii) a school-based system for completing preschool, elementary school, and middle school at public schools, and (iii) a vocational program (the UK's Prince's Trust program that leads to a vocational qualification in hospitality). In 2012, the foundation broadened the range of options on offer; the INEA's *Escuela en Casa* system continued, as did the school-based system for elementary and middle school, but now high school was included as a distance-learning option through the PREPANET program run by the Instituto Tecnológico de Estudios Superiores de Monterrey (ITESM), as well as school-based vocational courses, and, under the halfway program *Reintegra US*, college degree programs. As a result, the possibility of survivors' remaining in the program for the medium to long term became an option. A school-based special education program was also introduced for those girls and young women with cognitive deficits to enable them to learn a trade. Lastly, for the first time the foundation provided childcare and school-based preschool services for secondary survivors (i.e., the children of the survivors).



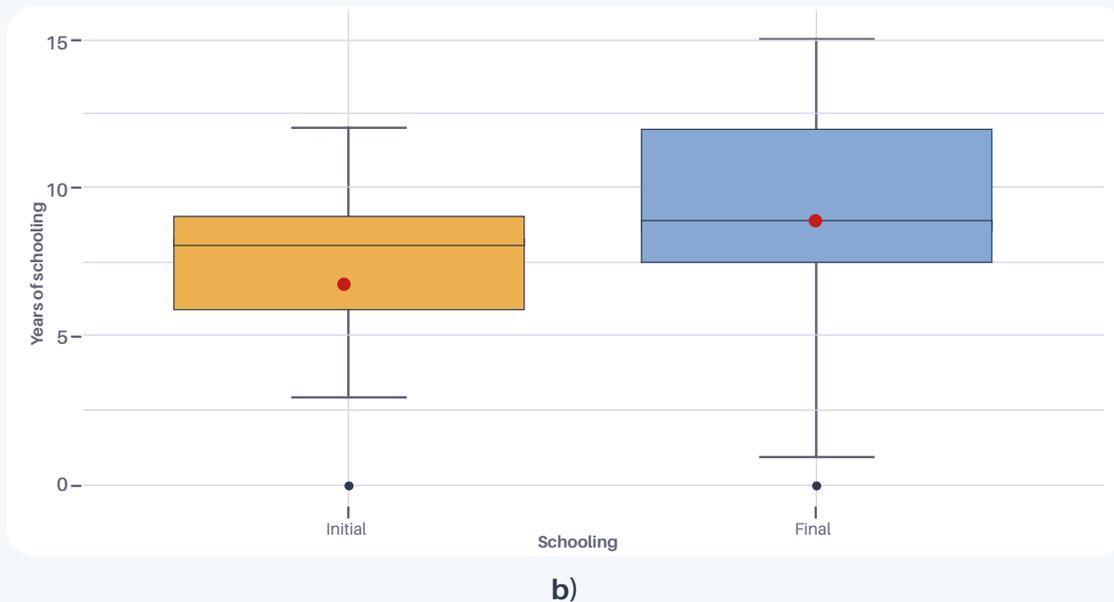
Overall, the mean years of schooling of the survivors cared for at the FCC increased by 2.5. The average level of education of the survivors went from having studied only one year of middle school (7.02 years of education) to having completed it (9.69 years of education), representing an average improvement in the education level of the entire group of 2.67 years (see Graph 4.2, panel a). In the case of the girls and young women who entered the program from 2012 on, we see that they averaged 7.2 years of schooling when they were admitted to the program and 9 years when they left it (see Graph 4.2, panel b).

Unfortunately, 42% of the survivors showed no change in their level of schooling. This underscores the need for further research into the causes and characteristics of the 37 survivors who showed no increase in their years of education. This may be due, a priori, to at least three different factors: i) a survivor's being unable to progress even one school grade, ii) her having been in the program a very short time (less than a year) and such a short stay not allowing her to complete any school grades at all, and iii) the survivor's being new to the program (i.e., she had been in it for less than a year). The statistical analysis shows that only 4 (11%) of those who made no progress in their education spent more than a year at the foundation. The other 33 (89%) who made no progress were there less than a year and only one of these was a new arrival. To summarize, 33 of the survivors who made no academic progress spent less than a year in the FCC program and 10 of these were admitted in 2015 (a year when a total of 16 were admitted). Therefore, a lack of academic progress is largely related to a person's early departure from the FCC (i.e., before they had been there one full year).

GRAPH 4.2. Comparison between the years of schooling of survivors when they were first admitted to the FCC and when they left



a)
Graph of schooling: Initial and Final
Survivors who were admitted to the FCC from 2012 onwards.



Source: Compiled by the authors using FCC data.

Note: The span of the black line in the box plot represents the years of schooling gained across quartiles. The red dot denotes the mean of the data. The black line inside the box represents the median of the distribution, while the area of the box represents the interquartile range. Panel b) only includes survivors who entered the program from 2012 onwards.

Raising their level of education is one of the principal methods the FCC uses to achieve its own aim, i.e., to equip survivors with the basic skills they need to reintegrate into society. In this sense, schooling can serve as both an outcome variable (educational attainment) and as a control variable that enables other worthy objectives to be achieved. With this in mind, we begin by looking at which (initial) characteristics of a survivor are likely to influence her academic achievement. To do this, we define the variable “educational attainment” as the difference between the initial and final level of schooling of each survivor when she was at the foundation.

It is well-known in econometric or statistical literature that when the dependent variable—in our case, educational attainment—is categorical or discrete (i.e. not continuous), a simple transformation of the data cannot produce normally distributed errors, which would contradict the basic assumption of the characteristics of the distribution of the idiosyncratic error. First, many count data distributions are positively skewed and many observations in the data set have a value of zero, as is the case in ours. Second, applying a classical linear regression model to all our data is likely to produce negative predictions of educational attainment, which is theoretically impossible.

An alternative, commonly used approach in econometric practice is to estimate a Poisson regression model or one of its variants. This family of models for count data offer a number of advantages over linear regression models, as they allow the use of distributions that are skewed and discrete, as well as the possibility of restricting the predicted values to non-negative numbers. However, with Poisson models, and some of its closest variants, it is not possible to model data with an excess of zeros. To overcome these problems, Lambert (1992) proposed zero-inflated models, which are a mixture of models that combine a count component and a component with mass points at zero. In this analysis, we use classical linear regression and zero-inflated regression as a measure of robustness.⁹

In our design, we use different specifications to study in detail whether the variable “educational attainment” can be explained by a series of variables that seek to distinguish different survivor characteristics. In our more general specification, educational attainment is a function of eleven of these:

- *Time spent at the FCC.* The length of time the survivor spent or has spent at the FCC; survivors who spend more months in the foundation’s program can be expected to have a greater educational attainment.
- *Poor at time of admission to the FCC.* There may be a link between a survivor’s living in poverty and her educational attainment.
- *Age when sexual exploitation began.* If the sexual exploitation of the survivor begins after she has already completed basic education, we can expect her educational lag to be less marked, which would make it easier to increase her educational attainment. Hence, a positive sign is expected.
- *Duration of sexual exploitation/Pregnancy.* Negative signs can be expected because the longer she was exploited—or if she ever got pregnant—the greater the traumas generated could be, which would delay her learning.
- The same would apply to the variables *Unwanted pregnancies* and *Has children*.
- The fact that a survivor was *Admitted to the FCC with a psychological disorder* could have a negative impact on her educational attainment. *Admitted to the FCC with addictions* would also have a negative effect.
- *Attended school while at the FCC* may be a positive factor in educational attainment, while *Educational lag* may be a negative one.

Table 4.2 presents the estimated regression results. To estimate models 1-6, we filtered out all observations with zero years of educational attainment; model 7 only considers those who had spent at least one year at the FCC; and model 8 includes the entire available population.

Using too many explanatory variables can result in estimation inefficiencies. Stepwise regression and its variants are a computationally efficient alternative that make it possible to explore more restrictive specifications in order to find the best subset of significant variables. Model 6 was estimated using an automatic stepwise strategy. The procedure consists of a series of statistical F-tests in the selection of explanatory variables. This selection was conducted bidirectionally (i.e., combining forward selection and backward elimination selection methods).¹⁰

In each of the estimated models, the amount of time spent at the FCC is found to play a key role in educational attainment. After those with no educational attainment are filtered out, we see that one additional year at the FCC is associated with an average increase of around 7.5 months of learning gains; however, if we consider the entire population of survivors—including



⁹ For a discussion of the count models and zero-inflated models commonly used in econometrics, see Cameron and Trivedi (1998, 2005).

¹⁰ For more details of this process, see James et al. (2013).

those who, for whatever reason, made no progress in their education—, the figure is approximately 2.5 months. Another approach would be to include only survivors who spent more than a year in the FCC program, given that academic cycles tend to be one year; now, each additional year spent at the FCC is estimated to result in an average of slightly over two months of additional learning. Thus, after controlling for the other variables, the effect of the time spent in the program would be that girls and young women who stayed for one year or more would accrue 9.6 months of additional learning.¹¹

TABLE 4.2. Educational attainment and related profiles

	Dependent variable:							
	Educational attainment							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Time spent at the FCC (in months)	0.033** (0.020)	0.034** (0.020)	0.043*** (0.020)	0.047*** (0.021)	0.052*** (0.021)	0.047*** (0.15)	0.067*** (0.02)	0.017*** (0.004)
Poor at time of admission to the FCC		0.241 (0.823)	0.384 (0.812)	0.387 (0.860)	0.888 (0.937)	1.352** (0.566)	-0.26 (1.17)	0.199 (0.191)
Age when sexual exploitation began			0.060 (0.119)	0.046 (0.132)	0.032 (0.145)			0.068*** (0.025)
Duration of sexual exploitation (in months)			0.026** (0.014)	0.022 (0.015)	0.017 (0.016)	0.017* (0.008)	0.016 (0.021)	0.007** (0.003)
Pregnancy				2.539** (1.340)	2.662** (1.388)			0.714*** (0.239)
Unwanted pregnancies				-1.841 (1.263)	-1.664 (1.342)	-0.602* (0.355)	-1.477 (1.319)	-0.298 (0.257)
Has children				-0.194 (1.203)	-0.349 (1.297)	1.030* (0.559)	2.455** (1.097)	-0.150 (0.231)
Admitted to the FCC with a psychological disorder					-0.351 (0.862)			-0.211 (0.182)
Admitted to the FCC with addictions					-0.985 (0.910)	-0.813* (0.567)	-0.798 (1.038)	-0.336* (0.174)
Attended school while at the FCC					0.975 (1.288)	1.483* (0.788)	-0.117 (1.692)	0.098 (0.239)
Educational lag at time of admission					0.271 (1.047)			0.194 (0.221)
Constant	3.729***	3.571*** (0.788)	1.412 (2.409)	1.273 (2.624)	1.564 (2.929)	2.282*** (0.809)	2.225 (1.356)	-0.516 (0.516)
Observations	52	52	48	47	47	47	27	82
Adjusted R ²	0.035	0.018	0.094	0.131	0.128	0.264	0.267	
F-statistic	2.875*	1.454	2.226*	1.993*	1.598	5.419***	2.351*	

Note: Models 1-7 are classical regression models. Observations with zero educational attainment have been filtered out of models 1-6. Models 6 and 7 are stepwise models. To estimate model 7, only those survivors who have spent at least one year at the foundation are used. Model 8 corresponds to the specification that allows for zero-inflated data and considers the entire population. The standard errors reported for the first six models correspond to the robust H0 versions.

Significance levels: 0 '***' 0.01 '**' 0.05 '*' 0.1.

¹¹ The marked difference between the effect on their education of the time spent at the foundation of the group with a positive educational attainment and that of the total population may have something to do with variables that perhaps substantially affect a significant portion of the latter group but which are unavailable, e.g., cognitive ability.

Table 4.2 also shows that there is a positive relationship between a survivor's educational attainment and her having been pregnant. It may be that survivors who have been pregnant place greater value on continuing their education. Meanwhile, if we look for the combination of variables that maximizes the number of significant variables by using stepwise estimation (i.e., model 6), we find the most significant covariate to be time spent in the program, followed by a survivor's living in poverty and five other variables that were only significant at the 10% level. It should be noted that the impact of the time spent by a survivor at the FCC has on her years of learning gains is not sensitive to these minor changes in the model specification.¹²

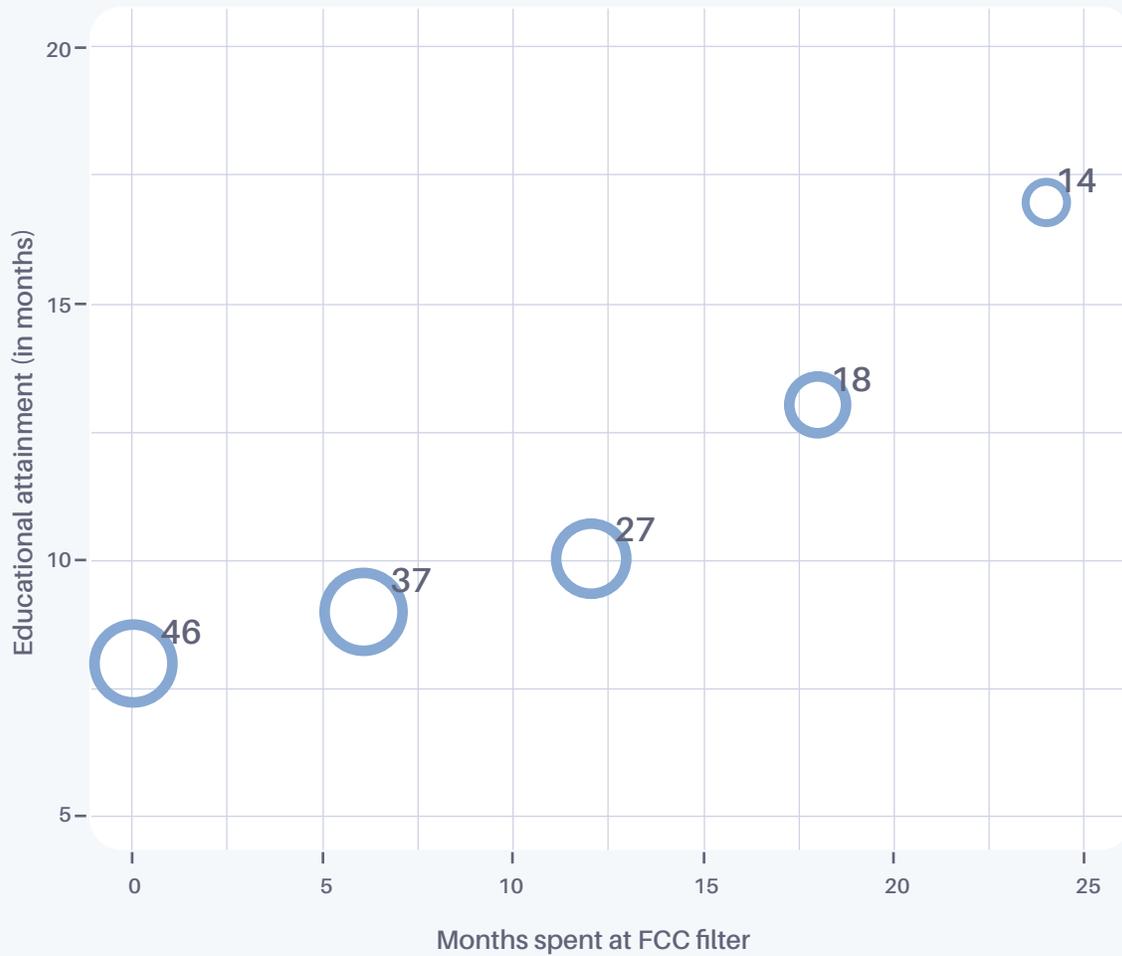
According to Ordaz (2007), for women in Mexico, completing elementary school (basic education) generates a 4% increase in earnings. This increases by an extra 4% if the woman completes at least one year of middle school (lower secondary education) and a further 9% if she has completed between one and three years of high school (upper secondary education); there is an additional 8% increase in earnings for those who have completed at least one year of a bachelor's degree (tertiary education). In all of these cases, the figures refer to women in urban settings. In the case of the girls and young women at the FCC, on average, those who stayed at the foundation managed to finish middle school, a fact which would boost the beneficiaries' lifetime labor market earnings by 4% and mean they could go on to high school. It is worth noting that there are 27 cases of survivors who managed to complete between 10 and 12 years of schooling (i.e., high school), which would increase their earning potential by 9% more, and 12 cases of women who completed tertiary education (i.e., they earned a post-high school vocational qualification or bachelor's degree), amounting to a potential 9% more in earnings.

Lastly, model 7 in Table 4.2 was repeated by varying the minimum time spent by survivors at the foundation in order to get some idea of how a survivor's learning gains change as the length of her stay at the FCC increases. Using six-monthly minimum stay cutoff periods, Graph 4.3 shows the results of the regressions for the corresponding population. These results should be treated with caution due to the small population used in the estimations. The graph shows that the longer the time spent at the FCC, the greater the learning accumulated. For example, if a survivor spent 24 months or more at the foundation, the effect of her stay was an extra 17 months of learning (the last dot on the right side of Graph 4.3).



¹² A similar analysis carried out using the zero-inflated method yielded similar conclusions. Results available upon request. An important question to ask is what impact the time spent at the foundation has once we control for level of education (elementary/middle school) of the survivors when they were admitted to the program. Table A1 of Annex A shows a robustness exercise conducted for this purpose. It repeats the same models as those used to produce Table 4.2, while adding four more controls: i) survivors with no schooling, ii) survivors who have completed at least one grade of elementary school, iii) survivors who have completed at least one grade of middle school, and iv) survivors who have completed at least one grade after middle school. The estimations show that the level of education a survivor has when she is admitted to the FCC program is ultimately irrelevant to how many additional years of schooling she acquires. It is also worth noting that there is no lessening of the impact of the length of time she spends at the foundation.

GRAPH 4.3. Educational attainment versus variance in time spent at the FCC



Source: Compiled by the authors using FCC data.

Note: The diameter of the bubble denotes the size of the sample, the value of which is the number shown next to the bubble itself.

3.2. Short-, medium-, and long-term achievements

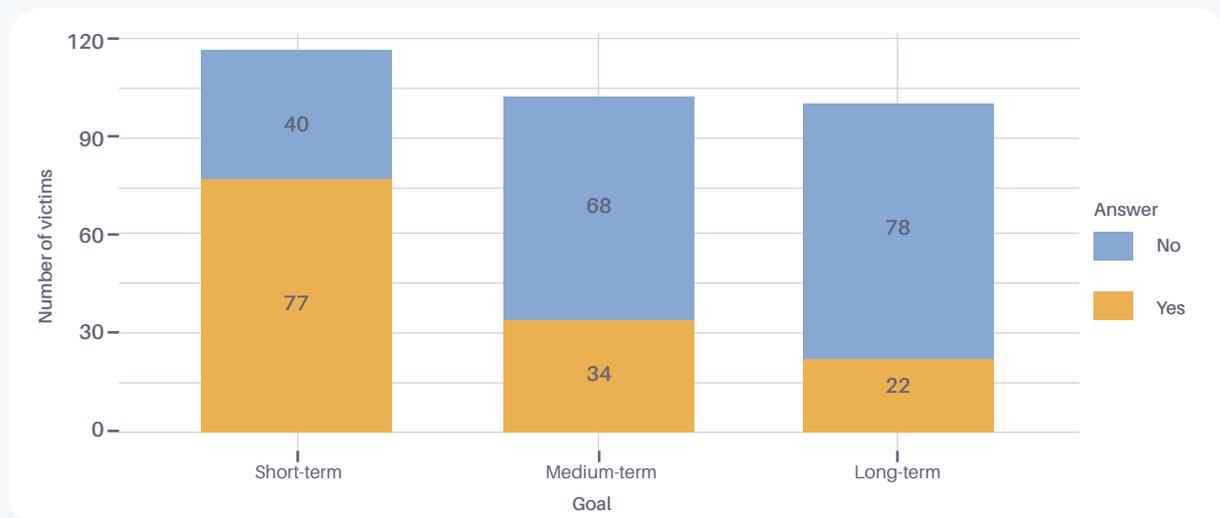
A major component of the FCC program is the Life Plan that the survivors draw up for themselves. They do this with the support of staff and its purpose is to help them identify and achieve their personal goals. Drawing up the Life Plan entails the survivors' compiling a numbered list of goals they would like to achieve in their lives and a guide on how to accomplish them. It is a tool that allows the needs of each individual to be addressed and facilitates their integration into the program. It also lays the foundation for the therapeutic approach to be followed with the survivor and helps define the best school program for her based on her intellectual capacity and interests. The Life Plan is intended to ensure that the survivors are provided with the tools necessary for them to be able to graduate from the program with good job prospects, by helping them learn a trade or get a post-high school vocational qualification or college degree.

The goals outlined in the Life Plan are divided into short-, medium-, and long-term. The short-term goals focus on the person’s adjustment to the foundation, a process that begins with them being made aware that they are at a secure facility for their own care and protection, and to ensure their physical integrity at all times. The medium- and long-term goals focus on developing the survivor’s individual life project in line with her potential and on the personal qualities she possesses to be able to achieve her goals. Some survivors may be satisfied with just finishing elementary or middle school, while others may choose to pursue a more ambitious goal, such as finishing high school, going to college or getting a job. It is important to remember that once a survivor reaches the age of majority, she can choose to leave the foundation, and so some of her goals may remain unfulfilled. The FCC has provided a collection of personal success stories. Some survivors have gone on to earn bachelor’s degrees in law, business administration, nursing, and so on. These are prime examples of survivors achieving a long-term goal.

Therefore, one outcome variable that can measure the success of the program is whether the short, medium- or long-term goals set in the survivors’ Life Plans have been met. In order to evaluate the latter, the variables *Achievement of ST* (short-term) *goals*, *Achievement of MT* (medium-term) *goals*, and *Achievement of LT* (long-term) *goals* were created, which take the value of one if the survivor achieved her goals and zero otherwise. We were helped in the construction of this variable by social worker Rosario Lara, who, on the basis of the survivor’s files, identified the goals they had set for themselves and assessed the extent to which these had been achieved.

As regards the achievement of short-term goals, there was information on 117 survivors, 66% (77 survivors) of whom achieved them. Meanwhile, the universe of survivors who reported having set medium-term goals (whether these were achieved or not) was smaller, at 102; of these, 33% reported having achieved those goals. Finally, the number of survivors who reported long-term goals dropped to 100, with only 22% reporting having met them (see Graph 4.4).

GRAPH 4.4. Achievement of short-, medium-, and long-term goals



Source: Compiled by the authors using FCC data.

Note: The answer “Yes” indicates that the person achieved their goal and “No” that they did not.

Graph 4.5 shows that the longer the time horizon of the goal, the fewer the number of survivors who set them and the lower the achievement rate. This may be an indication that survivors meet their ST goals more easily at the beginning of the program. However, as time passes, some survivors leave the program without yet having achieved their MT and LT goals.

As we did with educational attainment, we now look at which factors may be affecting the survivors' ability to meet their short-, medium-, and long-term goals. In order to maintain a degree of consistency between models, the same explanatory variables are used as in the previous section. Note that since the dependent variables *Achievement of ST goals*, *Achievement of MT goals*, and *Achievement of LT goals* are binary, a logit model is used, its being the classic binary choice option. The results are presented in Tables 4.3, 4.4, and 4.5. Columns 1-5 of each of these tables were estimated using logit models, while column 6 contains the results of the stepwise method explained in the previous section.

In binary response models, as with logit models, it is enough to know the sign of the estimated parameters in order to be able to determine whether the variable had a positive or a negative effect. In Tables 4.3 to 4.5, we can see that there is a positive and highly significant relationship between the time a survivor spends in the program and her achieving her short- and medium-term goals, regardless of whether or not more explanatory variables are used. However, time spent at the FCC is not significant when it comes to the achievement of long-term goals. This may be due to the low number of girls and young women who manage to spend enough time at the FCC to achieve these. Furthermore, the time spent in the program is more relevant when it comes to achieving short-term goals than medium-term goals, which may be due simply to the fact that survivors have had more time to achieve them.

Our analysis of short-term goals shows that something else besides the length of time a survivor spends in the program has a negative impact on the likelihood of her achieving her ST goals, i.e., whether or not she has any children. The stepwise method underlines the conclusion that the most significant of the explanatory variables used are *Time spent at the FCC* and *Has children*.

When it comes to medium-term goals, we find that there are more variables that help explain the probability of a survivor achieving these, other than how long she actually spends in the program. If she was living in poverty when she was admitted to the FCC program, the probability of her achieving her MT goals is lower regardless of whether any other factors are controlled for. However, the probability of her achieving her MT goals increases the older she was when she was first sexually exploited. This variable is highly significant regardless of whether any other explanatory variables are included, and this may be due to the fact that early sexual exploitation may have a more profound effect on the survivor's development, which highlights the need to support survivors in achieving their goals.

Lastly, hardly any of the explanatory variables seem to have any effect on the achievement of long-term goals, except for the age at which their sexual exploitation began. As with her medium-term goals, the earlier the age of the survivor when she first suffers sexual abuse, the less likely she is to achieve her long-term goals. The stepwise method supports these findings and, when apparently unnecessary controls are eliminated, increases the significance of the educational lag to 5%, meaning that the greater the lag, the lower the probability of meeting long-term goals.

With respect to the achievement of medium- and long-term goals, it is important to stress the need to design a strategy of action for survivors who suffered sexual abuse in childhood.

Meanwhile, if the aim of a binary response model study is to determine the size of the effect, for example, of the length of time spent in the program, then the partial effects need to be estimated, taking into account the function used (in our case, the logistic function). In turn, the coefficients should be understood as the impact of the variable concerned on the so-called odds ratios. For example, if the probability of a survivor achieving her short-term goals is 0.75 and, therefore, the probability that she will not achieve them is 0.25, the odds of success are $0.75/0.25=3$. This means that three out of every four survivors achieve their short-term goals, and the odds of success are said to be 3 to 1.¹³

Table 4.6 shows the odds ratios and probabilities of success of model 6 (logit and stepwise) in tables 4.3 to 4.5. Our findings are significant. The length of time spent at the FCC is not merely an important factor in the achievement of short- and medium-term goals, but in fact an extra year's stay there increases the likelihood of success by around 50%. This is the same increase in the probability of achieving medium- and long-term goals as there is for each year older a survivor was when she was first sexually abused.

¹³ See Wooldridge (2010) for a discussion of the technical concepts of binary response models.

As an example of the effects of other variables, the probability of achieving short-term goals decreases by 20% if a survivor has children. The probability of achieving long-term goals is reduced by 22% and 16% when survivors are admitted to the FCC with addictions and educational lag, respectively. This suggests that it is important to continue working on mitigating the effects of these problems to facilitate the achievement of medium- and long-term goals.

TABLE 4.3. Achievement of short-term goals and related profiles

	Dependent variable:					
	Achievement of short-term goals					
	(1)	(2)	(3)	(4)	(5)	(6)
Time spent at the FCC (in months)	0.218*** (0.069)	0.219*** (0.071)	0.209*** (0.075)	0.221*** (0.102)	0.249*** (0.115)	0.207*** (0.081)
Poor at time of admission to the FCC		-0.664 (0.494)	-0.676 (0.544)	-0.847 (0.625)	-1.088 (0.784)	-0.890* (0.564)
Age when sexual exploitation began			0.003 (0.081)	0.078 (0.099)	0.064 (0.107)	
Duration of sexual exploitation (in months)			-0.004 (0.018)	0.013 (0.036)	0.013 (0.037)	
Pregnancy				1.260 (1.342)	1.353 (1.558)	
Unwanted pregnancies				-0.948 (1.222)	-1.099 (1.408)	
Has children				-2.410** (1.290)	-2.414 (1.497)	-1.287*** (0.629)
Admitted to the FCC with a psychological disorder					-0.747 (0.708)	
Admitted to the FCC with addictions					0.573 (0.838)	
Attended school while at the FCC					0.451 (1.522)	
Educational lag at time of admission					0.705 (0.881)	
Constant	-1.184***	-0.799 (0.570)	-0.765 (1.568)	-1.541 (1.891)	-2.053 (2.229)	-0.051 (0.664)
Observations	102	102	93	89	88	88
Pseudo R ²	0.263	0.276	0.279	0.341	0.368	0.323

Note: Models 1-6 are logit-specification models. Model 6 is a stepwise model. The standard errors reported for the first six models correspond to the robust H3 versions.

Significance levels: 0 '***' 0.01 '**' 0.05 '*' 0.1.

TABLE 4.4. Achievement of medium-term goals and related profiles

	Dependent variable:					
	Achievement of medium-term goals					
	(1)	(2)	(3)	(4)	(5)	(6)
Time spent at the FCC (in months)	0.063*** (0.024)	0.064*** (0.023)	0.082*** (0.033)	0.079*** (0.037)	0.089*** (0.038)	0.086*** (0.035)
Poor at time of admission to the FCC		-1.494*** (0.548)	-1.542*** (0.688)	-1.487** (0.763)	-1.347 (1.150)	-1.497* (0.959)
Age when sexual exploitation began			0.196*** (0.073)	0.235*** (0.098)	0.225** (0.123)	0.210*** (0.099)
Duration of sexual exploitation (in months)			0.016 (0.010)	0.021** (0.016)	0.021* (0.014)	0.021* (0.014)
Pregnancy				0.525 (1.096)	1.255 (1.580)	0.981* (0.801)
Unwanted pregnancies				0.217 (1.006)	-0.434 (1.551)	
Has children				-1.275 (0.895)	-1.472 (1.227)	-1.428* (1.028)
Admitted to the FCC with a psychological disorder					-1.228 (1.053)	-1.224* (0.769)
Admitted to the FCC with addictions					-1.189 (1.140)	-1.370* (0.930)
Attended school while at the FCC					0.938 (2.029)	
Educational lag at time of admission					-1.005 (1.273)	-1.232* (0.873)
Constant	-1.552***	-0.869*** (0.423)	-4.825*** (1.558)	-5.379*** (1.996)	-3.859** (3.425)	-3.138 (2.265)
Observations	102	102	93	89	88	88
Pseudo R ²	0.123	0.199	0.302	0.325	0.434	0.425

Note: Models 1-6 are logit-specification models. Model 6 is a stepwise model. The standard errors reported for the first six models correspond to the robust H3 versions.

Significance levels: 0 '***' 0.01 '**' 0.05 '*' 0.1.

TABLE 4.5. Achievement of long-term goals and related profiles

	Dependent variable:					
	Achievement of long-term goals					
	(1)	(2)	(3)	(4)	(5)	(6)
Time spent at the FCC (in months)	0.016 (0.021)	0.012 (0.023)	0.025 (0.022)	0.025 (0.023)	0.028 (0.036)	0.026 (0.036)
Poor at time of admission to the FCC		-0.916** (0.527)	-0.509 (0.620)	-0.336 (0.670)	0.029 (0.995)	
Age when sexual exploitation began			0.201*** (0.086)	0.205** (0.116)	0.186*** (0.139)	0.141** (0.086)
Duration of sexual exploitation (in months)			0.007 (0.010)	0.006 (0.014)	0.012 (0.018)	
Pregnancy				-0.431 (1.035)	0.374 (1.293)	0.485 (0.772)
Unwanted pregnancies				0.875 (0.980)	0.212 (1.235)	
Has children				-0.397 (0.995)	-0.762 (1.379)	
Admitted to the FCC with a psychological disorder					-1.418 (1.301)	-1.249 (0.976)
Admitted to the FCC with addictions					-1.105 (1.017)	-1.264** (0.743)
Attended school while at the FCC					0.413 (1.587)	
Educational lag at time of admission					-1.539** (1.089)	-1.621*** (0.771)
Constant	-1.373***	-0.890*** (0.440)	-4.933*** (1.591)	-4.989*** (2.069)	-3.001 (2.711)	-2.046 (1.721)
Observations	92	92	86	82	81	81
Pseudo R ²	0.012	0.045	0.144	0.159	0.294	0.276

Note: Models 1-6 are logit-specification models. Model 6 is a stepwise model. The standard errors reported for the first six models correspond to the robust H3 versions.

Significance levels: 0 '***' 0.01 '**' 0.05 '*' 0.1.

TABLE 4.6. Odds ratios and probability of success

	95% confidence interval			Prob. of success
	Odds Ratio	2.50%	97.50%	
Achievement of short-term goals				
Time spent at the FCC (in months)*	1.230	1.107	1.422	0.551 (+)
Poor at time of admission to the FCC	0.411	0.126	1.250	0.291 (-)
Has children*	0.276	0.083	0.840	0.216 (-)
Achievement of medium-term goals				
Time spent at the FCC (in months)*	1.090	1.038	1.158	0.521 (+)
Poor at time of admission to the FCC	0.224	0.051	0.847	0.183 (-)
Age when sexual exploitation began*	1.234	1.040	1.519	0.552 (+)
Duration of sexual exploitation (in months)	1.021	0.992	1.051	0.505 (+)
Pregnancy	2.667	0.927	14.888	0.727 (+)
Has children	0.240	0.035	1.317	0.193 (-)
Admitted to the FCC with a psychological disorder	0.294	0.045	1.460	0.227 (-)
Admitted to the FCC with addictions	0.254	0.058	0.968	0.203 (-)
Educational lag at time of admission	0.292	0.063	1.217	0.226 (-)
Achievement of long-term goals				
Time spent at the FCC (in months)	1.026	0.992	1.065	0.506 (+)
Age when sexual exploitation began*	1.151	1.010	1.349	0.535 (+)
Pregnancy	1.625	0.824	3.994	0.619 (+)
Admitted to the FCC with a psychological disorder	0.287	0.056	1.191	0.223 (-)
Admitted to the FCC with addictions*	0.282	0.073	0.995	0.220 (-)
Educational lag at time of admission*	0.198	0.047	0.751	0.165 (-)

Note: An asterisk (*) to the right of the variable denotes whether the variable was highly significant (at least 5%) in the respective regressions. The symbols (+) and (-) indicate the direction of impact, i.e., whether the probability of success increases or decreases, respectively.

4. Preliminary evaluation of the psychological support

In 2017, the FCC made a significant change in its operational structure so as to be able to provide a more technical measurement of the survivors' psychological profile: upon their admission to the FCC program, survivors are given a number of psychological tests. At the date of writing this publication, nineteen survivors have been tested. It is important to note that due to the fact that these assessments have only recently been introduced, the number of participants in the program who have undergone the same psychological tests prior to their leaving the program is low. To be precise, there are only five cases where there is psychological information on survivors both at the time of their admission and immediately prior to their departure. Nevertheless, we present a descriptive analysis of their psychological evolution. The following is a brief description of the six psychological tests currently applied at the FCC.

1. *Beck Depression Inventory (BDI)*. This is used to measure the severity of a person's depression by analyzing symptoms such as despair and irritability and is used with adults and teenagers. It comprises 21 items indicative of symptoms such as sadness, crying, loss of enjoyment, feelings of failure and guilt, suicidal thoughts or desires, pessimism, and so on. These are scored on a four-point Likert scale ranging from 0 ("Not at all") to 3 ("Severely" - "It bothered me a lot"), for a total ranging from 0 to 63 points. For further details, see Beck et al. (1996) and Beltrán et al. (2012).
2. *Beck Anxiety Inventory (BAI)*. This is used to assess the severity of a person's anxiety. As with the BDI test, it comprises 21 items and uses the same scoring system. For further details, see Beck et al. (1988).
3. *Rosenberg Self-Esteem Scale (RSES)*. This is used to measure self-esteem, an interpersonal phenomenon that results from one's perception of oneself and from social and cultural ideals. It is made up of ten items scored on a Likert scale, five of which measure positive feelings and the other five negative. There are various versions of the test that use different scoring methods. It is often scored on a total scale from 0 to 40, with 1 being the lowest level of self-esteem and 40 the highest. For further details, see Rosenberg (1965) and Martin et al. (2007).
4. *Echeburúa and Corral Maladjustment Scale (ECMS)*. This is a psychological test originally proposed by Echeburúa et al. (2000) and measures the degree of maladjustment to daily life that results from psychological problems. The test is carried out using six items scored on a 5-point Likert scale, for a total ranging from 0 to 30, with the latter indicating the greatest state of maladjustment.
5. *Target Behavior Scale (TBS)*. This involves a self-report in which the subjects are asked to specify five behaviors they hope to change for the better by the end of the intervention. It has its own scale and is used to produce a patient-specific therapy plan. It was proposed by the same authors as the ECMS test in an unpublished manuscript. The descriptive results of this test are not included due to the fact that there is no previously defined scale.
6. *Posttraumatic Stress Disorder Symptom Severity Scale (PTSSSS)*. This involves a structured interview consisting of 21 items on a Likert scale from 0 to 3, used to assess the severity of symptoms presented by survivors of sexual assault or family violence. It is scored on a total scale from 0 to 63, with 0 being the lowest and 63 the highest level of the disorder. See Echeburúa et al. (2016) for more details.

An initial analysis of the tests performed on the nineteen survivors shows the average BDI test score to be 14.31, indicating that the survivors present symptoms of depression at the beginning of their stay at the FCC, though not at the most extreme level. The scores on the BAI (11.47), RSES (28.05), and ECMS (11.4) tests show a similar result to that for depression. These initial results suggest that, on average, survivors do not present severe depression, anxiety, or maladjustment when they are admitted to the FCC, though an in-depth and technical analysis of the tests performed is beyond the scope of this paper. Table 4.7 presents a descriptive summary of the tests conducted.

TABLE 4.7 Descriptive statistics of the psychological assessments conducted on the survivors cared for at the FCC

	BDI	BAI	RSES	ECMS	PTSSSS
	Depression	Anxiety	Self-esteem	Maladjustment	Posttraumatic stress
Achievement of short-term goals					
Mean	14.32	11.47	28.05	11.42	9.94
Standard error	3.13	2.73	1.90	1.55	2.15
Median	11	8	30	13	7
Mode	8	4	31	13	13
Standard deviation	13.65	11.91	8.26	6.78	9.10
Minimum	0	0	3	0	0
Maximum	54	45	40	23	32
Missing value	0	0	0	0	1

Note: The table presents the descriptive information for the 19 survivors who underwent psychological testing upon their admission to the FCC between 2017 and 2020. The database shared by the foundation contains a number of tests with "zero" values (two in the BDI, two in the BAI, one in the ECMS, and two in the PTSSSS), and there is one missing value in the PTSSSS test for one survivor. The BDI, BAI, and PTSSSS tests are scored from 0-63, the RSES from 0-40, and the ECMS from 0-30.

As mentioned previously, the FCC first began conducting the aforementioned technical tests on newcomers to the program in 2017. Between 2017 and 2020, nineteen survivors underwent psychological testing upon their admission, but it was only possible to perform the same assessments on five of these at the end of their stay at the foundation. It will be crucial to continue this assessment process in the medium term in order to be able to evaluate the effectiveness of the psychological support provided by the FCC to those who stay there.

The final (pre-discharge) assessments carried out on five of the survivors show that the FCC psychological interventions appear to be generating individual improvements in various psychological aspects. On the BDI test, it was found that four of the five survivors showed a fall in their test score. The person with the highest score at the beginning saw her score fall by 50%, going from extreme depression (54 points) to moderate depression (27 points) (see Graph 4.5, panel a).

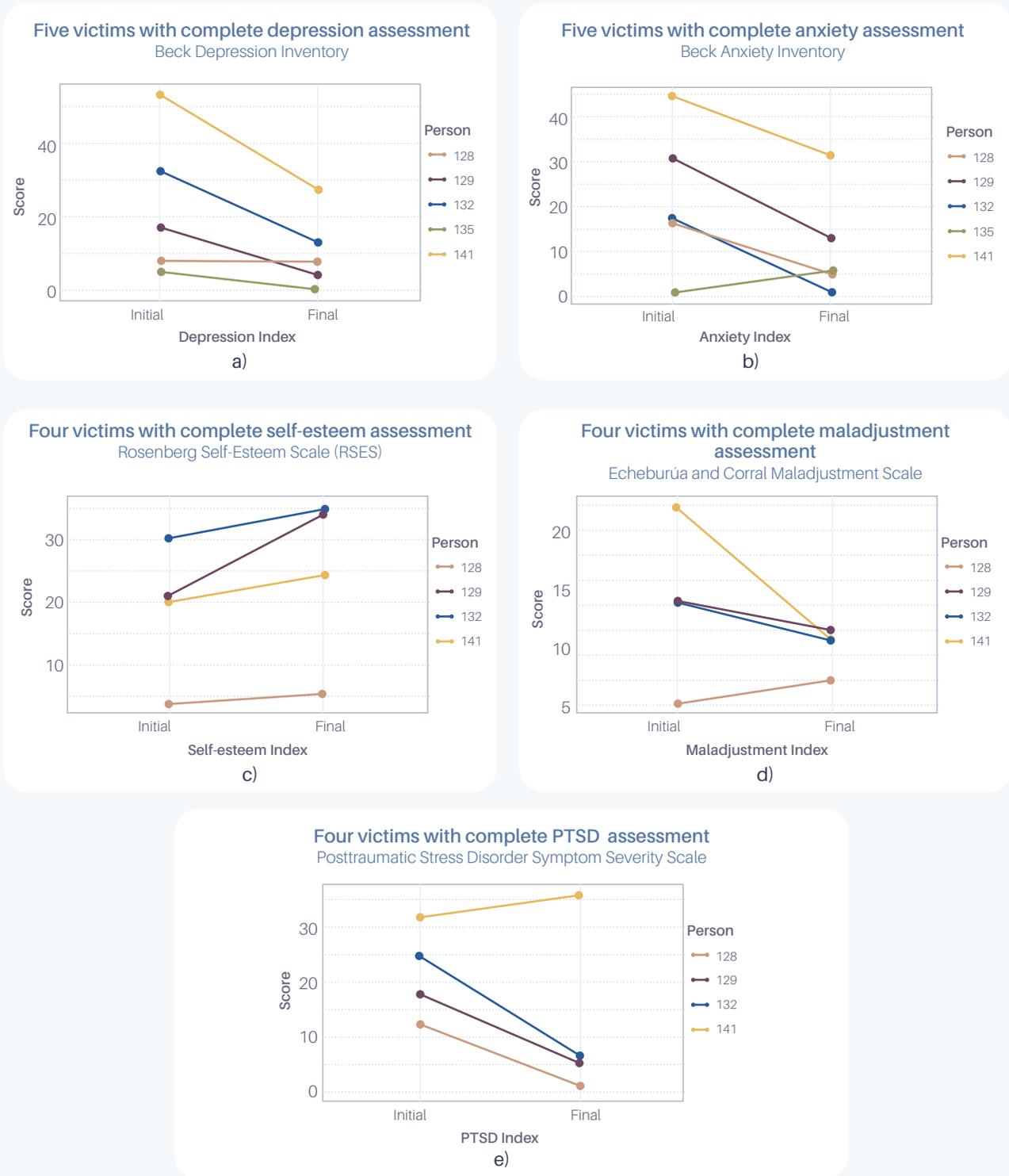
In the BAI test, four of the five survivors succeeded in reducing their score. Particularly striking is the person with ID number 132, who saw her score decrease by 94%, from 18 points to 1 point. The only person whose score increased (ID 135) compared to her initial assessment continued to show a low level of anxiety (see Graph 4.5, panel b).

On the RSES test, all four survivors for whom there is a complete assessment (i.e., initial and final test scores) increased their RSES score, indicating an increase in their self-esteem (see Graph 4.5, panel c).

In the ECMS test, three of the four survivors for whom there is a complete assessment (i.e., upon their admission and prior to their discharge) showed a decrease in their score. The person with the highest score at the time of her admission (ID 129) saw her score fall by 61%, from 23 points to nine. The person who recorded the lowest score upon her admission (ID 128) showed a marginal increase in her level of maladjustment from 3 to 5 (see Graph 4.5, panel d).

Lastly, in the PTSSSS test, the scores of three of the four survivors fell significantly, by between 67% and 92%. In contrast, the person with the highest score at the time of her admission (ID 141) experienced no reduction in her posttraumatic stress disorder (PTSD) symptoms.

GRAPH 4.5. Comparison of initial and final psychological assessments at the FCC



Note: The panels of the graphs show a comparison between the psychological assessments carried out on survivors between 2017 and 2020 upon their admission to the FCC and at the end of their time there. [Panel a\)](#) shows the results of the BDI test; [panel b\)](#) the results of the BAI test; [panel c\)](#) the results of the RSES test; [panel d\)](#) the results of the ECMS test; and, lastly, [panel e\)](#) the results of the PTSSSS test.

5. Employment after leaving the FCC

Getting a job after leaving the FCC is one of the first successful outcomes of the program, as it represents a crucial step towards the girls' and young women's independence and integration into society. This analysis is based on data on 27 survivors who managed to do this despite the initial hurdles they faced. For example, upon their arrival at the FCC, 35% of them had an addiction, 44% had health problems, 35% had a psychological disorder, 77% had suffered physical violence, 88% had suffered emotional and verbal violence, and only 33% had any kind of work experience.

Despite this, these young survivors succeeded in gaining 4 years of schooling (the median of the sample). Of this group, 80% achieved learning gains; however, the difference between them is wide, which is reflected in a standard variation of 3.9 years. Several of the girls and young women made substantial gains, going on to high school, vocational programs, and even college (see Table 4.8).

TABLE 4.8 Percentage distribution of the learning gains of the girls and young women who went into employment upon leaving the FCC

Learning gains	Percentage
Started with no schooling and reached high school	7%
Started at an elementary school level and reached middle school	7%
Started at an elementary school level and reached high school	15%
Started at a middle school level and reached high school	7%
Started at a middle school level and went on to either college or a post-high school vocational course	15%
Made progress in high school	11%
Started at a high school level and went on to either college or a post-high school vocational course	4%
Admitted while doing post-high school vocational training and went on to college	11%
No improvement in years of schooling	22%

Meanwhile, 74% of the survivors met their medium-term goals and 63% met their long-term ones. There therefore appears to be a link between getting a job and learning gains, and also with the survivors' achievement of their medium- and long-term goals.

6. Concluding remarks

The analysis of the Fundación Camino a Casa program provides several lessons and gives rise to a number of recommendations.

When we looked at education, we found that the time a young woman spends in the program significantly affects her learning gains. Depending on the analytical approach used, every additional year at the foundation is associated with learning gains of between 2.5 and 7.5 months. This academic progress is significant given the educational lag the survivors have when they are admitted to the FCC. From this perspective, there are major gains to be made from designing strategies to enable survivors to extend their stay. For example, a four-year stay at the foundation would mean

that upon leaving, survivors would have an average of between 1 and 2.5 years of learning gains. If a survivor came to the foundation having completed her elementary education, on average she would leave it having completed middle school, which in the end would mean a substantial improvement in her life, as she would earn at least 4% more when she enters the labor market and have the possibility of going on to high school and, further down the line, to tertiary education. There have been several cases of this at the foundation.

Staying longer in the program also makes it more likely that a survivor will achieve her short- and medium-term goals. Staying one extra year at the foundation increases the likelihood of a survivor's reaching her goals by around 50%. In contrast, being sexually exploited at an earlier age has a significant negative impact on the survivor's ability to achieve her medium- and long-term goals. A specific strategy of action for survivors who have suffered sexual abuse in childhood needs to be designed to ensure they are in the best possible position to achieve these goals. Educational lag also increases the likelihood of a survivor's not meeting her medium- and long-term goals, which underscores the importance of efforts to increase formal education.

With regard to the psychological profile of the survivors, though little data is available, the initial analysis suggests there has been a substantial improvement in the scores obtained on the five psychological tests looked at. Nevertheless, the testing of survivors upon their admission and prior to their departure should continue in order to allow a formal statistical analysis to be carried out.

It would also be a good idea to endeavor to gather information from the women who have completed their stay at the foundation and to implement a protocol for following up on those who have recently left. This would make it possible to identify profiles that would allow positive results to be obtained and to evaluate additional effects of the program, such as on employment, earnings, family development, use of toxic substances, and so on.

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ANNEX A. TABLE A1. Regressions of educational attainment with added controls for school grade

	Dependent variable:						
	Educational attainment						
	(R1)	(R2)	(R3)	(R4)	(R5)	(R6)	(R7)
Time spent at the FCC (in months)	0.037 (0.024)	0.038 (0.025)	0.050* (0.028)	0.054* (0.029)	0.060** (0.027)	0.058** (0.024)	0.016*** (0.004)
Poor at time of admission to the FCC		0.067 (0.902)	0.304 (0.854)	0.525 (0.861)	0.929 (1.139)		0.272 (0.227)
Age when sexual exploitation began			0.083 (0.145)	0.064 (0.198)	0.051 (0.215)		0.046 (0.034)
Duration of sexual exploitation (in months)			0.021 (0.017)	0.017 (0.022)	0.017 (0.024)	0.022*** (0.011)	0.005 (0.004)
Pregnancy				2.940 (2.082)	3.235 (2.381)	2.263** (1.194)	0.824*** (0.254)
Unwanted pregnancies				-1.674 (1.790)	-1.943 (2.079)	-1.650 (1.222)	-0.378 (0.275)
Has children				-0.574 (1.785)	-0.731 (2.099)		-0.243 (0.258)
Admitted to the FCC with a psychological disorder					-0.808 (0.927)		-0.327* (0.198)
Admitted to the FCC with addictions					-0.412 (1.333)		-0.163 (0.185)
Attended school while at the FCC					0.823 (2.322)	1.468 (1.014)	0.085 (0.257)
Educational lag at time of admission					-0.527 (2.302)		-0.140 (0.314)
No schooling	2.791 (2.964)	2.734 (3.089)	1.671 (3.645)	1.065 (3.537)	1.830 (3.715)	2.443 (2.706)	0.416 (0.514)
At least one grade of elementary school	-0.535 (0.863)	-0.579 (1.065)	-0.586 (1.502)	-1.114 (1.704)	-0.540 (2.096)		-0.188 (0.450)
At least one grade of middle school	-1.140 (1.008)	-1.183 (1.178)	-1.213 (1.457)	-1.741 (1.706)	-1.018 (2.104)		-0.296 (0.404)
At least one grade after middle school	-1.386 (1.657)	-1.430 (1.806)	-1.913 (2.299)	-2.781 (2.663)	-2.495 (3.063)		-0.684 (0.475)
Constant	4.109*** (0.754)	4.105*** (0.758)	1.716 (3.543)	2.029 (4.604)	2.152 (5.488)		0.325 (0.827)
Observations	52	52	48	47	47	47	82
Adjusted R²	0.120	0.101	0.112	0.170	0.142	0.383	
F-statistic	2.875**	1.952*	1.741*	1.857*	1.798*	4.032***	

Note: Models R1-R6 correspond to classical regression models; observations with zero educational attainment have been filtered out. Model R6 is a stepwise model. Model R7 corresponds to the specification that allows for zero-inflated data and considers the entire population. The standard errors reported for the first six models correspond to the robust H0 versions.

Significance levels: 0 '***' 0.01 '**' 0.05 '*' 0.1.

ANNEX B Description of the constructed database

Variable	Explanation
Primary or secondary ID	Is the person a primary or secondary survivor?
Person ID	What is the ID number or code of the person admitted to the FCC program?
Study suitability	Is the person suitable for the program? 1 = Yes, 0 = No
Target population	Did/does this person belong to the target population? 1 = Yes, 0 = No
Active	Is the person currently in the FCC program? 1 = Yes, 0 = No
Place rescue	Location where survivor was rescued
Date rescue	Date rescued
Previous facility	Was the person at any type of support facility prior to coming to the FCC?
Referring institution	Referring institution
Month admission	What month was the person admitted to the FCC program?
Year admission	What year was the person admitted to the FCC program?
Age admission	How old was the person when they were admitted to the FCC program?
Sex	What is the sex of the person in question?
Marital status admission	What was the person's marital status when they were admitted to the FCC program?
Home state	What is the person's home state?
Home municipality	What municipality is the person from?
Nationality	What nationality is the person admitted to the FCC program?
Admission poverty	Is there any reason to believe that the person was living in poverty?
Malnutrition	Did the person show any signs of malnutrition when they were admitted to the FCC? 1 = Yes, 0 = No
Dehydration	Did the person show any signs of dehydration when they were admitted to the FCC? 1 = Yes, 0 = No
Minor injuries	Were any minor injuries noted on the person when they were admitted to the FCC? 1 = Yes, 0 = No
Serious injuries	Were any serious injuries noted on the person when they were admitted to the FCC? 1 = Yes, 0 = No
Disability	Did the person have a disability at the time they were admitted to the FCC program? 1 = Yes, 0 = No
Type disability	If Yes = 1 to the above, what type of disability?
Identify Indigenous	Does the person identify as indigenous? 1 = Yes, 0 = No
Spanish-speaking	Does the person speak Spanish? 1 = Yes, 0 = No
Initial schooling	What was the person's level of schooling at the time they were admitted to the FCC program?
Schooling mother	What was the highest level of schooling of the mother of the person admitted to the FCC program?
Schooling father	What was the highest level of schooling of the father of the person admitted to the FCC program?
Pre-trafficking work experience	Prior to being trafficked, did the person have a job (other than sex work)? 1 = Yes, 0 = No
Pre-trafficking family violence	Did the person suffer family violence prior to being trafficked? 1 = Yes, 0 = No
Pre-trafficking family sexual abuse	Was the person sexually abused by any family member(s) prior to being trafficked? 1 = Yes, 0 = No
Age family sexual abuse	If Yes = 1 to the above, how old was the person the first time they were sexually abused?
Pre-trafficking partner violence	Did the person suffer intimate partner violence prior to being trafficked? 1 = Yes, 0 = No

Pre-trafficking digital violence	Was the person a survivor of digital or online violence? 1 = Yes, 0 = No. Online or digital violence against women is any act of violence against a woman because of the very fact that she is a woman that is committed, facilitated, or made worse through the use of information and communications technology (cell phones, the Internet, social media, video games, text messages, e-mails, and so on).
Pre-trafficking cyberbullying	Was the person a survivor of cyberbullying (i.e., the sending of intimidating or threatening messages)? 1 = Yes, 0 = No.
Pre-trafficking sexting	Was the person a survivor of sexting (i.e., the sending of messages or photos containing explicit content without the consent of the person to whom they are directed)? 1 = Yes, 0 = No.
Pre-trafficking mutilation	Was the person subjected to female mutilation? 1 = Yes, 0 = No. Female genital mutilation (FGM) comprises all procedures that involve intentionally altering or injuring the female genitalia for non-medical reasons.
Pre-trafficking rape	Did the person suffer one or more rapes prior to being trafficked? 1 = Yes, 0 = No
Facilitator partner trafficking	Who introduced the person to trafficking? Was it their intimate partner? 1 = Yes, 0 = No
Facilitator dysfunctional family	Was the person living in a dysfunctional family prior to being trafficked?
Facilitator immigration issues	Did the person have any immigration issues prior to being trafficked?
Facilitator family abandonment	Was the person abandoned by their family prior to being trafficked?
Facilitator threats	Did the person ever receive death threats prior to being trafficked?
Victim pornography	Was the person ever forced to pose for pornographic material?
TraffickingType Sexual Exploitation	Was the person a survivor of sexual exploitation?
TraffickingType Forced begging	Was the person a survivor of exploitation in the form of forced begging?
TraffickingType Forced criminal activity	Was the person a survivor of exploitation in the form of forced criminal activity?
TraffickingType Forced marriage	Was the person a survivor of exploitation in the form of forced marriage?
TraffickingType Sale of babies	Was the person a survivor of exploitation for baby-selling?
TraffickingType Organ harvesting	Was the person a survivor of exploitation for the purpose of organ harvesting?
Age first sexually exploited	How old was the survivor when they were first trafficked for sexual exploitation?
Duration sexual exploitation	How many months was the survivor subjected to sexual exploitation?
Addictions	Did the person have any addictions when they were admitted to the shelter? 1 = Yes, 0 = No
Addiction level	If Yes = 1 to the above, were the addictions mild or severe??
Alcohol use	Did the person ever consume alcohol during the time they were being trafficked? 1 = Yes, 0 = No
Alcohol frequency	How often did they consume alcohol?
Alcohol addiction	Did the person have an alcohol addiction? 1 = Yes, 0 = No
Marijuana use	Did the person ever use marijuana during the time they were being trafficked? 1 = Yes, 0 = No
Marijuana frequency	How often did they use marijuana?
Marijuana addiction	Did the person have a marijuana addiction? 1 = Yes, 0 = No
Cocaine use	Did the person ever use cocaine during the time they were being trafficked? 1 = Yes, 0 = No
Cocaine frequency	How often did they use cocaine?
Cocaine addiction	Did the person have a cocaine addiction? 1 = Yes, 0 = No
Inhalant use	Did the person ever use inhalants during the time they were being trafficked? 1 = Yes, 0 = No
Inhalant frequency	How often did they use inhalants?
Inhalant addiction	Did the person have an inhalant addiction? 1 = Yes, 0 = No
Pill use	Did the person ever use pills during the time they were being trafficked? 1 = Yes, 0 = No
Pill frequency	How often did they use pills?

Pill addiction	Did the person have a pill addiction? 1 = Yes, 0 = No
Tobacco use	Did the person ever use tobacco during the time they were being trafficked? 1 = Yes, 0 = No
Tobacco frequency	How often did they use tobacco?
Tobacco addiction	Did the person have a tobacco addiction? 1 = Yes, 0 = No
Previous substance abuse treatment	Has the person ever been in a substance-abuse treatment program? 1 = Yes, 0 = No
Num prev substance treat	If Yes = 1 to the above, how many substance-use prevention treatments/programs has the person been in?
Physical violence	Did the person suffer physical violence during the time they were being trafficked? 1 = Yes, 0 = No
Frequency physical	If Yes = 1 to the above, how often did this type of violence occur?
Start physical	When did this type of violence begin?
Emotional violence	Did the person suffer emotional violence during the time they were being trafficked? 1 = Yes, 0 = No
Frequency emotional	If Yes = 1 to the above, how often did this type of violence occur?
Start emotional	When did this type of violence begin?
Verbal violence	Did the person suffer verbal violence during the time they were being trafficked? 1 = Yes, 0 = No
Frequency verbal	If Yes = 1 to the above, how often did this type of violence occur?
Start verbal	When did this type of violence begin?
Aggression blows	Was the person ever beaten during the time they were being trafficked? 1 = Yes, 0 = No
Aggression broken bones	Did the person suffer any broken bones during the time they were being trafficked? 1 = Yes, 0 = No
Aggression burns	Did the person suffer any burns during the time they were being trafficked? 1 = Yes, 0 = No
Aggression cuts	Was the person ever cut during the time they were being trafficked? 1 = Yes, 0 = No
Aggression bleeding	Was the person ever made to bleed during the time they were being trafficked? 1 = Yes, 0 = No
Aggression forced miscarriages/ abortions	Was the person ever caused to miscarry or forced to have an abortion during the time they were being trafficked? 1 = Yes, 0 = No
STI	Did the person contract any STIs during the time they were being trafficked? 1 = Yes, 0 = No
STI human papillomavirus	If the response to the question on STIs is 1, did the person contract human papillomavirus? 1 = Yes, 0 = No
STI HIV	If the response to the question on STIs is 1, did the person contract HIV? 1 = Yes, 0 = No
STI gonorrhea	If the response to the question on STIs is 1, did the person contract gonorrhea? 1 = Yes, 0 = No
STI other	If the response to the question on STIs is 1, did the person contract any other STI? 1 = Yes, 0 = No
STI medical care trafficking	Did the person have access to medical services to manage any STIs during the time they were being trafficked? 1 = Yes, 0 = No
STI medical care pre-FCC	Did the person have access to medical services to manage any STIs after they were trafficked and before they came to the FCC? 1 = Yes, 0 = No
Suicide attempt trafficking	Did the person ever attempt suicide during the time they were being trafficked? 1 = Yes, 0 = No
Threat H murder	Did anyone ever threaten to kill the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat H beating	Did anyone ever threaten to hit the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat H burning	Did anyone ever threaten to burn the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat H tying up	Did anyone ever threaten to tie the person up during the time they were being trafficked? 1 = Yes, 0 = No
Threat H stabbing	Did anyone ever threaten to stab the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat H shooting	Did anyone ever threaten to shoot the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat H harming family	Did anyone ever threaten to harm the person's family during the time they were being trafficked? 1 = Yes, 0 = No

Threat H suicide	Did anyone ever blackmail the person by threatening to commit suicide during the time they were being trafficked? 1 = Yes, 0 = No
Threat C beating	Did anyone ever carry out a threat to hit the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat C burning	Did anyone ever carry out a threat to burn the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat C tying up	Did anyone ever carry out a threat to tie up the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat C stabbing	Did anyone ever carry out a threat to stab the person during the time they were being trafficked? 1 = Yes, 0 = No
Threat C shooting	Did anyone ever carry out a threat to shoot during the time they were being trafficked? 1 = Yes, 0 = No
Threat C harming family	Did anyone ever carry out a threat to harm the person's family during the time they were being trafficked? 1 = Yes, 0 = No
Threat C suicide	Did anyone ever carry out a threat to commit suicide after using that threat to blackmail the person during the time they were being trafficked? 1 = Yes, 0 = No
Confinement	Did the person ever file a complaint about being held captive during the time they were being exploited? 1 = Yes, 0 = No
Duration confinement	If Yes = 1 to the above, how long did the person report having been kept captive for?
Food insecurity trafficking	Did the person report ever having suffered from food insecurity during the time they were being trafficked? 1 = Yes, 0 = No. According to the FAO, "A person is food insecure when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. This may be due to unavailability of food and/or lack of resources to obtain food."
Chance escape	Did the person ever have the chance to escape during the time they were being trafficked?
Average clients a day	How many clients a day did the person have to service on average during the time they were being trafficked? (If the person provided an estimate using two numbers, use the higher of the two.)
Use contraception	Did the person use any type of contraception to avoid getting pregnant during the time they were being trafficked? 1 = Yes, 0 = No
Use barrier methods	Did the person use any type of barrier method to avoid getting an infection or disease during the time they were being trafficked? 1 = Yes, 0 = No
Pregnancy	Has the person ever been pregnant? 1 = Yes, 0 = No
Unwanted pregnancy	Has the person ever had an unwanted pregnancy? 1 = Yes, 0 = No
Number miscarriages/ abortions	How many miscarriages and/or abortions has the person had?
Has children	Does the person have any children? 1 = Yes, 0 = No
Number sons	How many sons does the person have?
Number daughters	How many daughters does the person have?
Age oldest child	How old is their oldest child?
Fear for child	Did the person report being afraid that something might happen to their child(ren)? 1 = Yes, 0 = No
Relationship to recruiter	Family member/Partner/Acquaintance/Stranger
Number exploiters	How many male and/or female pimps did the person have?
Sex Exp1	What is the sex of exploiter 1?
Sex Exp2	What is the sex of exploiter 2? (If the person was exploited by more than 1 person)
Sex Exp3	What is the sex of exploiter 3? (If the person was exploited by more than 2 people)
Sex Exp4	What is the sex of exploiter 4? (If the person was exploited by more than 3 people)
Prior complaint exploiters	Did the person ever file a complaint against the people who abused or exploited them? 1 = Yes, 0 = No
Prior complaint effective	If Yes = 1 to the above, did the complaint have a positive outcome? 1 = Yes, 0 = No
Desire future complaint	If you had all the support you need (asked at the initial interview upon admission), would you like to file a complaint against your aggressors one day? 1 = Yes, 0 = No
Minor health issues at admission	Did the person have any minor medical issues when they were admitted to the FCC? 1 = Yes, 0 = No
Reported minor health issues	Did the referring authority inform the staff that the person had minor medical issues? 1 = Yes, 0 = No

Serious health issues at admission	Did the person have any serious medical issues when they were admitted to the FCC? 1 = Yes, 0 = No
Reported serious health issues	Did the referring authority inform the staff that the person had serious medical issues? 1 = Yes, 0 = No
Psychological disorders at admission	Did the person have any psychological disorders when they were admitted to the FCC? 1 = Yes, 0 = No
Reported psychological disorders	Did the referring authority inform the staff that the person had psychological disorders? 1 = Yes, 0 = No
Psychological data	Are the quantitative psychological assessments listed below available for the person (for both when they were admitted and prior to their departure)? 1 = Yes, 0 = No. If not, ignore these questions.
Initial BDI	What was the person's Beck Depression Inventory score when they entered the program?
Final BDI	What was the person's Beck Depression Inventory score when they left the program?
Initial BAI	What was the person's Beck Anxiety Inventory score when they entered the program?
Final BAI	What was the person's Beck Anxiety Inventory score when they left the program?
Initial RSES	What was the person's Rosenberg Self-Esteem Scale score when they entered the program?
Final RSES	What was the person's Rosenberg Self-Esteem Scale score when they left the program?
Initial ECMS	What was the person's Echeburúa and Corral Maladjustment Scale score when they entered the program?
Final ECMS	What was the person's Echeburúa and Corral Maladjustment Scale score when they left the program?
Initial TBS	What was the person's Target Behavior Scale score when they entered the program?
ECO final	¿Cuál fue la calificación obtenida en la Escala de Conductas-Objetivo a la salida del programa?
EGSEPT inicial	¿Cuál fue la calificación obtenida en la Escala de Gravedad de Síntomas del Trastorno de Estrés Postraumático a su llegada al programa?
Final TBS	What was the person's Target Behavior Scale score when they left the program?
Initial PTSSSS	What was the person's Posttraumatic Stress Disorder Symptom Severity Scale score when they entered the program?
Final PTSSSS	What was the person's Posttraumatic Stress Disorder Symptom Severity Scale score when they left the program?
Suicide attempt FCC	During their time in the program, did the person ever attempt suicide?
Social adjustment	Compared to the rest of those who have spent time at the FCC and on a scale from 1 to 5 (1 being the lowest score), how did the person deal with the environment there during their own stay?
Illiterate at admission	Did the person know how to read and write when they first were admitted to the FCC? 1 = Yes, 0 = No
Attending school at admission	Was the person attending school when they were first admitted to the FCC? 1 = Yes, 0 = No
Educational lag at time of admission	Is the person between 3 and 21 years old, has completed compulsory education, and is not currently attending any formal educational institution? 1 = Yes, 0 = No
Pre-FCC Elementary school	Had the person already completed elementary school by the time they were admitted to the FCC? 1 = Yes, 0 = No
Pre-FCC Middle school	Had the person already completed middle school by the time they were admitted to the FCC? 1 = Yes, 0 = No
Pre-FCC High school	Had the person already completed high school by the time they were admitted to the FCC? 1 = Yes, 0 = No
Pre-FCC College	Had the person already gained a college degree/vocational qualification by the time they were admitted to the FCC? 1 = Yes, 0 = No
Elementary school with FCC	Did the person complete elementary school while they were at the FCC? 1 = Yes, 0 = No
Middle school with FCC	Did the person complete middle school while they were at the FCC? 1 = Yes, 0 = No
High school with FCC	Did the person complete high school while they were at the FCC? 1 = Yes, 0 = No
College with FCC	Did the person complete a college degree/post-high school vocational course while they were at the FCC? 1 = Yes, 0 = No
Elementary school average without FCC	What is the person's elementary school grade average?
Middle school average without FCC	What is the person's middle-school grade average?
High school average without FCC	What is the person's high school-school grade average?

Middle school average with FCC	What is the person's middle-school grade average?
High school average with FCC	What is the person's high school-school grade average?
College average with FCC	What is the person's college/post-high school vocational course grade average?
Elementary school type	Public or private
Middle school type	Public or private
High school type	Public or private
College type	Public or private
Academic recognition Elementary school	To the best of your knowledge, did the person receive any kind of recognition in this grade level, such as a scholarship or an award? 1 = Yes, 0 = No
Academic recognition Middle school	To the best of your knowledge, did the person receive any kind of recognition in this grade level, such as a scholarship or an award? 1 = Yes, 0 = No
Academic recognition High school	To the best of your knowledge, did the person receive any kind of recognition in this grade level, such as a scholarship or an award? 1 = Yes, 0 = No
Academic recognition College	To the best of your knowledge, did the person receive any kind of recognition in this grade level, such as a scholarship or an award? 1 = Yes, 0 = No
Complaint filed	Did the person report their aggressor(s) before they left the FCC? 1 = Yes, 0 = No
Satisfactory outcome	If the person reported their aggressor(s), was the outcome satisfactory? 1 = Yes, 0 = No
Achievement of ST goals	Did the person achieve the short-term goals set in their Life Plan? 1 = Yes, 0 = No
Achievement of MT goals	Did the person achieve the medium-term goals set in their Life Plan? 1 = Yes, 0 = No
Achievement of LT goals	Did the person achieve the long-term goals set in their Life Plan? 1 = Yes, 0 = No
Social activist	Was the person part of the FCC's social activist program? 1 = Yes, 0 = No
Month left	What month did the person leave the shelter?
Year left	What year did the person leave the shelter?
Time in program	How long was the person in the program/at the shelter?
Final age	How old was the person when they left the foundation?
Left own volition	Did the person leave the foundation of their own volition? 1 = Yes, 0 = No
Left transfer	Did the person leave the foundation to go to another refuge/shelter? 1 = Yes, 0 = No
Left rule breach	Did the person leave the foundation because they broke the rules? 1 = Yes, 0 = No
Left completed	Did the person leave the foundation because they had completed the program? 1 = Yes, 0 = No
New program	Did the person enter another program after they left the FCC? 1 = Yes, 0 = No
Follow-up contact	Did the person leave any contact details to be able to follow up on their case? 1 = Yes, 0 = No
Discharge safety	Did the person leave the foundation safe in the knowledge that their former abuser would no longer be able to locate them? 1 = Yes, 0 = No
Time out	How many months ago did the person leave the foundation?
Return	Has the person ever gone back to the sex trade? 1 = Yes, 0 = No
Subsequent employment	Did the person manage to find a job when they left the foundation? 1 = Yes, 0 = No
Possibility financial independence	Does the person make enough money to support themselves and their family? 1 = Yes, 0 = No
Final schooling	What was the highest level of education the person had achieved by the time they left the foundation?
Subsequent suicide attempt	Did the person attempt or commit suicide after they left the foundation? 1 = Yes, 0 = No
Subsequent addictions alcoholism	Does the person currently (i.e., since leaving the shelter) have any alcohol-related addiction? 1 = Yes, 0 = No
Subsequent addictions drugs	Does the person currently (i.e., since leaving the shelter) have any other kind of drug addiction? 1 = Yes, 0 = No
Banking	Was the person able to open a bank account when they left the foundation? 1 = Yes, 0 = No



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History and Analysis
of a Model for Reclaiming
and Empowering Lives





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