WHERE ARE THE BOYS? A DIFFERENT LENS FOR UNDERSTANDING SEXUAL EXPLOITATION & TRAFFICKING OF ADOLESCENTS & YOUNG ADULTS

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An ECPAT-USA discussion paper about the lack of recognition of the commercial sexual exploitation of boys in the United States
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We are extremely grateful to the 40 informants who took the time to answer survey questions. We are also indebted to the experts who read the draft study and gave substantive content.
AND BOYS TOO

Needed: A Spotlight on Commercial Sexual Exploitation of Boys

Many youth talked at length about the shame, stigma, degradation and loneliness that they felt. They added that being labeled and stigmatized by their family, peers, and society overall, left them with low self-esteem and self-worth, which often resulted in an inability to leave “the life.” Beside the self-loathing that they experienced from participating in CSEC markets, one of the youths’ biggest dislikes was providing sexual services to strangers, and the risk of being raped or killed weighed most on their minds.

The Commercial Sexual Exploitation of Children in New York City, 2008

EXECUTIVE SUMMARY

The long-existing commercial sexual exploitation of children (CSEC) in the United States began to gain attention after the enactment of the Trafficking Victims Protection Act of 2000 (TVPA) and its reauthorizations in 2003, 2005, 2008 and 2013. During this period, nearly all the attention of state and local governments, law enforcement, and service providers has been focused on sexually exploited adolescent girls. While there has been some increased awareness about sexually exploited boys in the U.S. over the past several years, most law enforcement and services providers often miss them entirely or view them as too few to be counted or not in need of services. The little notice given to boys primarily identifies them as exploiters, pimps and buyers of sex, or as active and willing participants in sex work, not as victims or survivors of exploitation.

While awareness of commercial sexual exploitation of boys (CSEB) has paled next to that of commercial sexual exploitation of girls (CSEG), two important studies in the past 12 years, The Commercial Sexual Exploitation of Children in the U.S., Canada and Mexico by Estes and Weiner (2001) and The Commercial Sexual Exploitation of Children in New York City by Curtis et al. (2008), have estimated that high percentages of commercially sexually exploited children in the U.S. are boys. In order to examine why CSEB receive much less attention and to question the widespread popular assumptions that they are willing participants or even exploiters and not victims, ECPAT-USA has carried out a study to examine available information about CSEB, their participation in CSEC, and services available to them. The study conducted a number of desk reviews that were supplemented by interviews with 40 key service providers and youth agencies.

The research explored several questions relating to the existence and circumstances of CSEB: Do they exist? What are their backgrounds? Who are their exploiters? At what age are they exploited? What are their needs and what services are available to meet those needs? Although many of the answers were inconclusive, several

clear findings and messages stood out. Most significantly, responses from service providers clearly indicate that the scope of CSEB is vastly under reported, that commercial sexual exploitation poses very significant risks to their health and their lives; that gay and transgenders are over-represented as a proportion of the sexually exploited boys; and that there is a shortage of services for these boys. The fact that boys and young men may be less likely to be pimped or trafficked highlights the fact that even if there is no third party involved in the commercial transaction, “buyers/exploiters” of sexually exploited children should be prosecuted under anti-trafficking statutes.

Based on our research and responses from service providers, ECPAT-USA proposes a number of recommendations. Two immediate needs are clear: first, to raise awareness about the scope of CSEB and second, to expand research about which boys are vulnerable to sexual exploitation and how to meet their needs.
INTRODUCTION: WHY THIS STUDY

Attention to commercial sexual exploitation of children (CSEC) in the U.S. has increased significantly with passage of the Trafficking Victims Protection Act (TVPA) and its subsequent reauthorizations. Since the Act’s original passage in 2000, U.S. federal law defines anyone under 18 years of age who is “induced to perform a commercial sex act” as a victim of human trafficking, not as a criminal. In addition, beginning in 2010, the annual Trafficking in Persons Report published by the U.S. Department of State Trafficking in Persons Office has acknowledged CSEC in the U.S. Understandably, most of the focus of law enforcement, government, media, policy makers, service providers, researchers, and funders has been on commercial sexual exploitation of girls (CSEG). Commercially sexually exploited boys (CSEB), on the other hand, who may be considered too few to be counted or not in need of help or services, have registered as a barely visible blip on the radar. The little attention paid to boys has focused on them as exploiters, pimps and buyers of sexual services or as active participants in sex work—not as victims or survivors. Most service providers who were interviewed for this report in 2010-11, acknowledge the existence of CSEB yet only provide services to CSEG or are unwilling or unable to help boys.

The John Jay College and the Center for Court Innovation study The Commercial Sexual Exploitation of Children in New York City in 2008 estimated that as high as 50% of the commercially sexually exploited children in the U.S. are boys. The 2001 study by Estes and Weiner cited above also estimated that a large percentage of the CSE population is boys. ECPAT-USA undertook a study to shine a spotlight on boys by questioning these common assumptions and by further exploring available information about the role of boys and young men as victims of CSEC.

METODOLOGY

Despite strong anecdotal information, the absence of empirical data makes it difficult to challenge or look beyond appearances suggesting that boys engaged in prostitution are willing participants or exploiters themselves. Based on the two studies cited above, the ECPAT-USA study surveyed a number of published and unpublished literature reviews on the topic, supplementing and measuring them against interviews with 40 key informants, mainly providers or services to sexually exploited children and youth agencies. The questionnaire is in the Appendix of this report. The study was also shared for comments with key experts who work with sexually exploited boys in the field before it was published and distributed.

ECPAT-USA’s study explored the following questions:

- What is the extent of CSEB in the United States?
- Why are boys vulnerable to sexual exploitation?
- Who are their exploiters—are they under the control of pimps/traffickers?
- What in their age of entry into “the life,” their race and ethnicity?
- What is their sexual orientation and gender identity?
- What are the long-term health outcomes of their exploitation?

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What is their relationship to law enforcement?
What are their needs and what services are available?

And finally, the emerging evidence provided a reasonable answer to the question: Why are CSE boys so frequently ignored?

**Contributing factors to why CSE boys and young men are not getting identified or served.**

- The unwillingness of boys to self-identify as sexually exploited due to shame and stigma about being gay or being perceived as gay by family and community.
- A lack of screening and intake by law enforcement and social services agencies rooted in the belief that boys are not victims of CSE.
- Limited outreach by anti-trafficking organizations to areas, venues and tracks known for male prostitution.
- Oversimplification of the reality that boys are not generally pimped hides the needs and misinforms potential services.

**FINDINGS**

Modest but clear findings surfaced: that the scope of CSEB is vastly under reported and much more needs to be done to identify sexually exploited boys as young people in need of protection; to raise awareness about the impact of CSEB; and to provide specialized services for them.

**Male sex workers seen as having more agency and choice.**

The invisibility of men and boys in scholarly discussions of the global sex trade was analyzed through a sample of 166 recent articles published in social science journals. Most failed to acknowledge the existence of male sex workers at all. When male sex workers were discussed, they were assigned considerably more agency than female sex workers, the chief danger ascribed to them was HIV rather than violence, and the question of their sexual orientation was always addressed, whereas female sex workers were always assumed heterosexual. The results are discussed in the context of world system theory, Orientalism, and heteronormativity.

**Source:** Dennis, J. (2008). Women are Victims, Men Make Choices: The Invisibility of Men and Boys in the Global Sex Trade. *Gender Issues, 25*(1).

Based on the desk review and interviews, several noteworthy findings emerged to varying degrees among the key informants. Some were predictable, others surprising. Although the study did not use the situation of girls as a baseline, comparisons are likely and logical, and similarities and differences in gender behavior and experience and treatment also surfaced.
Existence and scope of commercial sexual exploitation of boys

The most significant finding was the unexpectedly large number of boys who are CSE. Without exception, the key informants noted that CSEB and young men exist in their communities; none said they did not. The fact that the majority of U.S. research on boys has focused on runaway and homeless youth, who may or may not engage in CSE and who are almost never tracked or even asked in intake interviews appears to indicate that research has failed to focus specifically on CSEB but rather views it within the context of the homelessness and street life.

Researchers in the 2008 study The Commercial Sexual Exploitation of Children in New York City by John Jay College and the Center for Court Innovation reported their own surprise at the large number of boys who showed up to be interviewed for their “self-reporting” study, which was not looking for gender differences. Even though boys had been previously mentioned by some policy makers, practitioners and researchers, this study did not focus on them as a significant segment of the market or on their unique sets of problems. The report said: “While we might argue about the relative proportion of boys versus girls in the sex market, there can be little doubt that boys are far more numerous...than is commonly acknowledged. Policy makers and practitioners who are concerned about the growth of CSEC markets need to account for and respond to all of the youth that are swept into it, yet there is scant discussion about boys, and no services for them at all.”

High rates of sexual abuse in the home predicts sexual victimization on the street.

Path analysis was used to investigate the impact of childhood sexual abuse on later sexual victimization among 372 homeless and runaway youth in Seattle. Young people were interviewed directly on the streets and in shelters by outreach workers in youth service agencies. High rates of both childhood sexual abuse and street sexual victimization were reported, with females experiencing much greater rates compared with their male counterparts. Early sexual abuse in the home increased the likelihood of later sexual victimization on the streets indirectly by increasing the amount of time at risk, deviant peer affiliations, participating in deviant subsistence strategies, and engaging in survival sex. These findings suggest that exposure to dysfunctional and disorganized homes place youth on trajectories for early independence. Subsequently, street life and participation in high-risk behaviors increases their probability of sexual victimization.


Why boys and young men are vulnerable to commercial sexual exploitation.

As they do with many girls, both the literature and key informants indicate that boys enter the sex trade in order to meet their basic needs, including for money, shelter, food, drugs, clothing and transportation.

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Common to girls as well, the literature finds boys and young men to have high rates of previous physical and sexual abuse\(^5\) and a lack of family support,\(^6\) leaving them vulnerable and at high risk for exploitation. Most are either runaways or "throwaways," having been thrown out of the house for varied reasons. Key informants cited boys and young men turning to sex work to obtain drugs and/or turning to drugs to cope with sexual exploitation. Some also mentioned the market demand for boys, and one cited looking for love, a need that is shown to be very common with girls and young women.

### Sexual orientation and gender identity

For many boys there is also a strong link between meeting basic needs and their sexual orientation or gender identity. Many boys reported that they are thrown out of their house for being gay, bi-sexual or transgender. Finding themselves on the street leaves them at high risk for sexual exploitation in attempting to meet their basic needs. It is worth noting that although the data of self-identification connotes an overrepresentation of gay, bi-sexual, transsexual and questioning (GBTQ) youth, compared to national numbers, the same research suggests the majority are heterosexual.\(^7\)

At the same time, the LGBTQ population of CSEC is not insignificant and needs to be recognized. Although major overlap exists among all CSE youth, the experiences of transgendered youth are often unique. Lumping CSE transgendered youth in with CSE heterosexual or even gay boys and young men obfuscates, even denies the distinctive experiences of this population\(^8\) and serves no one.

### The exploiters

From the little that is known about traffickers and sexual exploiters of boys, recruitment approaches vary. For the most part, boys appear to be largely recruited by friends and peers and do not commonly have "pimps." The 2008 study on CSEC in New York City suggested the term "market facilitator" better represented the "language to describe pimps, [and] youth seemed far more willing to discuss their relationship with them."\(^9\) The majority of buyers are men, mostly white and middle or upper class, professional and married, although some are women. They find boys in many of the same places as girls: on the street,\(^10\) on the internet,\(^11\) call

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services and in clubs and bars. Boys are also bought and sold in male-specific venues, such as gay bars, and male transit areas, including truck stops and conventions, as well as on Internet sites such as rentboy.com and the male escort section of backpage.com.

**Age of entry, race and ethnicity**

In other categories, such as the age boys enter the life and their race and ethnicity, anecdotal information suggests that boys can enter the life at a similar or even younger age than girls, between 11 and 13 years for boys and young men compared to 12 and 14 years for girls.

According to the few key informants who noted race and ethnicity of the boys and young men they have seen, they appeared consistent with regions of the country: Hispanic on the West Coast, African American on East Coast, and Caucasian in the Midwest.

**Health Outcomes**

**Health of homeless youth engaged in prostitution at risk for later medical problems**

All initial visits (n=620) of runaway/homeless youths to an outpatient medical clinic over a 12-month period (July 1988 – June 1989) were analyzed. Of these visits, 467 made by youth not involved in prostitution were compared with 153 visits by youth who were involved. According to the data from an adolescent risk profile interview, homeless youth involved in prostitution are at greater risk for a wide variety of medical problems and health-compromising behaviors, including drug abuse, suicide, and depression. The implications for public health and social policy are discussed.


Overall, the mental, physical, and emotional health outcomes of the CSE boys are by all accounts, dismal with increased chances of further sexual assault at the hands of a stranger. Key informants and desk reviews are in agreement about the disproportionately high rates of illicit drug use among CSE boys, including alcohol.

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and amphetamines as well as marijuana, cocaine, ecstasy and heroine, sometimes forced on them by their pimps/traffickers in cases where a pimp or trafficker is involved. CSE boys are also reported to suffer from HIV and other STIs, Hepatitis C, depression, PTSD, anxiety and increased rate of suicide attempts. All but one key informant said that the most serious health threat was HIV and other STIs. They also said that boys were able to access healthcare services—except when they were controlled by exploiters—through free clinics, LGBTQ and refugee health centers.

Boys also endure a high level of injuries often resulting from violence, such as abscesses, broken jaws, flesh wounds, stabbings, burns, bruises and scars. Two key informants said that clients reported that injuries had come from buyers/exploiters while other respondents stated they did not know who had injured their clients. One key informant reported that a CSE boy she had worked with had been stabbed by a buyer/exploiter. Several key informants speculated that many CSE boys and young men who are homeless or street-involved also endure violence from peers. Six key informants had worked with clients who had been forcibly raped by buyers/exploiters. One key informant reported that she had worked with several CSE boys and young men who had committed suicide. Two additional service providers reported that CSE clients had spoken of CSE male friends who had committed suicide. One key informant reported that she has known CSE boys and young men who have been murdered and also CSE boys and young men who had murdered “buyers/exploiters.”

Key informants were divided evenly on whether boys disclose to medical personnel that they have been CSE. Many who do disclose their exploitation also report that the medical care they receive frequently serves runaway and homeless youth.

### Law enforcement and government agency involvement

Boys and young men represent a small percent of minors who enter the criminal justice system on prostitution charges. They are rarely identified as people arrested for prostitution or victims of human trafficking by law enforcement agencies—whether local, state or federal. Law enforcement officers do not refer boys to agencies. They look specifically for “the stereotypical girl” victim. Several key informants said that law enforcement believes that boys are not pimped and therefore not in need of services. Whether a young person has to be sold by a third party such as a pimp, trafficker or “market facilitator” in order to be identified as a victim of trafficking under U.S. law remains an unsettled question.

Key informants pointed out their belief that law enforcement has very little understanding of CSE boys. For example, when filing human trafficking reports, they would often ask: “Why couldn’t he get away? He’s a boy.” One informant said she was forced to explain to law enforcement professionals before filing a report that boys and young men can be bought and sold just like girls.

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Key informants also said that the juvenile justice system lacks understanding of CSE boys. While many are arrested on other charges, they are rarely screened for CSE. Girls, on the other hand, are more often screened for CSE and referred to agencies. One service provider reported that no boys have been referred to her agency in contrast to many girls. Many said that the juvenile justice system as well as child protective services need better training for CSEC.

**Services needed, services provided**

Although key informants without exception said they believed that CSE boys and young men existed in their community, only a small minority is willing and able to serve them. One FBI staff person called an agency to house seven CSE boys found in a sting. The spokesperson of the agency, which serves girls, said she did not know where those boys went and knew of no agencies in her area that serve boys.

**Social service agencies need to acknowledge the risk of sexual exploitation**

The article argues that it is necessary for social workers to recognize that boys are at risk for sexual exploitation. Social service providers must examine why they tend to ignore male sexual exploitation, how these attitudes lead to exploitation, and how sexual abuse affects young men later in life. Boys tend to enter into prostitution either as a means of escaping abuse at home, or as a result of early life experiences that lead them to prostitution. Characteristics of sexually exploited boys are listed, as are characteristics of young men at risk for exploitation. Cultural, societal and ethnic factors are considered.


Of the 40 informants contacted, 18 reported they would serve boys. Of 37 who have provided traffic-specific services, 15 said they are willing and able to serve CSEB and 10 already have provided services to boys. Looking only at organizations specifically focused on commercially sexually exploited children, the numbers are even lower: Only four out of 25 will serve boys and only two organizations have provided services to more than five CSEB.

Reasons for the unwillingness or inability to serve boys include:
- Programs are already filled or over capacity with girls
- Boys are not identified and/or referred by law enforcement, other social service organizations, public and/or agency outreach, nor do they self-refer
- They rarely receive referrals for or calls from boys and do not see a significant need
- They feel ill-prepared and need more training regarding CSE boys
- Boys and young men are heretofore reported not to be pimped. Therefore, entering prostitution through different pathways they may have different needs The agency has a gender-specific curriculum that is focused on girls
Organizations serving LGBTQ and runaway and homeless youth meet some boys’ needs, but are not CSEC-specific. Similarly, although some female-specific CSEC agencies will serve transgendered youth who identify as female, many will not.

Like young women, boys cite job training and housing (emergency, transitional and long-term) to allow them to leave “the life.” In a 2008 Canadian study, residential and supportive services were stated as a need by 84% of CSE young men.19 Such services include: housing, counseling, a CSEC-specific program, male CSE survivor outreach workers, school-based prevention, drop-in centers for street-involved youth, better service coverage and coordination among agencies.

**CONCLUSION: WHY BOYS ARE OVERLOOKED**

Given that CSE boys are present in all communities where there are girls and that they suffer similar outcomes, why is there so little contact with the anti-trafficking community and CSEC service providers? Desk reviews and key informants confirm that CSE boys are surrounded by a culture that is both hetero-centric and homophobic; it is a culture that portrays girls as vulnerable, weak and victims and men as strong, powerful and perpetrators.

Until the last two decades, research framed CSE boys and young men as deviants with a desire for quick sex and money.20 Although this belief is not accepted in the human trafficking community, it appears to persist in the wider culture. One key informant conversation with law enforcement officer typified this attitude as the officer referred to a 15-year old male found in a motel trafficking sting as a “sex addict” and to another who was “just doing it for the money.”

**Shame, stigma and homophobia**

The presumption that the majority of boys who are CSE are bisexual, gay or transgendered is belied by further evidence that the majority are actually heterosexual or “straight” but who do not acknowledge their status. This results not only in the likelihood of skewed statistics but also in the refusal to seek help and the adamant denial of exploitation by boys themselves.

Rooted in a culture that amplifies feelings of shame and self-loathing, this fear is very common to CSE boys and often leads to their re-identifying themselves as “hustlers” to give the illusion of control and power.21 This is much like some exploited girls who claim that selling sex gives them power and embrace terms for themselves that minimize their vulnerabilities.

Among the service providers that do not work with boys and young men, the most common response is that they do not receive calls about CSE boys, which only seems to reaffirm the common and misguided belief that boys do not need services. But their failure to screen or assess boys at intake is not evidence that CSE boys do not exist. If no one is looking, then it should not be surprising that they are not being found. Just as the chained

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foreign-born young female victim dominated (and continues to dominate) ideas of what a sex trafficking victim looks like, the pimped young American girl continues to dominate our ideas of what a domestic sex trafficking victim looks like.

**A lacking focus on male tracks and male outreach workers**

Very few key informants from trafficking-specific CSEC organizations with street outreach said that they worked in areas of “tracks” known for male prostitutes—although they know where these areas are and believe that they are where outreach workers should look. They agreed that efforts would be more successful by using male outreach workers. When asked if money fell from the sky, what would she do to expand her organization to serve boys and young men, one service provider said: “The first thing I would do is hire male survivors who know where to look.”

**Recommendations**

1. Acknowledge the existence of CSE boys and young men, their risk for physical and mental health harm, and their need for services. Include both GBTQ and heterosexual boys with attention to their different circumstances and needs
2. Raise awareness among local and federal law-enforcement officers and foster-care agencies that boys in the sex trade are victims whose fear of stigma and rejection exacerbates their denial and prevents them from acknowledging their victimization.
3. Establish screening and intake systems for CSE boys at runaway and homeless youth centers and social service agencies, and conduct sensitivity training of workers to recognize CSEB and to elicit information from boys and to address shame and stigma.
4. Support the establishment of male-focused anti-trafficking agencies with staff trained to meet the need to CSE boys.
5. When appropriate, encourage agencies and service providers that focus on girls to expand their mandate to include boys, and hire and train male workers.
6. Encourage collaboration among organizations that already address CSE boys and young men, and to advocate for wider recognition among law enforcement, public health community, policy makers and the public of their existence and harm to CSE boys.
7. Conduct further research on LGBTQ youth on advantages and disadvantages of gender-specific or co-ed service agencies.
8. Conduct research about the health impact of sexual exploitation on boys and young men.
9. Revise existing statutes to make it easier to prosecute exploiters of children even when there is no pimp or trafficker involved.
BIBLIOGRAPHY


APPENDIX

Questionnaire for CSEC Providers

ECPAT-USA is collecting information about services that are available to commercially sexually exploited adolescent males as well as their unmet needs and health and social problems. To collect this information we are contacting organizations, such as yours, that provide services to commercially sexually exploited youth.

Please Do Not fill out this questionnaire. We would prefer to speak with you. This document serves as a guide to inform you about the types of questions we will be asking.

If your organization does not serve boys/young men directly we are still interested in any insights/information you may have on these issues.

We expect the interview to take between 20-40 minutes.

The information you share with us is confidential:
- We will not identify your organization: we will only list organizations by the city and state in which you are located.
- We are not requesting personal information on any of your clients and Do Not want the names of any of your clients.
- This project is focused on adolescent males who are 17 years old and younger and young adult males age 18-22.
- We are looking for general information and trends that you have observed regarding the youth that your agency serves as well as any observations you can share with us.

1. Name of agency:
2. Location: a. city    b. state:
3. Website:
4. Name and title of organization contact:
5. Is your organization focused primarily on serving youth who have been commercially sexually exploited? If not, what is the primary focus of your organization? If so, do you serve domestic or international survivors or both?
6. Do you provide services to males?
   A. If no, Has your organization considered serving boys and young men? Why or why not? Are there any other organizations in your community that provides services to males? If so, do you have a contact name and number or email at the agency? End of survey.
   B. If yes, continue to number 7.

For the next questions, you can approximate if you do not have the exact numbers:
7. How many youth did you provide services to in 2010?
8. What are the ages of the youth you serve?
9. In 2010 how many of the youth you served were male and under 18 years old?
10. In 2010 how many of the youth you served were male and between the ages of 18 and 22?
11. In 2010 how many of the youth you served were transgendered and under 18 years old?

12. In 2010 how many of the youth you served were transgendered and between the ages of 18 and 22?

From this point forward we will be using the terms boy, young man, male, etc. to include everyone who identifies as male, however, if any of your responses are specific to transgendered youth please let us know.

Also, we will be using the term “commercial sexual exploitation” or “exploitation” (often referred to as CSE or CSEC) to mean any commercial or transactional sex acts and/or sex work and/or prostitution and/or survival sex, which involves a child or youth.

**Background/General questions:**

13. Do you have any reports or data on CSE boys and young men? If yes, could you share it with us?

14. How do you come in contact with CSE boys and young men? Are any of these youth ever referred to you by other agencies or by the police? If so, which agencies?

15. What are the reasons you think males under 18 are sexually exploited?

16. Of these reasons, can you rate them in order of the most to least common reason?

17. At what age do boys and young men in your community first become sexually exploited?

18. Can you tell me about the ethnicity of the males you serve? Have you noticed an over or under representation of any ethnic or racial group among the youth you serve?

19. Have you observed any common themes in these youth lives/histories? For example, have you observed that most of these boys are runaways and/or street youth? Or are many coming from foster care? Or have you observed commonalities in histories of abuse? Etc.

20. Have you observed any differences between the boys and young men in your program compared to the girls and young women in your program? For example, are boys and young men more or less likely to be involved with the police and criminal justice system? Or are they more or less likely to seek services? Etc.

**Exploiters:**

21. Can you tell me what you have observed about who, if anyone, sells these boys and young men for exploitation? Do you think they are pimped? If applicable, are they sold or exploited by other homeless or street youth and/or exploited by street families?

22. Now can you tell me about the people who exploit these boys and young men by paying for them? For example: Are they men? Women? Where do they find the boys? Where do they take them?

**Health Outcomes:**

23. What are the common infectious diseases you see in these boys and young men, such as HIV or STIs?

24. Have you observed any common chronic diseases you in these boys and young men, such as asthma or diabetes?

25. Have you observed any common mental health problems in these boys and young men?

26. Have you observed any common drug[s] that these boys and young men use?
27. Have you observed any common injuries from violence among these boys and young men?
28. What percentage of these boys and young men do you estimate are forcibly raped?
29. Do you know of any SE boy/young man who has committed suicide? If so, can you tell me what happened?
30. Do you know of any SE boy/young man who was murdered? If so, can you tell me what happened?
31. What do you think is the most serious health problem these boys and young men face and why?
32. Where do these boys and young men go for medical services?
33. What are the problems these boys and young men have in getting medical services?
34. Do you think that these boys and young men tell doctors that they have been sexually exploited? If yes, how do doctors respond? If no, why not?

**What is needed?**

35. What is needed to prevent other boys and young men from being CSE?
36. What services or programs are available to boys and young men who are CSE and what are needed?
37. What policies or laws do you think are needed to address the CSE of boys and young men?
38. Is there anything else you would like to add to what we have discussed?
39. Can you recommend any other organization or individual at your organization or another organization I should contact?

Thank you for your time.
We exist because we believe that children everywhere are entitled to the fundamental right to live free from all forms of commercial sexual exploitation, including child prostitution, child pornography, and trafficking for sexual purposes.

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Research article

Assessing exploitation experiences of girls and boys seen at a Child Advocacy Center

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Forensic interviews with adolescents

A B S T R A C T
The primary aim of this study was to describe the abuse experiences of sexually exploited runaway adolescents seen at a Child Advocacy Center (N=62). We also sought to identify risk behaviors, attributes of resiliency, laboratory results for sexually transmitted infection (STI) screens, and genital injuries from colposcopic exams. We used retrospective mixed-methods with in-depth forensic interviews, together with self-report survey responses, physical exams and chart data. Forensic interviews were analyzed using interpretive description analytical methods along domains of experience and meaning of sexual exploitation events. Univariate descriptive statistics characterized trauma responses and health risks. The first sexual exploitation events for many victims occurred as part of seemingly random encounters with procurers. Older adolescent or adult women recruited some youth working for a pimp. However, half the youth did not report a trafficker involved in setting up their exchange for sex for money, substances, or other types of consideration. 78% scored positive on the UCLA PTSD tool; 57% reported DSM IV criteria for problem substance use; 71% reported cutting behaviors, 75% suicidal ideation, and 50% had attempted suicide.

A C C E P T E D   2 7  A P R I L  2 0 1 5

Sexual exploitation is a severe form of child abuse that has profound effects on the immediate and long-term physical and mental health of youth. In this paper, sexual exploitation is defined as the exchange of sex for some type of consideration, including but not limited to: money, housing, food, clothes, transportation or a mobile phone. Exact numbers of sexually exploited youth are difficult to estimate (Stransky and Finkelhor, 2008) but given the number of youth who endorse having exchanged sex for goods in surveys of homeless youth and in school-based surveys (Saewyc, Drozda, Rivers, MacKay, & Peled, 2013), more information is needed regarding the context in which youth are first exploited, their exploitation experiences, co-occurring risk behaviors, and trauma symptoms. Child Advocacy Centers are one setting where youth who have been exploited can be interviewed, identified and receive comprehensive health care.

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Background

Prevalence and Characteristics of Sexually Exploited Youth

Estimating the number of sexually exploited youth is difficult due to challenges in defining exploitation, as well as in sources for sampling. Most estimates of exploitation have derived from samples of homeless female youth, or those using shelters, with data primarily collected from large urban centers. Homeless and street-involved youth are disproportionately more likely to be sexually exploited, with estimates ranging from at least one in five (Halcon & Lifson, 2004; Wilson & Widom, 2010), to as many as one in three who have traded sex for money, drugs, or shelter (Saewyc, MacKay, Anderson, & Drozda, 2008). However, population-based school surveys in Canada and the United States estimate that up to 3% of students may have been sexually exploited (Edwards, Iritani, & Hallfors, 2006; Homma, Nicholson, & Saewyc, 2012). Studies in suburban and rural communities suggest the prevalence of sexual exploitation may be similar to that of urban communities, although perhaps more hidden. For example, both a nine-community survey of street-involved youth in Western Canada and an alternate education student survey in seven of those same communities found similar rates of sexual exploitation in rural communities as well as in suburban communities outside of Vancouver (Saewyc et al., 2008). Similarly, a school-based survey of students in grades 7–12 in the rural East Kootenay region of Western Canada found 2–3% of boys and girls reported trading sex for drugs or alcohol (Homma et al., 2012), which is similar to the rate found among high school students in Quebec City, and in the National Longitudinal Study of Adolescent Health in the US (Edwards et al., 2006). Importantly, large-scale studies of both street-involved youth and those attending school have found nearly equal numbers of males and females exchanging sex (Homma et al., 2012).

Youth who are sexually exploited come from a variety of backgrounds, ethnicities and genders (Smith, Varaman, & Snow, 2009; Spangenberg, 2001). In the U.S., African American youth appear to have a disproportionate risk of being sexually exploited (Kaestle, 2012; Reid and Piquero, 2014). Youth in foster care are another vulnerable group (Saewyc et al., 2008); being homeless for more than one month can also increase risks for sexual exploitation (Nadon et al., 1998). Lesbian, gay, and bisexual (LGB) youth make up 20–40% of the homeless adolescent population, and are more likely to be exploited (Gangamma, Slesnick, Toviessi, & Serovich, 2008; Saewyc et al., 2008). Rates of sexual exploitation have been found to be as high as 67% among transgender youth (Wilson et al., 2009).

Types of Exploitation

Some research has begun to examine the venues and experiences of sexual exploitation (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013; Scott & Dedel, 2006). Street-based sexual exploitation may represent less than a fifth of all sites for sexual exploitation (Scott & Dedel, 2006). Saewyc and colleagues (2008) found that 20% of youth in western Canada were living at home when they were first exploited; although Mitchell, Finkelhor, and Wolak (2010) were unable to report a reliable percentage due to missing data from police records, they also documented youth who lived at home while being exploited. In a study examining homeless youth transitioning from the traditional economy to the street economy, Gwadz and colleagues (2009) reported that 17.9% of girls and 14.6% of boys were recently involved in sex work. In another small qualitative study of recently exploited homeless youth in Minnesota, the victims reported experiencing exploitation in a variety of venues, ranging from private homes, spas, hotels, and street prostitution (Holger-Ambrose et al., 2013). Nearly all youth in Holger-Ambrose and colleagues’ study used the internet to advertise sexual services, and youth felt the internet provided more access to find purchasers; Mitchell et al. (2010) also found 14% of exploited youth in their study used the internet to find purchasers.

There is little literature on sexual exploitation of youth that compares potential differences between youth who are connected to a pimp/trafficker and youth who are exploited but not connected to a trafficker. Drug use may be fostered by traffickers to facilitate control of the youth (Brayley, Cockbain, & Laycock, 2011; Chase & Statham, 2005). However, drug use may also be part of a homeless youth’s introduction into the cultural street economy, separate from sexual exploitation (Gwadz et al., 2009). Other health risk behaviors such as lack of condom use, sexually transmitted infections, suicidal ideation, suicide attempts and self-harm have not been compared between exploited youth who are linked to a trafficker and those who are not.

Assessing and Treating Victims of Sexual Exploitation

In line with the UN Convention on the Rights of the Child (1989), most countries recognize sexual exploitation is a severe form of child abuse. Therefore, Child Advocacy Centers (CACs) and their multidisciplinary teams that investigate abuse and provide resources for abused youth can play a central role in assessing sexual exploitation and providing victim-centered care. Child Advocacy Centers provide forensic interviews, medical care, victim advocacy, trauma-focused psychological care, and knowledgeable connections to resources in local communities (Edinburgh, Harpin, Garcia & Saewyc, 2013; Walsh, Cross, Jones, Simone, & Kolko, 2007).

Presently, there is a dearth of literature on which questions by interviewers may yield new and useful information from sexually exploited children and adolescents to aid investigators, psychologists and health care providers in providing necessary information for law enforcement and developmentally appropriate and supportive interactions with victims.
Although there is evidence that structured forensic interview protocols can improve the quality of forensic interviews (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007), questions that may yield valuable information in a single perpetrator sexual assault may not provide the same information from youth who have been exploited by many different adults and in multiple venues. Traumatic experiences may be too numerous to easily differentiate. Obtaining information about how technology may have facilitated the crime against them or helped youth find safety may also be more relevant in these cases.

Much of the current research about sexually exploited youth draws from street youth service programs, foster care or youth accessing shelter services. Health care providers and CACs may reach different populations of sexually exploited youth. Qualitative studies provide information on relatively rare phenomena, and can inform providers on the breadth and variation of sexually exploited youths’ experiences, by describing how they were first exploited, types of victimization experiences, traumatic responses and coping strategies. Further, qualitative studies can identify the variation of information that youth are able to provide about their victimization in such settings as the forensic interview, to help improve legal investigations.

**Purpose**

This study, therefore, had three aims. First, we document the contexts and experiences of sexual exploitation among youth presenting at a CAC. Second, we identify the presenting physical findings, risk behaviors and trauma symptoms of sexually exploited boys and girls, including when sexual exploitation was facilitated by a trafficker. Third, we evaluate how the questions asked during standard forensic interviews elicit useful or less helpful responses when the type of abuse is sexual exploitation with multiple perpetrators.

**Methods**

We conducted a retrospective, mixed methods study to explore the experiences described by youth (N = 62) during forensic interviews, matched with their other chart data, between 2006 and 2013. Based on the research questions and relative rarity of sexual exploitation among cases seen at CACs, the qualitative interview data are the primary focus of the study, but are triangulated (Creswell, 2009) with the other clinical assessments, including lab results, self-reported assessments on scales and tools, and physical examinations.

**Participants**

All youth, age 12–17 years old, who were referred to an urban hospital-based Child Advocacy Center for assessment of possible sexual exploitation. At registration, parents signed consent forms for assessment and treatment, and whether they allow medical records to be used in research. Prior to the beginning of the exam, all patients were informed by the clinician that they can refuse any aspect of the exam, including the forensic interviews, and can refuse to answer any question on assessments. Between 2006 and 2013 an additional 8 patients were seen who police, shelter staff or other professionals felt had been sexually exploited, but who denied exploitation and refused a forensic interview, and so were not included in this analysis. The Internal Review Board at Children’s Hospital and Clinics of Minnesota approved this study. See Table 1 for demographic descriptions of the sample.

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Table 1
Demographic characteristics, full sample and by gender.

<table>
<thead>
<tr>
<th></th>
<th>Total, n = 62 Mean (SD) or %</th>
<th>Boys, n = 7 Mean (SD) or %</th>
<th>Girls, n = 55 Mean (SD) or %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Range = 12–19</td>
<td>15.0 (1.56)</td>
<td>15.9 (1.07)</td>
</tr>
<tr>
<td>Grade</td>
<td>Range = 6–12</td>
<td>9.6 (1.43)</td>
<td>10.3 (0.76)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>21.0</td>
<td>14.3</td>
</tr>
<tr>
<td>African American</td>
<td></td>
<td>21.0</td>
<td>27.6</td>
</tr>
<tr>
<td>Hmong/Asian</td>
<td></td>
<td>17.7</td>
<td>–</td>
</tr>
<tr>
<td>Hispanic/Mexican</td>
<td></td>
<td>3.7</td>
<td>14.3</td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
<td>7.4</td>
<td>14.3</td>
</tr>
<tr>
<td>Multiethnic</td>
<td></td>
<td>20.4</td>
<td>27.6</td>
</tr>
<tr>
<td>Don’t know/missing</td>
<td></td>
<td>12.9</td>
<td>–</td>
</tr>
<tr>
<td>Housing*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with at least 1 parent</td>
<td>Yes</td>
<td>53.4</td>
<td>28.6</td>
</tr>
<tr>
<td>Homeless</td>
<td></td>
<td>32.2</td>
<td>71.4</td>
</tr>
<tr>
<td>Incarcerated</td>
<td></td>
<td>1.7</td>
<td>14.3</td>
</tr>
<tr>
<td>Lives with a pimp</td>
<td></td>
<td>26.2</td>
<td>–</td>
</tr>
<tr>
<td>Individual education plan</td>
<td></td>
<td>40.4</td>
<td>50.0</td>
</tr>
<tr>
<td>Free/reduced lunch</td>
<td></td>
<td>91.5</td>
<td>66.7</td>
</tr>
</tbody>
</table>

* Options are not mutually exclusive.

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Assessment Methods at the Child Advocacy Center

Prior to health assessment, youth complete a self-administered questionnaire with items about health behaviors, risk behaviors, and various scales related to supportive family and school and other adult relationships, as well as measures of trauma symptoms and problem substance use. The assessment items include questions from the Minnesota Student Survey (Minnesota Departments of Health and Education), such as a validated measure of problem substance use based on the DSM-IV criteria (Fulkerson, Harrison, & Beebe, 1999); the UCLA PTSD Trauma screen (Steinberg, Brmer, Decker, & Pynoos, 2004) which was only implemented from 2011 on; and the Child’s Report of Parenting Behavior Inventory support and control subscales (Schlundermann and Schuldernann, 1988). These assessments are considered part of routine patient care. The psychometric properties of these measures have been evaluated in a number of studies, including with this group (Saewyc & Edinburgh, 2010).

After questionnaires were completed, all teens received comprehensive health assessments by Child Abuse Pediatricians or Advanced Practice Nurses. If a parent/caregiver accompanied the patient, additional health history was obtained from the adult separately. If abuse was disclosed during the health assessment, additional verbal assent was asked of the patient to video-record the remaining forensic interview. Forensic interviews are an approach to determine whether abuse has occurred and ensure the interviewer’s objectivity in asking non-leading questions with follow-up questions as needed to clarify the history of events (Lamb & Sternberg, 1998). Patients were told when the forensic interview was starting and when it ended; a recording light at eye level was a visual prompt that the history being reported was being recorded. The video-taped forensic interviews were transcribed as part of the medical record.

After the forensic interview, a physical exam was completed. When a sexual assault was reported within 72 h, biological evidence was also collected. Additionally, laboratory tests for pregnancy and sexually transmitted infections were done with all teens. Sexual exploitation was diagnosed as exchanging any form of sexual activity for money, substances or other goods.

Other types of abuse were also diagnosed and charted if disclosed during the forensic interview. A typical comprehensive health care assessment with a forensic interview takes place over 2–3 h during a single office visit.

Analyses

As a mixed-methods design, it was important to integrate the analyses of the descriptive quantitative data and the forensic interview qualitative data during the iterative analytical process (Creswell, 2009). Qualitative analyses were performed first, then quantitative analyses. We used the Interpretive Description analytical method (Thorne, 2008), which is a qualitative approach designed for clinical research questions, and encourages triangulation of data, including quantitative data where relevant. The research team coded the forensic interview transcripts using ATLAS-Ti software. First, all members of the team repeatedly read the interviews, then, as suggested by Interpretive Description, two research team members used the research questions as a framework to guide the coding. Transcripts were coded for types of sexual exploitation experiences, relationships with traffickers, and coping strategies, across cases and comparing boys and girls, and then comparing across major categories of experience as they emerged, for example, comparing exploitation with and without a trafficker. A third researcher on the team helped develop the overarching themes that emerged from the coding. We also evaluated the ways youth responded to various questions in the standard interview, especially their ability to provide meaningful information about their perpetrators and the crimes against them for planning for safety. The fourth member of the research team served as auditor in reviewing the coding decisions and themes that emerged, to help validate the analytic process. The qualitative findings informed the direction of the exploratory quantitative analyses.

For quantitative analyses, all of the variables extracted from the medical records and included in this study are listed in Tables 1 and 2. Because this is an exploratory study with a relatively rare occurring form of sexual abuse, hypothesis testing is not possible and the quantitative analyses are primarily descriptive. In Table 2, we report the prevalence of physical findings from colposcopic exams (injuries), STI and pregnancy test results, substance abuse and mental health symptoms, including PTSD, self-harm and suicidality. We also documented history of truancy and running away. Given the exploratory nature of the study and small sample size, we follow recommended practice and report effect sizes rather than significance testing (Kirk, 1996; Tramifow & Marks, 2015), including Hedges g for continuous variables and odds ratios for categorical data. Hedges g is interpreted akin to Cohens D to measure the comparative strength of association across two groups (Rosnow & Rosenthal, 1996). Effect size for Hedges g follows Cohen’s standard for small (.20), medium (.50), or large (.80) effect sizes (Huck, 2000).

In the process of analyzing the interview data, it became clear that not all sexual exploitation was facilitated by a pimp or trafficker. Therefore, we also compared physical findings, risk behaviors and mental health issues between patients who reported having a trafficker and those who exchanged sex for some type of consideration without a trafficker.

Results

Youth Demographics

Table 1 provides demographic characteristics of the sexually exploited patients seen. Most were female; they ranged in age from 12 to 17 years old, and boys were somewhat older than girls. Patients came from diverse ethnic backgrounds. Most
Table 2
Characteristics of exploited youth, by gender.

<table>
<thead>
<tr>
<th></th>
<th>Boys, n = 7</th>
<th>Girls, n = 55</th>
<th>Hedges’ odds ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family connectedness</td>
<td>1.00 (1.67)</td>
<td>2.10 (1.68)</td>
<td>0.66</td>
</tr>
<tr>
<td>Other adults care</td>
<td>0.71 (0.76)</td>
<td>1.40 (1.40)</td>
<td>0.51</td>
</tr>
<tr>
<td>School connectedness, 0–4 scale</td>
<td>0.94 (0.88)</td>
<td>2.10 (1.13)</td>
<td>1.05</td>
</tr>
<tr>
<td>Age of first drink, mean (SD)</td>
<td>11.8 (0.75)</td>
<td>12.8 (1.74)</td>
<td>0.60</td>
</tr>
<tr>
<td>Acute sexual assault (within 72 h)</td>
<td>0</td>
<td>4 (7.4%)</td>
<td>NC</td>
</tr>
<tr>
<td>GYN exam findings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal exam</td>
<td>4 (57.1%)</td>
<td>34 (63.0%)</td>
<td>.78</td>
</tr>
<tr>
<td>Healed hymenial laceration</td>
<td>n/a</td>
<td>11 (20.4%)</td>
<td>NC</td>
</tr>
<tr>
<td>Acute hymenial laceration</td>
<td>n/a</td>
<td>0</td>
<td>NC</td>
</tr>
<tr>
<td>No exam completed</td>
<td>3 (42.9%)</td>
<td>9 (16.7%)</td>
<td>3.75</td>
</tr>
<tr>
<td>Pregnancy screen postive, yes</td>
<td>n/a</td>
<td>4 (7.4%)</td>
<td>–</td>
</tr>
<tr>
<td>Chlamydia screen postive, yes</td>
<td>2 (28.6%)</td>
<td>20 (38.5%)</td>
<td>0.70</td>
</tr>
<tr>
<td>Sex partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opposite gender only</td>
<td>0</td>
<td>31 (55.6%)</td>
<td>NC</td>
</tr>
<tr>
<td>Same gender only</td>
<td>0</td>
<td>24 (44.4%)</td>
<td>NC</td>
</tr>
<tr>
<td>Boys genders</td>
<td>7 (100%)</td>
<td>25 (46.0%)</td>
<td>NC</td>
</tr>
<tr>
<td>DSM criteria for problem substance use</td>
<td>7 (100%)</td>
<td>53 (95.7%)</td>
<td>0.23</td>
</tr>
<tr>
<td>Ever used alcohol</td>
<td>6 (85.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binge drinking in the past 2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>1 (14.3%)</td>
<td>34 (61.2%)</td>
<td>0.10</td>
</tr>
<tr>
<td>Once</td>
<td>1 (14.3%)</td>
<td>9 (16.3%)</td>
<td>0.67</td>
</tr>
<tr>
<td>Twice</td>
<td>3 (42.9%)</td>
<td>5 (8.2%)</td>
<td>7.50</td>
</tr>
<tr>
<td>3–5 times</td>
<td>2 (28.6%)</td>
<td>6 (10.2%)</td>
<td>3.27</td>
</tr>
<tr>
<td>6 or more times</td>
<td>0</td>
<td>2 (4.1%)</td>
<td>NC</td>
</tr>
<tr>
<td>Ever used marijuana</td>
<td>7 (100%)</td>
<td>47 (84.8%)</td>
<td>NC</td>
</tr>
<tr>
<td>Ever used methamphetamine</td>
<td>2 (28.6%)</td>
<td>14 (26.0%)</td>
<td>1.17</td>
</tr>
<tr>
<td>DSM criteria for PTSD</td>
<td>2 (100%)</td>
<td>16 (76.2%)</td>
<td>NC</td>
</tr>
<tr>
<td>Self harm, past year</td>
<td>4 (57.1%)</td>
<td>41 (74.5%)</td>
<td>0.46</td>
</tr>
<tr>
<td>Suicide ideation, past year</td>
<td>5 (71.4%)</td>
<td>42 (76.5%)</td>
<td>0.77</td>
</tr>
<tr>
<td>Suicide attempt, past year</td>
<td>4 (57.1%)</td>
<td>26 (47.1%)</td>
<td>1.49</td>
</tr>
<tr>
<td>Self-reported truancy, past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>11 (21.6%)</td>
<td>NC</td>
</tr>
<tr>
<td>1–10 days</td>
<td>0</td>
<td>17 (33.3%)</td>
<td>NC</td>
</tr>
<tr>
<td>More than 10 days</td>
<td>6 (100%)</td>
<td>23 (45.1%)</td>
<td>NC</td>
</tr>
<tr>
<td>Self-reported runaway from home, past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>1 (14.3%)</td>
<td>6 (11.5%)</td>
<td>1.36</td>
</tr>
<tr>
<td>1–2</td>
<td>2 (28.6%)</td>
<td>16 (30.8%)</td>
<td>0.98</td>
</tr>
<tr>
<td>3–10</td>
<td>0</td>
<td>19 (36.5%)</td>
<td>NC</td>
</tr>
<tr>
<td>More than 10 times</td>
<td>4 (57.1%)</td>
<td>11 (21.2%)</td>
<td>5.33</td>
</tr>
</tbody>
</table>

Odds ratios reference group = girls.
NC = not calculable due to a 0 value in the 2 x 2 odds ratio table.
* UCLA screening tool was instituted later in intervention. Denominator was 2 and 21 for boys and girls, respectively.

lived at home with at least one parent, but nearly one-third reported homelessness, 1 in 4 reported living with a pimp, and three were incarcerated for a reason other than sexual exploitation.

Medical Chart Data

Table 2 presents the results from the examinations and assessments documented in the medical charts, separately for girls and boys. Of the 46 girls who consented to a video-colposcopic exam, 20% had a previous hymenal transection. While there were no acute genital injuries among the girls, only 7% had an exam within 72 h of disclosing a sexual assault as part of their sexual exploitation experience. Only 4 of the 7 boys consented to an anal video-colposcopic exam. Most females reported sexual behavior solely with opposite gender partners (54%), though 25 girls reported sex with women as well. All 7 boys reported sex with both genders. Only 32% used condoms during their most recent sexual intercourse. Among the young people tested for sexually transmitted infections, 37% tested positive for Chlamydia trachomatis (29% of boys versus 39% of girls; OR = 0.70), and one male tested HIV-positive.

These victims reported wide-ranging symptoms of emotional distress. Most admitted cutting or burning themselves, 3 in 4 reported suicidal ideation, and half had attempted suicide in the past year (57% of boys versus 47% of girls). Among those who completed the UCLA PTSD screening tool, 78% experienced PTSD symptoms severe enough to meet DSM IV criteria for PTSD. Most youth reported ever using alcohol or marijuana, and 1 in 4 had ever used methamphetamine. All of the boys and nearly half of the girls met the criteria for problem substance use.

Running Away: Precipitating Events and Experiences of Leaving Home

While most youth had run away from home at least once, they reported that they were living at home or returning to live at home when they were first exploited. Most youth ran away impulsively, and described uncertainty about what would happen when they ran away and the length of time they planned to be away. Some ran away because they were scared of violence in their own homes. One youth said: “I’m moving out, I’m scared of him, because if you know somebody is gonna beat you up, you’ll do anything just to like have their hands off of you.” Some also youth said their parents did not want them at home, kicked them out, or convinced the youth to leave home. One 15-year-old victim described that it would be better if she were not around because of the pain she caused her mother:

“My mom told me that if I was going to [use drugs], she didn’t want me around while I was using, and I understood that because I have little brothers and sisters in the house and stuff, and plus I just felt like I was, ‘cause I like to go out and party and stuff, so I felt like I was kind of, I don’t know, just putting unnecessary stress on my mom when I didn’t have to, when I could just live somewhere else and see her, but not put her through all the stress of having to see me come home drunk and high and all that other stuff. So, I just left kind of, but it was kind of gradually.”

Running away also happened because youth were “bored,” felt isolated, their home was not any fun, they wanted freedom, or were tired of their parents “yapping at them all the time.” One girl threatened that if she was made to follow the rules at home that she “would take off again and my family will not hear or see me for a year.”

Most youth described “couch-hopping” and staying with a variety of people: they did not seem afraid that they would not have a person to call or a place to stay. Long-term homelessness was uncommon. Developmentally, young adolescent victims did not always conceptualize their leaving home as running away, and these same youth denied being a runaway even as their parents filed missing person reports. A fourteen year old said: “I don’t have to run; [he] picks me up.”

Running away was not viewed as a solo event for girls. In most cases, there was an informal network of peers that provided places to stay, and other runaways to connect with. When the reason for running away was not related to violence in the home, or being locked out or thrown out of their home, some youth described feeling good about their situation. One girl said she wanted to “pretty much feel that rush, adrenaline stuff, I don’t know, I just wanted to get out and do something.”

Experiences of Exploitation from the Forensic Interviews

Youth were most often sexually exploited after running away or being kicked out of their home. Forensic interviews provided data on the common types of sexual exploitation experiences as well as the precursors to finding themselves recruited into exploitation situations. After being recruited, there were three main types of exploitation described by the youth interviewed: “small” transactions with faceless, nameless purchasers, exploitation by a pimp/trafficker, and self-managed transactions without a pimp. All of these are described below.

Recruitment: Older Girls, Men and Family Members

A number of youth were recruited into their sexual exploitation by older girls, who often were exploited themselves. For example, a sixth-grader explained that a 14-year old friend took her to a house across from her elementary school. Her first sexual experience was with a Mexican male at that home. After going there for approximately a week, the high-school age “girlfriend” gave her new recruit $600. She explained that she was having sex with these people to make money. Going forward, this sixth-grader’s exploitation continued through female friends relatively close to her age. A different victim explained that her female friend asked her to go to a job that called for a “two girl special.” She agreed because she “felt that I owed her”; this girlfriend claimed “I treat you good, I let you in.” Many of the victims reported never being abused or threatened by their female recruiters. However, the youth did feel a sense of indebtedness and a connection to their female trafficker.

In other situations, an older teen was both an exploited victim and recruiter. One teen explained that, while attending school, she “had four girls working for me.” This arrangement was discovered after her high school recruits began flaunting their earnings. Another girl said, “I found me some girl. Me and her got really close, like she was like my big sister, and she was a prostitute…she brought me to her pimp’s house and we just started then.” Male pimps that had direct contact with the teens during recruitment were viewed as boyfriends. Questions that were asked during the forensic interview framing the pimp as a perpetrator were not answered, or sometimes the youth outright denied the pimp’s involvement, as the trafficker was still viewed as a boyfriend or source of emotional or financial support.

In 5 of 62 cases (8%), a parent or close relative introduced their child to prostitution. One girl said her mom taught her “how to trick and how to have anal sex without it hurting as bad.” Another explained, “There was four or five guys that raped me at this one house after they paid my father.” Of the five, one youth knew that her parent’s boyfriend was also a pimp; another was aware that her mother had been involved in prostitution. The three other girls were surprised to learn after the fact they were sold for money or drugs.

During forensic interviews, teens were asked about their mothers’ awareness that the abuse was occurring. One girl knew her mother was present on-site during her entire sexual exploitation experience. She explained that, “a mom is not
supposed to do this to their kids. (They) suppose (sic) to be there to cherish them, love them, protect them when they fall.” Another teen explained that her aunt was aware of—and was paid for—her niece’s sexual participation:

[Interviewer] And how often would he come and get you?
[Interviewed youth] My aunt.
[Interviewer] And when you were with him, did he ever give you anything?
[Interviewed youth] No.
[Interviewer] So what was he, what was happening in the relationship between he and your aunt?
[Interviewed youth] He always gave her a lot of weed, like big sacks of it. I guess that’s how he paid her for, yeah.

These victims identified what their family members did to them as wrong; it was described as unwanted, and the recruitment and resulting prostitution was an unanticipated, startling event.

Small Transactions: Rapidity of Invitation

There were a variety of pathways by which youth who had run away ended up being sexually exploited. According to some of the victims, their exploitation seemed spontaneous—it “just happened.” Immediately after being approached, girls described being asked by a “john” (exploiter, purchaser of sex) “how far I was willing to go?” One youth described meeting someone, exchanging phone numbers, talking briefly and being asked “Are you interested?” moments after encountering a man looking to procure sex.

Similar exchanges occurred on-line via social networking sites. Such individuals offered money, drugs or lodging in exchange for a sexual act. Youth who met traffickers or purchasers on-line often described having hundreds of friends on social networking sites because they said “yes” whenever anyone asked to be connected. After first connecting with strangers on-line, victims seemed to readily agree to meet. Most of the teens were comfortable using technology, albeit with little regard for personal safety.

Faceless, Nameless Purchasers

Youth did not report being emotionally attached to or having relationships with purchasers. In forensic interviews, they mentioned their exploitation almost in passing, and were unable to provide their offenders’ full names, offering only vague descriptions of the purchasers: “Men would approach and offer money. (1) gave a man a hand job for $25. He told about another guy that would pay more money but (1) did not have time to meet with him.” This girl said she did not remember anything about this event or where it happened, and that she was “too busy to get caught up in this” and does “not have time to give hand jobs to anyone who just asks.”

In other instances, a girl might have nowhere to go or no transportation. When one teen wanted to go home, a customer said:

“I can’t bring you home, it’s a blizzard out there and nobody gonna want to drive you back home in this type of weather.
I’m like, okay, well, can I get some bus fare, so I could go on the bus and leave. And he was like no, he was like you can stay here tonight or whatever, and your (unclear) will be mine. And I’m look at him like no.”

What may have started as a small transaction to gain money for survival resulted in being with a man who would not let her leave.

Pimp-managed Exploitation and Relationships

Pimps were seen by the youth as working on their own, and often viewed as boyfriends. If there was a larger criminal network or market that was involved with trafficking, this was not recognized by any of the youth. For example, one girl said, “It happened after I stayed the night with him when my sister was drunk. Smooth put up ads on BackPages and we got calls right away.” Once a teen was trafficked by a pimp, exploitation continued due to threatened or enacted violence. One girl who was thinking about what it would mean to say no to turning a trick said:

“Then ah, I’d wait like 30 seconds every time, you know, just debating whether I should open the door and then I thought back if I didn’t open the door I’d just get another beating. So, I ended up opening the door every time.”

Other times, pimps were viewed as providers. Some girls said that the pimp “would buy them everything they asked for.” But, in most cases the pimps were restrictive and took all the money that was made. One girl explained:

[Interviewer] And then it sounds like XX got the money, did you get anything?
[Interviewer] You got some clothes.
A different teen was asked if the pimp charged for the Ecstasy or just gave her the drug. She said, “They charged me for it, didn’t matter because I never had any money anyway, so I guess I paid for it by the money I earned.”

Youth with pimps frequently saw themselves as trapped, and experienced violence. One girl said the pimp “just abuses, yells and threatens.” Another girl described, “I jumped out of the car cause he was choking me and stuff. He said he was going to sell me to his friend for a thousand dollars, but he was like choking me and stuff.” But getting away was more complicated than simply leaving a violent relationship, because the victims also often had an emotional attachment to the pimp.

Many youth described unhealthy attachments to their trafficker. For example:

“I felt like anyone that cared loved me, they just loved me, and I used to, like, feel like mom and my dad, no one really loved me. So I just, I went out and I tried to find people that loved me or that I felt like loved me. And, um, now that I’m just learning that really, they didn’t love me, and it kind of hurts my feelings.”

Another youth said:

“I just made some money for myself and gave it to Major but it didn’t matter. I was greedy, thinking it would be for myself and gave it to Major but it doesn’t matter. I was greedy thinking it would be for me, but I shared it because I love Major. I thought I would get more but then I didn’t want to and I don’t any more. I wanted to do it; ain’t no abuse.”

The relationships with the traffickers were complicated and nuanced. Youth, by virtue of agreeing to be interviewed, shared very personal and intimate details of their abusive experiences. But questions such as, “tell me all about him,” or a direct question asking for the name of the person involved as a purchaser or pimp, elicited few identifying details. Often, when asked to identify the pimp, the youth would emphatically state, “No!”

An Accomplishment, Not a Problem: Exploitation Without a Trafficker/Pimp

Seven girls and six of the seven boys exchanging sex for money without a pimp viewed their experiences as beneficial to them. In particular, they valued the money they earned and their independence. Several exploited youth described seeking to make money or receive gifts, and arranging these transactions themselves. They used Internet sites such as Back Pages, Craigslist, or Facebook, or Live Links (a phone chat line) to accomplish this. Several victims mentioned “Back Pages” as a “fast and easy way to make money.” One of the boys explained that he was “looking to find somebody that would be a friend and help me with money or something.” When talking with his friends, another boy explained:

“I went to a chat line and it was on this chat line that I met [him] and arrangements were made to meet at Foot Locker where the man bought [me] clothes and afterwards he asked [me] to masturbate.”

A girl described herself as charismatic and “being good at this.” These young people did not always identify their actions as prostitution. One boy saw himself as a prize to be won by adult men, explaining, “I won’t be a prostitute—that’s ugly, gross, weird. Who want earning in prostitution?”

These teens saw what they were doing as consensual, and indicated that what they were doing was a choice. During an interview, one youth said to the interviewer:

“Don’t make this so bad. It is what I want to do. No one is forcing me. I work for myself. This means I am smart. You can arrest me today but I am just going to do this again. I don’t want your pity or help.”

Another youth said, “I didn’t feel dirty. I felt rich, like it was a good quick way to make money. It was my idea, no one talked me into it.” One girl said, “I can make $2,000 a day. This is more money than my mom makes in a week.” Some victims assured the interviewer that they were “not going to give anyone their money and they were smart in being able to handle themselves in the prostitution business.” Youth trading sex on their own also thought of ways to make sure that they were paid. The same youth explained that “you only want to get paid in cash, you never take a check, would be stupid to do that.”

Characteristics Between Those With and Without a Pimp/Trafficker

Because of the qualitative differences in descriptions of pimp-managed exploitation and self-managed exploitation by the various exploited youth, we also compared these two groups’ reports of mental health distress symptoms, gynecologic findings, problem substance use, truancy and running away, and levels of supportive relationships in Table 4. While youth within both of these sub-groups had high levels of emotional distress, post-traumatic distress, and problem substance use, there were only a few issues where effect sizes reached moderate to strong levels, and they were mixed. For example, youth
with a pimp had 6 times the odds of reporting suicidal thoughts in the past year, but minimal differences in suicide attempts during that same time period. In contrast, youth with a pimp had much lower odds of self-harm and diagnosable problem substance use than those without a pimp.

Interview Questioning that Yielded New or Useful Information

There are multiple purposes for interviewing teens that may be victims of sexual exploitation. The primary purposes are to assure a teenager’s safety and identify health conditions that require medical and psychological treatment (Jenny & Crawford-Jakubiak, 2013). Interviews are also used to identify perpetrators or the scene of a crime for law enforcement and child protection (Lamb & Sternberg, 1998). We examined the questions and answers provided by the youth around sexual exploitation to suggest tailoring interview schedules for such clinical interactions. Table 3 includes sample questions from the transcripts, organized by different themes typically covered during a forensic interview. In general, youth had difficulty knowing where they were and exact dates when the sexual assaults occurred. They also could not provide names or many identifying details about purchasers or pimps. They did describe in detail how they viewed the transactions for sex on their end and how sexual exploitation events began and continued. They were able to answer questions about what sexual acts occurred and remembered if a specific request was odd or unusual. Answers to questions about how an event made them feel emotionally or physically often stopped or changed the flow of the narrative.

Discussion

Sexually exploited youth had multiple health risk behaviors. However, there were few clear differences in risk behaviors, symptoms of emotional distress, PTSD or problem substance use between boys and girls, nor between youth with pimps and those without. As in other studies (Adams et al., 2007; Edinburgh, Saewyc, Thao, & Levitt, 2006) most sexually exploited girls in this study did not have gynecologic findings of penetrating trauma even though they had experienced this severe form of child abuse. One in 5 did, however, have transections of their hymen, which is similar to rates found among victims of gang rape (Edinburgh, Pape-Blabolil, Harpin, & Saewyc, 2014). A high rate of sexually transmitted infection was also identified during health evaluations of sexually exploited youth.

Most of the sexually exploited youth had few attributes associated with resiliency, as seen in their relatively low levels of connectedness to school, family and other adults. In most studies of adolescents in the general population, school and family connectedness are likely to be positively skewed, with mean scores at or above the upper quadrant of the scale range, rather than at or below the mid-range, as was found with this group of sexually exploited youth. Although previous research suggests sexual exploitation may be initiated during periods of homelessness (Saewyc et al., 2013) we found sexual exploitation often occurs when an adolescent lives at home (Saewyc et al., 2008). The reasons for youth leaving home were complex, ranging from teens running away after developmentally normal parent–child conflicts to extreme cases where they were sexually exploited by family members.

Sexual exploitation was not always linked to having a pimp or trafficker. Some youth “drifted” into prostitution, as reported elsewhere by Baker, Dalla, and Williamson (2010) and by Mitchell and colleagues (2010). A trafficker could be male or female, and youth tended to feel emotionally connected to their traffickers even if this person was violent and coercive. Nonetheless, many youth did not describe what happened to them as abuse, choosing not to identify their trafficker by name. Others have found that youth may not identify prostitution or sexual exploitation as abuse (Saewyc et al., 2008). Exiting prostitution is complex, and disclosures about the experience are nuanced, similar to how youth disclose other types of sexual abuse experiences (Baker et al., 2010).

Among those youth who did not have a trafficker, many posted their own ads on Back Pages, or connected with purchasers using social media or phone chat lines. These youth did not identify themselves as victims in need of help, and some even appraised their experiences as positive, or freely chosen. Yet, similar to those exploited by traffickers, most youth without traffickers had clinically concerning levels of trauma symptoms, including PTSD, problem substance use, self-harm and suicidal ideation and attempts. Their perspectives may be evidence of cognitive dissonance (Festinger & Carlsmith, 1956), the changed perceptions and beliefs about their behaviors that can arise when individuals are forced by social circumstances into behaviors they would not choose otherwise. Other studies have also found contradictory perceptions among exploited youth in the case of those with pimps, viewing them as protective, even when they are violent or coercive (Holger-Ambrose et al., 2013; Kennedy, Klein, Bristow, Cooper, & Yuille, 2007). Clinicians and outreach workers who encounter youth who experience these types of exploitation should be aware that youth may not be asking for help and may be resistant to offers of intervention. Further work in developing trusting relationships and harm reduction approaches may be needed to initiate clinical intervention.

Clinical Recommendations

Many questions asked during the forensic interview of a sexual exploitation victim are similar to those asked of a child victim of sexual abuse or even sexual assault. However, there are some questions we identified that provide new information, and others when asked that did not appear to be a good fit for this population, and should be used with caution or avoided. The sample questions presented in Table 3 include rationales for each question, as well as cautions, as appropriate. This
Table 3  
Exemplar questions from the forensic interviews.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rationale and cautions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction of the topic</strong></td>
<td>Useful question to get started on information gathering as responses provided details about what was happening in the set up. For example, took them shopping, they took them out to eat, etc.</td>
</tr>
<tr>
<td>Tell me about what happened that very first day.</td>
<td>Responses provided details about who was involved in the process. Information such as greeting clients, obtaining money and who sets the charge for different types of contact.</td>
</tr>
<tr>
<td>Tell me about the first time that happened. Were you given any instructions? How did you know what to do?</td>
<td>Effective question if it has been established that the teen has been away from home. Not all victims of sexual exploitation have run away from home. Teens were usually able to report the exact number of days away or at least the date they left. Reason for leaving usually helps to identify challenges the teen is experiencing. Responses ranged from I accidentally called 911 from the hotel room to he came to pick me up at home once and my mom wrote down the license plate.</td>
</tr>
<tr>
<td>How long have you been away from home?</td>
<td></td>
</tr>
<tr>
<td>What made you leave home?</td>
<td></td>
</tr>
<tr>
<td>How were you found?</td>
<td></td>
</tr>
<tr>
<td><strong>Elicit a free narrative</strong></td>
<td>These were successful questions that often did not relate to the exploitation but other factors such as violent experiences or other risky or dangerous situations.</td>
</tr>
<tr>
<td>How did it start?</td>
<td>Responses were usually he was really nice, he listened; he said he would take care of me. However also included were threats regarding safety of family or self. Useful questions that tend to engage the teen in descriptions that may help in identifying the alleged offenders. They were often proud of what they knew about “him”. Be sure to include questions about whether he has any children as teens often have met the children or have seen pictures of them.</td>
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<tr>
<td>And</td>
<td></td>
</tr>
<tr>
<td>How did this stop?</td>
<td></td>
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<tr>
<td>What was he/she like when you first met him/her?</td>
<td></td>
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<tr>
<td>What does he know about you?</td>
<td></td>
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<tr>
<td>What do you know about him?</td>
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<tr>
<td>Is he married?</td>
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<tr>
<td>Does he have children?</td>
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<tr>
<td>Where does he live?</td>
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<tr>
<td>What kind of job does he have?</td>
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<tr>
<td>Did you ever have to do anything against your will?</td>
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<tr>
<td>Did anyone take pictures of you?</td>
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</tr>
<tr>
<td>What they were used for?</td>
<td></td>
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<tr>
<td>Do you know where the pictures might be now?</td>
<td></td>
</tr>
<tr>
<td>Has anyone ever offered or wanted to post an ad for you? If yes, where was the ad posted? Do you know what phone numbers were used? What did the ad say?</td>
<td></td>
</tr>
<tr>
<td>Tell me when you realized that it was something different than what you thought.</td>
<td></td>
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<tr>
<td>Was there anything that happened to you that was physically violent?</td>
<td></td>
</tr>
<tr>
<td>Did you witness any physical violence?</td>
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<tr>
<td>Where were you when this happened?</td>
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<tr>
<td>What was the hotel/house/car/building like?</td>
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<tr>
<td>How did you feel when you were brought to a hotel?</td>
<td></td>
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<tr>
<td>What was the scariest thing that happened to you while you were gone?</td>
<td></td>
</tr>
<tr>
<td><strong>Question and clarify</strong></td>
<td></td>
</tr>
<tr>
<td>Did you notice anything about your body?</td>
<td></td>
</tr>
<tr>
<td>Or</td>
<td></td>
</tr>
<tr>
<td>Did you notice anything when you went to the bathroom the next time?</td>
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<tr>
<td>Did he ever want you to do something with his friends?</td>
<td></td>
</tr>
<tr>
<td>What was the weirdest thing someone has asked you to do or asked to do to you?</td>
<td></td>
</tr>
<tr>
<td>How do you keep track of them?</td>
<td></td>
</tr>
<tr>
<td>Did you ever have to have sex with more than one person at a time?</td>
<td></td>
</tr>
<tr>
<td>Any time you had to have sex with someone while someone else watched?</td>
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<tr>
<td>How did you decide how much to charge?</td>
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</tr>
<tr>
<td><strong>Closing</strong></td>
<td></td>
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<tr>
<td>What do you want to do from here?</td>
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</tr>
<tr>
<td><strong>Other considerations</strong></td>
<td></td>
</tr>
<tr>
<td>How did that make you feel?</td>
<td></td>
</tr>
<tr>
<td>When teens asked “Why do you need to know that?”</td>
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</tbody>
</table>

collection of interview prompts should be considered suggestions, and not a protocol per se. The list is not meant to be comprehensive, but rather a reflection of the interview questions used during the evaluations at one hospital-based CAC.

As well, the principles of forensic interviewing as outlined by Lamb and Sternberg (1998) still apply. It is important to establish rapport and review the ground rules for the interview to assure a common understanding of the expectations regarding accurate reporting and interpretation of information. It is especially important to ensure that any question asked is well thought out, as there may be unintended consequences for the victim based on his or her response. Before interviewing sexually exploited youth, the multidisciplinary team at the Child Advocacy Center will need to think through how they will question teens about illegal events where the teen is also pulled into illegal behavior such as theft, selling and using drugs. It is essential that providers recognize the teen may have been involved in illegal activities during the time they were abused, but it is key to treat youth as victims of the exploitation they experienced.

Special consideration should be given to this population regarding the timing and length of the interview, as well as the possibility of additional interviews, as the information is often multifaceted and difficult to access during one interview. The goal should be to provide the best opportunity to elicit the information in a supportive structure, and to identify what type of health evaluation and future treatment will be needed.

Most youth had significant levels of traumatic responses, including problem substance use and self-harming behavior. Nearly all youth had symptoms of PTSD. Child Advocacy Centers need to ensure their own psychological services and their partners are ready to care for sexually exploited youth. These youth are more likely to have co-morbid psychiatric diagnoses.

### Limitations

As with all research, there are limitations to this study that should be considered in assessing the transferability of these findings to other clinical settings. First, the data all came from retrospective chart reviews, where inconsistencies can create missing data. During the forensic interviews, the same questions were not asked to each teen, though we saw consistent interview prompts and reliability as a result of evaluating transcripts for this study. Findings may be limited to adolescents who have experienced sexual exploitation within the Midwestern United States, and in other regions of the US or other countries exploitation may have different contexts and features. The clinical cases comprised a relatively small sample, albeit nearly the entire population of sexual exploitation cases seen in this CAC over 7 years. Sexually exploited adolescents
who are referred to a CAC may differ significantly from those who are sampled through police case data, or from programs or services. Their experiences may complement information from other sources. Finally, there were very few sexually exploited boys who were referred for evaluation, yet other research suggests that among street-involved youth and those in school, there are equal rates of boys and girls experiencing sexual exploitation (Edwards et al., 2006; Saewyc et al., 2013). Given the small sample of boys for comparisons by gender, even our attempts to report effect sizes were not possible for some of the categorical variables, because odds ratios could not be computed where there was a universal response (all or none) from the boys. Thus, our findings about boys should be viewed with caution.

Child Advocacy Centers must be aware of the co-morbid health conditions experienced by sexually exploited youth, such as Post Traumatic Stress Disorder (PTSD), depression, suicidal ideation, self-harm, interpersonal violence, problem substance use and STIs. In this sample, only one female teen presented in a time frame where a Sexual Assault Nurse Examiner would have been indicated to find DNA evidence of an assault. Child Abuse Specialists and specialists in delivering adolescent health care should be part of every clinical CAC team serving this population. Guidelines should be developed that address the interviewing process and multi-disciplinary team response in order to provide the most successful outcomes for these youth. It is imperative that clinicians refrain from judgments and blame, and focus their efforts to identify appropriate care and referrals for these youth. Ground rules for adolescents, confidentiality in health care, as well as possible outcomes regarding information disclosed should be reviewed with each teen. Providers must be familiar with state and local laws that apply to youth who have experienced child sexual exploitation, including reporting obligations.

Sexual exploitation is a form of child abuse that may go unrecognized, or the experiences of youth may be misunderstood without awareness of the range exploitative experiences. CACs are ideally suited to assess runaway youth for this less common but serious form of child maltreatment. Comprehensive health care evaluations are necessary, and the care that these youth require to manage their complex health conditions goes beyond the scope of forensic examinations by SANEs or what can be accomplished in an emergency department visit. Recognizing the varieties of sexual exploitation experiences and types, as well as knowing effective questions to elicit cooperation and disclosure are necessary to be able to plan for the individual client’s treatment. Given the high prevalence of severe health symptoms among these sexually exploited youth, access to trauma-informed specialist health care services is important for their assessment and care.

References


Caring for young adolescent sexual abuse victims in a hospital-based children’s advocacy center

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ABSTRACT

Objectives: This study compared health care assessments, referrals, treatment, and outcomes for young adolescent sexual assault/sexual abuse victims seen at a hospital-based Child Advocacy Center (CAC), to that provided to similar victims evaluated by other community providers. A second purpose was to document how common DNA evidence is found among such cases.

Method: A retrospective matched case-comparison design matched index CAC cases diagnosed with extra-familial sexual assault to non-CAC cases referred for prosecution in the same county, matched by age and sex of victim, age and sex of perpetrator, and type of assault (N=128 pairs). Since the case-comparison design produces paired data, analyses used paired t-tests, McNemars test, and Wilcoxon signed-rank tests. Health care outcomes included whether victims received a health exam, indicated tests, findings of trauma on genital exams and counseling referrals; legal outcomes included whether cases were prosecuted, verdicts, and length of sentences.

Results: CAC cases were significantly more likely to receive a physical exam, a genital exam when indicated, and referral for counseling (all \( p < .001 \)). In the CAC group 26.7% vs. 4.8% had positive genital trauma findings, and only 6.3% of CAC cases failed to get indicated sexually transmitted infection (STI) tests or prophylactic treatment for STIs vs. 80% of the comparisons (\( p < .001 \)). There were no differences in decisions to prosecute, convictions, or sentence lengths between the groups. DNA was documented in only 27.3% of acute cases, although evidence kits were completed.

Conclusions: Young adolescent sexual abuse victims received markedly different health care in a hospital-based CAC compared to elsewhere. DNA is not commonly found in acute cases.

Implications for practice: Community health care providers and law enforcement should be encouraged to refer victims to hospital-based CACs for specialized examinations and treatment.

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Introduction

Children’s Advocacy Centers (CACs) are endorsed as using best practices to care for crime victims (Center for Crimes Against Children, 2004). There are various CAC models used to improve the delivery of care to sexual abuse victims, coordinate...
investigations, and reduce the harmful effects of sexual abuse or sexual assault on youth and families. Most CACs share the common elements of sensitive interviewing and multi-disciplinary team collaboration when abuse is suspected, but differ in their involvement of health care providers, obtaining medical histories, and assessing and treating the health needs of young crime victims. Although the terms sexual abuse and sexual assault are sometimes used to differentiate types of sexual victimization, i.e., incest vs. extrafamilial, or levels of violence involved in the events, in this paper, both terms are used interchangeably, as all types of sexual victimization among children and young adolescents fall within the scope of Children’s Advocacy Centers.

Developmentally appropriate forensic interviews are an important part of sexual abuse care (Levitt, 1992), but victims need much more than skilled interviews (Adams et al., 2007). The diagnosis and treatment of sexual abuse should include a health examination to address the potential sequelae from the event. If the sexual abuse occurred within the past 72 h, the health examination includes assessment and treatment of injuries, collection of forensic evidence, including possible DNA, treating sexually transmitted infections (STIs), assessing for acute psychological trauma, and preventing pregnancy (Adams, 2004; American Academy of Pediatrics Committee on Adolescence, 2001). If there is a delay in disclosure of the abuse, the victim still requires a health examination to assess healed injuries, test for or treat STIs, and evaluate coping responses.

The hospital-based CAC generally provides recommended physical assessment, forensic interviewing, health care, and counseling referrals to abuse victims, but it is unclear whether the same levels of recommended care are offered to or received by victims whose abuse is investigated in other settings. Currently, the research literature does not document whether health care assessments and treatments provided by hospital-based CACs are different from the medical evaluations and care adolescents provided by community providers. There is also limited research on the likelihood of abnormal genital findings or forensic evidence from sexual abuse examinations of younger adolescents, and how these health elements are related to the legal aspects of the criminal investigation, prosecution and sentencing of the perpetrator. A recent comparison of cases from a CAC with those from Child Protective Services [CPS] (Smith, Witte, & Fricker-Elhai, 2006) found improved outcomes for CAC cases, but the CAC in that study was not hospital-based, and the comparison investigations were from CPS, which is often not involved in extra-familial abuse cases. The current study adds new information about the prevalence of both physical and psychological findings identified when best practices are used by a hospital-based CAC, assessing sexual abuse or sexual assault either acutely or after a delayed disclosure, and comparing these results to care provided to adolescents by community providers.

Background

Adolescence is the key risk period for extrafamilial sexual abuse. In 2000, the sexual assault victimization rate for youths 12–17 was 2.3 times higher than for adults (Bureau of Justice Statistics, 2003). In a population-based study of high school students in Minnesota during the 1990s, 13–17% of girls and 3–5% of boys reported a history of sexual abuse (Saewyc, Magee, & Pettingell, 2003); the majority of those students reported extra-familial abuse. Most of the sexual assaults reported to the police occur to juveniles, but there is limited knowledge about the type of assaults experienced by very young teens, that is, those age 10–14 (Wordses & Nunez, 2002).

Although most sexual abuse victims have normal or nonspecific physical findings in their health assessments (Adams, Harper, Knudson, & Revilla, 1994; Adams & Knudson, 1996), sexual abuse patients still require health care. Providing health care reassures parents as well as victims about the patient’s physical well being (Kerns, Terman, & Larson, 1994). Even though physical findings are uncommon, when they are present, they can be important to the criminal investigation (Adams, 2001; Adams et al., 1994).

The degree of experience of the health care provider doing sexual abuse exams influences the validity of their findings. Recently, a study found that when pediatric emergency medicine physicians completed a genital exam for possible sexual abuse they were more likely than the physician with child sexual abuse training to misinterpret normal findings (Makoroff, Brauley, Brandner, Myers, & Shapiro, 2002). Physical findings increase significantly in adolescent girls with a history of either abusive or consensual sexual intercourse. It becomes important to identify a history of painful sexual intercourse, age of sexual debut, and history of bleeding with intercourse among young adolescent victims who may also be consensually sexually active. Providers should take care not to mistakenly attribute possible physical findings caused by previous abusive or consensual sexual intercourse, if they are not relevant to the current event under investigation (Adams, Botash, & Kellogg, 2004; Adams & Knudson, 1996). It should be noted, however, that the overwhelming majority of adolescents under age 13 do not report consensual sexual activity; in the 2003 national Youth Risk Behavior Survey, for example, only 4.2% of girls reported sexual intercourse before age 13, and 11.3% of 9th grade girls (i.e., 14 year olds) reported forced sexual intercourse, suggesting the majority of girls having sex before age 13 have been forced (Grunbaum et al., 2004).

Regardless of whether or not physical evidence is likely to be present, obtaining a detailed verbal history of the abuse events is essential for the medical treatment of sexual abuse victims (Adams, 2004). It may also be key in criminal convictions. In some research, cases were more likely to be charged criminally if physical findings were present (Palusci et al., 1999); however, Dejong and Rose (1998) found that positive physical evidence was neither predictive nor essential for conviction in sexual crimes, concluding that the quality of the history obtained by the interviewer was more important.

DiPietro, Runyan, and Fredrickson (1997) found that children interviewed by health care providers who also conducted a physical exam were more likely to disclose a history of sexual abuse than when social workers or forensic interviewers assessed the child in a non-medical setting. This finding raises a concern, because in CACs that are not hospital-based centers,
forensic interviews may be conducted in other settings, and subsequent decisions about who should have a medical history, physical exam, and treatment are not being made by health care professionals.

In sum, while CACs are recommended as the most effective model for identifying and responding to child sexual abuse, little is known about how well this model addresses the health care needs of victims. There is wide variation in how CACs deliver care (Cross, Jones, Walsh, Simone, & Kolko, 2007). The medical model or hospital-based CAC, with a hospital clinic as the central agency in the team, is one CAC model (Walsh, Cross, Jones, Simone, & Kolko, 2007). The goal of all models is to provide skilled care to victims of abuse (Walsh, Jones, & Cross, 2003). A hospital-based CAC, as an expert child abuse assessment and treatment setting, should be more consistent in providing history and physical examinations, accurate diagnoses, and effective treatment for sexually abused young adolescents than might investigations that are conducted separately from a CAC. A recent study exploring such comparisons for a non-hospital-based CAC vs. Child Protective Services (CPS) investigations in a southern U.S. state found 57% of CAC cases had physical exams, while only 12.7% of CPS cases did (Smith et al., 2006). Walsh et al. (2007) found that CACs are effective means of increasing children’s access to forensic medical exams but the study did not address how the general health care needs of high risk children would be met. Additionally, study followed children age 7.4 (S.D. 3.8) years and did not focus on the health needs adolescents (Walsh et al., 2007).

The primary purpose of this study was to determine whether there were differences in the health care assessments and treatment received by adolescent victims referred to a hospital-based CAC compared to that care victims received in the community, as well as differences in legal outcomes of investigations, and length of sentences. A secondary purpose was to identify the prevalence of DNA evidence and physical findings among young adolescent victims diagnosed with sexual abuse and how this information might influence the legal outcomes of sexual abuse cases.

Four hypotheses were tested. Victims referred to the hospital-based CAC compared to those being seen in the community would be more likely to: (1) receive a health care examination; (2) have a higher rate of genital findings; (3) receive diagnostic tests, necessary medical treatment and counseling; and (4) have perpetrators who would be more likely to be charged and convicted.

Methods

Setting

The hospital-based CAC evaluated in this study provides diagnosis and treatment for all types of child maltreatment, from birth to age 18, including cases of physical neglect, physical abuse, incest, and extra-familial sexual abuse. The clinic is staffed by a team of pediatricians, nurse practitioners, nurses, and psychologists who together provide forensic examinations, diagnosis, treatment, ongoing therapeutic interventions and follow-up. All patients evaluated at this hospital-based CAC receive a comprehensive health care assessment which includes information about the abuse, past medical history, a history from the adolescent’s perspective (which is video-taped), a complete physical exam, and treatment for abuse sequelae.

Methodology

A retrospective matched case-comparison research design was used to test the hypotheses. Both index cases and matches had evidence of their abuse submitted for criminal charges within the same court system in one urban county. The index group was comprised of consecutive patients between the ages of 10–15 years old diagnosed with extra-familial sexual abuse between January 1998 and December 2003 (N = 180) at a hospital-based CAC. The information from the patient’s chart that was usually submitted to the court was abstracted to collect information on demographic variables, assault histories, antecedent risk factors, physical findings, lab results, treatments and health care referrals.

The index cases were then matched to cases that were submitted for criminal charges within that same 5-year time period in the same county but who were not referred to the CAC, i.e., whose investigations were conducted by police elsewhere in the community (Community cases). Cases were matched based on victim’s gender and age within 9 months, type of assault (single or multiple perpetrators), and the adult or juvenile status of perpetrator(s). When age of the perpetrator was known, juvenile perpetrators were matched within 3 years of age, but adult perpetrators were matched as closely as possible (49.6% were matched within 1 year, and 80.9% were matched within 4 years).

When there was more than one match to the index CAC case, one Community case was randomly selected among those. It was not possible to match all CAC cases with Community cases (N = 128 final matched pairs). In comparing the CAC matched cases to the 52 CAC cases that were unmatched, there were no significant differences in demographic characteristics, and type and severity of abuse, likelihood of physical examination, treatment or legal outcomes.

The health care assessments in the Community cases, when present, were abstracted from the court records using the same standardized form as was used for the CAC cases. We also documented the type of provider used for health care assessment. We confirmed that all data abstracted from the CAC patients’ charts were actually present in court records for the CAC cases. The legal outcomes for all cases were abstracted from court documents.

The case-comparison design produces paired data. Therefore, to examine the differences between CAC and Community cases on completeness of assessments, likelihood of treatments, and legal outcomes, we used McNemar’s test for categorical variables and paired t-tests or Wilcoxon sign-rank tests for continuous variables, depending on whether the variables were normally distributed. Coding whether assessments and treatments were indicated but not received was based on the
recommended standards of care from American Academy of Pediatrics Committee on Adolescence (2001). For example, if a record indicated penile–anal or penile–genital penetration had occurred, an ano-genital exam for injury is indicated, as is STI testing or prophylaxis and pregnancy tests for girls; if the assault occurred within 72 h and included penile contact, the Bureau of Criminal Apprehension DNA evidence kit is indicated. Prosecution rates were also compared to whether there were genital findings, which were coded as normal, suspicious or likely findings, not done when should have been done, and not applicable. Additional analyses were completed separately for the CAC and the Community cases, using logistic regression, to identify whether necessary exams or positive findings indicating genital trauma predicted prosecution rates. The Children’s Hospitals and Clinics of Minnesota’s Institutional Review Board approved this study.

Results

Demographics

There were no differences in the demographics and key abuse characteristics between the CAC and Community cases (Table 1). The victims ranged in age from 10 to 15 years, with similar mean ages. Just over three-fourths of victims were female (78.1%). CAC and Community cases had similar living arrangements, with the greatest proportion living with single parents, most commonly a mother, and the second largest group living in nuclear families. There was no difference between the two groups in whether there was a delay in disclosure of sexual abuse greater than 72 h, mean age of perpetrators (where age was known), the number of perpetrators, or whether the abuse included penile–anal or penile–vaginal penetration.

Comparisons of assessments and treatments between the two groups

There were, however, striking differences regarding whether or not a victim received a physical examination (Table 2). Among the CAC cases, 85.2% received an exam, compared to only 35.9% of the Community cases (p < .001). Victims who were seen in the hospital-based CAC were significantly more likely to have charted evidence of general health assessments recommended for adolescents, as well as screening for psychological symptoms. For example, CAC cases were more likely to have documented evaluations of self-mutilation, history of suicidal ideation and attempts, prior sexual abuse history, prior psychiatric hospitalizations, and existing mental health diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD) or depression, as well as past medical histories of other conditions (all p < .001). Additionally, the CAC cases were significantly more likely to have been assessed for substance use at the time of the assault (p < .001). The only assessment that was not significantly different was the assessment of running away, and these data were sometimes collected as part of the court record, not necessarily documented in the health assessment for Community cases (p = .21).

Overall, 63.5% of teens reported either penile–vaginal or penile–anal contact, with similar rates in both CAC and comparison groups (Table 1). The CAC teens reported an average of 2.64 types of sexual acts (S.D., 1.77), such as oral–genital contact or fondling, while the Community cases reported 2.03 types of acts (S.D., 0.99). In paired t-tests, CAC cases had significantly higher average number of different types of sexual acts documented vs. Community cases (p < .001).

Table 1

Demographic and key clinical comparisons for matched group.

<table>
<thead>
<tr>
<th>Variables</th>
<th>CAC cases (N = 128)</th>
<th>Community cases (N = 128)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>21.9% (28)</td>
<td>21.9% (28)</td>
<td>1.00(NS)</td>
</tr>
<tr>
<td>Females</td>
<td>78.1% (100)</td>
<td>78.1% (100)</td>
<td></td>
</tr>
<tr>
<td>Age and grade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean age (S.D.)</td>
<td>12.72 (1.21)</td>
<td>12.76 (1.20)</td>
<td>0.81 (NS)</td>
</tr>
<tr>
<td>Mean grade in school</td>
<td>6.64 (1.30)</td>
<td>6.61 (1.37)</td>
<td>0.84 (NS)</td>
</tr>
<tr>
<td>Living situation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear family</td>
<td>22.0%</td>
<td>22.6%</td>
<td></td>
</tr>
<tr>
<td>Single parent</td>
<td>44.9%</td>
<td>45.3%</td>
<td></td>
</tr>
<tr>
<td>Blended family</td>
<td>9.4%</td>
<td>17.9%</td>
<td></td>
</tr>
<tr>
<td>Extended family</td>
<td>8.7%</td>
<td>5.7%</td>
<td></td>
</tr>
<tr>
<td>Out of home (foster, jail, shelter, street)</td>
<td>15.0%</td>
<td>8.5%</td>
<td>0.21 (NS)</td>
</tr>
<tr>
<td>Family problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hx of CPS involvement</td>
<td>26.0%</td>
<td>23.0%</td>
<td>0.59 (NS)</td>
</tr>
<tr>
<td>Hx of domestic violence</td>
<td>35.9%</td>
<td>44.0%</td>
<td>0.45 (NS)</td>
</tr>
<tr>
<td>Key victimization variables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delay in disclosure (after 72 h)</td>
<td>79.7%</td>
<td>74.4%</td>
<td>0.395 (NS)</td>
</tr>
<tr>
<td>Mean age of perp</td>
<td>23.33 (11.06)</td>
<td>23.57 (11.06)</td>
<td>0.71 (NS)</td>
</tr>
<tr>
<td>Single perps</td>
<td>83.6%</td>
<td>85.9%</td>
<td></td>
</tr>
<tr>
<td>Multiple perps</td>
<td>11.7%</td>
<td>11.7%</td>
<td></td>
</tr>
<tr>
<td>Too many to count</td>
<td>4.7%</td>
<td>2.3%</td>
<td>0.59 (NS)</td>
</tr>
<tr>
<td>Penile–vaginal/anal penetration</td>
<td>62.5%</td>
<td>64.5%</td>
<td>0.84 (NS)</td>
</tr>
</tbody>
</table>
Table 2

Results of CAC cases compared to Community cases.

<table>
<thead>
<tr>
<th>Variables</th>
<th>CAC cases</th>
<th>Community cases</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received physical exam</td>
<td>85.2%</td>
<td>35.9%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment for self-mutiliation</td>
<td>88.2%</td>
<td>21.6%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment for suicidal ideation</td>
<td>78.9%</td>
<td>21.4%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment for suicide attempts</td>
<td>78.9%</td>
<td>19.8%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment for psychiatric hospitalizations</td>
<td>100%</td>
<td>34.9%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment for depression history</td>
<td>100%</td>
<td>37.9%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment for prior sexual abuse</td>
<td>98.4%</td>
<td>82.8%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment of past medical conditions</td>
<td>100%</td>
<td>37.9%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Assessment for running away</td>
<td>99.2%</td>
<td>96%</td>
<td>.21</td>
</tr>
<tr>
<td>Assessment for truancy</td>
<td>100%</td>
<td>70.2%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Ano-genital exam(^a)</td>
<td>93.9%</td>
<td>47.7%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Received STI testing or prophylaxis(^a)</td>
<td>94.7%</td>
<td>20%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Pregnancy testing(^b)</td>
<td>79.7%</td>
<td>51.6%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>BCA kit collection for acute (72 h) cases(^c)</td>
<td>95.2%</td>
<td>60%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Referred for counseling</td>
<td>74.6%</td>
<td>10.9%</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

\(^a\) Percentages are among those with history of anal or genital penetration, and in the case of STI testing, with penile contact.

\(^b\) Among girls only who had penile-genital contact.

\(^c\) When penile contact was reported.

Of those cases involving penetration, CAC cases were far more likely to receive an ano-genital exam, STI testing and screening for pregnancy when there was a delayed disclosure of sexual abuse. Only one in five Community cases had STI testing or prophylactic treatment compared to 95% of CAC cases (p < .001). Even when sexual abuse was disclosed within 72 h, CAC cases were still more likely to receive prophylactic treatment for preventing STIs and pregnancy (p < .001).

Examination findings were significantly different between the two groups. The CAC cases were more likely to have abnormal genital findings that were specific or diagnostic of abuse than comparison cases. When an exam was completed, 26.9% of CAC cases had positive findings indicating genital trauma, compared to 4.8% of Community matches (p < .001). CAC cases were all examined using videocolposcopy, and the comparison cases primarily had visual examinations. The CAC cases were all reviewed by a pediatrician expert in sexual abuse, while comparison cases were seen by a variety of practitioners, including Sexual Assault Nurse Examiners (SANE) nurses, nurse practitioners, family physicians, pediatricians, emergency physicians, and internists.

Delayed reporting by victims was common in both groups. Only 20.3% of CAC cases and 25.6% of Community cases were seen acutely (within 72 h, p = .32). Since the majority of sexual assault reports occurred outside the window of when a Bureau of Criminal Apprehension (BCA) evidence kit is indicated, very few cases had both perpetrator to victim penile penetration and reporting within the 72-h window when forensic evidence is most commonly found. Nearly all of the acute CAC cases had a BCA kit collected, compared to 60% of Community cases (Table 2).

Referrals for counseling after the sexual abuse were significantly higher among CAC cases (75%) compared to Community cases (11%). Among the small number of Community cases who received a health assessment, there were no differences in likelihood of referrals by type of health care provider conducting the assessment.

Legal outcomes

Overall, 57.2% of cases were charged. There were no significant differences between CAC and Community matches on the likelihood of prosecution. The majority of CAC cases that were charged had physical exams as part of the health care provided to the teen. In all cases where an exam was indicated (i.e., for penetration) the CAC cases were prosecuted, even in the small number of cases (5) where the indicated exam was not done. Descriptive bivariate analysis shows that likelihood of an examination might not be related to prosecution for Community cases, because nearly an equal number of the cases that were prosecuted did not have exams as had exams. However, when logistic regression analysis was conducted for the Community cases, with prosecution as the dependent variable, and exam as the independent variable, the Community cases that did not have an exam when they should have had were 66% less likely to have their case prosecuted (model chi p < .01).

There were no significant differences in legal outcomes when cases that were charged were compared between the two groups. There also was no difference, once a case was charged, in whether or not a perpetrator pled guilty or was found guilty by a jury. The majority of all sexual assault perpetrators charged pled guilty prior to going to trial. Sentence lengths were so widely variable and so few cases had concordance in sentencing (i.e., both CAC and Community match received a sentence within a pair) that it was not possible to compare with confidence the sentence lengths.

Genital findings and DNA evidence among CAC cases only

In order to identify the overall prevalence of genital findings and DNA evidence, those adolescents seen at the CAC who had not been able to be matched to Community cases (N = 180) were then included. Among victims who had an exam, 17.6% had genital findings that were likely or definitely the result of abuse based on Adams (2001) classification of sexual abuse.
findings, 6.9% had suspicious findings, 2.5% had recorded findings that were probably normal variation, and 73.0% had normal exams. As mentioned previously, in order to procure DNA evidence, victims who were seen within 72 h from the assault, had a BCA evidence kit collected. Among the CAC patients who were examined within 72 h of the assault and had penetration, 33 of the 34 (97%) had an evidence kit completed. For those with evidence kits collected, just over half (51.5%) had no record of results (potentially not processed or not available, it is unclear which); an additional 3% were documented as not processed, 3% were documented with results pending, and 15.2% found no DNA evidence. Only 9 of the 33 cases (27.3%) had positive DNA findings; of those, 11% had found the DNA evidence on the victim’s clothes.

Discussion

The adolescents who were evaluated at the CAC received more thorough health assessments, were more likely to have documented genital injuries, and were more likely to be treated or tested for STIs than Community cases. In the in-depth histories obtained by the CAC, young teens disclosed more types of abuse on average than did Community teens interviewed by law enforcement; this difference could be actual differences in experiences, but the similarities between the two groups in other aspects of the abuse, such as the number of perpetrators and penile contact, make this less likely. Perhaps teens interviewed in the medical setting were more willing to disclose abuse experiences, as has been found elsewhere (DiPietro et al., 1997). There were no apparent differences in charged cases when complete health histories were obtained. Charging decisions involve a number of factors, in which assessments play a role, but assessments do not in themselves predict which cases are charged or the outcomes of a criminal case.

Not all CACs provide examinations and assessments for adolescents who report extra-familial sexual abuse. Although sexual abuse is more common among adolescents than younger children, victims seen by most CACs are primarily under 13 years of age (www.NCA-online.org). Some CACs have only accepted children under age 13, or only teens reporting intra-familial sexual abuse, while older youth reporting extra-familial sexual abuse have been referred to hospital emergency rooms, and are interviewed only by police officers (Palusci, Cox, Shatz, & Schulzke, 2006). Our findings show such referrals may mean these youth are not getting the health assessment and treatments they need; nearly two-thirds of the teens reporting sexual abuse did not receive health care if they were not evaluated at a CAC.

The risk assessments and health histories obtained at the CAC reveal that many adolescent victims have health histories significant for suicidal ideation, suicide attempts, substance use, mental health problems, running away behavior, and truancy. These health and social issues need to be reassessed when there is an added stressor such as sexual abuse, in order to provide needed crisis management (Adams et al., 2007), as well as referrals to appropriate services. Teens receiving care at a CAC were more likely to have these important health assessments completed than if they were seen by a community health provider. The lack of complete health assessment may in part explain why only 10.9% of the Community case teens had documented referrals for counseling.

Teens were also less likely to receive either testing or treatment for STIs if they were seen in the community. Even with nearly two-thirds of victims in both groups reporting penile–vaginal, penile–anal, or penile–oral contact, only one out of five Community cases who had penile contact were either tested or prophylactically treated for STI exposure. Yet SANE and Emergency Physician protocols recommend prophylactic treatment with antibiotics for STI exposure from sexual assaults, and are interviewed only by police officers (Palusci et al., 2006). Our findings show such referrals may mean these youth are not getting the health assessment and treatments they need; nearly two-thirds of the teens reporting sexual abuse did not receive health care if they were not evaluated at a CAC.

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There are many different ways a victim may benefit from being offered an exam. Physical examinations can reassure young teens that their body is normal, provide an opportunity for screening for STIs, and assess for both acute and older injuries. A physical exam also provides an opportunity for anticipatory guidance around sequelae, as sexually abused young teens are more common among adolescents than younger children, victims seen by most CACs are primarily under 13 years of age (www.NCA-online.org). Since gonorrhea and chlamydia can be asymptomatic in adolescents, the lack of testing or treatment not only risks the victims’ health and future fertility, but misses an opportunity to reduce the spread of STIs in the general population of young people (Reynolds, Peipert, & Collins, 2000).

While it is important to collect possible DNA evidence to provide the highest level of certainty for identifying a perpetrator, law enforcement and medical professionals should recognize that finding DNA evidence is an unlikely event (Palusci et al., 2006). Only about 1 out of 5 victims in our study were seen within 72 h of the reported sexual abuse, therefore, few cases had DNA evidence collected.

Similarly, it is generally believed that a CAC assessment will improve the criminal investigation leading to more cases being charged (Walsh et al., 2003), in this study, there were no differences in charging decisions, despite higher rates of abnormal genital exam findings. Since CAC and comparison cases were in the same community and the hospital and prosecution have been collaborating in the CAC for more than 13 years, the education and feedback that occurs in communities with CACs regarding results of medical exams might have affected charging decisions in both groups (Heger, Ticson, Velasquez, & Bernier, 2002).

Although a retrospective chart review design has limitations, this study took a number of steps to strengthen the design, including matching cases with comparisons on several criteria highly likely to influence the type of sequelae and physical findings and the legal outcomes for sexual abuse victims. Limitations include the quality of documentation: some of the differences between the two groups may be a matter of missing documentation rather than missing care, and some
comparison victims may have had medical exams that were not included in the police or court records reviewed. The legal use of documentation from health care professionals, however, tends to suggest one must interpret “not charted” as “not done.” Further, in examining the court documents of CAC cases, when medical records were present, the entire record for the abuse incident was present, which suggests the legal files for comparison cases are similarly complete. Additional confirmatory data were also present in police reports about the type of evidence collection and what occurred after the collection of forensic evidence.

Another important limitation to this study should be considered before generalizing the findings to all CACs. This was a single hospital-based CAC, staffed with pediatric nurses, pediatric nurse practitioners, and pediatricians who all are experts in evaluating and treating abuse victims. Other CACs may have interviewers or investigators who are not health professionals and these may decide whether or not health care referrals are made. If the CAC does not routinely refer all potential victims for health care examinations as part of the diagnosis and treatment of sexual abuse, then access to medical care for the victims, and the decisions about necessary treatment, may not be similar to the results in this study.

Conclusion

The hospital-based CAC provided better assessments of abuse-related risk factors, the abuse experience, and management of the immediate sexual health needs of teens. Teens evaluated at the CAC also received more referrals for counseling than those teens evaluated in the community. Health care professionals not working in a CAC need better training in assessing teens when they report sexual abuse, and, whenever possible, teens who experience sexual abuse would benefit from receiving their care in a hospital-based CAC. While the CAC may offer a best practice model of health care for the sexually abused young teens, its role in affecting prosecutions or legal outcomes appears limited in this case.

References

Gender Differences in Extrafamilial Sexual Abuse Experiences Among Young Teens

Laurel Edinburgh, RN, MSN, PNP; Elizabeth Saewyc, RN, PhD, PHN; and Carolyn Levitt, MD

ABSTRACT: Extrafamilial sexual abuse experiences of young adolescents (ages 10–14), particularly young teen boys, are not well studied. This retrospective chart review study compared psychosocial correlates and victimization experiences between young adolescent girls (n = 226) and boys (n = 64) referred to a hospital child advocacy center. Several differences in risk behaviors and abuse experiences were found: Girls were more likely to have run away, to be truant from school, to report substance use, to have multiple perpetrators, and to have physical findings from the abuse. Boys were more likely to have a diagnosis of attention deficit disorder and to report anal penetration, and rarely disclosed abuse at the time of the incident. Peers were girls’ most common choice for disclosing abuse, whereas boys confided most often in their mothers or other adults. These findings suggest sexually abused young adolescent girls and boys need distinct, developmentally appropriate screening and care in school and health care settings.

KEY WORDS: adolescent, gender differences, risk factors, sexual abuse, victimization

INTRODUCTION

Extrafamilial sexual abuse is more common than incest for both adolescent boys and girls (Saewyc, Pettingell, & Magee, 2003). Sexually abused adolescents are at risk for an array of negative health consequences, including substance abuse, depression and self-harm, sexually transmitted infections (STIs), unintended pregnancy, and further sexual and physical violence (DeBellis, 2001; Holmes & Slap, 1998; Saewyc, Magee, & Pettingell, 2004). Health care professionals need to be aware of the abuse experiences of these boys and girls in order to respond to their immediate needs when sexual abuse is disclosed, to understand the association of risk behaviors and abuse, and to have awareness of future health consequences. However, little is known about the extrafamilial abuse experiences of young adolescent boys and girls (Fargason, Zorn, Ashworth, & Fountain, 1997; Finkelhor, Ormrod, Turner, & Hamby, 2005). These young teens’ experiences may indicate that they have health care needs distinct from those of older adolescents and that young adolescent boys have needs different from those of girls.

Although studies have documented gender differences in the prevalence of sexual abuse among teens, few studies have focused on early adolescence or extrafamilial abuse or have compared abuse experiences and legal outcomes for these 10- to 14-year-old girls and boys. The purpose of this study was to describe the sexual abuse experience and associated risk behaviors associated with young adolescent boys and girls who were interviewed and examined at a hospital-based child advocacy center.

LITERATURE REVIEW

Past research on childhood sexual abuse has focused overwhelmingly on girls and young children or older teens (Finkelhor, 1994; Holmes & Slap, 1998). Research on male victims of sexual abuse indicates that male victimization is more pervasive than re-
reported in crime statistics (Finkelhor et al., 2005; Saewyc, Pettingell, & Magee, 2003). In school-based population surveys of older adolescents, nearly one in six students reported a history of sexual abuse; girls were more likely to report abuse than were boys (Holmes & Slap; Saewyc, Pettingell, & Magee). The prevalence of male and female victimization varies greatly depending on the definition of abuse, the population surveyed, and the method of data collection (Finkelhor et al.).

Studies including sexual abuse experiences of young teen boys and girls are minimally represented in the literature (Finkelhor et al., 2005; Holmes & Slap, 1998; Saewyc, Magee, & Pettingell, 2004). The literature tends to focus on intrafamilial abuse of younger children or reports of older adolescents in school-based surveys (Edinburgh, Saewyc, Thao, & Levitt, 2006). Sexual abuse appears to be underrecognized and undertreated for both boys and girls (Holmes & Slap). Further, there are gender differences in the risk behaviors associated with teens who report forced or pressured sex (Shrier, Pierce, Emans, & DuRant, 1998). This may be, in part, because of how sexual abuse is disclosed (Sorenson & Snow, 1991). There are also wide differences among communities in how the disclosure of sexual abuse is handled and in the help available to girls and boys disclosing abuse (Berliner & Conte, 1995). Although the literature supports that children disclose abuse in layers and first disclose abuse to those they trust, who young adolescents first talk to about their abuse is not well documented (Palusci, Cox, Shatz, & Schultze, 2006).

Research finds that the majority of perpetrators for both girls and boys are males (Banyard, Williams, & Siegel, 2004; Edinburgh, Saewyc, Thao, & Levitt, 2006). When females have been identified as abusers, more than 40% were friends and acquaintances, and another 30% gained access to the victim through babysitting (Rubenstein, Yeager, Goodstein, & Lewis, 1998; Holmes & Slap, 1998). Although most of the perpetrators of sexual abuse tend to be from outside the family, very few of those extrafamilial perpetrators are strangers (Lenderking & Rose, 1988; Levitt, 1993), so how teens are questioned about abuse becomes paramount, not only for how victims are treated within the health system, but also for the criminal investigation. After the history is obtained, a complete physical assessment is necessary (Kellogg; Levitt, 1992). Physical evidence may need to be gathered immediately, but can still be present months after an assault for girls in the form of healed hymenaeal transections or pregnancy (Adams), as well as anogenital scarring and untreated STIs for both boys and girls (Adams; Berenson et al., 2000). However, the lack of physical evidence does not mean abuse did not occur; sexual abuse often does not produce physical anogenital trauma that leaves scars (Adams, Harper, Knudson, & Revilla, 1994).

The health care required once a boy or girl has been identified as being a victim of sexual abuse is well described (Kellogg, 2005). The diagnosis of sexual abuse is made almost entirely from the history provided by the child or teen (Adams, 2001; Dejong & Rose, 1988; Levitt, 1993), so how teens are questioned about abuse becomes paramount, not only for how victims are treated within the health system, but also for the criminal investigation. After the history is obtained, a complete physical assessment is necessary (Kellogg; Levitt, 1992). Physical evidence may need to be gathered immediately, but can still be present months after an assault for girls in the form of healed hymenaeal transections or pregnancy (Adams), as well as anogenital scarring and untreated STIs for both boys and girls (Adams; Berenson et al., 2000). However, the lack of physical evidence does not mean abuse did not occur; sexual abuse often does not produce physical anogenital trauma that leaves scars (Adams, Harper, Knudson, & Revilla, 1994).

**METHODS**

A retrospective chart review was completed for all girls and boys (N = 290) ages 10.0–14.99 years who were diagnosed with extrafamilial sexual abuse at a Midwestern hospital-based child advocacy center between 1998 and 2003. The clinic is located in a Midwestern city. The center uses a multidisciplinary model of care, with both nurses and physicians highly experienced in evaluating children and adolescents for suspected physical and sexual abuse. Sexual abuse-related health care assessments were conducted by a health care practitioner who was expert in abuse assessment; these evaluations consisted of a solo interview with the patient, an interview with a parent or
caretaker (if available), a physical exam, a video-colposcopic genital exam, tests for sexually transmitted disease, and appropriate collection of forensic evidence. Interviews with adolescents were semistructured and were videotaped as per the clinic protocol. If there were questions about the teen’s abuse after the chart review, the videotaped interview was reviewed. Also, SCAN Trak (Midwest Children’s Resource Center, St. Paul, MN), a computer program that is used to prospectively track information on all sexual abuse cases evaluated in the clinic, was used to determine legal outcomes of the reviewed cases.

Demographic characteristics, risk behaviors, abuse experiences, physical findings, and legal outcomes were compared for girls and boys using cross-tabulations with chi-square and t tests. A p value of <.05 was considered statistically significant. Youths were excluded from the study if they lived with the perpetrator, the perpetrator performed caretaking responsibilities, or they did not disclose sexual abuse. Because cases were limited to medically diagnosed cases of extrafamilial sexual abuse, results may not be generalizable to cases of suspected sexual abuse or cases of incest. This project was approved by the Institutional Review Board of the hospital.

RESULTS

Demographically, the sample consisted of 22% boys (n = 64) and 78% girls (n = 226). The boys were slightly younger than the girls, with mean ages of 11.83 and 12.58 years, respectively. The largest group of teens lived in one-parent homes (41.5%), but significant numbers lived in two-parent homes (24.6%), out-of-home placements (15%), or blended families (13.8%). A smaller percentage (5.2%) lived with other relatives. There were no differences in living arrangements between the boys and the girls. The girls were more likely to come from larger families with a mean number of 2.49 siblings (SD 2.02) compared with the boys, who had a mean of 1.59 siblings (SD 1.23). The majority of teens lived in urban or suburban settings.

Many psychosocial correlates differed markedly between boys and girls (Table 1). Boys were truant significantly less often (measured by missing 15 or more days of school in one school year) and had run away from home less. Boys were also less likely to have a history of cutting or burning themselves. There were no statistically significant differences between the groups regarding a history of suicidal ideation or prior psychiatric hospitalization. Boys were more likely to have a prior diagnosis of attention deficit/hyperactivity disorder (ADHD). There were no statistically significant differences between the groups concerning other previously diagnosed chronic medical conditions. Boys reported alcohol and drug use less often than did girls.

There were no differences between the two groups in prior exposure to domestic violence or the likelihood of a personal history of physical or sexual abuse. In cases where prior abuse had occurred, boys reported that it occurred at a younger age than girls reported (boys, 5.78 vs. girls, 7.51 years; t = 2.50; df = 16.57; p = .023).

The abuse experiences of boys were strikingly different from those of girls. Boys were more likely than girls to have a sexual abuse experience with a single extrafamilial perpetrator. Thus, boys were less likely than girls to report gang rape, multiple extrafamilial assaults, or involvement in prostitution. Among boys, none had five or more perpetrators, whereas 11.6% of the girls had at least five perpetrators. Boys were more likely to report anal penetration. Overall, boys experienced fewer acts of sexual abuse, but were more likely to describe unusual sexual abuse experiences and to have been exposed to pornography. Perpetrators for both groups were overwhelmingly male, but boys were more likely to experience an abuse event with a single older juvenile (boys, 44.4% vs. girls, 24.7%; χ² = 13.65). Boys never or rarely reported alcohol or drug involvement during the assault.

Once abuse occurred, boys were most likely to talk to their mothers or other adults, whereas girls talked to their peers first about the abuse incident.

Once abuse occurred, boys were most likely to talk to their mothers or other adults, whereas girls talked to their peers first about the abuse incident (Table 2). However, boys were more likely than girls to state that there was no one whom they could talk to about the incident. Boys were significantly less likely than girls to report the abuse within 72 hours. When the incident was reported less than 30 days after it occurred, boys reported it an average of 4.76 days later than girls (boys, 12.17 vs. girls, 7.14; t = 2.49; df = 143; p < .05). When the incident was reported more than a month later, boys were also significantly more likely to delay reporting at least 3 months longer (boys, 8.08 months vs. girls, 5.06 months; t = 1.79; df = 48; p < .05).

Boys were unlikely to have anogenital injury exam findings that were consistent with abuse (2%), but such findings occurred in 27% of girls’ examinations (Table 1). There were no significant differences regarding whether or not an evidence collection kit or testing for STDs was completed when controlling for a history of penetration. DNA evidence was seldom available (5.9% of cases overall had DNA found), due to several reasons: few cases were reported within 72 hours, a small number of victims refused exams, evidence kits were sometimes not collected with types of assault unlikely to produce forensic evidence, and evidence kits were sometimes not processed at the lab even when collected (e.g., when a perpetrator confessed). However, among those victims where evi-
Table 1. Comparisons of Sexual Abuse Experiences Between Boys and Girls

<table>
<thead>
<tr>
<th>Variable</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
<th>( \chi^2 )</th>
<th>df</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Running away</td>
<td>1.6</td>
<td>19.9</td>
<td>11.01</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>2. Truant</td>
<td>3.2</td>
<td>25.2</td>
<td>13.39</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>3. Domestic violence</td>
<td>34.0</td>
<td>35.3</td>
<td>0.034</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>4. Prior physical abuse</td>
<td>14.5</td>
<td>9.8</td>
<td>1.11</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>5. Prior sexual abuse</td>
<td>14.5</td>
<td>23.1</td>
<td>2.15</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>6. History of alcohol use</td>
<td>5.0</td>
<td>25.1</td>
<td>10.27</td>
<td>1</td>
<td>.001</td>
</tr>
<tr>
<td>7. History of drug use</td>
<td>1.6</td>
<td>14.0</td>
<td>6.03</td>
<td>1</td>
<td>.007</td>
</tr>
<tr>
<td>8. ADHD</td>
<td>33.9</td>
<td>9.9</td>
<td>19.99</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>9. All other prior medical/psych conditions</td>
<td>27.4</td>
<td>19.7</td>
<td>2.05</td>
<td>3</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Assault Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Time from assault to exam &gt;72 hours</td>
<td>93.5</td>
<td>75.2</td>
<td>8.8</td>
<td>1</td>
<td>.003</td>
</tr>
<tr>
<td>2. Perpetrators’ ages:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult only</td>
<td>55.6</td>
<td>65.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile only</td>
<td>44.4</td>
<td>24.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult &amp; juvenile</td>
<td>0.0</td>
<td>10.0</td>
<td>13.65</td>
<td>2</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>3. Perpetrator’s gender:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single female</td>
<td>1.6</td>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single male</td>
<td>93.7</td>
<td>78.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple males</td>
<td>3.2</td>
<td>17.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males &amp; females</td>
<td>1.6</td>
<td>3.1</td>
<td>8.8</td>
<td>3</td>
<td>.032</td>
</tr>
<tr>
<td>4. No./type of perpetrators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>95.2</td>
<td>68.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple perpetrators (gang rape, prostitution)</td>
<td>4.8</td>
<td>24.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stranger rape</td>
<td>0.0</td>
<td>7.2</td>
<td>18.42</td>
<td>2</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>5. Number of sexual acts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>34.9</td>
<td>50.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 to 4</td>
<td>33.3</td>
<td>17.8</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5 or more</td>
<td>31.7</td>
<td>31.6</td>
<td>8.21</td>
<td>2</td>
<td>.017</td>
</tr>
<tr>
<td>6. Use of pornography</td>
<td>25.8</td>
<td>3.6</td>
<td>28.57</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>7. Weapon use during abuse</td>
<td>6.5</td>
<td>5.9</td>
<td>0.028</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>8. Drug use during abuse</td>
<td>3.2</td>
<td>9.9</td>
<td>2.77</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>9. Perpetrator used penis in vagina and/or anus</td>
<td>37.5</td>
<td>67.7</td>
<td>17.88</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>10. Penile-anal assault only</td>
<td>38.7</td>
<td>12.6</td>
<td>20.53</td>
<td>1</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>11. Kissing as part of assault</td>
<td>6.5</td>
<td>20.6</td>
<td>5.8</td>
<td>1</td>
<td>.009</td>
</tr>
<tr>
<td><strong>Physical Findings of Abuse Exam</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Anogenital injury indicative of abuse</td>
<td>1.6</td>
<td>27.4</td>
<td>18.50</td>
<td>2</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>(( \chi^2 ) not stable due to small expected counts in cells)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. DNA found (exams with evidence kit only)</td>
<td>0.0</td>
<td>48.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Positive chlamydia culture (among penetrated only)</td>
<td>0.0</td>
<td>10.9</td>
<td>2.30</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>4. Positive gonorrhea culture (among penetrated only)</td>
<td>0.0</td>
<td>2.3</td>
<td>.447</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td><strong>Legal Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Case was prosecuted</td>
<td>64.7</td>
<td>60.2</td>
<td>0.24</td>
<td>1</td>
<td>NS</td>
</tr>
</tbody>
</table>

*Note. NS = not significant.*
who were truant from school, ran away from home, and had a history of cutting or burning themselves. The abuse experiences were also different. Boys were more likely to have only one perpetrator, whereas the girls experienced more abuse events and more perpetrators per abuse event. Although there were no differences between the sexes in the type of fondling acts, boys reported penile-anal penetration more often than girls did. Physical findings from penetration were rare in boys and more common in girls, consistent with other research (Heppenstall-Heger et al., 2003). Boys were more likely to be exposed to pornography and to report unusual sexual acts that are far removed from mainstream sexual activity.

Boys were more likely to have a juvenile perpetrator, whereas girls had older perpetrators. The boys’ perpetrators’ ages may have reduced their access to alcohol or drugs, explaining the lower frequency of alcohol or drugs during the sexual abuse event. Alcohol or drug intoxication can be a risk factor for sexual assault, and more girls than boys reported alcohol and drug involvement occurring along with the assault. Girls were also more likely to report gang rape or to have multiple perpetrators. These sexual abuse experiences of girls were closely linked to a history of running away, which may put them at greater risk for multiple victimization.

On average, the boys were younger than the girls were in this sample. This does not necessarily indicate that perpetrators against boys seek younger victims than do those against girls. As they get older, boys simply may be less likely than girls to report abuse. The boys may fear that sexual contact with a same-gender perpetrator implies homosexuality and may wish to avoid the stigma that a gay or bisexual identity can confer (Saewyc, Magee, & Pettingell, 2004). Other possible reasons include common beliefs, such as “males are able to protect themselves from abuse” or “males want to have sex.” These beliefs also may hinder self-reporting of sexual abuse as boys become older and develop increased awareness of societal norms. Such messages also portray the male as the initiator of sex, which may increase boys’ shame in disclosing abuse that has been forced on them (Saewyc, Magee, & Pettingell). These complex pressures complicate the process of disclosing abuse for the adolescent boy.

The younger age of boys in this sample may be a contributing factor to their lower level of truancy, runaway events, and alcohol and drug use. The boys were more likely to be in lower grades in school, placing them in a peer cohort that may not be exposed to these behaviors yet. Although psychiatric diagnoses such as depression, anxiety disorders, and bipolar disorder occurred in both groups, boys were significantly more likely to have a diagnosis of ADHD. Boys with ADHD may already be at the fringe of the main peer group because of lower self-esteem or poor performance in school. The ADHD boy may therefore be more susceptible to the perceived friendship of an older male and potential perpetrator.

The patterns of disclosure differed between boys and girls. Girls were more likely to talk to their peers about the abuse incident, whereas boys were most likely to talk to their mothers. However, boys were also more likely to state that there was no one to tell about the sexual abuse incident. This may help explain why the cases of reported sexual abuse among boys are lower than the prevalence of abuse self-reported in population-based student surveys. School-based surveys are anonymous and are a place where boys identify as having been abused. School-based surveys reveal large numbers of boys reporting sexual abuse, but when boys are counted as victims in police reports they are underrepresented as victims. This may be occurring because boys are more likely to report having no one to confide in about their abuse experiences. If a boy does not talk to anyone about the abuse experience, the crime is not going to be reported, and thus the boy will not be counted in national victimization statistics.

### Table 2. Gender Difference in Patterns of Disclosure of Abuse

<table>
<thead>
<tr>
<th>Whom Teen Talks to About the Abuse</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
<th>χ²</th>
<th>df</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one</td>
<td>17.8</td>
<td>11.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrator or gang members</td>
<td>2.2</td>
<td>4.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer</td>
<td>15.6</td>
<td>42.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other adult</td>
<td>35.6</td>
<td>24.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>28.9</td>
<td>17.8</td>
<td>12.49</td>
<td>4</td>
<td>.014</td>
</tr>
</tbody>
</table>

Both sexes commonly delayed reporting the abuse. Thus, forensic evidence from the sexual assault rarely was available, and decisions about prosecution of offenders were going to be made primarily on the basis of the victim’s statement and through police interviews with alleged offenders.

Both sexes commonly delayed reporting the abuse. Thus, forensic evidence from the sexual assault rarely was available, and decisions about prosecution of offenders were going to be made primarily on the basis of the victim’s statement and through police interviews with alleged offenders. There appeared to be no gender bias in patterns of charges brought against the perpetrator of criminal sexual conduct cases. In addition, the gender of the victim did not appear to influence whether the case was prosecuted.

This study includes all the cases from 1998–2003.
Additionally, school nurses need to be aware that pregnancy and STIs (Palusci, Cox, Shatz, & Schultze, 2006) and to provide prophylactic treatment to prevent pregnancy if abuse occurred more than 72 hours ago. School nurses can help report the abuse as mandated by individual state laws and arrange for the young adolescent to receive a physical exam during a scheduled appointment. This provides an opportunity for education, physical assessment, reassurance, and screening for asymptomatic STIs. This is also another chance to assure victims that they are not at fault and serves as an opportunity for further teaching about reproductive health care choices. This is important, because boys and girls with a history of sexual abuse are at higher risk for risky sexual behaviors and unintended pregnancy than their nonabused peers (Saewyc et al., 2004).

The individual to whom an abused teen chooses to disclose the abuse will most likely be a peer. This should be considered when planning the curriculum for sexual violence education programs in schools. Young teens are at a developmental stage in which talking with peers is becoming increasingly important. A peer, rather than an adult, will most likely be the first to hear and to react to the sexual abuse disclosure if a girl is disclosing. Although boys are more likely to disclose to their mothers, peer disclosure is also a pattern for them. Because young teens attend elementary or middle school, sexual abuse education in these settings needs to teach students what to do if a peer discloses abuse. School nurses can help provide clear messages on the definitions of sexual abuse and address social norms around sexual harassment and healthy relationships, thus helping prevent behaviors that perpetuate sexual harm. Staff responses to students’ disclosures should be based on clear policies and knowledge of their responsibility for reporting abuse.

Ideally, school staff and nurses will be able to refer a young teen to a child advocacy center to be interviewed by an expert in sexual abuse. School nurses need to be familiar with their community’s child advocacy center or abuse clinic nearest their location. Some jurisdictions have joint child protection and police reporting; some do not require a report to child protective services. Staff responses to students’ disclosures should be based on clear policies and knowledge of their responsibility for reporting abuse. School nurses should identify the arrangement in their community. In some areas, sexual abuse services are provided in emergency departments by sexual assault nurse examiners, and youth are not seen in a child advocacy center. However, child advocacy centers can be a resource for nurses in all communities. They can provide education to health care providers about when abuse needs to be reported, as well as how to assess teens for different types of abuse.

**IMPLICATIONS FOR SCHOOL NURSING PRACTICE**

The findings reported here suggest that sexually abused young adolescent boys and girls have distinct needs, but that both boys and girls should be screened for sexual abuse. It is important to train school staff and health care providers on best practices for screening young adolescents for a history of sexual abuse. This is especially vital if there is a history of truancy or running away. School nurses should be aware that boys and girls within the ADHD spectrum of behavioral disorders also may be at increased risk for abuse, as their impulsivity or behavioral challenges may make them more vulnerable (Ford et al., 2000). However, it is also possible that young adolescents with posttraumatic stress syndrome (PTSD) from sexual abuse may be misdiagnosed as having ADHD, because many of the symptoms of both PTSD and ADHD overlap.

Although disclosure about a sexual assault usually occurs after the time period when forensic evidence is most likely to be found, school nurses can help ascertain the timing of the abuse and can make immediate referrals for examination when the abuse occurred within the last 72 hours. Immediate medical assessment is recommended for young adolescents after sexual abuse to identify physical injuries, to secure forensic evidence, and to provide prophylactic treatment to prevent pregnancy and STIs (Palusci, Cox, Shatz, & Schultze, 2006). Additionally, school nurses need to be aware that physical evidence is more likely to be present on the victim’s clothes than on the body (Christian, Lavelle, DeJong, Loisel, Brenner, & Joffe, 2000). In abuse cases that occurred more than 72 hours ago, school nurses can help report the abuse as mandated by individual state laws and arrange for the young adolescent to receive a physical exam during a scheduled appointment. This provides an opportunity for education, physical assessment, reassurance, and screening for asymptomatic STIs. This is also another chance to assure victims that they are not at fault and serves as an opportunity for further teaching about reproductive health care choices. This is important, because boys and girls with a history of sexual abuse are at higher risk for risky sexual behaviors and unintended pregnancy than their nonabused peers (Saewyc et al., 2004).

School nurses need to be familiar with their community’s child advocacy center or abuse clinic nearest their location.
Because young teens still have developmental difficulty with determining the timing of abuse and even describing the assault, the multidisciplinary child advocacy center benefits young teen victims of abuse. The centers’ expertise in conducting sexual abuse assessments minimizes further trauma to the abuse victim, while providing legally rigorous evidence for prosecution of perpetrators. Many teens in this study had multiple perpetrators; many had multiple abuse events. The complexity of cases that may involve multiple perpetrators, occurring over different time periods, and even in separate cities, demands a multidisciplinary team approach.

**CONCLUSION**

There appear to be distinct gender differences in the demographics, abuse experiences, and related risk behaviors of very young adolescents referred to this study’s medical setting for assessment of extrafamilial sexual abuse. Awareness of these differences may help researchers and clinicians understand potential differences in sequelae, to design effective treatment plans, and to develop community prevention programs. Additional research is needed to identify protective factors for young adolescents who have been abused and to determine how to promote these factors. School nurses can play a key role in helping prepare young teens for potential disclosure by their peers, in screening children at risk who may have been sexually abused, and in helping young victims and their families connect with appropriate services to address the abuse and help prevent negative sequelae.

Acknowledgments. This study was supported in part by a Scholar Award from the Michael Smith Foundation for Health Research, British Columbia, Canada (E.S.). Preliminary results from this study were presented at the Society for Adolescent Medicine meeting in Los Angeles, California, in March 2005.

**REFERENCES**


Human Trafficking of Children and Adolescents
A Global Phenomenon With Horrific Health Consequences

Abigail English, JD

Human trafficking has severe adverse effects on the health, development, well-being, and human rights of vulnerable young people globally and in the United States. Awareness of human trafficking—once hidden in the shadows—is growing. Although precise estimates are not available of how many children and adolescents are affected, there is little doubt that young people everywhere have experienced physical and sexual violence from being trafficked and millions worldwide are at risk. Despite the increased awareness, significant gaps remain in evidence-based knowledge about the causes, consequences, and responses; the gaps are particularly noteworthy with respect to the health implications of human trafficking and the appropriate role of health care professionals.

The study by Kiss et al1 of 387 children and adolescents aged 10 to 17 years (82% female) in posttrafficking services in Cambodia, Thailand, and Vietnam begins to fill the gaps by documenting the horrific health consequences for the young survivors of sex and labor trafficking: depression, posttraumatic stress disorder, anxiety, suicidal ideation, self-harm, and suicide attempts. The Kiss et al1 study of children and adolescents is part of a larger study of 1102 trafficked men, women, and children.2-3 The larger study included 359 young adults aged 18 to 24 years (66% female). The adult men and women in the larger study experienced similarly severe health consequences from their trafficking experiences as their younger counterparts, although at even higher rates than the children and adolescents.

These health consequences may seem unsurprising given the extent of physical and sexual violence experienced by the individuals both prior to trafficking and while trafficked, so vividly documented by Kiss et al.1 Nonetheless, this study represents a major contribution to our understanding of the experience of children and adolescents who have been trafficked with its careful, ethical approach to interviewing vulnerable individuals about sensitive and potentially traumatizing topics. Kiss and colleagues1 have highlighted several important aspects of the human trafficking experiences and characteristics of the young survivors they interviewed. First, human trafficking is not limited by sex; it affects boys and girls, women and men. Second, severe health consequences are associated with both sex trafficking and labor trafficking; although most of those interviewed were forced into sex work, many others were trafficked into fishing and factory work. Third, health care professionals have important roles to play in the identification of those who have been trafficked and in responding to their needs with targeted, trauma-informed posttrafficking services. The data in this study are from the Greater Mekong Subregion of Southeast Asia but have major implications for child and adolescent survivors of human trafficking worldwide, although the availability of reliable data about those who are trafficked, the survivors, and their experiences in different trafficking situations varies by region and country.

Those who are trafficked and survivors of human trafficking come from diverse backgrounds in terms of geography, income, race, ethnicity, religion, sex, and sexual orientation; however, some children and adolescents are likely to be at heightened risk. For example, in the United States, children and adolescents who have experienced sex trafficking include young people who have been sexually abused; youth who lack stable housing or live in dysfunctional families; sexual and gender minority youth; youth who have used or abused drugs or alcohol; and youth who have experienced homelessness, foster care placement, or juvenile justice involvement.4 In Southeast Asia, young people living in poverty or escaping violence at home may also be at increased risk for both sex and labor trafficking.1-3

Once the risk has transformed into reality, health care professionals can play a significant role: identifying trafficked individuals and survivors and addressing their health care needs. They can do this through direct clinical care, research, and policy.1-7 Although recognition of the extent and importance of these problems is relatively recent—among health care professionals and the general public—examples of strategies to meet the needs of trafficked individuals and survivors are beginning to emerge from the dedicated and innovative work of governmental agencies, nongovernmental organizations, and professionals in diverse settings worldwide.1,4,8

Responses to human trafficking in the service and policy areas have been grounded in broad and widely accepted human rights principles. Building on the foundation of the United Nations (UN) Universal Declaration of Human Rights in 1948 and the Convention on the Rights of the Child in 1984, international protocols have been adopted by most nations, clearly articulating an array of prohibitions against human trafficking and protections for trafficked individuals.9,10 Many of the foundational human rights clearly pertain to both human trafficking and health. For example, the UN Universal Declaration of Human Rights includes the rights to life, liberty, and security of person; freedom from slavery or servitude; freedom from torture, cruel, inhumane, or degrading treatment; health and well-being; medical care; and freedom of movement. The UN Convention on the Rights of the Child includes the right to life; the right to freedom
from violence; and the right to health. Kiss et al have clearly documented violations of all of these rights and the resulting harms to the survivors’ health. The UN protocols against human trafficking, particularly the Palermo Protocol, have led to the enactment of antihuman trafficking laws at the national level in most signatory nations. For example, in the United States, the federal Trafficking Victims Protection Act, enacted in 2000 and reauthorized 5 times, incorporates the definitions and requirements of the Palermo Protocol and provides a model followed in antihuman trafficking legislation at the state level throughout the United States. Although the legal responses to human trafficking, at least in the United States, have emphasized prosecution more than prevention and protection, a shift is occurring. A comprehensive federal antitrafficking law includes a requirement to develop and disseminate “evidence-based best practices” for the recognition and appropriate response by health care professionals to survivors of severe forms of human trafficking, which include both labor and sex trafficking; pending legislation would extend a pilot program supporting the training of health care professionals on human trafficking. At the same time that legal responses to human trafficking have begun to incorporate a health dimension, the community of health care professionals is beginning to address human trafficking concerns more directly through adoption of policies, protocols, and recommendations for clinical care. Kiss et al have presented data from their research that make clear the reasons why it is essential for health care professionals to respond to the needs of those who have experienced human trafficking. Not only do survivors in posttrafficking services have compelling and urgent needs for health care, particularly mental health care, many of them encounter health care professionals while they remain in trafficked situations. However, these health care professionals may or may not be aware of their patients’ trafficked status and may thus miss opportunities to offer trauma-informed care or assistance with escape. For this reason, specific training of health care professionals in identification and response is critical.

Kiss and colleagues concluded that “children in posttrafficking services have been exposed to traumatic events and are attempting to cope with haunting memories and deep distress as they try to forge ahead into an uncertain future.” This eloquent description characterizes not only the trafficked children of the Mekong region, but trafficked young people everywhere. It should serve as a call to action to health care professionals, nongovernmental organizations, governmental agencies, and policymakers to provide the essential responses for traumatized children and adolescents at risk for and experiencing human trafficking.

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Exploitation, Violence, and Suicide Risk Among Child and Adolescent Survivors of Human Trafficking in the Greater Mekong Subregion

Ligia Kiss, PhD; Katherine Yun, MD; Nicola Pocock, MSc; Cathy Zimmerman, PhD

IMPORTANCE Human trafficking and exploitation of children have profound health consequences. To our knowledge, this study represents the largest survey on the health of child and adolescent survivors of human trafficking.

OBJECTIVE To describe experiences of abuse and exploitation, mental health outcomes, and suicidal behavior among children and adolescents in posttrafficking services. We also examine how exposures to violence, exploitation, and abuse affect the mental health and suicidal behavior of trafficked children.

DESIGN, SETTING, AND PARTICIPANTS A survey was conducted with 387 children and adolescents aged 10 to 17 years in posttrafficking services in Cambodia, Thailand, or Vietnam, which along with Laos, Myanmar, and Yunnan Province, China, compose the Greater Mekong Subregion. Participants were interviewed within 2 weeks of entering services from October 2011 through May 2013.

MAIN OUTCOMES AND MEASURES Depression, posttraumatic stress disorder, anxiety, suicidal ideation, self-injury, and suicide attempts.

RESULTS Among the 387 children and adolescent study participants, most (82%) were female. Twelve percent had tried to harm or kill themselves in the month before the interview. Fifty-six percent screened positive for depression, 33% for an anxiety disorder, and 26% for posttraumatic stress disorder. Abuse at home was reported by 20%. Physical violence while trafficked was reported by 41% of boys and 19% of girls. Twenty-three percent of girls and 1 boy reported sexual violence. Mental health symptoms were strongly associated with recent self-harm and suicide attempts. Severe physical violence was associated with depression (adjusted odds ratio [AOR], 3.55; 95% CI, 1.64-7.71), anxiety (AOR, 2.13; 95% CI, 1.12-4.05), and suicidal ideation (AOR, 3.68; 95% CI, 1.77-7.67). Sexual violence while trafficked was associated with depression (AOR, 2.27; 95% CI, 1.22-4.23) and suicidal ideation (AOR, 3.43; 95% CI, 1.80-6.54).

CONCLUSIONS AND RELEVANCE Children and adolescents in posttrafficking care showed high symptom levels of depression, anxiety, and posttraumatic stress disorder, which are strongly associated with self-harm or suicidal behaviors. Mental health screening and reintegration risk assessments are critical components of posttrafficking services, especially in planning for family reunification and other social integration options.


Copyright 2015 American Medical Association. All rights reserved.
Each year, millions of children experience extreme forms of exploitation and abuse in the context of human trafficking. In the most widely accepted definition of human trafficking, a United Nations protocol defines human trafficking as the use of force or coercion for the purposes of exploitation. Estimates suggest that 5.7 million boys and girls are in situations of forced or bonded labor, 1.2 million are trafficked, and approximately 1.8 million are exploited in the sex industry. Children and adolescents (hereafter collectively referred to as children) are commonly drawn into hazardous work because of poverty, and this vulnerability may be exacerbated by illness or death of a family member, economic shock, natural disasters, and civil unrest.

Despite growing documentation of child labor and a large body of research on the effects of violence on children’s health and well-being, there has been little convergence of evidence on violence and health in situations of child labor. We still know relatively little about the health and well-being of children who have experienced violence in the context of child labor exploitation and even less about the health needs of child survivors of extreme forms of labor and sexual exploitation.

Research on violence and traumatic events in childhood and adolescence has shown that abuse is an important predictor of short- and longer-term poor health including depression, alcoholism, drug use, risky sexual behavior, sexually transmitted infections, self-injury, and suicide attempts. Prior research on women and adolescents trafficked for sex and domestic labor indicated that childhood sexual abuse is an independent risk factor for probable mental health disorders. However, this work has not been replicated among other populations of trafficked children, nor has prior research examined self-injurious behavior or suicide risk.

Estimates suggest that trafficking is highly prevalent in Southeast Asia. For example, a small study with a sample of Vietnamese migrants found that 13% of respondents were trafficked and children have been reported being trafficked for begging, sexual exploitation, fish processing, domestic work, and brides. Cambodia and Vietnam are recognized source countries for child trafficking, and Thailand is a common source, transit, and destination country.

The present study aimed to describe patterns of abuse and exploitation and to identify mental health issues in the immediate posttrafficking setting. It also examined how exposure to violence and exploitation influenced mental health symptoms and self-harm, specifically self-injury and suicide attempts. The findings are intended to support targeted responses for posttrafficking care, health recovery, suicide prevention, and social (re)integration of trafficked children.

**Methods**

**Sample**

A survey was conducted with a consecutive sample of children aged 10 to 17 years in posttrafficking services in Thailand, Cambodia, and Vietnam. The sample was selected in 2 stages: (1) 15 posttrafficking services were purposively selected based on diversity of clientele, service relationship with International Organization for Migration country teams, and agreements with government agencies and (2) a consecutive sample of individuals were invited to participate in structured interviews within 2 weeks of service admission between October 2011 and May 2013. Individuals in the sample were identified as trafficked by the local governmental and nongovernmental referral networks and posttrafficking service providers. Therefore, the sample delimitation was contingent on the definitions used by local organizations.

**Data Collection and Measures**

Children were identified and interviewed in 13 of the 15 services participating in the overall research. The participating services offered different services to children, varying by provider, such as accommodation, medical services, legal assistance, psychosocial rehabilitation, vocational training, nonformal education, family tracing, and prereturn preparation (these are hereafter referred to as service providers).

Study outcomes were depression, posttraumatic stress disorder (PTSD), anxiety, suicidal ideation, self-harm, and suicide attempts. Symptom levels indicative of depression were measured using the Hopkins Symptoms Checklist, applying a cut point of 1.625. Symptoms of PTSD were assessed using the Harvard Trauma Questionnaire, with a cut point of 2.0. Anxiety disorders were assessed using a cutoff point of 1.75. A subscale of the Brief Symptom Inventory assessed hostility items, coded positive for “quite a lot” or “extremely.”

We identified suicidal ideation using an item of the Hopkins Symptoms Checklist on participants’ thoughts about ending their own life in the past week (classed positive for “quite a lot” or “extremely”). Self-injury was categorized as positive for participants reporting having tried to physically harm themselves in any way (e.g., using sharp instruments and flame). Suicide attempt was classed positive for participants who reported trying to take their own lives in the month before the interview. Self-harm was considered independently of suicidal intent, following National Institute for Clinical Excellence clinical guidelines.

**At a Glance**

- Approximately one-third of girls and boys in posttrafficking services in Cambodia, Thailand, and Vietnam have experienced physical and/or sexual violence while trafficked, with sexual violence more commonly reported by girls and physical violence more common among boys.
- Twelve percent of survivors tried to harm or kill themselves in the month before the interview; 56% screened positive for depression, 33% for an anxiety disorder, and 26% for posttraumatic stress disorder.
- Suicide attempts, self-harm, depression, and anxiety disorders are associated with highly abusive and exploitative conditions experienced during migration and with histories of abuse.
- Mental health screening and risk assessment are critical components of posttrafficking services, especially in planning for family reunification and other social-integration options.
Participants were considered positive if they reported a suicide attempt or self-harm, irrespective of suicidal intent.

Questions about violent acts before and during trafficking and the participant’s relationship to the perpetrator(s) were adapted from the World Health Organization study on domestic violence.35,36 Severe violence was coded positively for participants who experienced either being kicked, dragged, or beaten up; being tied or chained, choked, or burned; having a dog released to bite or scratch; being threatened with a weapon, cut with a knife, or being shot at; or being forced to have sex, with less severe violence coded as positive for experiencing punches, slaps, and hits. These categorizations are based on other violence studies37 and trafficking and health research.25

Labor exploitation exposures included excessive working time, restricted freedom, cheated wages, and hazardous living conditions. Excessive working time followed the International Labour Organisations international standards.38–43 Extremely excessive time was categorized as 10 or more hours per day or no fixed hours. Restricted freedom included being locked in a room or never free to do what they wanted or go where they wanted. A dichotomous variable was classed positive for at least 1 hazardous living condition, as described elsewhere.25 Cheated wages were defined as not receiving cash payments.

Serious occupational injuries were self-reported and consisted of any of the following injuries resulting from work or accidents at work: a deep or very long cut, a very bad burn, serious head injury, back or neck injury, skin damage, broken bone, body part lost, eye injury/damage, or ear damage.

The study instrument was translated into Burmese, Khmer, Thai, Vietnamese, and Laotian by professional translators and through team discussions, adapted, piloted and revised, back-translated into English, and finalized by the study team.

Ethics and Safety
Interviewers were recruited from existing shelter staff and International Organization for Migration partners, and they were trained to follow a strict ethics protocol based on the World Health Organization Ethical Recommendations for Interviewing Trafficked Women.44 Guidance included ensuring participation was voluntary and confidential, following child-sensitive consent procedures, assuring that declining participation would not affect services, and avoiding and managing distress and options for supported referral. Survey participants were identified and interviewed by experienced service providers, who first consulted with each child care’s team and who were trained to respond appropriately to distress and make necessary referrals. Consent procedures highlighted study content and option to refuse or interrupt participation without consequences to the services provision. Data were anonymized and questionnaires were stored securely in each country.

The study received ethical approval from the London School of Hygiene and Tropical Medicine and national ethical boards in Cambodia, Thailand, and Vietnam. Written consent was obtained from all participants or service staff who were responsible for their care.

Preliminary analysis was conducted to describe patterns of abuse, exploitation, mental health outcomes, and self-harm. \( \chi^2 \) Tests and the Fischer exact test were used to identify the distribution of violence, labor exploitation, mental health symptoms, and self-harm by sex and age (F values reported in the text). 95% CIs were calculated for the prevalence of the main outcomes. Multivariable logistic regression models were fitted for each predictor to identify factors associated with outcomes in each domain (pre-trafficking exposures, trafficking exposures, and post-trafficking concerns). This analysis was conducted to examine how exposure to violence and exploitation influence mental health symptoms and self-harm. All models were adjusted for sex and age, and models including variables on trafficking experiences and post-trafficking concerns were also adjusted for time in trafficking. Firth penalized likelihood was used in the logistic regression models for self-harm to avoid small sample bias, which is common in the analysis of rare outcomes. The analysis was conducted using Stata version 13 (StataCorp).

Results

Population Characteristics
Structured interviews were conducted with 387 children and adolescents aged 10 to 17 years, of whom 82% were female and 95% were older than 13 years (response rate >98%). The mean (SD) age of the boys was 15 (2.1) years and 16 (1.3) years for girls. Five percent were younger than 12 years (12 boys and 6 girls). Boys were predominantly from Cambodia (44%), Myanmar (21%), and Vietnam (18%). Girls were mainly from Thailand (43%), Laos (23%), and Vietnam (18%). Most of the children and adolescents in the sample (52%) were exploited in sex work. Boys were most commonly trafficked for street begging (29%) and fishing (19%). Girls were trafficked primarily for forced sex work (63%). Twenty boys and girls (5%) were trafficked into factory work (eg, shrimp and other food processing and toy and garment manufacturing). Fifteen girls, all but 1 from Vietnam, were trafficked as brides to China.

When asked about reasons for leaving home, 67% reported economic concerns and 24% reported they wanted a new experience. Importantly, 5% of children were abducted, 4% left because of alcohol problems in the family, and 4% left because of the violence at home.

Children were identified and referred to services primarily by police, border guards, or government officers (86%). The mean (SD) duration of the trafficking situation was 4.5 (5.6) months, ranging from 9 days to 9 years. More than one-third (39%) said they had tried to escape and 15% reported they had successfully escaped.

Violence Prior to Trafficking
One in 5 participants (22%) reported physical or sexual violence before migrating. Physical violence was reported by both boys (25%) and girls (20%) \( (P = .35) \), of whom 54% identified a family member or intimate partner as the perpetrator. Predeparture sexual violence was reported solely by girls \( (n = 7) \) and the main perpetrators were boyfriends, acquaintances, and strangers.
Violence During Trafficking
One-third of the sample (33%) reported physical and/or sexual violence while trafficked. Nearly half of boys (41%) and 19% of girls reported physical violence ($P < .001$). Sexual violence was reported by 23% of girls and 1 boy (1%). Employers or traffickers were commonly identified perpetrators (39%). Severe forms of physical violence were reported by 17% of boys and 13% of girls ($P < .001$). Thirty-four percent of girls trafficked into sex work experienced physical violence and 71% sexual violence by a client. Among children reporting physical or sexual violence, 23% sustained a serious injury. Many were subjected to threats against themselves or someone they cared about (30%) and witnessed the trafficker beat or intentionally hurt someone else (17%).

Labor Exploitation During Trafficking
Children commonly worked 7 days per week (53% of girls; 73% of boys) ($P = .01$). The mean (SD) number of working hours per day was 10.3 (6.2) for boys and 7.2 (4.1) for girls. However, this

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Total Sample</td>
<td></td>
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<tr>
<td>No. of participants</td>
<td>70</td>
</tr>
<tr>
<td>Age, y</td>
<td></td>
</tr>
<tr>
<td>10–12</td>
<td>12 (17.1)</td>
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<tr>
<td>13–15</td>
<td>23 (32.9)</td>
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<tr>
<td>16–17</td>
<td>35 (50.0)</td>
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<tr>
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</tr>
<tr>
<td>No. of participants</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Begging</td>
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<tr>
<td>Factory</td>
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<tr>
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<tr>
<td>Time working per day, h$^a$</td>
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<td>&gt;10</td>
<td>19 (30.7)</td>
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<tr>
<td>No weekly rest day$^b$</td>
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<td>Cheated wages$^d$</td>
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<td>Inadequate water for drinking</td>
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<tr>
<td>No clean clothing items</td>
<td>18 (28.6)</td>
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<tr>
<td>Overexposure to sun or rain</td>
<td>35 (55.6)</td>
</tr>
<tr>
<td>Serious occupational injuries</td>
<td>15 (21.4)</td>
</tr>
</tbody>
</table>

$^a$ Ellipses indicate there were no participants in a particular category.
$^b$ Thirteen missing values.
$^c$ Two missing values.
$^d$ Eleven missing values.
probably underestimates girls’ true working hours because one-third of girls (33%) stated they did not have fixed working hours (Table 1). Serious occupational injuries were sustained by 21.4% of boys and 7.3% of girls (P <.001). Boys more often reported at least 1 bad living condition (84%) compared with girls (40%) (P <.001); for example, 54% of boys had nowhere to sleep or slept on the floor and 22.2% had inadequate drinking water.

**Posttrafficking Concerns and Hopes for the Future**

Children (54%) worried about how they would be treated on return home and reported feelings of guilt or shame (55.8%). One in 3 (34.1%) were still afraid of the trafficker or his or her associates.

Most (59%) said their best hope for the future was to go home, 57% to have a job, 38% to have money, and 29% to have a family. One in 20 children (5%) said they had no hopes.

**Mental Health**

One in 4 children (25.5%) had symptom levels indicative of PTSD (18.8% of boys and 26.9% of girls; P = .16) (Table 2). More than half of the children (56.3%) had probable depression, with symptoms more common among girls (59.9%) than boys (40%) (P = .002). One in 3 children (32.6%) had symptom levels of an anxiety disorder, with similar prevalence among boys and girls (32.9% and 32.5%, respectively; P = .95). Suicidal ideation in the past month was reported by 15.8% of children (18.3% of girls and 4.3% of boys; P = .004).

Signs of hostility were reported by 22% (13% of boys; 24% of girls; P = .02), with 16% of children feeling easily annoyed or irritated (7% of boys and 18% of girls; P = .02); 8% uncontrollable temper outbursts (7% of boys and 8% of girls; P = .77); 4% urges to beat, injure, or hurt someone (1% of boys and 4% of girls, P = .28); and 4% reported getting in frequent arguments (3% of boys and 5% of girls; P = .49).

Self-injury in the past month was reported by 8.8% of children (7.1% boys; 9.2% girls; P = .82). At least 1 suicide attempt in the past month was reported by 5.4% (2.9% boys; 6% girls; P = .39). Twelve percent had self-injured or attempted suicide and 2% reported both. There was no significant relationship between self-harm and age group (P = .53).

**Associations Between Violence, Mental Health, and Self-harm**

Children reporting premigration physical or sexual violence were at increased risk for self-harm (odds ratio [OR], 2.32; 95% CI, 1.18–4.58) (Table 3). However, severe physical and sexual violence during trafficking did not significantly increase the

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**Table 2. Prevalence and 95% CIs for Mental Health Outcomes and Self-harm by Sex**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Male (n = 70)</th>
<th>Female (n = 317)</th>
<th>Total (N = 387)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. (%)</td>
<td>95% CI</td>
<td>No. (%)</td>
</tr>
<tr>
<td>PTSD</td>
<td>13 (18.8)</td>
<td>11.2-29.9</td>
<td>85 (26.9)</td>
</tr>
<tr>
<td>Depression</td>
<td>28 (40.0)</td>
<td>34.8-45.6</td>
<td>190 (59.9)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>23 (32.9)</td>
<td>22.8-44.8</td>
<td>101 (32.5)</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>3 (4.3)</td>
<td>1.4-12.6</td>
<td>58 (18.3)</td>
</tr>
<tr>
<td>Self-harm</td>
<td>6 (8.6)</td>
<td>3.8-17.9</td>
<td>40 (12.6)</td>
</tr>
<tr>
<td>Self-injury</td>
<td>5 (7.1)</td>
<td>3.0-16.2</td>
<td>29 (9.2)</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>2 (2.9)</td>
<td>0.7-10.9</td>
<td>19 (6.0)</td>
</tr>
</tbody>
</table>

Abbreviation: PTSD, posttraumatic stress disorder.

*Two missing values.

*Variable includes self-injury or suicide attempt.

**Table 3. Frequency of Children With and Without Reports of Self-harm According to Levels of Violence and Symptoms of Mental Health Outcomes and Crude Odds Ratios (95% CIs) for Associations With Violence and Mental Health Outcomes (N = 387)**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No (%)</th>
<th>Crude Odds Ratio (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self-harm</td>
<td>No Self-harm</td>
<td></td>
</tr>
<tr>
<td>Physical or sexual violence</td>
<td>16 (37.2)</td>
<td>62 (20.3)</td>
<td>2.32 (1.18-4.58)</td>
</tr>
<tr>
<td>prior to trafficking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less severe</td>
<td>2 (4.4)</td>
<td>33 (9.7)</td>
<td>0.40 (0.09-1.74)</td>
</tr>
<tr>
<td>More severe</td>
<td>5 (10.9)</td>
<td>49 (14.4)</td>
<td>0.68 (0.25-1.80)</td>
</tr>
<tr>
<td>Sexual violence during trafficking</td>
<td>13 (28.3)</td>
<td>61 (17.9)</td>
<td>1.80 (0.90-3.62)</td>
</tr>
<tr>
<td>PTSD</td>
<td>25 (54.4)</td>
<td>73 (21.5)</td>
<td>4.34 (2.30-8.19)</td>
</tr>
<tr>
<td>Depression</td>
<td>36 (78.3)</td>
<td>182 (53.4)</td>
<td>3.15 (1.51-6.54)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>24 (52.2)</td>
<td>102 (29.9)</td>
<td>2.56 (1.37-4.77)</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>21 (45.7)</td>
<td>40 (11.7)</td>
<td>6.32 (3.24-12.3)</td>
</tr>
</tbody>
</table>

Abbreviation: PTSD, posttraumatic stress disorder.

*Thirty-nine missing values.

*One missing value.

*Two missing values.
likelihood of self-harm. Children symptomatic for PTSD (OR, 4.34; 95% CI, 2.30-8.19), depression (OR, 3.15; 95% CI, 1.51-6.54), and anxiety (OR, 2.56; 95% CI, 1.37-4.77) were more likely to report self-harm, as well as children reporting suicidal ideation (OR, 6.32; 95% CI, 3.24-12.3) (Table 4).

In multivariable analysis, violence prior to migration was significantly associated with PTSD (adjusted OR [AOR], 1.93; 95% CI, 1.11-3.39), depression (AOR, 2.26; 95% CI, 1.30-3.91), anxiety (AOR, 2.02; 95% CI, 1.20-3.41), suicidal ideation (AOR, 2.67; 95% CI, 1.41-5.07), and self-harm (AOR, 2.31; 95% CI, 1.18-4.53). Trafficking experiences significantly associated with PTSD symptoms included extremely excessive work hours (AOR, 2.08; 95% CI, 1.20-3.61), poor living conditions (AOR, 2.10; 95% CI, 1.24-3.56), and having been threatened (AOR, 1.92; 95% CI, 1.12-3.29). Experiences during trafficking associated with depression included severe physical violence (AOR, 3.55; 95% CI, 1.64-7.71), sexual violence (AOR, 2.27; 95% CI, 1.22-4.23), extremely excessive work hours (AOR, 1.78; 95% CI, 1.08-2.92), restricted freedom (AOR, 1.61; 95% CI, 1.00-2.60), living conditions (AOR, 1.93; 95% CI, 1.17-3.19), and having been threatened (AOR, 3.00; 95% CI, 1.71-5.26). Anxiety was associated with severe physical violence (AOR, 2.13; 95% CI, 1.12-4.05), restricted freedom (AOR, 1.73; 95% CI, 1.07-2.78), living conditions (AOR, 3.20; 95% CI, 1.91-5.34), and having been threatened (AOR, 2.06; 95% CI, 1.24-3.44). Trafficking experiences associated with suicidal ideation included severe physical violence (AOR, 3.68; 95% CI, 1.77-7.67), sexual violence (AOR, 3.43; 95% CI, 1.80-6.54), extremely excessive work hours (AOR, 2.69; 95% CI, 1.38-5.26), restricted freedom (AOR, 2.44; 95% CI, 1.34-4.44), and threats by trafficker (AOR, 3.59; 95% CI, 1.92-6.73). In the posttrafficking setting, self-harm was associated with feelings of guilt or shame (AOR, 2.06; 95% CI, 1.00-4.25). Fear of being trafficked was associated with anxiety (AOR, 1.90; 95% CI, 1.16-3.11).

### Discussion

To our knowledge, this is the largest quantitative survey to date on child trafficking survivors. Children and adolescents in this
study were exposed to serious health hazards and violence while exploited and a worrisome proportion emerged from these situations wishing to harm themselves or end their lives. Strikingly, 46 children, or 12% of participants, said that within the previous month, they had tried to harm or kill themselves. The meaning of this prevalence becomes clear by comparing this percentage with figures from community-based studies that indicate that the lifetime prevalence of self-harm, with and without suicide intent, is approximately 10% among youth up to age 25 years.\(^4\) That is, the rates of reported self-harm and suicide attempts among the minors in this study represent acts over the past month only, vs lifetime prevalence in the community-based samples, and they represent only children younger than 18 years (vs up to 25 years).

These findings on children’s mental health indicate the need for psychological screening and psychosocial and medical care to alleviate children’s suffering, prevent recurrence of self-harm and potential fatalities,\(^4\) and help child survivors cope with a frightening and uncertain future. Primary care professionals for survivors should incorporate mental health screening into routine care, with ongoing surveillance for distress even after the immediate posttrafficking period. Respectfully soliciting a comprehensive migration history, starting with the child’s premigration social situation, may help clinicians identify risk factors, such as violence, and children’s corresponding mental health and social service care needs.

Like other research on early abuse, our findings also indicate the value of understanding children’s pretrafficking experiences because PTSD, depression, anxiety, suicidal ideation, and self-harm were each associated with premigration violence.\(^5,45\)

It is worth noting that a large proportion of children were not highly symptomatic for PTSD or anxiety disorders, and most were able to express some hopes for their future. Yet, for many, reintegration may be challenging, especially because many issues that pushed children to migrate, including family financial difficulties, are likely to remain unresolved. Reintegration of children should consider potential risks at each survivor’s place of origin including possible abusive home situations and risks for re-recruitment for further exploitation.\(^46-48\)

Simultaneously, programs will undoubtedly also wish to build on the determination and courage that children showed by leaving home in the first place and the strengths some may have gained from surviving their ordeal.

These findings reflect the situation of children in posttrafficking services in the Greater Mekong Subregion; however, we believe they may also offer insights for similarly vulnerable children and adolescents globally who are working in low-paid, hazardous conditions.

This study was subject to a number of limitations. First, the sample included only individuals in posttrafficking services and does not represent a general population of trafficked children, although children of various ages and nationalities exploited in different sectors were included. Findings on violence prior to migration have a relatively high percentage of missing values (10.1%), but these were random owing to technical problems in the database set up and, therefore, estimates are likely to be reliable.

Second, self-harm and suicide attempts are relatively rare phenomena, even among highly traumatized populations. We used appropriate methods for analysis of rare outcomes to avoid small-sample bias (Fisher exact test and Firth penalized likelihood). However, the sample size may have limited the power to detect significant effects. Third, because the aim of the study was to identify important influences on mental health and self-harm, the effect of multiple exposures was measured. Multiple comparisons can increase false-positive results and, for this reason, we recommend caution when interpreting these associations. Suicidal ideation, self-harm, and suicide attempts were assessed using a single item. Data were limited to single-item assessments rather than validated instruments. Finally, mental health scales are not diagnostic or validated in the study population but have been used to measure the mental health of Vietnamese refugees, Cambodian civilians in the Mekong region, and women attending posttrafficking services in Europe.\(^46,49\)

**Conclusions**

Despite potential limitations, these findings confirm what many service providers have witnessed so often: children in posttrafficking services have been exposed to traumatic events and are attempting to cope with haunting memories and deep distress as they try to forge ahead into an uncertain future.

**REFERENCES**


**ARTICLE INFORMATION**

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**Author Contributions:** Dr Kiss had full access to all of the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. **Study concept and design:** Kiss, Zimmerman. **Acquisition, analysis, or interpretation of data:** All authors. **Drafting of the manuscript:** Kiss, Zimmerman. **Critical revision of the manuscript for important intellectual content:** All authors. **Statistical analysis:** Kiss, Pacock. **Administrative, technical, or material support:** Kiss, Yun, Zimmerman. **Study supervision:** Kiss, Zimmerman.

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Which Comes First: Sexual Exploitation or Other Risk Exposures Among Street-involved Youth?

Elizabeth M. Saewyc, Christopher Drozda, Robert Rivers, Laura MacKay, Maya Peled

Introduction

Street-involved and homeless youth are a diverse group, who end up in their precarious living conditions for a variety of reasons. Nearly all of these youth face serious threats to their health and well-being as they attempt to navigate a variety of harmful risks, such as alcohol and drug use, inadequate shelter, limited sources of food, discrimination, stigma, and high rates of violence (Roy et al., 2004).

One serious risk street youth face is sexual exploitation. Sexual exploitation is defined by Canadian law and the UN Convention on the Rights of the Child as the exchange of any sexual activities by someone 18 years or younger for money, drugs, food, shelter, or other goods, or even for services, such as transportation (Office of the United Nations High Commissioner for Human Rights, 1990). Canada signed the original UN Convention in 1990, and also signed an optional protocol in 2000, which included governments’ commitment to address the sale of children, child pornography and child prostitution (United Nations Treaty Collection, 2000). By this definition, giving money or other things to a young person in exchange for sex is a form of sexual abuse, a violation of their right to be free from coercion (including the pressure of economic survival) in deciding when and with whom to have sex.
Among street-involved and homeless youth in North America, an estimated 1 in 3 report sexual exploitation, whether in Vancouver (Chettiar et al., 2010), Los Angeles (Milburn et al., 2006) or New York City (Gwadz et al., 2007). Even outside major urban centres, in communities such as Prince Rupert, Abbotsford or Kelowna, BC, around 1 in 3 homeless and street-involved young people report ever trading sex for money, drugs, or other things (Saewyc et al., 2008b).

Much of what we know about sexually exploited street-involved youth is from studies of older adolescents and youth, usually between 16 and 24 years of age, typically with an average age of 19 to 20 years (see for example, Haley et al., 2004; Marshall et al., 2008). Very few studies have focused on those under 19 (Cauce et al., 2000; Smith et al., 2007). However, most studies have found that risk exposures and health challenges for street-involved youth begin in early adolescence, or even younger. For example, most of these studies reported that street-involved youth may run away or get kicked out at as young as age 12, and exposure to family violence, alcohol or other drugs may occur even earlier. Sexually exploited older youth in these surveys also report first trading sex at very young ages, often by age 14.

There are common misconceptions about who is more likely to be sexually exploited. This is because much of the research about exploitation has recruited participants from among those who access services and programs, which misses others who are not reached by these services. For example, the recent report on commercial sexual exploitation of children and youth by the Canadian Standing Senate Committee on Human Rights states, “It is clear that the overwhelming majority of sexually exploited children are girls and the perpetrators are adult men” (Senate Standing Committee on Human Rights, 2011), yet large-scale studies of students in school, or multi-city surveys of street-involved and marginalized youth, disagree. Most of them have found that equal numbers of boys and girls have traded sex, or slightly more boys than girls. For example, a national survey of adolescents in grades 7 to 12 in the U.S. found nearly 5% of boys but only 2% of girls had traded sex (Edwards et al., 2006). In BC, a school survey of students in grades 7 to 12 in the rural East Kootenay area found just over 2% of both boys and girls had ever traded sex for drugs (Homma et al., 2012), while 6% of both boys and girls in alternative education programs in seven communities across BC have traded sex for money or other goods (Smith et al., 2008). On the other hand, a study of high school students in Quebec City reported that only 2% of boys, but 6% of girls had traded sex for money or other things (Lavoie et al., 2010). Among multi-city surveys of street youth, several have found nearly equal rates of boys and girls reporting sexual exploitation (see for example, Smith et al., 2007; and Greene et al., 1999).

There are a variety of paths by which young people may first become sexually ex-
exploited, and certain life circumstances appear to increase their risks. Stigma and marginalization due to poverty, racism, or homophobia all contribute to vulnerability; studies have found that Indigenous youth, refugee and immigrant teens, and gay, lesbian and bisexual youth are at greater risk of being sexually exploited (Saewyc et al., 2008b; Edinburgh et al., 2006; Seshia, 2005). Gangs recruit or coerce some young people into sexual exploitation (Auerswald et al., 2004; Saewyc & Edinburgh, 2010). Sometimes young people are recruited into trading sex by other youth, or emotionally manipulated by a “boyfriend” or romantic partner into trading sex to earn money for them to live on (Holger-Ambrose et al., in press). Some young people are exploited while living at home, and may be prostituted or pimped out by a parent or older sibling (Holger-Ambrose et al., in press). Others may trade sex to support their alcohol or drug use, which may have begun when they were drugged in order to be exploited (Edinburgh et al., 2006). A history of sexual abuse, whether in the family or by someone outside the family, can lead to sexual exploitation (Wilson & Widom, 2010), in part because such youth may run away to escape the abuse and end up trading sex to survive. Much of the research exploring pathways into sexual exploitation has involved qualitative studies with limited numbers of exploited youth (for example, Seshia, 2005; Holger-Ambrose et al., in press). While these studies show the variety of situations that can occur, they are limited in their ability to identify some of the broader risk factors, occurring at potentially earlier ages, that might place youth in vulnerable situations that lead to exploitation.

Understanding potential risk factors that may be linked to sexual exploitation for both boys and girls is an important first step toward prevention. Though we find young people reporting both sexual exploitation and possible risk factors, like substance use, at the same time, how do we know whether these risk factors cause sexual exploitation? In other words, which comes first, the various risk factors (e.g. substance use, homelessness) that have been found to be higher among sexually exploited youth, or the sexual exploitation itself? Are they potential causes of exploitation, or perhaps the result of it? To help answer these questions, this chapter draws on the findings from the 2006 British Columbia Street Youth Survey (BCSYS), conducted among street-involved and marginalized teens aged 12 to 18 in nine communities across the province. First, we will consider what other studies and the BCSYS suggest about the pathways into street-involvement or homelessness for adolescents, then what is known about pathways into sexual exploitation, and the timing of both, to tease out potential means for prevention. These findings have implications for policy and practice, particularly concerning the unintended consequences of existing policies and programs. We will compare two approaches to steering youth away from pathways into sexual exploitation, and offer some thoughts on where we might have a window of opportunity to prevent sexual exploitation or to reduce the trauma experienced by street youth who have been exploited. But first, a word about our data source.
About the BC Street Youth Survey

In the fall of 2006, the McCreary Centre Society conducted a Street Youth Survey in 9 communities across BC: Victoria and Nanaimo on Vancouver Island, Prince Rupert and Prince George in the North, Kamloops and Kelowna in the Interior, Abbotsford/Mission and Surrey in the Fraser Valley, and Vancouver (Smith et al., 2007; Saewyc et al., 2009). Unlike most street youth surveys, which focus on large urban centres, these communities include relatively rural and remote areas, and range in size from very small (around 8,000 people in Port Rupert) to regional hubs of 80,000-100,000 people, as well as Vancouver, the third largest metropolitan region in Canada. This makes it a relatively unique survey of street-involved youth. We used a participatory approach in conducting the survey, adopting a variety of strategies to actively bring communities into the research process. For example, we worked with one or two leaders from street youth-serving agencies in each city as community champions, who encouraged their colleagues and partner services to be involved in the research. They also served as an advisory group for the overall project. Through their recommendations, we hired street-involved youth and outreach workers from local agencies as community co-researchers for every step of the research process, from recruiting participants to sharing the results with communities (Martin et al., 2009).

We administered the pencil and paper survey in small groups or individually to young people aged 12 to 18 years who identified as street youth. For this survey, street youth were defined as “being involved in a street lifestyle, which may include being homeless, panhandling, involvement in the sex trade, selling and using drugs, or engaging in criminal activities” (front cover of BC SYS, 2006). To help with literacy issues but ensure privacy, the co-researchers read the questions aloud but the youth filled in the surveys themselves. The survey included more than 150 questions relevant to the life experiences and health issues of street-involved youth, such as reasons for leaving home and different kinds of housing and risk exposures. The survey included several questions about sexual exploitation, although that specific term was not used, as young people do not necessarily recognize their circumstances as exploitative even if the law does. All of the questions were phrased to be clearly understandable and non-judgmental; the survey included a number of positive questions as well, recognizing that youth in even the most toxic situations have personal strengths and supportive relationships that help them survive. We also included several questions about the age at which certain things first occurred, such as the age of first running away, of first being kicked out, being street-involved, first using alcohol, marijuana, and the age of first trading sex. Thus, we could examine the timing of these factors in relation to street involvement and sexual exploitation for both boys and girls. One area in which we did not have a question about first experiences was age of first sexual abuse, as it is difficult to
distinguish between sexual exploitation and other forms of sexual abuse, and some youth may have been reporting the age of first exploitation in both questions.

In all, 762 young people completed the surveys in the nine communities. The average age of the youth was just under 16. Unlike most surveys of older street-involved youth in large cities, which typically reach more boys and young men, half of those in our survey were girls, and 1% identified as transgender. More than half identified as Aboriginal (54%), although the survey also included youth from almost every ethno-cultural background found in Canada, and 14% of boys and 4% of girls said they were born outside Canada. Similar to other surveys of street-involved youth, sexual minority youth were more highly represented among youth in our survey than in the general population: only 76% of boys and 42% of girls identified as exclusively heterosexual and another 9% overall as not sure. More than 40% had been in government care at some point in the past; 65% of boys and 74% of girls had run away, while more than half had also been kicked out; many youth had both run away and been kicked out at different times. One in four young people had lived in the most precarious types of housing in the past year (hotels, tents, cars, shelters, squats, abandoned buildings, on the street, couch-surfing) and 21% were currently doing so; 70% had lived in 2 or more types of housing during the past year, and 19% had lived in 5 or more different types during that time period (Smith et al., 2007).

The picture is not overwhelmingly bleak, however. Street-involved and marginalized young people in BC also identified a number of positive assets in their lives, such as remaining connected to school, and having at least one positive relationship in their family or with other supportive adults. For example, nearly two out of three youth in our survey reported attending school (62%), including more than one-third of those living in the most precarious housing situations. Nine out of ten street-involved youth also felt their mother cared about them. More than half had a pet¹, which has been linked to an increased likelihood of attending school (Smith et al., 2007).

Drawing on the data from these young people, along with the evidence from other studies of street-involved and homeless youth in Canada, let us consider their reasons for street involvement and pathways into sexual exploitation.

¹. This included rats, lizards, dogs, and cats. Also, some of these young people were in and out of foster care or family housing, where pets may reside, but while they were on the street, they still felt they “owned” or were connected to that pet. We also found a number of situations where a group of street youth shared a dog and cared for it together, as a street family, and if most members of one group participated in the survey, they all reported they had a pet.
Pathways to Street Involvement

Research in major Canadian and U.S. cities has repeatedly identified the same types of events that influence young people to run away or become street-involved. Most studies have identified family conflict, physical or sexual abuse, family substance use and poverty as some of the major factors. For example, an international study in Toronto, Montreal and Guatemala by Karabanow (2008) found that most of the homeless young women surveyed reported sexual abuse by family members, while young men reported physical abuse, and being kicked out as a sort of ‘tough love’ approach to parenting youth with problem behaviours. A study from Seattle identified family as the main site of physical abuse and non-family members more often as the perpetrators of sexual abuse, noting that the majority of problems these young people face happen before they run away or are kicked out (Tyler & Cauce, 2002). Even among much younger adolescents who have not been homeless for long, family violence is one of the main experiences that lead to leaving home. In St. Paul, Minnesota, police routinely ask a series of 10 questions to all runaways they encounter, one of which is why the youth left; a recent review of responses found the majority of boys and girls indicated some form of family conflict or violence as the reason for leaving (Edinburgh et al., 2012).

Part of the cycle of family problems that leads to street-involvement appears to be family substance use, and early exposure to alcohol and other drugs among street-involved youth is common. A variety of research shows a link between early use of alcohol and other drugs and later substance abuse (Anthony & Petronis, 1995; Chen et al., 2009), while other research shows high levels of substance use among street-involved youth (Smith et al., 2007). Very little of the research, however, has teased out whether early alcohol use leads to running away and exposure to other drugs, or whether early running away leads to exposure to alcohol and drugs on the street.

Street involvement, however, is not always an escape from family violence or neglect. Although 1 in 4 participants in our BC Street Youth Survey said they were on the street because of conflict with parents, and another 15% said they were on the street because of violence and abuse at home, these were not the most common reasons given. One-third of youth said they were street-involved because they had friends on the street, and nearly as many said it was because they feel accepted on the street.

But how does sexual exploitation fit into street youth’s experiences? Not all street-involved youth end up being exploited; in the 2006 BCSYS study, 27% of the girls and 34% of the boys had traded sex for money, drugs, shelter or other goods. So, how does sexual exploitation figure into the risk ex-
experiences among street-involved youth? Are some exploited before they run away or are kicked out? Do they begin using alcohol and other drugs before being exploited, during their exploitation (i.e., drugged and then exploited) or do they start using as a way of coping with their exploitation? To the extent that we can disentangle some of these patterns, we may be able to identify potential approaches in policy or practice to help prevent exploitation.

Which Comes First? Age of First Exploitation

With data from the 2006 BCSYS, we were able to identify the time at which youth identified being kicked out, running away, becoming street-involved, and/or trying marijuana or alcohol, in relation to when they were first sexually exploited. For these analyses, our sample was focused only on the 209 young people who had ever traded sex and answered how old they were when they first did so. We present the average ages of first trading sex and the other risk behaviours for the entire group below, but this is not enough to identify the timing for each youth. For each risk factor, we compared how old youth were the first time they experienced that situation (running away, drug use, etc.) to how old they were the first time they traded sex. Exposure to each risk factor was categorized as happening before they were exploited, after being exploited, or within the same year. Those who said they had not done something (for example, they had never tried marijuana) were included in the group “exploited first.” Because there might be differences in the timing for boys and girls around other risk exposures, even if their average age of first exploitation is the same, we considered boys and girls separately. The results are shown below in a series of charts.
Among sexually exploited youth, the average ages of first trying alcohol or marijuana were quite young, both being between 11 and 12 years old. However, regardless of the age at which young people were first exposed to alcohol or marijuana, the overwhelming majority of them were exploited after they had first used these substances, with another 1 in 10 having it happen within the same year, making it impossible to determine which came first.

Similarly, youth first became street involved, ran away or were kicked out at fairly young ages. Youth can spend much of their time on the street with friends who are homeless and still go to a home at night, or can become involved in the street economy (i.e., panhandling, selling drugs, busking on street corners for income) while living with family, so running away or being kicked out could happen before or after street involvement. On average, exploited youth became street involved at about 12.4 years old, while they first ran away at about 12.7 years, and were first kicked out at about 13.3 years of age. The majority of boys and girls became street involved before trading sex; nearly 1 in 4 youth traded sex and became street-involved in the same year, and 1 in 10 were exploited before becoming street-involved.

Youth were also more likely to have run away before first being exploited, with even fewer reporting that running away and exploitation happened during the same year, or that they traded sex before running away.

The pattern is slightly different among those who were kicked out, especially for girls. Although the majority of youth were still kicked out before being exploited, more than 1 in 5 girls reported first trading sex at a younger age than first being kicked out, as did 7% of boys, while another 1 in 5 reported trading sex and being kicked out in the same year. For girls, this may be explained in part by their answers to another survey question, where they were living when they first traded.
sex: 27.4% of girls reported they were living at home when they first traded sex, a significantly higher rate than the 14.4% of boys. Although we cannot conclude from this that family members were actually involved in sexually exploiting these boys and girls, it is possible, even likely, that this was happening in some cases.

One of the issues we could not test was whether sexual abuse (other than exploitation) occurred before or after sexual exploitation, because we did not ask the age of first sexual abuse. Sexual exploitation itself is a form of sexual abuse, so all of them should have indicated experience of sexual abuse, but exploitation may not always be recognized as abuse by young people; 73% of exploited girls and only 30% of exploited boys reported they had been sexually abused. On the other hand, we did ask who had sexually abused them, and the majority of girls (55%) and 17% of boys said they had been sexually abused by family members, relatives, or caregivers such as foster parents.

These findings are clear: young people face significantly increased risk of sexual exploitation, regardless of gender, after leaving home, or being forced from home, and becoming street-involved. Young people who are leaving home due to abuse, family conflict, or substance use issues are already experiencing trauma, and are vulnerable to exploitation and further trauma. These findings suggest that interventions to prevent or address sexual exploitation may be more effective when they target early risks, focusing on younger adolescents who are just beginning to run away, or are starting alcohol or marijuana use at very young ages, and whose families are dealing with conflict and struggling with parenting young teens. Indeed, preventing youth from being kicked out and becoming street-involved or persistently homeless appears to be a key strategy for preventing a good deal of sexual exploitation of young people. While it is important to address the trauma and urgent needs of young people who are already homeless or street-involved and sexually exploited, it would be far more effective to prevent their vulnerability to sexual exploitation in the first place.

Since the adoption of the UN Convention on the Rights of the Child’s optional protocol on sexual exploitation in 2000 by both Canada and the U.S. (United Nations Treaty Collection, 2000), perspectives in law enforcement and child welfare in North America have started to shift from considering child and adolescent prostitution as criminal or delinquent behaviour on the part of the adolescent,
to a recognition that it is a form of sexual abuse. The right to safety and protection from violence is an important element of the Convention, but child welfare policies and community programs seldom engage with young people and their families at the point where teens are first running away, only intervening after they have become street-involved and persistently homeless (street-entrenched). Programs to help young people exit sex work reach out primarily to youth and young adults who have already been exploited for years. Must we wait? What policies or programs might make a difference earlier in the pathway? Let us critically consider some recent approaches and their potential to act upstream in preventing some of the health challenges faced by sexually exploited youth.

Policies or Programs to Address Sexual Exploitation Upstream

Implementing policy and programs to protect street-involved youth is no easy task. The right to safety and protection needs to be balanced against other rights in the UN convention that support youth’s growing autonomy, such as their right to have a say in decisions that affect them. Of the various approaches to early intervention in street involvement and sexual exploitation that have been put into action around the world, most have elements in common with two particular approaches, one used in Alberta, and the other in both Scotland and Minnesota. Both involve recognizing youth who trade sex as victims of sexual exploitation, and runaways as youth at high risk for exploitation, but the two strategies take different directions to address their needs.

Protection of Sexually Exploited Children/Protection of Children Involved in Prostitution Laws in Alberta

The Protection of Children Involved in Prostitution (PChIP) legislation, now called the Protection of Sexually Exploited Children (PSECA), was first introduced in 1999 as an attempt to protect children from sexual exploitation. It developed from an Alberta task force that was formed to respond to the issue of sexual exploitation (Alberta Children’s Services, 2004), stimulated in part by the 1997 review of Canada’s commitments to the UN Convention that outlined each province’s commitment to ensure children were protected. The task force recommended increased powers for police, child welfare workers and families to ensure sexually exploited youth were protected (Government of Canada, 2001).

Although there were a number of voluntary supports for youth included in the PChIP programming, a key element of the approach was the development of Protective Safe Houses. Once a youth is suspected by authorities of being sexually exploited, police or social workers are legally permitted to apprehend the young person and detain them for up to 42 days in a safe house. The goal appears to
be to remove them from dangerous street environments and give them access to victim protection services and support (Government of Alberta, 2010). Although the purpose of the legislation is clearly aimed at supporting exploited youth as victims, it may not always work in the best interest of the exploited child or youth.

One of the potential concerns is that the legislation places protection above other human rights of exploited youth, and has the potential to cause further stigmatization. In one evaluation, youth focus groups and other stakeholders critiqued the involuntary detention approach as punishing youth who trade sex, saying that law enforcement singled out girls who are exploited rather than considering both boys and girls, and that the law did not address the underlying reasons that youth trade sex, often for survival (Alberta Children’s Services, 2004). Stakeholders raised questions about whether the approach, where young people can be forced against their will into shelters merely on suspicion of involvement in prostitution, is a form of detention without actually being charged with or convicted of a crime. They also suggested it forces exploited youth to continue trading sex “underground,” in more hidden areas, and avoid using services, making them less accessible to social workers or other essential service providers. At the same time, both staff and some former youth detained in the protective safe houses felt it gave them an opportunity for reflection in a safe place, and sometimes connected them with other services.

Others have cited this approach as an example of potential Charter rights violations for Canadian street-involved youth. Grover (2002) argued that PSECA does not align with the UN Convention on the Rights of the Child, as the term, the ‘best interest of the child,’ an important clause in the Convention, is not actually included in the wording of the law (PSECA). Grover also argued that when the provincial government neglects to follow up or provide essential services to all street-involved youth, they are in violation of section 7 of the Canadian Charter of Rights and Freedoms, and of their responsibility to act as the parens patriae, the guardian of those in the country who cannot care for themselves, particularly children and youth.

To date, there has been limited evaluation of PSECA outcomes among youth who have been detained in safe houses, beyond tracking whether they have shelter 90 days after they are released from detention. As an intervention, PSECA is still closer to a harm reduction strategy, trying to reduce the harms from something that is already happening, than to a prevention strategy, since many of the youth they assist are already on the street and have already experienced sexual exploitation. It is unclear whether it is at all effective as early prevention for youth who are not yet persistently street-involved or being exploited.
Focusing on Young Runaways in Minnesota and Scotland

A different approach to early intervention and prevention has evolved in two different places: Grampian, Scotland, and St. Paul, Minnesota. In both settings, youth who run away or are kicked out are contacted and screened by either social workers or police as part of a referral service for addressing issues before youth become persistently homeless or street-involved. In Grampian, the Return Home Welfare program contacts youth within 5 days of their return home after running away, to interview them, assess their current circumstances, and refer them to supportive services when needed (Burgess et al., 2011). The youth generally were away from home for relatively short periods, as opposed to being persistently street-involved or homeless. In Minnesota, the Runaway Intervention Program (RIP) works in partnership with the police and other agencies to provide assessment and services for young runaways who have been sexually assaulted or exploited, or who are at risk of exploitation (Edinburgh & Saewyc, 2009). The program helped the local police department to then develop and implement a 10 Questions tool to use whenever they encountered runaways or youth who have been kicked out, to assess safety at home, reasons for leaving, potential injuries and harm that had occurred while the teen had been away from home, and referrals to the Runaway Intervention Program for more in-depth evaluation and access to home visits from nurses, health education, counselling, and other supportive services (Edinburgh et al., 2012). The police screening appears to be an effective route for identifying youth at risk who are new to the cycle of street-involvement, who may not yet be sexually exploited, and connecting them with needed support services.

RIP offers health care and case management services designed to reconnect young runaways with family, school, and other caring adults, offering positive youth development opportunities such as summer camp and volunteer activities, while also supporting parents in improving their relationships with their teens. Although the program was originally designed primarily for girls, it has been expanded recently to include boys, as well. An extensive evaluation of the first two years of the program showed that youth involved in RIP for 6 to 12 months showed significant improvements in family relationships, school attendance, and self-esteem, as well as reduced risk behaviours, trauma symptoms, and runaway episodes (Saewyc & Edinburgh, 2010). The evaluation showed so much improvement, in fact, that after 6 to 12 months of involvement in RIP, they were indistinguishable, with regard to the characteristics mentioned above, from a comparison group of girls in the general population who had never been abused. Even more promising, girls who had the highest levels of trauma, the lowest self-esteem, and the fewest social supports when entering the program actually improved the most with the intervention.

This completely voluntary approach, which reconnects youth to the social en-
environments and caring relationships that are important to the healthy development of all young people, is focused earlier in the course of street involvement and homelessness and thus, may have a greater potential for prevention of sexual exploitation, possibly even preventing street involvement or homelessness itself. It may also work as harm reduction for those who are already exploited, or for the 1 in 4 young people identified in the BC Street Youth Survey as living at home when they were first sexually exploited; while the majority of young runaways in the RIP evaluation had not yet been sexually exploited, 14% had been prostituted, yet they too reported improvements as part of the program.

**Conclusion**

In working to offer safety and support for street-involved and sexually exploited youth, our policy and programs should aim to strike a balance between reducing the risks they face and fostering their connections to those they care about and who can care for them. Untangling the sequence of events that leads to homelessness — and among street-involved youth, the sequence that leads to increased risk of sexually exploitation — gives us clues as to when and how we might better intervene. As this research suggests, there are some key points in the pathway where prevention services might work best, when young people are just beginning to show the symptoms of family problems, such as early alcohol use, or family conflict, and the first runaway episodes. Although the interventions described in this chapter are still not at these earliest points along the pathway, as they focus on first runaway episodes rather than family problems, they do suggest that providing early support to youth and their families who are facing challenges is one potential area where policy may be effective. These may be important first line approaches, before young people become chronically street-involved and need harm reduction strategies instead.

**References**


It’s Not What You Think:
Sexually Exploited Youth in British Columbia
It’s Not What You Think: Sexually Exploited Youth in British Columbia

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www.nursing.ubc.ca/PDFs/ItsNotWhatYouThink.pdf

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The original data sets used for this report were from surveys of marginalized and street-involved youth or youth in custody conducted by the McCreary Centre Society, a non-profit community-based youth health research and youth engagement organization in Vancouver, British Columbia, and used with permission. For more information about the research of the McCreary Centre Society, see www.mcs.bc.ca.

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*Only professional stock photos were used in this report in order not to re-exploit youth.*

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Introduction

The images of sexual exploitation of youth in Canada are pervasive and stereotyped, most commonly depicting an older teen girl in a short skirt and high heels standing on a street corner.

The stereotypes of sexually exploited youth are wrong.

The research in this report shatters some of the myths about sexual exploitation among youth in BC: what it is, and who is experiencing it. That girl on the street corner does exist, and she is being exploited, but her story is not the only one, or even the most common one. Our study is drawn from surveys of youth in multiple cities across the province over the past several years. Our results document the experiences of more than 500 youth who have been sexually exploited during their teens, comparing their lives with youth in similar circumstances who have not been exploited.

To our knowledge, this represents the largest study of sexually exploited youth and their experiences across multiple cities in British Columbia, possibly in Canada. Why hasn’t such a study been done before? Population research about sexual exploitation is not easy, because exploitation is illegal, it is stigmatized, and youth who experience exploitation are often hidden and hard to reach. Worse, the stereotypes about what sexual exploitation is and who is exploited make it harder for young people to recognize when they are being exploited, to acknowledge it and to reach out for help.

We hope this study will help shed light on the hidden experiences of sexually exploited youth in British Columbia, change perspectives about their lives and their choices, and provide evidence for ways we can help prevent further exploitation of young people.
At a glance

This study draws on responses from 1,845 youth who participated in 5 different youth health surveys conducted by McCreary Centre Society in cities across British Columbia between 2000 and 2006. Three of the surveys were with street-involved and marginalized youth in 10 different cities, and two were among youth in the custody centres located throughout the province.

The surveys included questions about sexual exploitation, which occurs when youth under age 19 trade sexual activities in exchange for resources such as money, drugs, food, shelter, transportation, clothes, and similar things. Sexual exploitation is not a job; it is illegal to exploit youth, and it is a form of sexual abuse.

Key findings

• More than 1 in 3 street-involved and marginalized youth have been sexually exploited, as have 1 in 5 youth in custody.

• Males were just as likely to be sexually exploited as females. Among younger street-involved youth (ages 12-18), a greater percentage of males were exploited (34% vs. 27% of females in 2006). Among older street-involved youth (ages 19-25), a higher percentage of females reported sexual exploitation (53% females vs. 32% males).

• Among street-involved youth as well as youth in custody, gay, lesbian and bisexual teens were more likely to have been sexually exploited than their heterosexual peers. Fewer than half of sexually exploited street-involved youth identified as heterosexual.

• Aboriginal youth were disproportionately among those who were sexually exploited; one-third to one-half of sexually exploited youth identified as Aboriginal.

• While youth were most commonly exploited in exchange for money or drugs, they also exchanged sex to meet their basic needs: More than 1 in 3 youth were exploited in exchange for shelter, up to 1 in 4 for transportation, and up to 1 in 5 for food or clothing.

• Both men and women sexually exploit youth. Although the majority of youth (70%) had been exploited by males, half of youth (50%) had also been exploited by females.
• Sexually exploited youth may not recognize they are being exploited, or that it is a form of abuse. Youth did not always think exchanging sex for things like transportation or shelter was the same as exchanging sex for money or goods, and while all sexually exploited youth could have said yes they were sexually abused, a large number did not.

• Among younger street-involved youth, 1 in 5 were living at home when they were first sexually exploited; females were more likely to be sexually exploited while living with family than males were.

• However, for the majority of street-involved youth, sexual exploitation came after running away, being kicked out, or becoming street-involved; 3 out of 4 youth first left home at a younger age than first being sexually exploited.

• Sexually exploited youth reported more sexual and physical violence from a greater number of people than non-exploited youth.

• Exploited youth were 2 to 3 times more likely to have seriously considered or attempted suicide in the past year than non-exploited youth.

• Across the 5 cities that were surveyed in both 2000 and 2006, there were few changes between years. The percent of males being exploited decreased slightly (37% to 31%) and the percent of females has increased slightly (23% to 25%). Aboriginal females had the greatest increase, up from 16% to 23%.

• The age of first being exploited has gotten slightly older between 2000 and 2006. In 2000, the average age was 13.8 years, while in 2006 it was 14.8 years.

• The majority of sexually exploited youth in all the surveys said their communities needed more safe, affordable housing, and education, job training and work experience programs.

• Among older street-involved sexually exploited youth, only 25% had ever had a legal job, but more than 75% of them wanted a job. These youth thought that more education (43%), work experience and job training (35%), and help with a job search and resume (24%) would help them gain employment. Only 15% of sexually exploited youth who wanted employment thought they could do it on their own.

• Despite challenging life experiences, most sexually exploited youth were hopeful for the future. When asked where they saw themselves in 5 years, more than half of exploited youth expected to have a job, just under half expected to have a family (42-44%) and 44-58% expected to have a home of their own.
Methods

About the surveys

This report about sexually exploited youth is based upon the results of 5 different surveys of vulnerable youth, conducted since 2000, with youth who were street involved or marginalized, experiencing homelessness, or were in custody in British Columbia.

Each survey was conducted by the McCreary Centre Society, a non-profit organization concerned with youth health in British Columbia. Three of the five youth health surveys involved street-involved youth in 2000, 2001, and 2006. The other two surveys were of youth in the provincial youth custody centres during 2000 and 2004.

All 5 surveys were adapted from the McCreary’s province-wide school-based BC Adolescent Health Survey (BC AHS). These surveys ask youth about their life experiences, including physical and emotional health issues, risks they have been exposed to, healthy behaviours and those that can create health challenges, as well as supports in their lives. Although the questions vary slightly between surveys, many of the same questions were asked, allowing for comparisons between the different groups.

The street-involved and marginalized youth surveys

2000 Street Youth Survey (SY 2000)

In 2000, the McCreary Centre Society conducted a survey of street-involved youth age 12 to 19 years in six different communities: Vancouver, Victoria, Abbotsford/Mission, Surrey/White Rock/Langley, Prince Rupert, and the Sunshine Coast (Powell River). Community organizations that supported vulnerable youth were actively involved in advising the study. Youth were recruited by staff members from youth-serving programs and agencies. In most communities, the surveys were also conducted by youth agency staff, but in some communities, McCreary youth research assistants also helped with the survey. The study took place from June to December in 2000. The pencil and paper surveys were completed by the youth anonymously; the survey questions were read aloud by the research team to help youth who might have reading problems. A total of 523 youth completed the survey. The results of this survey are summarized in the McCreary report, No Place to Call Home: A profile of Street Youth in British Columbia (McCreary Centre Society, 2001).
2001 Older Street Youth Survey (SY 2001)

In 2001, the McCreary Centre Society conducted a survey in Vancouver with 180 older street-involved youth, meant to be ages 19 to 24 years, although the survey included 6 youth who were 18, and 1 who was 25. The survey had many of the same questions as SY 2000. Local agencies in Vancouver were again involved in the project, and served as some of the places to recruit the youth, although youth were also approached on the streets and in public places where street-involved and homeless youth regularly hung out. Researcher teams conducted the surveys in pairs, for the most part; each team consisted of a youth agency worker or university student and a currently or formerly street-involved youth. The results of this survey are briefly summarized in Between the Cracks: Homeless Youth in Vancouver (McCreary Centre Society, 2002).

2006 Street Youth Survey (SY 2006)

In 2006, a similar strategy was used to survey younger marginalized and street-involved youth ages 12 to 18, across BC. The 762 youth represented in this survey were from 9 different communities: Vancouver, Victoria, Abbotsford/Mission, Surrey, Prince Rupert, Nanaimo, Prince George, Kamloops and Kelowna. As with SY 2001, research teams in each community included both experiential youth and staff or volunteers from local youth-serving agencies. The survey was conducted at various times and locations in the communities to help reach most marginalized youth. This survey was also read aloud by researcher teams. The first results of this survey are reported in Against the Odds: A Profile of Marginalized and Street-Involved Youth in BC (Saewyc, Smith, Albert, MacKay, Northcott & the McCreaery Centre Society, 2007).
The youth in custody surveys

2000 Youth In Custody Survey (CUST 00)

In 2000, the McCreary Centre Society conducted youth health surveys in all nine of BC’s youth custody centres. A total of 243 youth, ages 12 to 19, agreed to participate. The survey included many questions from the BC AHS and the SY 2000, but added questions focused on experiences of the justice system. The surveys were administered in small groups, read aloud by a McCreary researcher. The results represent a picture of the entire youth in custody population, and are summarized in: Time Out: A Profile of BC Youth in Custody (McCreary Centre Society, 2001).

2004 Youth In Custody Survey (CUST 04)

In 2004, the McCreary Centre Society repeated the survey among youth being held in the BC youth custody centres. New legislation governing young offenders, the Youth Criminal Justice Act, came into effect on April 1, 2003. This legislation encouraged moderate sentences and alternatives to imprisonment for less serious crimes. As a result, there were only 137 youth surveyed within the 3 remaining custody centres in 2004, and only a small percentage of them were female. The survey was conducted in the same way as the previous one. The results are summarized in Time Out II: A Profile of BC Youth in Custody (Murphy, Chittenden & the McCreary Centre Society, 2005).

### McCreary Datasets

<table>
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</thead>
<tbody>
<tr>
<td>Number of youth surveyed</td>
<td>523</td>
<td>180</td>
<td>762</td>
<td>243</td>
<td>137</td>
</tr>
<tr>
<td>Age range</td>
<td>12-18</td>
<td>18-25</td>
<td>12-18</td>
<td>13-19</td>
<td>14-19</td>
</tr>
<tr>
<td>Average age</td>
<td>16</td>
<td>21</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Males (%)</td>
<td>278 (53%)</td>
<td>121 (68%)</td>
<td>367 (49%)</td>
<td>193 (79%)</td>
<td>123 (90%)</td>
</tr>
<tr>
<td>Females (%)</td>
<td>239 (46%)</td>
<td>57 (31%)</td>
<td>383 (51%)</td>
<td>50 (21%)</td>
<td>14 (10%)</td>
</tr>
</tbody>
</table>

Note: due to the small number of females in the CUST 2004 data, gender differences are not included.
What do we mean by “sexually exploited”? 

...it also includes what some people call “survival sex,” or providing sex for a place to sleep, or for a meal, or for a ride.

Sexual exploitation occurs when youth under age 19 trade sexual activities in exchange for resources, like money, drugs, gifts, food, services, shelter, transportation, or anything similar. This can include commercial sex work in brothels or for escort services, pornography, and internet sex, but it also includes what some people call “survival sex,” or providing sex for a place to sleep, or for a meal, or for a ride.
Sexual exploitation is not employment or chosen occupation, it is a form of sexual abuse. While some youth under age 19 may feel they are not being exploited, that they have willingly chosen to exchange sex for resources, the law is clear that adults who have sex with them for any form of consideration are exploiting them.

What about youth age 19 and older in our surveys? Older youth who engage in sex work are not considered sexually exploited under BC law; however, since the majority of those in the older street-involved youth survey of 2001 reported first exchanging sex before age 19—indeed, the average age was between 14 and 15 years—they have been sexually exploited in the past, and their experiences are also worth documenting.

**The analyses**

In this report we compare the experiences of sexually-exploited youth with the experiences of their non-sexually exploited but vulnerable peers.

This report was guided by 5 main research questions:

1) What are the experiences of sexual exploitation reported by street-involved and marginalized youth within our province?
2) What are the gender differences in these experiences?
3) Which comes first: being sexually exploited, or risk behaviours that are linked to sexual exploitation?
4) How have experiences changed, if at all, for sexually exploited youth in 2006 compared to 2000?
5) What are supportive services that sexually exploited youth use, find helpful, or feel they need in their communities?
Who is not in this report—exploited youth in other venues

Sexual exploitation does not just happen on the streets, or among homeless youth. Because it is illegal, sexual exploitation is often hidden, and some youth who are exploited may be extremely hard to reach. For example, very young teens who are exploited by an adult for profit, or who are kept in a brothel, may not be allowed out in public places alone, and so they would not be reached by these surveys. Similarly, young people who are living at home but are sexually exploited, whether because they are currently being exploited by their families, or they are exploited by someone outside their family, including internet sex or pornography, but going home at night, also might not be reached to participate in these surveys.
Sexual exploitation does not just happen on the streets, or among homeless youth. Because it is illegal, sexual exploitation is often hidden...

The surveys took place in the daytime and the evenings, but not late at night, so sexually exploited youth who are only out on the streets late at night would have been missed. Similarly, the surveys only took place in public places or youth service settings; they were not able to recruit youth from massage parlors, bath houses, or strip clubs. If youth who worked in such places did not also access youth service agencies, hang out on the streets, or identify themselves as street-involved, then they might not have participated. However, some youth who were surveyed did report having exchanged sex in those kinds of places.

Some teens have been trafficked from other countries for the purpose of sexual exploitation; they may not speak English, and because of their undocumented status, they may be afraid to talk to others. These too, would not have been included in the surveys.

Thus, although these 5 surveys provide a window into the experiences of many sexually exploited youth in BC, they cannot represent all sexually exploited youth, or all types of sexual exploitation.
## Terminology

A number of terms are used throughout this report to describe the experiences of sexually exploited youth. Some of these terms were used in the original surveys but now may be outdated or convey stereotypical ideas concerning exploitation. Below, we wish to clarify the terminology used.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually exploited youth</td>
<td>Youth under 19 years old who are given money, goods, or other consideration such as transportation or shelter, in exchange for sexual activities. Sexual exploitation of youth is illegal in British Columbia.</td>
</tr>
<tr>
<td>Older street-involved youth</td>
<td>These are youth, age 18-25 years old, from the 2001 street-involved youth survey of Vancouver.</td>
</tr>
<tr>
<td>Younger street-involved youth</td>
<td>These are youth, 12-19 years old, from the 2000 and 2006 street-involved youth surveys across the province.</td>
</tr>
<tr>
<td>Street-involved youth</td>
<td>Marginalized youth who may be homeless or in precarious living situations, such as couch-surfing or living on the street, or who may be involved in street-based activities, such as buying or selling drugs, panhandling, etc. Street involvement can be short-or long-term.</td>
</tr>
<tr>
<td>Pimp</td>
<td>A person (male or female) or a group (gang) who profits from the sexual exploitation of others. Pimp tends to convey a single individual (generally male) and does not always reflect the experiences of exploited youth. In some cases, exploited youth may consider the person who profits from their exploitation a friend or...</td>
</tr>
</tbody>
</table>
romantic partner. However, ‘pimp’ was used in the wording of many of the original surveys.

**Prostitution**

A term commonly used to describe commercial sexual activities (i.e., in exchange for money or drugs). This term has a lot of negative connotations and currently is considered stigmatizing, and many people have shifted to the term “sex work” or “sex trade”. Any of these terms should be used, if at all, only about adults, because commercial sexual activities with youth are sexual exploitation, and are illegal. The term was used in some places in the surveys, however, because youth understood the term more easily than the term sexual exploitation.

**Trick or date**

Slang for someone who pays for sex, usually with money or drugs. The term was used in most of the original surveys.
Who are sexually exploited youth?

Youth do not always know the law, and may not recognize that what has happened to them is sexual exploitation. Further, sexual exploitation is very stigmatizing and youth may not want to identify as exploited. Therefore, several different questions were asked in the surveys, and mostly used the more neutral terms “exchanging sex” or “trading sex.” For example, in the 2006 survey, only 19% said yes, they had ever exchanged sex for money or goods. However, when asked in further questions whether they had traded sex for shelter, food, transportation, clothes, etc. in the past year, more than 30% reported that they had. Additional youth responded to other questions that indicated they had experienced sexual exploitation in some form.

None of the questions in the surveys referred to sexual exploitation. Instead, youth were asked:

- if they ever “exchanged sex for money or goods” with males or with females
- if they traded sex for food, clothing, shelter, transportation, money, drugs or alcohol, or other items
- if they “engaged in sexual activity” for “a pimp, escort agency, to support a friend, partner, or relative”
- the types of places where they exchanged sex, such as hotels, clubs, trick pads, or on the street.
- how old they were when they first traded sex
- where they were living when they were first traded sex.

Youth who answered yes to any of the above question were identified as sexually exploited in this report.
Depending on the survey, between 18% and 39% of the youth identified as sexually exploited. There is a common perception that sexual exploitation happens mostly or only to females, but street-involved males were just as likely to be exploited as females.

Around 1 in 3 street-involved youth indicated they were sexually exploited. Among the younger street-involved youth in both surveys, a higher percentage of males than females were sexually exploited (33% males vs. 24% females in 2000, 34% males vs. 27% females in 2006). In contrast, among the older street-involved youth in 2001 in Vancouver, a higher percentage of females identified as exploited (53% vs. 32% males).

Compared to street-involved youth, fewer youth in custody reported exploitation. Even so, up to 1 in 5 youth in custody (18% to 21%) reported being sexually exploited. For youth in custody in 2000, 56% of females and 12% of males reported they had ever been exploited, while in 2004, 18% of males were exploited. It should be noted that only 21% of youth in custody in 2000 were female, and more than half of them had been exploited.
Age

The sexually exploited youth in the surveys ranged from 12 to 25 years of age, with an average age of 16 among all youth surveyed.

Ethnicity and place of origin

One-third to more than one-half of all sexually exploited youth in each survey identified as Aboriginal. Although in most survey years, this percent was similar to the percent of Aboriginal street-involved and marginalized youth that were surveyed overall, this is still a much higher percent of Aboriginal youth than are in the general population of BC.

In the street-involved youth surveys, 88% to 93% of youth reported they were born in Canada, but this was not different between sexually exploited and non-exploited youth.

Demographic Characteristics of Sexually Exploited Youth across 5 Surveys

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually Exploited</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>29%</td>
<td>39%</td>
<td>30%</td>
<td>21%</td>
<td>18%</td>
</tr>
<tr>
<td>Males</td>
<td>34%</td>
<td>32%</td>
<td>34%</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>Females</td>
<td>24%</td>
<td>53%</td>
<td>27%</td>
<td>56%</td>
<td>*</td>
</tr>
<tr>
<td>Transgendered</td>
<td>33%</td>
<td>100%</td>
<td>83%</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>34%</td>
<td>46%</td>
<td>57%</td>
<td>46%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Note: n/a question not asked in these surveys. A very low number of street-involved youth identified as transgendered. * Unreleasable due to sample size
Sexual orientation

Lesbian, gay, and bisexual youth are disproportionately found among street-involved and homeless populations, in part because some youth who disclose their orientation to their families are rejected, and may even face violence. A number of lesbian, gay, and bisexual teens “come out,” only to be kicked out; others run away to escape the rejection and conflict in their families.

Among sexually exploited youth, the percent who identified as lesbian, gay or bisexual (LGB) was even higher than the percent among street-involved youth in general, and far higher than among youth in the general population. Fewer than half of all sexually exploited youth identified as exclusively heterosexual, and more than 1 in 4 sexually exploited youth indicated they were gay, lesbian or bisexual.

Among street-involved and marginalized youth:
- 42% to 48% of sexually exploited youth identified as 100% heterosexual
- 16% to 18% identified as mostly heterosexual
- 26% to 30% identified as gay, lesbian or bisexual
- 6% to 17% of sexually exploited youth were unsure about their sexual orientation

Among youth in custody in 2004, all of the sexually exploited males identified as 100% heterosexual. However, the sexual orientation responses were more diverse among youth in custody in the 2000 survey. In 2000, exploited youth were less likely to identify as heterosexual, and more likely to identify as gay, lesbian, or bisexual, than their non-exploited peers. In particular, 27% of exploited males identified as gay or bisexual, but only 1% of non-exploited males did.

Among youth in custody in 2000:
- 53% of sexually exploited youth identified as 100% heterosexual
- 10% identified as mostly heterosexual
- 31% identified as lesbian, gay, or bisexual
- 6% of sexually exploited youth were unsure about their sexual orientation
Experiences of sexual exploitation

It is important to understand the context of first experiences of sexual exploitation, as this may provide some clues as to where best to intervene to prevent the abuse. The surveys asked a variety of questions about youth experiences of exploitation, whether their first experiences or more recent circumstances.

Age when first exploited

Although the common stereotype of sexual exploitation is a girl between 16 and 18 years of age, our results document a far more troubling reality. The average age youth were first exploited was between 13 and 15 years of age in the surveys that asked this question. Up to 1 in 3 of the sexually exploited youth in the street-involved youth surveys reported first being exploited before age 14.

1 in 5 youth were living with their families when they were first exploited.

Percent who report age at first being sexually exploited

<table>
<thead>
<tr>
<th>Survey</th>
<th>13 or younger</th>
<th>14 to 16 years</th>
<th>17 or 18 years</th>
<th>19 or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2000</td>
<td>33%</td>
<td>47%</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>SY 2001</td>
<td>28%</td>
<td>29%</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>SY 2006</td>
<td>35%</td>
<td>37%</td>
<td>39%</td>
<td>--</td>
</tr>
</tbody>
</table>
Where youth were living when they were first sexually exploited

All three street-involved youth surveys asked where youth were living when they first traded sex for money or goods. An alarming 12% to 20% of youth reported they were living with their families when they were first sexually exploited. This percentage was even higher for females (20% to 38% in the different surveys). As well, more than 1 in 10 were living in care when they were first exploited. This does not necessarily mean they were being exploited by their families or by their foster parents; it is possible the youth were living at home, but were being exploited by someone else without their family or foster parents being aware of it.

Where youth were living when first sexually exploited

<table>
<thead>
<tr>
<th></th>
<th>SY 2000</th>
<th>SY 2001</th>
<th>SY 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>With family</td>
<td>15%</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Foster or group home</td>
<td>14%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Friend/boyfriend/girlfriend</td>
<td>15%</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>Own place</td>
<td>7%</td>
<td>21%</td>
<td>4%</td>
</tr>
<tr>
<td>Streets</td>
<td>9%</td>
<td>31%</td>
<td>13%</td>
</tr>
<tr>
<td>Nowhere in particular</td>
<td>8%</td>
<td>17%</td>
<td>n/a</td>
</tr>
<tr>
<td>Shelter</td>
<td>n/a</td>
<td>n/a</td>
<td>5%</td>
</tr>
<tr>
<td>Hostel, hotel, or motel</td>
<td>n/a</td>
<td>n/a</td>
<td>3%</td>
</tr>
<tr>
<td>Couch surfing</td>
<td>n/a</td>
<td>n/a</td>
<td>5%</td>
</tr>
</tbody>
</table>

n/a = question not asked in surveys

Among older street-involved youth, the largest percent said they had been living on the streets when they were first exploited, while among younger street-involved youth, the largest percents had been living with family, or in care, or with a boyfriend or girlfriend.
What youth received for being sexually exploited

Youth identified what they received in return for being sexually exploited. Common stereotypes focus on commercial exchanges for money, or perhaps for drugs, but the youth in these surveys report other experiences as well. Many of the youth were exploited for basic survival needs, such as food, shelter, clothing, and transportation.

Street-involved youth

Money, drugs and shelter were the top three items street-involved youth reported exchanging sex for. More than 1 in 3 younger street-involved youth received money and drugs or alcohol in exchange for being sexually exploited, but 1 in 4 also reported exchanging sex for shelter, and more than 1 in 10 traded sex for other basic survival needs like food or transportation. More than 2 out of 3 older street-involved youth received money in exchange for being exploited, but more than 1 out of 3 exchanged sex for shelter, and 1 out of 4 for food, transportation, or clothing.

The percents were mostly similar for both males and females, with a few notable differences:
In the street-involved youth surveys of 2001 and 2006, a higher percent of females traded sex for drugs or alcohol than males did (64% of females vs. 31% of males in 2001; 46% of females vs. 29% of males in 2006).

What youth received for being sexually exploited

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td>33%</td>
<td>69%</td>
<td>34%</td>
<td>59%</td>
<td>43%</td>
</tr>
<tr>
<td>Drugs/Alcohol</td>
<td>35%</td>
<td>48%</td>
<td>38%</td>
<td>52%</td>
<td>38%</td>
</tr>
<tr>
<td>Shelter</td>
<td>25%</td>
<td>38%</td>
<td>23%</td>
<td>21%</td>
<td>5%</td>
</tr>
<tr>
<td>Transportation</td>
<td>17%</td>
<td>24%</td>
<td>16%</td>
<td>21%</td>
<td>5%</td>
</tr>
<tr>
<td>Food</td>
<td>13%</td>
<td>24%</td>
<td>17%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Clothing</td>
<td>12%</td>
<td>24%</td>
<td>17%</td>
<td>13%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Note: Youth could choose more than one answer

Youth in custody

Youth in custody similarly reported exchanging sex most often for money, drugs, shelter or transportation. More than half of these youth received money and drugs or alcohol in exchange for being exploited; 1 in 5 also exchanged sex for shelter and for transportation. In 2000, 3 out of 4 females in custody traded sex for money, compared to only 1 out of 3 males in custody.
**Who has sexually exploited our youth?**

All three street-involved youth surveys asked youth for whom they had traded sex (youth could indicate more than one answer). Although about 1 in 4 reported trading sex for a pimp, the most common response was youth traded sex so they could support a romantic partner, a friend or a relative. This raises the question of whether some young people were identifying their exploiters as romantic partners rather than as pimps. Other research has shown that people who sexually exploit teens may manipulate them emotionally to get them to engage in sexual activity with others for money. The results from our surveys suggest that some youth may be experiencing this kind of emotional manipulation.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pimp</td>
<td>23%</td>
<td>29%</td>
<td>17%</td>
</tr>
<tr>
<td>Escort agency manager</td>
<td>17%</td>
<td>28%</td>
<td>8%</td>
</tr>
<tr>
<td>To support a friend/partner/relative</td>
<td>34%</td>
<td>53%</td>
<td>26%</td>
</tr>
</tbody>
</table>

**Gender of exploiters**

The 2006 survey of younger street-involved and marginalized youth asked two questions about exchanging sex for money or goods: about whether youth had ever exchanged sex with a male, and with a female. Just under half of respondents chose to answer those two questions (49%), but among those who did answer, contrary to common stereotypes, the results showed both men and women sexually exploit youth. Youth of any gender were still most likely to be exploited by males (70%), but half (50%) of sexually exploited youth who answered the questions reported that they had exchanged sex for money or goods with females. Around 1 in 5 youth had been exploited by both men and women, nearly 1 in 3 had been exploited only by women, and half only by men.
Where have youth been sexually exploited?

The street-involved youth surveys also asked about the different places in which youth had traded sex. Youth most commonly reported being exploited on the streets: 18% to 25% of younger street-involved youth and more than half of older youth had been exploited on the streets in the communities where they lived. The risk of violence can be high for both males and females when they exchange sex on the streets (see section below on abuse and other violence).

In 2006, youth were also as likely to have been exploited in hotels as on the streets (18%). Nearly 1 in 10 were exploited in trick pads, nightclubs or bars, and 5% were exploited through the internet. Only a small percent of the youth surveyed had exchanged sex in massage parlours or bathhouses, but this may have been because youth exploited in such places weren’t reached by the 2006 survey.

### Where youth were exploited

<table>
<thead>
<tr>
<th>Place</th>
<th>SY 2000</th>
<th>SY 2001</th>
<th>SY 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>25%</td>
<td>51%</td>
<td>18%</td>
</tr>
<tr>
<td>Escort agency</td>
<td>18%</td>
<td>22%</td>
<td>n/a</td>
</tr>
<tr>
<td>Trick pad</td>
<td>16%</td>
<td>19%</td>
<td>12%</td>
</tr>
<tr>
<td>Nightclub/ bar</td>
<td>n/a</td>
<td>29%</td>
<td>8%</td>
</tr>
<tr>
<td>Hotel</td>
<td>n/a</td>
<td>n/a</td>
<td>18%</td>
</tr>
<tr>
<td>Internet</td>
<td>n/a</td>
<td>n/a</td>
<td>5%</td>
</tr>
<tr>
<td>Bathhouse</td>
<td>n/a</td>
<td>n/a</td>
<td>3%</td>
</tr>
<tr>
<td>Massage parlour</td>
<td>n/a</td>
<td>n/a</td>
<td>4%</td>
</tr>
</tbody>
</table>

n/a = question not asked on survey. Youth could choose more than one answer.
Do youth recognize they are being exploited? Questions about sexual abuse and the people who have abused them

Sexual exploitation is sexual abuse, but many youth do not seem to recognize that what is happening to them is abuse. For example, although 100% of those who were sexually exploited could have indicated they were sexually abused, only 21-60% of sexually exploited youth did so. The underreporting of sexual abuse suggests that youth may have been manipulated or coerced into thinking that what has happened to them is acceptable—or at least, that it is not abuse.

Perpetrators of Sexual Abuse

Sexually exploited youth reported sexual abuse by family members, friends, romantic partners, foster parents, police, pimps, tricks or dates, acquaintances, and strangers.

More than 1 in 4 sexually exploited street-involved youth said they had been sexually abused by a relative or caregiver, including parents, step-parents, other relatives, and foster parents. Within all three street-involved youth surveys, sexually exploited females were more likely than exploited males to have been sexually abused by non-parental family members, friends, romantic partners and strangers.

<table>
<thead>
<tr>
<th>Perpetrators of sexual abuse reported by exploited youth</th>
<th>SY 2000</th>
<th>SY 2001</th>
<th>SY 2006</th>
<th>CUST 2000</th>
<th>CUST 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative or Caregiver</td>
<td>27%</td>
<td>29%</td>
<td>34%</td>
<td>29%</td>
<td>13%</td>
</tr>
<tr>
<td>Friend/Acquaintance</td>
<td>27%</td>
<td>21%</td>
<td>15%</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>Romantic Partner</td>
<td>25%</td>
<td>25%</td>
<td>11%</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Stranger</td>
<td>19%</td>
<td>22%</td>
<td>12%</td>
<td>32%</td>
<td>8%</td>
</tr>
<tr>
<td>Trick/Date/Pimp/Agency Manager</td>
<td>15%</td>
<td>18%</td>
<td>10%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Gender differences in experiences of exploitation

While there are many similarities among youth’s experiences of sexual exploitation, there were significant gender differences in some areas. These are summarized below.

Prevalence of exploitation

Males and females were just as likely to be exploited. Two of the surveys showed more sexually exploited males than females: older street-involved youth in 2001 and youth in custody in 2000 have a higher percentage of identified exploited females than identified exploited males. More than half of the females in custody in 2000 were sexually exploited whereas 12% of males were exploited. In contrast, the surveys with younger street-involved youth in 2000 and 2006 showed a higher percent of exploited males compared to exploited females: in 2000, 33% of males and 24% of females were exploited, while in 2006, 34% of males were exploited compared to 27% of females.

Sexual orientation

Although lesbian, gay, and bisexual teens were over-represented among sexually exploited youth, a higher percent of sexually exploited females than males identified as LGB among the younger street-involved youth surveys. In 2000, 1 in 3 sexually exploited females identified as lesbian or bisexual (34%), but only 1 in 5 males identified as gay or bisexual (19%). Similarly in 2006, 43% of sexually exploited females identified as lesbian or bisexual, while only 17% of males identified as gay or bisexual.
Age of first exploitation

Among street-involved youth, there were no gender differences in the average age of first being exploited. Males and females first exchanged sex at similar ages (between 14 to 15 years). This question was not asked of youth in custody.

Where youth were they living when they were first exploited

In the SY 2000 and 2006 surveys, females were nearly twice as likely as males were to be living with their families when they were first exploited. Females in 2006 were also 3 times more likely than males to be living with a friend, boyfriend or girlfriend when they first traded sex.

What youth received for being sexually exploited

Males and females listed many of the same items they received in exchange for sex, such as money, drugs, and shelter. Exchanging sex for shelter, money, food, and clothing represent basic survival needs. However, there were some differences between genders in some surveys.

Among street-involved youth in 2001 and 2006, significantly more females than males traded sex for drugs or alcohol (64% females vs. 31% males in 2001; 46% females vs. 31% males in 2006). Among street-involved youth in 2000, a greater percentage of males than females reported exchanging sex for food. More than 3 out of 4 females in custody in 2000 reported being exploited for money compared to only 1 in 3 males.
Who exploited youth

In 2001, sexually exploited females were nearly three times more likely than males to trade sex for a pimp. In 2006, one third of exploited females traded sex to support a partner, friend, or relative, compared to less than 20% of exploited males. In 2006, females were more likely than males to trade sex to support a partner, friend or relative than males (33% vs. 26%).

Gender of exploiters

Common stereotypes suggest males are overwhelmingly the most frequent exploiters of both male and female teens; thus, the stereotype suggests sexually exploited males are most likely experiencing same-gender exploitation. While most exploited females did report being exploited by men (94%), and nearly half of sexually exploited males (44%) had also been exploited by men, some youth of each gender were also exploited by women. Indeed, more than 3 out of 4 sexually exploited males reported exchanging sex for money or goods with a female (79%). As well, although a large percent of exploited youth identified as lesbian, gay or bisexual, youth were most likely to report opposite-gender sexual exploitation.

Where youth have been sexually exploited

Females were more likely than males to trade sex in the streets in 2001 and 2006. In 2006, more than twice the percent of females reported being exploited in a hotel as males.

![Genders of those who exploited youth](image-url)
Which comes first? Patterns of entry into sexual exploitation

A number of risky behaviours or experiences are associated with sexual exploitation. The challenge is trying to determine the pattern of these experiences. For example, exploited youth often report heavy alcohol and drug use—but does that alcohol and drug use eventually force them into exploitation as a way to support their use, or do they turn to alcohol and drugs to cope with the shame and distress of being exploited? Did they get kicked out or run away and find themselves an easy target for exploitation on the street? Or were they exploited at home, and ran away to escape? Or maybe, after they had been exploited for a long time, did they eventually end up on the street?

While the surveys cannot answer these questions with complete confidence or great detail, a number of the questions in the surveys do ask about the age at which the youth first experienced certain activities, such as leaving home, substance use, street involvement, and being exploited. By comparing these ages, we can determine how many youth reported they were exploited first, how many experienced the other risk first, and how many were exploited and experienced the other risk during the same year. This will give us some clues about the most common patterns and potentially suggest strategies for preventing sexual exploitation.

This section only reports results from the street-involved and marginalized youth surveys of 2000, 2001, and 2006, because the surveys of youth in custody did not have as many questions that asked about the age of first experiences, and where they did, they mostly collapsed categories into two years, rather than one. Some of the questions were not asked in every street-involved youth survey, and this is noted below where necessary.
Leaving home and street involvement

Among the sexually exploited youth in the street-involved youth survey of 2006, far more youth reported running away or being kicked out happened before they became exploited. (SY 2000 and SY 2001 did not ask about the age of first running away or first being kicked out). Males and females were just about equally likely to report they ran away before being exploited (80% males, 77% females), and very few reported exploitation happened before they ran away (4% males, 9% females).

Similarly, the majority of youth reported being kicked out before being exploited, but the actual percentages differed between genders. Males were significantly more likely than females to be kicked out before being sexually exploited (74% males vs. 59% females), although similar percentages reported exploitation and being kicked out in the same year (19% males, 18% females). However, females were 3 times as likely as males to report being exploited first, then being kicked out (23% females vs. 7% males).
Both the 2001 older street-involved youth survey and the 2006 younger street-involved youth survey included a question about the age of first becoming street involved. While the highest proportion of youth became street-involved before being sexually exploited in both surveys, those percentages were quite different. Two-thirds of the younger youth were street-involved before being exploited (66% in the 2006 survey) but less than half of the older youth reported being street involved first (46% in the 2001 survey). In contrast, nearly 1 in 3 older youth (32%) were exploited first, then became street involved, compared to only 9% of youth from the 2006 survey. This may be because older youth were more likely to report living in their own apartment or with friends when they were first exploited.

<table>
<thead>
<tr>
<th></th>
<th>SY 2001</th>
<th></th>
<th>SY 2006</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Street involved first</td>
<td>41%</td>
<td>52%</td>
<td>71%</td>
<td>62%</td>
</tr>
<tr>
<td>Both in the same year</td>
<td>22%</td>
<td>22%</td>
<td>22%</td>
<td>28%</td>
</tr>
<tr>
<td>Sexually exploited first</td>
<td>37%</td>
<td>26%</td>
<td>7%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Exposure to alcohol and marijuana

As with leaving home and becoming street involved, most sexually exploited youth reported being exposed to alcohol and marijuana at a younger age than being sexually exploited. These questions were asked in all three surveys of street-involved and marginalized youth. More than 3 out of 4 youth in each survey reported first drinking alcohol before being sexually exploited: 80% in 2000, 74% in 2001, and 82% in 2006, while only about 1 in 10 youth were exploited before first drinking alcohol (7% in 2000, 13% in 2001, 6% in 2006).

Which came first? Ever tried alcohol or sexual exploitation?

![Bar chart showing the percentage of youth who tried alcohol first, tried alcohol and were exploited in the same year, and were exploited before trying alcohol. The chart includes data for SY 2000, SY 2001, and SY 2006.](image)
There were no differences between the percentage of males and females who first used alcohol or marijuana before being exploited.

Similarly, the overwhelming majority of sexually exploited street-involved youth first tried marijuana at a younger age than when they were first exploited (74% in 2000, 77% in 2001, 85% in 2006). Another 1 in 10 first tried marijuana the same year as they were sexually exploited, while 10% of youth in 2000, 7% in 2001, and 4% in 2006 were exploited first. There were no differences between the percentage of males and females who first used alcohol or marijuana before being exploited.
What differentiates exploited youth from those who are not exploited?

Possible risks for and consequences of sexual exploitation

Street-involved youth and those in custody represent marginalized and vulnerable populations, yet sexually exploited youth in these groups may be even more vulnerable to the kinds of risk exposures that can create health problems. Understanding who is more likely to be exploited, and the different risks and health issues they may face, can help us develop the best interventions to address their needs.

Some of the elements that differ between exploited and non-exploited youth suggest who is more at risk of being exploited:

- Lesbian, gay or bisexual youth were 2 to 5 times more likely to be exploited than heterosexual youth, females more than males.
- In some of the surveys, Aboriginal youth were more likely to be exploited than non-Aboriginal peers, while in other surveys, the rates were about the same in both groups—yet Aboriginal youth made up a greater percent of street-involved and marginalized youth, as well as of youth in custody, than in the general population of youth in BC.
- Youth with a physical or mental health condition that limits their activities were more likely to be exploited.
- Youth who have experienced sexual abuse by family members were more likely to be sexually exploited.
- Youth who were ever in government care were more likely to be exploited than those who had not been in care.
Other elements that differ between exploited and non-exploited youth may be risks for exploitation, or may be consequences from having been exploited; for example, does dropping out of school increase the risk of sexual exploitation, or do sexually exploited youth have more difficulty staying in school? Does serious drug use lead to exchanging sex for drugs, or do youth who have been exploited turn to drugs to cope with their exploitation? While we cannot say for sure in our surveys, because we do not ask which came first or why people do things, the following differences between sexually exploited and non-exploited youth are possible consequences of their exploitation:

- Exploited youth experienced more physical and sexual violence by more kinds of people than non-exploited youth.
- Exploited youth were more likely to harm themselves than non-exploited youth.
- Exploited youth were more likely to have considered and attempted suicide.
- Exploited youth were no more likely to have used alcohol or marijuana at young ages, but they were significantly more likely to have used other drugs than non-exploited youth, including heroin and cocaine.
- Exploited youth were less likely to be attending school, but just as likely to be living in precarious housing as non-exploited youth.

Each of these differences is discussed below.

**Sexual orientation**

Sexually exploited youth were more likely to identify as lesbian, gay, or bisexual (LGB) than their non-exploited peers. Approximately one third of exploited youth identified as lesbian, gay, or bisexual. Exploited street-involved youth were more likely to identify as LGB (29% - 30% for exploited youth, compared to 8%- 18% for non-exploited youth). In 2000, exploited youth in custody were over 7 times more likely to identify as LGB than non-exploited youth (31% compared to 4%). However, in 2004, none of the the males surveyed in custody identified as gay or bisexual (all stated they were heterosexual).

**Aboriginal youth**

Among younger street-involved youth in 2006, the percent of Aboriginal youth who reported being sexually exploited was no different than non-Aboriginal youth. However, among older street-involved youth in 2001, more than half of Aboriginal youth were sexually exploited, compared to only one-third of non-Aboriginal youth.
Chronic physical and mental health conditions

Youth were asked if they had any health conditions such as diabetes or asthma or physical or mental disabilities that kept them from doing activities that other youth are able to do. Youth were also asked if they had ever been told by a health professional that they had a mental or cognitive disorder. These measures are not the most reliable, as youth may not have been told when they were diagnosed with a condition, or they may not remember it accurately. It is also likely that many disorders go undiagnosed.

However, sexually exploited street-involved youth were more likely than non-exploited to have reported a health condition or disability: 38% to 45% of exploited youth reported having disabilities compared to 22%-27% of non-exploited youth.

Younger sexually exploited street-involved youth were more likely than their non-exploited peers to report they had been told they had a learning disability, epilepsy, fetal alcohol syndrome, schizophrenia, depression, bipolar disorder, chronic anxiety disorder or panic attacks, or alcohol and drug addictions.

Among older street-involved youth in 2001, sexually exploited and non-exploited youth were equally likely to report they had been told by a health professional they had mental or cognitive disorders. However, sexually exploited youth were more likely to report learning disabilities, or alcohol or drug addictions, compared to non-exploited youth.

In 2000, sexually exploited youth in custody were 7 times more likely than non-exploited youth to have said they were told they had mental or emotional disorder. In 2000, 1 in 3 sexually exploited youth in custody had been diagnosed with major depression or bipolar disorder, compared to only 1 in 10 non-exploited youth. Chronic anxiety disorder and panic attacks appeared to be diagnosed more commonly among exploited youth in custody in 2000 compared to their non-exploited peers.

In 2004, both sexually exploited and non-exploited youth in custody reported similar rates of health conditions or physical disabilities. However, exploited youth were more likely to report they had been diagnosed with a learning disability, schizophrenia or addiction problems than were youth who had not been exploited.
Youth in care

In three of the surveys, sexually exploited youth were significantly more likely to have been in care than their non-exploited peers. Among younger street-involved youth in 2006, 44% of sexually exploited youth had been in care, compared to 33% of non-exploited youth. Similarly, among older street-involved youth in 2001, 66% of exploited youth had been in care, compared to 41% of non-exploited youth. Youth in custody in 2000 had even higher rates: 75% of sexually exploited youth had been in care, while 59% of non-exploited youth had been in care.

This does not necessarily mean that youth were sexually exploited by the foster care parents, or even that they were living in care when they were exploited. Some of the same risk factors that differentiate exploited and non-exploited youth also increase the odds that a youth will be in care at some point in their life—for example, youth who are abused are more likely to end up in care, and they are also more likely to be sexually exploited.

Abuse

Sexual and physical abuse rates are high among vulnerable populations such as street-involved and youth in custody. Within this already vulnerable population of marginalized youth, those who were sexually exploited experienced higher rates of both physical and sexual abuse than their peers.

Sexual Abuse

Sexual exploitation is one form of sexual abuse, but a few studies suggest that sexual abuse by family members during childhood or early adolescence increases a teen’s vulnerability to being sexually exploited. Youth who experience incest may run away to escape the abuse, and once on the street, may be more easily exploited, in part because their personal boundaries have already been violated by trusted adults.

Across all surveys, sexually exploited youth were more likely to report sexual abuse by family members, relatives or caregivers than their non-exploited peers. Among street-involved youth, more than 1 in 4 youth who were sexually exploited reported being sexually abused by a relative or caregiver. Sexually exploited youth in custody also experienced sexual abuse by a relative or caregiver more commonly than non-exploited youth did. In all surveys, exploited females were more likely to report family sexual abuse than exploited males.
Physical Abuse

The overwhelming majority of street-involved youth and youth in custody reported experiences of violence. This was especially true for youth who had been sexually exploited. The street-involved youth surveys showed sexually exploited youth were more likely to report physical abuse than their non-exploited peers in all three surveys. Sexually exploited females report higher rates of physical abuse and maltreatment than non-exploited females across all 3 street youth surveys; as many as 95% of sexually exploited street-involved females had been physically abused, compared to 75% of non-exploited females. Sexually exploited males were less likely than females to experience physical abuse, but only in the 2001 survey of older street-involved youth were exploited males more likely to report physical abuse (86%) than non-exploited males (58%).
Like other vulnerable youth, youth in custody experienced a high degree of physical abuse and maltreatment. Between 71% and 84% of exploited youth in custody reported having experienced physical abuse, but non-exploited youth reported similar rates.

**Perpetrators of physical abuse**

Exploited youth experienced higher rates of relative and family physical abuse than non-exploited across all three street youth surveys. Sexually exploited younger street-involved females were 2 to 4 times more likely to be physically abused by a boyfriend or girlfriend than sexually exploited males were. Exploited youth in the 2000 survey were also more likely to report abuse by a stranger than non-exploited youth (41% compared to 24%).

Sexually exploited street-involved females in the 2001 survey in Vancouver were 10 times more likely to be physically abused by a pimp or agency manager than exploited males. They were also 4 times more likely to be physically abused by a trick or date.

Although youth in custody also reported high prevalence of physical abuse by family members and caregivers (65% in 2000 and 50% in 2004) this was similar to the percent of non-exploited youth who reported physical abuse (61% in 2000 and 50% in 2004). In 2000, more than twice as many sexually exploited females in custody reported physical abuse by a romantic partner than sexually exploited males (69% females vs. 27% males).
Relative or Caregiver
Friend/Acquaintance
Romantic Partner
Stranger
Trick/Date/Pimp/Agency Manager

<table>
<thead>
<tr>
<th>Perpetrators of Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative or Caregiver</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>59%</td>
</tr>
<tr>
<td>34%</td>
</tr>
<tr>
<td>37%</td>
</tr>
<tr>
<td>34%</td>
</tr>
<tr>
<td>21%</td>
</tr>
</tbody>
</table>

Other violence exposure

The street-involved surveys asked youth about verbal insults or harassment, threats, and physical assaults in the past 12 months. For all street-involved youth, the rates of exposure to violence and threatening behaviours were high.

In the most recent street-involved youth survey in 2006, youth who were sexually exploited were more likely than non-exploited youth to have been threatened (64% compared to 49% of non-exploited youth) or physically assaulted (50% compared to 36% of non-exploited youth).
Suicide and Self-Harm

The surveys asked a number of questions about suicide and self-harm. Youth were asked whether they had thought about, planned, or actually attempted suicide in the past 12 months. Additionally, youth were asked if they had ever deliberately cut or injured themselves. The findings show that sexually exploited youth were at a greater risk for suicide and self-injury than their non-exploited peers.

Street-involved and marginalized youth

Half of all sexually exploited, street-involved youth had deliberately harmed themselves, and non-exploited youth also experienced high rates of self-harm (43%).

Across all three street surveys, exploited youth were more likely to have considered suicide in the past 12 months (37%-48% for exploited youth compared to 22%-35% for non-exploited youth).

Among younger youth who were sexually exploited, females were far more likely than males to have thought about suicide in the past year (63% vs. 37% in 2000, and 50% vs. 37% in 2006). Younger sexually exploited youth were also more likely than non-exploited youth to have made a plan about how they would attempt to kill themselves.

Across all three street-involved youth surveys, exploited youth were more likely to have attempted suicide in the past year. Approximately one third of exploited youth had attempted suicide.
Youth in custody

Similarly, sexually exploited youth in custody had higher prevalence rates of self-injury than non-exploited youth, both while living in the community and during their time in custody. Between two to three times as many sexually exploited youth than non-exploited youth reported they had deliberately cut or injured themselves.

In 2000, more than half of sexually exploited youth in custody (53%) had considered suicide in the past year, compared to only 22% of non-exploited youth. In 2004, more than 1 in 4 sexually exploited youth had suicidal thoughts in the past year (26%). Twice as many exploited as non-exploited youth had made a suicide plan that year.

Of great concern, more than half of sexually exploited youth in custody had made a suicide attempt in the past 12 months. This was more than three times the percent of non-exploited youth in custody who had attempted suicide in the past year.

* indicates a significant difference between exploited and non-exploited youth
Substance use

All five surveys asked questions about substance use. Sexually exploited youth and non-exploited youth did not differ in the average age of first marijuana use, age of first alcoholic drink, or in binge drinking in the past month (defined as having more than 5 drinks of alcohol in a row). Both exploited and non-exploited youth were exposed to marijuana and alcohol at an early age, on average, before 13 years for marijuana and before 12 years of age for first alcohol use.

Street-involved youth

Contrary to experiences with alcohol and marijuana, sexually exploited street-involved youth were more likely than non-exploited to have ever used heroin or other injection drugs. Exploited youth were also more likely than those not exploited to have ever used cocaine, hallucinogens, and amphetamines (including crystal meth). Inhalant, mushroom, and steroid use was more common among exploited youth than non-exploited youth only in 2000.

Twice as many sexually exploited older street-involved youth had ever used injection drugs or prescription pills without a doctor’s order (60% for both) compared to non-exploited youth (29% for both). More than two-thirds of older sexually exploited youth had used heroin (68%) compared to only 43% of non-exploited older youth.
Youth in custody

From the 2000 survey, exploited youth in custody were more likely to report they had ever used heroin, injection drugs, and prescription pills than their non-exploited peers. For example, 63% of sexually exploited youth in custody had ever used heroin versus 35% of non-exploited youth. Sexually exploited youth in custody in 2000 were also nearly 4 times more likely than non-exploited teens to have ever used injection drugs.

Among youth in the 2004 custody survey, exploited youth were more likely to have used cocaine, hallucinogens, inhalants, amphetamines, and prescription pills than non-exploited youth. More than twice as many exploited youth (27%) versus non-exploited youth (11%) had used inhalants. Similarly, 83% of exploited youth had used prescription pills, as had 43% of non-exploited youth. In contrast, sexually exploited females in 2000 reported significantly less binge drinking than their non-exploited counterparts.

The frequency of serious drug use was also higher for sexually exploited youth in custody in 2000. Nearly two thirds of sexually exploited youth (63%) reported they had used cocaine more than 10 times in their life, compared to fewer than half of non-exploited youth (42%). In addition, 12 times as many exploited youth in custody had used injection drugs more than 10 times compared to non-exploited youth (12% vs. 1%).

Percent of Lifetime Drug Use by Sexually Exploited Youth

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>SY 2000</th>
<th>SY 2001</th>
<th>SY 2006</th>
<th>CUST 2000</th>
<th>CUST 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>64</td>
<td>89</td>
<td>73</td>
<td>92</td>
<td>96</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>77</td>
<td>83</td>
<td>64</td>
<td>84</td>
<td>83</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>80</td>
<td>85</td>
<td>72</td>
<td>88</td>
<td>92</td>
</tr>
<tr>
<td>Inhalants</td>
<td>40</td>
<td>46</td>
<td>45</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>Heroin</td>
<td>46</td>
<td>68</td>
<td>48</td>
<td>63</td>
<td>35</td>
</tr>
<tr>
<td>Injection drugs</td>
<td>32</td>
<td>60</td>
<td>46</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Steroids</td>
<td>24</td>
<td>23</td>
<td>34</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Prescription pills</td>
<td>24</td>
<td>23</td>
<td>34</td>
<td>54</td>
<td>83</td>
</tr>
<tr>
<td>Amphetamines &amp; Crystal Meth</td>
<td>61</td>
<td>75</td>
<td>65</td>
<td>43</td>
<td>88</td>
</tr>
</tbody>
</table>
Education

Sexually exploited youth from the earlier street-involved youth surveys in 2000 and 2001 were no more or less likely than non-exploited youth to have been currently attending school. 58% of exploited youth in 2000 were attending school (compared to 63% of non-exploited youth). Not surprisingly, a lower percent of youth were attending school in the 2001 survey of older youth.

However, in 2006, sexually exploited youth were less likely to be attending school than their non-exploited peers. Of those surveyed that year, 66% of non-exploited youth were currently attending school, but only 57% of sexually exploited youth were in school. This was particularly true for females: in 2006, 76% of non-exploited females were attending school, but only 60% of sexually exploited, street-involved females were going to school.

Housing

The surveys of street-involved youth ask a number of questions as to where the youth were currently living, as well as where they had lived in the past year. The questions identify a number of precarious housing situations that do not offer long-term stability. These included living on the street, shelters, transition houses, hotels, squats, abandoned buildings, couch surfing, tents and cars.

Among younger youth, those who were sexually exploited were more likely to have lived in precarious housing in the past year (34%-44%). In addition, between one half to three quarters of sexually exploited youth reported having ever lived in precarious housing.

Older youth (both exploited and non-exploited) reported similar rates of unstable housing: approximately 50% lived in precarious housing in the past year and about 95% had ever lived in precarious housing.
What has changed since 2000?

Five of the same cities participated in the street-involved and marginalized youth surveys in both 2000 and 2006: Abbotsford/Mission, Prince Rupert, Surrey, Vancouver and Victoria. As a result, it is possible to compare whether the percent of youth reporting various sexual exploitation experiences has improved or worsened since 2000 in those cities. To compare the two groups, we needed to remove 19-year-olds from the 2000 survey analyses, and remove the extra cities from the 2006 survey data, leaving 410 youth in 2000, and 504 in 2006. We then compared the results for each year with special statistical tests you must use when you can’t combine datasets directly. Although the original report Against the Odds (Smith et al. 2007) explored a number of trends between youth in both years, we conducted further analyses focused only on the experiences of sexually exploited youth in 2000 and in 2006.

What has changed? Very little. The percentage of street-involved teens overall in 2006 who indicated any kind of sexual exploitation was virtually unchanged (30% in 2000, 29% in 2006). However, the percent declined slightly for males (37% in 2000 vs. 31% in 2006) and increased slightly for females (23% in 2000 vs. 25% in 2006). Aboriginal females had a greater increase than others, from 16% in 2000 to 23% in 2006.

A closer look at the age that young people report first being exploited shows slight improvements for both genders. It appears the average age may be getting older. In 2000, the average age of first exchanging sex was 13.8 years (13.9 for males, 13.6 for females), but in 2006, the average age increased to 14.8 years (14.7 for males, 14.8 for females).

Most experiences showed little to no change. The percent of youth who reported receiving money, drugs, or necessities as part of their exploitation was not significantly different between 2000 and 2006. Money and drugs were still the most common things they received, followed closely by shelter, then food, and transportation. Receiving clothes in exchange for sex was least common in both years. Where youth were living when they were first exploited was not significantly different between 2000 and 2006 in the 5 cities that were part of both surveys.
What do exploited youth say they need?

Services they used and people they found the most helpful

In the street-involved survey in 2006, youth were asked which available services they used and if they found these services helpful or not. The surveys from other years did not ask these questions. The responses in this section reflect this most recent survey, and the most current services available in the different communities.

Top 5 available services exploited youth accessed in 2006

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Clinic</td>
<td>41%</td>
</tr>
<tr>
<td>Food bank</td>
<td>38%</td>
</tr>
<tr>
<td>Shelter</td>
<td>36%</td>
</tr>
<tr>
<td>Soup kitchen</td>
<td>36%</td>
</tr>
<tr>
<td>Street nurses</td>
<td>32%</td>
</tr>
</tbody>
</table>
Sexually exploited youth most commonly accessed survival and health services. Over two-thirds of the youth accessed services for food. Safe houses and transitional housing were accessed by fewer than 1 in 4 sexually exploited youth (23% and 21.4% respectively). This may reflect the requirements some service providers place on youth who try to access these services, such as being drug-free, that may create added barriers for sexually exploited youth in trying to leave their exploiters.

Both the 2000 and 2006 street-involved youth surveys also had questions about whether young people had asked people for help in the past 12 months, and if these people were helpful. The list included professionals in ten categories of service group such as social workers, youth outreach workers, and street nurses, but also included family and friends in 2006, two categories that were not options in the 2000 survey.

Sexually exploited youth in 2000 were most likely to report youth outreach workers and health care providers as helpful. When given the additional options in 2006, exploited youth also reported friends and family as important social supports, confirming that contact often continues between youth and their family, even when they are street-involved.

<table>
<thead>
<tr>
<th>Top 5 helpful people youth accessed in 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor/Nurse</td>
</tr>
<tr>
<td>Youth Outreach worker</td>
</tr>
<tr>
<td>Street Nurse</td>
</tr>
<tr>
<td>Social worker</td>
</tr>
<tr>
<td>Alcohol and Drug Counselor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top 5 helpful people youth accessed in 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends*</td>
</tr>
<tr>
<td>Youth Outreach Worker</td>
</tr>
<tr>
<td>Social Worker</td>
</tr>
<tr>
<td>Family*</td>
</tr>
<tr>
<td>Doctor/Nurse</td>
</tr>
</tbody>
</table>

*Categories not provided in 2000
What exploited youth said their communities need

Street-involved youth in all three surveys were also asked which services or programs their communities needed more of. The top 5 services chosen by the greatest percent of sexually exploited youth are listed below. Low rent apartments/affordable housing, work experience and job training were consistently chosen as needed by the most youth in all three surveys. Up to 2 out of 3 younger exploited youth said their communities needed more safe or affordable housing, and more than 4 out of 5 older youth also said their communities needed affordable housing.

Top 5 Most needed or wanted services 2000

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low rent apartment</td>
<td>64%</td>
</tr>
<tr>
<td>Job training</td>
<td>63%</td>
</tr>
<tr>
<td>Work experience</td>
<td>59%</td>
</tr>
<tr>
<td>School program for street youth</td>
<td>53%</td>
</tr>
<tr>
<td>Safe house</td>
<td>50%</td>
</tr>
</tbody>
</table>

Top 5 Most needed or wanted services 2001

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low rent apartment</td>
<td>83%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>80%</td>
</tr>
<tr>
<td>Work experience</td>
<td>68%</td>
</tr>
<tr>
<td>Job training</td>
<td>67%</td>
</tr>
<tr>
<td>Alcohol and drug counseling</td>
<td>64%</td>
</tr>
</tbody>
</table>

Top 5 Most needed or wanted services 2006

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe house</td>
<td>44%</td>
</tr>
<tr>
<td>Shelter</td>
<td>43%</td>
</tr>
<tr>
<td>Job training</td>
<td>42%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>37%</td>
</tr>
<tr>
<td>Work experience</td>
<td>36%</td>
</tr>
</tbody>
</table>
Work experience and training was important for older exploited youth; more than 2 out of 3 said their community needed more work experience or job training opportunities. Among exploited older street-involved youth, more than 75% were interested in getting a job. These youth thought that more education (43%), work experience and job training (35%), and help with a job search and resume (24%) would help them gain employment. Only 15% of sexually exploited youth who wanted employment thought they could do it on their own.

More than 80% of older exploited youth said their communities need more dental services. This may be because street-involved youth generally cannot afford dental care, and toothaches and oral health problems may take time to become so serious that they affect young people’s overall health and ability to work.

More than half of sexually exploited youth in 2000 and 2001 wanted school programs for street youth, but only 31% of exploited youth in 2006 wanted these programs. This may be because 2 out of 3 street-involved and marginalized youth in 2006 were already attending school, a higher percent than among the earlier surveys. These findings indicate a desire and hope for their future.

**Things that would make life better**

The older street-involved youth in 2001 were asked what would make their life better. Housing was at the top of the list for sexually exploited youth. Other things they thought would improve their lives included work, education, getting clean, counselling, and enough money to live.

In 2006, younger street-involved youth were asked, “If you could change anything in your community to help street youth, what would that be?” Sexually exploited youth wrote in things like less violence, more shelters and drop-in centers, safe and affordable housing, and opportunities for work and education.

**Hope for the Future**

Both youth in custody surveys and the 2006 street-involved youth surveys asked youth where they see themselves in 5 years. Across all three surveys, youth most often expected to have a job.
However, sexually exploited youth were less optimistic than their non-exploited peers. In 2006, sexually exploited youth were twice as likely as non-exploited youth to think they would be dead (15% vs. 7%) or in prison (10% vs. 5%). They were also less likely than non-exploited youth to think that they would have a home of their own. However, 45% of sexually exploited youth expected to have a job in 5 years.

Among youth in custody, more than half of those who had been sexually exploited saw themselves working in 5 years, but more than three-quarters of non-exploited youth expected to be employed in 5 years. Just under half of exploited youth expected to have a family (42-44%) and 44-58% expected to have a home of their own. More than 12% of exploited youth in custody believed they would be in prison, and 8% to 14% believed they would be dead.

In 2001, older street-involved youth were also asked what special talents or qualities they had. Exploited youth listed the same types of things most youth did, such as art, basketball, writing, skateboarding, music, being a good listener, and being a good friend. Despite difficult life experiences, sexually exploited youth reported interests and talents to feel good about.
Final word

The experiences of the 508 sexually exploited youth in our study, from several different communities across BC between 2000 and 2006, offer a set of challenges. They challenge common ideas and stereotypes about sexual exploitation. They challenge us to do more prevent exploitation, and to think of new ways to help those who are being exploited. They challenge us to listen to them when they say what is needed in their communities, and who they find helpful. We see a number of implications from the results of our study.

Challenging the stereotypes

One of the most compelling issues in our study is the number of youth who do not even recognize they are being exploited. Obviously those who exploit youth and profit from them don’t want young people to realize that what is happening to them is exploitation and it is illegal. We need to increase awareness about exploitation among youth, helping them see exploitation for what it is, and recognize who is at risk.

The stereotypes about what exploitation is, and who is exploited, also help keep communities from recognizing and reaching out to exploited youth who don’t fit the stereotypes. As many males as females reported sexual exploitation, yet how many services for sexually exploited youth focus only on girls and young women? Similarly, less than half of sexually exploited teens identified as exclusively heterosexual, but to what extent do agencies provide LGB-friendly care?

Stereotypes about the people who exploit youth affect law enforcement strategies and interventions to reduce demand. Although men are the most common exploiters, women also sexually exploit youth in BC communities. One intervention for perpetrators is known as “John School,” a program to teach first-time offenders about the costs of their exploitation—yet our research suggests it should also be “Jane School,” and law enforcement may need to consider additional approaches to identifying exploitation by all genders.
Intervening early to prevent exploitation

Certain life experiences were significantly more common among sexually exploited youth than among their non-exploited peers. Youth who had experienced sexual and physical abuse from family members, and those with chronic health problems, including mental and emotional health conditions, appeared to be more vulnerable to being exploited. The majority of sexually exploited youth first ran away, were kicked out, or became street involved before they were first exploited, often as young as age 13. And among these younger street involved youth, many reported exchanging sex for shelter, for food, and for transportation in the past year.

This suggests there may be a window of time in which we could intervene with those at highest risk to prevent sexual exploitation—when younger teens first begin running away or are first on the street. By structuring services to provide safe shelter and basic necessities, and by working with them and their families when young teens are first having problems, we may help reduce their vulnerability to being exploited.

Opportunities and services to help sexually exploited youth

Sexual exploitation increases the health problems young people face. They experienced more violence on the streets and from family and romantic partners than non-exploited youth. They were more likely than their non-exploited peers to use drugs, including injecting drugs, and this puts them at high risk for HIV and hepatitis C. They were more likely to have thought about or to have attempted suicide in the past year. They were less likely than non-exploited youth to be in school, and less likely to have ever held a legal job, yet they recognized the potent barriers to their ability to become employed, even when the majority of them wanted to.
Many of the sexually exploited youth in these surveys had clear messages of what was needed in their communities to help them: safe, affordable housing, job training and work experience, and health care services that included dental care, and alcohol and drug counseling. They identified the people they felt were helpful, and who they trusted: the most commonly identified professionals they found helpful included health care providers, youth outreach workers, social workers, and drug and alcohol counselors. This suggests the importance of creating opportunities for access to the most needed services—affordable housing and job training—through the most accessed and trusted youth-serving professionals.

Youth should not have to be sexually exploited in order to obtain the basic necessities for survival. Some of the ways services for youth are currently set up may make it harder for them to escape exploitation. For example, overnight shelters and transitional housing programs often require youth to be drug free, yet sexually exploited youth may face greater problems of substance use and abuse, and so may not be able to access those programs; this in turn may force them to continue exchanging sex for shelter, and in turn, using drugs to cope with their exploitation. Job training programs may not have the links to drug and alcohol treatment programs, or mental health services, which may be needed to help sexually exploited youth address potent barriers to successful employment. Health care services may focus on physical and mental health problems, such as sexually transmitted infections, but not help address the other determinants of health, such as shelter, food, and education. By fostering better links between sectors such as health care, social services, housing, education and employment, by reducing the barriers and gatekeepers to accessing the different services, we may be able to make it easier for sexually exploited youth to find a way to exit their current circumstances.

**Recognizing their strengths and fostering their hopes**

Sexually exploited youth have hopes and dreams like other teens. They have skills and talents they have used to survive challenging life experiences. They deserve our respect as much as our caring, support for who they are and what they’re going through. Research has consistently demonstrated that a strengths-based approach to connecting with youth, fostering positive life goals and supporting their healthy choices, can help heal trauma and promote long-term health. Sexually exploited teens deserve the chances to heal, to grow, and to thrive, not just survive.
Resources and links

Assistant Deputy Minister’s (ADM) Committee on Prostitution and the Sexual Exploitation of Youth
www.pssg.gov.bc.ca/community_programs/exploitation/index.htm

Ministry of Children and Family Development
www.gov.bc.ca/mcf/

BC Representative for Children & Youth
www.rcybc.ca
1-800-476-3933

Help Line for Children
310-1234 (anywhere in BC)

Sexual Assault and Family Crisis Line
Victim Information 1-800-563-0808

Sexual Exploitation Toolkit, Justice Institute of British Columbia
www.jibc.ca/seytoolkit

Community Initiative for Health and Safety: Tools for Change Tool Kit
www.livingincommunity.ca/toolkit/

SOLOS (Safe On-Line Outreach Society)
www.safeonlineoutreach.com

Children of the Street
www.childrenofthestreet.com
Prevention, public awareness, and information about sexual exploitation.

PLEA Community Services Society--ONYX program
www.plea.bc.ca/vancouver_coastal.htm
1-877-411-PLEA (7532)
Support services for sexually exploited youth

NOW (New Opportunities for Women ) Canada
www.nowcanada.ca/
Programs, support services, counseling, and shelter for sexually exploited youth in BC (Kelowna) and Canada.

PEERS (Prostitutes Employment Education and Resource Society)
Vancouver Outreach ph# 778-846-8546  www.peersvancouver.org
Victoria www.peers.bc.ca
Counseling, programs, and exiting support.
Related reports available at www.mcs.bc.ca

Voices from the Inside

Time Out 2

Against the Odds

Improving the Odds

Making the Grade

Building Resilience in Vulnerable Youth

Not Yet Equal

It’s not what you think: Sexually exploited youth in BC - 61
Competing discourses about youth sexual exploitation in Canadian news media

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Media holds the power to create, maintain, or break down stigmatizing attitudes, which affect policies, funding, and services. To understand how Canadian news media depicts the commercial sexual exploitation of children and youth, we examined 835 Canadian newspaper articles from 1989 to 2008 using a mixed methods critical discourse analysis approach, comparing representations to existing research about sexually exploited youth. Despite research evidence that equal rates of boys and girls experience exploitation, Canadian news media depicted exploited youth predominantly as heterosexual girls, and described them alternately as victims or workers in a trade, often both in the same story. News media mentioned exploiters far less often than victims, and portrayed them almost exclusively as male, most often called “customers” or “consumers,” and occasionally “predators”; in contrast, research has documented the majority of sexually exploited boys report female exploiters. Few news stories over the past two decades portrayed the diversity of victims, perpetrators, and venues of exploitation reported in research. The focus on victims but not exploiters helps perpetuate stereotypes of sexual exploitation as business or a “victimless crime,” maintains the status quo, and blurs responsibility for protecting youth under the UN Convention on the Rights of the Child. Health care providers and researchers can be advocates for accuracy in media coverage about sexual exploitation; news reporters and editors should focus on exploiters more than victims, draw on existing research evidence to avoid perpetuating stereotypes, and use accurate terms, such as commercial sexual exploitation, rather than terms related to business or trade.

KEY WORDS: sexual exploitation, children and youth, news media coverage, stigmatization, stereotyping, discourse analysis

INTRODUCTION

The United Nations Convention on the Rights of the Child (UN CRC) came into force in 1990 and is currently signed and ratified by 194 of 196 member nations, including Canada. Article 34 asserts that children should be protected from all forms of sexual abuse and exploitation including, “coercion of a child to engage in any unlawful sexual activity; exploitative use of children in prostitution or other unlawful sexual practices; exploitative use of children in pornographic performances and materials” (Office of the United Nations High Commissioner for Human Rights, 1989). Canada ratified the UN convention in 1991, which has led to an entire generation having grown up under these policies and recommendations (UNICEF, 2007). In 2000, the UN introduced an additional optional protocol, ratified by Canada in 2005, which focuses on the “Sale of Children, Child Prostitution and Child Pornography” (Office of the United Nations High Commissioner for Human Rights, 2000). Article 2 of the Second Optional Protocol provides definitions for the sale of children, child prostitution, and child pornography. Section 153(1) of the Criminal Code of Canada defines sexual exploitation as the betrayal of trust between an adult and a youth up to age 18 through invitation of direct or indirect sexual touching (Criminal Code of Canada, R.S.C., 1985a, 1985b). The British Columbia Ministry of Child and Family Development (2007)
defines sexual exploitation as “a form of sexual abuse that occurs when a child engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter or other considerations.” (p. 24).

Sexually exploited youth follow multiple pathways to exploitation, and face significant life challenges and health issues resulting from exploitation and the stigma associated with it. The variety of terms used in the research literature for explaining sexual exploitation is a testament to the complexity of the issue. These include but are not limited to: sexual victimization (Gidycz, Orchowski, King & Rich, 2008), sexual abuse (Senn, Carey & Vanable, 2008), child or juvenile prostitution (Yates et al., 1991), trading sex, survival sex (Chettiar et al., 2010; Kidd & Krall, 2002; Tyler, 2009), and sex work (Mehrabadi et al., 2008; Stoltz, et al., 2007). This paper uses commercial sexual exploitation to describe the issue, recognizing that it encompasses any exchange of sexual activity with a child or youth for money, food, transportation, drugs, housing, or any other good or service.

In the largest study of sexually exploited youth in Canada to date, five surveys conducted among 1,845 vulnerable youth aged 12–25 years living in British Columbia provide evidence about some of the factors associated with increased risk of sexual exploitation (Saewyc, MacKay, Anderson, & Drozda, 2008). Gender is not a factor in vulnerability to sexual exploitation: boys and girls are equally represented in populations of commercially sexually exploited youth (Saewyc et al., 2008; Saewyc et al., 2006; Walls & Bell, 2011) and among those who exchange sex for drugs in schools (Homma, Nicholson, & Saewyc, 2012). Sexual orientation, on the contrary, has been associated with greater risk of exploitation (Saewyc et al., 2008; Saewyc et al., 2006; Yates et al., 1991). Adolescent females enrolled in the Montreal Street Youth Cohort, for example, were more likely to report sexual exploitation over the course of the study if they had a female sex partner, although there were very few youth who fit into this category (Weber, Boivin, Blais, Haley & Roy, 2004). Similarly, both male and female sexual minority street-involved youth in British Columbia were two to five times more likely to be sexually exploited compared to heterosexual youth (Saewyc et al., 2008). In a recent US national population health study of homeless youth, those who identified as gay, lesbian, bisexual or transgender were significantly more likely than heterosexual youth to report sexual exploitation (Walls & Bell, 2011).

Ethnicity is also associated with increased risk of sexual exploitation (Edinburgh, Saewyc, Thao, & Levitt, 2006; Tyler, 2009; Walls & Bell, 2011). In British Columbia, interviews with key Aboriginal informants indicated that Aboriginal youth were over-represented among sexually exploited youth (British Columbia Ministries of Child and Families, Attorney General & Health, 2000; Sethi, 2007). In their study of sexual exploitation among 762 street-involved adolescents in BC, Saewyc and colleagues did not find Aboriginal youth were more likely to be exploited; however, since 54% of their survey participants were Aboriginal, although Aboriginal youth comprise less than 6% of the general population, they concluded Aboriginal young people were over-represented among street youth, and therefore among sexually exploited youth. Based on interviews with Canadian grassroots organizations working with sexually exploited youth, Aboriginal youth are likely to be trafficked for sexual exploitation within Canada, following a rotational pattern of cities (Sethi, 2007). Walls and Bell suggested these ethnic vulnerabilities may be due to fewer opportunities or lower socioeconomic status of racial minority youth (2011). Sethi (2007) suggested that Aboriginal youth are over-represented due to effects of colonization and residential schools, leading to poverty, isolation, drug abuse, and gang involvement, all of which also contribute to higher rates of sexual exploitation.

Sexually exploited youth often come from home environments that are sexually and/or physically abusive (Bagley, 1999; Schissel & Fedec, 1999; Senn, Carey & Vanable, 2008). Youth who experience sexual abuse by family members are more likely to be sexually exploited (Saewyc et al., 2008). In a meta-analysis of studies published about child sexual abuse, a strong link was found between child sexual abuse and sexual exploitation (Senn, Carey & Vanable, 2008). In two recent studies from the United States, including one national population health survey, exploited youth were frequently homeless or street-involved (Tyler, 2009; Walls & Bell, 2011). In BC, more than 1 in 3 street-involved and marginalized youth have been sexually exploited (Saewyc et al.). Among street-involved youth under 18, only 20% were living at home when they were first sexually exploited, and for the majority of street-involved youth, sexual exploitation occurred after leaving home or becoming street-involved (Saewyc et al.).

Many researchers have examined the link between sexual exploitation and substance use. Based on narratives of 58 sexually exploited youth in Toronto, Kidd and Liborio (2011) suggested that substance abuse can be both a pathway to sexual exploitation and a coping mechanism for the trauma of sexual exploitation. Saewyc et al. (2008) also found that sexually exploited street-involved youth in BC were significantly more likely to have used heroin, cocaine, and amphetamines compared to non-exploited youth. In qualitative interviews with 29 street youth in Ontario, sexually exploited youth spoke of substance abuse as a “slow suicide” (Kidd & Krall, 2002). These two risk trajectories, sexual exploitation and substance abuse, greatly increase the odds that youth will contract HIV or Hepatitis C (Haley, Roy, Leclerc, Boudreau & Boivin, 2004; Kidd & Liborio, 2011; Mehrabadi et al., 2008; Tubman, Langer & Calderon, 2001). Stigmatization of sexually exploited youth can lead to isolation and lack of access to support. Some youth have internalized this stigma, leading them to form an identity that is tied to their victimization (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013). Sexual exploitation has been associated with suicidal ideation and internalizing behaviour problems, including anxiety and depression, as reported in a prospective study of college women (Gidycz et al., 2008). The result of stigma and criminalization of sexually exploited youth is that those most in need of services are also most
likely to hide their activities (Benoit, Jansson, Millar, & Phillips, 2005; Pheterson, 1990; Pheterson, 1993).

The words used by empirical research and popular media hold significant power to create, maintain, or break down stigma. The term *commercial sexual exploitation* is based on the understanding that children and youth are victims of abuse which they have not chosen within an illegal "business" and which results in negative health outcomes. Terms such as teen prostitute, juvenile delinquent, or sex worker imply voluntary participation or consent to engage in prostitution (Mitchell, Finkelhor & Wolak, 2010; Sethi, 2007). Through the deliberate or inadvertent use of particular terms, popular media may seem to legitimize exploitation and further stigmatize sexually exploited children and youth as willing agents ("prostitutes," "hookers," or "sex trade workers") in an economic market where they trade services for financial compensation (Walker, 2002; Weatherall & Priestley, 2001). On the contrary, a youth victimization lens considers these same relationships as sexual abuse, where childhood and adolescence is corrupted or ruined by the abuse (Kitzinger, 1997).

**Critical analysis of media discourses of youth sexual exploitation**

The news media wield the power of words to catch the attention of the community, and their word choices can create or challenge stereotypes about young people who have experienced exploitation (Walker, 2006). News media can draw public attention to the issues and raise awareness about the complex situations exploited teens are trying to survive; or, they can tell the stories in ways that sensationalize the issues, minimize the exploitation, and further stigmatize the teens who experience this abuse (Fairclough, 2001). This control over language practices and meaning structures diminishes marginalized peoples' participation in discourse concerning them, and constructs stigmatizing beliefs as popular discourse (Van Dijk, 1988a; Van Dijk, 1988b). This is not a trivial power; the news media help shape community attitudes and understanding, and this in turn can affect policies, funding, and the existence of services (Walker, 2006).

Media actively shapes subject focus, debate, and communications strategies for issues such as sexual exploitation (Dorfman, 2003). So how accurately do news media across Canada depict the lives and issues facing sexually exploited youth in our country? Our study sought to answer this question by examining newspaper stories throughout Canada and comparing them to existing research about sexually exploited youth, focusing on what is depicted, how those stories are told, what language is used, and who is missing from the depictions in news media. Our research about street-involved and incarcerated youth in British Columbia, Canada provides one of the largest studies of sexually exploited youth in Canada (Saewyc et al., 2008), to compare to the dominant media discourse on sexual exploitation. The purpose of this study was to identify the extent to which empirical findings contradict or affirm dominant media representations of sexual exploitation.

**METHODS**

**Data Sources**

News articles in national, regional, and local newspapers published between 1989 and 2008 in Canada were retrieved using the Canadian Newsstand Complete index. The terms related to sexual exploitation that were used for this search are outlined in Table 1. All search terms were combined with variations of the word "youth" (adolescent, teenager, teen, adolescence, children, child). We considered the search complete when the articles that we had already identified began to reappear and we reached data saturation. Articles with duplicate content but published in different papers across the country were included as separate articles; these articles were understood to represent a unique media exposure for a particularly geography, as well as to reflect a larger audience and wider distribution for a key story.

More than 900 articles were retrieved in our search, but upon examining each article’s content, we identified several news stories that did not refer to sexual exploitation of children or youth as it is defined in law and in this paper. For example, we excluded articles that were solely about adults engaged in commercial sex work, or about "prostitution laws" focused on adults. We also omitted articles that may have used the term "sexual exploitation" but actually described incest, or a sexual relationship between an adolescent who was older than the legal age of sexual consent and an adult where there was no exchange of sex for money or other consideration, but rather, an abusive sexual relationship. We also excluded articles reporting on the polygamy case in Bountiful, BC, as the use of the term was primarily related to adults, or to adolescents involved in "marriages" older than the legal age of sexual consent. Thus, a total of 835 Canadian newspaper articles published between 1989 and 2008 were retained for our discourse analysis.

**Mixed methods: Content and critical discourse analysis**

A mixed methods approach was used in this large study of Canadian news articles: quantitative content analysis guided the coding of our data, and critical discourse analysis informed the interpretation of the coded variables and text-based narratives. Content analysis is a method of information extraction...
in media and communications studies in which quantifiable data on content from many types of texts and sources is collected (Manganello & Blake, 2010). Critical discourse analysis examines context and process in the interpretation of text, with the intent to uncover multiple discourses on a particular topic; in this case, the sexual exploitation of youth was the focus of the discourse analysis (Fairclough, 1992). This method acknowledges the discursive nature of power relations, which mediate the relationship between text and society; it posits discourse as a vehicle for social action. Texts were viewed as social actions that normalize identities, and both inform and are informed by sociopolitical structures. Critical discourse analysis enables researchers, service providers, and marginalized youth to recognize structures and forces of power that operate through language and communication to challenge, counter, and rewrite sexual exploitation discourses from an experiential perspective (Hallgrimsdottir, Phillips, & Benoit, 2006).

Coding was conducted using the software NVivo version 8, which allowed us to examine the frequency of terms within the data. A codebook was developed to ensure consistency in coding across the large number of news articles, and to help categorize data for both quantitative and qualitative analyses. We identified the following primary categorical codes: geographic region, date, size/type of newspaper, type of story (whether an individual episode, a policy or law change, research, or event to raise awareness), genders of exploited youth and perpetrators, age of victims, venue(s) of exploitation, sexual orientation of victims, level of choice attributed to victims, and what victims traded sex for (i.e., money, drugs, shelter, food, clothing, transportation, or gifts or other commodities), as well as extraneous factors leading to exploitation.

Analyses first involved identifying the frequencies of articles in which various terms or content were present, noting particularly when the preponderance of news articles did not include some key information or made statements that was contradicted in the existing research. We then examined individual articles and types of articles for the tone and word choices they used to describe sexual exploitation, victims and perpetrators, contexts of exploitation and reasons for the phenomenon, and considered the extent to which these reflected potential stereotyping, were affirmed or countered by the research evidence, or offered a value-laden perspective on the situation that might public perceptions. Finally, we considered the full set of articles from the most recent 10 years in exploring how the repetition of various elements across many of the stories and the choice of details included or excluded in the news articles might shape the discourse about sexual exploitation, especially in ways that contradicted or ignored key findings from the research evidence.

**FINDINGS**

The number of articles published within this period increased dramatically from 109 articles in the first decade (1989–1999) to 726 articles published between 2000 and 2008 (see Figure 1). The largest number of articles was published in the year 2000, with 152 (18.2%) stories covering youth sexual exploitation. This may have been due in part to the series of media company mergers that occurred during that year,
which consolidated newspapers and other media, and created greater availability of articles through the news wires. Figure 2 shows the proportion of articles by province and territory; most stories were published in British Columbia (41.4%), Ontario (27.3%), and Alberta (10.9%). Nearly half (47.8%) of the articles were published in large newspapers such as The Province, the Globe and Mail, and the Calgary Herald, which achieve an average circulation of 200,000 to one million copies per week.

**Sexually exploited youth: “victim” or “worker”?**

The Canadian news articles in our sample described sexual exploitation in varying ways, in terms of the sexual exchange itself as well as the characteristics of those who are exploited and the perpetrators of sexual exploitation. Sexually exploited adolescents were commonly described as “children,” or the more casual or patronizing “kids,” in nearly half of the articles (46.2%); as “youth” or “young” in 42.5% of the articles; and as “underage” in 7.4%. They were described less commonly as “victims” (in 21.3%), although just 16.5% of articles explicitly used the term “exploited” or “exploitation” to describe them as victims. However, they were also labelled as “workers” in 13.8% of the stories, while the word “prostitute(s)” was explicitly mentioned in 33.2% of the stories. In some articles, they even used slang terms for sex workers, such as “hooker,” although this was less common after 2000.

Some stories positioned exploited youth as victims of sexual abuse:

Girls as young as 11 work the streets, and to call them prostitutes is to trivialize what’s really going on. It’s sexual abuse of children, nothing less (Gimme shelter, 1997, Nov. 9, The Province, Vancouver, BC, A50).


In many of the news articles, as in the excerpts above, the image of the sexually exploited victim was framed as very young and female. They were called “girl(s)” in 14.8% of the articles. A competing discourse in several of the news articles, however, framed the exploited youth as a willing participant, engaged in business or trade:

She talks frankly and with chilling detail about her life as a prostitute, about how she became a hooker at 13 and practiced her trade in Victoria and Calgary (Housser, S. 1998, Mar. 9. Teens tell chilling tales of life in the sex trade. Summit gathers 65 current, former prostitutes aiming to end sexual exploitation of the young. The Globe and Mail, Toronto, ON, A4).
The idea of buying sex from children would make most people’s stomach turn. Yet, it’s a thriving industry that, as with all commerce, depends on supply and demand (Castle, H. 2004, May 12. Youth prostitution: a thriving industry: johns continue to feed sex trade business for young girls. North Shore News, North Vancouver, BC, p. 3).

In these excerpts, characteristics of being young and female were once again present, but a marked difference was the implied individual agency attributed to the sexually exploited youth involved in a “business” or industry. In some news stories this agency is stated outright, not implied, as in the following quote:

She was quite confident. When someone said why not be an escort, she didn’t say no. She was a silent partner in her own exploitation,” said Mr. Webster, who argued the woman was rebelling against her parents (Shannon, K. 2008, June 13. Teen details trauma after life as escort; coerced into prostitution by former boyfriend. National Post, Toronto, ON: Jun 13, 2008, A10).

In these and similar articles victimization was largely replaced by a perspective that appears to blame youth for their sexual exploitation:

Kids have a little trouble at home, or they can’t get money from their parents, and they run away … the kids rebel and say, “Hey, I can make more money than mommy and daddy!” (Clarkson, M. & Moﬁna, R. 1993, Sept. 29. Prostitution: “We don’t want to deal with it.” Calgary Herald, Calgary, AB, A18).

In several of the articles, these two discourses—victim and worker—were actually incorporated into the same story, often into the same paragraph, as, for example, in this article:

Children as young as 13 work as prostitutes in Calgary. They are not hookers, they are victims of child abuse (Juvenile prostitution: It’s time to act. Kids in Calgary are hurting. 1996, Mar. 2. Calgary Herald, Calgary, AB, A21).

Even in recent years, news stories included language that described sexual exploitation of youth in terms of work, profession, or business:

… a local school trustee and the executive director of Ndinawe Youth Resource Centre … sees children every day who have been sexually exploited, she said. “The majority of people working the streets are under 18 … You don’t see a lot of older sexually exploited women because they just don’t live. It’s a very unsafe profession (Friesen, J. 2007, Feb. 21. Hundreds of young girls work Winnipeg’s sex trade. The Globe and Mail, Toronto, ON, A1).

Gender of exploited youth

Just over half of the articles (55.7%) in the sample mentioned the gender of the sexually exploited youth. In our analysis, we also examined implied gender, for example, describing female advocates who were formerly sexually exploited, with no specific mention of the gender of exploited youth. In the majority of articles that mentioned gender, victims were explicitly (63.4%) or implicitly (6.7%) described solely as female, often as “girls.” Males were the only focus of only 6.5% of articles, and were implicitly referred to in less than 0.5%. The idea that both boys and girls could be exploited was mentioned explicitly in 18.9% of articles, and implicitly in 3.9% of articles. Transgender youth were mentioned in only 1 article.

Thus, 93% of articles mentioned girls as victims of exploitation, and fewer than 30% mentioned boys. Yet findings from several studies, of both street-involved youth and general populations in Canada, the US, and even Norway, challenge the discourse that sexually exploited youth are mostly female. Among younger street-involved youth in Canada, 1 in 3 youth reported exploitation, and males and females were equally likely to be exploited (Saewyc, et al., 2008). Similarly, in a study of youth in school in rural eastern British Columbia, 2% of students reported trading sex for drugs, but there were equal rates of males and females (Homma, Nicholson & Saewyc, 2012); a study in Norway found similar rates of male and female students trading sex for money (Pedersen & Hegna, 2003), as did Walls and Bell (2011) in their US national study. Further, in another national US study of adolescents, Edwards, Iritani, and Hallfors, (2006) found more than two-thirds of those who traded sex for money, drugs or other goods were male.

Sexual orientation is virtually absent in Canadian media discourse about sexual exploitation, with mention of the sexual orientation of victims in only 14 articles (fewer than 2%): 9 of those mentioned gay youth only, and 5 talked about lesbian, gay and bisexual youth. In contrast, research among street-involved youth showed that lesbian, gay, and bisexual youth experience disproportionate risk of sexual exploitation compared to heterosexual peers (Marshall, Shannon, Kerr, Zhang & Wood, 2010; Saewyc et al., 2008; Walls & Bell, 2011; Weber, Boivin, Blais, Haley & Roy, 2004; Yates et al., 1991). Thus, Canadian media stories seemed to primarily portray the image of the young, heterosexual female as both victim and willing “worker” in the public discourse on sexual exploitation in Canada, but ignored the more complex reality of sexual minority males and females as victims of exploitation.

Sexual exploiters

Nearly 3 in 4 articles mentioned those who exploit youth. Among these, terms used to describe exploiters include “pimp” or “pimps” (in 24.6% of the articles), and “john” or “johns” in 21.6%. In 11.9% of the articles, they are portrayed as predators:

We have a problem in this country, and in this world I believe, where there are people out there who are sexual predators and they go after our most vulnerable, which is our children, our youth … (Hall, A. 2008, Mar. 29. More cash to catch cyber creeps. Leader Post, Regina, SK, A1)
In 5.6% of articles, exploiters were portrayed as “customers,” or “consumers,” in 3.4% as “recruiters,” or as community members engaging in activities within a market-based society:

Their customers are members of the Greater Victoria community and attitudes must change … (Lavoie, J. 1997, Nov. 6. Alarm raised over children selling sex. Times-Colonist, Victoria, BC, p.1).

Similar percentages of articles also described them as “pedefiles” (3.9%) or “offenders” (4.1%).

The use of terms such as “customers” and “consumers” perpetuates a public understanding of sexual exploitation as work or business, rather than victimization. This type of discourse disregards Canadian law and erodes the awareness of prostitution of children and youth as a human rights violation. Even articles that used terms like exploiters or predators in describing pimps often also referred to customers, drawing some distinction between those who pay for the sexual exploitation and those who offer the exploited youth, as in the following:

... create mandatory and harsher penalties for pimps who prey on juvenile prostitutes. Customers are not expected to be targeted (Tu, T.H. 1995, Dec. 13. Rock to beef up juvenile prostitution laws. Omnibus bill to be tabled tomorrow also takes aim at stalkers, over 1 in 5 reported exploitation by both males and females (Saewyc et al., 2008). “Trick pads,” which are hidden rooms or apartments run by gangs where youth are kept for exploitation, were reported as venues of sexual exploitation in 9% of the articles; this is similar to the 12% of youth surveyed in “It’s Not What You Think” (Tu, T.H. 1995, Oct. 9. Defiled: The sex trade’s exploitation of innocence is society’s shame. The Province, Vancouver, BC, A6).

Some articles combined the discourse of predators with that of customers, even in the same sentence:

I talked to the kids selling their bodies and watched the customers circling like wolves closing in on their prey (McLellan, W. 1994, Oct. 6. Victory! Not one person targeted in Victoria’s new prostitution law. Times-Colonist, Victoria, BC, p.1).

Gender of sexual exploiters

The majority of Canadian news stories characterized exploiters as mostly males (76%). In contrast, research among younger street-involved and marginalized youth found that both males and females sexually exploit youth (Haley, Roy, Leclerc, Boudreau & Boivin, 2004; Saewyc et al., 2008). In a 9-city study of 762 street-involved youth age 12–18 in British Columbia, nearly 1 in 3 sexually exploited youth reported being exploited only by women, half reported only male exploiters, and 1 in 5 reported exploitation by both males and females (Saewyc et al., 2008). Indeed, the majority (79%) of sexually exploited young men reported trading sex for money or goods with women, and 58% exclusively with women. In a study of male street youth involved in sexual exploitation in Montreal, 32% reported only female clients, 41.3% reported only male clients, and 26.7% reported clients of both sexes. Of the 54.7% who reported ever having vaginal sex with female clients, 85.7% reported unprotected vaginal sex (Haley, Roy, Leclerc, Boudreau & Boivin, 2004).

Of greater concern is the extent to which descriptions of perpetrators, especially their gender, were missing from the sexual exploitation discourse altogether. Only 307 out of 835 or just over 1 in 3 Canadian media articles mentioned the gender of exploiters. In 63% of the stories on youth sexual exploitation, the exploiter was not described or characterized at all. The disproportionate mention of victims without mentioning their exploiters can potentially reinforce the notion of this as a “victimless crime”; it means less responsibility is placed on the purchasers for the continued problem of sexual exploitation in Canadian society, despite a growing amount of research about them (Lowman & Atchison, 2006).

Venues of exploitation

Very few of the articles actually described where the exploitation takes place, and most of them used specialized terms specific to a type of exploitation rather than an actual location. Over 10 percent of articles in our sample described the type of exploitation as “trafficking.” 5.8% described it as “sex tourism,” and 2.9% as “street walking.” In contrast, a 2006 survey of street-involved youth in British Columbia found that 18% of street-involved sexually exploited youth reported being exploited on the street (Saewyc et al., 2008). “Trick pads,” which are hidden rooms or apartments run by gangs where youth are kept for exploitation, were reported as venues of sexual exploitation in 9% of the articles; this is similar to the 12% of youth surveyed in “It’s Not What You Think” who report exploitation in trick pads. Hotels were described as venues of exploitation in 5% of media stories, but research findings suggest this is a more common venue for exploited youth, with 18% reporting being exploited in hotels.

DISCUSSION

News media is a structured sociocultural practice where writers and editors shape and interpret stories about people, places, and events for their readers. Media influence is recognized as actively shaping the focus of the debate and communication strategies for issues such as sexual exploitation (Dorfman 2003). Canadian print media typically depicted specific images of sexual exploitation, such as the older teenaged girl engaging in “street work.” Few stories described the range of victims, perpetrators, and venues of exploitation that experiential youth report. Few accurately portrayed sexual exploitation as a crime against children and youth, a violation of their rights under national and international law. Consequently, a stereotypical image of sexual exploitation is being perpetuated in Canadian society. This image may contribute to stigma, and reduce societal willingness to locate the source of the problem with those who exploit youth, and with the contexts that contribute to risk for exploitation, rather than with the young people who are being exploited.

Discourses are created through the exclusion as well as inclusion of specific information. For example, there was little
The discussion of exploitation faced by certain groups of youth, such as males or those who identify as lesbian, gay or bisexual. The absence of this information in media coverage is problematic, because it adds to the invisibility of these victims. It makes it difficult for such exploited youth to recognize what is happening to them, or to expect their stories to be acknowledged and believed. Further, it potentially influences the availability of health and social service programs for sexually exploited boys and young men, or for sexual minority girls and young women, and makes it challenging to create services that will reach out to them, meet their specific needs, or to even see the need for services for such groups of sexually exploited youth.

The minimal presence of the exploiters in Canadian media discourse adds to the invisibility of the perpetrator. It promotes the continued perspective of youth sexual exploitation as a “choice” of immoral or criminal behaviour on the part of children and youth, as “work” or a business with customers, and directs the responsibility for the exploitation away from the exploiters. The discourse in media stories ignored female exploiters, rendering this form of exploitation invisible, creating difficulties for police to even recognize exploitation by women. Indeed, programs such as “John School,” aimed at rehabilitating offenders, implicitly assume that all sexual offenders and exploiters are male.

The language used, whether sensational or denigrating, sympathetic or concerned, primarily centers the attention on victims in ways that can further stigmatize, objectify, and shame them. It does not focus the moral outrage or the onus of action on those who pay for sex or trade other goods or services for sex with minors, but focuses on changing the victims. While supporting victims and raising awareness to prevent further victimization are important points of action, where are the campaigns on raising awareness that children and teens should not be for sale? There have been very few of them, almost exclusively focused on girls (see, for example, the Minnesota Women’s Foundation campaign, “MN girls are not for sale,” documented at http://www.wfmn.org/mn-girls-are-not-for-sale/). Where are the legal remedies that make it possible for victims to come forward in safety, without risk of repercussion? How is it that sentences for those convicted of sexual exploitation appear to be less stringent than for those convicted of animal cruelty? We contend that the absence of focus on exploiters, rather than victims, maintains the status quo and a pool of available victims, especially since some of those who pay for sex from minors are powerful people within the legal system, such as judges, lawyers, and police officers.

Likewise, in our examination of two decades of news articles, we found very little shift in discourse. There was a fairly regular repeat, every few years, of stories that pointed out sexual exploitation is abuse; however, the competing discourse of youth as workers in a business, and exploiters as customers or consumers, remained persistent throughout, often in the same stories. Until reporters and editors consistently characterize sexual exploitation of children and youth as a violation of their rights, without recourse to terms from commerce and business, the two competing discourses will continue to blur the discussion about societal responsibility for Canada’s treaty obligations under the UN Convention on the Rights of the Child. The current inconsistent discourse will continue to influence society’s thinking and willingness to act on the issue of sexual exploitation of children and youth.

**Study limitations**

The present study has several limitations. We retrieved only print news media in our sample of Canadian media through an internet-based indexing source; television, radio, and online news sources may have had similar or very different coverage of these news stories. Media stories from other countries that could be viewed by Canadians may not have been included in our sample, unless they were re-published verbatim in a Canadian source. As well, each year, a growing number of newspapers digitize their back issues and add them to online indexes; were our search conducted across the same time range today, it would generate several additional articles, mostly from smaller local papers that have been added to the Canadian Newsstand Index since our search. Even so, the large number and broad range of stories in our study, and the key points from existing research that guided our analyses, created a large amount of data, and provided less opportunity for in-depth consideration of any one aspect of the stories. Further exploration of the different types of stories, regional variation in coverage and content, and consideration of headlines (which are usually created by a separate editor), are all areas we could not include in this paper, and may offer further insight into the discourse prevalent in Canadian society.

**Recommendations**

These findings lead to recommendations for future research, for health care practice, and for media. Future research must focus on sexual exploiters, in particular their characteristics and the ecological contexts that shape their behaviour. This research would better inform policies and programs to stop sexual exploitation at its “demand” side. Further research might also juxtapose historical events in Canada with sexual exploitation discourse, to better understand the history of language use and national/international human rights for children and youth. We need research to assist service providers and community members to find youth who are hard to reach, by comparing the locations of sexual exploitation that are focused on by media and those identified by research. It is also important to understand who says what about youth; police, lawyers, politicians, community organizations, and youth themselves all claim to speak for youth, and while all may have important elements to contribute to the discussion, ensuring youth have a voice about their own experiences and about what may help can offer important insights (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013). This would in turn help educate those groups who communicate to the public through the media.
Health care providers have the opportunity to be advocates for accuracy in media coverage about sexual exploitation. When speaking to the media, health care providers must be very careful to choose non-gendered pronouns, or include multiple genders, and use the term “commercial sexual exploitation,” so as not to perpetuate stereotypes. It is also important that health care providers not make assumptions about all victims of sexual exploitation based on the few individuals they have seen. They must recognize that their case studies represent only a narrow range of possible types of exploitation, so they should only speak from a place of personal experience, and respect those limitations on their understanding. Practitioners should consider the importance of research evidence in informing practice, as well as guiding the development, implementation, and evaluation of health services and programs for sexually exploited youth. Well-informed health care providers can develop innovative ways to help hard-to-reach youth, and make useful services available for support and healing.

Finally, news media should seriously consider changes to their practices, which are detrimental to sexually exploited youth. Journalists and editors must recognize that these youth are victims of abuse and trauma, and their articles should use language and describe the contexts in ways that demonstrate sensitivity to exploited youths’ nonconsensual situation. This recently occurred in Minnesota law, for example: As of August 1, 2011, the Safe Harbors for Sexually Exploited Youth Law replaced the phrase “juvenile prostitute” with “sexually exploited youth,” added the definition of sexually exploited youth to the child protection code, identified sexually exploited youth as children in need of protection and services (CHIPS), and specifically mentioned that a child who has been hired for or offered to be hired for sexual acts should not be considered under the term “delinquent child” (87th Legislature, 2011, 1st Special Session, chapter 1, Article 4, https://www.revisor.mn.gov/laws/?key=58182). News media should use language and pronouns that reflect the equal risk of exploitation to both boys and girls, young men and young women, as well as transgender youth, so that all youth can access programs and services that are gender-sensitive or gender-inclusive, without additional stigma for being male or transgender. News articles should also put the spotlight on exploiters, rather than portraying sexual exploitation as a victimless crime; exploiters are responsible for legitimizing sexual exploitation as a money-making enterprise. Finally, editors must take responsibility for rewriting sensational titles to more accurately reflect the experiences of victims of sexual exploitation rather than perpetuating stigma and stereotypes.

Words do matter, and can contribute further harm to children and youth who have already been exploited. In the competing discourses around the characterization of sexual exploitation in the news media in Canada, let us remember who may be affected by our choice of language. Let us choose to shift the discourse to more accurately reflect their lives, and their human rights.

REFERENCES


UNICEF (2007). What’s right for some 18@18: A portrait of Canada’s first generation growing up under the UN convention on the rights of the child. UNICEF.


