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Adolescent prostitutes-repeated sexual abuse experience : psychiatric study of 15 cases

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A study of 15 adolescent prostitutes who were referred from the Center for the Protection of Children's Rights (CPCR) to the Child Psychiatric Unit, Chulalongkorn Hospital was conducted by interviews with the CPCR staff and the adolescents for psychiatric history, mental status examination and life expectations, together with the use of 3 additional self-report questionaires - the Children Depression Inventory (CDI), Self-Esteem Inventories (SEI) and Sentence completion test (SCT). The results show that the four most common psychiatric problems were running away from the home (80%), substance abuse, self-injury, and symptoms of posttraumatic stress such as nightmares (46.7% each). Family problems included growing up in a reconstituted family, parental violence (40% each) and parental alcohol abuse (33.3%). Significant depression occurred in 81.8% of cases as measured by CDI. Self-esteem, measured by SEI,was in the low range in 66.7% of the cases. Life expectations were high in all aspects with 46.7% having high educational expectations, 80% with high occupational expectations, 93.3% with high family life expectations and 66.7% had high social life expectations. Eighty percent of the cases admitted to using day-dreaming as a way of coping with real life. The findings described provide some information to add to the multimodal approach to preventing, helping and rehabilitating adolescent prostitutes. The psychological aspect is emphasized in both the causes and effects of the problems. The recommendations include eliminating certain individual and familial risk factors, promoting good individual and family mental health, treating depression and related disorders, increasing self-esteem and teaching healthy coping mechanisms.

Key words: *Adolescent prostitutes, Sexual abuse,Psychiatric study.*

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การศึกษาทางจิตเวชในโสเภณีเด็ก 15 ราย ที่ส่งจากศูนย์พิทักษ์สิทธิเด็กมาปรึกษาที่หน่วยจิตเวชเด็ก โรงพยาบาลจุฬาลงกรณ์ โดยการสัมภาษณ์เด็กและเจ้าหน้าที่ศูนย์เกี่ยวกับประวัติทางจิตเวช ตรวจสภาพจิตเด็ก สัมภาษณ์เด็กเกี่ยวกับความคาดหวังในชีวิต รวมทั้งให้เด็กตอบแบบสอบถามเพื่อวัดเภาะซึมเศร้า แบบสอบวัดความนับถือตนเอง และแบบทดสอบซนิดเติมประโยคที่ขาด พบว่า ปัญหาทางจิตเวชที่พบบ่อยได้แก่ การหนีออกจากบ้าน (ร้อยละ 80) การติดสารเสพติด การทำร้ายตัวเอง และอาการผิดปกติที่เกิดจากการได้รับความกระทบกระเทือนทางใจอย่างรุนแรง เช่น ฝันร้าย (อย่างละร้อยละ 46.7) ปัญหาครอบครัวที่พบประกอบด้วยครอบครัวใหม่ที่ประกอบด้วยพ่อเลี้ยงหรือแม่เลี้ยง การที่ผู้ปกครองใช้ความรุนแรงในการแก้ปัญหา (อย่างละร้อยละ 40) และการที่ผู้ปกครองติดเหล้า (ร้อยละ 33.3) ร้อยละ 81.8 ของโสเภณีเด็กที่ศึกษามีภาวะซึมเศร้าจากแบบสอบวัดภาวะซึมเศร้า และเด็กได้คะแนนของความนับถือตนเองอยู่ในเกณฑ์ต่ำถึงร้อยละ 66.7 เด็กส่วนใหญ่มีความคาดหวังในชีวิตสูง โดยร้อยละ 46.7 มีความคาดหวังสูงด้านการศึกษา ร้อยละ 80 มีความคาดหวังสูงทางด้านการประกอบอาชีพ ร้อยละ 93.3 มีความคาดหวังสูงทางด้านชีวิตครอบครัว และร้อยละ 66.7 มีความคาดหวังสูงทางชีวิตทางสังคม เด็กร้อยละ 80 ใช้การฝันกลางวันในการแก้ปัญหาชีวิต ผลการศึกษานี้แสดงให้เห็นถึงข้อมูลบางประการที่อาจนำไปใช้เพิ่มเติมในวิธีการป้องกัน ช่วยเหลือ และแก้ไขปัญหาโสเภณีเด็กที่ทำกันอยู่หลายวิธี โดยเน้นแง่มุมทางจิตวิทยาที่มีความสำคัญทั้งต่อสาเหตุและผลาของการเป็นโสเภณีเด็ก ข้อเสนอแนะประกอบด้วย การกำจัดปัจจัยเสี่ยงส่วนตัวและครอบครัว ส่งเสริมสุขภาพจิตเด็กและครอบครัว รักษาภาวะซึมเศร้าและความผิดปกติที่เกี่ยวข้อง สร้างเสริมการนับถือตนเอง และสอนวิธีการแก้ปัญหาที่เหมาะสม

Adolescent prostitution is a national problem. The estimated number of children and adolescents engaged in protitution in Thailand varies from 13,000 to 800,000.[1] In recent years the government has had a policy to reduce and attempt to eliminate the problem by methods such as expanding the required education level, finding alternative occupations, and improving related laws and legislation.[2] The effectiveness of these measures to help solve the problems depends on the causes of the problem - why children enter prostitution and why men demand child prostitutes. The real answer to these questions is unknown but certain risk factors in children and adolescents who enter prostitution have been identified such as living in urban areas, living apart from their family, being migrant within the last five years, and not attending school.[2] More studies of these risk factors is needed to plan a good preventive programme. In addition, the effects of being a prostitute are worth studying. These can be divided into physical and psychological effects. Child prostitutes are reported to have the highest proportion of HIV infection, exceeding 50% in some samples.[3] Many of them undergo repeated self-induced abortions without subsequent medical care. It is understandable that the prostitutes psychological well-being is also destroyed with the consequence of low self-esteem and other psychological problems along with social problems. These effects are important to study in order to plan a good rehabilitation programme which can be seen as a form of secondary prevention. The programmes previously adopted by the government were said to have little success as once the children and adolescents have been subjected to a life of prostitution for even a short time, they find it extremely difficult to return to normal living.[4]

From the psychiatric point of view, adolescent prostitues are closely linked with sex rings which are characterized by repeated abuse of multiple victims by paedophile.[5] Therefore it should be seen as a form of repeated sexual abuse which has many psychological effects requiring psychological help. Moreover, the risk factors for adolescents to become adult prostitutes needs careful studies to plan for prevention, both primary and secondary. Many studies have shown a wide range of psychological effects of being sexually abused such as sexualising, emotional and behavioural effects.[5] Reports of sexual abuse cases from the child psychiatric unit of Chulalongkorn Hospital[6] confirmed the wide range of psychological effects and psychiatric diagnosis as found in one report of the diagnosis of post-traumatic stress disorder (PTSD) in a very young girl.[7] Risks or associated factors in reports of sexual abuse cases in Thailand[6,8] includes school drop out, subnormal IQ, running away from home, physical abuse, and families with multiple psychosocial problems such as economic problems, divorce, separation, poor-family relationships and emotional illness in a parent. However, even if there were few reports of sexual abuse in Thailand,there was no psychiatric report or study in the groups of adolescent prostitutes in terms of the psychological effects, risks or associated factors.

The purpose of this report is to describe the psychiatric status of 15 adolescent prostitutes referred to the child psychiatric unit of Chulalongkorn Hospital. Various aspects of the cases, including psychological effects and risk factors, were examined. The related individual and

family mental health problems, individual life expectations and coping mechanisms are also discussed.

Method

Fifteen adolescent girl prostitutes who had been rescued by the Center for the Protection of Children's Rights (CPCR), Childrens Foundation were referred to the child psychiatric unit, Chulalongkorn University Hospital for group treatment. All were individually interviewed by unit staff for a standard clinical psychiatric assessment using the standard information sheet on psychiatric history and mental status. In addition, each individual was asked to fill out 3 questionaires,these were the Childrens Depression Inventory (CDI), Self-Esteem Inventories (SEI) and a Sentence Completion Test (SCT). Structured in-depth interviews concerning life expectations were also done.

The individual interviews included psychiatric, family and personal history as well as a full mental status examination. In addition, more relevant information on psychiatric history was acquired by the team staff looking after the children at the Center. The Children's Depression Inventory is a 27-item self-rated symptom oriented scale suitable for school age youngsters and adolescents.[9] It has been translated into Thai and validated for use with Thai children and adolescents.(10) The Self-Esteem Inventories (SEI) is designed to measure evaluative attitudes toward the self in social, academic, family and personal areas of experience. It was developed in conjunction with an extensive study of self-esteem in children.[11] The original 58-item form was translated into a 50-item Thai form and studied in samples of Thai children.[12-14] The Sentence Completion Test (SCT) is a Thai language, open-ended list of 50 incomplete sentences and it is traditionally used as part of psychological testing in child psychiatric clinics. The structured indepth interviews of life expectations contain questions on four aspects. These are educational, occupational, family and social life expectations. This structured interview has been studied in samples of street children.[15]

Results

All 15 cases were famales with a mean age of 17 years (age range from 14 to 22 years.) They were all rescued from a brothel in Nakornpathom by the police who had been informed of the brothel by the Center for the Protection of Children's Rights. Girls under the age of 18 were all rescued according to the Government's policy and the law related to child prostitutes, while those over 18 were asked whether they desired to leave the place.

Demographic data

Among the 15 females there were four aged between 14 and 15, eight aged between 15 and 19 and three over 20. Eleven out of the 15 were born in the North-east region, two came from the North, one was from the South and one lived in Bangkok. Only 3 out of the 15 had entered secondary school. Two finished grade 3 and one finished grade 2. Most of them either finished grade 5 or grade 6 primary school (five each). There were 2 girls who had finished only primary school grade 2. Concerning family data, the number of siblings ranged from 2 to 11 and the birth order ranged from 1 to 5. Less than half (six cases) had parents living together. Three cases had parents who were separated.

The death of the mother was found in three cases and there was one girl whose father died and one girl who had lost both parents. Most girls had fathers who had finished only primary school. Only 3 fathers finished secondary school and one father earned a diploma. All mothers finished only primary school. Parental occupations were mostly farming and hired employees. Only two girls had fathers who were government officers and two girls had mothers engaged in business. Nearly half (six cases) of the girls had been married or had relationships with one partner. Two of the girls already had children. Four cases never had a partner and one had 3 previous partners. The duration of being prostitutes ranged from half a month to 2 years, and there was one girl who worked only as waitress in the brothel and denied having worked as a prostitute.

Personal (medical and psychiatric) problems

Of the 15 cases, 12 had histories of running away from home. Nearly half (7 cases) had abused drugs, injured themselves and experienced nightmares and other symptoms of post-traumatic stress disorder (PTSD) such as startled response. Six cases had a history of physical abuse while 4 cases had sexual abuse histories. (abuse happened outside the brothel). Blood tests for HIV was positive in 4 cases while 2 cases had other gynaecological problems such as vaginal bleeding, and other sexually transmitted diseases. One had undergone a hysterectomy. Two girls had a history of suicide attempts and 1 case had a history of delinquency and being in prison. Dissociation was noted while interviewing in 4 cases. Behaviour problems described at the center included attention-seeking (4 cases), seductiveness (3 cases), fighting (2 cases) and trying to run away from the center to go back to work as prostitutes (2 cases). Details of the problems and calculated percentages are shown in table 1.

Table 1. Personal (medical and psychiatric) problems.

	N = 15	%
Running away from home	12	80
Substance abuse	7	46.7
Self-injury	7	46.7
PTSD symptoms (e.g. nightmares)	7	46.7
Physical abuse	6	40
Sexual abuse	4	26.7
HIV-positive	4	26.7
Dissociation	4	26.7
Attention seeking	4	26.7
Seductiveness	3	20
Fighting	2	13.3
Suicidal attempt	2	13.3
Gynaecological problems	2	13.3
Running away from the center (including wanting to go back to work as prostitutes)	2	13.3

Family problems

Less than half (6 cases) had parents who lived together. Of the 8 cases whose parents had either died or were separated 6 cases had reconstituted families. Six cases experienced parental violence and 5 cases had a history of parental alcohol abuse. Rejection by parents and family poverty were described in 5 cases. Four cases had a history of incest or sexual abuse in the family. Other family problems included homicide in the family (1 case), being an adopted child (1 case), being brought up in a children's home (1 case), being an unwanted child (1 case) and history of neglect (1 case). The summary of percentage of family problems is shown in table 2.

Table 2. Family problems.

	N = 15	%
Reconstituted family	6	40
Parental violence	6	40
Parental alcohol abuse	5	33.3
Rejection by parents	5	33.3
Family poverty	5	33.3
Incest	4	26.7
Homicide in family	1	6.7
Adoption	1	6.7
Grown up in children's home	1	6.7
Unwanted child	1	6.7
Neglected child	1	6.7

Children Depression Inventory (CDI)

The Childrens Depression Inventory was administered in 14 cases. Of the 11 cases aged between 14 and 19, 9 cases had CDI scores over the cut off point (scores more than 15) which means that 81.8% of the adolescent prostitutes in this group had significant depression. The scores of 3 girls aged over 20 who may have been too old for the questionaires were also high and scored over the cut-off point. Answers to certain items of the CDI were also interesting. Ten cases admitted thinking about killing themselves (item 9), feeling unsured if things would work out for them (item 2) (2 thought nothing would work out for them) and thinking that they did many things wrong (item 3) (3 thought that they did everything wrong.) Eight cases admitted to feeling sad all the time while 4 cases said they were sad much of the time (item 1). In addition, 7 cases said nothing was fun at all while 5 cases said they have fun in some things (item 4). Seven cases responded that they hated themselves while one said she did not like herself (item 7). The feeling that all or many bad things were their own fault was found in 8 cases (item 8). Eating, sleeping and somatic problems such as aches and pains were found in 8 cases (items 16, 18, 19). Six cases admitted to feeling tired either all of the time or on many days (item 17). The CDI items are summarized in table 3.

Table 3. CDI items.

	N = 15	%
1. Feeling sad	12	80
2. Feeling unsured if things would work out for them. (or Nothing would ever work out for them)	13	86.6
3. Thinking that they did everything or many things wrong	13	86.6
4. Feeling that nothing is fun at all or they have fun in some things	12	80
7. Hating or not liking themselves	3	20
9. Thinking about killing themselves	10	66.7
16. Having trouble sleeping every or many nights	7	46.7
17. Feeling tired all the time or many days	7	46.7
18. Not feel like eating most or many days	8	53.3
19. Worrying about aches and pains all or many times	8	53.3

Self-Esteem Inventories (SEI)

Self-Esteem Inventories were done for 14 cases. The scores were mostly in the low range of 12-68 which indicated low self-esteem (the means have generally been in the range of 70 to 80 with a standard deviation of 11 to 13). There were 4 cases who had a high lie scale which may indicate that the examinee responded defensively or thought she understood the "intention" of the inventory and was attempting to respond positively to all items. All four had scores on the high side ranging from 44-68. Excluding these fours the remaining 10 cases had scores between 12-44 which all indicated low self-esteem. In addition, answers to certain items in the four subscales which divided into General Self, Social Self-Peers, Home-Parents and School - Academic are worth mentioning. In the General Self subscale, 12 of the girls said that things were all mixed up in their life, that they spent a lot of time daydreaming and that they often felt ashamed of themselves. Eleven said they felt they were not as nice looking as most people and 10 cases said they often felt sorry for the things they did, and they got upset easily when they were scolded. In the Social Self-Peers subscales 11 cases said that friends usually did not follow their ideas and 10 cases said that friends picked on them very often. In the Home-Parents subscale, 12 cases said that no one paid much attention to them at home. Eleven cases stated that they got upset easily at home and that their parents did not understand them. Ten cases said that there were many times when they would like to leave home. In the School- Academic subcale 8 cases said that they often got upset in school and did not like to be called on in class. The summary of answers to certain items in 4 of the subscales are shown in Table 4.

Table 4. SEI items.

	N = 15	%
General Self		
11. Thing are all mixed up in my life. (answer-yes)	12	80
16. I'm not as nice looking as most people. (answer-yes)	11	73.3
28. I spend a lot of time daydreaming. (answer-yes)	12	80
32. I'm often sorry for the things I do. (answer-yes)	10	66.7
44. I often feel ashamed of myself. (answer-yes)	12	80
49. I get upset easily when I'm scholded	10	66.7
Social Self-Peers		
12. Friends usually follow my ideas. (answer-no)	11	73.3
45. Friends pick on me very often. (answer-yes)	10	66.7
Home-Parents		
4. I get upset easily at home. (answer-yes)	11	73.3
14. There are many times when I'd like to leave home. (answer-yes)	10	66.7
18. My parents understand me (answer-no)	11	
39. No one pays much attention to me at home. (answer-yes)	12	80
School-Academic		
15. I often feel upset in school, (answer-yes)	8	53.3
37. I like to be called on in class. (answer-no)	8	53.3

Life expectations

All cases were interviewed concerning their life expectations in 4 aspects - education, occupation, family and social life. The interviews were done by using the interviewing form previously used with street children. Each aspect contained 12-16 questions with a 5 point likert scale. The interpretation were done by calculating average scores from all questions and grouping into 3 levels of expectation (>3.45 high, 2.45 - 3.45 moderate, <2.45 low). For the education expectation was found that 7 cases (46.7%) had high, 2 cases (13.3%) had moderate and 1 case (6.7%) had a low expectation. For occupational, 12 cases (80%) had high while the remaining 3 cases (20%) had low expectations. Nearly all (14 cases - 93.3%) had high expectations for family life while only 1 case (6.7%) expressed moderate expectations. With respect to social life, 10 cases (66.7%) had high expectations and 5 cases (33.3%) had low expectations. Certain answers in each of the aspects are also interesting. In educational expectation, 11 cases (73.3%) agreed that education was one of their highest wishes and 13 cases (86.6%) disagreed with the statement that education is not necessary for their life. For occupational expectations 9 cases (60%) expected that they would have the chance to

obtain the occupations they wanted, and only 5 cases (33.3%) agreed or neutrally accepted that they would not be worried if they could not have another occupation and felt satisfied with their current occupation (prostitution). For family expectations, only 1 case (6.7%) stated that she did not want to get married while 7 cases (46.7%) said they did. The remaining 7 cases (40%) expected that they had a chance to have their own family and 11 cases (73.3%) thought that they could be good mothers. Only 3 cases (20%) said that having a family of their own would be difficult. Regarding social expectations 9 cases (60%) felt satisfied with the current national social situation while 8 cases (53.3%) thought that the current social situation was bad and full of dangers, and 7 cases (46.7%) felt that people in society looked down on them and neither understand nor empathized with with people who had problems.

Sentence Completion Test

The Sentence Completion Test is a self-report questionaire containing 50 incomplete sentences. It was given to 12 of the girls. Nine cases (60%) described their families as being unhappy with a lack of love and understanding from their parents. Eight cases (53.3%) wished they could have a warm family with lots of love and understanding from good parents. Five cases (33.3%) wished they had money and big houses where they and their parents could happily live. Three cases (20%) wished they had a good future, good occupation and good family with friends who could understand them, and 2 cases (13.3%) wished they had autonomy and freedom. Concerning fears, 5 cases (33.3%) feared being forced to become prostitutes in the future, and 4 cases (26.7%) feared guilt and the bad things they did. Other fears included a fear of the future in general, fear of being looked down upon, fear of having no money and fear of never seeing their father and mother again (1 case each - 6.7%). Only 5 cases (33.3%) mentioned fighting as a way of coping with problems. Three cases (20%) said they would accept problems but would never fight.Two cases (13.3%) said they always expected help from others and 1 case (6.7%) stated that she always avoided problems.

Dicussion

Adolescent prostitutes are not a new phenomenon to Thailand. However this study is unique in highlighting and looking in depth in terms of the psychosocial risk factors, psychiatric status and psychological effects of these disavantaged adolescents. Although our sample was only a small group of cases from one brothel referred to the unit, the results of the in-depth study were interesting and may benefit and contribute to the understanding of the work in the psychiatric aspect of preventing and helping adolescent prostitutes. The demographic data from this study has shown that this group of prostitutes were adolescent girls mostly from the north-east region who finished primary school education and had parents who had the same level of education and who were mostly farmers or employees. All of these girls had been persuaded by a group of men to engage in prostitution in one brothel. This homogenous situation is worth considering when looking at the results of this study.

A study of child sex rings in England concluded that family background and social circumstances were important risk factors. The high risk children and adolescents who were

likely to become victims were those who were inadequately supervised, came from disadvantaged homes, were regular truants and often ran away from home.[16] One study from the Institute of Population and Social Studies here in Thailand divided reasons for becoming prostitutes into economic; advice from parents or friends: problems with parents, siblings or spouse: unemployment; being persuaded, and other reasons.[17] From our study, we found that these reasons interacted and could not be divided sharply. Therefore, we would like to present and discuss the data as associated with the personal and family risk factors which lead to becoming prostitutes. The family background in more than half of our cases was anomalous in that the parent(s) had either died or were separated. Fourty per cent grown up in a reconstituted family and there were cases who were adopted or grown up in a childrens home. In addition to anomalous family structure, family functions were also poor in that 40% experienced parental violence: 33.3% experienced parental rejection, parental alcohol abuse and family poverty; and 26.7% experienced incest (sexual abuse within the family). The unusual family experiences faced by this group of adolescents make them vulnerable to many future problems. It is common for them to be inadequately supervised and run away from home, and this put them at risk to become prostitutes.[16] In this study, running away from home was found in 80% of the cases. It is certain that adolescents who run away from home have to face many difficult situation and one of the dangers is sexual exploitation and prostitution. There are reports that not only are runaways potential prostitutes, but that "typically" they are the products of broken homes and brutality often inflicted by alcohol and drug addicted parents.[18] Incest or sexual abuse in the family is also an interesting factor. Prostitution and sexual abuse are closely associated and interacted. Prostitution can indicate a past history of child sexual abuse and show that the child or adolescent is repeating patterns of learned behaviour originally associated with her own sexual abuse.[19] Looking at it in another way. it can be seen that prostitution is the final outcome of being sexually abused. This has been confirmed by many studies.[20,21]

The effects of being sexually abused are enormous and can be divided into sexual effects such as heightened sexual activities, emotional effects such as depression, and anxiety and behavioural effects such as aggressive behaviour and self-mutilation.[5] In additon, effects such as a decreased sense of responsibility and heightened anxiety have also been described. The data from our own cases confirmed the wide range of effects. Sexually provocativeor seductive behaviour was found in 20% of our cases. This behaviour is similar to the behaviour described in a series of sexually abused girls in the U.S. and U.K.[23,24] The emotional effects found in our cases is marked. A sense of guilt was found in 86.6% of our cases while a decreased sense of responsibility was found in 53.3%. This is similar to other reports.[25] The experience of a sense of powerlessness has been described as a response to their inability to stop repeated invasions of their body or to control what happens to them[26] and was found in 46.7% of our cases. A sense of loss was not often indicated but 60% reported a sense of isolation, and this has been recognized to occur frequently in sexual abuse cases. The effects of difficulty in trusting others

was not frequently described and most of the girls still had high expectations for the future and this seem to be unrealistic. This rather high expectation for the future, is confirmed when comparing our girls with a group of street children using the same structured in-depth interviews.[15]

Depressed moods were prominent and were described in 80% of our cases. Anger, which was often found in association with depressed moods in western studies,[23] was not frequently admitted. This may be explained by the high percentage (80%) of cases describing feelings of being mixed up. High scores on the Childrens Depression Inventory(CDI) were recorded by 81.8% of our cases. This figure is very high when compared with the CDI figure of 26% recorded among sexually abused cases in the UK[27] and the figure of 34.8% among physically ill children in Thailand.[14] Among our cases 86.6% described worries about the future ascompared with 24% in a UK study. High scores were also common on somatic symptoms such as disturbance of sleep and appetite (46.7%), fatigue (46.7%), and general worries about their own health such as headache and stomachache (53.3%). These figures were similar to the results from UK.[27] Moreover, suicidal feelings were descibed in more than half of our cases (66.7%), and 13.3% of our cases had previously attempted suicide. This figure alarmed us to a danger of being a prostitute and has been emphasized by the famous case of a prostitutes suicide in a police station which occurred in the south of Thailand last year.

The result of self-esteem estimations in our cases was also similar to that of the U.K. study[27] which showed that a low self-image was concerned with body image (73.3%) and peer relationship (66.7%). As in the UK study, our cases expressed low self-image in the area of home-parents. Feelings of anxiety are not admitted very often however; other expressions of anxiety were indicated, such as increased fearfulness (33.3%) and nightmares (46.7%). The overall relationship problem which may or may not ecaused by abnormal moods was shown both in self-report questionaires and in information from the caretakers at the CPCR.

Although the behaviour effects were not studied systematically by using standardized questionaires such as the CDI for depression, certain deviant behaviour indications were elicited either by interviewing the girls themselves or by obtaining the information from the caretakers at the CPCR. This includes aggression-fighting (13.3%), self-multilation such as wrist slashing (46.7%), and substance abuse (46.7%). The deviant behaviours found were similar to what has been described in western countries[5] except for the high percentage of substance abuse and no evidence of anorectic response found in our cases. A decreased sense of responsibility was frequently described in our cases (53.3%). The anxiety that photographs of themselves may appear in newspapers and on television which was described as a symptom of sex rings[5] was also expressed by some of our girls.

Having discussed all of the possible risk factors and effects of engaging in prostitution in our group of girls, in practice it is very difficult to differentiate between risk factors or causes and effects; for example, the deviant behaviour may be either cause or effect of being a prostituted. Moreover, if we look at coping mechanisms in this group, only 33.3% of the girls expressed that they used fighting as a coping mechanism while 26.7% described dissociation and 80% described

day-dreaming. This kind of abnormal coping mechanism can be seen as the effects of trauma in that the girls used abnormal coping mechanisms to reduce or avoid anxiety, or it can be seen as a vulnerability or risk factor in that they were people who did not recognize their real feelings and frequently used day-dreaming.

There are also other limitations worth mentioning before making conclusions. Our sample size was small, confined to a certain group of prostitutes, and there was no control group when we looked at the risk factors. Moreover, the study was a cross-sectional with no long-term follow up. In addition, it is certain that this group of adolesscent prostitutes were disadvantaged girls with many problems. The guidelines in assessing the effects of abuse state that it is important to look at abuse in terms of context, such as being sexually abused together with physical or emotional abuse or being involved in sex rings.[22] In our cases, even if it is clear that they were all prostitutes who had been sexually, physically and emotionally abused a within a group which looked similar to a sex ring, it is difficult to disentangle which effects are caused by which aspects of the abuse, and these include physical, emotional, sexual abuse, sex ring or whether the problems started early in family background problems before entering into the cycles of prostitution.

To help solve the complicated problems of prostitution, further study is needed with a larger sample size together with control groups. The method of assessment should be standardized and planned so to cover various aspects of effects. The longitudinal follow-up of effects is also needed.

Despite all of the limitations discussed some conclusions can be drawn from this rare case of prostitution coming to medical attention. The conclusions may at least provide ideas as to prevention, treatment and rehabilitation of the sexually abused by way of prostitution. The familial risk factors, either anomalous to the family structure or abnormal family function,such as parental violence, alcohol abuser incest leading the adolescents to run away from home, should be prevented, together with promoting good family welfare and mental health. The adolescents own mental health problems are important in the three stages of prevention, treatment and rehabilitation. Low self-esteem, negative coping mechanisms such as day dreaming, misbehaviour such as substance abuse, and unrealistic high expectations for the future which were characteristic of the girls in this study are all risk factors which need psychological intervention to prevent recurrence or further damage and, if possible, this aspect should be included in the policy for assisting disadvantaged adolescents. Depression, found frequently in this group, needs psychiatric treatment or drug treatment or both. The high incidence of depression and other behaviour problems such as self-injury, running away or refusing help in our group of adolescent prostitutes may explain why various educational and occupational rehabilitation programmes have failed. It can be stated that if this hypothesis is confirmed, mental health problems are important and help from psychiatric teams is really needed to be combined with other rehabilitation effects to help solve the complicated national problem of prostitution.

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