



**EASTERN
HEALTH
BOARD**

*Report of
Working Party
on Children
in Prostitution*



**EASTERN HEALTH BOARD
REPORT OF WORKING PARTY
ON CHILDREN IN PROSTITUTION**

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1. Introduction

The Eastern Health Board at its Board meeting held on March 7th 1997 agreed to establish a Working Group on Child Prostitution with the following terms of reference:

“To establish in consultation with other appropriate statutory and voluntary agencies the extent of child prostitution in the Eastern Health Board area and to make recommendations regarding measures that can be taken to address the problem”.

An initial task of the Working Group was to consider a definition of child prostitution. The Working Group considers that the activity should be framed in the context of child abuse. The sexual exploitation of children has been defined as:

“Sexual abuse by an adult and remuneration in cash or kind to the child or a third person or persons ...” (World Congress against Commercial Sexual Exploitation of Children, Sweden 1996).

The Working Group found this description useful and appropriate.

An essential task of the Working Group, according to the remit, was to consider the extent of the problem and to make recommendations to address the problem. Because of the time constraint the Working Group decided that the most expeditious way to gather and assimilate information was by means of a seminar.

A day long seminar was arranged. Over 60 participants attended representing a large number of voluntary and statutory services and including wide representation from Community Care and the Drugs/A.I.D.S service.

The day was divided into two halves. At the morning seminar papers were presented by two experts in the field. Ms. Sara Swann is Project Leader of the Barnardo’s Street and Lanes Project in Bradford, England. She presented her experience of working with girls in prostitution. Then Mr. Mick Quinlan, an outreach worker with the Eastern Health Board’s Gay Men’s Health Project, presented a preview of research he has since published on males in prostitution. This Men in Prostitution Report is available separately from the Eastern Health Board.

1. Introduction

- Sexual exploitation of children has been defined as: “Sexual abuse by an adult and remuneration in cash or kind to the child or a third person or persons...” (World Congress against Commercial Sexual Exploitation of Children, Sweden 1996)
- The two essential tasks of the Working Group were to consider the extent of child prostitution in the Eastern Health Board area and make recommendations to address the problem.
- The Working Group considered the scale of the problem, its features, the ways in, the ways out and appropriate service responses

The afternoon sessions were devoted to workshops which considered the following issues:

1. The scale of the problem
2. The features of the problem
3. The ways in
4. The ways out
5. Appropriate service responses.

The information gained at these workshops forms the core of the information obtained by the Working Party.

In an attempt to assess the extent of the problem a questionnaire was distributed to participants at the seminar.

It is the first time that a Working Party of this nature has been established to deliberate this difficult issue. The blending of the knowledge, policies and perspectives of the members of the Working Group, and their organisations has been a progressive and helpful exercise. The Working Party commends the Eastern Health Board for taking this initiative.

2. Research

OVERVIEW

Ireland is a signatory to the UN Convention on the Rights of the Child which specifically requires under Article 19 that each state “protect the child from all forms of sexual exploitation and sexual abuse”.¹

Very limited research has been undertaken on the issue of child prostitution in Ireland. We were able to ascertain only two research papers on the subject.^{2,3} There are no accurate figures on the extent of child prostitution in Ireland. However, it is clear there are children involved in prostitution in the Dublin area.

To better understand the issues facing the Working Party an assessment of the extent of the child prostitution within the Board's area was completed through the combined efforts of many voluntary and statutory agencies involved with children. The experiences of the members and the agencies they represent were integrated in the production of the report.

WHAT IS KNOWN FROM THE RESEARCH

In Ireland a worker with the Ruhama project wrote “Sexual abuse in childhood or early adolescence appears to be a common experience which has been instrumental in leading them into prostitution”⁴

A Canadian study reached a cautionary conclusion “it would seem that the probability of entering prostitution may be closely related to leaving home at an early age, having a history of sexual abuse.”⁵

An American study concluded that “there was evidence that early sexual abuse indirectly increase the chances of prostitution

2. Research

- There are no accurate figures on the extent of child prostitution in Ireland but it is clear there are children involved in prostitution in the Dublin area
- This study shows a very strong relationship between homelessness and prostitution.
- The pathways into child prostitution are combinations of the following factors:-
 1. Being the victim of severe emotional damage, including sexual abuse.
 2. Having parents with histories of involvement in prostitution.
 3. Growing up in a criminal sub-culture.
 4. Sexual confusion/orientation problems.
 5. Being “groomed” by paedophiles

¹ General Assembly Resolution 44/25 of 20 November, 1989

² Towards an investigation of prostitution among homeless boys in Ireland, John Leinster, Demonstration practice report for partial fulfilment of the Advanced Diploma in Child Protection and Welfare, TCD 1991

³ Street Children Report, Barnardo's, Christchurch Square, Dublin 8, December, 1996

⁴ Sr. Jennifer McAleer, Irish Social Worker, Autumn/Winter 1994, Vol 12 No 3/4 p7

⁵ Christopher M Earls and Helene David, Early family and sexual experiences of male and female prostitutes, Canada's Mental Health, December 1990 p10

by elevating the risk of running away, substance abuse and other forms of delinquent/criminal behaviour.⁶

In England, a literature review was undertaken to assist in addressing the incidence of prostitution amongst young women in the care of a local authority and concluded that "there is no coherent policy or strategy for responding to the needs of such young women".⁷ One publication from Barnardo's U.K. entitled 'Splintered Lives' (Report on child pornography and sexual exploitation) is of particular value in providing an insight into the problem.

The National Children's Bureau in a report produced in 1995 summarised three studies completed over the period 1988 to 1994 that found "a high incidence of abuse among those who run away from home and an over representation of young people from residential care among those on the streets of London."⁸ This finding re-echoes the finding of an American study that it "is not so much that sexual abuse leads to prostitution as it is that running away leads to prostitution"⁹

Our own study shows a very strong relationship between homelessness and prostitution. This is supported in the conclusion of the only Irish academic study, "that boys who are homeless are more vulnerable to entering into prostitution"¹⁰

WHY PROSTITUTION?

An English worker has written "Socio economic factors, unemployment experiences, educational experiences, attitude formations, confidence levels, family scapegoating, etc., are variables which need recognition. On a personal level a partial rationale may be that the young person has "a poorly experienced and underdeveloped sense of personal power."¹¹ This feature would be supported by the experiences of the staff in St Clare's Child Sexual Abuse Assessment Unit, Temple Street Hospital

The clinical experience of the staff in St Clare's Unit, Temple Street Hospital indicates that among the pathways into child prostitution are combinations of the following factors:-

1. Being the victim of severe emotional damage, including sexual abuse.
2. Having parents with histories of involvement in prostitution.
3. Growing up in a criminal sub-culture.
4. Sexual confusion/orientation problems.
5. Being "groomed" by paedophiles.¹²

⁶ Sexual abuse as a precursor to prostitution and victimisation among adolescent and adult homeless women. Ronald L Simons and Leo B Whitbeck, *Journal of Family Issues*, Vol 12 No 3, September 1993 p375

⁷ Jill Jesson, Understanding adolescent female prostitution: a literature review, *Br J Social Wk*, (1993), 23, p529

⁸ David Barret Highlight, Child Prostitution, National Children's Bureau, No 135, March 1995

⁹ Magnus J Seng, Child sexual abuse and adolescent prostitution: a comparative analysis, *Adolescence* Vol XXIV, No 95, Fall 1989 p665

¹⁰ Leinster op cit p24

¹¹ Richie J McMullen, Youth prostitution: A balance of power, *International Journal of Offender Therapy and Comparative Criminology*, Vol 30(3) p240/241

¹² K McGrath, Pathways into prostitution for children, Discussion paper for the EHB working party on child prostitution, unpublished, April 1997

PRACTICE

An English social work practice report recommended that “sensitive and effective joint working between police and social services is essential”¹³

The authors of an American study suggest “different points at which victim oriented intervention services are needed:

1. At the time of the exploitation (medical and psychological service should be provided within a supportive and caring environment)
2. At the time the juvenile runs away from home because of sexual exploitation ... (outreach workers are needed to offer them counselling and alternative options)
3. At the time a juvenile street prostitute experiences sexual abuse (counselling and social support services should be available)¹⁴

In London, the Streetwise project provides a spectrum of services that parallels this model. “On a typical day young men will come to the project and eat, use the shower and laundry, spend some time with a project worker addressing practical and emotional issues as well as using the satellite services that are available”¹⁵

In Sweden where underage children are involved in prostitution “Health workers/social workers immediately alert the police ... the woman concerned is removed from the street, put through a retraining programme and given accommodation where necessary. Outreach workers make contact with women on the streets and accompany them to clinics in their cars”¹⁶

Research into prostitution among under 18 year olds in Cardiff suggested the provision of a multi-disciplinary approach involving outreach worker, health, education, advice, shelter and security as desirable components of a response to the needs of this group. ¹⁷

In Bradford, a pilot project, established as part of a crime prevention initiative “demonstrated the hidden nature of the problem of abusive sexual exploitation of under age girls.¹⁸ This project provides drop in services, bath, laundry, medical care, individual advice, information and counselling.

This feature would also be supported by the view of Leinster in regard to boy prostitution.

CONCLUSIONS

Child prostitution occurs. The reasons are complex and compound already major disadvantage in a child's life. Intervention is possible through a range of services, specifically geared to meet the needs of the boys and girls who are abused in this manner. Ongoing support over a long period of time is necessary

¹³ C Marchant, Practice: Young Prostitutes, Community Care 30 September, 1993 p18

¹⁴ Mimi H Silbert and Ayala M Pines, Early sexual exploitation as an influence in prostitution, Social Work , July/August 1983 p288

¹⁵ Streetwise Annual Report 1995/1996, London

¹⁶ Marianne Westin-Samba, Overview of the Swedish situation, Report of the conference Health and the law - The effects on women in prostitution Organised by the Women's Health Project-Eastern Health Board, 6th March, 1995 p8

¹⁷ Roger Dobson, Going underground, Community Care 9-15 February, 1995 p24

¹⁸ Streets and Lanes Annual Report , April 1995-March 1996 p2

3. Extent and Features of the problem.

- A survey revealed 57 children involved in prostitution, most of them soliciting on the streets.
- The vast majority of children operated in inner city Dublin.
- Given that the problem is most manifest on the streets it raises concerns as to how many more might be working in massage parlours.

3. Extent and Features of the problem

Extent

Because of the secret nature of the activity it has not been possible to quantify in a precise way the extent of the problem. However a survey was undertaken which afforded the Working Group a good insight into the scale of the problem and it also yielded useful information regarding some of the features of the problem. Delegates at the seminar were issued with questionnaires and were asked to bring them back to their respective agencies. The questionnaires were designed to provide information on the number of children whom the agencies thought were, or who had been, involved in prostitution.

A sample of the questionnaire is contained in Appendix 1. A total of 66 questionnaires were returned to the Working Group. Of these 9 were found to be duplicate leaving a total of 57 valid questionnaires which were completed over a two month period. These questionnaires identified 47 children and 10 young people aged 18 or over who were involved in prostitution at some stage. This does not imply that the 57 children were all involved in prostitution at the same time.

The ages were as follows:

Years	13	14	15	16	17	18
	1	8	9	10	19	10

Under the Child Care Act 1991 a child is defined as an unmarried person under 18 years of age. It should be noted that 10 of the 57 children were actually 18 years and strictly speaking are adults. Therefore they could not be the victims of child abuse. Yet because they were so young and still known to those working in the child care field, the Working Group felt it was appropriate to include them in the survey.

Of the 57, 32 were girls and 25 were boys, which clearly indicates that it is an issue which affects both sexes.

The vast majority operated in inner city Dublin. Most of them were soliciting on the streets. However it was a source of concern to the Working Party to learn that three girls were believed to be working in massage parlours. Given that the problem is most manifest on the streets it does raise a concern as to how many more might be working in massage parlours.

A very significant finding from the survey was that 46 of the 57 children either had, or were presently, experiencing homelessness. This clearly demonstrates the type of risks children face who are out of home for any length of time.

The Working Party considers that if 57 individual children can be identified as being involved in prostitution in a small scale survey, it is reasonable to assume that the extent of the problem is greater. In any event, the knowledge that 57 are engaged in prostitution is itself sufficiently alarming. Further, from the information gathered at the seminar, and from the deliberations of the Working Group, it appears that this problem also exists in other urban centres.

FEATURES:

- The Working Group is satisfied that there is a "sexual market: for children.

A tangible indicator of this is the numbers of women and teenagers who dress down, for example in pig-tails and ankle socks, to look more like children.

- Children can be slowly seduced by adult activities such as smoking and drinking in a "befriending" process that will end in entrapment and sexual abuse in return for material favours.
- There must be an unambiguous realisation that the sexual exploitation of children through prostitution is a form of paedophilia where the perpetrator is always a child sex offender.

Features

It is clear from the survey that both boys and girls are engaged in prostitution. The Working Group is satisfied that there is a 'sexual market' for children. A tangible indicator of this is the number of women and teenagers who dress down, for example in pig-tails and ankle socks, to look more like children.

The above survey establishes a strong link between children engaged in prostitution and other social ills such as homelessness. These children often have other serious social problems such as drug misuse, being sexually abused, a history of family problems, low self esteem and , in some cases, confused sexual identity.

The common perception of prostitution is of young people soliciting on the streets. However there are more pernicious means of sexually abusing children such as by being 'groomed' by adults. For example a vulnerable child in a social setting may be 'treated' by a 'kind' man. The child can then be slowly seduced by adult activities such as smoking and drinking in a 'befriending' process that will end in entrapment and sexual abuse in return for material favours.

For the children who do solicit on the streets it has not been possible to establish whether this has been organised by adults. It is clear however that some children will engage in prostitution in what has been described as 'survival sex' when they are destitute or desperate for cash.

There is some evidence to suggest that older women involved in prostitution will befriend girls and 'show them the ropes'. This in time can lead to organised prostitution by the involvement of so called 'pimps'. It is important to stress that by being so organised the child is being doubly abused, both by the sexual offender who engages the child and by the abusing adult who acts as the so called 'pimp'.

Although the focus of the Working Party's research concentrated on 'streetwise' children the Working Party is satisfied that there are other means by which to procure children. Men can 'put in an order' for a child and arrangements are then made to be introduced to the child at an off the street location.

Some consideration needs to be given to the person who sexually exploits children in this way. In the main these appear to be 'ordinary men' of good standing. In the past there has been some ambivalence towards the 'family man' who gets caught in an 'indiscretion'. However, where children are involved, there

must be an unambiguous realisation that the sexual exploitation of children through prostitution is a form of paedophilia, where the perpetrator is always a child sex offender.

Through the discussions groups at the seminar, and through the deliberations of the Working Party, it has been possible to identify a number of ways into, and out of, sexual exploitation through prostitution.

THE WAYS IN

- **Children who belong to dysfunctional families are more likely to become involved in prostitution.**
- **Some women involved in prostitution will introduce their daughter to the activity.**
- **Generally children who have been sexually abused are at greater risk of becoming involved in prostitution.**

THE WAYS IN

As described earlier some vulnerable children will fall victim to being 'groomed' by paedophiles. There may not be an explicit payment for sex, but there will be rewards such as treats, clothes or a bed for the night if they are out of home.

Children who belong to dysfunctional families are more likely to become involved in prostitution. These children have low self esteem with a poor ability to form attachments. Such children are likely to have spent at least some time in care.

These children tend to have weak family ties and a poor academic history. They are prone to detach from their family and community, and end up out of home. The streets are a dangerous attraction to such children, many of whom will drift into prostitution.

It appears that the ways in are different in some respects for boys and girls. For example, some women involved in prostitution will introduce their daughter to the activity. This is similar to the situation, mentioned earlier, where older women initiate girls into the business.

Confusion regarding sexual identity is another route through which children, usually males, will enter prostitution. Young males who are unsure of their sexual orientation, and most likely will have low self esteem, are easy prey for older men to exploit.

Generally children who have been sexually abused are at greater risk of becoming involved in prostitution. An example of some young peoples' experience includes an attitude which says "well, I might as well get paid for it". In a sense it can be seen as a child's attempt to regain control of their lives.

THE WAYS OUT

Early detection of children's involvement is essential if they are to avoid becoming entrenched and entrapped in the activity. There are similarities between the way professional awareness is now beginning to emerge, and the way child sexual abuse did as a professional issue in the late 1970s and early 1980s. As with the previous decade there is a learning curve for professionals to address.

The fact that so many of the affected children are out of home means, by and large, that they are already known to the relevant voluntary and statutory services.

Very often they will have additional problems, such as a drugs problem and they will be without schooling, training or employment. In fact, many of these children will be on the outside of mainstream services and beyond their reach. For example, a child with a drug problem may not even want to access services, and certainly will not unless they are specifically designed to be delivered in the child's own environment. The same applies to psychiatric services, and to certain medical services. By the nature of things these children lead chaotic lifestyles and services need to adjust to meet their needs, rather than the child having to adjust to the services.

Because so many of these children experience homelessness a basic requirement is that there are sufficient numbers of placements to cater for them. The chapter on recommendations makes a number of suggestions concerning service requirements.

Of course the best solution is to prevent the drift of children into prostitution in the first place. To this end sight must not be lost of the need to have sufficient early intervention services aimed at children at risk, and the prevention of their detachment from school, family, community and, ultimately, mainstream society.

THE WAYS OUT

- **Early detection of children's involvement is essential if they are to avoid become entrenched and entrapped in the activity.**
- **Very often they will have additional problems, such as a drugs problem and they will be without schooling, training or employment.**
- **We need sufficient early intervention services aimed at children at risk and the prevention of their detachment from school, family, community and ultimately mainstream society**

CONCLUSIONS.

- **A significant number of children involved in prostitution experience difficulty in accessing the range of services relevant to them.**
- **These children are deeply entrenched in “streetwise” behaviour and will not respond to a “rescue” model of intervention.**
- **The children who are most vulnerable are those with a variety of social problems.**

4. Conclusions

1. The Working Group has established that a substantial number of children are involved in prostitution. Because of the secret nature of the activity it is not possible to quantify accurately. However the survey referred to in Chapter 3, which identified 57 children, provides an indication that the problem is not uncommon. Further, it does appear that the problem exists in other urban centres.
2. There is a ‘sexual market’ for children, which is shown for example by the fact that women will dress down to look like children. Little evidence emerged to indicate whether or not the activity is organised by abusing adults, commonly referred to as ‘pimps’.
3. It has not been possible to determine the full extent of so called ‘pimps’ in this type of exploitation of children. Most of the Working Group’s information came from the more visible area of children on the streets. However the Working Group has reason to believe that abusers can “order” a child to be available in off the street locations.
4. The majority of the children involved in prostitution have experienced, or are experiencing, homelessness.
5. The children who are most vulnerable are those with a variety of social problems, including drug misuse, dysfunctional family backgrounds, and a low self esteem. Consequently they have diverse needs which require a range of services.
6. Some children will become intermittently involved in ‘survival sex’ when they are destitute, or desperate for cash.
7. A significant number of children involved in prostitution experience difficulty in accessing the range of services relevant to them.
8. These children are deeply entrenched in “streetwise” behaviour and will not respond to a “rescue” model of intervention. A longer term approach is required where trust can be established and built on.

9. Particular legislative difficulties exist. For example, the Criminal Law (Sexual Offences) Act 1993 cites the age of consent to sexual activity to be 17 years. Yet under the Child Care Act 1991 a child is an unmarried person under 18 years.

The Child Abuse Guidelines require that sexual activity by a person under 18 years should be reported to the Gardai as child abuse.

Further, pending legislation regarding the age for consent to medical treatment does not apply to children under 16 years of age.

10. There are differences between the ways boys and girls become involved in prostitution, as indicated in Chapter 3.
11. There is a lack of public awareness and understanding that a child involved in prostitution is a victim of child sexual abuse. There is always at least one abusing adult (the so called punter or client), and possibly another ('the pimp').
12. There is a lack of formal communication between the various voluntary and statutory organisations dealing with these children.

RECOMMENDATIONS

- Sufficient numbers of quality placements are required.
- Specific services are required which are accessible and flexible enough to respond to the diverse needs of these children in a non-stigmatising environment.
- Staff who are working with this group of children need specific skills and a specific training should be provided.

5. Recommendations

1. Because of the strong link that has been established between homelessness and children involved in prostitution, there needs to be sufficient numbers of quality placements which children can readily access.
2. Specific services are required which are accessible and flexible enough to respond to the diverse needs of these children in a non-stigmatising environment.
 - (i) They require basic practical help, such as food, shelter, showers.
 - (ii) It will also be necessary for the service to have easy access to other more specialist services such as drug treatment, medical assistance, counselling and child guidance.
 - (iii) As well as being centre-based the services will need to provide outreach services where children can be engaged in their own environment and facilitated to use the available services.
 - (iv) Such services should operate by night as well as by day, on a seven day a week basis.
 - (v) The requirements of boys and girls may differ and separate access to the service may be required by each gender.
 - (vi) Consideration should be given as to whether such services could be attached on to one or more existing service.
3. Staff who are working with this group of children need specific skills and a specific training should be provided.
4. Further research is required into the extent and nature of the problem which should include the extent to which it is organised.
5. A unified approach is required by all the agencies involved with these children to promote awareness among professionals and the public.
6. The media has a positive role to play by reporting this issue in a sensitive manner which does not further exploit children. It would be helpful if the focus of the media was on the perpetrator rather than to the child.

7. The Eastern Health Board should make a number of submissions regarding certain legal anomalies which exist.

These relate to the Children Bill, the Criminal Law (Sexual Offences) Act 1993 and the Consent of Medical Treatment Bill 1997.

8. More formal links need to be established between all the voluntary and statutory services to maximise communication, co-operation and co-working.
9. In order to prevent the ways into prostitution the Eastern Health Board should continue to develop and promote early intervention services, such as Neighbourhood Youth Projects and after schools services.

It is further recommended that the Eastern Health Board support and encourage the further development of life skills programmes provided by the Department of Education.

10. Ireland has signed the U.N Convention on Children which Article 19 asserts the right of children to protection.

Article 19 states: *“(1) States parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”.*

“(2) Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement”.

Article 34 states: *“ States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:”*

- a) *The inducement or coercion of a child to engage in any unlawful sexual activity;*
- b) *The exploitative use of children in prostitution or other unlawful sexual practices;*
- c) *The exploitative use of children in pornographic performances and materials.*

It is therefore essential that services are developed to provide protection to the most vulnerable children who are experiencing sexual abuse and exploitation.

APPENDIX 1

**QUESTIONNAIRE
SURVEY OF CHILDREN IN PROSTITUTION**

Initials:

Date of Birth:
(age if DOB not known)

Sex:

Postal Code:

Homeless:
(now or in the past)

Location where operating:

Signed:

Date:

Occupation:

Agency:

Address:

.....

.....

.....

Telephone Number: