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## 3.3 Commercial sexual exploitation of children and young people

*Siegrid Tautz, Angela Bähr and Sonja Wölte*

Commercial sexual exploitation of children and young people (CSEC) is not a new phenomenon. In recent years however there has been a substantial, worldwide increase in CSEC due to marked economic disparities and inequality coupled with advancing globalisation, which brings with it opportunities for high-speed communication and easier cross-border movement of capital, goods and people. Such developments facilitate legal immigration – but also illegal migration and trafficking in human beings in its various manifestations, such as forced labour, organ trade and child adoption trade. This has far-reaching implications for the well-being of people in the affected countries and regions. Awareness within the health sector of the scale and consequences, especially for victims, of CSEC has been conspicuously low so far. This article provides an overview of the causes and context from a global perspective, discusses the health impacts of CSEC, and explores the ensuing challenges for public health.

### 3.3.1 Definition

Sexual exploitation of children and young people encompasses a broad range of sexual acts involving minors. This includes touching with sexual intent, sexual intercourse and showing of pornographic material or sexual organs.

*Commercial* sexual exploitation of children includes child prostitution, child pornography and child trafficking for the purpose of sexual exploitation. Non-commercial forms include, among others, the practices of early marriage and forced marriage of young girls.

In reality, there is no sharp dividing line between commercial and non-commercial exploitation. Girl prostitutes are frequently also subjected to personal sexual exploitation by their pimps. In addition, the worldwide trafficking in children often involves young girls being forced to marry traffickers or pimps. Girls and boys prostituting themselves of their own accord in return for, say, food, lodging or presents also constitutes commercial exploitation.

According to international law, all of these forms of sexual exploitation of underage girls and boys constitute violations of human rights. The most important international document on children's rights is the 1989 *UN Convention on the Rights of the Child*. In 2002, a protocol supplementing this convention came into force with the aim of combating sexual exploitation, namely the *Optional Protocol on the sale of children, child prostitution and child pornography*. At present, the protocol is in force in 101 countries by which it has been ratified<sup>1</sup>.

<sup>1</sup> As of October 2005. To view a table of the countries that have ratified the protocol see [www.unhchr.ch/tbs/doc.nsf/Statusfrset?OpenFrameSet](http://www.unhchr.ch/tbs/doc.nsf/Statusfrset?OpenFrameSet).

The *Convention on the Rights of the Child* and the *Optional Protocol* state that all persons below 18 years are “underage”, i.e. children, and hence need special protection by law. The eighteen-year age limit is an international standard, independent of national regulations, which often set a lower age limit (Dottridge 2004: 43f.).

The *Optional Protocol* lays down definitions, binding upon member states, of the various types of commercial sexual exploitation. It promotes international cooperation in the fields of criminal investigation, prevention, rehabilitation and the return of victims to their country of origin. This is especially important given that the crimes are frequently cross-border in nature, as is the case for example in trafficking in children or in the sexual exploitation of children in tourism.

*Box 3.3.1: Definitions according to Article 2 of the Optional Protocol to the Convention on the Rights of the Child*

*Sale of children:* “Any act or transaction whereby a child is transferred by any person or group of persons to another for remuneration or any other consideration”.

*Child prostitution:* “The use of a child in sexual activities for remuneration or any other consideration”.

*Child pornography:* “Any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes”.

Source:

<http://www.unhcr.ch/html/menu2/6/crc/treaties/opsc.htm>.

Another key UN document specifically targeting child trafficking is the *Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*. Supplementing the *UN Convention Against Transnational Organised Crime*, this document, which came into force in September 2003, focuses on transnational cooperation of the judiciary.

Detailed suggestions for developing national action plans can be found in the 1996 *Stockholm Declaration and Agenda for Action Against Commercial Sexual Exploitation of Children*. At a World Congress, UN institutions, children’s rights organisations and 122 countries took the above-mentioned standards of children’s rights as their starting point for the adoption of guidelines on legal, social and health-policy measures to prevent CSEC, protect affected children and promote their rehabilitation. Implementation of the action agenda is being monitored through international and regional consultations, most recently at the *Second World Congress in Yokohama* in 2001, with a follow-up in 2004/2005 in Ljubljana for Europe.

### 3.3.2. Prevalence and scale

There is barely any publication on child trafficking that does not start by stating estimated numbers of children affected worldwide (commonly: 2 million per year). What is noticeable is that in most cases the quoted figure does not relate to a defined period of time and it has remained the same for years, even though the very same publications often state that the phenomenon is growing substantially. International and local organisations (various UN organisations, non-governmental organisations and others) as well as government authorities have observed this situation but have only fragmentary proof. Also, the investigative methods used to underpin the figures are generally inadequately described, if at all. For public health specialists who expect epidemiological precision, this is an unsatisfactory state of affairs.

The lack of precision with which this phenomenon is recorded – apart from specific studies with a limited local or regional scope undertaken by organisations such as the International Labour Organization (ILO) with its *International Programme on the Elimination of Child Labour (IPEC)*, other studies by various UN organisations or non-governmental organisations (NGOs) – has a number of different causes:

- the object of investigation is illegal in nature,
- data is often aggregated, for example with no differentiation between women and girls, between different purposes of sexual exploitation, or between different types of exploitation such as forced labour or begging,
- the problems under investigation are often transnational and complex in nature, involving the grey area surrounding migration, smuggling and human trafficking,
- in practice it is difficult to distinguish young women from teenage girls who are not yet adults; the girls' age is often altered in their documents, which are likely to be forged anyway.

In Europe, too, the data available is weak: it is only in the EU member states that data relating to people trafficking is recorded at all. However, as yet there are no uniform recording methods, whether within individual countries (organised according to a federal system) or from one country to another. For example, in statistics on trafficking in human beings or on trafficking in women for the purpose of sexual exploitation, minors are not recorded separately. One crucial challenge is therefore to significantly improve and standardise the collection, recording and analysis of data.

A significant proportion of CSEC happens through local perpetrators within their own countries, especially in the form of child prostitution. The increase in *global* trafficking in children can be explained because of two political developments in particular:

- the opening of the borders between East and West after the end of the Cold War
- economic globalisation, whose logic implies the search for sites that allow the most profitable utilisation of goods and people worldwide.

Political, economic and legal integration processes within a number of regions, such as the European Union, the Mekong Region in Asia or in Southern Africa, facilitate

trafficking in human beings and increase the mobility of traffickers. Organisations working with trafficked persons and prostitutes estimate that minors constitute 10-30% of all trafficked prostitutes: 10-15% of females participating in programmes run by the International Organization for Migration (IOM) to return people to the Balkan countries have been underage girls.

Currently, focal areas of CSEC are (South) Eastern Europe, the Mekong Region (Thailand, Viet Nam, Cambodia, Yunnan province in China, Laos and Myanmar), Eastern and Southern Africa, Brazil, Central America and the Caribbean. Sexual exploitation within the tourist industry accounts for part of the problem in these regions. In Europe, Germany is an important destination and transit country for young girls being trafficked and forced into prostitution.

### 3.3.3 Causes and contexts

The causes and contexts of the sexual exploitation of children are varied and complex. They underscore the connections between worldwide injustice and inequality, and the exploitation of children within the framework of globalisation processes. The factors set out below have a part to play in many instances. However, to understand individual, concrete cases, a specific situation analysis is required – something which unfortunately is all too often neglected. It is important to examine how the vulnerability of children and young people interacts with factors relating to demand and perpetration.

### Poverty and lack of education

Commercial sexual exploitation is an expression of the marked economic disparities and inequalities between those who perceive prostitution as the only option, “offer” themselves, or are forced into prostitution on

the one side, and those who pay for sexual services on the other. Migration flows build along the regional and global poverty gradients, made up of people looking for opportunities to survive, work and improve their living conditions. This forms part of the background for trafficking in human beings.

Almost all country-specific surveys on CSEC state 'poverty' as the most important driving force behind the fact that minors (need to) prostitute themselves. For example, after the economic crisis in Thailand in 1998/99, an increase of about 20% was observed in the proportion of minors working in prostitution (ILO-IPEC 2001a). In East and Southern Africa, the upsurge in CSEC is associated, among other things, with social and economic upheavals in families and communities as a result of the AIDS epidemic (ILO-IPEC 2003).

In contrast, the correlation with poor access to education is less clear-cut. The *ILO Programme on the Elimination of Child Labour (IPEC)* warns against making assumptions without evidence. For example, one study among underage girls working as prostitutes in Thailand showed that 76% of the interviewed girls either still attended primary school or had completed primary education. Some were attending secondary schools. Not having a job or any income opportunities appear to be of greater importance. A lack of income-generating possibilities tempts parents to make arrangements – often via acquaintances or relatives – for their children to “work” as domestic servants, waiters/waitresses, chambermaids etc. so that the children can contribute to the family's upkeep or simply fend for themselves. The victims are frequently forced to pay off the costs of arranging such “job offers”; this is the first step on the fateful pathway into debt bondage.

However, it is not only desperate poverty and better income opportunities that motivate older children to accept dubious offers, but also the hope that they can improve the situation in which they live:

the prospect of greater freedom, of gaining an education and a profession, or of finding a European husband are among the motivational forces in some countries.

### **Gender-specific and cultural aspects**

Throughout the world, both girls and boys are affected by commercial and non-commercial sexual exploitation. Girls, though, account for the major proportion of the victims in all areas, whereas more than 90% of the perpetrators are male. Apart from the few cases where women sexually abuse children, women are more often involved in organising the trafficking of (women and) children.

One reason for these gender ratios and for the vulnerability of girls and young women is gender-specific violence and discrimination. Such behaviour – albeit in varying degrees – is known in almost every country and is entrenched in gender-associated relationships of power and dominance. In many societies, women and girls are not only discriminated in terms of their reproductive, sexual and physical self-determination, but also suffer disadvantages with respect to their legal position, particularly in family law. However, even if they do officially enjoy equal rights under the law, society does not necessarily treat women as legal subjects. Under these conditions, the socialisation of girls into their role as women makes them more vulnerable than boys to sexual violence and exploitation.

Also, in many societies there are gender-specific *cultural traditions* that discriminate against women and girls. In Cambodia, Viet Nam and China, it is widely believed that having sex with virgins rejuvenates a man. This common practice creates strong demand for suitable victims.

In addition to gender-specific factors, children are also more vulnerable to sexual exploitation if they *belong to cultural or ethnic minorities*, which are discriminated against in societal, legal or economical terms.

In many countries, a disproportionately large number of children belonging to such minorities work as child prostitutes: in Thailand many of the girls or young women belong to the mountain tribes native to the north of the country; in the Czech Republic many Roma children are affected (Dottridge 2004). Ethnic or racist discrimination is also a key characteristic of cross-border trafficking in children and the sexual exploitation of children by paedophiles abroad.

### **Dramatic social change**

Dramatic changes in political, social and economic structures and conditions – often accompanied by growing poverty – can lead to disorientation and an erosion of values and norms. Because of their gender-specific status, women and girls are particularly affected by this, making it easier for them to become the victims of sexual exploitation in this context. This has for example been the case in countries of the former Soviet Union, Viet Nam and Cambodia.

Family breakup, too, brought about by the parents' separation, illness or death can result in older children or teenagers suddenly becoming the main bread-winners in their family. In particular, children who lose their parents to HIV/AIDS face dramatically greater risk in some parts of Africa and Asia: in Kenya, Tanzania and South Africa this correlation is one of the causes of the increasing number of girls fending for themselves as prostitutes (ILO-IPEC 2001c).

Many studies have shown that the victims of sexual violence emerge from or have left a family background of poverty, violence and abuse, including drug abuse. When left to cope on their own, they run the risk of being exploited further.

### **Paedo-sexual “demand” and the growing global sex industry**

The prerequisite for CSEC is the existence of a market, i.e. of “demand”. A number of studies show that demand from paedo-sexuals for sex with children or child pornography is on the increase throughout the world. This is evident in the global sex industry, which uses its pornographic material (including child pornography) distributed in the form of magazines, videos, DVDs and via the Internet to create a growing and profitable market for child prostitution and trafficking in children. Sexual exploitation of minors – alongside trading in drugs and arms and the other forms of human trafficking – is thought to be one of the most lucrative illegal businesses worldwide. At the same time, children are “easier” victims to manipulate and exploit than adult women, which means they make for “better” business.

The development of international networks in the global sex industry is facilitated by the use of new communication technologies, such as the Internet and mobile phones.

The fact that it is possible to travel to many countries at low cost is also a contributing factor to commercial sexual exploitation. Growing demand from the tourism industry results in infrastructure such as hotels, bars and discotheques being built in developing countries, where they attract unskilled workers and thus indirectly promote the sexual exploitation of children and young people. Examples of this are Thailand, the Dominican Republic, Kenya and in recent times the sudden increase in sexual exploitation taking place in Cambodia and Viet Nam. It is known from interviews with CSEC victims that many of them started out on this path as chambermaids, waitresses or flower sellers etc. (ILO-IPEC 2001a). Not all tourists having sexual encounters with minors consciously seek out underage victims. However, the relaxed mood created by holidaying in exotic surroundings often lowers the inhibition threshold for many tourists.

Some organisations (such as the ECPAT<sup>1</sup> network) report that the fear of contracting HIV is another reason why tourists prefer prostitutes to be as young as possible.

### **Lack of law enforcement, and corruption**

Many countries do not adequately pursue the proscription and punishment of child sexual exploitation. Protecting children and women from sexual exploitation is often denied high political or legal priority. Feeble criminal prosecution of this act at national and international level or treating it as a trivial offence that only incurs mild penalties signals safety and low risk to the perpetrators.

Institutional corruption frequently plays a central role in child trafficking. Besides those who recruit children, “sell them on”, run the brothels and produce child pornography, border and police officers and immigration authorities at times benefit from the trade, for example through bribe-taking. Even if there is strong legislation in place, this undermines effective criminal prosecution.

Moreover, girls are often held responsible for getting into such an exploitative situation, and are not sufficiently protected. This is frequently reported to be the case in (South) East European countries, for example.

### **Armed conflicts and post-conflict situations**

In regions of armed conflict with people fleeing their homes, women and girls are exposed to a higher risk of sexual violence or exploitation. Armed conflicts often lead to a legal and institutional vacuum,

<sup>1</sup> *End child prostitution and trafficking* (ECPAT) is an international non-governmental organisation; in Germany it is an association of 26 child protection, charitable and church organisations.

which facilitates the development of criminal structures; this has been the case, for example, in the region of the former Yugoslavia (International Organisation for Migration 2001). Trafficking in women and children becomes an important source of income for local warlords in many war zones.

In post-war situations, too, destruction of the basic necessities of life and the accompanying lack of opportunities to generate income make women and children vulnerable to commercial sexual exploitation and trafficking. In this connection, it is particularly the international military and peacekeeping forces, including foreign soldiers, police officers or humanitarian aid workers, which often create a local market for prostitution (UNHCR 2003) and hence the preconditions for the trafficking in women and children. Prominent examples of this are South Korea, Thailand, Cambodia, Congo, Eritrea, Sierra Leone, Kosovo, and Bosnia and Herzegovina (UNIFEM 2002: 54-56).

Table 3.3.1 shows the correlation between social and personal factors leading to CSEC and the factors promoting CSEC in a global political context.

#### **3.3.4 Germany**

The data available on sexual exploitation of children in Germany is inadequate. Official crime statistics from the Federal Criminal Police Office (Bundeskriminalamt, BKA) record completed criminal proceedings following sexual abuse of children only up to the age of 14, without differentiating according to gender or nationality. Even though the BKA's human rights situation report (“Lagebild Menschenrechte”) includes figures on underage victims – here they account for some 5% of all reported cases of sexual abuse – this only reflects those cases that have actually been documented by the police. Indeed, the police themselves assume that the number of unreported cases is substantially higher. Specialist counselling centres say that underage children forced into prostitution are often held captive in private residences

Table 3.3.1: The correlation between social and personal factors leading to CSEC and factors promoting CSEC in the global political context

| Factors relating to the victims  | Demand, political context   |
|--|---|
| <p>Economic, global and national politics</p> <ul style="list-style-type: none"> <li>• Poverty, lack of income opportunities</li> <li>• Economic disparities</li> <li>• Migration flows</li> </ul> <p>Social</p> <ul style="list-style-type: none"> <li>• Gender-specific forms of discrimination and exclusion</li> <li>• Traditions discriminating against children or girls</li> <li>• Lack of education and employment prospects</li> <li>• Belonging to a minority (ethnic, religious etc.)</li> </ul> <p>Within the family, personal</p> <ul style="list-style-type: none"> <li>• Neglect, domestic violence and abuse within the family</li> <li>• Sudden family crises such as illness and/or death of the parents (e.g. HIV/AIDS)</li> <li>• Young people's personal desire for greater prosperity</li> <li>• Drug addiction</li> </ul> | <p>Political processes – international, regional</p> <ul style="list-style-type: none"> <li>• Regional integration processes, with easier cross-border traffic between countries</li> <li>• Economic globalisation</li> <li>• Global means of communication (Internet, mobile phones)</li> <li>• Existing smuggling and trafficking routes</li> <li>• Armed conflicts and displacement; post-conflict situations</li> <li>• Corruption; involvement of official authorities or influential individuals</li> </ul> <p>Sex industry and tourism</p> <ul style="list-style-type: none"> <li>• Growth of the global sex industry</li> <li>• Demand generated by (paedo-sexual) perpetrators domestically or abroad</li> <li>• Substantial profits for many players</li> </ul> <p>Legal conditions</p> <ul style="list-style-type: none"> <li>• Lack of or ineffective legal mechanisms protecting children and young people</li> <li>• Inadequate criminal prosecution of perpetrators</li> </ul> |

where it is difficult to find them. In March 2005, an addition to German criminal law was made in the form of Criminal Code Articles 232 and 233 concerning *trafficking in human beings for the purpose of sexual exploitation and trafficking for the purpose of forced labour*. In spite of these reforms, and in spite of the introduction of the *Victim Witness Protection Act* in 1998, most underage victims do not report the child traffickers and perpetrators to the police, because they think they are insufficiently protected by the law and see little prospect of success. For example, when legal proceedings are completed the victims are deported to their countries of origin or to third countries.

Within the framework of the *national action plan on sexual violence against children*, various ministries and children's rights organisations are making greater efforts to intensify the coordination of measures to protect minors in Germany against child trafficking and commercial sexual exploitation. It is particularly urgent to estimate the number of unreported cases more accurately, step up victim protection and enhance cooperation

with specialist counselling centres especially regarding care for foreign minors. This also involves raising the awareness of specialist staff working in institutions – e.g. in the health service – as well as of society as a whole to the fact that, since commercial sexual exploitation in Germany mainly affects young people from abroad, this is where the potential victims of child trafficking are to be found.

There is also inadequate prosecution of German paedo-sexuals for criminal activities abroad. Since 1993, it has been possible to criminally prosecute people in Germany for the sexual abuse of children and young people abroad. Nevertheless, due to complicated legal aid procedures there have been hardly any convictions. Of 50 proceedings brought between 1993 and 1999, fourteen verdicts at first instance had been documented by 2002 (ECPAT 2001: 3). Compared to the number of German tourists who sexually abuse children abroad, this is a negligibly small amount: as far back as 1995, a study published by the German Federal Ministry of Health (Kleiber & Wilke 1995) assumed that each year

200,000 to 400,000 tourists go abroad to seek commercial sexual relations. It is estimated that at least 5-10% of such sexual contacts involve minors. The problem of child pornography has multiplied since then. One of the difficulties in international cooperation in criminal prosecution is the low priority assigned to the issue: for instance, an investigation is usually only instigated when the crime is considered to be particularly severe. "Opportunist criminals" remain largely untouched. Legal assistance procedures conducted through local public prosecution authorities, legal authorities, German embassies, the ministry and the BKA can take up to nine months. In the meantime, the perpetrator – who in most cases has been bailed and is not in custody – is able to apply for consular protection at the embassy and, in the process, is issued with a new passport and emigration documents. In addition, the delay gives the criminals time to suppress and conceal evidence. Greater deployment of BKA liaison officers on the ground is meant to help prevent this.

### 3.3.5 Health impacts

The impacts of sexual violence on the health of the population are thought to be significant, in particular in the areas of sexual and reproductive health and post-traumatic stress disorder (WHO 2003). The consequences of sexual exploitation on the health of children and young people who have fallen victim to sexual violence are complex. Effects can be short and/or long term and – depending on gender, age, personality and personal history – can vary considerably. To date, there have been few investigations into the global public health problems resulting from the large numbers of children forced into prostitution (Willis & Levy 2002). One contributory factor in this is that, as a rule, young women and girls who suffer (commercial) sexual exploitation have

only very limited access to health care, if at all. This relates to victims in conflict zones and refugee situations, but also migrants moving across borders or within their own countries (Busza 2004). Trafficked women and girls are particularly badly affected because their often illegal status forces them to avoid making use of public services; moreover, in most cases, they do not have enough money to access private health care anyway.

The following disorders are known to result from sexual exploitation; they affect the personal health of victims and have implications for public health (Zimmermann et al. 2003; Hellbernd et al. 2004: 144-146; WHO 2003):

- physical impacts (injuries, particularly injuries to internal and external sexual organs, functional impairments), sometimes with fatal consequences,
- psychosomatic impacts (chronic pain syndromes, gastro-intestinal disorders, respiratory problems),
- psychological impacts (post-traumatic stress disorders, eating disorders, loss of self-respect and self-worth, depression),
- health-endangering behaviour such as alcohol and drug abuse, smoking, high-risk sexual practices,
- impacts related to sexual and reproductive health (sexually transmitted diseases, HIV/AIDS, unplanned pregnancies and unsafe abortions),
- self-harming and suicide.

### Impacts on the victims' sexual and reproductive health

Impacts on the sexual and reproductive health of the victims as well as psychological traumatisation are especially prevalent and there is a direct correlation between the two. Especially in children, extreme injuries to the genital area, which are often permanent, occur as a result of sexual violence.



The risk of becoming infected with HIV and other sexually transmitted diseases is particularly high for young girls because their sexual organs are not yet fully developed, resulting in injuries from forced intercourse. Above all, in regions where there is a high prevalence of HIV infection (more than 15% of the sexually active population), the proportion of infected young women aged between 15 and 24 continues to increase. Other risk factors for HIV infection such as drug abuse are closely associated with sexual exploitation. Studies on the Mekong Region show a link between migration, the sex industry, trafficking in human beings and an increasing prevalence of HIV/AIDS (Beyrer 2001 and 2004). In Africa, too, the regions with the highest prevalence of HIV/AIDS (Southern Africa and East Africa) are those worst affected by (commercial) sexual exploitation (of minors). There are therefore calls from various quarters to offer victims of sexual violence free access to antiretroviral treatment.<sup>1</sup>

### **Trauma as a result of sexual abuse and sexual exploitation**

Child victims of sexual violence have a higher probability of suffering from long-term depression and post-traumatic disorders as well as being prone to drug abuse and suicide. Worldwide, 33% of all post-traumatic disorders in women and 21% of those in men are associated with having been subjected to sexual violence as a child (WHO 2003: 10) and these

<sup>1</sup> Discussed, among others places, on the WHO's Internet-based discussion platform, the Sexual Violence Research Initiative (SVRI), October 2004.

statistics do not include victims of commercial sexual exploitation, due to lack of records. This clearly demonstrates the public dimension of an issue that is often perceived as being a private and personal matter.

The somatic and psychological consequences are dependent on age, local cultural values, the extent and duration of the sexual exploitation and the potential self-healing capacity and resilience of the affected individuals. Studies on sexual violence affecting children and young people in industrial and transition countries currently assume that the impacts are all the more severe the longer the sexual exploitation and traumatisation persist. Trauma research has revealed that a combination of different traumata as experienced by victims of commercial sexual exploitation has particularly severe impacts (Ollbricht 2003: 3). In many cases the affected girls have already experienced sexual abuse in their family environment and, in the course of exploitation, are subjected to rape, threatened with physical violence and suffer from severe psychological stress. The fear of being handed over to the police if they report the people exploiting them as well as the fear of being shunned by their families and discriminated against in their place of origin complete the vicious circle entrapping the victims.

In addition to changes in behaviour with aggressive and auto-aggressive tendencies, the after-effects also include conspicuously sexualised behaviour and mistrust towards adults. With regard to initial contact with the victims and to their rehabilitation and psycho-social care, it is important to be aware of the fact that it often takes months for post-traumatic symptoms to set in, while at first an acute stress reaction is most obvious. 20% of women who have been sexually exploited as children suffer from severe psychological problems (UNICEF 2005: 10). By contrast, sexually exploited boys and men find it difficult to establish their male identity and react with aggressive rather than depressive behaviour. A large number of teenage and

adult male perpetrators have been victims of sexual exploitation as children themselves. Against this background there is increasing emphasis on the importance of conducting research into perpetrators.

### 3.3.6 Preventing and combating CSEC

The children's rights perspectives laid down in international documents and the protection of children's rights are principles guiding all measures for combating CSEC. Intervention strategies usually involve developing and strengthening criminal law, and its enforcement. They also include primary and secondary prevention and the protection and rehabilitation of victims. In all affected countries of origin, poverty-reduction measures form part of primary prevention. At the macro level this sometimes consists of promoting economic development, supported if needed by development cooperation. At the regional and local level, primary prevention may include primary and vocational education along with employment promotion and micro-credit schemes, especially in regions severely affected by emigration and trafficking in human beings/children. Here, such measures are primarily aimed at girls and young women.

Whereas in the past support was given mainly to one-dimensional programmes such as intensifying criminal prosecution or establishing shelters for trafficked victims, the current discourse is moving towards programmes using a multi-sectoral and child-centred approach. Coordinating the efforts of governmental and non-governmental institutions and organisations including child welfare, the health care system, the education system and the judiciary as well as child rights and women's rights organisations has proved to be expedient and effective in practice. Establishing adequate reference systems is a matter of urgency. In accordance with international guidelines, all interventions should be based on a gender-sensitive and

rights-based approach. The Council of Europe follow-up conference to the Yokohama World Congress in Ljubljana in July 2005 focused on the review of the state of commercial sexual exploitation of minors in Europe and Central Asia and issued recommendations for national governments and multilateral organisations:

- development and harmonisation of data collection on commercial sexual exploitation of children
- participation of children and young people, and integration of "survivors" of commercial sexual exploitation into preventive measures
- integration of non-governmental organisations into government action plans to combat CSEC
- appointment of national contact persons and coordination centres
- increased efforts to analyse and investigate the demand for CSEC
- socio-epidemiological studies on the extent of physical and psychological effects of CSEC
- early approach to and development of treatment for potential and actual perpetrators
- promotion of support centres offering affected individuals protection, thus ensuring that the physical and psycho-social primary care provided is gender-sensitive whilst enabling long-term rehabilitation to take place
- development of monitoring and evaluation instruments that measure the efficiency and effectiveness of the measures

Since, in many cases, commercial sexual exploitation takes place in connection with child trafficking, cross-border networking between institutions in all sectors is crucially important. In addition, incorporating communities in particularly severely affected regions into suitable measures is thought to be a promising strategy, because it is easier for child traffickers and job brokers to commit their crimes in circumstances where children

are insufficiently integrated into their families and into society as a whole, and where there is a lack of social responsibility and respective control mechanisms. Examples of such measures include *community watch committees* in a particularly severely affected region in Java (UNHCR 2003), *village organisers* employed by the national non-governmental organisation *Health Care Centre for Children* in Cambodia (ILO-IPEC 2002d), and a pilot project in southern Tanzania that is developing a local monitoring system in cooperation with communities (UNICEF 2005).

An example of cooperation among the public and private sector and non-governmental organisations is provided by prevention measures in tourism. A well-known international hotel chain, for instance, obliges its staff to follow a certain code of conduct and provides training accordingly. In Germany, ECPAT and the federal police crime prevention units at the state and federal level have cooperated with the association of German tour operators (Deutscher ReiseVerband, DRV) to devise information material for travellers and to draw up a code of conduct, which is now increasingly being implemented in practice.

Strengthening the victims' life skills is considered to be another essential feature of secondary prevention. This includes health promotion and sex education measures, measures to develop self-protection mechanisms and self-confidence as well as educational and vocational training. However, for the victims to be able to develop such life skills, they have to come to terms emotionally with the trauma they have experienced. In most developing and transition countries, rehabilitation fails as a result of a lack of therapy and psycho-social support which the victims need over a long period of time. Reintegrating victims into the family environment may be successful in individual cases, but in many others young CSEC victims do not return to the communities where they grew up because they feel ashamed or are afraid of discrimination or, on the other hand, because the environment they originally came from was one of violence and abuse too.

### 3.3.7 Public health challenges

The health sector has so far responded weakly to the challenge with little involvement in the debate or interventions aimed at combating CSEC and rehabilitating its victims. The *2002 World Report on Violence and Health* mentions the issue of trafficking in women and forced prostitution only marginally in the chapter on "Sexual violence", and the World Health Organisation has appeared on the scene only recently, with the publication of important guidelines (WHO 2003; Zimmermann 2003).

Although in many countries there are national action plans on the protection of minors from sexual exploitation, public health actors are not always included in the development of such plans. And yet this, along with their participation in national and international networking, would give them a vital opportunity to play a part in shaping strategies and intervention measures. Possible fields of action for public health are described below.

#### Collecting data on the phenomenon

Investigative methods and instruments used in public health could contribute significantly to the collection of CSEC-related data and its health impacts. This includes epidemiological, quantitative research and also qualitative investigation. Positive experience has been gained through participatory, community-oriented methods. Because accessing the target group and its environment is difficult, investigators need creativity, innovation and an ethically viable approach, especially when carrying out *action research* – recommended above all by child protection organisations – in which the victims themselves are involved. An encouraging example of *learning from positive deviation from the norm* is an action research study in a rural region of Java that is severely affected by the migration and entry of young women and girls into the sex industry.

Interviews with families who had successfully prevented their daughters from taking this option led to the development of protection strategies that have widespread replicability and touch on communication within the family, the nature of planning for the daughters' future, etc.. *Community Watch Committees* now promote corresponding behaviour patterns in the community context (UNCHR 2003).

Collecting routine data within the framework of health information systems is also very important. In regions where particularly large numbers of CSEC victims originate, birth registers – and hence possible means of surveillance – are unreliable.

Evidence-based results should then be used to develop public health interventions oriented towards needs. The development of monitoring and evaluation systems for interventions – which until now all important actors have regarded as being highly inadequate – could also benefit from expertise in the field of public health.

### Specific health services

Access to health care services must be adapted to suit the particular life situation of sexually exploited children and young people. This may include:

- treatment of injuries
- diagnosis and treatment of sexually transmitted diseases
- pregnancy testing
- emergency contraception (“morning-after pill”)
- clinics providing post abortion care and safe abortions
- HIV/AIDS testing
- antiretroviral treatment
- age-appropriate approach and methods in cases of suspected sexual exploitation
- psycho-social counselling, trauma counselling
- development of standardised examination protocols incorporating reference systems from child and youth protection organisations

- recording medical data for use in criminal proceedings

In many developing countries, the providers of such services are mainly local and international non-governmental organisations, consequently it is often difficult for them to coordinate their efforts with the public health sector. All such services should have a low user threshold, take into account the special requirements of underage boys and girls and be based on the voluntary participation of the victims (Busza 2004).

According to current knowledge, an improvement of the quality of care, including rehabilitation, will depend crucially on the development of medium- and long-term treatments that enable the victims to cope with the trauma they have experienced and to gradually regain their life skills (ILO-IPEC 2002a, 2002b).

Relevant public health actors should be taught the basic knowledge required for diagnosing and rehabilitating individual victims of CSEC and should also be given information on support centres, shelters for victims and institutions specialising in supporting trauma victims.

### Community-based interventions

Wherever the health care sector has systematic interfaces with communities, such as in all outreach programmes (family planning, prevention and treatment of HIV/AIDS and care in the community, drug abuse prevention and control programmes etc.), it is advisable to look to establish networks with other actors and to examine possibilities of intervention, depending on the local relevance of the CSEC problem.

### Information and awareness

Even though sexual exploitation of children in a tourism context accounts for only a small part of the problem, this area attracts much

publicity, highlighting the involvement of European tourists in paedosexual crimes. Public health could make a significant contribution in this area by integrating these issues into information and advice provided for travellers.

Tackling these challenges in practice calls for greater interdisciplinary cooperation with other sectors and the provision of funds and human resources. From a health-financing perspective, the World Health Organisation has pointed out that the long-term consequences of sexual exploitation generate costs that exceed the cost of providing primary care and rehabilitation at a young age many times over (May-Chahal & Herzog 2003).

From a health-policy perspective, the timely acknowledgement of sexual exploitation as a public health issue constitutes an investment in the future, because unprocessed traumas and the transmission and spread of HIV/AIDS and other sexually transmitted diseases can be expected to result in a greater health burden in adult life.

Seen from a human rights perspective in an increasingly globalised world, the right of underage victims to adequate care for their physical and psychological health means that it is imperative for public health to become more active in the field of CSEC.

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