A Health Impact Comparison Between Child Sexual Abuse and Child Sexual Exploitation

By: Selma Melkich

International Centre
FOR MISSING & EXPLOITED CHILDREN

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About Us

The International Centre for Missing & Exploited Children (ICMEC) is leading a global movement to protect children from sexual abuse, exploitation and abduction. ICMEC's work brings promise to children and families by: establishing global resources to find missing children and prevent child sexual exploitation; promoting the creation of national operational centers based on a public-private partnership model; building an international network to disseminate images of and information about missing children; providing training to law enforcement, prosecutors, judges, legal professionals, non-governmental organizations, and government officials; advocating and proposing changes in laws, treaties, and systems to protect children worldwide; conducting international expert conferences to build awareness, encourage and increase cooperation and collaboration between and among countries; and leading a global financial coalition to eradicate commercial child pornography from the Internet.

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Acronyms

ACE – Adverse Childhood Experience

ADHD – Attention Deficit Hyperactivity Disorder

CAC – Child Advocacy Center

CSA – Child Sexual Abuse

CSE – Child Sexual Exploitation

CVD – Cardiovascular Disease

HPV – Human Papillomavirus

ICMEC – International Centre for Missing and Exploited Children

IBS – Irritable Bowel Syndrome

ILO – International Labour Organization

OCD – Obsessive-Compulsive Disorder

PTSD – Post Traumatic Stress Disorder

STI – Sexually Transmitted Infection

TVPA –Trafficking Victims Protection Act

UN – United Nations

WHO – World Health Organization

INTRODUCTION

The impacts of child sexual abuse (CSA)[2] and child sexual exploitation (CSE)[3] are well documented among legal and law enforcement professionals, but there is a lack of information and understanding about the health impacts victims of both types of abuse suffer. Numerous studies have attempted to formulate an explanation for why health outcomes do not receive adequate attention. One of these studies states that anti-exploitation discussions, until recently, have largely revolved around what are known as the three P's – "prevention, protection, and prosecution", with a fourth "P" recently added for "partnership"[4], but very little focus has been given to the health impacts victims experience. The United Nations (UN) stresses the importance of working together and forming partnerships between States and within nations in order to combat the exploitation of children.[5] This framework has proven helpful in improving law enforcement responses, but it overlooks the fundamental migratory nature of sexual exploitation and minimizes the health sector role in addressing the issue.[6]

Statistics on the prevalence of child sexual abuse and child sexual exploitation are difficult to obtain, and depending on the source, the number of estimated victims may vary significantly. The 2012 Global Estimate of Forced Labour Factsheet, published by the International Labour Organization (ILO), estimated that in 2012, of the total number of 20.9 million forced labourers,

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2 Shelia Savell, *Child Sexual Abuse: Are Health Care Providers Looking the Other Way?*, 1 Journal of Forensic Nursing 78, 78 (2005) "any sexual activity with a child when consent is not or cannot be given; it includes sexual penetration, sexual touching, exposure, and voyeurism".

3 TIP Report 2013 U.S. Department of State, *Trafficking in Persons Report*, 7-416 (2013);
CSE, according to the Victims of Trafficking and Violence Protection Act (TVPA), is defined as "sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induce to perform such an act has not attained 18 years of age".

4 Zimmerman et al., *Human Trafficking and Health: A Conceptual Model to Inform Policy, Intervention and Research*, 73 Journal of Social Science & Medicine 327, 328 (2011).

5 Ban Ki-moon, Secretary General, United Nations, Secretary-General Tells General Assembly Human Trafficking 'Slavery in the Modern Age': Can only be Ended by Working in Partnership through Global Plan of Action (Aug. 31 2010).

6 Zimmerman, *supra* note 4, at 328.

4.5 million (22%) of these were victims of forced sexual exploitation.[7] In addition, UNICEF estimates that two million children face sexual exploitation every year.[8] A study conducted in 2011 estimated the global prevalence of CSA to be 11.8% or 118 per 1,000 children.[9] The findings of the study were based on a meta-analysis of 331 independent samples with a total of 9,911,748 participants and its conclusions were consistent with a similar, although smaller, meta-analysis conducted in 2009.[10]

Even though it is evident that CSA and CSE affect a considerable number of children[11], little is known about the health consequences these victims suffer during and following the abuse. According to a study done by Dr. David Finkelhor from the University of New Hampshire Crimes Against Children Research Center in 1994, one in five girls and one in ten boys will be sexually victimized in some way before they reach the age of 18, and only one in three will report the abuse.[12] The Adverse Childhood Experiences (ACE) Study, conducted by the Centers for Disease Control and Prevention (CDC), collected and examined data from a sample group of women and men from 1995-1997; the results found that one in four girls and one in six boys will be sexually abused by the age of 18.[13] It is important to note that these are conservative estimates and that the numbers are likely higher. A newsletter published by the Los Angeles County Department of Public Health in 2009 stated that 90% of CSA cases go unreported and untreated as the symptoms of CSA are often misdiagnosed and unrecognized.[14] Victims of CSA are often reluctant to disclose abuse for a variety of reasons: they often exhibit feelings of

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7 International Labour Organization, *Regional Figures: Persons in Forced Labour*, 2012 Global Estimate of Forced Labor.

8 *Every year, 2 million kids face sexual exploitation*: UNICEF, One World South Asia (Apr. 26 2013), http://southasia.oneworld.net/news/every-year-2-million-kids-face-sexual-exploitation-unicef#.UfK7hNKoo8o (last visited 30 July 2013).

9 Marije Soltenborgh et al., *A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence around the World*, 16 Journal of Child Maltreatment 7, 87 (2011).

10 *Id*.

11 The term 'child' for the purpose of this report is defined as an individual under the age of 18.

12 David Finkelhor, *Current Information on the Scope and Nature of Child Sexual Abuse*, 4 The Future of Children: Sexual Abuse of Children 31, 37 (1994).

13 Centers for Disease Control and Prevention, *Adverse Childhood Experiences (ACE) Study, available at:* http://www.cdc.gov/ace/prevalence.htm (last visited 18 September 2013).

14 James M. DeCarli, *Adult Manifestations of Childhood Sexual Abuse*, 9 County of Los Angeles Public Health Newsletter for Medical Professionals in Los Angeles County 2, 2 (2009).

shame, helplessness and guilt; they may fear that whomever they tell will not believe them; and they may not understand that what is taking place is not normal. It is therefore imperative that tools are created and implemented that allow healthcare workers to better identify symptoms of CSA.

There is a consistent link between a history of CSA and a range of adverse outcomes both in childhood as well as adulthood.[15] Studies have documented adverse health outcomes related to CSA for decades. One of these studies found that abuse survivors report being sick more often and may more frequently seek the assistance of physicians as compared to non-abused individuals.[16] The same study also found that CSA survivors report more symptoms, are less likely to describe their health as good, and have surgery more often. The ACE Study found that subjects who had experienced four or more types of adverse childhood events were at an increased risk for a wide range of conditions, including ischemic heart disease, cancer, stroke, chronic bronchitis, emphysema, diabetes, skeletal fractures, and hepatitis.[17] In addition to the health impact, another study conducted in 2000 concluded that early experiences of CSA are likely to change a child's expectation that the world is a safe and friendly place, and may instead invoke feelings of the world as a place where one encounters physical and emotional pain, as well as betrayal of trust.[18] Furthermore, the same study found that because CSA destroys a child's assumption of safety, the abuse will have long-lasting effects on the manner in which survivors view not just relationships, but the entire world.[19] Some of these long-term effects include depression, anxiety, self-destructive behavior, social isolation, poor sexual adjustment and dysfunction, substance abuse, and an increased risk of repeated victimization.[20]

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15 Judy Cashmore et al., *The Long-term Effects of Child Sexual Abuse*, 11 Child Family Community Australia 2, 18 (2013).

16 V.J. Felitti et al., *Long-term Medical Consequences of Incest, Rape, and Molestation*, 84 Southern Medical Journal 328, 328-331 (1991).

17 V.J. Felitti et al., *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, The Adverse Childhood Experience (ACE) Study,* 14 American Journal of Preventive Medicine 245, 248 (1998). In K. Franey et al., *The cost of Child Maltreatment: Who Pays? We all do*, 53-69, 2001.

18 Terri L. Messman-Moore et al., *The Revictimization of Child Sexual Abuse Survivors: An Examination of the Adjustment of College Women with Child Sexual Abuse, Adult Sexual Assault, and Adult Physical Abuse*, 5 Journal of Child Maltreatment 18, 25 (2000).

19 *Id*.

20 Melissa A. Polusny & Victoria M. Follette, *Long-term Correlates of Child Sexual Abuse: Theory and review of the empirical literature*, 4 Applied & Preventive Psychology 143, 143 (1995).

Victims of CSE, on the other hand, often exhibit health and other outcomes that result from physical violence, such as mental illness including psychological and substance abuse, violent and unsafe sex practices.[21] Researchers break down the exploitation cycle into the following stages: recruitment, travel and transit, exploitation, integration or re-integration.[22] Physical and sexual abuse often begin during the travel and transit stages; however, in cases of abduction, perpetrators may rape girls who are virgins at the time of abduction or sale (recruitment stage) to ensure their cooperation.[23] Physical attacks and torture are likely to continue throughout all stages, often resulting in injuries such as broken bones, cuts, mouth and teeth injuries, and cigarette or iron-burns.[24] Girls may be forced to sexually serve men for as many as 12 hours per day, seven days a week, until they repay their travel debts.[25]

The objective of this report is to attempt to identify clear commonalities, as well as differences, between the health impacts of CSA and CSE. Once identified, the goal is to develop strategies that will help identify CSA and CSE victims without requiring them to voluntarily disclose and to subsequently improve the treatment these victims will receive.

METHODOLOGY

Information was gathered over a six week period in the summer of 2013 from online databases, reference lists, and specialized journals. Initially, electronic databases such as Academic Search Complete, Cinahl, Cochrane, ERIC, Healthstar, Medline, PsychINFO, and Sage Journals Online

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21 Olga Gajic-Veljanoski & Donna E. Stewart, *Women Trafficked Into Prostitution: Determinants, Human Rights and Health Needs*, 44 Sage Publications 338, 345 (2007).

22 Zimmerman et al., *supra* 4, at 328 (Referred to 'trafficking cycle' instead of 'exploitation cycle').
- The *Recruitment stage* is the initial period in the trafficking process when individuals are vulnerable to deceptive offers to migrate for work or are abducted for the purposes of exploitation.
- The *travel-transit stage* begins after an individual agrees to or is forced to depart with a trafficker
- The *exploitation stage* is the period when individuals are in a labour or service circumstance in which their work and/or body are exploited or abused.
- *Integration [and reintegration]* are 'long-term and multidimensional stages of either integrating into a host country [or reintegrating into a home country setting], which are not achieved until the individual becomes an active member of the economic, cultural, civil and political life of a country and perceives that he or she has oriented and is accepted'.

23 Olga Gajic-Veljanoski & Donna E. Stewart, *supra* note 21, at 345.

24 *Id*.

25 *Id*.

were searched using key search terms.[26] To complement the above, a supplementary search of documents published in specialist journals was conducted, specifically in the Child Abuse & Neglect, Child Maltreatment, Journal of Child Sexual Abuse, and the Journal Interpersonal Violence. Lastly, additional articles were identified by a manual search of reference lists from relevant articles.

Studies were considered if they contained the following criteria:

- Any study that referred to health impacts directly related to CSE or CSA;
- Any study that provided definitions for CSA, CSE, revictimization, trafficking, prostitution;
- Any study published in the last 25 years;
- Any study that mentioned screening tools for victims of CSE or CSA; and
- Meta-analyses of original research results.

The initial sample included approximately 100 articles, but due to time constraints, a more extensive search of databases and journals was not possible.

Relevant articles that discussed the health impact of either CSA or CSE displayed similarities in their conclusions. Conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), suicidal ideation, substance abuse and infection with a Sexually Transmitted Infection (STI) or HIV/AIDS were consistently listed as direct health impacts of both CSA and CSE. A detailed list of all mentioned conditions for both CSA and CSE was maintained.[27] Lastly, once all of the information was collected, health outcomes that were specific to either CSA or CSE or both, were categorized.

There were a number of limitations to this study. The time restraint made it difficult to obtain and process all available literature on this topic. This study solely focused on the health impacts girls suffer through either CSA or CSE. No articles on male victims and their health

[26] Key search words for example: sexual abuse, sexual exploitation, health impacts, trafficking, prostitution, pornography, coupled with child or children.

[27] Full list in Appendix 1.

situations were reviewed, as there is less available research that focuses specifically on health impacts of male children. Additionally, no study was found that evaluates the differences in health outcomes of CSA compared to CSE. One final potential limitation of this study is due to the varied terminology that exists in the field of CSA and CSE. Technical terms are not consistent across research, and one article may refer to exploitation as trafficking, and vice versa. For the purpose of this report, the focus was solely on child sexual abuse and child sexual exploitation which includes trafficking.[28]

RESULTS

Results Specific to Child Sexual Abuse

The reviewed literature unanimously pointed to a number of health conditions that result from CSA. Some of these include feelings of guilt, helplessness and shame; conduct disorder and behavioral problems; substance abuse; low self-esteem; PTSD; an increased risk for sexual and reproductive health problems; and infection of communicable diseases such as STIs, HIV/AIDS, and human papillomavirus (HPV). Additionally, recently published articles link CSA to a number of non-communicable diseases, including cancer, chronic pain syndromes, fibromyalgia, irritable bowel syndrome (IBS), ischemic heart disease, and osteoarthritis.[29] An additional chronic condition that has been linked to CSA is cardiovascular disease (CVD). In 2011, Dr. Janet Rich-Edwards, Associate Professor in the Department of Medicine at Brigham and Women's Hospital in Boston, Massachusetts, published the findings of a study showing that women with a history of forced sexual activity had a 56% increase in risk for cardiovascular events.[30]

The Los Angeles County Department of Public Health, in its 2009 newsletter, categorized mental health conditions associated with CSA into the following behavioral effects: acting out, relationship problems, somatic symptoms, sexual disorders, and functional amnesia (also

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28 U.S. Department of State, *supra* note 3.

29 Cashmore et al., *supra* note 15, at 18.

30 Janet W. Rich-Edwards et al., *Physical and Sexual Abuse in Childhood as Predictors of Early-Onset Cardiovascular Events in Women*, 126 Circulation American Heart Association 920, 923 (2012).

referred to as dissociative disorders).[31] Once a child experiences abuse, feelings of guilt, shame and stigma often follow, along with a fear that disclosing the abuse will result in repeated abuse, increased loneliness and isolation, physical violence, and death.[32] *Figure 1* contains details about the behavioral effects of CSA.

Figure 1: Behavioral Effects of CSA	
Acting Out	Poor coping skills, substance abuse, tobacco use, overeating, addiction, lying/stealing, poor academic performance, expectation of early death, poor adherence to medical treatment, suicide, anger, prostitution, increased risk of sex crimes
Relationship Problems	Increased risk of intimate partner violence, low self-esteem, intimate relationship problems, divorce, interpersonal problems, victim-perpetrator cycle, superficial idealization of sexual relationships, lack of trust
Somatic Symptoms	Increased sensitivity in the pelvic or abdominal region, various bowel symptoms, musculoskeletal disorders, back pain, severe headaches, gastrointestinal problems, sleep disorders, asthma, pseudocyesis
Sexual Disorders	STIs, compulsive sexual behaviors, early sexual activity, extreme masturbation, sexual promiscuity, poor sexual adjustment, poor contraceptive use, teen pregnancy
Functional Amnesia/Dissociative Disorders	Can develop after severe trauma, especially among children experiencing severe sexual trauma or in those aged 5 years or younger. If the abuse occurred in middle childhood, ages 6-12, the victim may 1) develop false memories that the abuse ever occurred; 2) be in denial; or 3) be unaware that the type of experience was determined to be CSA
Source: County of Los Angeles Public Health Newsletter for Medical Professionals in Los Angeles County, 2009	

Many of these traumas, if experienced during childhood, can have permanent effects lasting into adulthood.

A number of studies were particularly relevant to this report due to their focus on the direct health outcomes of CSA. A study conducted in 2008, aimed at reinforcing for healthcare professionals the strong association between CSA and long-term mental health issues, identified long-term mental health effects including PTSD, attention deficit hyperactivity disorder (ADHD), and behavior problems including withdrawal, sexualized behavior, and 'acting-out'.[33]

[31] DeCarli, *supra* note 14, at 4.

[32] *Id*.

[33] Evelyn-Sybille Mullers et al., *Mental Health Consequences of Child Sexual Abuse*, 17 British Journal of Nursing 1428-1433.

Additionally, within this study, the authors referred to other studies that identify mental conditions associated with CSA. One of these, Ackerman et al. 1998, identified separation anxiety, major depression and dysthymia, as co-morbid diagnoses with PTSD.[34] Furthermore, the study reported that female survivors of CSA displayed higher rates of internalizing behaviors, such as separation anxiety and phobia compared to females who were not abused.[35] Finally, the correlation between eating disorders in female survivors of CSA and subsequent health impacts was established.[36] It is important to keep in mind when studying the health outcomes related to CSA that not all CSA victims experience psychological problems in childhood and not all victims exhibit clear symptoms in adulthood.[37]

Results Specific to Child Sexual Exploitation

There is relatively little understanding of the health impacts exploitation victims suffer, with the exception of STIs and HIV/AIDS, due to the risk of transmission.[38] The different stages of the human exploitation cycle portray sexual exploitation as a series of event-related stages during which a variety of risks and intervention opportunities may arise.[39] It is important to note that not all CSE victims suffer extraordinary levels of abuse, nor do all victims suffer physical, mental, and emotional scars following the abuse. A study conducted in 2010 found that survivors of CSE reported high levels of physical and sexual violence, threats of harm to themselves both prior to and during the exploitation experience, as well as persistent restricted freedom throughout the different stages.[40] The symptoms that displayed the highest prevalence in victims of CSE were depression, anxiety, and PTSD. The authors concluded that participants who were exploited for at least six months were approximately twice as likely to have higher

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34 Mullers et al., *supra* note 33, at 1428.

35 *Id*.

36 Cashmore et al., *supra* note 15, at 8.

37 Id. at 9.

38 Lisa R. Muftic & Mary A. Finn, *Health Outcomes Among Women Trafficked for Sex in the United States: A Closer Look*, 28 Journal of Interpersonal Violence 1859, 1863 (2013).

39 Zimmerman et al., *supra* note 4, at 328.

40 Mazeda Hossain et al., *The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women*, 100 American Journal of Public Health 2442, 2442-2449 (2010). Study size of participants was 204 girls and women originally from 12 different countries.

levels of depression and anxiety symptoms compared with those who were exploited for a shorter period of time.[41] Another study conducted in 2004, found that the majority of CSE victims suffered from PTSD, depression, somatic symptoms (including headaches, backaches, the shakes, dizziness, stomachaches, nausea, and throat infections), dental problems, and suicidal ideation.[42] The same study also found that exploited girls often have limited access to healthcare or social services because their perpetrators prohibit them from receiving treatment and restrict their contact with professionals who could potentially identify them as victims of exploitation.[43] In instances where perpetrators of CSE do bring their victims in to healthcare facilities the perpetrators often exert control over the victim and the situation by speaking directly with the healthcare provider, completing the paperwork, and hovering close to the victim during treatment.[44] When certain health issues are not treated in a timely fashion, further health impacts and long term consequences may be experienced. A recent study[45] explored the different health impacts of sexual exploitation on foreign women exploited in the U.S. (N=12); domestic women exploited within the U.S. (N=18); and non-exploited women participating in sex work in the U.S. (N=8). *Figure 2* displays the findings of the study.[46]

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41 Hossain et al., *supra* note 40.

42 J. Cwikel et al., *Trafficked Female Sex Workers Awaiting Deportation: Comparison with Brother Workers*, 7 Archives of Women's Mental Health 243, 246 (2004) Sample size for study was 47 women that were interviewed in a Russian detention center.

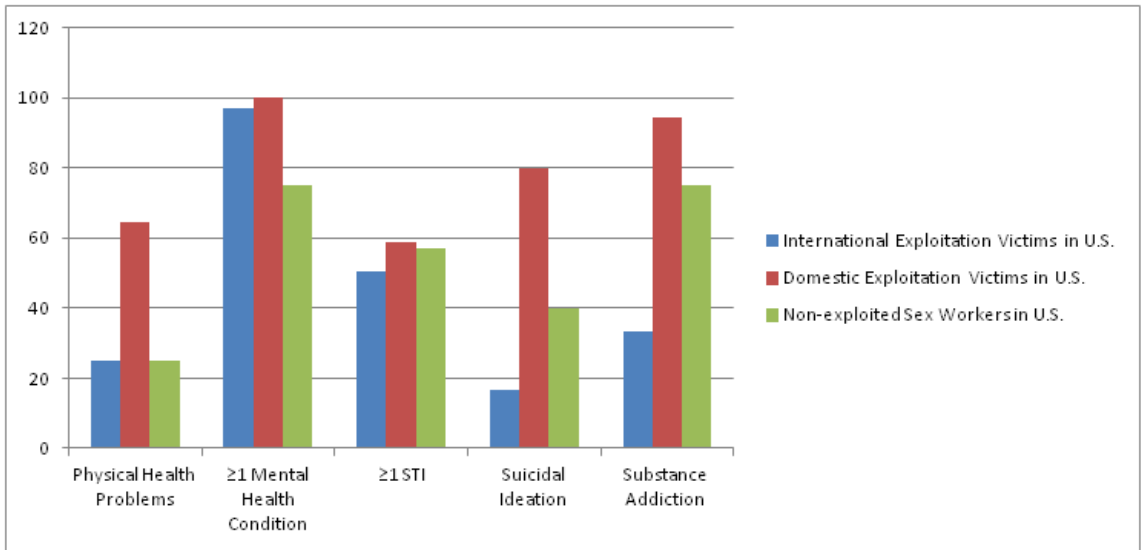
43 *Id*.

44 U.S. Department of State, *supra* note 3.

45 Lisa R. Muftic & Mary A. Finn, *supra* note 38.

46 'N' refers to the sample size of the study.

Figure 2: Differences in Health Outcomes



Source: Muftić and Finn, 2013

The results of the study showed that domestic exploitation victims reported significantly higher percentages of physical health problems (64.7%), compared to international exploitation victims (25%), and non-exploited sex workers (25%). The study attributed this difference to the fact that domestic victims are usually older, have been exploited for longer, and possibly abused as a child. When looking at mental health conditions, the results of the study were relatively similar with 97.1% of international victims, 100% of domestic victims, and 75% of non-exploited victims reporting at least one mental health condition. Rates of STIs are also moderately comparable, with 50.5% of international victims, 58.8% of domestic victims, and 75% of non-exploited victims reporting having had at least one STI. The two categories that displayed the most variation were 'suicidal ideation' and 'substance addiction'. Both of these conditions fall under the psychiatric umbrella of mental health conditions. Suicidal ideation was reported by 16.7% of international victims, 80% of domestic victims, and 40% of non-exploited victims. Finally, when looking at substance addiction, there was a variation among the three groups; international victims reported the least amount of substance addiction (33.3%), compared to domestic victims (94.4%), and non-exploited victims (75%). This again, is very distressing as the highest prevalence of substance abuse was primarily among domestic exploitation victims.

Differences between CSA and CSE

Many of the health impacts of CSA and CSE overlap making it difficult to segregate health outcomes between the two. Victims of CSA are typically younger. According to the World Health Organization (WHO), globally CSA is consistently more prevalent in the 5-14 years age group.[47] While victims of CSE, based on estimates for the U.S., Canada and Mexico, enter into child sexual exploitation between the ages of 12 and 14.[48]

Additional differences between these two types of victimizations are multi-faceted. For example, while intervention systems exist in some form for victims of CSA (i.e. a child who has suffered sexual abuse in the home may be removed by Social Services and provided subsequent protection and treatment). The lack of proper rehabilitation and reintegration services for CSE victims can often lead to the victim re-entering the exploitation cycle. For example, within the U.S., victims of CSA have access to Child Advocacy Centers (CAC), under certain circumstances, that can provide a feeling of safety while the child is undergoing treatment and awaiting legal action. Individuals rescued from exploitation, however, may not have access to any victim services, and this in turn may put them at a higher risk for re-entering the sex industry and future exploitation.

The approach for addressing the child's health needs during the abuse presents another important distinction between CSA and CSE. A child who is being sexually abused at home may be cared for during the abuse by the abuser, in an effort to conceal the abuse, making it significantly more difficult for physical symptoms to appear or be observed. A child who is being sexually exploited and is servicing many customers in a single day, may exhibit many physical symptoms, but may receive very little care as they are simply viewed as a profit-making commodity. A victim of exploitation is "broken" and may entirely depend on her 'provider' or 'pimp', feeling an extreme sense of helplessness and dependency. Victims of CSA may have a network of family members and/or friends who can provide a sense of comfort,

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[47] Gavin Andrews et al., *Child Sexual Abuse*, World Health Organization Comparative Quantification of Health Risks 1851, 1864 (2013).

[48] Richard J. Estes and Neil Alan Weiner, *Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico* (University of Pennsylvania, Executive Summary 92 (2001) *available at:* http://www.sp2.upenn.edu/restes/CSEC_Files/Complete_CSEC_020220.pdf (last visited 19 September 2013).

even if they are oblivious to the abuse. Sexual exploitation victims, however, may not have access to a single person who can provide them with a sense of comfort or protection.

CSA victims do not always exhibit many of the physical symptoms that stem from chronic exposure to violence that CSE victims exhibit. For example, victims of CSE frequently report poor oral and dental care and are often chronically deprived of important nutrients.[49] Victims of CSA usually do not display signs of poor dental health as they may continue to receive routine and preventative dental care throughout the abuse.

Perhaps the most important difference between the two forms of abuse is that victims of CSA typically have access to medical care. However, since the majority of CSA cases rely on victim disclosure for detection, victims more often than not, do not receive proper medical care for the abuse. Victims of CSE on the other hand, do not have access to medical care, and when they do, they are typically accompanied by someone (provider/pimp) and therefore have no privacy to disclose their abuse to the physician.

Commonalities between CSA and CSE

The most clearly identifiable similarities between the health impacts victims of CSA and CSE suffer are depression and PTSD. A study in 2002 identified four possible pathways by which victimization might influence health: behavioral, social, cognitive, and emotional.[50] The authors stated that adult survivors of CSA can be influenced by any or all of these, and the four types can influence each other. Within the study, the authors referred to two studies which focused on depression as a health consequence of childhood abuse. One of these studies by Briere and Elliot (1994), found that adult survivors of CSA had a four times greater lifetime risk of developing major depression compared with people who do not have a history of abuse.[51] Another study by Zimmerman et al. 2006, found that when comparing the symptom levels of exploitation victims against the mean symptom levels for a general female population, it

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[49] Zimmerman et al., *Stolen Smiles: A Summary Report on the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe*, The London School of Hygiene & Tropical Medicine 2, 52 (2006).

[50] Kathleen Kendall-Tackett, *The Health Effects of Childhood Abuse: Four Pathways by which Abuse can Influence Health,* 26 Child Abuse & Neglect: The International Journal 715-729 (2002).

[51] John N. Briere & Diana M. Elliott, *Immediate and Long-Term Impacts of Child Sexual Abuse*, 4 Journal of Sexual Abuse of Children - The Future of Children 54, 57 (1994).

became clear that CSE survivors' symptom levels were well-above population norms.[52] This study also explored women's mental health improvements while receiving therapy, and found that feelings of depression varied by interview. After a three month period of therapy, Zimmerman et al. found that depression and anxiety levels began to drop below 90%.[53] This study not only demonstrated how important it is that victims receive immediate and appropriate care following exploitation, but also that many of these symptoms are treatable and can perhaps even be alleviated through therapy and medical care.

In regards to PTSD, similarities are identifiable among survivors of both CSA and CSE. A study conducted by Gail Hornor in 2010, found that PTSD can affect pre-adolescent, adolescent, and adult victims of sexual abuse.[54] A previous study by Hornor in 2005, stated that: "*PTSD also involves the persistent re-experience of the traumatic event by recurrent and intrusive recollections of the event, repetitive play expressing a theme of the trauma, repetitive dreams of the event or frightening dreams without recognizable content, flashbacks of the traumatic event or acting or feeling as if the traumatic event was recurring, and/or intense psychological distress or physiologic reactions at exposure to cues to the trauma.*"[55] When PTSD develops in victims of CSE, it often comes in the form of recurrent thoughts and nightmares, a sudden emotional or physical reaction when reminded of the most hurtful or traumatic events, difficulty concentrating and sleeping, feeling jumpy or easily startled, and unable to feel emotion. Zimmerman et al. 2006 also explored this phenomenon by conducting interviews at different stages of treatment to evaluate whether or not the prevalence of PTSD increases or decreases.[56] At the initial interview, 56% of women reported having sufficient symptoms to be suggestive of PTSD. This percentage decreased to

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52 Zimmerman et al., *supra* note 49, 17.

53 *Id.*
The youngest individual interviewed was 15 and the oldest was 45. Adolescents between the ages 15-17 made up 12% of the sample. The largest group was made up of women between the ages of 21-25 (42%). Study consisted of 207 women. During interview 1, the prevalence for depression was 95%, compared to 90% during the second interview, and 75% during the third interview.

54 Gail Hornor, *Child Sexual Abuse: Consequences and Implications*, 24 Journal of Pediatric Health Care 358, 360 (2010).

55 Gail Hornor, *Domestic Violence and Children*, 19 Journal of Pediatric Health Care 206, 209 (2005).

56 Zimmerman et al., *supra* note 49, at 19.
Interview 1 generally took place between 0 and 14 days after a woman entered a post-trafficking assistance program. Interview 2 was carried out with most women between 28 and 56 days after entry into care, and Interview 3 was usually conducted after 90 or more days.

12% at the second interview and to 6% by the third interview. Zimmerman et al. determined that this decline likely reflected the value of the support services that victims received.

Victims of both CSA and CSE also develop symptoms of somatic disorders.[57] A study published in the Mayo Clinic Proceedings in July 2010 found an association between a history of CSA and several somatic disorders, including functional gastrointestinal disorders, chronic pelvic pain, psychogenic seizures, and nonspecific chronic pain.[58] Similarly, another study conducted in 2011 found a greater prevalence of multiple long-term disorders or multiple somatic symptoms in those with a history of sexual or physical abuse.[59] Somatic disorders can also develop through repeated exploitation. A study carried out in 2003, using a variety of qualitative methods, including literature reviews and evaluating a sample group of 28 sexually exploited women out of which five were between the ages of 13-17, found that somatic symptoms were associated with persistent stress and relentless anxiety and insecurity.[60] Somatic disorder in this particular study refers to chronic headaches, stomach pain, or trembling.

One final commonality between CSA and CSE, and perhaps the most researched, is the high prevalence of STIs and HIV/AIDS. There are numerous studies that have found correlations between both types of abuse and an increased risk for contracting an STI. For example, a study conducted by Van Roode et al. in 2009 found considerable disparities between nonabused and abused women. Nonabused women had an incidence rate of 4.7 (per 100 person years) of contracting STIs compared to abused women which had an incidence rate of 8.5 (per 100 person

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57 Oliver Oyama et al., *Somatoform Disorders,* American Academy of Family Physician (2007).
Somatic disorder presents with unexplained physical symptoms that last several years, and include at least two gastrointestinal complaints, four pain symptoms, one pseudoneurologic problem, and one sexual symptom.

58 Laura P. Chen et al., *Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic Review and Meta-analysis*, 85 Mayo Clinic Proceedings 618, 625 (2010).

59 Rebecca T. Leeb, *A Review of Physical and Mental Health Consequences of Child Abuse and Neglect and Implications for Practice*, 5 American Journal of Lifestyle Medicine 454, 461 (2011).

60 Cathy Zimmerman, *The Health Risks and Consequences of Trafficking in Women and Adolescents, Findings from a European Study*, London School of Hygiene & Tropical Medicine 3, 53 (2003).
Interviews with a total of 28 trafficked women and adolescents in Italy, United Kingdom, the Netherlands, Ukraine, Albania, and Thailand.

years).[61] Interestingly, the study found that women were most likely to contract an STI between the ages of 18-21, which makes the importance of reaching out to girls in this age group even more critical. An additional study conducted by Lacelle et al. in 2012 found that survivors of severe CSA were increasingly likely to engage in high-risk sexual behaviors, which in turn increases their risk of infection. Similar conclusions have been drawn about survivors of CSE. The Family Violence Prevention Fund, stated that 'those working in sex trade are at a higher risk of contracting AIDS (HIV/AIDS) and other sexually transmitted diseases".[62] STIs that are transmitted via bodily fluids, blood, and parenteral methods[63] are easy to contract among victims of sexual exploitation as they come into contact with a large number of abusers and may not always have access to preventive methods to protect themselves.

CONCLUSION

The health implications of CSA and CSE are multi-faceted and identifying symptoms is challenging. Many of these symptoms are intertwined and the descriptions of certain conditions may vary depending on the source. For example, one article that describes the health outcomes of CSA may refer to 'sleep disturbances' as a health consequence, whereas an article evaluating the health implications of CSE may list 'insomnia', 'nightmares', 'fatigue', and 'tiredness' as health outcomes. Similarly, one study may list 'lack of confidence' as a result of CSA, while other studies cite 'low self-esteem' as an effect of CSE. It is evident that all of these conditions are relatively similar and can be synonymous, but the inconsistency in terminology across the literature makes it difficult to know for certain. It is important to note that CSE is a broad term which encompasses many types of sexual exploitation including human trafficking, prostitution, child pornography, and child sex tourism.

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61 Thea van Roode et al., *Child Sexual Abuse and Persistence of Risky Sexual Behaviors and Negative Sexual Outcomes over Adulthood: Sexual Behaviors and Negative Sexual Outcomes over Adulthood: Findings from a Birth Cohort*, 33 Child Abuse & Neglect: The International Journal 161, 168 (2009).

62 Jane A. Margold, *Turning Pain into Power: Trafficking Survivors' Perspectives on Early Intervention Strategies*, Family Violence Prevention Fund in Partnership with the World Childhood Foundation 1, 8 (2005).

63 "Parenteral transmission" refers to the body contracting an infection via contaminated injection equipment.

There are numerous conditions that overlap among victims of CSA and CSE including depression, PTSD, higher rates of STIs and HIV/AIDS, and symptoms of somatic disorders. Chronic CSA with onset during the infancy, toddlerhood, or preschool periods is linked to more adverse outcomes than abuse that begins later in childhood.[64] Additionally, it has been shown that the earlier a person experiences CSA the frequency of suicide attempts are greater, levels of self-mutilation higher, and self-destructive behaviors increased.[65] Similar correlations were found among victims of CSE. Individuals exploited for at least a six month period of time were found to be approximately twice as likely to have higher levels of depression and anxiety.[66] The longer a child is exposed to either type of abuse, the more likely they are to experience more adverse health outcomes.[67] Another important detail to note is that many victims of either/both forms of abuse experience high comorbidities, especially with PTSD and depression.[68] For example, individuals may experience PTSD along with anxiety, or depression along with suicidal ideation.

The studies used for this report included many different recommendations for improving not only the treatment victims of either abuse receive, but also the attitudes of healthcare professionals who come into contact with victims. *Figure 3* lists a few of these recommendations.

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64 Leeb, *supra* note 59, at 460-461.

65 *Id.*, at 461.

66 Hossain et al., *supra* note 40, at 2445.

67 *Id.*, at 2446.

68 Sarah E. Twill et al., *A Descriptive Study on Sexually Exploited Children in Residential Treatment*, 39 Child Youth Care Forum 187, 191 (2010).

Figure 3: Recommendations for the Future

CSA	CSE
• Develop training to help mental healthcare professionals become more comfortable when addressing CSA with their clients[69] • Support mental health nurses in reflecting on their own personal views of CSA in order to explore difficult thoughts and feelings[70] • Directly ask patients about the occurrence of abuse, especially among adolescent patients[71]	• Individuals working with women who have been exploited need to recognize that there are different pathways into sexual exploitation and work in prostitution[72] • Countries must begin to mandate and sponsor responses to individuals' mental health needs. The mental health community can take the lead by developing formal and informal intervention strategies that help victims manage the aftermath of their experience[73]

The most valuable lesson to come out of these studies is that once a health outcome is identified, the associated symptoms are treatable and through therapy it is possible to significantly reduce the symptoms. For example, as previously mentioned, Zimmerman et al. 2006 found a significant decrease in symptoms associated with PTSD in victims of CSE following three months of therapy. At the first interview 56% of women reported symptoms suggestive of PTSD and by the third interview only 6% of women continued to experience symptoms related to PTSD. This is a noteworthy decrease and this study demonstrates the importance proper healthcare services can play in rehabilitating victims of CSE. It is therefore imperative that victims of CSE, as well as victims of CSA, have access to proper treatment. Additionally, it is essential that tools are created and implemented that allow healthcare workers to better identify victims by being more familiar with symptoms of both types of abuse. Doctors, nurses, and technicians should receive appropriate training to help identify such behaviors and protocols must be implemented in order to make it possible to act in the best interests of the victim regardless of how symptoms present.[74]

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69 Mullers et al., *supra* note 33, at 1432.

70 Mullers et al., *supra* note 33, at 1432.

71 DeCarli, *supra* note 14, at 6.

72 Cwikel et al., *supra* note 42, at 248.

73 Hossain et al., *supra* note 40, at 2447.

74 U.S. Department of State, *supra* note 3.

In conclusion, not only should healthcare professionals work together, but there must be a stronger partnership among healthcare providers, non-governmental organizations and law enforcement to help create greater awareness of CSA and CSE and their impact on communities and entire societies. In turn these partnerships will strengthen prevention, protection and prosecution. As stated by Ambassador-at-Large Luis CdeBaca, in the Forum on U.S. State Department's Human Trafficking Report, "*When it comes to tackling both of these issues, it is important to remember that the aggregate is always stronger than the individual.*"[75]

[75] Ambassador-at-Large Luis CdeBaca, Office to Monitor and Combat Trafficking in Persons, *Forum on U.S. State Department's Human Trafficking Report* (22 July 2013).

Appendix 1: Health outcome variations between child sexual abuse and child sexual exploitation

CSA ONLY	CSE ONLY	BOTH
• Aggressive behavior • Behavioral problems • Cancer • Chronic lung disease • Chronic pain syndromes • Chronic spinal problems • Conduct disorder • Confusion • Dissociation • Distress • Divorce • Fibromyalgia • Guilt • Headaches • Helplessness • HIV/AIDS • Hostility • HPV • IBS • Instability in relationships • Interpersonal relationships (difficulty) • Ischemic heart disease • Juvenile offending • Lack of confidence • Multiple sexual partners • Negative attributions • Nicotine dependence • OCD • Osteoarthritis • Personality disorders • Powerlessness • PTSD • Pregnancy • Psychological well-being (poor) • Psychotic disorders • Revictimization • Running away • Self-esteem (low) • Sexual problems • Shame • Sick • Sleep disturbances • Somatization • STIs • Substance abuse • Suicide attempts • Surgery • Unprotected sex • Vandalism	• Abortions (forced, unsafe) • Adjustment disorder • Anxiety • Appetite (poor) • Body dysmorphia • Co-morbidities • Conduct disorder • Dehydration • Dental problems • Depression • Diabetes • Dissociative disorders • Eating disorder • Ectopic pregnancy • Fainting • Fatigue and tiredness • Fear • Genital and extra genital injuries • Gynecological infections • High sun exposure • HIV/AIDS • HPV • Infection of partners • Infertility • Insomnia • Isolation • Malignancies associated with STIs • Memory difficulty • Mood disorder • Nightmares • Nutritional deprivation • Oppositional defiant disorder • Oral health (poor) • Panic attacks • Pelvic pain • Physical injuries • Post-abortion risk • Powerlessness • PTSD • Respiratory illness • Self-blame • Self-esteem (low) • Shame • Somatic disorders • STIs • Stress disorder • Substance abuse • Suicide • Unsafe sex • Unsanitary conditions • Weight loss	• Conduct disorders • Dissociative disorders • HIV/AIDS • HPV • Insomnia/Sleeping problems/Nightmares • Self-esteem (low) • Shame • Somatic disorders • STIs • Substance use/abuse • Suicide • Unsafe sex


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