The relationship between the commercial sexual exploitation of children (CSEC) and adolescents and the spread of HIV/AIDS is extensive. Poverty, lack of educational and job opportunities, gender-based discrimination, drug abuse and violence are factors that put minors, particularly girls, at risk of becoming victims of sexual exploitation and contracting HIV/AIDS in the process.

According to UNICEF estimates around one million children and adolescents are forced into commercial sexual exploitation each year. While the majority of them are female, the problem also affects boys. Their dependence on adults makes it difficult for children to defend themselves against sexual exploitation and unprotected intercourse. Some 75 per cent of all HIV infections are transmitted through sexual intercourse.

The risk of contracting HIV is thought to be particularly high among sex workers and drug users. Substance abuse can be both a cause and a consequence of CSEC. Pimps frequently drug the children so they comply with the clients’ wishes. However, the children often turn to drugs themselves in an attempt to forget humiliating and painful experiences.

The worldwide HIV epidemic exposes children, above all, to potential exploitation. In sub-Saharan Africa around 12 million AIDS orphans are growing up without the protection and support of their families. To them, prostitution is frequently a way to secure survival for themselves and their younger siblings.

Health implications of CSEC and HIV/AIDS
The physical and mental health of minors who are involved in sexual exploitation suffers above all as a result of the various forms of violence they are subjected to by their clients. Traumatisation is just one consequence that has a sustainable, negative effect on victims’ health and health behaviour.

As children and adolescents are often not fully physically developed, acts of sexual violence often cause vaginal and anal injuries that result in a significantly higher risk of infecting both the children and their ‘clients’ with sexually transmitted diseases including HIV. Their often poor general condition also increases the victims’ risk of contracting HIV.

Access to health care and possible AIDS treatment
Victims of CSEC generally have only very limited or nonexistent access to medical care. Discrimination, stigmatisation and also the victims’ illegal status are major obstacles to access to public health services. As a result, they fail to undergo urgent health checks and HIV testing and do not receive adequate medical treatment. Sexually transmitted diseases (see above) are also recognised either too late or not at all, and frequently not treated adequately.
Approaches towards preventing CSEC and HIV/AIDS

Equal opportunities for girls, poverty alleviation, access to primary and secondary education and the prevention of violence are important approaches towards protecting minors from sexual exploitation and the transmission of HIV.

To improve victim support and help combat CSEC, better cooperation is needed between governmental and non-governmental institutions. Positive approaches have been included in public sector programmes for sex workers in Cambodia and Thailand.

Measures required to improve treatment and support for victims of CSEC:

- **Outreach work using peers** helps to contact underaged prostitutes in their familiar settings. They receive information on preventive health measures, including HIV/AIDS, and obtain condoms free of charge. If they require medical treatment they are referred to a network of mostly non-profit health centres. Support provided by former prostitutes has turned out to be highly effective.

- **Protection and rehabilitation programmes for victims of CSEC** are offered primarily by local and international non-governmental organisations. These include free shelter, medical and psycho-social care, legal advice and help with reintegrating into society. Free HIV/AIDS tests and vocational training courses are also offered. These programmes are successful in those cases where victims are given time to work through their traumatic experiences.

If the children are to be given effective access to health care, the programmes must be designed to meet the victims’ needs. Children in difficult living conditions can be approached through outreach work and a stronger integration in the village communities.

HIV/AIDS, CSEC, sexual and reproductive health, and violence and health need to be integrated in national action plans in order to enable large-scale preventive and support measures in these areas.

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Further information is available from:

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