

# Post traumatic Stress Disorder and Under Age Sex Work

ECPAT NZ 2003

**Abstract:** This study explores the rate of post traumatic stress disorder (PTSD) in a small group of adult sex workers and looks at its relation to under age sex work. In this study people were asked about how they became involved in underage commercial sexual activity, their support systems, about the effects of any trauma they had experienced, and any traumatic disorder including suicidal ideation since starting sex work. This small study supported the literature that suggested that those with a disrupted childhood of sexual and physical abuse and teenage commercial sexual activity are likely to have higher rates of PTSD than average.

## Introduction

### Definitions Underage commercial sexual activity

In this paper underage commercial sexual activity is any commercial sexual activity occurring under the age of 18 years as set out in the Crimes Act 1961 section 149A. This law is cogent with our international obligations under the United Nations Convention on the Rights of the Child, particularly article 34, which requires the Government to take all appropriate measures to prevent the exploitative use of children in commercial sexual activity. Children for the purposes of the Convention are defined by the United Nations as under 18 years old. Section 149A ratifies the “*Worst Forms of Child Labour Convention*” adopted by the International Labour Organisation (ILO) in June 1999. The “*worst forms*” of child labour addressed by the Convention include:

- all forms of slavery
- commercial sexual activity
- pornography
- the use of children for illicit activities
- work likely to harm the health, safety or morals of children.

The Minister of Labour, the Honourable Margaret Wilson said in a press release on May, 2000: “*The convention aims to raise the standards of protection for children against very grave forms of exploitation, and has a strong human rights dimension. New Zealand participated actively in the negotiations on the Convention and we have a consistent record of being a supporter of children’s rights*” (Holm, 2000).

### Definitions Post Traumatic Stress Disorder

In DSM-IV, a diagnosis of post traumatic stress disorder (PTSD) requires the following to be present:

- An aversive event has occurred that would disturb most people.
- The event is often relived through flashbacks, nightmares and intrusive thoughts. Even when the event was long ago the re-experience seems very real and immediate.

- The person's general responsiveness is numbed to current events and the person with PTSD may avoid certain events.
- There are persistent symptoms of high arousal. This may include sleep disturbance, heightened startle response and poor concentration.
- While PTSD is associated with natural disasters, war time experiences and accidents there is a growing body of literature on PTSD following interpersonal violence such as physical assault and rape.

### **Prevalence Studies of PTSD**

Studies have suggested that lifetime prevalence for PTSD in the general population could be as high as 9% and that PTSD lasting for at least three years could occur in 3% of the population (Breslau, Davis, Andreski & Peterson), 1991). While PTSD is seen primarily as an anxiety disorder the symptoms are complex and there is often overlap with affective disorders such as depression, anxiety, panic disorder, substance abuse and antisocial personality disorder (Long et al, 1996). Young people who runaway from home and/or engage in sex with money may be suspected of fitting the symptomology of antisocial personality disorder.<sup>1</sup> There is debate as to whether related disorders may have given the person a predisposition to PTSD following a stressful event or that related disorders develop as a function of PTSD symptomology (MacFarlane, 1989). About 5 percent of people could be expected to exhibit the symptoms of PTSD after a traumatic event.

### **Sex Work and Personal Stress**

A recent study in New Zealand found that sex workers were more likely to have been exposed to high levels of personal abuse stress as a young girl than the control group of women (Potter, Martin & Romans, 1999). This led them to leave home early, have an early pregnancy, acquire fewer qualifications and have reduced work opportunities. This study also found that sex workers were more likely to have experienced penetrative sexual abuse as children than the control group of women (ibid,1999). The intrusive, avoidant and arousal symptoms of PTSD are found in many people who have suffered child sexual abuse as well as those who have suffered physical abuse as children (Long et al, 1996).

Sex workers more frequently came from separated families and left home earlier than the control group (Potter, Martin & Romans, 1999). Family separation can involve some traumatic experiences for children and may be due to marital violence. These experiences can be short or long term depending on whether the marriage dissolution was acrimonious. There is significant documentation of PTSD in children who have been terrorized but who were never physically injured as a child (Terr, 1990).

Underage young people involved in commercial sexual activity are far less likely to work in a brothel situation (it is illegal to be employed in a brothel under the age of 18 years old). They mainly work on the street in the more dimly lit areas near where other prostitutes work. This means the young workers get harassed by older workers and may be threatened and forced to pay protection money (Personal Communication, Te Aranga Hou Inaianei. With their physical immaturity, lack of cognitive maturity

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<sup>1</sup> Symptoms of anti-social personality disorder from DSMIV are in Appendix I

and inability to plan ahead, poor psychosocial background, drug use and often desperate circumstances, it is unlikely that underage person involved in commercial sexual activity would be subjected to less violence than the average street prostitute (Unger, Simon, Newman, Montgomery, Kipke, & Albornoz, 1998). With the continued stress of the dangers on the street there is no opportunity to heal previous abuse (Briere, 1998).

### **Precursors to PTSD**

LONG et al (1996) took into account the specific risk factors that were there prior to the traumatic event. Then they analysed the stressing event and the context of events after the trauma to look at the likely outcome. Not everybody will have PTSD after a traumatic event but there are some precursors that make it more likely. A young person involved in underage commercial sexual activity will have several of the precursors to PTSD following a traumatic event. These include:

- any prior pathology
- biological vulnerability
- personality characteristic which might include neuroticism and extraversion
- background of poor psycho-social development
- early life exposure to abuse
- family history of psychopathology.

Young people involved in underage commercial sexual activity are very likely to have a least one of these risk factors and often several of them. Their family background is often one of disruption, psycho-social problems, physical abuse by family members (51% Potter, Martin & Romans, 1999), and sexual abuse (38% *ibid*) which was more likely to include penetrative sex than a random sample of women. The Dunedin and Wellington sex workers (no ethnicity given) in the Potter, Martin & Romans' s study (1999) "were more likely to have been exposed to a high level of personal abuse stress as young girls" (*ibid* p 939). This often lead to them leaving school early and in the cited study they had early pregnancies, lower qualifications, and reduced work opportunities. To have left home before completing school, away from what should have been a nurturing environment, and without mature adult oversight young people, who become engaged in underage commercial sexual activity, would be vulnerable to stressors at the outset.

### **Traumatic Event Stressors**

Long et al (1996) also list several stressor circumstances of the traumatic event that may heighten the stress, prevent adaptation and elicit PTSD. These characteristics include:-

- whether the person was alone at the time
- whether the stressor was prolonged
- whether there were multiple experiences or a single episode
- whether it was predictable or had any measure of control
- the amount of emotional distress at the time
- how coping strategies might have been used
- the stressor dimensions of severity and duration (which may include whether the stressor was life threatening, threatening the body with severe harm or injury,

being hurt intentionally, involving exposure to the grotesque, violent or sudden loss, seeing loved one' s harmed, toxic exposure and causing harm to others). For the sex worker some of these factors are part of the working environment. However Long et al (1996) list several post stressor circumstances that may lessen the stress and assist in preventing PTSD. These include positive social support and positive social networks being able to talk about the stressor experience, assimilating the experience and finding meaning, attribution, motivation, biological response and a supportive recovery environment. Thus the comradeship that may be present among sex workers may offset effects of trauma.

### **Stockholm Syndrome**

For those girls who get involved in gang situations they may be subject to the "Stockholm Syndrome" where they become emotionally attached to their abusers/captors. In Counties Manukau some commercial sexual activity is controlled by gangs with at least one underage girl threatening others who have to pay her for protection (Under Age Prostitution in South Auckland Meetings Report 2003, Ministry of Social Development). In the Tauranga district the Filthy Few and Hell' s Angels are reputed to control much of the commercial sexual activity there (Personal Communication, NZ Police).

The Stockholm syndrome has also been applied to women in commercial sexual activity and their boyfriends/pimps (Graham et al, 1994). This is characterised by the extreme difficulty of leaving one' s captor and a long time fear of retaliation. In the USA 90 percent of commercial sexual activity is said to be pimp controlled. While New Zealand is often seen as having less pimps there is still a strong presence of boyfriends who are dependent on the sex trade for their livelihood and or drug habit support.

### **PTSD and Sex Work**

One New Zealand study of 303 sex workers in Wellington and Christchurch found that 83% reported experiencing at least one violent incident while working (Plumridge & Abel, 1998). Women who had been raped have been found to have high rates of PTSD (Kilpatrick & Resnick, 1992). From the information gathered from several samples of sex workers it could be expected from their earlier experiences that they may have some PTSD symptoms regardless of whether they had undergone trauma while undertaking sex work (Potter et al, 1999, Worth, 2000). It has been suggested that sex work per se may cause PTSD by its very nature (Giobbe, 1991; McKinnon, 1987). Dissociation and other ways of cutting off such as using tranquillisers are employed to protect the sex workers sense of self from violation suggesting that the work undertaken may be abusive to psychological well-being (Hoigard & Finstad, 1992). However it will be very difficult to obtain definitive evidence that commercial sexual activity per se may lead to PTSD symptoms rather than the previous abusive experiences or violent experiences within the industry. There can be long term consequences from PTSD and personality changes may result from the general misogyny and indignity of being a saleable commodity (Giobbe, 1991).

From the New Zealand information on the lives of sex workers (Potter, Martin and Romans, 1999; Plumridge & Abel, 1998), it would appear that there is more than enough traumatising events in their backgrounds to bring on an episode of PTSD. For those workers who do not like the sexual activity of sex work, who do not like the clients and yet still feel they must carry out penetrative sexual activity this may be the trigger for the re-experiencing of an earlier unwanted sexual event. With less precursors in their background carrying out unwanted sexual activity may still result in long term consequences which may include PTSD (Herman, 1994).

The study below looked at the responses of a small number of adult sex workers about previously traumatising events and current PTSD symptoms.

## **Method**

This study was restricted to the Waikato and Auckland Ethic Committees areas of Northland, Auckland and Waikato Districts. While this research was part of a survey into the characteristics of underage commercial sexual activity it was ethically not permissible to interview sex workers who were under sixteen years old. Therefore older sex workers were asked about their experiences around their first involvement doing sex for money. All participants were given a sheet of paper with information of whom they could telephone if they found the interview disturbing in any way. Those that responded to the PTSD questions were reminded to seek medical advice if they were concerned about any of the questions they had just answered. The interviewer's telephone number was available to them but to date has not been utilized. All respondents who were interviewed signed a consent form and were told they could stop the interview at any time if they wished. It was reassuring so many respondents felt able to refuse talking about the personal effects of trauma. Thus they protected themselves from disclosing too much. This is a protective mechanism that prevents a person disclosing more than they can psychologically handle at that particular time.

Interviews were carried out with sex workers from massage parlours, in private work and on the street in conjunction with another study being carried out at the time. The main study asked questions about traumatic events, suicidal ideation and their sex work involvement. At the end of that interview they were asked about the personal effects of any trauma they had already spoken of. Overall respondents were reluctant to fill out a standard PTSD schedule but some were willing to answer questions about any re-experiencing of a previous traumatic event, avoiding thoughts and activities relating to the event and general heightened arousal within the last month.

Some of the street workers were drinking prior to the interview but all were coherent at the time (all interviews were carried out before 11.30 pm).

## **Results**

Fourteen out of 31 adult sex workers agreed to be interviewed. They were asked questions concerning symptoms about PTSD and thoughts of suicide and two stated that they did not want to talk about any difficulties they might be having. While such avoidance is descriptive of a diagnosis of PTSD without the individual agreeing to talk about any re-experiencing of a traumatic event or current states of hyper arousal it is not possible to assume that they were currently experiencing PTSD.

There were 14 completed interviews used in this study. The respondents ranged in age from 18 years old to 35 years old. There were 13 females and one transgender. There were eight Maori, four Pakeha, one Asian, and one English immigrant. Their average age at the time of interview was 18 years old. Ten of the respondents had started having sex for money before they were 18 years old. Their mean age for starting in commercial sexual activity was 15.9 years old. Three out of the ten who began sex work early were living their mothers and no-one lived with both parents.

**Table I Demographics**

Age	Ethnicity				Total
	Pakeha	Maori	Asian	Immigrant	
Under 20 years	2	3			3
20 -29 Years	2	4		1	6
30 + Years		1	1		2
Total	4	8	1	1	14

The twelve respondents who had some PTSD symptoms varying from mild to severe and all had begun sex work young, all but one who was new to commercial sexual activity had reported rape and most reported childhood sexual abuse.

**Table II Age of Entry and PTSD Symptoms**

Age of Entry to Sex Work	PTSD				Total
	No Symptoms	2	3	4 or more	
14 years old			1		1
15 years old	1			1	2
16 years old		2	1	1	4
17 years old		1		2	3
Under 20 years old				1	1
Over 20 years old	1	1		1	3
Grand Total	2	3	2	4	14

Eight out of the fourteen disclosed experiencing childhood sexual abuse (57%). This is the same as the 58% of the larger study, which is higher than the 36% of Potter et al, 1999) and the 19% of the Otago Women’s Child Sexual Abuse Survey (Mullen et al, 1996). The higher disclosure rate may be due to the participant’s preparedness to disclose personal information. The age they began sex work may also have been a factor. The three women who became involved in sex work after they had turned 22 or older did not report childhood sexual abuse.

Eleven respondents had been raped since working in the sex industry (79% cf 83% of Plumridge & Abel, 2000). They were all the younger respondents suggesting that immaturity may lead to a difficulty to think ahead in complex social situations and protect themselves.

**Table III Age of Entry and Sexual Violation**

Age of entry to Sex Work	Sexual Violation		
	Sexual Violation	None	Total
14 years old	1		1
15 years old	2		2
16 years old	4		4
17 years old	3		3
Under 20 years old		1	1
Over 20 years old		3	3
Total	10	4	14

In a concurrent study (N52) 36% had experienced suicidal ideation (Saphira, in press). Those that had a background of child sexual abuse and been subsequently raped while doing sex work were more likely to have experienced suicidal ideation. In this study 3 women reported suicidal ideation (23%). One woman who did not have a background of violence and reported suicidal ideation may have been effected by her difficulties in learning English and her inability to have more vocational choices.

Long et al (1996) has suggested that positive social support and positive social networks, being able to talk about the stressor experience, assimilating the experience and finding meaning, attribution, motivation, biological response and a supportive recovery environment may lessen stress and assist in preventing PTSD. Most of the sex workers in this study used friends in the industry for support. However a few had limited social support as their friends did not know the type of work they did.

**Table IV Friends in the Sex Trade and PTSD Symptoms**

PTSD	Friends also sex workers			
	yes	no	No response	Total
0 symptoms in the last month		1	1	2
2 symptoms	3	1		4
3 symptoms	2			2
4 or more symptoms	5	1		6
Total	10	3	1	14

The rate of severe PTSD symptoms and the mean severity was lower than the average of literature from five countries (Farley, 1999). Two of the workers expressed no PTSD symptoms in the past month, four had less than three severe symptoms and eight had three or more severe symptoms.

One of the sex workers who had had suicidal ideation recently but had no symptoms of PTSD did not disclose any rape, physical or verbal abuse while working, nr childhood abuse or other sexual assaults. She began sex work when she was 30 years old. She did however wish to stop doing sex work but as a new immigrant found she did not have sufficient language skills for other employment. The other woman with no symptoms of PTSD, began sex work in her twenties. She did not disclose childhood sexual abuse or rape since doing sex work and said she did not use alcohol or drugs.

**Table IV Current Use of Drugs and PTSD Symptoms**

PTSD	Current use of Drugs		
	Used drugs	None used	Total
0 Symptoms in the last month	1	1	2
2 Symptoms	3	1	4
3 Symptoms	2		2
4 Symptoms	4	2	6
Total	10	4	14

Ten of the fourteen respondents used drugs and alcohol while they were working which was 71% which is comparable with the 72% of street workers in the Plumridge and Abel sample (total including parlour workers 46%).

## Discussion

In this study the numbers are small and it would be unwise to generalise. Those who began sex work under 19 years old had higher rates of PTSD symptoms. This, in its limited way, supports the literature conclusion that the early experiences of those who get involved in underage commercial sexual activity are likely to be of such a disturbing nature that a high rate of PTSD could be expected. Two of the nine respondents who began sex work underage lived with their mothers and the others were not living with either of their parents when they started sex work. This is suggestive of a traumatised home life which has been known to be associated with PTSD and anti-social personality disorder (Long et al, 1996). Over half of the respondents in this study had been sexually abused as children.

The amount of PTSD symptoms was not related to the amount of support they felt they had. There was a suggestion from the data that those with high PTSD got involved in sex work through friends or their first client. Those with no symptoms felt they had freely chosen the work and were older. They also reported less involvement in the sex industry and their friends were not involved in sex work.

Seven out of the fourteen respondents were working on the street when interviewed. This may account for the high rates of PTSD and sexual violation while doing sex work. As Plumridge and Abel (2001) state,

"Street workers had generally experienced more and more severe violence, harassment and adversity and were more likely to have had money stolen by a client, been physically assaulted, held somewhere against their will, been subjected to verbal abuse, and were more likely to have been raped and forced to have unprotected sex." (p 82).

Women in sex work use a variety of ways to protect their psychological self such as dissociation, using alcohol, tranquillisers and other drugs, splitting of certain kinds of awareness and memories, disembodiment, denial, depersonalisation, making tricks as short as possible, and thinking of other things (Hoigard & Finstad, 1992). In this study, the interviewer noted that some respondents were openly drinking alcohol and alcohol was available at two of the parlours where respondents worked. With the prolonged and repeated trauma that usually precedes entry into commercial sexual activity (Potter et al, 1999) and with no time for healing in a supportive and nurturing environment the effects can be cumulative (Briere, 1998).

For young people who get involved with commercial sexual activity there is an alienation from their normal supports of care and nurturing. To begin with they do not acknowledge that doing sex for money is commercial sexual activity and are unlikely to seek assistance from clinics and services that are set up to assist people involved in the sex trade. They do not usually know other social services that might be able to assist them and arrange counselling and support. Their fellow workers or ' boyfriends' become their support.

One underage prostitute described it as a process "At first it was like a big party, but then I got tired of it" (ECPAT file 2103). Later she felt she had made some mistakes getting involved in the sex trade. She felt less in control of her life than she had previously thought and had begun to notice "unjustified" violence. Dworkin (1997) suggests that the violence is not only punishment and control but establishes the women' s worthlessness and invisibility.

For the young person becoming involved in commercial sexual activity who has had the symptoms of a conduct disorder there is a strong potential link for them to develop a personality disorder by their eighteenth birthday (see Appendix I). The aetiology behind such personality disorders is family dysfunction violence and abuse (DSMIV). Coupled with this there is the likelihood of PTSD developing in the young person. This will restrict young people from seeking assistance to make practical life choices or maintaining such choices that involve a positive future.

### **Reducing the Numbers at Risk**

There is a strong case for the prevention of underage commercial sexual activity given the long term damage it is likely to cause. With a high likelihood of PTSD developing it will be difficult for a young person to complete their adolescent developmental tasks towards cognitive and social maturity. Without the ability to plan ahead and follow through such plans it will be difficult for them, to turn their life around, complete their education and obtain job training. Their long term prognosis will be poor without considerable health, education and social intervention.

Any prevention programme would have to take into account the amount of traumatic damage from family life that made children flee to the streets, the subsequent violence and trauma on the street, and the strong likelihood of young prostitutes suffering from post-traumatic stress disorder (Briere, 1992). Treatment (especially healing PTSD) is also, therefore, a means of prevention, reducing the risk of victims becoming perpetrators (UNECAP, 1999). In order for victims of childhood abuse to recover and be reintegrated into their families and society, they need professional counselling. Healing child abuse trauma in young males may lessen the incidence of child abuse (Briere, 1992) but we have no information of this in relation to commercial sexual activity. We do have some instances of children being removed from their prostituting mothers by statutory authorities due to inappropriate behaviour and a sexualised environment but there is no reports on long term outcomes.

Several overseas programmes have endeavoured to implement the United Nations guidelines (1999). For example, the *ECPAT/Taksvarkki Prevention Project* in Thailand implemented the following strategies:

- *‘Strengthening children through life skills education, training, leadership building, counselling, awareness raising, campaigning;*
- *Strengthening communities by listening to the people, providing people with occupational training, promoting appropriate cultural values, encouraging participatory learning activities, involving people in planning and decision making;*
- *Providing informal education and training to children to raise their awareness about children’s rights and reproductive rights;*
- *Raising awareness about the situation of child commercial sexual activity in the area;*
- *Dealing with other factors which may precipitate children into commercial sexual activity such as family problems, drug addiction, and sexual exploitation.”* (Wassana Im-em, 2001: 15)

Most assistance offered to young people in sex work is motivated by the concepts of rescue and reform which are experienced as punitive and restrictive to those they aim to protect (Lee & O’Brien, 1995). Legislation and services need to recognise the conditions of exploitation and the need to gain the consensual involvement of young people. However, this is not an “either/or” option for service providers. The 1996 World Congress Against the Commercial Sexual Exploitation of Children (reiterated at the Second Congress at Yokohama) recognised that such exploitation has to be fought on a number of different fronts simultaneously (Dodsworth, 2000). A community approach involves changing everyone’s attitudes about men and women and the rights of children. Only when everyone is committed to the sanctity of childhood will sexual exploitation cease. While this study was underway the police began to take a more active role to remove unsupervised children from the streets and there has been a reduction of young people in sex work streets in Central Auckland. It will be important to maintain vigilance in this area if these gains are to be maintained.

Current international efforts to eliminate underage commercial sexual activity are now focussing on stopping the men who pay money to use them for sex. Overall, any prevention must take the demand for child sex into account. As a nation, New Zealand hold attitudes that allow 75% of sexual offences to be committed on children without a national outcry (Appendix III). Healing the effects of PTSD is necessary for those young people who are effected. But it is not going to prevent underage commercial sexual activity.

New Zealand is part of a global economy and it is unlikely that our sexual abuse figures and our commercial sexual exploitation of children are very different from other countries. It will take time to address attitudes that fail to look at the demand portion of the supply and demand cycle.

To date there has been no concerted effort to prosecute the men who sexually use children on the streets or set up strategies to deter them. The Second World Congress on the Sexual Exploitation of Children at Yokohama recognised that action has begun and emphasised a need to incorporate approaches consistent with the key principles of working with children. These included work that is based on children’s rights, supporting their participation, and adopting a holistic approach (Oliveira, 2000). Such principles would encourage and support alternative survival strategies, provide exiting

opportunities and encourage and strengthen resilience. This is included in New Zealand's National Plan of Action Against the Commercial Exploitation of Children.

## Conclusion

The small number of respondents to the PTSD questions does not allow us to make any generalisations to other sex workers. However when coupled with clinical observations and the literature there would appear to be rates of PTSD among those involved in the sex trade that are of concern. It may be stressing to the individual and may lead them to self medicate on drugs and alcohol to lessen psychological distress, particularly those who are underage where immaturity may prevent long term choices being made. More general education about PTSD and its effects are required to begin early healing and reduce loss of productivity.

Any assistance for these young people will be undermined if there is also an attempt to stop the older and experienced johns from exploiting the often marginalised young people. A prevention programme would have to ensure that there is a broad attitude changing programme that will reduce the physical abuse and sexual offences against young children to prevent marginalisation, improve the school attendance rate for children with disturbed behaviour, removal of unsupervised young people from the streets and stop the men who commercially sexually exploit young people.

## References

- Barnard Hart & Church, (2001), *Client Violence Against Prostitute Women Working from Street and Off Street Locations: A Three City Comparison*, Economic & Social Research Council, London
- Briere J. (1992) *Child Abuse Trauma: Theory and treatment of the Lasting Effects* London: Sage
- Briere J & Runtz (1990), Differential adult symptomology associated with three different child abuse histories, *Journal of Child Abuse & Neglect*, 14, 357 -364
- Breslau N, Davis GC, Andreski P. & Peterson E (1991) Traumatic events and posttraumatic stress disorder in an urban population of young adults *Archives of General Psychiatry* 48, 216-222
- Davidson & EB Foa (eds) (1991) *Post-Traumatic Stress Disorder: DSMIV and Beyond* (pp156-178) Washington DC: American Psychiatric Press
- Dworkin, A. (1997), *Life and Death*, New York: Free Press
- Farley M, Baral I, Kiremire M & Sezgin U. (1998) prostitution in five countries: Violence and post traumatic stress disorder *Feminism & Psychology*, 8, 4, 405-426
- Graham DLR, Rawlings E. & Rigsby R (1994), *Loving to Survive: Sexual Terror, Men' s Violence, and Women' s Lives* New York: New York University Press
- Hoigard & Finstad, (1992), *Backstreets: Prostitution, Money and Love* University Park: Pennsylvania State University Press
- Holm C. (2000) New Zealand to Ratify Child Labour Convention, Parliament Press release 16 May, [Internet]
- Jeffreys, (1997), *The Idea of Prostitution* Melbourne: Spinifex
- Keane TM, Weathers FW, Kaloipek DG. (1992) Psychological assessment of posttraumatic stress disorder. *PTSD Research Quarterly* 3 (4) 1-3
- Kilpatrick DG & Resnick HS (1992) PTSD associated with exposure to criminal victimisation in clinical and community populations. In JR Long R. et al 1996
- MacFarlane, AC (1989) The aetiology of post-traumatic morbidity: predisposing, precipitating and perpetuating factors *British Journal of Psychiatry* 154, 221-228
- McLeod E. (1982), *Women Working: Prostitution Now*, London : Croom Helm
- Mullen PE, Martin JL, Anderson JC, Romans SE, Herbison GP, (1996) The long-term impact of the physical, emotional and sexual abuse of children: A community study, *Journal of Child Abuse and Neglect*, 20,1, p7-21

- Navarre EL. (1987) Psychological maltreatment: The core component of child abuse In MR Brassard, R Germain, & SN Hart (Eds) (*Psychological Maltreatment of Children and Youth* (pp45-56) New York: Pergamon
- Potter K. Martin J. & Romans S (1999) Early developmental experiences of female sex workers: a comparative study *Australian & New Zealand Journal of Psychiatry* 33. 935-940
- Plumridge L. & Abel G. (2001) A 'Segmented ' sexual industry in New Zealand: sexual and personal safety of female sex workers, *Australian and New Zealand Journal of Public Health*, 25, (1): 78 -83
- Plumridge L. (2001) Rhetoric, reality and risk outcomes in sex work, *Health Risk & Society*, 3, (2): 199-215
- Romans S. Potter K. Martin J & Herbison P (2001) The mental and physical health of female sex workers; a comparative study *Australian and New Zealand Journal of Psychiatry* 35, 75-80
- Saphira M. (2001) *The Commercial Exploitation of Children* Auckland: ECPAT
- Simcock A. (2000) *Safe Not Sorry: A Handbook for selecting suitable people to work with children*, Hamilton: Institute of Child Protection Studies
- Terr L. (1990) *Too Scared To Cry: Psychic Trauma in Childhood* New York Harper & Row
- Under Age Commercial sexual activity in South Auckland Meetings Report 2003, Ministry of Social Development.
- Tschirren R. Hammet K. & Saunders P. (1996) *Sex For Favours: The on the Job Youth Project The Definitive Report*, Adelaide: Sex Industry Network [ecpat]
- Turner V. (1969) *The ritual process; structure and anti-structure*, Chicago: Aldine quoted in Besnier G. (1994) Polynesian gender liminality through time and space, in G. Herdt ed. *Third Sex, Third Gender, beyond sexual dimorphism in culture and history*, New York: Zone Books [nzaf]
- Unger J. Simon T. Newman T. Montgomery S. Kipke M. & Albornoz M. (1998) Early adolescent street youth: an overlooked population with unique problems and service needs, *Journal of Early Adolescence*, 18, (4), 325-348 [s]
- United Nations Economic and Social Commission for Asia and the Pacific (UNECAP) (1999) *Sexually Abused and Sexually Exploited Child and Youth in South Asia: A Qualitative Assessment of their Health Needs and Available Services*, New York; United Nations [ecpat]
- United Nations Children's Fund (UNICEF) (2001) *Profiting from Abuse* New York: UNICEF [ecpat]
- Warburton J. (2001) *Prevention, Protection and recovery of Children from Commercial Sexual Exploitation* Yokohama: World Vision International/International Catholic Child Bureau [ecpat]
- Wassam Im-em (2001) *Prevention Against Child Prostitution: Lesson learned from the ECPAT/Taksvarrki Prevention Project in Northern Thailand*, Thailand: ECPAT International [ecpat]
- Ward T. Hudson S. & Keenan T (2000) The assessment and treatment of sexual offenders against children in C Hollin (ed) *Handbook of offender Assessment and Treatment*, London: Wiley p 349 - 361
- Webber M. (1991) *Street Kids: The Tragedy of Canada's Runaways*, Toronto: University of Toronto Press [apl]
- West J. (2000) Extended Review: Reworking Sex Work, *Work, Employment & Society*, 14, (2): 395-399 [s]
- Wilson P. & Arnold J. (1986) *Street Kids*, Blackburn, Victoria: Collins-Dove [apl]
- Worth H. (2000) Up on K Road on Saturday night: sex, gender and sex work in Auckland, *Venerology*, 13, (1), 15-24 [s]

## Appendix I DSM IV

Diagnostic criteria for 301.7 antisocial personality disorder.

- a) there is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following,
  - 1) failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest.
  - 2) deceitfulness as indicated by repeated lying, use of aliases or conning others for personal profit or pleasure.
  - 3) impulsivity or failure to plan ahead.
  - 4) irritability and aggressiveness as indicated by repeated physical fights or assaults.
  - 5) reckless disregard for safety of self or others.
  - 6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or financial obligations .
  - 7) lack of remorse as indicated by being indifferent to or rationalising having hurt or mistreated or stolen from another.
- b) the individual is at least 18 years of age.
- c) there is evidence of conduct disorder with onset before age 15 years.
- d) the occurrence of antisocial behaviour is not exclusively during the course of schizophrenia or manic episode.

DIAGNOSTIC CRITERIA FOR 312.8 CONDUCT DISORDER.

- a) a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three or more of the following criteria in the past 12 months with at least one criterion present in the past 6 months.
  - a) aggression to people or animals.
  - b) destruction of property.
  - c) deceitfulness or theft.
  - d) serious violations of rules.

SPECIFIC TYPE BASED ON AGE ONSET.

- childhood onset type, prior to age 10
- adolescent onset type, absence of any criteria till 10 years.
- specify severity, mild, moderate or severe.

## Appendix II PTSD Symptoms

The following table was used as a guide to the symptoms of PTSD for the purpose of this study (Weathers, 1991).

TABLE V  
Symptoms of Post traumatic Stress Disorder (PTSD)

B Symptoms	1. Repeated, disturbing memories, thoughts or images of past trauma
Traumatic	2. Repeated, disturbing dreams of past trauma
Re-experiencing	3. Suddenly acting or feeling as if trauma from the past were happening again ( as if you were reliving it)
	4. Feeling very upset when something reminds you of past trauma
C Symptoms	5. Avoiding thinking or talking about past trauma or avoiding having feelings related to it
Avoiding	6. Avoiding activities or situations because they remind you of past trauma
Stimuli	7. Trouble remembering important parts of past trauma
	8. Loss of interest in activities which you previously enjoyed
	9. Feeling distant or cut off from people
	10. Feeling emotionally numb or unable to have loving feelings for those close to you
	11. Feeling as if your future will be cut short
D Symptoms	12. Having physical reactions (such as heart pounding, trouble breathing, sweating) when something reminds you of past trauma
Autonomic	13. Trouble falling or staying asleep
Nervous	14. Feeling irritable or having angry outbursts
System	15. Difficulty concentrating
Hyperarousal	16 Being ' superalert' or watchful or on guard
	17. Feeling jumpy or easily startled

A diagnosis of PTSD would have moderate evidence of at least 1 item from Category B, 3 items from Category C and at least 2 items from Category D

### Appendix III

Statistics compiled by Denise Ritchie/ECPAT NZ Inc from Ministry of Justice annual reports  
 “Conviction and sentencing of offenders in New Zealand”

#### Convictions for “various sex offences” in New Zealand (1992-2000)

Year	Total Convictions	Against victims 16 & younger	%
2000	1574	1173	75
1999	1857	1458	78
1998	2038	1626	79
1997	1909	1542	80
1996	2544	2066	81
1995	2323	1787	76
1994	2371	1870	78
1993	2304	1788	77
1992	1962	1572	80
<b>Totals</b>	<b>18882</b>	<b>14882</b>	<b>75-81%</b>
% of total convictions	79%		

Notes:

1. “Various sex offences” includes rape, unlawful sexual connection, attempted sexual violation, indecent assault, incest, indecent act, unlawful sexual intercourse, attempted unlawful sexual intercourse and anal intercourse.
2. Offenders may have faced multiple convictions; conversely one conviction may be representative of multiple and prolonged offending, sometimes over years.
3. While some convictions were for historical offending both offenders and victims form a part of current NZ population.

Year	Against victims 11 & younger	Against victims 12 – 16yrs	Where child’s age unknown
2000	628	522	23
1999	789	667	2
1998	924	684	18
1997	882	638	22
1996	1192	838	36
1995	951	810	26
1994	1136	704	30
1993	1090	654	44
1992	939	611	22
<b>Totals</b>	<b>8531</b>	<b>6128</b>	<b>223</b>
% of total convictions	45%	32%	1%

<b>Year</b>	<b>Against female victims 16 &amp; younger</b>	<b>Against male victims 16 &amp; younger</b>	<b>Where gender of child unknown</b>
2000	901	257	15
1999	1164	291	3
1998	1305	300	21
1997	1189	325	28
1996	1625	421	20
1995	1429	316	42
1994	1457	356	57
1993	1422	301	65
1992	1192	333	47
<b>Totals</b>	<b>11684</b>	<b>2900</b>	<b>298</b>
% of convictions against child victims by gender	79%	19%	2%