

Victimisation Among Those Involved In Underage Commercial Sexual Activity

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Abstract

This study explores the incidence of violence and childhood sexual abuse among people who became involved in underage commercial sexual activity. Respondents who became prostitutes before the age of 18 years were asked about childhood sexual abuse and about sexual and physical assault since beginning commercial sexual activity. Rates of childhood sexual abuse were higher than those of a South Island study that did not include Maori, Pacific or transgender participants.

Introduction

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, 2001). High rates of childhood penetrative sexual abuse have been found among women and transgenders involved in commercial sexual activity (Potter Martin & Romans, 1999; Worth, 2000). It has been suggested that performing sex for money may by its very nature cause psychological distress such as Post Traumatic Stress Disorder (PTSD) (Giobbe, 1991; McKinnon, 1987). Sex workers employ dissociation and other ways of cutting off, such as the use of tranquillisers, to protect their sense of self from violation. This suggests that the work undertaken may be abusive to psychological well-being (Hoigard & Finstad, 1992). Dworkin (1997) suggests that violence is experienced not only as a punishment and control mechanism but also serves to consolidate the women's feelings of worthlessness and invisibility.

Perkins (1994) found that a major problem for prostitutes is convincing the client to wear a condom. Some clients turn violent and at least a third of the women had experienced some kind of non-sexual violence. Of these 11% experienced it on more than seven occasions (Perkins, 1994). Fitzgerald suggests that young people are *“likely to have fled dysfunctional families, they are susceptible to unsafe sex practices, and exposed to drug and alcohol use and abuse.”* (Fitzgerald, 1997, p 8)

There are numerous hazards involved in undertaking commercial sexual activities. These include rape, assault, demands to have money refunded after sex, robbery, abduction, refusal to drive the worker back to the street and refusal to wear condoms. These risks were reported in a previous New Zealand study. It has been seen as more dangerous to work on the streets than in massage parlours (Plumridge & Abel, 2001). Many children begin their involvement with commercial sex on the streets. Plumridge (2001) found that young people, while alert to the risks on the streets, discounted these dangers as they did not accord with their self-image as streetwise and in control.

Once involved with the sex trade, young people will use coping strategies developed as children to contend with the trauma of these hazards. Women involved in prostitution talk about psychological and physiological methods that they use to protect their self-concept

(Hoigard & Finstad, 1992). Most avoid kissing, they learn to dissociate and they concentrate on making tricks as short as possible.

Young people involved in underage commercial sexual activity are very likely to have a family background of disruption, psycho-social problems, physical abuse by family members (51% in Potter, Martin & Romans, 1999) and sexual abuse (38% in Potter, Martin & Romans, 1999). This abuse was more likely to include penetrative sex than the abuse found in a random sample of women. The Dunedin and Wellington sex workers (no ethnicity given) in the Potter, Martin & Romans study (1999) "were more likely to have been exposed to a high level of personal abuse stress as young girls" (p 939). This often led to them leaving school early with lower qualifications, having early pregnancies and reduced work opportunities. In addition to leaving home before completing school, they left what should have been a nurturing environment, and the oversight of a mature adult.

Young people involved in underage commercial sexual activity have in the main already been influenced by older people associated with the sex trade (Saphira & Herbert 2004; Pederson & Hegna, 2002). Their youthfulness and disruptive backgrounds, combined with a lack of social maturity and experience, leave them vulnerable in violent situations.

This study looks at violence in the lives of people who began their involvement in the sex trade before the age of eighteen years.

Method

Questionnaires were distributed and/or interviews were held in the Auckland, Northland and Waikato regions. Forty seven forms were completed. The questionnaire was developed in consultation with medical and psychological researchers, the Auckland Ethics Committee and Maori Community Workers in South Auckland. Completed questionnaires were returned from brothels, private workers, New Zealand Prostitutes Collective drop in centres, former workers from a snowballed sample and from street workers. Ethical approval was obtained from the Health Funding Authority Auckland. Reporting sexual assault or childhood sexual abuse in a written questionnaire or in a one off interview can make the person feel vulnerable and under reporting is expected in these circumstances (Femina, Yaeger, & Lewis, 1990; Anderson, Martin, Mullens, & Romans, 1993).

The average age of the 47 respondents was 24 years and ranged from 15 to 47 years. There were 37 females, 3 males and 7 transgenders. There were 20 Pakeha (43%), 19 Maori (40%), 5 Pacific Peoples (11%) and 3 people who came to New Zealand as childhood immigrants (6%).

Results

At the time they started having sex for money, 79% were living away from one or both of their parents.

The lead in question in the interviews was about verbal abuse. This was not asked in the questionnaire. Of the 25 respondents who were interviewed, 20 reported being verbally abused and 10 reported being hit by the client.

Table I Responses to Verbal Abuse and Assault

Verbal Abuse	Assaulted	No Assault	Total
Abused Verbally	7	12	19

None	1	5	6
Total	8	17	25

The participants were asked if there was an occasion, after they had begun having sex for money, when they were forced to have sex when they did not want to. This had occurred for 77% of the respondents. For 13 of the 36 (36%) this had happened on more than one occasion.

Some assaults left the person unconscious. One had been badly knifed in an attack and spent some time in hospital recovering. Another described being forcibly auctioned in a brothel. In addition to sexual assault, several respondents talked about being picked up in a car and being dropped off after sex at a place different from where they were picked up.

Table II Place or Circumstances where Sexual Assault occurred

Place of Sexual Assault	Total
Own Home	11
Injured and he refused to stop	10
Became violent and refused to pay	8
Brothel	6
In a car	4
On the street	3
Thrown out of speeding car	2
In a taxi	2
Sexually assaulted by police	2
Drugged	1
Gang Rape	1
Total	50

Few escaped sexual assault. No clear trend emerged as to whether those who were involved in commercial sexual activity at an earlier age were more prone to disclose sexual assault than those than began later. Although it has been noted that indigenous children are more vulnerable to commercial sexual exploitation (Ministry of Foreign Affairs and Trade, 2001), there was no difference in the ethnicity or gender of those who were sexually assaulted. There were differences with regard to those who had been subjected to childhood sexual abuse.

Table III Age of First Sex for Money and Sexual Assault

First Commercial sex age	Sexual Assault	No forced sex	Total
12 years old and under	4		4
13 & 14 years old	10	3	13
15 years old	6	4	10
16 & 17 years old	16	4	20
Total	36	11	47

In 21% of instances a condom was used when the sexual assault occurred see Table III. There was an expectation that those who had been assaulted without protection may have sought and received more assistance but this was not supported by these respondents. Most

of the respondents carried on without help. Those who received support at this time were those who required medical treatment for their injuries.

Table IV Condom Use and Assistance

Condom Use	Assisted	Some Help	No Help	No Response	Total
Condom Used	1	1	4	1	7
Not Used	7	1	17	3	28
Total	8	2	23	4	35

Fifty-nine percent of respondents disclosed childhood sexual abuse compared to 38% in the Dunedin study (Potter, Martin & Romans, 1999). There were ethnic differences in the rate of disclosure. Seventy four percent of Maori disclosed sexual abuse as a child compared to 40% Pakeha and 60% Pacific People. This may be related to openness to disclose in a one-off interview rather than actual rates in the community. Another explanation may be that young people in this group did not get access to ACC counselling at an appropriate time (Sensitive Claims counselling is only available to the person assaulted and not to whanau. This places Maori children who have experienced abuse at a disadvantage.)

Two New Zealand studies of prevalence (showing a sexual abuse rate of between 10% - 25%) were carried out only on a South Island population which has a different ethnic mix, less transient people and less crowded urban areas (Anderson, Martin, Mullen & Roman, 1993; Fergusson, Lynskey & Horwood, 1996). More recently, national adolescent research has recorded a rate of unwanted sexual events as between 24% – 31% (Adolescent Health Research Group, 2003)

Secondary victimisation is noted in therapeutic discourse on childhood sexual abuse (Briere, 1998; Brannigan & Gibbs Van Brunschot, 1997). In this study only four of those disclosing childhood sexual abuse did not report being sexually assaulted since beginning commercial sexual activity.

Table V Sex Assault and Childhood Sexual Abuse

Sexual Assault	No Abuse	Child Sex Abuse	Total
Yes	13	23	36
No	7	4	11
Total	20	27	47

There was some support for the notion that childhood sexual abuse may lead to further victimisation. Subsequent rapes were reported by eighty five percent of the group who had disclosed childhood sexual abuse as compared to sixty five percent of the group who had not disclosed childhood abuse. Of the thirteen who reported more than one sexual assault three had not disclosed childhood sexual abuse.

Conclusion

In this study over half disclosed childhood sexual abuse and over three quarters had been subjected to at least one sexual assault. Verbal and physical abuse was also common. No

sub-group or ethnicity was less likely to be assaulted. Lacking maturity, social experience and family guidance, many young people found themselves in difficult and violent situations. Their vulnerability may have been heightened by embarking on sexual relationships before developmentally mature thinking had been achieved.

Few of those who had been sexually assaulted since engaging in commercial sexual activity sought or received assistance. Help was generally received only if hospital treatment was necessitated.

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