

Commercial sexual exploitation of children and youth

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By: Marie D. Hay, MD, DCH, DRCOG, FRCPC, MRCP(UK)

The commercial sexual exploitation of children is an extensive problem in BC and Canada, where 10% to 12% of individuals involved in prostitution are younger than 18 years of age. Commercial sexual exploitation includes prostitution, child pornography, trafficking for sexual purposes, child sex tourism, and early marriage. Children at risk include those whose families suffer from mental illness, domestic violence, drug and alcohol abuse, or sexual, emotional, and physical abuse. Aboriginal children are disproportionately represented in the sex trade. Recruitment into the sex trade is gradual and well organized, playing on children's insecurities or weaknesses. Prevention strategies include educating children, families, teachers, and health care providers about sexual exploitation, as well as early warning signs that a child is being lured into the sex trade.

There is much that physicians can do to help prevent and treat health problems that result from the commercial sexual exploitation of children and youth.

Commercial sexual exploitation of children is defined by the World Congress against Commercial Exploitation of Children as "a fundamental violation of children's rights. It comprises sexual abuse by the adult and remuneration in cash or kind to the child or a third person or persons. The child is treated as a sexual object and as a commercial object. The commercial sexual exploitation of children constitutes a form of coercion and violence against children, and amounts to forced labour and a contemporary form of slavery." [1] The term "child" is defined by the United Nations Convention on the Rights of the Child as a "human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier." [2]

Sexual exploitation takes three primary forms: prostitution, child pornography, and trafficking for sexual purposes. Other forms include child sex tourism and early marriage. [1] Nobody really knows how many children are victims of commercial sexual exploitation, but a British Columbia report on prostitution and sexual exploitation of youth states "provincial and municipal governments are becoming increasingly alarmed at the current high levels of sexual exploitation of children and youth." [3] The organization End Child Prostitution, Child Pornography and Trafficking of Children (ECPAT) International confirms this, stating, "The child sex trade is growing in Canada and especially in cities like Toronto, Vancouver, and Montreal. A report by the Canadian Council on social development claims that 'Canada has become a world trade destination for people seeking children through the sex trade.' The increase in child prostitution is connected to the rising number of homeless Canadian children who live on the streets." [4]

Why children are exploited: There are a number of predisposing factors related to society, families, and individuals that contribute to children being recruited into the sex trade.

Some of the predisposing societal factors are: • The feminization of poverty and gender inequality. • High youth unemployment. • Racism and discrimination aimed at aboriginal youth. • Economic or social marginalization. • Consumerism. • Organized crime networks. • Computer use and related technological advances. [3]

Some of the predisposing family factors are: • Intergenerational mental illness; domestic violence; drug and alcohol abuse; sexual, emotional, and physical abuse. • Attachment disorders.

• Poor parenting. • Inadequate supervision, affection, and attention. • Single-parent family status. [3]

Some of the predisposing individual factors are: • Early life traumas caused by emotional, sexual, or physical abuse, or by neglect and deprivation. • Homelessness as a result of running away. • Learning disabilities and neurological disorders such as fetal alcohol effects. • Lack of schooling. • Being gay, lesbian, bisexual, or transgendered.[3]

Characteristics of children in the sex trade: When children run away from home and end up living on the streets they often become involved in the sex trade to survive. Most children who run away from home have no money or resources and are therefore vulnerable to victimization and exploitation.

Yates and colleagues reported youth involved in the sex trade were five times more likely to identify themselves as GLBT (gay, lesbian, bisexual, or transgendered). The abuse suffered by many GLBT youth at home and school frequently causes them to feel isolated and alienated, which in turn leads to running away behaviors.[5]

Children involved in the sex trade experience a high incidence of violence, usually perpetrated against them by johns and pimps. There are significant risks to the physical and mental health of sexually exploited children, including depression, eating disorders, post-traumatic stress, anxiety disorders, dissociation, homicide, and suicide. There is also a high incidence of substance abuse among exploited children.[3]

Exploited children commonly acquire STDs such as HIV, hepatitis B or C, syphilis, chlamydia, and gonorrhea.

Approximately 50% to 80% of the child sex trade in BC is carried on in massage parlors, karaoke bars, and “trick pads”; only 20% to 50% of the trade is visible aboveground with children being openly solicited on the streets. In smaller BC communities, the sexual exploitation of children is even less visible. It occurs in private homes, back alleys, and parks, at public docks and truck stops, and on fishing boats.[3]

Pimp-related recruitment of children into the sex trade is frequent. District subcultures have emerged in the urban areas of Burnaby, Surrey, and Vancouver. Aboriginal, Vietnamese, and Sikh girls are extensively trafficked on well-used circuits. Two such circuits are Vancouver/Calgary/Edmonton/Seattle/Hawaii, and Vancouver/Las Vegas/Hong Kong/Japan.[3,6]

Aboriginal children and youth: Intergenerational social issues have contributed to high numbers of First Nations children being sexually exploited. The residential school policy of the past created a toxic environment where all forms of abuse were common. Children subjected to these dehumanizing institutions frequently passed on the abuse and negative parenting of their own experience to future generations, thus perpetuating the problems. In Canada, aboriginal youth make up 3% to 5% of the general population. In certain areas of BC, aboriginal youth make up the majority of children working in the sex trade. Estimates of the number of aboriginal sexually exploited youth in BC range from 14% to 60%, depending on the community consulted. Some aboriginal youth are attracted to cities as an escape from severe family dysfunction. However, the reality of living in a city isolated from loved ones and prey to culture shock, poverty, high unemployment, homelessness, substance abuse, and racism leaves many open to sexual exploitation.[3]

Recruitment: Recruitment into the sex trade is well organized. Common pick-up places are food fairs in malls, fast-food restaurants, bus stops, train stations, community recreational centres, youth containment centres, youth shelters, youth detox centres, schools, and group homes. A typical recruitment scenario involves an older girl befriending a younger girl in school. Unpopular girls with low self-esteem are usually targeted. The older girl seduces the younger with friendship, gifts, clothes, and compliments. The targeted child is then introduced to a pimp, who continues the seduction. Through parties and offers of “free” cigarettes, drugs, and alcohol, he usually gets her hooked on drugs. In the beginning, she feels connected and important, excited by and attracted to a lifestyle of easy money and unlimited supplies of nicotine, drugs, and alcohol. She feels a sense of belonging within the street culture.

The child is then asked to “help,” perhaps by being a “spotter”—keeping track of the licence plate numbers of the johns or counting the tricks other girls are turning. Once the child is truly hooked, she will be asked to repay the monies invested in her recruitment by selling herself for sex.[3]

Later, as children get trapped in their addictions and become dependent on their drug suppliers (usually their pimps), they live from day to day in constant fear of violence. To bury the pain inherent in their lives, they can sink into a living hell. In a study of 60 sex trade workers in Vancouver’s Downtown Eastside, 75% had experienced violence in the preceding 6 months.[3,7]

Leaving the sex trade is rarely an option. Children being commercially sexually exploited soon lose hope in a future for themselves. Once involved in the sex trade, children are kept isolated from their loved ones by their pimps and by their own sense of internalized shame. Such children can also be shunned by government and community programs because they are seen as a “bad influence” on other kids.[3]

Child pornography: The new world of technology—digital cameras, camcorders, high-speed Internet access, computers with vast stores of memory—allows pedophiles unfettered access to millions of child porn images. Graphics software gives users the opportunity to “morph” an almost infinite number of child porn pictures. In Canada, morphed child porn images are not illegal, whereas in the United Kingdom they are. In cyberspace there are also some partially hidden systems almost totally dedicated to child porn. These are called “ISQ” and “MIRC.” They are relatively easy to access from the Internet if you know about them.[4]

The most obvious use of child porn is as an aid to sexual arousal and gratification through masturbation. It is also used to make deviant sexual behaviors seem normal and to help seduce children by lowering their inhibitions or by blackmailing them. There appears to be a clear linkage between child pornography and child sexual abuse.[4]

Pedophiles also have private clubs on the Internet. One such was the Wonderland Club. Membership was restricted to persons who paid US\$100 a month after submitting 10000 new child porn images to the club’s library of child porn. Paid-up members then had full access to the club’s computer library, which contained more than 1 million child porn images.[4]

Chat rooms for children have become places where pedophiles masquerading as children lure youth into meeting with them. And if a child has a camera attached to his or her computer, a pedophile can switch the camera on remotely without the child knowing. The pedophile can then see everything going on in front of that camera, a serious security risk for both child and family.

Preventing child sexual exploitation: A multidisciplinary approach is needed to tackle this complex societal problem. At present, the main initiatives to prevent the sexual exploitation of children in BC are:

- The provincial prostitution unit.
- The Assistant Deputy Ministers’ Committee on Prostitution and Sexual Exploitation of Youth.
- Community action teams.
- Reconnect Youth Services.
- Public health initiatives such as STD clinics, needle-exchange programs, and youth drug and alcohol rehab programs.
- Safe houses for street youth.

From a primary prevention perspective, it is critical for health care professionals to know what is going on in the sex trade in Canada. Health care providers in this province might begin by reading “Sexual Exploitation of Youth in British Columbia.” This extensively researched document can be downloaded free of charge and provides essential information.[3]

Children then need to be educated about sexual exploitation. This could be done through the family life program in schools. A further prevention strategy could involve teaching children about healthy sexuality. All children and youth,

regardless of their sexual orientation, need to grow up in a society where they are loved and respected for who they are, and where the healthy expression of their sexuality is celebrated.

From a secondary prevention perspective, we need to educate parents, teachers, and health care providers about identifying warning signs when a child is being lured into the sex trade. Such warning signs include:

- Having unexplained money, new and expensive clothes, or drug-use objects.
- Having unexplained business cards and receipts.
- Going out with a change of clothes.

Health care professionals also need to recognize signs of sexual addiction within our society. We need to develop resources to treat sex addicts, similar to the resources we have to treat alcohol and drug addicts. Researchers estimate that sexual addiction affects 8% of males and 3% of females in our society. Many children are sexually exploited by sex addicts.[8]

One researcher suggests that girls who have been sexually abused when young can develop a victim-based identity tied primarily to their sexuality. Their “victim identity” conditions them to subordinate roles later on. Programs designed to improve the self-esteem of victimized women are important in preventing sexual exploitation. However, once substance abuse has become established, then secondary and tertiary prevention programs become necessary, with a need for drug and alcohol awareness programs and youth-orientated detox centres.

Conclusion: The serious health issue of child and youth sexual exploitation goes largely unacknowledged by the medical community, perhaps because the research literature on this important topic is predominantly qualitative rather than quantitative, sociological rather than medical. Physicians must learn to value this multidisciplinary qualitative approach to research if they are to be successful in preventing and treating the health problems that result from the commercial sexual exploitation of children and youth.

Competing interests: None declared.

References: 1. Declaration and Agenda for Action of the First World Congress against Commercial Sexual Exploitation of Children. Stockholm: UNICEF, 1996. 2. Convention on the Rights of the Child. Geneva: Office of the High Commissioner for Human Rights, 1989. Full Text 3. Assistant Deputy Ministers’ Committee on Prostitution and the Sexual Exploitation of Youth. Sexual exploitation of youth in British Columbia. Victoria: Queen’s Printers, 2001. www.mcf.gov.bc.ca/publications/youth/sex_exploit.pdf (accessed 17 February 2004). 4. ECPAT International: Beyond Borders—Ensuring Global Justice for Children. Facts and Figures Country Profile “Canada.” www.ecpat.net/eng (accessed 17 February 2004). 5. Yates G, MacKenzie R, Pennbridge J, et al. A risk profile comparison of homeless youth involved in prostitution and homeless youth not involved. *J Adolesc Health* 1991;12:545-548. PubMed Abstract 6. Report of the City of Burnaby’s Task Force on the Sexual Exploitation and Prostitution of Children and Youth. City of Burnaby, 1998. <http://burnaby.ihostz.com> (go to Reports, Committee Reports, 1998, 1998 June 22; accessed 2 March 2004). 7. Lowman J, Fraser L. Violence against persons who prostitute: The experience in British Columbia. Research, Statistics and Evaluation Directorate, Department of Justice Canada, 1995. Full Text 8. Carnes P. Don’t Call It Love: Recovery from Sexual Addiction. New York: Bantam Books, 1991. 9. Edney R. The relationship between sexual abuse and juvenile prostitution in females. Doctoral thesis. University of British Columbia, 1998.

Dr Hay is a consultant pediatrician who has worked in the field of child maltreatment for 23 years. She has been the medical director of the Northern Child and Family SCAN clinic in Prince George, BC, since the clinic opened in 1993.

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