



CHILD PROSTITUTION AND THE ASSOCIATED SOCIODEMOGRAPHIC AND CLINIC CHARACTERISTICS IN ADANA, TURKEY

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Asst. Prof. Dr. Sunay FIRAT

Correspondence Author, Çukurova University, Faculty of Health Sciences, Department of Psychiatric Nursery, Adana/ Turkey; Phone: +90(322)3386084-4011
sunayfirat@gmail.com

Specialist Dr. Esra GÜZEL

Dr. Ekrem Tok Mental Health and Diseases Hospital, Child and Adolescent Health and Diseases Specialist

Doç. Dr. Ayşegül YOLGA TAHİROĞLU

Çukurova University, Medical School, Department of Child and Adolescent Health and Diseases

Prof. Dr. Necmi ÇEKİN

Senior Author, Çukurova University, Medical School, Department of Forensic Medicine

Introduction

Considering the prevalence of child prostitution in the world, it is impossible to deny its existence in Turkey, and the fact that it may be more widespread than is actually known. Although the number of cases being reported is limited, it can be easily asserted that the real frequency is much higher.

Raising awareness on such a drastic issue that is rapidly increasing is very important for protecting children and ensuring a healthy future. For this reason, the aim of this study is to present characteristics of child prostitution cases forwarded to the Child Psychiatry Department of the Faculty of Medicine at Çukurova University by the police department, courts or prosecutors.

Method and Results

In this study, 17 cases were selected after retrospectively investigating 850 files previously forwarded to the Child Psychiatry Department of the Faculty of Medicine at Çukurova University by the police department, courts or prosecutors, and evaluated by the committee of forensic cases.

The average age of the cases was 14.91 ± 1.75 (minimum age being 10, and maximum 16). Concerning the level of education, six (35.3%) of the cases had no education at all or were primary school drop outs. Eight cases out of 17 had drug abuse. Examination of the identity of the first abuser revealed that in 12 (7.6%) of the cases, it was a stranger.

Discussion and Results

What is interesting is that families, who should normally be the main providers of protection, also take part in prostitution, serving as examples, and actively selling their own children.

One solution for reintegrating the victims of child prostitution into society is forming centers and other institutions where they can be informed about their rights, in addition to receiving psychological, medical, social, legal and administrative support.

Key words: Children, Child abuse, Prostitution

INTRODUCTION

Although there has been greater social awareness over the past two decades concerning child prostitution, professionals in the field note that studies on this subject are still in their early stages (Rand, 2009; Kotrla, 2010; McMahon-Howard and Reimers, 2013). According to the 2012 data of the International Labor Organization, it is estimated that there are 20.9 million victims of human trafficking worldwide, 945,000 of which are sexually exploited children (International Labor Organization, 2012). Human trafficking for prostitution is not only “a legal issue,” but also a “human and social issue” which poses a significant threat to children across the world and in Turkey (Erder and Kaşka, 2003).

Cases of prostitution are usually identified at random, with the victims not being the ones to complain or seek help in the majority of instances. It is believed that the unreported cases are due to the abuse victims’ fear of revealing what the abuse experienced; the long and complicated judicial processes involved; and the greater social concern towards preserving the family rather than aiding the victim.

Due to the difficulties in identifying victims and those at risk, there is no accurate and authentic statistical data on actual incidence and prevalence (Stansky and Finkelhor, 2008).

In Turkey, the number of studies on child prostitution and its characteristics is very limited, and the aim of this study is to reveal the sociodemographic and clinical characteristics of child prostitution victims.

METHODS

The files for 850 forensic children cases who had been forwarded to the Child and Adolescent Psychiatry and Diseases Outpatient Clinic of the University Faculty of Medicine by the child protection police, courts or prosecutors between 2011 and 2014 were screened retrospectively and 17 cases identified as child prostitution cases were included into the study. Necessary approval for the collection of study data was obtained from the Ethics Committee of our institution.

Data Analysis

All analyses were performed using SPSS 18.0 statistical software package (IBM SPSS Statistics). Categorical variables were expressed as numbers and percentages, whereas continuous variables were summarized as mean and standard deviation and as median and minimum-maximum where appropriate.

RESULTS

An evaluation of the data on the ways in which the cases were brought to the out patient clinic revealed that eight of them (47.1%) had been brought by the police. The mean age of the cases is 14.91 ± 1.75 (minimum: 10-years-old, maximum: 16-years-old).

Table 1. Education Level of the Victims

Education Level of the Victims	N / %
Uneducated	2 / 11.8
Primary School Drop-out	4 / 23.5
Primary School	7 / 41.2
Middle School	3 / 17.6
High School	1 / 5.9

Table 1 indicates that six (35.3%) of the cases were either uneducated or primary school drop-outs.

Eight (47.1%) of the 17 cases were substance users. An evaluation of the victims' families revealed that 10 (58.8%) of the cases had parents living together, while the parents of the seven (41.2%) other cases were either divorced or separated. With respect to the education level of the victims' mothers, eight mothers (47.1%) were simply literate or primary school drop-outs, six (35.3%) were primary school graduates, and one (5.9%) was a secondary school graduate.

With respect to the education level of the victims' fathers, 12 fathers (70.6%) were primary school graduates, while one (5.9%) was a high school graduate. Data also indicated that the fathers of nine (52.9%) of the victims worked in temporary jobs, while two (11.8%) were unemployed and one (5.9%) worked as a civil servant. It was found that 7 (41.2%) of the fathers used alcohol. Five (29.5%) of the cases had a previous history of prostitution, while two (11.8%) of the cases were sold to prostitution by their own fathers.

Table 2. Identity of the First Abuser

The First Abuser	N / %
Father	1 / 5.9
Relative	1 / 5.9
Acquaintance Other Than Relative	3 / 17.6
Stranger	12 / 70.6

According to Table 2, the first abuser was a stranger in 12 (70.6%) of the cases.

Table 3. Conditions of Abuse

Conditions of Abuse	N / %
None	2 / 11.8
Abduction	1 / 5.9
Use of Physical Force	5 / 29.4
Use of Physical Force and Abduction	7 / 41.2
Use of Physical Force and Threat	2 / 11.8

According to Table 3, which indicates the cases where sexual abuse was accompanied by the use of force, 15 (88.3%) of the victims were subject to physical force, threatened and/or abducted.

Table 4. Victim's Behavior after the Abuse

Victim's Behavior	N / %
Hiding	9 / 52.9
Requesting Help from Educational Institutions	1 / 5.9
Requesting Help from Law Enforcement	6 / 35.3
No Complainant	1 / 5.9

Table 4 indicates that nine (52.9%) of the victims tended to hide the abuse they experienced, while six (35.3%) sought help from law enforcement.

Table 5. Social Consequences of the Abuse

Social Consequences of the Abuse	N/%
Discontinuation of Education	3/17.6
Leaving Family	5/29.4
Social Pressures	2/11.8
Escape from Home	2/11.8
Escape from Dormitory	4/23.5
Escape from Home and Dormitory	1/5.9

According to Table 5, 7 (41.2%) of the victims escaped from home and dormitory after the abuse, while 3 (17.6%) dropped-out from school. An evaluation of the social consequences of the abuse reveals that 7 of the cases (41.2%) escaped from home and dormitory, while 5 (29.4%) left their families, 3 (17.6) discontinued their education, and 2 cases (11.8%) faced intense pressures from their social environment and neighborhood.

Table 6. Family's Approach to the Abuse

Family's Approach to the Abuse	N / %
Hiding	3 / 17.6
Request for Legal Assistance	6 / 35.3
Illegal Practices	3 / 17.6
Family not Informed	5 / 29.4

According to Table 6, which shows the families' attitude towards the abuse, the family of six (35.3%) of the cases sought legal assistance as soon as they learned of the situation, while in five (29.4%) of the cases the families were not informed about the abuse.

Evaluation of the families' attitude towards the victim following the abuse revealed that eight (47.1%) of the parents were supportive and protective, while eight (47.1%) were pressuring and constraining towards the child. On the other hand, one (5.9%) of the families treated the victim in an accusing manner.

Psychiatric assessments of the victims revealed post traumatic stress disorder (PTSD) in 11 (64.7%) of the cases, behavioral disorders in two (11.8%) of the cases, and mental deficiency in four (23.5%) of the cases based on intelligence tests and the DSM 4 diagnosis criteria. In addition, 14 (82.4%) of the cases were started on medication and placed under follow-up at the outpatient clinic.

Table 7. Recommendations for the Department of Forensic Sciences

Recommendations For the Department of Forensic Sciences	N / %
Placing Victim under Protection	10 / 58.8
Taking Health Measures	3 / 17.6
Placing Victim under Protection and Taking Health Measures	3 / 17.6
Drug Addiction Treatment	1 / 5.9

According to Table 8, forensic review board for child cases had proposed that 10 (58.8%) of the victims are placed under protection.

DISCUSSION

In the United Nations Convention on the Rights of the Child, ratified by Turkey in 2002, child prostitution was defined as the use of a child for sexual activity in exchange for money or anything else (UN, 2002). A study conducted in Turkey in 2013 describes that the ages at which women first engage in the prostitution market is between 13 and 15 years-old for 27.5%; 16 and 20 years old for 50%; between 21 and 25 years old for 17.5%; and 25 years-old or older for 5%. The same study emphasized the victims' lack of education, the fact that they were forced into marriage at an early age, and high rates of separated families (67.5%) (Açıklalın, 2013).

The fact that these children are young and easily deceived, as well as their feelings of helplessness and fear, the lack any places where they can seek refuge, and the lack of a supportive environment cause them to feel helpless and to be trapped in a vicious cycle (Yücel and Ögel, 2008).

The mean age of the cases in our study was determined as 14.91 ± 1.75 . (minimum: 10 years, maximum: 16 years). Evaluation of the cases' level of education indicated that 6 (35.3%) of the cases were either uneducated or primary school drop-outs.

Evaluation of the family characteristics in prostitution cases have shown that poor in-family communication, lack of love, separated families, (Clawson et al., 2009) abuse and exploitation, domestic violence (emotional, physical, sexual), and parental alcohol use and/or drug addiction (Smith et al., 2009) are among the important risk factors that may lead children into prostitution, leaving them vulnerable in this sector (Küntay and Çokar, 2007). Such experiences are mostly kept confidential to protect the familial system, with no intervention taking place (Yücel et al., 2006).

In our study, 35.3% of the families (six cases) were separated. It was determined that the level of education of the victims and their families was discernably low. Taking into account the low level of education of the parents and victims, the study once again demonstrated how important it is to increase the practice and sanctions in this respect. In cooperation with the school administration, counseling services, village/neighbor headmen, the Ministry of National Education and the Ministry of Family and Social Policy, it is necessary to determine and take measures for students who do not continue their education. The social assessment should be performed, the children at risk should be identified, and precautions should be taken.

Another important finding of the study was that 64.7% of the fathers of children forced into prostitution did not have regular jobs. It is considered that the parents' involvement in regular work life and production is important for increasing the functioning of a family.

Five cases of our study has a history of prostitution in the family. And in the two of the cases, the children were forced to prostitution by their own fathers. The fact that the family and its members, who would normally be expected to protect the child, are involved in the prostitution, acting as examples and even selling their child into prostitution, is thought-provoking. This finding underscores the importance of identifying people at risk by conducting meticulous social examinations on suspects of sexual abuse and prostitution, and on families involved in organizing cases of prostitution.

Evaluation of the families' attitude towards the victim following the abuse revealed that eight (47.1%) of the parents were supportive and protective, while eight (47.1%) were pressuring and constraining towards the child. On the other hand, one (5.9%) of the families treated the victim in an accusing manner. In terms of the family's behavior towards the abuse, the study showed that in three of the cases, the families concealed the act of prostitution, while in the five of the cases (29.4%), the families did not know that prostitution was taking place.

An evaluation of the social consequences of the abuse reveals that seven of the cases (41.2%) escaped from home and dormitory, while five (29.4%) left their families, three (17.6) discontinued their education, and two cases (11.8%) faced intense pressures from their social environment and neighborhood.

A child exposed to sexual abuse “feels helpless and powerless, developing beliefs such as guilt, embarrassment, impurity and worthlessness. Social labeling and stigmatizing further intensifies these effects. In the social attitudes towards the abuse, the perception of being ‘impure’ is a very serious social stigma, and results in life-long suffering of the victim” (Yücel and Ögel, 2008).

The literature reports that every three out of four persons convicted of sexually abusing children are family members, close relatives, neighbors, or persons known beforehand (Johann et al., 1994; Murray, 2000; Cengel et al., 2007; Erdoğan et al., 2011). A recent multicenter study in Turkey determined that 78.0% of the abusers were acquaintances, while 13.2% were family members (Soylu et al., 2012).

Another study on children forced into prostitution observed that in 12 (70.6%) of the cases, the first abusers were strangers. Furthermore, in parallel with the literature, our study showed that in 15 (88.3%) of the cases, the victims faced physical force, threats and abduction. Table 4 indicates that nine (52.9%) of the victims tended to hide the abuse they experienced, while six (35.3%) sought help from law enforcement.

Studies show strong association in adolescents between drug use and being forced to prostitution (Maxwell and Maxwell, 2000; Kramer and Berg, 2003; Cobbina and Oselin, 2011). Drug use is an important factor in the continuation of prostitution, due to the need to find money for drugs. Limited life experience, and the fact that the brain has not yet completed its development, leads to increased risk taking behavior and impulsiveness among the youth. In addition, by decreasing the inhibition of behavior and impairing judgment, drug and alcohol use can increase risk-taking behavior while reducing the perception of danger. Identifying risk factors is important for taking measures and intervening at an early stage of the problem (Lederer and Wetzel, 2014).

In agreement with the literature, our study determined that the rate of drug use in children is 47.1% (eight cases). A study conducted by Williamson in 2009 on 13 girls regarding the risk factors for child prostitution reported that the ratio of drug use among the parents was 64% (Williamson and Prior, 2009). In our study, the ratio of alcohol use among the parents of the cases was seven (41.2%). The literature reports that the most common psychiatric disorder in sexually abused children is PTSD, with a rate of 40 to 50% (McLeer et al., 1992; Bernard-Bonnin et al., 2008). Similar results were obtained in other studies conducted in Turkey (Cengel et al., 2001; Ayaz et al., 2012) In line with the literature, our study diagnosed (PTSD) in 11 (64.7%) of the cases. It is reported that these individuals are more likely to suffer from the abuse due to mental deficiency, limited cognitive skills, and borderline intelligence functioning (Spencer et al., 2005). Our study diagnosed borderline intelligence functioning in four (23.5%) cases. Fourteen (82.4%) of the cases were started on medication and placed under follow-up as outpatients.

The study determined that working to prevent child abuse and neglect before they take place is a far more beneficial and effective approach. Measures to protect the child from abuse and neglect are defined as the primary, secondary and tertiary protection measures. Primary protection includes activities to prevent abuse from taking place; secondary protection refers to early detection and treatment studies; and tertiary protection covers rehabilitation of the person or persons exposed to the abuse (Turhan et al., 2006).

Considering the characteristics of the families at risk, it is important to organize educational programs and seminars in order to increase family function and to emphasize its importance, and to also gain the support of the media by preparing public service announcements on the subject. Given the high incidence of the history of prostitution in the family that was identified in this study, it is essential that social evaluations on prostitution victims and their families are conducted carefully and meticulously. In addition to training schools on child abuse and the methods for protecting against it, it is necessary to increase the awareness of teachers and guidance counselors at primary, secondary and higher education institutions on this issue. It is equally necessary to train them on possible post-abuse behavioral changes and psychological symptoms.

Furthermore, it is important to inform and increase the awareness on this issue of public and social organizations that work with children. In this context, the family, immediate social circles, social support institutions, child protection police and the media assume a particularly important role. It is necessary to plan the activities for increasing social sensitivity and awareness, and for reporting of suspected cases.

In addition to increasing the level of psychological, medical, social and administrative support being provided, the number of centers that provide safe conditions for children – and where the children may apply, find shelter and plan their future lives safely – needs to be increased as well. It is crucial to enforce laws and sanctions in order to ensure the protection of the rights and interests of children and adolescents.

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