

# **SEXUALLY ABUSED AND SEXUALLY EXPLOITED CHILDREN AND YOUTH IN CAMBODIA**

**A qualitative assessment of their health needs  
and available services in selected provinces**

**United Nations**

**Economic and Social Commission for Asia and the Pacific**

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(Sida)**

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**Economic and Social Commission for Asia and the Pacific**

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The initial report was prepared by the Cambodian Centre for the Protection of Children's Rights (CCPCR). The report was then finalized by the United Nations Economic and Social Commission for Asia and the Pacific. It has not been formally edited.

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### ***PREFACE***

The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) initiated a project entitled "*Strengthening National HRD Capabilities through the Training of Social Service and Health Personnel to Combat Sexual Abuse and Sexual Exploitation of Children and Youth in the Greater Mekong Subregion (GMS)*" in January 1998. The participating countries in the four-year project include Cambodia; China (Yunnan Province); Lao People's Democratic Republic; Myanmar; Thailand; and Viet Nam. The project is being funded by the Swedish International Development Cooperation Agency (Sida), with supplemental funding by UNFPA, UNDCP and UNAIDS.

The project was formulated in response to ESCAP Resolution 53/4 on the *Elimination of Sexual Abuse and Sexual Exploitation of Children and Youth in Asia and the Pacific*, which was adopted by the fifty-third session of the Commission in April 1997. The basis for the resolution was a proposal for action formulated by ESCAP member governments at the Asia-Pacific Meeting on Human Resources Development for Youth, held in Beijing, in October 1996. The Meeting concluded that a lack of information existed on the situation of sexual abuse and sexual exploitation of young people; the health and social services available for those victims and potential victims of sexual abuse and sexual exploitation were inadequate; and social service and health providers lacked training. The ESCAP project has sought to address all of these identified gaps.

In the first phase of the ESCAP project, qualitative research was conducted in each of the six GMS countries, to determine the situation of sexually abused and sexually exploited children, focusing on their comprehensive health needs and available services. The resulting national research reports form the basis for the curriculum and training material for the *ESCAP HRD Course on Psychosocial and Medical Services for Sexually Abused and Sexually Exploited Children and Youth*, to be launched in September 2000.

The following report for Cambodia, entitled *Sexually Abused and Sexually Exploited Children: a Qualitative Assessment of their Health Needs and Available Services in Selected Provinces* had the following objectives:

- To collect and analyse existing information on the country context, sexual abuse (rape and incest) and sexual exploitation (trafficking, pornography and prostitution);
- To identify common health (medical, psychological and social) problems and needs of sexually abused and sexually exploited children;
- To explore the range of services available to sexually abused and sexually exploited children and the capacities and potential of the different agencies in providing such services.

The study begins in Chapter One with an introduction to Cambodia's recent political history and examines its current socio-economic status. The current situation of sexually abused and sexually exploited children in Cambodia and national actions are also outlined followed by a presentation of the study's objectives and definition of terms. Chapter Two discusses the methodology used to develop the study as well as that adopted by the members of the research team during the study itself. Problems encountered over the course of the study are also outlined and discussed. Chapter Three presents the research findings beginning with a presentation of the primary research results. The profile and health needs of the interviewed children are presented by province including the services available to sexually abused and sexually exploited children and youth in each province. A national synthesis outlining the causes of sexual abuse and sexual exploitation of children is then presented along with an analysis of the gaps in service provision for sexually abused and sexually exploited children. The study ends with Chapter Four, which presents the conclusions and recommendations.

This report has been produced with the generous financial support of the Swedish International Development Cooperation Agency (Sida) under the ESCAP project "Strengthening National HRD Capabilities through the Training of Social Service and Health Personnel to Combat Sexual Abuse and Sexual Exploitation of Children and Youth in the Greater Mekong Subregion".

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## ***ACRONYMS***

<b>AFESIC</b>	Agir pour les femmes en situation precare
<b>AIDS</b>	Acquired Immuno-deficiency Syndrome
<b>CCPCR</b>	Cambodian Centre for the Protection of Children's Rights
<b>CEDC</b>	Children in Especially Difficult Circumstances
<b>ESCAP</b>	Economic and Social Commission for Asia and the Pacific
<b>GO</b>	Governmental organization
<b>HIV</b>	Human Immuno-deficiency Virus
<b>LICADHO</b>	Ligue Cambodgienne pour la Promotion et la Defense des Droits
<b>NGO</b>	Non-governmental organization
<b>ODA</b>	Overseas Development Assistance
<b>SAC</b>	Sexually Abused Children
<b>SEC</b>	Sexually Exploited Children
<b>STD</b>	Sexually Transmitted Disease
<b>UNICEF</b>	United Nations Children's Fund
<b>UNTAC</b>	United Nations Transitional Authority in Cambodia
<b>USAID</b>	United States Agency for International Development
<b>USD</b>	United States dollar

### **Exchange Rate:**

As of March 1999, USD 1 = 3,800 riel at the official exchange rate.

## **Chapter 1**

### ***INTRODUCTION***

## **1.1 Country Overview**

The Royal Kingdom of Cambodia covers a land area of 181,035 square kilometres and is bounded on the west by Thailand, on the north by Thailand and Lao People's Democratic Republic, on the east and southeast by Viet Nam and on the south by the Gulf of Thailand. Cambodia's total population was 10.4 million in 1995 and it is estimated that it will reach 12 million by the year 2000. According to official statistics, around 96 per cent of the population who live in Cambodia are ethnic Khmers (ethnic Cambodians), making the country the most homogeneous in South-East Asia. The Vietnamese are the largest non-Khmer ethnic group in Cambodia. Other non-Khmer ethnic groups include ethnic Chinese, Cham Muslims and ethno-linguistic Minorities. The majority of the people of Cambodia are Buddhists. The country is facing enormous challenges in the struggle against the sexual abuse and sexual exploitation of its young people. The political turmoil of the past two and a half decades has torn apart the economic and social fabric of the country, creating a breeding ground for illegal activity including crimes against children.

### **1.1.1 Recent Political History**

During the Pol Pot years from 1975 to 1979, the ruling and educated classes were targeted in a genocide campaign of an enormous magnitude. A third of the Cambodian population perished in those four years. When the Vietnamese took hold of power in 1979, hundreds of thousands of survivors made their new homes in refugee camps along the border with Thailand and in third countries. Those who remained in the country suffered from extreme poverty, lacking support from their families, the state and the international community.

At the height of the Cold War in 1979, Cambodia was denied Western assistance because of its leadership, which stayed in power until 1989. Concurrently, civil strife raged on between national factions. A United Nations brokered agreement in 1991 tempered the civil conflict; paved the way for the 1993 national elections, administered by the United Nations Transitional Authority in Cambodia (UNTAC), and put an end to the international isolation of the country.

### **1.1.2 Socio-Economic Status**

Against this political backdrop, Cambodia, with a population of 10,273,000 inhabitants, 4,822,000 of who are under 18 years of age, is one of the poorest countries in the world (UNICEF 1998). The Kingdom's Human Development Index currently ranks 140 out of a total of 172 countries. Other development indicators such as Maternal Mortality Rate, Infant Mortality Rate and Under Five Mortality Rate reflect the same pattern at 900 per one million live births, 108 per one thousand live births, and 170 per one thousand live births respectively in 1996 (UNICEF 1998). In the period from 1990-1995, only 53 per cent of the population had access to health services and 14 per cent to sanitation facilities (UNDP 1998).

Sex disaggregated development indicators show that men and women have - experienced poverty differently in Cambodia. In 1995, life expectancy at birth for women was 51.9 years while men lived an average of 56.9 years (UNDP 1998). Education statistics for the same year indicated similar differences by sex. The adult literacy rate was 80 per cent for men but only was 53 per cent for women (UNICEF 1998).

That Cambodian women have had significantly fewer educational opportunities than men is one indication of the varying roles of men and women in society. Boys have traditionally been encouraged to go to school and to develop a trade whereas girls have been raised to help their mothers with domestic chores and childcare. A girl, it was presumed, would eventually marry and raise children, and thus would have no use for an education. Once married, a daughter resides with her parents and she is responsible for supporting them. A son does not have this same obligation.

*Girls in Cambodia bear the responsibility of caring for their parents in their old age. As Cambodia is a matrilineal society, when a couple marry they reside with the family of the girl. Daughters are thus, an asset to the family both for their work around the house and for any income which they may generate from commercial work (de Monchy, 1991).*

Differentiated gender roles also exist with regard to sexual behaviour. Traditionally, men were polygamous, and wealthy men had several wives. Today, Cambodian men keep the old tradition of multiple sexual partners alive by visiting sex workers. A study conducted by World Vision International in 1994 and another by the Cambodian Red Cross in 1997 showed that the men surveyed had had sex with a prostitute in the last year at rates of 41 per cent and 22 per cent respectively (CRC/ARC, 1997).

Sex for men before marriage is thus sanctioned by society. By contrast, social norms dictate that women should be monogamous and that they should remain virgins until they are married. A girl, who deviates from this norm, even if she is raped, is shunned by society and is deemed unfit for marriage and suited for prostitution. In many cases, the reputations of the girl's sisters are also tainted, and they find it difficult to find a spouse.

## **1.2 Sexual Abuse and Sexual Exploitation of Children and Youth and National Actions**

### **1.2.1 Sexual Abuse of Children and Youth in Cambodia**

Little research has been conducted to date on the sexual abuse of children in Cambodia. Most of the surveys of commercial sex workers in Cambodia have not - incorporated a study of their childhood histories, with one exception. The 1994 Cambodian Women's Development Association survey of 399 female prostitutes in Phnom Penh showed that prior to engaging in prostitution five per cent of the women were incest survivors and four per cent of the women had been raped (CWDA, 1994). In addition, thirty-four and a half per cent of the prostitutes interviewed were below 18 years of age.

Another contributing factor is violence in the family, which is reportedly high due in part to the psychological effects of the genocide, where children witnessed inhumane atrocities including sexual crimes, and in several cases, were forced to butcher their parents and friends. Twenty years later, these children are the adults of Cambodia, living with a legacy of their brutal past.

The two studies conducted on domestic violence in the Kingdom showed that in families in which wives are physically abused, children are also beaten in the majority of cases. The first study showed that 52 per cent of the 50 battered wives interviewed in six provinces stated that their children also suffered beatings at the hands of their fathers (Zimmerman, 1994). Another study, a household survey on domestic violence in

Cambodia found that of the 1,374 women interviewed, 16 per cent were battered and 7.6 per cent stated that following a fight, their husbands hit the children (Nelson and Zimmerman, 1996).

The war has also left more than half of the country's land area littered with landmines and unexploded ordinance. Amputation estimates range from 100 to 250 per month of which children make up seven per cent (UNICEF, Undated). Children with disabilities in Cambodia tend to stay in or near their home and this physical isolation and reduced mobility may put these children at high risk of sexual abuse. Although no research has been conducted to confirm this risk thus far in Cambodia, studies from other countries have indicated that disabled children are more vulnerable to sexual abuse. One such study was conducted in Canada by the National Committee to Prevent Child Abuse, which found that children with disabilities are up to 10 times more vulnerable to sexual abuse than non-disabled children. They are often unable to defend themselves physically and they depend greatly on others for assistance and thus, are often more compliant and passive (Zantal-Wiener, 1995).

### **1.2.2 Sexual Exploitation of Children and Youth in Cambodia**

#### **Magnitude of the Problem**

Commercial sexual exploitation of children is a thriving business in Cambodia. The NGO Human Rights Vigilance interviewed 6,110 sex workers in Phnom Penh and 11 provinces in 1995. The survey showed that 31 per cent of the interviewed sex workers were children aged from 12 to 17 years. The greatest number of sexually exploited children were found in Phnom Penh and Battambang provinces, where they made up one-third of the total. Proportionally, Takeo and Kompong Chhnang surpassed the other provinces where sexually exploited children made up 47.4 and 36.6 per cent of the totals respectively (Vigilance, 1995).

Other studies and surveys conducted by NGOs confirm this high proportion of children in prostitution. In 1994, the Cambodian Women's Development Association (CWDA) surveyed 399 prostitutes in Phnom Penh and 35 per cent of them were younger than 18 years (CWDA 1994). A year later, another study was conducted by LICADHO among 236 sex workers after a raid of 26 brothels in Battambang. Twenty-six per cent of those interviewed were less than 18 years of age (LICADHO, 1995).

The estimates presented above are thought to be conservative as the surveys were conducted in open commercial sex establishments. Many sexually exploited children (SEC) are hidden away in closed sex establishments, which are difficult to detect. In March 1996, the bodies of two such children were found when a fire gutted their brothel. They had been locked into their rooms and therefore could not escape. When survivors of the fire were later interviewed, it was discovered that the two girls had been forced into prostitution and they had refused to sleep with customers, even after being beaten. They were locked away in the hopes that they would comply with the brothel owner's wishes (Beyrer, 1998).

#### **Supply and Demand**

The social and economic crisis of Cambodia has created a large supply of young, undereducated and unaware girls, who seek employment to assist their families financially. Due to the high demand for sex services in the country, young girls are forced or volunteer to sell their virginity for a high price and then continue to work as prostitutes. Boys, who live on the street in urban centres, have also been sexually exploited by pedophiles in recent years; however, they are in far less demand than girls.



The demand for the sexual services of women in the Kingdom has several sources. As was discussed above, Khmer men's sexual behaviour patterns often include frequenting sex establishments, especially those men who are employed in work away from their homes including soldiers, fishermen and migrant labourers; and boys such as students, who are experiencing sex for the first time. The demand for prostitutes has also come from non-Khmers including foreign residents and tourists; Thai men who live in the vicinity of the Khmer-Thai border who want cheap services; and the 20,000 UNTAC troops stationed in Cambodia from 1991 to 1993. It has been estimated that the number of commercial sex workers in Phnom Penh alone rose to 20,000 by the end of 1992, to meet the demand for sex services of the UNTAC troops (UNICEF, 1995).

Khmer girls have also been trafficked out of Cambodia by the thousands to meet the demand for child prostitutes in Thailand. A Royal Thai Government crackdown on child prostitution in 1992 and simultaneous opening of international border checkpoints resulted in an increase in the traffic of children from Thailand's poorer neighbours. The major exit routes to Thailand are in Koh Kong and Poipet. Cambodia also has an entry point in Svay Rieng through which hundreds of Vietnamese girls, with a similar economic background to the Khmers, have been trafficked (GAATW, IOM and CWDA, 1997).

With the rapid spread of HIV/AIDS throughout the region in the past decade, young girls have been in high demand in sex establishments, as many believe that virgins are virus-free, and in the case of old men, that virgins can restore a man's virility.

HIV/AIDS is indeed a major health risk for clients and sex workers, especially children in prostitution who are physically more vulnerable to contracting the disease. The 1998 UNAIDS Report on the Global HIV/AIDS epidemic revealed that 39.3 per cent of female sex workers in major urban areas in Cambodia tested HIV positive. The same report showed that 120,000 Cambodian adults, aged 15 to 49 years were living with HIV/AIDS or 2.4 per cent of the adult population in 1997, the highest percentage in Asia (UNAIDS, 1998).

*(For Asia, the picture) is bleakest in Cambodia, where 1 in 30 pregnant women, 1 in 16 soldiers and policemen and nearly 1 in 2 sex workers tested positive in sentinel HIV surveillance. While condom use has grown very rapidly (condom sales have risen from virtually nothing to around 1 million units a month in under three years), commercial sex remains very common: in a recent survey three-quarters of respondents in the military and the police force and two-fifths of male students said they had visited a sex worker in the last year (UNAIDS 1998).*

The Ministry of Health together with NGOs, United Nations agencies and international donors, has begun to work in earnest to contain the spread of HIV/AIDS through the recent adoption of the 100 Per cent Condom Use Programme in sex establishments in Cambodia. This programme is funded mainly by USAID and the British ODA. Condoms, under the brand name 'Number One', are available on a nationwide basis for a very nominal price, that is, USD 0.10 per condom. Sometimes, these are provided by brothels as part of the price of the service. A study conducted in 1997 however, showed that although the HIV/AIDS campaign in the country is succeeding in its attempts to raise awareness about the disease as well as about transmission and prevention methods, risk behaviour is still prevalent. It concludes that the knowledge has not yet been personalized and thus, a change of behaviour has still not arisen (CRC/ARC, 1997).

### **Entry into Prostitution**

Children make their way into the commercial sex industry in Cambodia through various channels; some are forced against their will while others enter voluntarily. The Ligue Cambodgienne pour la Promotion et la Defense des Droits (LICADHO) survey conducted in Battambang province revealed that 65 per cent of the child sex workers released by the police in the 1995 brothel raid had been trafficked against their will (Seaman, 1995).

The 1994 CWDA survey of both women and child prostitutes showed that more than half of them had entered sex work involuntarily. Eighty-six per cent of these women and girls had been brought to the sex establishments by parents, friends and relatives and most of sex workers had been promised jobs in other fields such as housekeeping and small business. Some of these girls were sold. Almost half of the child prostitutes had hoped when leaving home to secure work as domestic servants (CWDA, 1994).

A high percentage of young women enter prostitution by choice. For most, abject poverty and their financial responsibility as income earners to their families are the primary motives. The sale of a girl, particularly a virgin, into prostitution brings an enormous sum of money to the family by Cambodian standards. On average, a family can earn USD 150 for the sale of their virgin daughter (UNICEF 1995). If the girls are very attractive, they can be sold for much higher sums. Once a girl has lost her virginity, her monetary value decreases significantly.

Cambodia is both a receiving country and a sending country in the sexual trafficking of children. Some studies argue that trafficking rings are highly sophisticated and involve other criminal activities (UNICEF, Undated) while others argue that recruitment takes place mostly on a small-scale, informal basis (Derks, 1998).

The most prominent group of non-Khmer child sex workers in the country is the Vietnamese. Most of them are southerners and they enter Cambodia through Svay Rieng. From the border they generally travel to Phnom Penh and then are brought to their final destination provinces. Young Khmer women also leave Cambodia to enter commercial sex work in Thailand via border crossings in Poipet and Koh Kong.

### **Factors affecting Physical and Psychosocial Health**

The conditions under which children in prostitution live and work in Cambodia are reportedly unhealthy and exploitative. In the 1994 CWDA survey, 13 per cent of the respondents when asked about their problems replied that they “live like animals”. Other reports show that these sex workers must be available to serve clients 24 hours a day, be the women in good or in poor health (GATTW, 1997).

Receiving an average of 5 to 10 customers a day, children in prostitution are extremely vulnerable to sexually transmitted diseases (STDs). Some common forms found in Cambodia include gonorrhea, syphilis, herpes simplex, urinary tract infections and polyps. The 1994 CWDA study on prostitutes in Phnom Penh showed that 28 per cent of those interviewed had acquired diseases (CWDA, 1994).

Human Rights Vigilance reported that the physical health problems of the children in prostitution they surveyed in 1995 include skin irritations, discharges, warts and STDs. The organization sees HIV/AIDS as the biggest health threat to sex workers. This was confirmed by the 1998 UNAIDS Epidemiological Fact Sheet HIV/AIDS and Sexually Transmitted Diseases, which shows that 39.3 per cent of sex workers in Phnom Penh tested positive for the AIDS virus in 1997. In 1996 the seroprevalence rates for the

AIDS virus among sex workers in five other provinces exceeded 50 per cent (UNAIDS/WHO b, 1998).

A survey conducted by Vigilance showed that commercial sex workers in many cases have not been targeted in AIDS prevention campaigns and services run by NGOs. Workshops on STDs and the distribution of condoms had been targeted to brothel owners and not to the prostitutes themselves. Some women revealed that they had to buy condoms, which had been distributed free of charge to the brothel owners (Vigilance, 1995).

The Cambodian Red Cross (CRC) and Australian Red Cross (ARC) reported in 1997 that Government and NGO campaigns have now made an impact on high-risk groups in Cambodia with regard to awareness raising about the disease and how to prevent transmission. Nonetheless a change in risk behaviour has still to be witnessed (ARC/CRC, 1997).

The majority of men interviewed in the CRC/ARC study knew what condoms were and why they should be used. A resistance to their use was nevertheless present due to reasons such as a reduction in pleasure, the influence of excessive alcohol and common misconceptions about contraction of STDs (CRC and ARC, 1997).

Chris Beyrer, after interviewing a Dutch doctor volunteering for Medecins sans Frontieres (MSF) in Siem Riep province who treats sexually exploited children, argued in his recent book (Beyrer, 1998) that these children are extremely vulnerable to STD infection. Most sexually exploited children have never been educated about or discussed sex and they do not know their own bodies. In many cases, they have no control over the behaviour of their clients.

*While condoms are the cornerstones of prevention of sexual transmission, they have to be introduced into a context in which women who have never had to deal with sexual issues can begin to do this. It means touching condoms, looking at them, consciously thinking about being with men, and about their bodies. This is a painful, slow process, especially for women who are, to use a medical term, displacing themselves, going into psychological retreat from reality, rather than face the drunk strangers already inside their bodies. We tend to be rather blithe about introducing condoms, and... forget how difficult it is for most people to be rational and neutral about the body. Condoms go on an erect penis. Obvious enough. But for a village girl or a returning refugee, sold to a pimp and trafficked to a town far from home and family, even thinking about an erect penis is a nightmare. And you are asking her to learn how to put one on a man who is, in a very real sense, a part of serial rape. Many women do learn to do this, but more than half will become HIV-infected before they begin to protect themselves (Beyrer, 1998).*

For treatment of disease, most young children in prostitution visit the pharmacy near the brothel as for many, mobility is restricted and the cost of visiting a doctor is too high. Some simply have no access to medical care (GATTW, 1997). Girls will only visit the doctor when they are really ill, which in the end increases the expense as the health condition has deteriorated.

Children in prostitution also cite that physical abuse occurs frequently in the sex establishments. Both clients and brothel owners inflict this abuse upon the young women. The 1994 CWDA study showed that 29 per cent of the surveyed sex workers had suffered physical abuse at the hands of their clients. Another six per cent stated that they were punished and abused by brothel owners. Some reasons for this physical

abuse include the refusal of the prostitutes to go with a client; remaining too long with a client; or going to the washroom without permission.

In a sub-study conducted LICADHO on 39 child prostitutes, 38.5 per cent of them had been beaten or tortured by the owner of the brothel. The physical abuse included beatings with electric wires, wooden planks, and plastic tubes. In some instances electric shocks were given and dousing with battery acid occurred (Seaman, 1995).

### **1.2.3 Legislation related to Sexual Abuse and Sexual Exploitation of Children**

Some legislative progress has been made in the area of sexual abuse and sexual exploitation of children. In 1993, Cambodia became a signatory to the International Convention on the Rights of the Child. Furthermore, the Cambodian Constitution, - promulgated in that same year contains two articles, which protect the rights of children against prostitution. The relevant portions of these articles include the following: Article 46 *The commerce of human beings, exploitation by prostitution and obscenity which affects the reputation of women shall be prohibited...* and Article 48 *The State shall protect the rights of children as stipulated in the Convention on Children, in particular, the right to life, education, protection during wartime and from economic or sexual exploitation...* (UNICEF, 1995).

The Law against Child Abduction and Trafficking was adopted by the National Assembly on 16 January 1996 during the 5<sup>th</sup> session of the 1<sup>st</sup> legislature. However, many officials and community members are not aware of this newer law which has stiffer penalties for trafficking and prostitution of children. Thus, one of the programmes of the Cambodian Centre for the Protection of Children's Rights (CCPCR) includes training for police officers and, eventually, judges on this new law.

With these legislative measures in place, the challenge for Cambodia now lies in law enforcement. With few exceptions, the police and military do not implement laws which protect children from sexual crimes. Instead in several cases, they are actually engaged in the sexual abuse and sexual exploitation of children. UNICEF's 1995 - Situation Report on the Trafficking and Prostitution of Children in Cambodia confirmed this point:

*Several locally powerful police and military personnel are known to be involved both in abduction rackets as well as in the protection of establishments, which offer the services of child prostitutes. There is little doubt that law enforcement officials are involved in practically every stage of the trafficking process (UNICEF, 1995).*

Many organizations are working to end the sexual exploitation and abuse of children in Cambodia as well as to care for the victims of these crimes. This study on the health needs and services available to sexually abused and sexually exploited children forms a contribution to those common goals.

## **1.3 Objectives of the Study**

The study has three objectives as follows:

- To collect and analyse existing information on the country context, sexual abuse (rape and incest) and sexual exploitation (trafficking, pornography and prostitution) in Cambodia

- To identify common health (medical, psychological and social) problems and needs of sexually abused and exploited children
- To explore the range of services available to sexually abused and exploited children and the capacities and potential of the different agencies in providing those services.

## 1.4 Definition of Terms

**Child** is defined as any human being under the age of 18 years.

**Sexual Abuse of Children** can be defined as contacts or interactions between a child and an older or more knowledgeable child or adult (stranger, sibling, or person in positions of authority such as parent or caretaker) when the child is being used as an object for an older child's or adult's sexual needs. These contacts or interactions are carried out against the child using force, trickery, bribes, threats or pressure.

**Sexual abuse**<sup>1</sup> can be physical, verbal or emotional and includes:

- touching and fondling of the sexual portions of the child's body (genitals and anus) or touching the breasts of pubescent females, or the child's touching the sexual portions of a partner's body;
- sexual kissing;
- penetration, which includes penile, digital and object penetration of the vagina, mouth or anus;
- exposing children to adult sexual activity or pornographic movies and - photographs;
- making lewd comments about the child's body;
- making obscene phone calls;
- having a child pose, undress or perform in a sexual fashion on film or in person (exhibitionism); and
- 'peeping' into bathrooms or bedrooms to spy on a child (voyeurism).

**Commercial Sexual Exploitation of Children** is defined by the United Nations as the use of a child for sexual purposes in exchange for cash or in-kind favours between the customer, intermediary or agent and others who profit from the trade in children for these purposes (parent, family member, procurer, teacher, etc).

There are three forms of commercial sexual exploitation of children, which have already been defined by the United Nations, namely, child prostitution, trafficking and sale of children across borders and within countries for sexual purposes and pornography.

**Child prostitution** is the act of engaging or offering the services of a child to a person to perform sexual acts for money or other consideration with that person or any other person.

**Trafficking and sale of children across borders and within countries for sexual purposes** is the transfer of a child from one party to another for whatever purpose in exchange for financial consideration or other rewards. Sexual trafficking is the profitable business of transporting children for commercial sexual purposes. It can be

across borders or within countries, across state lines, from city to city, or from rural to urban centres.

**Child pornography** is the visual or audio material, which uses children in a sexual context. It consists of the visual depiction of a child engaged in explicit sexual conduct, real or stimulated, or the lewd exhibition of the genitals intended for the sexual gratification of the user, and involves production, distribution and/or use of such material.

## Chapter 2

### ***METHODOLOGY***

#### **2.1 The Research Team and Preparation for Fieldwork**

The research team consisted of three staff members of the Cambodian Centre for the Protection of Children's Rights (CCPCR) in Phnom Penh, namely, Mr. Nget Thy, Ms Kuy Sok Pannha and Mr Nuon Rathy.

In a qualitative study of this nature, the interviewer is an important research tool. The responses of the children vary according to their perception of, and trust in, the researcher. Mr Thy and Mr Rathy were both thin, young men who appeared attractive and unthreatening to their target population. Mr Thy was particularly well suited as an interviewer due to his soft voice and gentle manner. Ms Pannha was a young and confident woman who the girls could admire. Her strong presence was softened by periodic laughter. Ms Pannha's androgynous features enabled her to disguise herself as a man easily and enter into restricted brothels. All of the research team members for this study showed a strong commitment to the objectives of the study.

Prior to conducting their research, the team members attended a two-day training session on qualitative research approaches which was facilitated by the CEDC expert from ESCAP. This initial training, however, was not sufficient to fully prepare the teams to undertake research among sexually abused and sexually exploited children without causing them 'secondary' harm. Thus, Ms Meanvy Sem, the Project Advisor of the Young Women's Crisis Centre (YWCC) of the Ministry of Social Action was recruited to provide the research team with additional training and supervision during data collection and data analysis phases. The training provided by Ms Sem focused on provision of psychosocial support and covered the following topics: communication; good listening; observation; interviewing; need and motivation; self-awareness and awareness of others; value of thought and feelings; positive feedback; team building; psychosocial and well-being; and counselling sexually abused children.

The research team also attended a World Education Training of Trainers workshop for two weeks financed by ESCAP. This training course provided information about social service procedures and working qualitatively and effectively with the target groups.

The research team targeted nine provinces for the study, namely, Koh Kong, Sihanoukville, Siem Riep, Kampong Chhnang, Phnom Penh, Kampong Cham, Poipet, Battambang and Svay Rieng. These provinces were selected because they are urban centres known to have a large number of children engaged in prostitution and also because they serve as areas of origin, transit and destination for children who are trafficked within or outside the country for purposes of prostitution.

Koh Kong and Battambang, for example, are both near the Thai border so many of the same officials/people who are involved in prostitution are also involved in trafficking of children to Thailand. As for Svay Rieng, it is near the Vietnamese border and is the entry point of Vietnamese children who are trafficked to Cambodia for purposes of prostitution. Kampong Cham is also near the border, and is the main supply area for children who work in prostitution in Cambodia. Currently, there are awareness raising campaigns, carried out by CCPCR with the support of Redd Barna in this area to try to address this issue. Phnom Penh as the capital city is naturally the destination of choice for most domestic prostitutes. Poipet is very close to the Thai border (near Sisophon). Sihanoukville is a triangle site including children from Viet Nam, Thailand, and Cambodia. Only a small number of Thai children work there, mostly in the hotels. Many tourists from Europe also come here for sex tourism.

The Director of CCPCR, Mr Yim Po, decided which research sites each of the three members of the research team would cover based on their experience in conducting research and knowledge of the sites. For example, Ms Pannha had experience doing investigative work in the provinces to which she had been assigned. Mr Rathy, the team leader, is the project coordinator at CCPCR, had done previous research work, and has excellent drafting skills in English. Mr Thy had prior experience with social work and his work tasks at CCPCR entail reintegrating children into their communities and following up their progress after they have found jobs. Mr Rathy and Ms Pannha, were both experienced in interviewing SEC/SAC and thus, they each covered four provinces. Mr Thy, who had had less interviewing experience, covered only one province.

On average, the researchers spent 5 to 10 days at each research site. Mr Rathy covered the following provinces: Koh Kong (24-30 April 1998); Sihanoukville (12-20 April 1998); Siem Riep (9-15 May 1998); and Kampong Chhnang (30 May – 4 June 1998). Mr Rathy visited the following villages: In Koh Kong Smach Meanchey district, Phoung Bey village section three (this is the area where the brothels are located); In Siem Reap he visited the provincial city near the river: in Sihanoukville, he visited Phoum Thmey sections 1, 2 and 3; and in Kampong Chhnang he went to the Beung Taom red light area of Kampong Chhnang district and to the Bangalow red light area of Roleapei district.

Ms Pannha interviewed SEC in the provinces as follows: Phnom Penh (6-12 April 1998); Kampong Cham (28 April – 1 May 1998); Poipet (8-10 May 1998); and Battambang (6-12 May 1998). Ms Pannha visited the following villages in Kampong Cham – Memay Chong Tnol, Val Sbov, Cham, and Chroice Tmor. In Battambang, she visited Street 3 Block, Street 2 Svay Pouy, Anlong Ville, Prak Naren, Wat Kov, O dom Bang, and Srouk Battambang. In Poipet, she visited Block Phsar Akark and the Marketplace behind Phsar Ra. In Phnom Penh, she visited Toul Kork, Svay Park, Boding, Steng Mean Chey, Tra Louk Bek, Bang Trayap, and Bang Japan.

The interviews in Svay Rieng were conducted by Mr Thy from 11 to 18 May 1998. Mr Thy visited five villages in Svay Rieng in which prostitution occurred, namely, Svay Rieng, Chan Trea, Romeas Haek, Svay Chrom, and Svay Teab.

## **2.2 National Synthesis**

The methodology adopted by the three researchers in their interviews with sexually abused and sexually exploited children can be categorized into four main stages as follows: Community Entry Phase; Identification and Selection of Target Groups; Methods of Data Collection; and Methods of Data Analysis. All of the researchers adopted the same methodology for the Community Entry Phase and the Methods of Data Analysis but their techniques differed for the other two stages. The national synthesis will summarize the methodology adopted by the researchers in each of the four phases and a more detailed account of individual techniques used for Identification and Selection of Target Groups and Data Collection will be provided in the provincial summaries.

### **2.2.1 Community Entry Phase: Establishing a Presence**

The initial step in the team's research methodology involved meeting with the Commissar of the provincial and municipal police headquarters to brief them on the project and its purpose, as well as to collect general information on the situation of sexually abused and sexually exploited children in the province. This was done to ensure some level of security for the researchers should it be required. Researchers also met with relevant sections of the Ministry of Social Action and Veteran Affairs, District Police Inspectors and some NGOs in the province, which were working with sexually abused and sexually exploited children, in order to obtain more information about the problem.

### **2.2.2 Identification and Selection of Target Groups**

In each province, the researchers spent time surveying the brothel areas prior to selecting their entry strategy and they tried to target both open and closed brothels for their interviews. The entry strategy differed by researcher as well as by province. The most appropriate methodology was adopted for the given setting. The male researchers posed as clients while the female researcher pretended to be a pimp or a brothel owner. In some instances she also disguised herself as a man in order to enter closed brothels.

Sixty-five young children, showing open and talkative characteristics, were - approached including 55 girls and 10 boys. Only fifty-seven full interviews were conducted as eight of the ten boys approached did not reveal that they had been sexually exploited, although the researcher felt that it was highly likely that they had been. More time would have been required for the researcher to build up trust with the eight boys and to gather their full stories.

Of the 57 children, 54 had been sexually exploited including 53 girls and 1 boy. Of these 54 children, 8 of the girls had previously been sexually abused. Two girls of the 57 children were sexually abused but not sexually exploited and one boy had suffered from attempted rape.

Ms Pannha interviewed 25 girls and 10 boys in four provinces: Phnom Penh, Kampong Cham, Poipet and Battambang. Mr Thy conducted eight interviews with girls in Svay Rieng province and Mr Rathy interviewed 22 girls from Koh Kong, Sihanoukville, Siem Riep and Kampong Chhnang provinces.

### **2.2.3 Methods of Data Collection<sup>2</sup>**



Techniques to establish trust and friendship with the children were emphasized during all of the interviews, which were conducted both inside and outside of the brothel. They always brought the girl he interviewed away from the other girls, either by taking her into her room or by leading her away from the brothel. He took the time to explain the purpose of the study to the girls whom he interviewed and he built up the girl's trust in him through conversation.

Rathy always interviewed the girl in open areas within the brothel while simultaneously engaging in other activities that the girls enjoyed including playing cards, singing, watching television and eating. He felt that conducting the interview in that informal way made the girl feel at ease.

Pannha used several different techniques to secure the trust of the children. In some cases she spoke about her own life in order to draw out the experiences of the girls while at other times, she established a rapport by pretending that she knew the girl's parents.

Rathy and Pannha never revealed their true identity as they felt they lacked the time needed to explain the objectives of the study to the girls. Furthermore, they feared that the girls would reveal their identity to the brothel owner, which may have endangered them.

Most of the interviews lasted from half an hour to two hours. In some cases, when more information was required, the researchers returned to the brothel for a second interview. All researchers taped interviews using small concealed cassette recorders, and following the interviews recorded information and observations on paper.

#### **2.2.4 Methods of Data Analysis**

The Team Advisor formulated tables based on the interview questions to facilitate data entry by the research team members. After collecting their data and listening to their tapes, the team members filled in the tables, and analysed the data.

In writing the report, the research team used the data summarized in tables and their field notes. The report was first written in Khmer by the three researchers and translated into English by Mr Ritty who compiled and drafted the report in English. ESCAP staff, working together with the research team, produced a more complete and thorough draft of the report.

#### **2.2.5 Problems Encountered**

The researchers encountered common problems in their study. They all felt that they lacked sufficient time both to establish trust with the children and to conduct in-depth interviews. The presence of armed guards and brothel owners in some cases hampered the interview process, as the girls were afraid to speak out. Some researchers did not enter these brothels, themselves fearing the guards. The research team also felt that they had lost some interview information due to the secretive procedure, which did not allow for the manual recording of information at the time of the interview.

The researchers did not conduct interviews in the provinces with health care - providers, social workers and teachers due to limited time and resources. They did however, interview the managers of most organizations providing services to sexually abused and exploited children as the team felt that they would have more knowledge about the centres than the health care providers, social workers and teachers. After

consultation with the ESCAP team, some interviews with teachers and health care workers were conducted but due to a shortage of time and resources, these interviews were only conducted in Phnom Penh.

## **2.3 Battambang Province**

### **2.3.1 Identification and Selection of Target Groups**

In Battambang, Pannha posed as a pimp for a rich client. She surveyed 10 to 15 brothels, chatting informally with the young girls. She then requested the photographs of several young girls from the brothel owner to show to her client. She also agreed, in future, to bring young virgins to the brothel owners. Using these techniques, Pannha was able to secure the trust of the brothel owners as well as to obtain an overview of all the brothels, especially those that housed young girls.

From this pool, Pannha chose four brothels housed in villas, in which the girls were prohibited from leaving the premises. She selected brothels, which were a sufficient distance from one another, in order to prevent suspicion and gossip amongst people in neighbouring establishments. Pannha chose girls to interview who showed talkative and open qualities in a group setting. Her sample size in Battambang was four girls.

### **2.3.2 Methods of Data Collection**

Pannha took the girl she had targeted aside to a table in the garden, bought drinks and food, and then began the interview. Pannha never disclosed to the girls that she was a researcher. She began by joking with the girl and then asking her about her life. If the girl seemed suspicious, Pannha would remind the girl that they were both women and so they shared common experiences. She then shared her fabricated story with the girl about how she came to be a pimp because her boyfriend had cheated her. Pannha would recount a story based on the information required by the interview guidelines and then ask the girls what their life experiences had been. As the girls told their stories, Pannha taped the testimonies with a concealed tape recorder. Each interview lasted approximately 30 minutes.

In order to avoid suspicion, Pannha did not conduct long interviews but preferred to meet the girl again on a second visit. On her return trip, Pannha returned the photographs of the girls, given to her by the brothel owner on her first trip, stating that her rich client was uninterested in those girls. Pannha would then ask for photographs of different girls to show to her client. In this way, Pannha retained the trust of the brothel owner.

## **2.4 Poipet Province**

### **2.4.1 Identification and Selection of Target Groups**

Pannha adopted a different entry strategy in Poipet as the environment required more caution. Several of the brothels in the province were protected by guards, armed with machineguns. Moreover, unlike the villas of Battambang, Poipet's brothels consisted of a row of small wooden and thatch rooms without a common area.

Pannha first surveyed the brothels by discussing fabricated problems with brothel owners. She pretended to be a bankrupt brothel owner who needed advice from successful managers about how to run her business. Pannha identified the brothels with

several young girls through these discussions with the brothel owners and she targeted one girl in each of three brothels for interviewing.

### **2.4.2 Methods of Data Collection**

After selecting the brothels, Pannha asked four of her former male colleagues from the province to take out a talkative girl from each of the brothels. After depositing USD 2.50 with the brothel owners as a guarantee that the girl would be brought back, Pannha's friends brought the girl to a hotel room. Pannha waited for them in the hotel and began her interviews there. In this situation, Pannha feigned being a friend of the girl's parents and asked the girl how they ended up there. She adopted a counselling framework for her interview.

Each interview lasted more than one hour and in this province, Pannha met with each girl only once. The girl was then left with the male friend, who brought her back to the hotel.

## **2.5 Kampong Cham Province**

### **2.5.1 Identification and Selection of Target Groups**

The sampling technique used in Kampong Cham resembled the one used in Battambang. In Kampong Cham three girls were interviewed from three different villa brothels.

### **2.5.2 Methods of Data Collection**

In Kampong Cham, Pannha posed as the pimp of a rich client. Unlike in Battambang, many of the girls in Kampong Cham were eager to find out about Pannha's rich client and thus, they crowded around her, not allowing her the space to speak with a girl on a one-to-one basis. Pannha addressed this problem by asking some of the male staff working in human rights NGOs in the province to pose as customers and to bring to girls out of the brothels to a hotel. Like in Battambang, Pannha posed as a friend of the girl's parents instead of informing them that she was conducting a study. She interviewed each girl once for over an hour in the hotel.

## **2.6 Phnom Penh**

### **2.6.1 Identification and Selection of the Target Groups**

As Pannha was familiar with Phnom Penh's red light areas, she chose a sample of 15 girls to interview, from sex establishments as well as NGOs working with SEC/SAC. Pannha had not planned to interview boys initially, but after consultation with the ESCAP team, she interviewed 10 male street children in Phnom Penh. Four of them were interviewed in a shelter for street children and the other six were interviewed on the street. The areas where these children, mainly boys, congregate include the Royal Palace, the National Museum, Independent Monument, O'Sray market and some the city's most famous temples.

### **2.6.2 Methods of Data Collection**

Pannha wanted to interview girls in restricted brothels and she did so by entering brothels disguised as a man. In the room, she paid the girl and then began a

discussion, which disclosed her sex. Slowly, she built up the trust in the girl and in this way, she was able to tape their stories. This interview method was risky as the walls between rooms were thin in the brothels and the girl could have told the brothel owners, putting Pannha at risk. It did however, give Pannha access to girls who are otherwise closeted away.

In more open brothels, Pannha pretended to be a tourist guide, looking for young women for her clients. As in Poipet, Pannha arranged for her male friends to take the girls to a hotel where she could sit and talk to them.

It was more difficult for Pannha to gain the trust of the boys of the street than it had been to secure the confidence of the girls in prostitution. Although the boys were open about their past, they were shy to speak about sexual exploitation or sexual abuse. For this reason, only two full case studies were obtained from the pool of ten boys. More time and appropriate interviewing techniques were needed to obtain the stories from the other boys.

## **2.7 Svay Rieng**

### **2.7.1 Identification and Selection of Target Groups**

Thy interviewed eight sexually exploited children in Svay Rieng province. He began his study by patrolling the brothel area in the daytime to assess which brothels engaged children in prostitution. Two brothels which Thy surveyed were protected by armed guards and he chose not to enter them. In the other brothels, Thy pretended to have just arrived from another province and thus, needed time to survey the available services, chat and relax before engaging in sex. Thy chose eight brothels some distance away from one another in three districts.

Thy interviewed one girl in each of the eight brothels. In choosing someone to interview, Thy looked for girls who he felt liked him and those who looked trustworthy. Some girls were also very talkative, a favorable quality, and spoke of their problems without being asked.

### **2.7.2 Methods of Data Collection**

In three cases, Thy conducted the interviews outside the brothel by taking the girls out for a walk or to a hotel room. In another case, he was able to sit alone with a girl and talk in the premises of the brothel. The four remaining interviews were conducted in the girl's room in the brothel. In the latter cases, there was more tension in the air during the interviews for fear that their conversation was overheard. Nonetheless, he was able to access girls in this way who were prohibited from leaving the brothel.

Thy paid the brothel owner and then took the girl out or brought the girl inside the room and then lay down on the bed. Thy continued to talk with the girl without touching her. After some time, the girl became curious about why he did not touch her and he would slowly reveal that he was a researcher as well as the purpose of the study he was conducting. Soft-spoken and good looking, Thy had no problem in securing the confidence of the girls. He was careful to use open-ended questions and speak in an indirect manner to make the girls feel at ease. He complemented the girls on their good looks and acted in a very gentle manner. He also treated the girls to drinks and snacks.

Thy's interviews lasted up to an hour each and in some cases, when more time was required to gain the trust of the girl, he went back a second time. He always left several days in between two visits to the same girl in order to avoid suspicion on the part of the brothel owner, as regular clients do not usually visit prostitutes on consecutive days. In some cases Thy chose to conduct interviews during the daytime when the girls were not too busy with clients while in other cases, the evening was more suitable for the interviews.

## **2.8 Koh Kong, Sihanoukville, Siem Riep, Kampong Chhnang Provinces**

### **2.8.1 Identification and Selection of Target Groups**

Rathy surveyed the brothels in each province and then targeted brothels at random. He interviewed five girls in Koh Kong, ten girls in Sihanoukville, four girls in Siem Riep and three girls in Kampong Chhnang.

### **2.8.2 Methods of Data Collection**

In each brothel, Rathy engaged several girls in activities, which they enjoyed such as playing cards, singing karaoke, watching television and eating. He then took one girl out of the group, paid her for sitting with him and engaged her in conversation about her life. He went back in most cases more than once to visit each girl to gain information gradually. In some cases, the snowball sampling technique was used in which one girl led him to another and on the next occasion he spoke to that girl. He never revealed his identity as a researcher to the girls.

Rathy's interviews were always conducted outside the girl's room and sometimes outside the brothel. The walls between the room walls were too thin, and he feared that someone would discover what he was doing.

## **Chapter 3**

## ***RESEARCH FINDINGS***

This following section presents the results of the primary research conducted in 1998 by the research team of the CCPCR. The profile of the 57 sexually abused and sexually exploited children interviewed will be outlined by province as well as their physical and psychosocial needs. Existing facilities and services available to address those needs in each province will also be presented.

### **3.1 Koh Kong Province**

The hilly coastal province of Koh Kong is situated in the most southwestern corner of Cambodia. Its population in 1998 was 131,912 inhabitants and of this total,

31,177 were female children and 37,264 were male children (National Institute of Statistics, Ministry of Planning, 1998).

Koh Kong borders Thailand's Trat province, making it an ideal place for commerce and smuggling. Aside from logs, Koh Kong is also a major trafficking point for Khmer and Vietnamese women on their way to sex establishments in Thailand and other countries.

The economy of Koh Kong is vibrant and many fishing and commercial boats harbor in the province to refuel and to collect new supplies (UNICEF, 1995). To serve the fishermen, merchants and other local residents, Koh Kong has 105 brothels that are serviced by 677 prostitutes. One third of this total, 255 people, are girls under the age of 18 years of which 167 are Khmer and 88 are Vietnamese (Koh Kong Provincial Police Headquarters, 1998).

The demand for sex services is high in Koh Kong as clients who demand sex services such as fisherman earn a sizable income at USD 300 to USD 400 each month (UNICEF, 1995). The HIV/AIDS infection rate is also high. Figures for 1996 show that 52.1 per cent of sex workers in the province were seropositive for the AIDS virus (UNAIDS/WHO 1998).

### **3.1.1 Child Profile**

Five female SEC were interviewed in Koh Kong province, one of whom had also been sexually abused prior to becoming a child in prostitution. The SAC was raped at age 16 years and the other four were sexually exploited at 17 years of age. All of the girls were single with the exception of one who had been married and then abandoned by her husband. One of the girls was ethnically Vietnamese while the rest were Khmer. The girls originated from Takeo, Kandal, Koh Kong and Kampot provinces.

All of the girls were responsible for earning income to help their family. They worked as sellers and farmers and earned monthly incomes ranging from nothing to USD 22. Three of them were the oldest child in families with one to three children; one was the second oldest of five children; and the last was child number three of a family of seven.

The five girls were all undereducated with three finishing Grade 3 and the other two never having attended schools. The girls had relatively well educated fathers who had completed from 6 to 11 years of education and poorly educated mothers with education levels ranging from Grade 2 to Grade 6.

The families of the five girls lived in extreme poverty and some families experienced illness and debt. Among them, only one girl lived with both parents while three came from female single-parented homes. The last was an orphan who had previously lived with her aunt, who physically abused her.

*Srey Pov was orphaned at a young age and she and her younger brother lived with their aunt in Kandal province. Srey Pov, 17, had never been to school and her brother was taken out of school after a few years due to poverty. The children sold cakes for their aunt who regularly beat them. Escaping this maltreatment, Srey Pov was lured to work in Koh Kong province by a trafficker who sold her virginity at a brothel upon their arrival.*

The girl who had been raped eventually became a child in prostitution.

*At the age of sixteen, Yee entered into a marriage, arranged by her mother, with a Thai businessman whom she did not love. Her husband raped her in the several months that he lived in Koh Kong, after which time he abandoned her and returned to Bangkok. When Yee's mothers fell seriously ill, the family was forced to sell their house and to borrow money from neighbours, in order to pay for her medical treatment. Yee later decided to become a child in prostitution to earn income to help her mother.*

Three of the five girls sold their virginity in hotels or brothels willingly for up to USD 300 in order to assist their families financially while the other two were tricked by traffickers who had promised them other forms of employment.

*Nary and her family immigrated to Cambodia from Viet Nam to escape poverty following her father's death due to cancer. When Nary was 17 years old, her mother fell extremely ill and the family's income ceased. In order to help the family to meet expenses, Nary and her mother decided that she should sell her virginity at a hotel. She slept with a Thai man for which she received USD 250.*

All of the girls had worked in one brothel for periods of two to seven months at the time of the interview. One girl worked in the brothel but lived at home while the rest slept at the brothel. The girls were not involved in pornography. They were forced to sleep with one to five clients a day and earned on average USD 0.50 to USD 2.50. One of the girls made up to USD 12 per day.

None of the SEC liked their job but they were willing to continue working in order to support their families. One girl expressed the desire to find a new job right away, and all the others hoped that they could leave prostitution work one day to start their own businesses.

### **3.1.2 Factors affecting Physical Health**

The SEC lived in sex establishments which were made of wood and thatch and consisted of a row of small rooms each measuring 2 x 2.5 metres. The brothels were owned by policemen and managed by their wives. The establishments were relatively open as girls were able to leave the brothel premises with their clients if the latter put down a monetary deposit for her. The brothel owners did not fear that girls could escape as the island's physical location made it very difficult for a young girl to escape.

The conditions in the brothels of Koh Kong were extremely unsanitary because of the lack of fresh water on the island. The girls had severe skin problems due to irregular bathing and the lack of water also created a stench in the brothel due to the lack of water for cleaning and flushing toilets. Ants and cockroaches were attracted to the rooms by the presence of used condoms strewn on the floor. The interviewer noted about the brothels that "... if anyone had to live under those conditions for several years, she could never survive".

Most of the girls who were kept in the brothels were pale and suffered from lack of sufficient oxygen in their bedrooms. Prior to sexual exploitation, they had all been in average to good health. Living in the brothel, the girls were regularly hit or kicked. They were only served two meals a day, at noon and in the evening, in insufficient quantities and they did not always use condoms. These factors combined led to a rapid decline in the health status of the SEC. Major complaints cited by the girls included weakness and STD infection. The girls, when they fell ill, treated themselves with medicine obtained at the local pharmacy.

### **3.1.3 Factors affecting Psychosocial Health**

All of the five SEC suffered psychological problems but a distinction was observable between those girls who had been trafficked and those who had entered prostitution voluntarily. The two girls who had left home expecting to be employed in good jobs, blamed themselves for trusting the traffickers. They also suffered from disbelief about their situation with symptoms such as being unaware of the present time, staring blankly and feeling light headed. One of the two missed her home and she often felt sad and trapped, while the other was angry for being tricked, which resulted in her aggressive behaviour and tantrums.

The other three girls, who had entered prostitution voluntarily, experienced a lack of motivation for their job, and loneliness. Self-rejection was also a commonly experienced feeling due to the degrading nature of their work.

The girls all spoke to female friends, brothel owner or their mothers when they felt stressed and none of the girls were substance abusers. Only one of the girls felt that she had support from her mother, who knew that she was engaged in prostitution. This particular girl worked in the brothel at night and returned home after work.

### **3.1.4 Services**

#### **Provincial Orphanage**

The only organization which offers direct services to children in Koh Kong province is the Provincial Orphanage run by the Ministry of Social Action. The orphanage provides parentless and destitute children with shelter and food, but the living conditions in the orphanage are poor due to the small operational budget. Proper health care, nutrition and vocational training services are needed for the children at the centre. If the orphanage was to provide specific services for SAC and SEC, staff training and material resources would be required to address their needs.

#### **Cambodian Centre for the Protection of Children's Rights (CCPCR)**

CCPCR has a branch office which was established in 1998 and has two permanent investigators. The investigators enlist the cooperation of local officials who investigate known sex establishments and rescue minors as well as trace traffickers for prosecution.

### **3.1.5 Case Studies**

#### **Case 1**

Ny, a seventeen-year-old girl, lived at home with her parents and five siblings in Takeo province. She left school after Grade 3 to work as a market seller. As the second eldest child of her poor family, Ny was eager to help her parents financially. When another seller in the market asked Ny to join her in a business in Koh Kong province, Ny jumped at the chance of earning USD 20 per month.

After arriving in Koh Kong province, Ny was locked in a hotel room for two days. She realized then, that she had been deceived but she had no way of escaping. On the third day, Ny's trafficker drugged her coffee which left her semi-conscious and without any strength. A man was brought to the room and he raped her. The next day,



Ny's fruitshake was drugged and she was raped a second time by another man. The third day, Ny was raped sober by yet another customer.

Following the third rape, Ny was set free. She went immediately to the police to file a complaint but they were disinterested in her testimony and they did nothing to help her to return home. With no money, she decided to work as a bar girl to earn enough money to return home. She rented a room with some friends for a while but finally decided to live in a brothel as the rent of USD 50 per month consumed most of her earnings. At the time of the interview, Ny still lived in the brothel.

### **Case 2**

The daughter of a soldier and a farmer, Pov was orphaned at a young age and she and her younger brother lived with their aunt in Kandal province. Srey Pov, 17, had never been to school and her brother was taken out of school after a few years due to poverty. The children sold cakes for their aunt who regularly beat them. Escaping this maltreatment, Pov was lured to work in Koh Kong province by a trafficker who sold her virginity at a brothel upon their arrival.

Pov receives one to five customers a day and earns up to USD 12 daily. She continues to work in the brothel and sends money periodically to her younger brother who still lives with the aunt.

### **Case 3**

Nary and her family immigrated to Cambodia from Viet Nam to escape poverty following her father's death due to cancer. When they arrived in Koh Kong, Nary's mother rented a house from which she ran a small business. Nary had never been to school and she helped her mother with her business. When Nary was 17 years old, her mother fell extremely ill and the family's income ceased. In order to help the family to meet expenses, Nary and her mother decided that she should sell her virginity at a hotel. She slept with a Thai man for which she received USD 250. Nary's mother's health improved and now Nary lives with her mother, working as a bar girl and a part-time prostitute.

### **Case 4**

Yee lived in a rural area in Koh Kong province. She finished Grade 3 and then worked as a seller earning less than USD 1 a month. At the age of sixteen, Yee entered into a marriage, arranged by her mother, with a Thai businessman whom she did not love. Her husband raped her in the several months that he lived in Koh Kong, after which time he abandoned her and returned to Bangkok. When Yee's mother fell seriously ill, the family was forced to sell their house and to borrow money from neighbours, in order to pay for her medical treatment.

Fatherless, Yee decided to move to the provincial town to work as a cook. As the income in that job was too low, Yee decided to sleep with men in order to earn additional income to send to her mother. She lives in a brothel where she has three to five customers per day. Her earnings amount to just over USD 1.50 a day and she is paid every two months.

### **Case 5**

Mom's family suffered from various illnesses leaving her father dead and her brother in a poor condition of health. Mom's mother sold their rice field in order to pay for the medical treatment of her husband and son, and then soon went in to debt. With a

Grade 3 education, Mom agreed to take a job as a cook with a salary of USD 12 per month offered by her aunt. After six months, Mom's mother came to visit her to collect money. Much to her mother's dismay, Mom was never paid for her work and she went home again empty-handed. Seeing her mother's distress, Mom sold her virginity to a businessman for USD 300 and sent this money home. She continues to work as a sex worker.

## **3.2 Sihanoukville Province**

Sihanoukville is Cambodia's major port city as well as a popular seaside resort, situated 230 km south of Phnom Penh. The provincial population in 1998 was 155,376, of which approximately 38,018 were girls and 42,349 were boys (National Institute of Statistics, Ministry of Planning, 1998).

The province is very active with businessmen and fishermen as well as weekenders and tourists who visit the province's charming beaches. Sihanoukville has 90 brothels to meet the demand for commercial sex from its visitors and local residents with 736 prostitutes, half of whom are children. The majority of the commercial sex workers in the province are Vietnamese at 280 and 152 women are Khmer (CCPCR, 1998). A pressing health concern for sex workers in the province is HIV/AIDS, as 51.5 per cent of them tested positive to the AIDS virus in 1996 (UNAIDS/WHO 1998).

### **3.2.1 Child Profile**

Ten sexually exploited Khmer girls were interviewed in Sihanoukville. All of them were single and they originated from the provinces of Kandal, Koh Kong, Kampong Speu, Kompong Cham, Svay Rieng and Kampot. The ages of the girls ranged from 15 years to 18 years, with the average age being 17 years.

The majority of the girls helped to support their families, working as vendors and earning less than USD 10 per month. One of the girls farmed but earned no income. Six of the ten girls were the oldest child in families of two to ten children.

The average educational attainment of the ten girls was four years with some never having gone to school and others having completed six years. The education level of the girls' parents was poor. Four fathers had completed from six to ten years of schooling and four of the mothers had been educated between three and nine years. The rest of the parents had never received any schooling.

The families of the girls earned their livelihood from fishing, farming and vending. They suffered from poverty, famine, debt and violence. One girl came from a single-parent family, living with her mother after her parents had separated, and the rest lived with both parents.

All of the ten girls interviewed in Sihanoukville entered prostitution against their will. They were all offered employment by traffickers, boyfriends and relatives, who then sold their virginity. They all continue to work as children in prostitution.

*Lee Mai left school after six years to help her family in their small business as her parents were poor and the family faced famine. When she was 17 years old, her aunt kidnapped her and sold her virginity to a brothel owner for USD 150. She now earns USD 80 a month, which the brothel owner keeps for herself. The only money Lee Mai receives is that which is given to her from her clients in the form of tips.*

Most of the girls had worked in one brothel and two girls had been in two sex establishments. They had all been children in prostitution for one to seven months and none of them had been involved in pornography. Some of the girls hated their job and wished to leave the brothel.

*Sok Pheak's mother sold her virginity for USD 800. The 15-year-old child wanted desperately to leave the brothel where she had been working for three months. She described the owner as a woman "who was as fierce as a tiger". It is Sok Pheak's wish that the government could raid and then close all brothels and set the children free.*

Other girls wanted to stay in the work in order to send money back to their families.

*A'Leang had been a child in prostitution for seven months. She was ashamed of her occupation and afraid to return home because she felt she had gained a bad reputation. However, she was happy to be able to send money back to support her family. In her words, "...it is better to die of AIDS than to die of hunger".*

The girls were forced to serve two to six men a day and one girl slept with 10 to 15 clients daily. She and three others were never paid and the remaining six girls earned up to USD 1 each day.

### **3.2.2 Factors affecting Physical Health**

The brothels visited in this study consisted of small wood and thatch adjoining rooms, protected by armed military and police guards. The limited space around the brothels made life uncomfortable for the girls, as they lacked space to relax outside their bedrooms. They could only leave the brothel if a customer left a monetary deposit on their behalf.

The health of the girls was poor as a result of cramped living conditions, under-nourishment and physical abuse by the brothel owners who were women in all cases. The ten girls were hit regularly and some were whipped with an electric line.

Most of the girls also suffered from sleep deprivation, as they were forced to serve many clients a day. As the girls did not always use condoms, some of them had contracted STDs although most of the girls had only minor health complaints.

Only two of the ten girls reported that they sought treatment for their ailments and did so at the local pharmacy. The brothel owners never provided medicine for their workers.

### **3.2.3 Factors affecting Psychological Health**

The psychological problems faced by the ten girls interviewed in Sihanoukville reflected their common experience of having been cheated by friends and traffickers and then sold into prostitution. Most of the girls feel rejected and blamed themselves for ending up as children in prostitution. They felt sad and trapped by the financial burdens suffered by their families, as well as humiliated for having to work in prostitution due to their lack of skills to work in other areas. Two of the more ambitious girls who wanted to leave the brothel to start their own business felt restless and wanted to escape.

Those girls who were often badly beaten in the brothel for refusing to sleep with customers, in turn behaved aggressively toward others, initiating quarrels. Others

inflicted harm upon themselves including attempted suicide, self-mutilation, self-injury and trying to escape in sleep. These girls experienced a sense of floating and often stared blankly while speaking. Additional problems noted by researchers included jealousy, overactiveness, lying, forgetfulness, concentration difficulties, and communication problems.

The girls turned to their male and female friends for support during stressful periods and in one case, a girl confided in her clients. None of the girls were substance abusers and none of them received outside support from family, friends or NGOs.

### **3.2.4 Services**

#### **Cambodian Centre for the Protection of Children's Rights**

The Sihanoukville branch of CCPCR has 10 staff comprising of one investigator, one trainer, two social workers, one shelter manager, one counsellor, one teacher, one cook and two security guards. The shelter currently houses 30 sexually exploited and abused children. The services provided include investigation and rescue of children from sex establishments; shelter and food; counselling; medical care; literacy classes; vocational training in sewing, hairdressing and micro enterprise development; employment referral service; some financial assistance; and reintegration into the family. The organization is also involved in prevention work, providing training courses on the Convention on the Rights of the Child (CRC) to local authorities, and distributing booklets and posters which outline the dangers of SEC and the relevant laws which prohibit it.

#### **Provincial Orphanage**

In Sihanoukville, the Provincial Orphanage of the Ministry of Social Action which houses 280 orphans and poor children, is supported by ASPECA and the Assembly of God. The orphanage meets the basic needs of children and offers them literacy and vocational training classes. As of yet, no specific programme exists to address the needs of SAC and SEC at the orphanage, but the CCPCR has been trying to initiate such a response.

### **3.2.5 Case Studies**

#### **Case 6**

Huoy lived with her parents in Koh Kong province where she worked as a hawker earning USD 8 per month. The eldest child of seven, Huoy's income went to support her family. When she was 17 years old, a trafficker offered her a job in Sihanoukville as a waitress. When she arrived there, she was sold to a brothel. Huoy refused to sleep with clients and she was badly beaten. Then the brothel owner forced her to sleep with 5 to 6 clients a day and she was never paid. Huoy would like to learn a vocation but she often feels desperate.

#### **Case 7**

Heeng came from a fishing family in Kandal province. She finished six years of schooling and then worked as a vendor, earning USD 6 a month. At the age of 17, her boyfriend found her a job in Sihanoukville province and she followed him there to work. Upon arrival, he sold her to a brothel owner for USD 250. She lost her virginity to a Khmer businessman.

Heeng was conscious of the health risks that her work incurred and so she always used condoms with customers. She did not like her work but she did not dare go back home where her reputation was tarnished. Also, she liked the easy money she received by working as a prostitute. Heeng had one wish: "I want the government to raid all brothels and eradicate prostitution".

#### **Case 8**

Ree lived with her parents and worked as a vendor in Kampong Speu province, after completing four years of education. Her parents were poor, illiterate people who farmed and fished and the family suffered from famine. When Ree was 16 years old, a trafficker promised her good employment and then brought her to a brothel in Sihanoukville. Her virginity was sold there to a Chinese businessman for USD 500. When she refused to sleep with men, she was beaten. In her words: "I want to go back home but I do not have enough money to start my own business, so I will continue to work here in the brothel".

#### **Case 9**

Chann was a talented girl from Kompong Cham province. She had never attended school but she was a good seamstress. Chann lived with her poor farming and fishing family. At the age of 17 years, her boyfriend brought her to Sihanoukville and then sold her to a brothel for USD 200. Chann felt total despair as the man that she had loved had destroyed her life. Too shy to face her family and her neighbours, she decided to stay in the brothel. She earns money, which she sends to her parents and does not see any other income earning options for her life.

#### **Case 10**

Nee came from a poor family and she dropped out of school after Grade 6. She worked as a vendor in Svay Rieng province and earned USD 5 a month. When she was 17 years old, her friend brought her to Sihanoukville to find employment and then sold her to a brothel. Her virginity was sold to a Thai man for USD 350. At the time of the interview, she had worked in the brothel for one month. Nee wanted very much to escape from the brothel where she was regularly whipped for refusing to sleep with clients. She has never earned any money for her work.

#### **Case 11**

Pheak lived with her parents in Kandal province. A beautiful 15-year-old, Pheak had never attended school and she worked earning USD 5 a month as a vendor. Her indebted mother sold the virginity of her daughter to a high ranking Cambodian officer for USD 800. Her family then forced her to continue to earn money by working in the brothel. Pheak wanted to leave the brothel whose owner was fierce. She wishes that the government could raid and then close all brothels and free the children.

#### **Case 12**

Ly grew up in Kampot province with her parents and four younger siblings. She worked as a vendor earning USD 5 per month. At the age of seventeen, a trafficker promised her a well paying job in Sihanoukville. There her virginity was sold for USD 50. Ly wanted to leave the brothel in order to learn a vocation and earn money to support her family.

#### **Case 13**

Mai left school after six years to help her family in their small business, as her parents were poor and the family faced famine. When she was 17 years old, her aunt kidnapped her and sold her virginity to a brothel owner for USD 150. Mai now earns USD 80 a month, which the brothel owner keeps for herself. Mai only earns the tips she receives from clients.

#### **Case 14**

A'Leang wished desperately to escape from her poor, violent and broken family. At the age of 15 years, she was working as a seller in Kampot province earning less than USD 1 per month. A'Leang was approached by a trafficker who offered her a job in another province. She was happy at the time, to leave her family. Upon arrival in Sihanoukville, A'Leang was brought to a brothel where her virginity was sold to a Thai man for USD 200.

A'Leang was ashamed of her occupation and afraid to return home due to her bad reputation. She was happy though, to be able to send money back to support her family. In her words, "...it is better to die of AIDS than to die of hunger".

#### **Case 15**

Sorey lived with her parents in Kampot province. She left school after Grade 5 to help her parents on the farm. The family experienced famine so at the age of 17, Sorey decided to take a job offered to her by a pimp. She was brought to Sihanoukville and then sold to the brothel owner for USD 120. Sorey hated her brothel owner for financially exploiting her and she wishes that the government would raid the brothel so she could leave it.

### **3.3 Siem Riep Province**

Siem Riep, home to Angkor Wat, Cambodia's world-renowned archeological site, lies on the northern banks of the Tonle Sap Lake in northwestern Cambodia. The province has a population of 695,485 people and children form the majority of the inhabitants with 173,991 girls and 185,544 boys (National Institute of Statistics, Ministry of Planning, 1998).

The province attracts the highest number of visitors to Cambodia each year outside of capital. One aspect of the tourism industry of Siem Riep is the prostitution of children. A tour guide in Siem Riep recounted the following to a member of the research team:

*I often find girls for tourists who like to have sex with virgins. This has won me high rates of commission from both clients and brothel owners.*

Siem Riep has 53 brothels with 319 prostitutes of which 148 are girls. Ninety-eight of the girls in prostitution are Khmer and 50 are Vietnamese (Siem Riep Provincial Police Headquarters, 1998). The seroprevalence rate for the AIDS virus among sex workers in Siem Riep was 49 per cent in 1996 (UNAIDS/WHO 1998).

When questioned by a member of the research team, a senior level police officer remarked that more than 15 virgin girls were sold into prostitution each month in the province. He also said that the policemen of Siem Riep did not raid brothels, as they had not received instruction to do so either by the Governor or by the Ministry of Interior.

#### **3.3.1 Child Profile**

Four sexually exploited Khmer girls were interviewed in Siem Riep province. Three of them were 17 years old, originating from Siem Riep. The girl of sixteen years came from Svay Rieng. The girls worked as farmers and vendors to support their families, earning less than USD 10 a month. One of the girls was the eldest child in a family of four children.

The educational attainment of the four girls was low with two never having attended school and the others having completed only two and four years. Two of the mothers had never been educated and the other two had been to school for four and five years. The fathers had received an average of five years of schooling. The girls came from poor farming families, one of which was single-parented.

All of the four girls had been offered a well-paid job by a neighbour or a trafficker and were then sold to a brothel.

*Korng Chann and Sokha were from the same village in Siem Riep. Both of their parents were very poor and lived off the land. When they were 17 years old, they were cheated together by a trafficker who lured them to follow her to the town. They were both sold to the same brothel in Siem Riep and they continue to work there together.*

The four girls had worked in their respective brothels for two to three months at the time of interview serving two to seven clients a day. Two of the girls were never paid and the other two earned less than USD 1 each day. None of the girls had ever been involved in pornography.

The four girls did not like their job and three of them wished to return home. The other wanted to keep working in the brothel in order debts. All of the girls aspired one day to begin their own businesses.

### **3.3.2 Factors affecting Physical Health**

The brothels visited in the study were owned by private couples. The establishments were constructed from wood or cement and they had six to seven rooms each. The girls were allowed to leave the brothel when accompanied by a customer who had paid a deposit for them.

Although the girls were fed three meals a day, they were all skinny as the food they ate lacked sufficient nutrients. They also suffered from over-exhaustion as they were forced to serve many clients each day, even when they were ill. All of the girls suffered from STDs. The girls treated their illnesses with medicine, which they bought themselves at the pharmacy.

### **3.3.3 Factors affecting Psychological Health**

The four girls interviewed in the study all experienced shock and disbelief at having been tricked into prostitution by neighbours and traffickers, which led to the sensation that they were floating. Severe depression caused by the loss of virginity and the loss of hope for their future led girls to attempted suicide and self-injury. Sometimes they showed their frustration by provoking others and in outwardly aggressive behaviour. Those who wanted to continue with their lives in other occupations felt restless and trapped. Additional problems noted by researchers included stealing, lack of self-confidence and forgetfulness.

The girls spoke to both male and female friends and clients to relieve stress and none of them were substance abusers. The four girls received no assistance from their families or service organizations.

### **3.3.4 Services**

#### **Krousar Thmey**

Krousar Thmey or “New Family” is an NGO, which provides welfare, education, health and schooling support to street children aged 8 to 15 years. These services are provided both on the street through an outreach programme as well as off the street in the Children Protection Centre-Siem Riep branch. Krousar Thmey also offers street children, who are often at high risk of SAC and SEC, temporary shelter and support to meet their basic needs for up to six months; counselling; health care; recreational opportunities; as well as non-formal education. The centre also has a reintegration programme for street children, which includes home visits, family counselling, schooling support and financial support to families.

#### **Provincial Orphanage**

A second organization, which provides services for children although not specifically for SAC and SEC, is the Provincial Orphanage of the Ministry of Social Action. Housing and food is provided to parentless and destitute children. The centre lacks resources and thus, the quality of food, clothing and care including medical care, is poor.

### **3.3.5 Case Studies**

#### **Case 16**

Sokorn and her family lived in Svay Rieng province, engaging in farming. At the age of 16, Sokorn began to explore alternatives to help her parents earn income. A trafficker offered her a well-paid job in the city, which she accepted. He sold her virginity at a hotel to a Westerner. Sokorn was then brought to the brothel where she lived at the time of the interview.

#### **Case 17**

Sopheha sold cakes in Siem Riep and she earned USD 12 per month to support her ailing, widowed mother and her three younger siblings. At the age of 16 she was offered a good job in the town by her neighbour, which she accepted. Upon arrival in town, Sopheha was sold to a brothel.

#### **Cases 18 and 19**

Chann and Sokha were from the same village in Siem Riep. Both of their parents were very poor and lived off the land. When they were 17 years old, they were cheated together by a trafficker who lured them to follow her to the town. They were both sold to the same brothel in Siem Riep and they continue to work there together.

## **3.4 Kampong Chhnang Province**

Kampong Chhnang province is situated northwest of Phnom Penh, on the banks of the Tonle Sap Lake. It has a total population of 416,999 persons of which 106,555 are



female children and 108,712 are male children (National Institute of Statistics, Ministry of Planning, 1998).

Twenty-nine brothels operate in Kampong Chhnang serving the transient fishermen as well as the men of the local community. Prostitutes total 200 in the province of which 14 were reported to be children. Nine of the 14 were Khmer and the other five were ethnically Vietnamese (Kampong Chhnang Provincial Police Headquarter, 1998).

A provincial police inspector, interviewed by a research team member, expressed his concern about child trafficking and the spread of HIV/AIDS in the province where 38.8 per cent of the sex workers tested seropositive for the AIDS virus in 1996. Kamong Chhnang had the lowest HIV/AIDS rate among military personnel in the country at 1 per cent.

The inspector supported efforts to raise awareness about child trafficking and HIV/AIDS in schools and in the community. He also expressed the wish to see the establishment of more vocational skills training centres for girls in the province in order to provide them with alternative income sources.

### **3.4.1 Child Profile**

Three female SEC were interviewed in Kampong Chhnang province. They were 17 and 18 years of age and single. The two Khmer children came from Kampong Chhnang and Pursat and the Vietnamese child was born in the Mekong Delta region of Viet Nam and immigrated to Kampong Chhnang with her family.

The three children came from poor fishing and farming families and they all worked to help to support their parents and siblings. One girl was the eldest of three children.

Of the three, one was illiterate and the other two had completed Grade 3 and Grade 5 respectively. None of their mothers were literate and their fathers had received an education of four, seven and ten years.

Two of the girls sold their virginity willingly to support their families.

*Kuoch was born in Kampong Chhnang province where she lived with her widowed mother. Kuoch's mother was a farmer and a gambler. As the eldest child in the family of three children, Kuoch aged 17 years, left home to find employment to help her mother to service her debt. She sold her virginity to a client of a brothel and then continued to work as a prostitute, sending money home to her mother.*

The other girl was deceived and then sold into prostitution by a neighbour.

*Sampors lived with her parents and six siblings in Pursat province. She worked as a farmer like her parents and earned next to no income. Her family was often in debt due to its meager income. At the age of 16, Sampors was approached by a neighbour who led her to a job as a cook in the town. When they arrived, the neighbour sold her to a brothel. Sampors refused to sleep with her first client and so she was badly beaten. Later she gave in and continues to live in the brothel today.*

At the time of interview, the girls had worked in their current workplace for two to seven months. One girl had worked in three brothels. They served two to six clients a day and earned less than USD 1. None of the girls were involved in pornography. They

did not like their work as prostitutes and two of them wanted to return home while the other wished to find another job.

### **3.4.2 Factors affecting Physical Health**

The brothels of Kampong Chhnang each consist of two to three adjoining wood and thatch rooms, owned by businesswomen and protected by the Village Chief. The girls are free to leave the brothels with their clients if a deposit is paid to the brothel owner.

The three girls went from average to good health before entering the brothel to poor to average health subsequently. They did not always use condoms and thus suffered from STDs. To treat the illnesses one girl went to a private doctor when her condition was serious and the others received treatment at the local pharmacy. Serving many customers each day, they suffered from fatigue due to lack of sleep.

### **3.4.3 Factors affecting Psychological Health**

The two girls interviewed in Kampong Chhnang, who had entered prostitution willingly, were both quarrelsome. This may have been a result of beatings by their respective brothel owner. One of them was lonely, lacked motivation and liked to sleep to escape from her life. The other stared blankly into space.

The third girl, who was trafficked by a neighbour, rejected herself for being cheated. She felt sad due to homesickness and in her desperation to escape from her situation, she attempted suicide. Additional problems noted by researchers included jealousy and excessive emotional attachment. The girls sought solace in both male and female friends when they felt depressed and none of them turned to substance abuse.

### **3.4.4 Services**

#### **Provincial Orphanage**

The province has one orphanage run by the Ministry of Social Action and supported by ASPECA and the World Food Programme. At present the orphanage cares for 26 children who are at high risk of sexual abuse and sexual exploitation. All of the children are very poor and some of them have been abandoned or orphaned. Many of them were living on the street before entering the orphanage.

The quantity and quality of services provided by the orphanage is poor. Children are given food and accommodation but the orphanage suffers from a water shortage and the sleeping quarters lack sufficient oxygen. Many of the children have health problems due to unsanitary conditions. The orphanage does not have the means to provide adequate medical and psychological support to the children.

### **3.4.5 Case Studies**

#### **Case 20**

Kuoch was born in Kampong Chhnang province where she lived with her widowed mother. Kuoch's mother was a farmer and a gambler. As the eldest child in the family of three children, Kuoch aged 17 years, left home to find employment to help her mother to pay off her debts. She sold her virginity to the client of a brothel and then continued to work as a prostitute, sending money home to her mother.

### **Case 21**

Kuok was a Vietnamese girl who immigrated to Cambodia with her family. Her mother worked in the house and her father was a fisherman who spent long stretches of time away from home on his boat. When Kuok's father one day did not return home, with no money left at home to feed the five children, Kuok's mother asked her daughter to sell cakes in the brothel area. Seeing her mother's desperation, Kuok then also sold her virginity for USD 200.

Kuok's father took a second wife and abandoned her mother, adding further financial strain to the family. The family then went into debt when a fire gutted their house. Kuok continues to work as a prostitute to support her family.

### **Case 22**

Sampors lived with her parents and six siblings in Pursat province. She worked as a farmer like her parents and earned next to no income. Her family was often in debt due to its large size and meager income. At the age of 16, Sampors was approached by a neighbour who led her to a job as a cook in the town. When they arrived, the neighbour sold her to a brothel. Sampors refused to sleep with her first client and so she was badly beaten. Later she gave in, and continues to live in the brothel today.

## **3.5 Svay Rieng Province**

Svay Rieng province, located in southeastern Cambodia, borders Viet Nam to the south and to the east. The population of the province was 478,099 inhabitants in 1998, which included 122,707 girls and 124,027 boys (National Institute of Statistics, Ministry of Planning, 1998).

Svay Rieng, in this study, recorded the least number of brothels in the Kingdom at 17 establishments with 88 prostitutes servicing them. Thirty-one of the prostitutes were children, 12 of whom were Khmer and 19 of whom were ethnically Vietnamese (Child Welfare Department, Ministry of Social Action, 1997).

The Police Commissar remarked in a discussion with a research team member, that the problem of child prostitution was difficult to eradicate in his province, because many of the brothel owners forced girls to lie about their age. Furthermore, he claimed that government officers or local authorities owned most of the brothels.

A staff member of the Healing Department, while speaking with the research team member, expressed her concern about the spread of HIV/AIDS in the province as she noted that only 70 per cent of prostitutes she encountered used condoms, while the remaining 30 per cent never used them. The seroprevalence rate for the AIDS virus among sex workers in Svay Rieng in 1996 was 36.2 per cent (UNAIDS/WHO 1998).

### **3.5.1 Child Profile**

Eight sexually exploited girls were interviewed in Svay Rieng province. Half of these children had also been victims of sexual abuse. The girls originated from Prey Veng, Phnom Penh, Takeo, Kandal and Svay Rieng itself. They were all single and ethnically Khmer.

Each of the girls worked as farmers or vendors, and contributed their earnings to the family income. Most of the girls were the first or the second child of families with an average of five children while one family had nine children.

The girls had on average four years of education, ranging from no schooling to eight years. Of their parents, most of the fathers had never been to school with the exception of three who had completed between four and seven years of school. The mothers had received even less educational opportunities with only two having attended school: one for three years and the other for four years.

All of the girls came from poor families and five of the eight lived with only one parent. The eight girls interviewed in Svay Rieng had all been cheated or deceived by neighbours, boyfriends or friendly strangers before becoming prostitutes.

*Lon Sovanary lived with her widowed mother and worked as a vendor, earning USD 40 a month in Kandal province. At the age of 16, she eloped with her boyfriend and they moved together to Svay Rieng. After five months, the young couple had a bad argument that ended the relationship. A week later, still reeling with anger, her ex-boyfriend arranged to meet with Sovanary to go for a walk. Then went to his relatives' house, which is located near a prostitution area. There he sold her to a brothel owner and then ran away.*

Six of the eight girls were forced to work as prostitutes and the other two chose to enter prostitution after being raped.

*A native of Svay Rieng province, 17 years old Lim Socheat worked as a waitress in a restaurant earning USD 40 a month, which she sent home to help her parents support her six younger siblings. One of the regular customers at the restaurant courted her and she agreed one day to go with him to meet his relatives and then afterward, to marry him. The relatives prepared a feast to gain her trust followed by water to drink that had been drugged. The next thing that she remembered was waking up naked and alone in a room. Feeling angry and betrayed, she decided to go to work in a brothel as her boyfriend had stripped her of her virginity. Before running away, she told him that she would rather work as a prostitute than to be his wife.*

At the time of interview, the girls had worked in their current brothel for one to nine months. Three of the girls had lived in more than one brothel with two having been in five and six brothels respectively. None of the girls had ever been involved in pornography. The girls slept with an average of two to six clients a day, and two of the girls were forced to sleep with up to 10 to 17 clients daily.

The eight girls did not like their job and most of them wanted to find a new job in business. One girl wanted to return home and three others wished to continue working as prostitutes because they could earn money easily in the trade.

### **3.5.2 Factors affecting Physical Health**

The researcher visited both open and closed brothels run by women and couples in Svay Rieng. Two brothels were housed in villas and the rest were row houses of adjoining wooden rooms each measuring 2 x 3 metres with a small window and a bed. The rooms were filthy and infested with cockroaches and other insects and the air smelled faintly of urine and used condoms.

The girls in the brothels had been in average to good health before becoming prostitutes. After entering sex work, seven of the eight girls had contracted STDs and their nutrition levels dropped to below average, due to an insufficient quality and quantity of food intake.

The girls appeared pale and skinny, and most slept only four to five hours a night. Constant interruption in their sleep caused by the arrival of customers has weakened the girls and has made them more susceptible to illness. Half of the girls were hit regularly if they refused to sleep with customers.

None of the girls that were interviewed smoked or used drugs but they did drink beer or rice wine when they had the money to buy it in order to reduce stress and to forget their problems. When they fell ill, all the girls sought treatment from the local pharmacy. The brothel owner did not supply birth control pills and if the girls were to get pregnant, they could choose either to keep the baby or to abort it at the hospital at their own expense.

### **3.5.3 Factors affecting Psychological Health**

The ten sexually exploited girls were all victims of trafficking and they all blamed themselves for trusting the traffickers. Some of the girls were fearful and suspicious of others as their friends had broken their trust. Others felt angry and frustrated at having been deceived and in response, they exhibited aggressive behaviour, feeling the need to destroy others as well as to mutilate themselves. Some of the girls who had been raped experienced depression and anger over the loss of their virginity. As their socialization had led them to believe that prostitution was the only occupation left for them, they felt trapped in their occupation. Additional problems noted by researchers included stealing, forgetfulness, experiencing a sense of floating and lacking in confidence. When the girls felt stressed they revealed their troubles to both male and female friends. None of them had support from individuals or organizations.

### **3.5.4 Services**

#### **Provincial Orphanage**

The province has one orphanage run by the Ministry of Social Action which is currently supported by ASPECA. The orphanage caters for poor children some of who have been abandoned or orphaned. The orphanage meets the basic needs of children including schooling, vocational training, clothing, and food but the quantity and quality of services provided is poor due to the small operational budget. The orphanage does not have the means to provide adequate medical and psychological support to the children. If the orphanage was to provide specific services for SAC and SEC, staff training and material resources would be required to address their needs.

#### **Cambodian Centre of the Protection of Children's Rights (CCPCR)**

CCPCR has a shelter in Svay Rieng which was established in November 1997. The shelter has eight staff comprising of one investigator, one trainer, two social workers, one cook, one shelter manager, and two guards. There were 25 children at the time of the interview who had been rescued from prostitution. The services provided at the shelter include psychological and medical treatment, and the provision of literacy and vocational skills training courses. The children spend an average of six months at the centre after which they are reintegrated into their family and provided with options for meaningful employment. The shelter also has an investigation programme and in 1998, a total of 12 children were rescued from brothels through the cooperation between CCPCRs investigators and the police.

### **3.5.5 Case Studies**

### **Case 23**

After the death of her mother, Sitha's father remarried, assuming the responsibility for seven children. He neglected his duties however, and as the second oldest child, Sitha, at the age of 16, decided to seek employment to support her younger siblings. A friend in the neighbourhood led Sitha to the house of a relative that turned out to be a brothel.

### **Case 24**

Sron lived with her widowed mother and five siblings in Prey Veng province. She dropped out of school after Grade 2 due to poverty and then worked as a farmer and vendor earning USD 0.50 a month. A neighbour asked Sron to follow her one day, promising her a good job. Innocently, Sron followed the woman to Svay Rieng where she sold her to a brothel. There she stayed for two days before the brothel owner forced her to sleep with a client, threatening to beat her and shoot her if she did not comply. Sron complied.

### **Case 25**

Channarat worked as a beer girl in Phnom Penh earning a salary of USD 40 per month. Her boyfriend found her a better job working in a hotel in Svay Rieng and so she followed him there. When she arrived at the hotel, she was locked in a room. After receiving payment from the hotel owner, her boyfriend abandoned her. The hotel manager later sold her to a brothel owner.

### **Case 26**

Pov lived with her widowed mother in a rural area of Svay Rieng province. A poor farming family, they suffered famine. When Pov was 15 years old, a vendor visited her village, and seeing her beauty and her poverty, he asked her mother whether he could take Pov to work for him in his grocery shop. After working for a month in the store, the vendor raped her. In her anger and despair over the loss of her virginity, she went to work in a brothel in order to send money back to her family. Pov lost her mother this year to illness and she continues her work in the brothel.

### **Case 27**

Heav was born into a poor farming family in Takeo province. She worked as a farmer and vendor earning less than USD 1 per month in income. Her parents had separated and she lived with her mother and three other siblings. Escaping poverty at the age of 17, she followed a man to Phnom Penh, who had offered her a job as a factory worker. When they arrived in the capital, they continued immediately to Svay Rieng. There the man raped her by a river and then took her to eat dinner in a hotel. Following the meal, the man sold her to the hotel owner and she was kept there as a prostitute.

### **Case 28**

A native of Svay Rieng province, 17 year old Soheat worked as a waitress in a restaurant earning USD 40 a month, which she sent home to help her parents support her six younger siblings. One of the regular customers at the restaurant courted her and she agreed one day to go with him to meet his relatives and then afterward, to marry him. The relatives prepared a feast to gain her trust followed by water to drink that had been drugged. The next thing that she remembered was waking up naked and alone in a room. Feeling angry and betrayed, she decided to go to work in a brothel as he had stripped her of her virginity. Before running away, she told him that she would rather work as a prostitute than to be his wife.

### **Case 29**

Sovanary lived with her widowed mother and she worked as a seller, earning USD 40 a month in Kandal province. At the age of 16, she eloped with her boyfriend and they moved together to Svay Rieng. After five months, the young couple had an argument that ended in separation. A week later, still reeling with anger, he arranged to meet with her to go for a walk. Then went to the house of his relatives, which was situated near a prostitution area. There he sold her to a brothel owner and then ran away. After refusing to sleep with clients, Sovanary was drugged by the brothel owner and then forced to service clients.

### **Case 30**

Meas was born in Svay Rieng province and she lived there with her parents and eight siblings of which she was the second oldest. Her parents were farmers and they experienced famine due to a severe drought that destroyed the rice crop. Meas, aged 14 years at the time, was sent to the town to sell groceries in her cousin's store. One of the store's customers secretly admired her and one evening he followed her after closing time. As she was walking alone, he approached her, stuffed a scarf in her mouth and then raped her near the pigpen of a house.

Embarrassed and fearful that her cousin would discover that she had been raped, Meas ran away to Phnom Penh. When she arrived at the capital's bus station, a motorcycle taxi driver asked her where he could take her. She knew no one in Phnom Penh and so he offered to bring her to his house. She agreed and then he took her to a brothel and sold her.

After some months passed, Meas decided to return home but upon arriving in Svay Rieng, she was too embarrassed to return to her mother's house and so instead, she went to work in a Svay Rieng brothel.

## **3.6 Phnom Penh Province**

Phnom Penh, the Kingdom's capital and largest urban centre, has a population of 997,986 inhabitants. The child population makes up half of this total with 250,551 girls and 265,243 boys (National Institute of Statistics, Ministry of Planning, 1998).

A census of commercial sex service outlets, conducted in 1998, showed that Phnom Penh had a total of 878 establishments. Among them were 325 brothels, 221 restaurants, 85 karaoke bars, 42 massage parlours, 162 guest houses/hotels, 3 dancing halls, 25 nightclubs, 20 billiard halls, 12 barbershops and 7 free-lance sites (Chommie, 1998).

The number of female sex workers in Phnom Penh's brothels totaled 1,489 people of which 61 per cent were Khmer and 38 per cent were Vietnamese (Chommie, 1998). Of the 1,489 sex workers, 39.3 per cent were infected with the AIDS virus in 1997 (UNAIDS/WHO, 1998).

### **3.6.1 Child Profile**

In Phnom Penh, seventeen full interviews were conducted with 15 girls and 2 boys. Fourteen of the children interviewed had been sexually exploited, one of whom had also been previously sexually abused. Two other girls were sexually abused but not sexually exploited and one boy had almost been raped. Of the two Vietnamese girls in the study, one had immigrated to Cambodia with her family and the other was kidnapped and trafficked. The other 15 children were Khmer.

The children ranged in age from 12 to 17 years at the time of sexual abuse or sexual exploitation with the average age being 16 years. They originated from seven different provinces namely Kandal, Prey Veng, Kampong Speu, Svay Rieng, Takeo, Battambang, southern Viet Nam and Phnom Penh.

Only five of the children had attended school completing between three and six years of school. The education level among the children's parents was low. Eleven fathers and ten mothers had never attended school. Of those who were educated, the fathers spent an average of six years in school and the mothers had been in school for an average of five years.

*The parents of the majority of the children were farmers and a few others worked as vendors and soldiers. Of the 14 SEC, six girls volunteered to prostitute themselves to help their families financially.*

*On Tha had relatively well-educated parents who finished Grade 9 and 10. When she was in Grade 5, her father died and so she dropped out of school to help her mother to earn income, working as a farmer. After some time, her mother fell seriously ill and the family was faced with famine. On Tha decided to follow a trafficker to a massage parlour in the city.*

Three of the SEC girls were cheated and trafficked; two girls were sold by their mothers; one girl was sold by her step-father; and one girl was kidnapped and then trafficked from Viet Nam.

*Sok Nove, the oldest of seven children, worked as a cake seller to earn money to support her widowed mother. The family faced famine and so Sok Nove's mother sold her to a brothel owner for USD 300. Every month that followed, Sok Nove's mother came to the brothel to borrow money from the brothel owner. Sok Nove had to work very hard in order to pay back each debt that her mother incurred.*

One of the SEC was a boy who lived on the streets of Phnom Penh. He entered his work as a prostitute through contact with a pedophile.

*Mony was a beggar in the streets of Phnom Penh. One day, he met a German man who asked him to be his little brother. The man gave him cigarettes lined with opium to smoke, which made him high. He stayed with the German in a hotel for a short period and was forced to have oral sex and anal sex with him. After some time, Mony suffered badly from a bleeding anus. A monk from a nearby temple brought him in to the temple one day and brought him for treatment.*

Two of the three SAC were girls who had been raped by policeman in one case and a neighbour in another. One male street child had been sexually harassed by pedophiles.

*Phalla, an orphan, lived with neighbours in Phnom Penh and worked as a car cleaner at a petrol station. She went for a walk one evening with her boyfriend along the riverbank. There they were stopped and harassed by three policemen for being out late in the evening. The policemen then tied the boy up to a tree and stuffed his mouth with a cloth. They brought the girl down to the edge of the river and tried to rape her. When she resisted they beat her face until it was blue and swollen and then they raped her. In the meantime, her boyfriend freed himself and was able to get another policeman to come to the scene. One rapist was arrested while the other two fled. The case is still under consideration at the court and the girl is staying with the Cambodian Centre for the Protection of Children's Rights.*



Most of the children in prostitution had lived in one brothel. Some had worked in two or three establishments and one had worked in six brothels. Two girls worked as independent prostitutes from their rented room. All of the girls had worked from 1 to 14 months as prostitutes, earning up to USD 0.50 a day. Some earned nothing. The length of time that the boys were exploited or harassed was unclear. None of the children had been involved in pornography.

Of the 14 SEC, none of them liked their job. Many of them wished to return home and some wanted to continue their studies. A few of the girls wanted to continue working despite their dissatisfaction with the job as they felt they could not earn income in any other way.

### **3.6.2 Factors affecting Physical Health**

The children were all in average to poor health when they worked in prostitution. One of the sexually exploited girls had STDs and five had contracted the AIDS virus. The two girls who had been raped were also infected with STDs. They sought treatment for their ailments from a nearby pharmacy.

The street boys were in fairly good health although they were addicted to cigarettes and they liked to sniff bicycle/motorcycle repair glue to stave off hunger.

### **3.6.3 Factors affecting Psychosocial Health**

The problems identified by the researchers, including anxiety, tantrums, fearfulness, lying, loneliness, running away, feeling trapped, sense of floating, concentration difficulties, tantrums, quarrelsomeness, self-blame, sadness, suicidal, self-rejection, lying, blank stares, overactive, frustration, wariness of others, forgetfulness and stealing.

The children dealt with stress by talking to male and female friends and clients. Those girls who still worked in commercial sex, did not receive any outside support. NGOs were currently assisting three girls who had left the brothel and the two female SAC.

### **3.6.4 Services**

#### **Cambodian Centre for the Protection of Children's Rights**

CCPCR runs a range of programmes to serve SAC and SEC. CCPCR's preventative activities include the organization of training courses on the CRC in high-risk communities and the dissemination of IEC materials. The staff of the centre is also involved in investigation and rescue operations of SEC in collaboration with the police.

Tertiary prevention strategies adopted by the CCPCR's Phnom Penh centre include the meeting of basic needs for SEC/SAC including psychological and medical treatment, and the provision of literacy and vocational skills training courses. SEC/SAC spend an average of three to six months at the centre. In addition, CCPCR runs a reintegration project, which facilitates the SEC/SAC return to their family and provides them with options for meaningful employment. CCPCR collaborates with GOs, NGOs, hospitals and communities in the implementation of its programmes.

#### **Cambodian Women's Crisis Centre**

The Cambodian Women's Crisis Centre (CWCC) was established in 1997 to empower women and children survivors of physical, sexual and psychological violence, to take control over their own lives through the provision of services.

As a primary prevention strategy, the CWCC created a video tape and a radio programme on sex trafficking, which were aired throughout the country daily over a four month period. Awareness raising sessions on sex trafficking for local authorities, the police, village and commune members, and teachers were also conducted in different communities.

The centre has also adopted a tertiary prevention strategy to assist SAC/SEC. The CWCC operates a drop-in centre and a confidential crisis shelter, which provides clients with accommodation, support services including health care, literacy classes and vocational training. The CWCC also has innovative counselling programmes, conducted at both an individual and a group level, which incorporate theatre, arts, dance and song into the therapy.

The CWCC has made it possible for sexually exploited women and children to return home through its social reintegration programme and has provided legal assistance to clients when appropriate. The centre has also assisted many children to further their education outside the centre or obtain gainful employment.

**Young Women's Crisis Centre** The Young Women's Crisis Centre (YWCC) is an NGO, which was set up in 1997 to provide commercial sex workers and girls in prostitution with the skills necessary to leave their profession and reintegrate themselves into their families and communities. The YWCC has a staff of six persons.

Girls and young women, aged 13 to 23 years, can stay at the YWCC for up to two months. In that time they are provided with shelter, food, and clothing as well as counselling, health services, non-formal education, and skills training.

### **Agir pour les femmes en situation precare**

Agir pour les femmes en situation precare (AFESIP) has operated a rescue, - rehabilitation and reintegration programme for SEC since 1996. In its rescue programme, a specially trained staff team investigates cases and rescues SEC from sex establishments in collaboration with the government, local authorities, NGOs and international organizations. AFESIPs rehabilitation programme offers SEC shelter in a safe environment for up to six months. The basic physical and emotional needs of the SEC are addressed at the shelter.

The reintegration programme allows girls, when they are ready, the opportunity to return to their family or to live independently from their family. Assistance is provided for the girls in finding a job or starting a small business. Grants are also provided by AFESIP to the girl or her family to strengthen the reintegration process.

**Youth with a Mission** Youth with a Mission, a church based organization, began its work in Cambodia in 1994. Through its Hagar centre in Phnom Penh, Youth with a Mission offers shelter to poor and vulnerable women and children, and meets their other basic needs including health care services. The centre also offers its clients training courses in literacy, microenterprise development and general educational topics such as HIV/AIDS awareness.

The Hagar centre has 36 staff persons including the following health and educational service staff: six counsellors, five teachers of micro-business, three child care workers, two teachers and four swing teachers.

### **World Vision International**

World Vision International (WVI), through its Bamboo Shoot Children Centre, cares for street children in Phnom Penh. Since its establishment in 1993, the centre offers

street children with temporary shelter, food and medical care. Some of the children are enrolled in the local primary school while others participate in skills training courses and vocational placements. The Centre also maintains a street-based focus through its active outreach programme. A boarding house has also been established to provide an easily accessible contact point for street children.

Whenever possible, the children have been reconciled with their families and WVI has provided them with assistance in income generation activities, home repair and referral to other GO and NGOs. A foster family programme is also in place for those children who are unable to return home.

### **Krousar Thmey**

Krousar Thmey or “New Family”, a Cambodian NGO, provides street children aged 8 to 15 with services to meet their basic needs as well as health and educational support. The organization has two centres in Phnom Penh namely the Psar Depot Centre established in 1993 and the Cham Kar Mon Centre set up in 1997. They offer street children, who are at high risk of sexual abuse and sexual exploitation, temporary housing and other support for a period of up to six months. Counselling, health care, recreational opportunities and non-formal education are also available to the clients. Krousar Thmey also reaches street children through its outreach programme, which provides services to children in their living environment.

Once a child wishes to return home, the organization starts a reintegration process, which includes home visits, family counselling, schooling support and financial support to families.

### **Khmer Development Freedom Organization**

The Khmer Development Freedom Organization (KDFO) was established in 1994 to provide street children including those who scavenge in the city dumps, with health care and educational opportunities. The life-style of the children puts them at high risk of sexual abuse and sexual exploitation, and thus, the KDFO programme is considered a secondary prevention programme. The Phnom Penh branch of the organization meets children’s basic needs including counselling and provides them with non-formal education in their temporary shelter.

The KDFO centre consists of one building, which is too small to meet its needs and due to a lack of funding, the children are only provided two meals each day. Nonetheless, the KDFO staff has a close relationship with both the children and the community.

### **Cambodian Children against Starvation and Violence Association**

The Cambodian Children against Starvation and Violence Association (CCSVA), a NGO, was set up in 1996 to provide counselling and non-formal education services to street children from four market areas in Phnom Penh. CCSVA employs three social workers, one literacy teacher and one vocational teacher.

The organization houses street children for up to six months in their shelter where they are able to enrol in literacy and vocational skills training courses. The centre also meet the children’s basic needs including health care. When the children are ready to leave the shelter, CCSVA helps them to find employment or provides them with start-up capital for the establishment of a small business.

### **Vulnerable Children Assistance Organization**

The Vulnerable Children Assistance Organization (VCAO) was established in 1994 to serve the education and health needs of vulnerable children. One of its two centres in Phnom Penh provides child domestic workers and street children with the opportunity to learn the skills necessary to establish a small business. Khmer, English and children's rights are also taught to the children. VCAO's also a Child Health Centre in the capital.

### **Friends**

Established in 1994, Friends is an NGO which provides comprehensive services to street children and children of extremely poor families in Phnom Penh. The activities carried out by the centre include outreach programmes and support for juvenile delinquents as well as the running of a transitional home, a boarding house, a training centre, a community centre, and an education centre. HIV/AIDS awareness programmes and substance abuse programmes are also conducted by the NGO.

### **Smiling for Children**

Smiling for Children is a Cambodian NGO, which was established in 1996 to provide education and health care services to the children of Deam Trire village in Steung Mean Chey district of Phnom Penh province. Primary and secondary school aged children receive education and skills training from the NGO as well as two meals per day and health services.

## **3.6.5 Case Studies**

### **Case 31**

Lin lived with her widowed mother in Phnom Penh. When Srey Lin was 16, her mother suffered a heart attack. As the oldest child, she decided to sell her virginity at a hotel for USD 150. In order to repay her debt to the hotel owner, she worked as a prostitute. Lin has had three abortions and she has been infected with the AIDS virus.

### **Case 32**

Vee earned USD 25 per month working as a seller in Kandal province. She lived with her parents who worked as a carpenter and a vendor. One day, Vee's mother took her to the house of an old woman in the village who offered to find Sa Vee a well paying job in Phnom Penh. She stayed with the woman for three days and then was sold to a brothel for USD 200.

### **Case 33**

Nove, the oldest of seven children, worked as a cake seller to earn money to support her widowed mother. The family faced famine and so Nove's mother sold her to a brothel owner for USD 300. Every month that followed, Nove's mother came to the brothel to borrow money from the brothel owner. Nove had to work very hard in order to pay back the debt her mother incurred.

### **Case 34**

Srey lived with her sick, widowed mother and three younger siblings in Prey Veng province. The family worked on the farm generating a meager income. A neighbour approached Srey's mother offering to find her eldest child a job in Phnom Penh, which would pay USD 20 to USD 40 per month. Both Srey and her mother were elated with this prospect.

When they arrived in Phnom Penh, the trafficker sold Srey to a brothel owner for USD 150. After refusing to sleep with her first client, Srey was drugged by the brothel owner and then spent her first three days in prostitution with a man from Taiwan.

At the time of the interview, Srey had lived in the brothel for one month. She had contracted STDs and could not get the support from the brothel owner to care for her illness.

### **Case 35**

Mom, at age 17 years, had never been to school and worked as a farmer in Kampong Speu province. One day, a stranger followed her into the buffalo field and raped her. When the neighbours learned of what had happened, they ostracized her and so she decided to leave the village to work as a prostitute. In this profession, Mom earned USD 10 to USD 20 a day and she was able to send some of this money back to her mother.

In the brothel where Mom worked, the food, which was provided was inadequate. She also experienced considerable pain in her ovaries and bad headaches. About her future she remarked, "I am in despair because I have no skills to earn an income. What can I do?"

### **Case 36**

Tha had relatively well-educated parents who finished Grade 9 and 10 respectively. When she was in Grade 5, her father died and so she dropped out of school to help her mother to earn income, working as a farmer. After some time, her mother fell seriously ill and the family was faced with famine. Tha decided to follow a trafficker to a massage parlour in the city.

There Tha borrowed USD 150 from the owner and she gave USD 50 to the trafficker and then sent USD 100 to her mother to buy medicine. The owner then sold Tha's virginity to a high ranking Khmer officer for USD 500. She was given that money and then asked to repay double the amount that she borrowed from the owner. Tha planned to send the remaining USD 200 back to her mother. Tha's mother however, had died in the meantime and so Tha used the money she had made to pay for the funeral rites. As there was still no money at home, Tha returned to her job at the massage parlour after the funeral. Tha has been infected by the AIDS virus but she continues to work as a prostitute. "I have AIDS and I am in deep despair but I will continue to work to support my siblings. I await death."

### **Cases 37 and 38**

Na and Lak, both 18 years old, originated from poor families in Prey Veng and Takeo provinces. In Phnom Penh they worked as beer girls earning USD 60 per month. They considered this salary inadequate and so they decided to rent a place together and to work as independent prostitutes where they can earn USD 20 to USD 50 a night. Neither of the two girls have major health problems.

### **Case 39**

Mom was the eldest of four children. They lived with their widowed mother in Svay Rieng province and earned their livelihood by farming. The family suffered from famine and so Mom at age 16 years accepted an offer by a trafficker to go to work in Phnom Penh. The trafficker brought her to a brothel where she stayed for one month before being rescued by a police raid. She was arrested and then brought to CCPCR.

#### **Case 40**

Nis was born in Kandal province and farmed there with her parents. She was the oldest child of seven and wanted to help to support her poor family. Nis was offered a job as a cook in Phnom Penh, which she took. There she earned about USD 10 per month and so she decided to work as a prostitute where she could earn about USD 1 for every customer with whom she slept.

#### **Case 41**

Phalla, an orphan, lived with neighbours in Phnom Penh and worked as a car cleaner at a petrol station. She went for a walk one evening with her boyfriend along the riverbank. There they were stopped and harassed by three policemen for being out late in the evening. The policemen then tied the boy up to a tree and stuffed his mouth with a cloth. They brought the girl down to the edge of the river and tried to rape her. When she resisted they beat her face until it was blue and swollen and then they raped her. In the meantime, her boyfriend got free and was able to get another policeman to come to the scene and one of the three rapists was arrested while the other two fled. The case is still under consideration at the court and the girl is staying at a CCPCR centre.

#### **Case 42**

Meach was born in Svay Rieng province. At the age of twelve, an orphan, she lived with her aunt. One day while her aunt was working in the rice field, a neighbour came to visit their home and seeing no adults there, he took Meach to the bush and raped her, warning her not to tell anyone what had happened. This happened three times, the last time resulting in severe pains and so she told her aunt what had occurred. She went to the police who brought her to the CCPCR centre in Phnom Penh. The man was set free after paying USD 120 compensation to Meach's aunt. Meach is currently studying at the CCPCR centre in her home province of Svay Rieng.

#### **Case 43**

Neang was born in a refugee camp on the Khmer-Thai border. Her family was repatriated to Battambang. Her parents were poor farmers and she was the eldest in a family of four children. A trafficker offered Srey Neang a job as a servant in the home of a wealthy family and she was happy to follow her to Phnom Penh.

When they arrived in the capital she was kept in a house for three days and then the trafficker led her to a brothel area where a brothel owner drugged her. Neang was forced to sleep with a man and then she was sold to another brothel. When she complained of pain in her ovaries, she was beaten by the brothel owner and then forced to sleep with customers.

Neang was rescued from the brothel by a staff person of the CCPCR. She is now living with AIDS and has been reintegrated back into her family.

#### **Case 44**

Thav was born in Viet Nam and immigrated to Cambodia as a baby. Her parents died while she was still young, and so she grew up with a fisherman in Kampong Chhnang province. When she was 17, the fisherman sold her to a trafficker who brought her to work in Phnom Penh. There she contracted the AIDS virus. Thav became very skinny and her skin broke out in small black spots. When she could no longer eat, she was sent to a hospital, which contacted the World Vision Recovery Shelter. When she recovered, she ran away from the Shelter and returned to prostitution. She was interviewed in a brothel.

#### **Case 45**

Vieng was born in southern Viet Nam to a poor, conflict ridden family. Her parents were separated and she was neglected. At the age of 17 years, Vieng was kidnapped from Viet Nam and trafficked to a brothel in Phnom Penh. She worked there for two years and then contracted the AIDS virus. When Vieng was rescued by a CCPCR staff member, she could hardly walk. At the Centre, she was nursed back to strength using traditional herbs. Vieng was reintegrated back to her family in Viet Nam but her parents were not told of her HIV status.

#### **Case 46**

Vuth contracted measles at the age of three and the disease left him unable to walk. He lived in a bad family environment where his mother blamed him for not being able to help out in the family. At seven years, he left home in his wheelchair and took the bus to Phnom Penh to become a beggar. He lived on the streets for eleven years and at age 18 he met two Western men who wanted to have anal sex with him. He refused and they offered to take him in as an adopted child for a time. While living with them, he was able to take a machine repair course. After one month, the two men tried to force sex upon him again and so he left their house. He presently begs and washes cars near the bus station.

When he gets sick, Vuth seeks medical care at the Hospital Sihanouk, which provides health care services to street children and other poor people free of charge. These people must wait almost the entire day however, before they are attended to.

#### **Case 47**

Mony was born at a refugee camp on the border with Thailand and became an orphan shortly after birth. After ten years, he was repatriated to Battambang where he lived with his aunt and her four children. There he worked as their servant, washing clothes, cooking and fetching water. His aunt beat him regularly and accused him of never doing anything properly. He tried to do his best but he constantly made mistakes and was badly scarred as a result of the beatings he received. After a while he ran away to Phnom Penh to work as a beggar.

In Phnom Penh, Mony met a German man who asked him to be his little brother. The man gave him cigarettes lined with opium to smoke which made him feel high. He stayed with the German in a hotel for a short period and Mony was forced to have oral sex and anal sex with him. After some time, Mony suffered badly from a bleeding anus. A monk from a nearby temple brought him in to the temple one day and took him for treatment.

### **3.7 Kompong Cham Province**

Kompong Cham, located 124 kilometres north of Phnom Penh, is Cambodia's most populous province with 1,607,913 inhabitants of who 403,803 are girls and 427,206 are boys (National Institute of Statistics, Ministry of Planning, 1998).

The eleven districts of Kampong Cham contain 227 sex establishments according to a 1998 census on sex services available in the province including 84 brothels, 59 restaurants, 24 karaoke bars, 1 massage parlour, 50 guest houses/hotels, 1 nightclub, 2 billiard halls, and 6 free-lance sites (Chommie, 1998).

The female sex workers in the province's brothels number 390 of which one third or 131 persons are children. Thirty of these children in prostitution are Vietnamese

while the rest are Khmer (Police Headquarters of Kompong Cham province). In 1996, 27.3 per cent of the sex workers in the province were seropositive for the AIDS virus (UNAIDS/WHO 1998).

When asked by a member of the research team about child prostitution, many of the local authorities remarked that they were not aware of any laws relating to prostitution or trafficking. This province is particularly problematic due to the fact that many of the local and high-level provincial officials are involved in prostitution and recruiting rural girls to send to other parts of Cambodia.

### **3.7.1 Child Profile**

Three Khmer girls who had been sexually exploited were interviewed in Kompong Cham province. The girls were all unmarried. One of them had previously been sexually abused at the age of 17 and soon after was sexually exploited. The other two girls entered prostitution at the ages of 15 and 17. The girls came from rural villages in the provinces of Rattanakiri and Kompong Cham itself.

All of the girls came from large families and the worked as vendors, earning USD 1 to USD 12 per month to support them. Two of the three were the eldest child in families of seven and eight children.

From very poor families, two of the girls had never been educated while the third completed five years of schooling. The fathers of the three girls were relatively well educated having completed Grades 7, 9 and 11 respectively. Two of the girl's mothers had never attended school while the other finished Grade 5.

Two of the three girls came from female single-parent households while the third was parentless and lived with her aunt. The girl who had previously been sexually abused, was an orphan with seven younger siblings.

*Sun lost her mother to a landmine and her father to a bullet. With no education and the eldest daughter in a family of eight children, Sun assumed a heavy financial responsibility in caring for her siblings. She lived with her aunt and worked as a farmer and vendor. One day a neighbour raped her in the field where she had been minding buffaloes. This reoccurred twice and prompted her to leave her village. Full of shame and sadness, she decided to go to work in a brothel as she felt that no one would ever want to marry her. Her virginity gone, she felt that she had lost everything. She did not want to bring shame to her family and so she simply disappeared.*

One of the three girls was tricked into prostitution while the other two entered the trade willingly, at least initially, to earn money to support their families.

*After the death of her father, Ravy decided to sell her virginity in order to make enough money to pay for her father's funeral rites. At the brothel, she was led to a hotel where three high ranking soldiers awaited her. Feeling scared, she resisted and to sedate her they injected her with a drug that made her weak. One man held down her arms and another held her legs while the third man raped her. They repeated this several times a day over a period of seven days. The experience made her crazy.*

Life in the brothel was difficult for these girls. They worked hard serving six to eight clients a day and the brothel owners hit or kicked them regularly. For their work, they earned less than USD 1 per day and one of the girls never received any income. All the girls had previously lived in other brothels with one having lived in two other sex establishments. None of the girls had been involved in pornography.



At the time of interview, they had been living in their current brothel for two to three months. None of the girls liked their work and they all wished, one day, to work in business.

### **3.7.2 Factors affecting Physical Health**

In Kompong Cham, the three brothels visited housed 18 to 25 girls each, in small villas. All of the rooms had barred windows but the girls were free to leave the brothel accompanied by a customer, if they had made a deposit for her. The villas were more spacious than other types of brothels but the sanitation level was poor.

Before coming to the brothel, the three girls had average to good nutrition levels and normal health problems. In the brothel they were physically abused on a regular basis resulting in weakness. Also the food provided to them was insufficient in quality and quantity. Due to occasional condom use, they suffered from STDs and chancres. When sick, the girls visited the pharmacy for treatment and only went to a doctor in extreme situations due to the higher cost involved.

### **3.7.3 Factors affecting Psychosocial Health**

All of the girls interviewed were ashamed of their profession. The girl who had been trafficked to Phnom Penh was homesick and she wished to return home but she felt that her community would reject her. Although she felt depressed in the brothel, she did not see any alternatives for herself.

The girl, who had been drugged and then raped by three men over several days, lost all her trust in people as a result. She rejects herself for entering prostitution voluntarily and she experiences a sense of floating due to the trauma. Additional problems noted by researchers included jealousy, quarrelsome, time orientation.

The girls all spoke to male and female friends and clients when they felt stressed and none of them abused substances as a coping mechanism. None of the three girls received support from family, friends or service organizations.

### **3.7.4 Services**

#### **Provincial Orphanage**

Kampong Cham has one orphanage run by the Ministry of Social Action, which provides food and shelter to orphans, unaccompanied minors and disabled children. The services provided by the centre are highly inadequate.

#### **Cambodian Centre for the Protection of Children's Rights**

The organization is involved in prevention work, providing training courses on the Convention on the Rights of the Child (CRC) to local authorities, and distributing booklets and posters which outline the dangers of sexual exploitation of children and the relevant laws which prohibit it.

### **3.7.5 Case Studies**

**Case 48** Lakana lived with her mother and six younger siblings in a rural area of Kampong Cham province, following the death of her father. The oldest child, Lakana worked hard every day farming rice on her neighbour's plot, earning next to nothing. Another neighbour, seeing the family's plight, offered to take Lakana to the district down where she would make USD 50 a month, working in a restaurant. She agreed.

The neighbour took her to Phnom Penh instead of the provincial town and then sold her in the capital for USD 150. Lakana was then forced to sleep with five to seven clients each day in order to pay off the debt incurred by her trafficker to the brothel owner.

One day, Lakana was able to escape from the brothel and she returned to her home province of Kompong Cham. There, she continued her work in a brothel in the provincial town as she did not dare return home because of the shame her profession would bring to her family.

#### **Case 49**

Ravy was raised in a poor family in Rattankiri province. The youngest of six, she worked as a seller, earning USD 10 a month for her family. At the age of seventeen, Ravy's father was killed by a bomb. Voluntarily, she sold her virginity in order to earn enough money to pay for her father's funeral rites.

Ravy was taken to a brothel in Kompong Cham and from there, she was led to a hotel where three high ranking soldiers awaited her. Feeling scared, she resisted and to sedate her they injected her with a drug that made her weak. One man held down her arms and another held her legs while the third man raped her. They repeated this several times a day over a period of seven days. The experience made her crazy. She has since moved to another brothel where she continues to live.

#### **Case 50**

Bopov was born to a farming couple in Kompong Cham province. She was the eldest of eight children and both of her parents had died by 1996. She lived with her aunt and worked as a farmer and seller earning USD 10 per month. Bopov had never had the opportunity to attend school. When she was 17 years old, a neighbour raped her in the field where she had been minding buffaloes. This reoccurred twice and prompted her to leave her village. Full of shame and sadness, she decided to go to work in a brothel as she felt that no one would ever want to marry her. Her virginity gone, she felt that she had lost everything. She did not want to bring shame to her family and so she simply disappeared.

### **3.8 Poipet Town, Banteay Meanchey Province**

Poipet town borders Thailand and is the site of Cambodia's largest market. The town is located in Banteay Meanchey province in northwestern Cambodia with a population of 12,000 inhabitants (UNICEF, 1995).

The bustling commercial town contains 39 brothels to meet the demand for - commercial sex from Khmer and Thai businessmen. Soldiers are also plentiful in Banteay Meanchey as it was in this province that the civil war was most fiercely fought. Poipet has 195 prostitutes. Fifty-three of these are Khmer children and seven are Vietnamese children (O'Chrov District Police Headquarters).

The porous border in Poipet has allowed the trafficking of many children to sex establishments in Thailand each year.

#### **3.8.1 Child Profile**

Three female SEC were interviewed in Poipet. The lowest average age of SEC surveyed in this study were found in Poipet where two of the girls interviewed were

aged 14 years and the third was 15 years old. All of them were Khmer and single. Of the three, one was a native of Banteay Meanchey province while the other two came from Phnom Penh.

Two of the girls were the eldest child of families with five and three children and they worked to support their families farming and vending. The vendor earned USD 12 a month.

The education levels of the girls varied. The girl from Banteay Meanchey had never gone to school and the two from Phnom Penh finished Grade 4 and Grade 7 respectively. The parents of the latter two were relatively well-educated with fathers as high-school graduates and mothers having completed nine years of education. The father and mother of the girl from Banteay Meachey had Grade 10 and Grade 5 education respectively.

All of the girls had been tricked, and then forced to work as prostitutes.

*Srey Mao was born into a poor civil servant family in Phnom Penh. At the age of 14 years, full of confidence, she took a trip with her boyfriend from the capital to Battambang province without informing her parents. There he sold her to a brothel owner from Poipet for USD 120. She was forced thereafter to work as a child in prostitution.*

The three girls had worked in the brothel for three months, four months and one year respectively and two of them had formerly worked in four other brothels. None of them were involved in pornography. The girls served two to ten clients a day for which they earned a daily wage of USD 0.50 to USD 2. The girl who earned USD 2 a day, wished to continue working in the brothel as she considered the earnings high but the other two girls from Phnom Penh, simply wanted to return home. All three girls hoped to work in business in the future.

### **3.8.2 Factors affecting Physical Health**

The brothels were privately owned by couples. Poipet's brothels consisted of a series of 5 to 10 wooden rooms covered with thatch roofs and heavily guarded by soldiers armed with machine guns. The girls were prohibited from leaving the brothel.

Before sexual exploitation, the girls had been in average to good physical condition with no major health problems. The girls were provided with three meals a day. However, the poor conditions they worked under had serious effects on their health. They did not always use condoms when servicing customers, and therefore were at risk of contracting AIDS or other STDs. One girl had contracted gonorrhea and the other two complained about pain in their ovaries.

In Poipet, when SEC are sick the brothel owner takes them to a private doctor as they appreciate that the health of a young woman affects her employment performance. For minor illnesses, the girls treated themselves with medicine from a nearby pharmacy.

### **3.8.3 Factors affecting Psychosocial Health**

All three girls interviewed in Poipet were very young and they suffered from loneliness and homesickness. They also experienced sadness at having been deceived and fear of the armed guards and the brothel owners. The 14-year-old girl, who had been tricked and then sold to a brothel by the man she loved, had attempted suicide and she hoped to escape her life by sleeping. Additional observations include feelings of self-rejection as well as attention-seeking behaviour.

All the girls sought comfort from their male and female friends during stressful periods and none of them abused substances. The three girls were all without external support.

#### **3.8.4 Services**

No services exist in Poipet to address the needs of SEC/SAC or children in general.

#### **3.8.5 Case Studies**

##### **Case 51**

Lin was the eldest child with four younger siblings. She helped her parents to earn income by farming but the income was insufficient to meet the family's needs. A brothel owner approached her and offered her a high paying job in Poipet working in a restaurant and naively she followed him there. He brought her to his brothel and forced her to sleep with clients.

##### **Case 52**

Mao was a very confident 14-year-old girl who took a trip with her boyfriend from Phnom Penh to Battambang without informing her parents. There he sold her to a brothel owner from Poipet for USD 120. She was forced thereafter to work as a child in -prostitution.

##### **Case 53**

Na from Phnom Penh was studying in Grade 7 when she followed a friend to Poipet. There she was sold to a brothel owner and she has worked in prostitution ever since.

### **3.9 Battambang Province**

Cambodia's second largest city, Battambang, is situated in the northwest of the country with a population of 791,958 inhabitants of which 195,755 are girls and 213,974 are boys (National Institute of Statistics, Ministry of Planning, 1998).

Battambang province has seven districts with 51 brothels in total. Of the 334 prostitutes in the province, 96 are under 18 years of age, 76 of who are Khmer and 20 of who are Vietnamese (Battambang Provincial Police Headquarters, 1998). The seroprevalence rate for the AIDS virus among sex workers in the province was 58.3 per cent in 1996 (UNAIDS/WHO 1996).

Several of Battambang's brothels are owned by high ranking soldiers, military police and civil servants. One of the guards protecting a brothel, in a conversation with a research team member remarked:

*We are guarding these young girls because of orders from our officers. We can not help them, even when they cry for help.*

He added that when brothels are raided, the brothel owners simply pay the police and are then released. No brothel owner has ever been charged in Battambang.

#### **3.9.1 Child Profile**

In Battambang, four SEC were interviewed, one of which had a history of sexual abuse. Three of the four girls were aged 17 when they became SEC and the other was 16. All four girls were Khmer and single.

The girls came from poor single-parented families of Kampong Thom, Pursat and Battambang provinces. Each SEC was the eldest child in families ranging of one to six children. The girls who worked as farmers earned less than USD 1 a month while the vendor made 12 a month.

Only one of the four girls had gone to school, completing five years of primary education. The education level of their fathers ranged from none among two of them, to Grades 8 and 10. Three of the mothers had never attended school and one completed eight years of education.

Two of the four girls went to work at the brothel willingly to earn income for their families. A third girl was trafficked by her aunt. In the fourth case, the girl had been an incest victim and she was later trafficked.

*Srey Mab was the oldest child in a family of nine children. Her step-father harassed her constantly but she was able to ward off his advances. One afternoon she stayed at home while the rest of the family was working in the rice fields. Her step-father returned home early that day and raped her. He threatened to beat her badly if she told her mother what he had done. Unable to bear the situation, she decided to run away from home and to look for work in the provincial town. A friend from the village offered to take her there and then subsequently sold her to a brothel.*

At the time of interview, the girls had been working at their current brothel for three weeks to seven months serving two to ten customers a day. In two cases, the girls had been working in six and seven brothels each. None of the girls were involved in pornography.

They earned USD 1 a day in the brothel and all of them wanted to continue to work there for financial reasons although none of them enjoyed their work. They all had business aspirations for the future.

### **3.9.2 Factors affecting Physical Health**

The brothels visited in Battambang were closed establishments and the children could not leave the compound. The villas were protected by a fence as well as by armed guards who, in the words of the researcher, 'were strong and looked like tigers'.

The girls in the Battambang brothels had been healthy before coming to the brothel with good nutrition levels and few illnesses. As SEC, they were only provided breakfast and dinner and thus their health deteriorated. Sporadic use of condoms by the girls has resulted in STD infection including HIV/AIDS. One girl also cited weakness as a physical ailment resulting from sleep deprivation.

In Battambang, the girls receive medicine from the pharmacy for mild illnesses as they see it as the cost effective option. They only visit the hospital in extreme situations.

### **3.9.3 Factors affecting Psychosocial Health**

The girl who had been sold into prostitution by her aunt showed signs of suspicion toward others as she had been deceived by a close relative. Others were lonely as they missed their families. The girls were restless and irritable because the closed brothel confined them. The girl who had been raped and then beaten after

entering prostitution by the brothel owner attempted to mutilate herself out of despair. Additional problems noted by researchers included decision-making difficulties, forgetfulness, lying and tantrums.

When they are troubled, these girls seek solace in male and female friends and in one case in her father. They do not abuse substances. The girls receive no support from family or support organizations.

### **3.9.4 Services**

#### **Cambodian Migration and Development Committee**

The Cambodia Migration and Development Committee (CMDC) implements its New Life for Young Women Project in Battambang province. The project targets sexually exploited girls and women, who have left prostitution as well as those who continue to work in the profession.

The CMDC provides shelter to those women who have left prostitution, currently 78 women. The centre also serves another 29 young female independent prostitutes, who wish to change their employment but lack the necessary skills to do so. Both groups of women attend income generation training classes at the centre including sewing, hair care, food preservation and marketing. General education classes on literacy, mathematics, health education and human rights are included in the courses. The centre also provides health care and counselling services to all of its clients.

Those girls, who are ready to return to their families, are reintegrated into their homes gradually with the assistance of a social worker from the centre. A crisis intervention programme is also in its planning stages, to assist the families of children who are in dire need of assistance (CMDC Semi-Annual Report, April 1998).

### **3.9.5 Case Studies**

#### **Case 54**

Neck lived with her widowed mother and five younger siblings in Pursat province. Her parents worked as farmer and labourer and they had never attended school. Neck also farmed, earning around USD 0.50 per month. Neck's family was desperate due to famine and so when her aunt offered to find her a good job, she agreed to leave her village. Neck's aunt brought her to Battambang province and then sold her to a brothel owner, receiving a handsome sum for the sale of a virgin. Neck's first client was a Chinese man.

#### **Case 55**

Arry at age 16 had completed five years of schooling and worked as a seller earning a monthly income of USD 12. She was an only child and she lived with her mother who had incurred a large debt. In order to repay the debt, she and her mother agreed that Arry should sell herself as a prostitute. She did so in the provincial town and her mother was able to pay off her debts with the money she received from the sale of her daughter's virginity.

#### **Case 56**

Oun came from an illiterate farming family in a rural village of Battambang province. Since the death of her father, she lived with her mother and three younger siblings. Oun had never gone to school and worked as a farmer earning less than USD 1

per month. At the age of 17, famine hit her family, and Oun decided to sell her virginity in Battambang town and then continue her life as a child in prostitution.

#### **Case 57**

Mab was the oldest child in a family of nine children. Her step-father harassed her constantly but she was able to ward off his advances. One afternoon she stayed at home while the rest of the family worked in the rice fields and her step-father returned home early and raped her. He threatened to beat her badly if she told her mother what he had done. She could not stay in that situation and so she decided to run away from home and to look for work in the provincial town. A friend from the village offered to take her there and then subsequently sold her to a brothel. The trafficker, believing that she was a virgin, got a high price for her sale. After being forced to sleep with her first customer, the brothel owner discovered she was not a virgin and beat her until she bled. The girl was left unattended for five days before her wounds were treated.

## **Chapter 4 CONCLUSIONS AND RECOMMENDATIONS**

### **4.1 Conclusions: National Summary**

Fifty-four SEC and three SAC were interviewed in this study. Of the 54 SEC, eight had a history of sexual abuse. One of the SEC and one of the SAC were boys and the rest were girls. Three of the children were under 15 years old and the youngest girl interviewed, working in Phnom Penh, was aged 12 years. With the exception of one girl, all of the children were single. Ninety-three per cent of the children interviewed were Khmer and the remainder were ethnically Vietnamese.

#### **4.1.1 Causes of Sexual Exploitation**

Common patterns were discerned in the life experiences of the fifty-four SEC interviewed in this study, which offer insights into the causes of the sexual exploitation of children. The first characteristic, which the 53 sexually abused girls shared, was that they all performed the role of a provider in the family but their incomes were minimal and insufficient. Strikingly, 71 per cent of the girls were the eldest children while 20 per cent were the second oldest child. Another common feature among the girls was that they all shared the traditional belief that non-virgin single women were unfit to marry, even if their virginity was lost as result of sexual abuse. They saw prostitution as the primary employment choice for those women.

In addition to the gender roles and traditional beliefs upheld by the 53 girls, all of the girls experienced stressors in their family environment, which made them vulnerable to sexual exploitation. One of these stressors included the death or illness of one or both parents, which reduced family income as well as incurring funeral or medical costs. Half of the girls came from single-parented or orphaned families, which exacerbated the situation. With no social support system from the government to assist poor families and the shattering of extended family structures during the genocide years, the children were desperate to find employment to help their families.

Another stressor was famine. As most of the children originated from farming and fishing families, who depended on natural resources for their livelihood, environmental disasters made families extremely vulnerable.

Other stressors included physical abuse and sexual abuse. In the former case, children who were physically abused wished to leave their homes in order to escape the violence. In the latter case, girls left their homes out of shame. Of the 11 SAC, eight entered prostitution of their own accord due to the belief that they had no other options.

Once the children were vulnerable to sexual exploitation, several contributing factors influenced their entry into prostitution. One common factor was ignorance on the part of the children. Seventy-two per cent of the girls were tricked by persons who offered them other forms of employment. One cause of this ignorance was low levels of education. Forty-seven per cent of the girls were illiterate and had never attended school. The remainder had completed up to six years of education and only one girl had finished Grade 8. Poverty was cited by 91 per cent of those interviewed as the primary reason for not attending school or for dropping out. The low level of education among children is also indicative of a lack of skills with which to earn a sufficient income.

A second contributing factor was the ignorance of parents about the trafficking of children and about the lives of SEC. Illiteracy rates among the fathers and mothers of the children were 42 per cent and 52 per cent respectively. Mothers had received substantially less education than fathers with 11 per cent of mothers having completed between six and twelve years of education as compared to 43 per cent of fathers. Although some parents sell their daughters into prostitution, many do not know the conditions of the brothels or the health risks involved with commercial sex work.

A third factor, which facilitated the entry of the girls into prostitution was the presence of traffickers. Aside from the professionals, many girls were trafficked by people they trusted such as boyfriends, neighbours and even family members. The high price paid for virgins by brothel owners as well as the location of sex establishments is common knowledge and thus many people profit from the lucrative business.

Lastly, the study showed that law enforcers do not enforce existing laws to protect children but instead, they themselves abuse the laws. In many provinces, policemen and soldiers owned brothels or protected brothels with their men.

#### **4.1.2 Factors affecting Physical and Psychosocial Health**

The living conditions of the SEC in the brothels were poor. Most of the girls lived in small, dark rooms which lacked sufficient oxygen and proper sanitation facilities, which led to skin infections. The children led restricted lives and were often forced to remain in confined spaces, sometimes protected by armed guards.

Most of the children interviewed suffered from undernourishment and sleep - deprivation. Fifty-seven per cent of the SEC were forced to sleep with one to five customers a day while another 37 per cent served six to ten customers every day. In two cases, the SEC received more than 10 customers a day. Of the 53 sexually exploited girls, 45 had been subject to physical abuse at the hands of brothel owners and customers, the most common forms being hitting and kicking. Three girls were regularly whipped with electric wires. This physical abuse resulted in behavioural problems in the girls, including anger and aggression.

The most serious medical problems that the girls suffered were STDs including HIV/AIDS. Nineteen of the 53 girls had STDs including gonorrhea, syphilis, herpes simplex, urinary tract infections, polyps and 6 girls had contracted the AIDS virus. The SEC did not always use condoms, especially when they slept with their boyfriends. Also when a client was drunk, the SEC had even less control over his behaviour. None of the girls were substance abusers while the boys were addicted to smoking and glue sniffing to ward off hunger.

The overwhelming majority of SEC treated their physical ailments at the local pharmacy due to cost effectiveness and accessibility. The girls only visited a doctor in extreme cases of illness.



The psychological difficulties faced by the young women resulted from several factors. Many of the girls were deceived by people who they loved and trusted and thus they felt betrayed, angry, and sad. Most of the girls were homesick and wished to return home to the company of their family and friends but they were too ashamed to do so and they felt they had no hope. In extreme cases of depression, some of the girls had attempted suicide and self-mutilation.

The overwhelming majority of the girls interviewed sought counsel from their friends when they encountered stressful periods. Those girls who lived in the brothel and the boys who lived on the street, received no support from family, the community or NGOs.

Although 72 per cent of the girls interviewed aspired to become businesswomen, none of them had had access to non-formal education including income generating skills or vocational skills training.

### **4.1.3 Gaps in Services**

Services to address the physical and psychosocial needs of SAC and SEC in Cambodia are greatly lacking. One of the province studied, Poipet, had no services for children whatsoever. In two other provinces, Koh Kong and Kampong Chhnang, only a poorly serviced government orphanage existed which provided shelter for children but lacked adequate facilities and resources. None of the staff in those orphanages were trained to deal with SEC or SAC.

Sihanoukville, Svay Rieng and Battambang both had NGOs with services for SAC and SEC to meet their basic needs as well as to provide them with skills training, medical care and counselling services. The organizations also had reintegration programmes for the children.

In Siem Riep an NGO provided much the same services as those in Sihanoukville, Svay Rieng and Battambang although in contrast street children were targeted and not SAC and SEC in particular. Street children are however, vulnerable to both sexual abuse and sexual exploitation.

The majority of services that exist in Cambodia to assist SAC and SEC are located in Phnom Penh. Six organizations run comprehensive programmes for SAC and SEC while another six run similar programmes targeted at street children.

## **4.2 Recommendations**

The following section provides recommendations for three types of prevention to address the problems of sexual abuse and sexual exploitation of children in Cambodia. Interventions at the primary level of prevention suggest programmes that will raise awareness and create safe communities where all children can grow without fear of sexual abuse and exploitation. The interventions at the secondary level of prevention are meant to prevent children at high risk from being sexually abused and sexually exploited. Tertiary prevention aims to reduce harm or further damage to sexually abused and sexually exploited children. Recommendations are also made with regard to training and future research. Each recommendation provides a justification for the intervention and suggestions on who would be responsible and how the intervention could be carried out.

### **4.2.1 Primary Prevention**

#### **(a) Recommendation 1**

The quality and delivery of basic health and education services needs to be improved in order that all citizens, particularly children can access them, including those who live in rural areas.

#### ***Justification***

The study showed that public services that meet the basic human needs of the Cambodian people are severely lacking. Literacy rates and school enrolment are low, especially among women and girls. Health care facilities and resources including medicine are inaccessible to the overwhelming majority of the population. Health services for children are particularly lacking.

#### ***Implementation***

The government should prioritize development in the health and education sectors. Existing programmes should be intensified in collaboration with international organizations.

### **(b) Recommendation 2**

Existing laws to protect children from SAC and SEC should be enforced by the police and other government officers in a smooth, open and coordinated manner. SEC should be treated as victims and not criminals.

#### ***Justification***

The study shows that in many provinces, the police, military and military police are involved in the prostitution and trafficking of children in Cambodia. In some provinces these officers whose duty it is to enforce laws themselves are the owners of sex establishments housing child prostitutes and profit from the sexual trafficking of children. Few officials are actively involved in defending children against sexual exploitation or punishing perpetrators.

***Implementation*** The government should dismiss all officials who own sex establishments and who do not comply with current laws on child trafficking and child prostitution. Police officers should be trained on their role and duties in protecting children as well as on work ethics.

### **4.2.2 Secondary Prevention**

**(a) Recommendation 3** Awareness-raising activities on the implications and consequences of sexual abuse and sexual exploitation of children should be conducted in high risk communities. Networks, which exist to eliminate the SEC, should be strengthened.

#### ***Justification***

The study showed that several members of the community are involved in the trafficking of girls. Those who are not directly involved, do nothing to assist in the prevention of trafficking.

***Implementation*** Awareness-raising programmes, including advertisements through the mass media and posters, should be carried out by the government, NGOs and members of the local community, in collaboration with trained persons who are working to combat SAC and SEC.

**(b) Recommendation 4** The activities in Recommendation 3 should be coupled with vocational training courses, revolving funds and employment to enable children as well as their parents to learn skills and earn alternate sources of income.

#### ***Justification***

Insufficient income earning job alternatives are available for children in Cambodia. Although some NGOs provide skills training and literacy services for children, these services are insufficient in number and they do not span all provinces of the country. The poor families of the children must also be supported as often no income generating alternatives present themselves to the adults. Moreover, they tend to target girls who have already been sexually exploited and not those who are at high risk of sexual exploitation. Employment creation for these girls once trained is also lacking.

### ***Implementation***

The government should improve its non-formal education programme for older children who wish to continue their education after a period of recess or for those who never had an opportunity to go to school. Other than literacy, other skills should be taught which would provide children with income generation means once they graduate. Employment should be provided or created for children who require it in safe and healthy working environments.

### **4.2.3 Tertiary Prevention**

**(a) Recommendation 5** More centres should be established to provide shelter, medical care, counselling and skills training for SAC and SEC particularly in those provinces in which these services do not currently exist and in those with high concentrations of children in prostitution.

### ***Justification***

The study showed that few centres exist in Cambodia which target the health needs of SAC and SEC. Most government centres that provide services to children do not target SEC or SAC directly and they do not have the capacity to address their needs.

***Implementation*** Centres providing services for SEC/SAC should be established by GOs and NGOs in provinces that currently lack them. Existing government services including provincial orphanages should be improved and their staff should be trained and empowered to work with SAC and SEC.

### **(b) Recommendation 6**

Innovative outreach services are needed to address the physical and psychological health needs of SEC.

### ***Justification***

The research showed that most SEC are not in contact with health personnel. The overwhelming majority of SEC treated illnesses at the local pharmacy. Although some provinces have NGOs who work with SEC awareness among SEC of these NGOs is still limited.

### ***Implementation***

Medical services should be made available to SEC free of charge through community outreach programmes. Pharmacists should also be targeted as key focal points in the communities where SEC live for the distribution of IEC materials on health issues including HIV/AIDS and well as on available services of GOs and NGOs.

### **(c) Recommendation 7**

SEC who are kept against their will in brothels should be released.

***Justification*** The study showed that the large majority of the girls were forced into prostitution and that they wish to leave the brothel and be trained in vocational and business skills.

***Implementation***

Brothel raids should be implemented by police in collaboration with government officials and NGOs, which offer services for SAC and SEC. Once released the SEC should be rehabilitated and reintegrated into their families and communities with the help of social workers.

**(d) Recommendation 8**

Awareness-raising activities should be conducted to reduce societal discrimination against SAC and SEC.

***Justification***

SAC are rejected by society and in several cases as a result, become children in prostitution. SEC also suffer from social stigmatization and thus, find it difficult to reintegrate into society.

***Implementation***

Government agencies and NGOs should work together to combat negative stereotypes about SAC and SEC.

**(e) Training**

The study revealed the complicity of many members of the military, the police and the military police in the sexual abuse and sexual exploitation of children. These so-called law enforcers should be trained to change their attitudes and behaviour regarding SAC and SEC.

Brothel owners should receive training in prevention of STDs including HIV/AIDS.

Caregivers, who work with SAC and SEC and with vulnerable children at large, lack the skills required to provide them with appropriate psychological care. These staff members need to be trained to be able to identify the psychological needs of SAC and SEC who are often traumatized children as well as the skills to address those needs.

**(f) Future Research**

Both qualitative and quantitative studies should be conducted on the sexual abuse of children in Cambodia as there has been a lack of research done in this field thus far. Children with disabilities should be included in the focus of the study.

**4.3 Additional Recommendations from the National HRD Workshop held in Phnom Penh, Cambodia from 2 to 4 June 1999**

**4.3.1 Primary Prevention**

**(a) Recommendation 1**

Education and public awareness should be heightened with regard to HIV/AIDS.

### ***Justification***

Understanding of HIV/AIDS prevention and transmission is low in Cambodia and people living with HIV/AIDS are highly stigmatized in the country.

### ***Implementation***

Existing programmes should be supplemented to educate people on how to protect themselves against HIV/AIDS as well as to combat stigmatization of people living with HIV/AIDS, especially among organizations working with SAC and SEC.

## **4.3.2 Secondary Prevention**

### **(b) Recommendation 2**

Collaboration between GOs and NGOs working to assist SAC and SEC should be strengthened.

### ***Justification***

GO and NGO coordination on issues related to SAC and SEC is poor.

### ***Implementation***

Task forces of GOs and NGOs should be established to tackle issues including education on public health; psychosocial counselling; and peer education.

## **4.3.3 Tertiary Prevention**

### **(a) Recommendation 3**

A referral system including medical care centres, counselling and psychosocial services, and skilled psychologists should be established to handle SAC and SEC cases.

### ***Justification***

No referral system exists in Cambodia at present and skilled medical and psychosocial personnel are severely lacking.

### ***Implementation***

More Cambodians should be educated in the areas of physical and psychosocial health care, with an emphasis on SAC and SEC cases. A referral system should be established in the meanwhile with the few skilled personnel that currently exist.

### **(b) Recommendation 4**

Substance abuse problems among SEC should be addressed.

### ***Justification***

Several SEC are drug abusers and several suffer from resulting psychological problems.

### ***Implementation***

Organizations, which service SEC, should offer treatment for SEC who are substance abusers.

**ANNEX I: Interview Guides instructions**

## **for filling in the Interview Guides**

There are four interview guides and one observational guide:

A. Interview Guide for project managers/coordinators: pages 61-64.

This includes questions on the organization in general, including the type and qualification of staff. There are also general questions on sexually exploited and sexually abused children and youth. Use the 'Health Inventory' as a guide to establish the most common health problems.

B. Interview Guide for health/social care providers: page 65.

Observational Guide at the health/social care facility: pages 66-67. You should interview those who have direct contact with sexually abused and sexually exploited children and youth on a day-to-day basis in government and non-governmental programme, such as social workers, nurses, medical doctors etc. The Interview guide includes specific questions on work tasks and needs of sexually abused and sexually exploited children and youth as perceived by caregivers.

Use the 'Observational Guide'. The Health Inventory should also be used as a guide to establish the most common health problems of the children and youth.

C. Interview Guide for teachers: page 68.

Contains specific questions for teachers who have direct contact with sexually abused and sexually exploited children and youth.

D. Interview Guide for children, on factors affecting health: page 69.

Interview Guide for children on factors affecting care utilization: page 70. These Guides also include some pointers on probing a young person's background and their history of sexual abuse and/or sexual exploitation (page 70).

Use the Health Inventory to establish the health problems of the children and youth. When Questioning children, explore the use of diagramming techniques to complement verbal responses (see materials on participatory rural appraisal (PRA) methods with children).

- For each organization with direct services for sexually abused and sexually exploited children and youth, you will be required to fill in Interview Guides A, B and D. If the organization has a non-formal or vocational school, then you will also fill in C. If children attend a school situated close to the organization, find out the name of the school and the grade (class level) of most of the sexually abused and sexually exploited young people and make arrangements to interview the teachers who teach those grades/classes.
- Please write as clearly as possible, preferably in BLOCK LETTERS. If possible, enter the information into the computer at the end of each day.

- Do not be discouraged if you cannot get answers to a question. Try to get as much information as you can. Remember, in qualitative research it is the richness of the discussions that counts.
- The 'Health Inventory' requires you to fill in the number between 1 and 5, choosing one alternative from the scale provided. With service providers you should only fill in the MOST COMMON health problems of the children under their care. When using the Health Inventory with the children, however, you should fill in ALL their health problems.
- It will take, on average, 10 days to conduct interviews in one location. Interview all service providers and not more than 20 sexually abused and sexually exploited young people in each research site.

Ask for organization publications and review these for additional information.  
**A. Interview Guide for Project Managers**

NAME OF ORGANIZATION: MAILING ADDRESS: CONTACT PERSON/PROGRAMME: TELEPHONE: FAX: E-MAIL: TYPE OF ORGANIZATION: Governmental Non-governmental University Hospital/Clinic Religious Other, specify DATE OF ESTABLISHMENT: BRANCHES/CENTRES: No Yes (list + address) use separate interview guides for each center 1. 2. 3. 4. 5.

ORGANIZATIONAL STRUCTURE: (sketch on separate paper if more space required) WORK STRUCTURE: ANNUAL BUDGET: BUDGET ALLOCATED TO EACH AREA OF WORK: COMMENCEMENT OF CSEC/SA ACTIVITIES (month/year): TOTAL NUMBER OF STAFF: (specify number in each area of work/profession) PREFERRED AGE OF WORKERS: (specify area of work/profession) PREFERRED SEX OF WORKERS: (specify area of work/profession) NUMBER OF PAID STAFF: (specify number in each area of work/profession) PROFESSION OF PAID STAFF: (specify for each area of work/profession) SALARY LEVEL: (specify for each area of work/profession) NUMBER OF VOLUNTEERS: (specify number in each area of work/profession) PROFESSION OF VOLUNTEERS: (specify area of work/profession) CRITERIA FOR SELECTION (what do they look for in their staff?): (specify area of work/profession) MINIMUM EDUCATIONAL QUALIFICATIONS: (specify qualifications for area of work/profession) MOTIVATION (what makes the workers stay?): (specify motivation for each area of work/profession) STAFF BENEFITS (e.g. housing, transport, medical insurance): (specify benefits for each area of work/profession) OPPORTUNITIES FOR STAFF DEVELOPMENT (e.g. training, supervision and support): (specify opportunities for each area of work/profession) **SUMMARY OF WORK AND SIGNIFICANT ACHIEVEMENTS:** (ask for brochure and annual report(s) if available) PROGRAMME OBJECTIVES: TYPE OF SERVICES/CARE PROVIDED: FACILITIES AVAILABLE: NUMBER OF CHILDREN AT TIME OF INTERVIEW: TOTAL NUMBER CARED FOR IN PROGRAMME: TARGET GROUP: (e.g. street children; indicate if children from specific ethnic groups are targeted) AGE GROUP: SEX: Female Male Both

LENGTH OF STAY AT INSTITUTION: DURATION OF CARE/SUPPORT: (for those not in institutions) HOURS OF SERVICE (when do they open and close?): COMMON HEALTH PROBLEMS/NEEDS OF CHILDREN: (see physical and psychosocial inventory) HOW ARE THEY DEALT WITH: DIFFICULTIES ENCOUNTERED IN DEALING WITH CHILDREN: DAILY ACTIVITIES: (describe a typical day at the institution) WEEKLY/MONTHLY/ANNUAL ACTIVITIES: WHAT IS REQUIRED OF BENEFICIARIES: MAIN SOURCES OF FUNDS: MONITORING AND EVALUATION OF PROGRAMMES: METHOD OF FOLLOW-UP OF BENEFICIARIES: COLLABORATING AGENCIES: Governmental Non-governmental University Hospital/Clinic Religious Community Other, specify SPECIFIC AREAS OF COLLABORATION: STRENGTHS OF THE ORGANIZATION: CONSTRAINTS: FUTURE PLANS: INFORMATION/DOCUMENTATION AVAILABLE: (Please list all materials available.

Use additional paper if necessary) *Unpublished papers/reports: Published papers/reports/books: Bibliographies: Training materials: Videos: Posters: Others: ONGOING AND/OR PLANNED RESEARCH: METHOD OF DISSEMINATING INFORMATION LISTED ABOVE: WHAT IMPORTANT THINGS SHOULD CHANGE IN YOUR COUNTRY TO PREVENT SEXUAL EXPLOITATION AND SEXUAL ABUSE OF CHILDREN? WHAT MEASURES IN YOUR OPINION SHOULD BE TAKEN TO HELP SEXUALLY EXPLOITED AND SEXUALLY ABUSED CHILDREN TO CHANGE THEIR SITUATION? IS THERE ANYTHING ELSE YOU WISH TO ADD?*

## **B. Interview Guide for Health/Social Care Providers**

- What is your profession and in which service do you work?
- How long have you worked in this organization? And in this particular service?
- Why do you work in this particular service and how did you begin? What motivates you?
- Are there things you would like to change in your present work?
- What proportion of your patients are sexually exploited or abused children? What proportions of these are male or female?
- What are the most common health problems among the children you see? Among girls? Among boys? (use the health inventory)
- Do you encounter problems associated with or arising from: sexual relations, pregnancy and childbirth, induced abortion, sexually transmitted diseases including HIV infection, AIDS, substance abuse, psychological disorders, developmental delays?
- What difficulties do you face dealing with these children?
- What interventions are included? Play therapy, social skills training etc?
- What procedure do you follow after admitting a child to your centre?
- Do you provide contraceptives or contraceptive information? Do you provide condoms for the prevention of STD/pregnancy? Does your service provide abortion to the children?
- How does a child of either sex have access to your service? Is it through referral or can she/he come directly? Is an appointment necessary? Is the consent of an adult or partner necessary?
- Are some services restricted by age, sex, marital status, ethnic group or citizenship?
- How do you deal with children who cannot be catered for in your programme?
- In a case of referral, where do you refer? How do you follow up the children?
- Do you receive children referred from other centres/organizations?
- To what extent is the service confidential? How many people within the service will have access to the child's name and/or file? Is the individual's name reported for some health matters to others subsequent to the visit?
- Do the children express satisfaction after visiting the service? How is this communicated?
- What are the main barriers to the use of your service by children and what, in your view, could be done to overcome them?
- To what extent do you believe the health problems of sexually abused and exploited children are preventable?
- What, in your opinion, could be done in your service to make it more accessible to sexually abused and exploited children in need?
- What, in your opinion, could be done in your service to make it more effective for sexually abused and exploited children in need?
- Have you had any special training to deal with the special health problems of sexually abused and exploited children? If you have not, would you like to have that opportunity?

## **Health/Social Care Facility Direct Observation**

***Direct observation to assess how health services are actually provided when children are clients. Assess the level and quality of services they receive by using children as clients.***

- What (health) services exist, for whom, where, when, why, how much?
- Who brings the children to the (health) centre?



- How accessible is the (health) centre in terms of location?
- Does the centre have a waiting room for children/service users?
- Do the children/service users encounter problems in getting somebody to attend to them?
- For how long do they wait before they are attended to?
- Do they feel at ease with the environment?
- Are there enough posters in and around the premises? What types?
- How explicit are those posters?
- Does the centre have beds, do children have to leave after being attended to or both?
- If they have to leave, how does it deal with serious cases?
- In case of admission, what procedures are followed?
- In a case of referral, where do they refer?
- In which situations do they refer?
- How do they treat cases of referral from other (health) centres?
- What other follow-up do they use after a child/service user leaves the centre?
- Do they have special rooms to deal with children/service users who have personal problems, that is, with more privacy for discussions?
- How many types of services do they offer at the same time?
- Are there specific provisions for dealing with sexually abused and exploited children?
- What are the facilities available at the centre and what are they short of?
- Can the children using the (health) centre come without appointment?
- Do they require anything from the child before they are attended to?
- How do they assist those who cannot, for instance, fill in forms?
- Do they pay for the treatment/service? Do they pay before or after receiving the treatment/service? How much?
- How are children/service users who cannot pay immediately treated/provided care?
- What are the characteristics of the children using the service with regard to age, sex, marital status?
- What difficulties do they face in presenting their problems?
- Do they make their requests (personal and medical) known to the (health) workers?
- What are the characteristics of the (health) workers with regard to age, sex and training?
- What is the approach or general attitude of the (health) workers to their duties and the children/service users?
- Are the (health) workers approachable?

## **Health Facility Direct Observation** *(continued)*

- Apart from providing health and social services, do they give advice to patients when necessary, especially sexually abused and exploited children?
- How do the (health) workers decongest the centre of those who are not service users?
- How are the children taken care of in terms of feeding?
- Are there hawkers around who sell food to children/service users who are hungry in the course of receiving treatment/care?

### ***State of physical structures, care and interactions***

- Number of buildings and size
- Condition of buildings
- Facilities available: telephone, cooking, bathroom and toilet, sleeping arrangements, clothing, - recreation (games, toys and books)
- Approach and attitude of caregivers to their duties and children

- quality of care, hygiene, health and nutrition
- Do children show sign of psychological neglect, inadequate stimulation, malnourishment?
- Does the centre have any contact with community members? Additional comments:

NAME OF INTERVIEWER/OBSERVER: .....

DATE AND PLACE OF INTERVIEW: .....

## **C. Interview Guide for Teachers**

- What subjects do you teach? Where do you teach? What grade/age do you teach?
- What are the most common questions children have about sexual abuse and exploitation?
- Do you provide sexual, family life and reproductive health education or information on sexual abuse and exploitation to children?
- If so, of what age and sex?
- Have there been opportunities to involve young people in outlining the education course, and have you made use of young people in any subsequent modifications?
- Have parents been involved in the development or implementation of the activities?
- What are the major lessons you have learned about what makes the education effective?
- Are there opportunities for students to practise skills that would assist them to communicate their feelings and wishes assertively, request assistance, respond to persuasion and deal with threats and violence?
- Do you find it difficult to address issues of sexual abuse and exploitation?
- Do the children find it difficult to discuss these issues?
- What differences in behaviour do you find between the younger and older children?
- What differences in behaviour do you find between the sexes?
- Have you had any special training to deal with sexual abuse and exploitation? If you have not, would you like to have that opportunity?
- Is specific information provided about local health and social services which could meet the needs of sexually abused and exploited children?
- Does the education provide field visits to local health and social services and places where children are engaged in sexual exploitation?
- Is individual counselling provided by you or others in the school which covers sexual abuse and exploitation?
- Have you come across children who are sexually abused or exploited in your school?
- How were they identified and what action was taken?
- Do these children have learning and/or concentration difficulties? Probe for forgetfulness, uneven levels of concentration and difficulties in undertaking simple tasks.
- Do these children socialize with other children in the school easily?
- What other problems do they have that differ from those experienced by other children in your school?
- In your opinion, can the school and teachers play an important role in preventing sexual abuse and exploitation of children? If no, why not? If yes, how?
- What role can the school/teachers play in the reintegration of children who have been sexually abused and/or exploited?

## **D. Interview Guide for Children – Factors Affecting Health**

- Tell me about yourself. Probe for age, family and educational background, ethnic group, type of work.
- Describe in detail the setting in which the children live

- Describe in detail the setting in which the children work
- What do you like/dislike about your work?
- Can you leave if you wish to?
- What are your dreams and future aspirations?
- Do you ever think of returning to your family and/or marriage?
- How often do you visit your family?
- What are your daily activities from the moment you wake up to the time you go to sleep?  
Probe for working/sleeping hours
- Do you have a day off? How do you spend your free time?
- How much money do you earn? How much is kept by the brothel/bar owner and how much do you receive? Do you share the money you earn with others? How much and how often?
- How much of this money do you send to your parents/family?
- At what age did you enter commercial sex? At what age were you sexually abused?
- Were you forced, sold or did you enter “willingly”? If sold or forced, by whom?
- Were any of your family members or close friends and relatives involved? How?
- How long have you been working?
- What type of sexual exploitation are you involved in?
- Do you have someone to turn to for support when in need?
- Do you have friends? How do they define them?
- Do family members, friends and service providers approve of the work you are doing? Why? How is it communicated?
- Have you been physically or sexually abused at your place of work? By whom? How did it happen?
- How many clients do you have per day? Describe them. Probe for age, sex, profession, nationality of the client.
- Do you use condoms during sexual encounters?
- Do you use them all the time or only with some people? If selective, which people and why?
- Have you suffered from STDs previously? or/and been pregnant?
- What did you do? Probe for the decision to abort or deliver the child and how it was made.
- Did you seek care? Where? What was the reaction of your friends, family members and service providers?
- Have you ever taken any substances? Do you take any currently? If yes, which ones?
- Why do you choose these particular substances? Probe for effects, availability and cost.
- What is/are the slang name(s)? How do you take the substance(s)? Probe for methods of using substances.
- How frequently do you use it/them?
- Do different types of children prefer different substances? Probe for substances used by younger/ older children; boys/girls and children in various work contexts.

## **Interview Guide for Children – Care Utilization**

- What are your medical, psychological and social needs?
- How are your needs/complaints handled by caregivers?
- What preventive methods do you use?
- When do you use health services? Drop-in centres? Rehabilitation centres?
- How frequently do you visit these services?
- When was the last visit? Did you go alone? If no, who accompanied you and why?
- How do you know about these facilities?

- What do you get in terms of services, supplies and advice when do you go there?
- Are there services you do not go to?
- If yes, why? If no, why? Probe for accessibility and acceptability.
- What would you suggest for improving the situation?
- When was the last visit to a doctor?
- What was the diagnosis and length of treatment?
- Was the care and medicine provided free of charge or was there a fee paid?
- If you paid, how much was it and who paid?
- Do you use medicines which were prescribed or suggested by others?
- What kind of help would you wish to have?
- Do you have any recommendations to prevent sexual exploitation and abuse of children in your country?
- What measures should be taken to help victims at various stages of sexual exploitation and sexual abuse?

## **Probing the Child's Background and History of Abuse/Exploitation**

History of sexual exploitation/abuse description of the child victims in terms of age, sex, socio-economic background, educational level, parents' occupation and educational background, family size, number of siblings, their age and sex, position of victim in family etc

Who the molesters/agents are are they adults, strangers, neighbours, someone they know, family members, employers? Probe on how abuse/exploitation took place and the possible reasons. (e.g. a possible cause in domestic sexual abuse is poor marital relationships, death of mother, separation of parents).

Age when molested or when entered commercial sex?

Duration and type of sexual abuse/exploitation did it only happen once or was it recurrent? Did the sexual abuse include genital penetration or was it only playing/fondling with genitals? Were the children threatened if they disclosed the abuse/exploitation?

How did they stop/end the sexual abuse/exploitation? What was the reaction of peers, teachers, family members, caregivers, officials etc?

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- <sup>1</sup> Adapted by Kaime-Atterhog, W., in 1998 from: (a) Kaime-Atterhog, W., *Voices of Sexually Abused Children Who Live on the Streets of Nakuru, Kenya*, Unpublished Report, Unit for International Maternal and Child Health, Uppsala University, Sweden, 1998; (b) Finkehor, D., *Current information on the Scope and Nature of Child Sexual Abuse*, *The Future of Children*, vol. 4 (2): 31-53, 1994; and (c) National centre on child abuse and neglect, *Sexual Abuse of Children – selected Readings*, Office of Human Development Services, US Department of Health and Human Services, DHHS Publication no. 78-30161, 1980, p. 1-6.
- <sup>2</sup> ESCAP was not aware of the research methods used by the researchers for this project. In particular, the practice of concealing identity and taping interviews without first seeking permission of the interviewees is considered to go against the spirit of this form of research. However, it should be remembered that this is a pilot research project, and that the process of learning about appropriate research methodology was an integral part of the project mandate.