

ADULT SURVIVORS' RECOLLECTIONS AND ACCOUNTS OF THEIR INVOLVEMENT IN CHILD SEX TOURISM BY WAY OF CHILD PROSTITUTION

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Increasing tourism numbers in Third World countries affect their economies and certain aspects of their society positively; however, there are concomitant negative effects that expose the dark side of the tourism industry. One of these is the escalating commercial sexual exploitation of children (CSEC), particularly child prostitution in the context of tourism, a phenomenon known as child sex tourism (CST). This paper reports on the recollections of the adult survivors of CSEC, who as children were exposed to CST through child prostitution (CP) and who formed part of a larger research project approached from a qualitative perspective.

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## **ADULT SURVIVORS' RECOLLECTIONS AND ACCOUNTS OF THEIR INVOLVEMENT IN CHILD SEX TOURISM BY WAY OF CHILD PROSTITUTION**

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### **INTRODUCTION AND RATIONALE**

Globalisation has reduced the world to a village and concomitantly led to a boom in the tourism industry as governments are continuously pressurised to relax border controls in order to encourage an influx of tourists. This state of affairs, on the positive side, has affected especially the economies of Third World countries as visitors' disposable income increased their revenue streams. On the negative side, the booming tourism industry's dark side has exposed an escalation in the commercial sexual exploitation of children (CSEC), particularly, child prostitution (CP) and a phenomenon known as "child sex tourism" (CST) (Hall, 2011; Keenan, 2006; O'Grady, 2001).

CSEC, according to End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT) (in Ferran, Berardi & Sakulpitakphon, 2008), entails the sexual abuse of a child by an adult who offers remuneration in cash or kind to the child or a third person(s), who could be an intermediary such as a pimp or parent. CSEC can take on various forms, such as child prostitution, child pornography, child sex trafficking (Chase & Statham, 2005; McCoy & Keen, 2014) and child sex tourism (Patterson, 2007).

Child prostitution can be perceived in two ways: it is regarded as child abuse and as a form of child labour, undertaken for survival (Delanny, 2005; Ward & Seager, 2010) – also known as "survival sex" in that the child offers sex in exchange for money, gifts, food, shelter, clothes or drugs (Chettiar *et al.*, 2010; Ward in Dawes, Bray & van der Merwe, 2007; Van Niekerk, 1999). Whether undertaken for survival or other reasons, child prostitution, according to the Children's Act (No. 38 of 2005, as amended), is seen as the sexual exploitation of children. Child sex tourism, according to Sakulpitakphon (ECPAT, 2007) is "the sexual exploitation of children by a person or persons who travel from one place to another, usually from a richer country to one that is less developed, and there engage in sexual acts with children".

In the context of CSEC the exploiters have power over children by virtue of their age, gender, intellect, physical strength and resources, and such exploitative relationships are usually characterised by violence, coercion and/or intimidation of a child whose choices are limited as a result of their socio-economic and/or emotional vulnerability (Chase & Statham, 2005; ECPAT, 2007).

Although the phenomenon of "sex tourism" has been recognised in academic and anthropological circles since the 1970s, initial research-based studies appeared in the 1980s with books on sex tourism being published in the late 1990s and early 2000s (Masson cited in Andrews, 2004; Smith, MacLeod & Robertson, 2010).

The phenomenon of CST emerged as part of the local sex industry in brothels, bars and clubs during the Vietnamese and Korean wars in Thailand and the Philippines, when American and Allied troops on rest breaks generated a demand for prostitutes (Beddoe, 2003; Cullen, 2006). When these wars ended, the existing networks were used by unscrupulous brothel owners to expand the prostitution and CST industries, catering for foreign (including Asian) businessmen who demanded children for sex (Beddoe, 2003). In the 1970s and 1980s traffickers took children from rural parts of these countries as well as from the streets to what became known as “child sex tourism destinations” (Beddoe, 2003; Cullen, 2006).

Sex tourists make contact with children in parks, restaurants or bars, but the abuse itself often takes place in private homes, guest houses and even five-star hotels (Beddoe, 2003; Cullen, 2006; ECPAT, 2014; Hall & Ryan 2001).

The Global Monitoring Report for South Africa, produced by ECPAT (2013), acknowledges the fact the extent to which South African children are engaged in prostitution is unknown, but quotes the Human Sciences Research Council (HRSC) figure of between 28 000 and 30 000. Given the fact that this figure is disputed by Wilkinson and Chiumia (2013), the *Mail & Guardian*'s Van Schalkwyk (2007) referred to sex tourism as an “often overlooked aspect of child abuse” and quoted Van Niekerk, then national coordinator of Childline South Africa, as stating that street children often report sexual encounters with foreign nationals and added that these reported cases represent only the tip of the iceberg.

Often the literature on CSEC, and specifically CST in South Africa, is based on assumptions rather than research – a notion confirmed by various scholars (Cody, 2010; ECPAT, 2014; Tepelus, 2008). Likewise George and Panko (2011) stress that given the illegality of the trade, there is a “paucity of data” and “hard data” are not available. More recently, on the local front, in their overall report on their assessment of CSEC in five countries in Africa that included South Africa, ECPAT (2014) confirms that the lack of “clear and accurate data” on child sex tourism was one of the causes of the “lack of implementation of existing child protection mechanisms”.

This lacuna in the knowledge internationally and nationally on child sex tourism in particular provided the rationale for this investigation, which aims to compile a multi-perspective report on the status of the knowledge on, and response to, CSEC – with specific reference to child prostitution and child sex tourism through engagement with closely associated role players, i.e. adult survivors who were engaged in sex work as children and victims of child sex tourism, social workers and non-social workers involved in rendering child welfare and protection services, members of the Family Violence, Child Protection and Sexual Offences Investigations Unit (FCS) of the South African Police Service (SAPS), and representatives of the hospitality and tourism industry. This paper, however, reports only on the recollections of the adult survivors of CSEC, who were exposed as children to CST through CP.

## RESEARCH APPROACH, DESIGN AND METHODS

A qualitative research approach was adopted for this study as this is deemed appropriate for investigating ill-defined, not well understood topics of a sensitive nature involving vulnerable target populations (Ritchie & Lewis, 2005), aiming to gain, by way of exploration, an in-depth understanding of phenomena that impact on the lived reality of individuals or group (Guest, Namey & Mitchell, 2013; Mills & Birks, 2014).

The collective case study and phenomenological research designs (Baškarada, 2014; Guest *et al.*, 2013), complemented by an explorative, descriptive and contextual strategy of inquiry, were employed instrumentally to recall the lived experiences and accounts of a sample of four purposively selected CSEC adult survivors (i.e. information-rich participants – Babbie, 2010) of CP and CST. Gatekeepers, non-social workers employed at NGOs rendering services to street children who were sexually exploited, introduced the fieldworkers to the researcher.

Qualitative interviews were used as the method of data collection as they allowed participants to provide in-depth, contextualised and open-ended responses in sharing their views, opinions, feelings, knowledge and experiences (Mikēnė, Gaižauskaitė & Valavičienė, 2013). The eight steps outlined by Tesch, as proposed by Creswell (2009), were utilised for analysing the collected data. Guba's model was selected to ensure the trustworthiness of the qualitative data obtained in this research project (Krefting, 1991; Shenton, 2004), utilising the triangulation of data sources, through the services of an independent coder.

The Research and Ethics Committee of the Department of Social Work of The University of South Africa (Unisa) provided ethical clearance for this project, on condition that the ethical principles of obtaining informed consent, ensuring outsider anonymity and confidentiality in terms of the confidential management of information, and debriefing of participants were honoured.

## THEORETICAL FRAMEWORK

The context of qualitative research theory, and to use Maxwell's (2013) analogy, serves *inter alia* as a "coat closet" and the concepts/constructs of a particular theory are "the coat hooks" in the closet – they provide places to "hang" data, showing their relationship to other data.

The theory selected for this purpose is Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1999), which has recently been renamed "bioecological systems theory" (Rosa & Tudge, 2013). The core tenet of this theory posits that a child is nested in layers of environment, contexts or systems which, together with the child's own biology (as primary environment), promote the child's development. The child is embedded in the microsystem (i.e. the family, school and neighbourhood). The mesosystem can be regarded as a system of microsystems and refers to the relations between the microsystems in which the child actively participates. The exosystem refers to the larger social system and, although the child does not directly interact with this system, what happens in this system influences the child. For example, what happens at

the parent's place of employment can have a knock-on effect at home (i.e. the microsystem in which the child operates). The macrosystem is comprised of cultural values, customs and laws, and is considered the outermost layer in the child's circle of influence (Berk, 2000; Rosa & Tudge, 2013). The macrosystem influences and dictates certain features of all the systems mentioned (Duerden & Witt, 2010).

To sum up: the dynamics, interactions and reciprocal influences occurring within and between systems (i.e. at micro-, meso- and macrosystem levels) and together with the child's own biology (comprising the physical, cognitive, and psychosocial) fuels and directs the child's development.

## **FINDINGS**

The research findings are presented by means of a biographical profile of the participants and a discussion of the themes that emerged from data analysis supported by narratives from the transcribed interviews. In addition, the literature will be used to confirm or support the findings.

### **BIOGRAPHICAL PROFILE OF ADULT SURVIVOR PARTICIPANTS**

Because of the sensitive nature of the topic, the researcher responsible for the fieldwork, only managed to make contact – through the use of gatekeepers – with four adult survivors from the Western Cape, more specifically from Knysna, a town on the Garden Route, and from Cape Town. The adult survivors were between the ages of 22 and 25. Three were male and one female, and none were formally employed. Three participants were coloured and one was black, and all formerly lived on the street, or currently do.

## **DISCUSSION OF THEMES**

From the qualitative interviews conducted with the adult survivors of CSEC a number of themes emerged, which will be presented next.

### **Theme 1: The adults survivors recalled their engagement in child prostitution (or survival sex) and child sex tourism**

All four participants engaged in survival sex as children and through this avenue became involved in the CST industry. Referring to his first encounter at age 9, Participant M explained: “... my first time there was a person and I was hungry so he asked me; ... whether I had had sex with a man and I asked him ‘As in how?’ Which way? Then he explained to me and I agreed, went with him [engaged sexually], got money and came back home again”. He also remarked: “It’s [referring to engaging in prostitution as a child] almost for me it is just about survival, so I told no one ...”.

Participant B spoke about his experience: “No if a guy pass you and he likes you, he will stop ... then he will first ask you how much you charge and that, and when he hear how much you charge and then he say like ‘come...’. I was hanging with the prostitutes there, but they were very bigger than me and then afterwards I went to Beach Road and I first experienced someone like picked me up ...”.

Participant Z, after being raped by a gangster with whom he sought shelter, obtained prophylaxis and information from a Sex Workers Education and Advocacy Taskforce (SWEAT) representative, shared how he became skilled at catching bunnies' (men wanting sex with young boys): *"It's like you jump into someone's car and then you maybe give him a blowjob and so on ... just to get money..."*

Participant C provided the researcher with a glimpse into how she negotiated her fees with the clients: *"... you can try saying to me, 'I want you', then I'm going to say: 'how much you going to pay me?'"*

The literature confirms that children engage in prostitution for their own economic survival – so-called “survival sex” (Bigelson & Vuotto, 2013; Chettiar *et al.*, 2010; Delanny, 2005; Van Niekerk, 1999; Ward & Seager, 2010). They provide sex in exchange for money, gifts, food, shelter, clothes or drugs (Van Niekerk, 1999; Ward in Dawes, Bray & Van der Merwe, 2007).

The participants also spoke about the fact that they had regular customers, or as they refer to them ‘custies’. These were adults with whom they developed a relationship, albeit abusive, who visited them regularly and will ‘take care’ of them, with both parties deriving something from the transaction. Participant C shared the following: *"If it's my 'custie' then I'm going to have my dirty clothes on, so that my 'custie' can see 'she's dirty, she has no shoes', because ... a 'custie' ... is going to feel sorry for you... If it's a new client then I am going to make a way to borrow shoes and clothes from someone to look right"*.

The four adult survivors also recalled how they engaged in child sex tourism and observed their friends, who had sexual liaisons with tourists or foreigners, and described how they recognised foreign clients.

Participant C explained: *"... the way he [referring to a foreigner] dresses it's not the type of dressing that you know, that's one thing you notice about them [foreigners], that's the first thing"*.

Participant Z explained it thus: *"It's the way they drive, the way they look at you, and yes, it's what they do ..."*.

Participant B openly shared that most of his clients were from Germany: *"I only met people from Germany and that man from America. I always say, 'there's lots of moffies in Germany'"*.

Child sex tourists engage in both commercial and non-commercial sex in both First World and Third World countries (O'Connell Davidson, 2011). A large number of children who are exploited by tourists are street children or children who are without the protection of their community and child sex tourists are more likely to travel to places where the risk of being detected by authorities is lower because of high levels of corruption (Capaldi, 2013). Snell (2003) postulates that there is a high level of prostitution among homeless boys and they are often solicited by rich South Africans or tourist men or women in exchange for food, clothing or money. Children may be bought for the duration of a tourist's stay, leading to their disappearance from the street for

some time (Beddoe, 2003). This confirms Participant C's observation that some girls were picked up and disappeared from the street for a few days as foreigners sometimes hire them for their entire holiday period.

## **Theme 2: Adult survivors' accounts of the biographical and psychosocial profile of when they and other children fall prey to commercial sexual exploitation (CSE)**

From the adult survivors accounts it became clear that they got involved in prostitution and child sex tourism at *a very tender age* (from between 9 to 11 years of age), but they added that the children who fall prey to CSE were getting younger and younger – a trend confirmed in the literature (Coy & Keen, 2014; Delanny, 2005).

Participant M recalled his first sexual encounter, but is not clear as to exactly how old he was, as he has become confused over the years. *"I was 9, 10, one of the two, 9 or 10 ..."*

Participant Z recalled that his engagement in survival sex started at age 10: *"I have been on the streets for 15 years. I am 25 now"* and mentioned that he now sees *"very young girls"* (under 12 years of age) who prostitute themselves on the roadside in Cape Town.

Participant M stated that children of *"all colours – black, white and coloured"* are picked up by child sex tourists. This is confirmed by Delanny (2005), who states that in South Africa child sexual abuse occurs across cultures, races and socio-economic circumstances.

According to Participant Z, both *"Girls and boys ... a lot of children... lots of girls who sell their bodies ... Young girls who stand at the roadside"*. This is confirmed in the literature (McCoy & Keen, 2014; Delanny, 2005), indicating that girls are particularly vulnerable to gender-based violence and distinctly so in rape, sexual assault and sex trafficking. In contrast, Participant B expressed the opinion that many men only pick up little boys: *"They only pick up like boys"* and this would confirm Snell's (2003) assertion that prostitution is *"also rife among homeless boys"* in South Africa.

The participants' accounts testify to the fact that they came from *dysfunctional social backgrounds that forced them to the street to fend for themselves*. Participant M narrated how he became involved in child prostitution: *"After the death of my mother, they [his grandmother] put me in a children's home and went to Johannesburg. So then it [referring to living in a children's home] ... was just not for me. So I left the children's home, my sister came to fetch me. I noticed that my in-laws [referring to his sister's in-laws] were not happy with me not working, and she wasn't working, her husband was working and they had little income in their home. So I decided ... I'm making things more difficult for my sister, she has children from this man and there could come a stage, it could be that they get tired of me, or tired of her, just through me [being there]. So I had no choice but to 'stand out' [prostitute] for myself"*.

Participant Z described the appalling social conditions at home that drove him to the streets and how his mother burnt to death in front of him: *"I will never forget the day. My mom would've come to sleep at home, then this man came to fetch her and they went to sleep in a little shack. We were just about to close the door when they shouted 'moffie,*

*the shack's burning down!' I ran outside and kicked down the door and saw my mother standing there burning, so I brought her out and I put her down in the road and they threw water on her. So I couldn't help her and they took her to Tygerberg Hospital ...".* His mother passed away in hospital and he said: *"There are many things happening in my life. Okay, my mom's dead, I still have a sister. Lots of things happen at home, most of the time I just come to Cape Town because I don't know what's going on with my people ... I don't worry if they have money but if I do go home then I must also give something for the home, but if I don't have ... a guy just carries on".* He also referred to the circumstances at home in this vein: *"... things were actually not right at home, too much shouting and fighting".* He added, *"I have been abused many times already".*

Poor home conditions drove the adult survivors to the streets when they were children, where they had little or no parental supervision, a factor that both McCoy and Keen (2014) and Cluver, Bray and Dawes (2007) refer to as contributing to a child being vulnerable to sexual abuse.

*Substance use/abuse* was also highlighted as a cause and an enabler for falling prey to CSE as experienced by them and other children engaged in CSE. Participant C described a typical occurrence: *"but you [referring to the customer] give half [payment] now and you [referring to the customer] give the other half when we come back. As we receive the first half, we forget about home, first thing we do, we go and buy drugs, then we are in a whole different environment, our brains are no more, we don't really want to go and have sex with the man".* This self-observation that drugs are used as a coping mechanism to enable the street children to engage in and perform sexual acts they do not necessarily want to is confirmed by Cluver, Bray and Dawes (2007), who note that "addiction is used to ensure compliance by children involved in commercial child exploitation", while Parker Lewis (2010) theorises that victims may use substances as a way of coping with the memories of abuse.

Participant M's account reveals the link between drug use and prostitution – *"Prostitution is the only way to get some of the stuff he needs, and drugs are on the street, you get it [drugs] quicker".* Numerous sources (De Sas Kropiwnicki, 2012; Lutya, 2009) confirm that sex is used to obtain money for drugs, or in exchange for drugs; thus the child is driven to sex because of dependence on drugs or to pay off debts to drug dealers.

Various participants spoke of a drug known as "unga", "wunga" or "nyaope", which appears to be a huge push factor. Participant Z shared his observations of the young children who do "unga" and pointed out that these children 'hustle' – that is, they either solicit customers or engage in shady deals such as begging and prostituting themselves – to be able to purchase the drug as they cannot do without. He said: *"Ok for me it's like they hustle ... if they have money, then they run from here straight to the Parade [a square in Cape Town], straight to the merchants, they buy drugs. When they're finished buying drugs, they go to their places and start smoking. Now for me it [unga] is almost that thing of having to smoke it every day and if you don't smoke it in the mornings then you get sick, you must smoke it in the mornings".*

Participant M explained that *children's naivety* renders them vulnerable to fall prey to CSE: *"he [referring to the child] always arrives on the street before he has brains"*. This sentiment is echoed by Participant B: *"I see lots of people and the things happen here but that time I was still young, I didn't know ..."*.

### **Theme 3: Adult survivors' accounts of the feelings and emotional reactions as result of the CSE experience**

The adult survivor participants recalled suicidal ideation, feelings of guilt, shame and embarrassment, feeling responsible for the abuse, and confusion as a result of their exposure as children to CSE.

Participant Z's exposure to CSE evoked suicidal ideations: *"many times I think to myself I want to throw myself at the oncoming cars and then I think, 'no, you mustn't do that'"*. The consequences of child sexual abuse for the victim include depression, low self-esteem, suicidal behaviour, substance abuse, borderline personality disorder, multiple personality disorder, sexual dysfunction, victimisation and sexual offending which can persist into adulthood (Cody, 2010; McCoy & Keen, 2014; Parker Lewis, 2010; Sanders, O'Neill & Pitcher, 2009).

Participant M reported feelings of guilt, remorse and sadness about the matter of engaging in prostitution as a child, whilst also thinking that it's *"funny"* and will *"make jokes about it [sex with people on the street] ... laugh about it even though you do it ... [and] you think back ... it is no longer funny ... So for me there are two sides of the situation; on the one hand, it feels funny for me, because he's a man; on the other hand, I feel 'Wow! Did I actually sleep with a man?' Your conscience bothers you ..."*.

Childhood sexual trauma victims can experience feelings of guilt which undermine their ability to protect and defend themselves (De Sas Kropiwnicki, 2012; Luty, 2009).

Child prostitution is seen as specifically damaging in both a physical and in a psychological sense, as it leads to low self-esteem, shame, guilt and a loss of self-respect (De Sas Kropiwnicki, 2012), as can be seen from comments made by Participant B: *"I was always shy talking with people about it. You know? ... because afterwards they're going to like look at you"*.

Feeling responsible for the CSE was another emotional reaction recalled by Participant M, bearing in mind that the encounter he was describing took place at age 9 and the estimated age of the perpetrator was around 50 years: *"I wouldn't say it was rape because we've agreed [he agreed on a price to have sex], so I can't say it's rape, what I would say it is abuse, that's what I'd say"*. From these comments the reader gets a sense of the child feeling responsible for the sexual exploitation, because the transactional nature of the encounter engenders a sense that the child has accepted responsibility. There is a great deal of debate in the literature on child prostitution and child sexual exploitation as to whether or not a child is culpable with regard their decision to have sex for a price. Whilst some assert the child's culpability in this matter, it is also argued that saying that they choose to be exploited is a false premise, since they do not have the ability to make well-informed decisions that are rational and that they do not have the

power to choose a different path for themselves (De Sas Kropiwnicki, 2012; Lutya, 2009; Areola *et al.*, 2008).

#### **Theme 4: Adult survivors' profiling of their clients in CSEC**

The participants' accounts showed that clients of CSEC are both locals and foreigners. Local perpetrators are from areas other than those in which they solicit sex, while foreigners were mentioned as being from the United Kingdom, the United States, Germany, France, Nigeria and Somalia. Nigerians were specifically mentioned as intermediaries and pimps, while German men were singled out as 'end users' and intermediaries. In this regard, Participant Z mentioned that the places of origin of many of "their clients" are unknown and are not revealed to them: *"They don't tell me [where they are from]"*.

Participant M corroborated this, explaining: *"... they're not going to tell you where they come from because they are scared you are going to follow them to make more money out of them or to tell their wives ..."*

Most of their clients were 'out-of-towners' and foreigners as experienced, perceived and explained by Participant M: *"There are three or four locals, the rest are all tourists ..."*

Participant Z shared the following about the origins of the clients: *"Maybe French or German"* and added *"the pongos, the Nigerians"*, while Participant B spoke about the places of origin of the perpetrators whom he had encounters with: *"Like this other man, 'from where was he?' ... from America. ... and Somalians I pick up once ... people from Germany"*.

In terms of the gender of the clients, Participant M stated: *"I would say that they are men who travel alone, who are on holiday, and tell their wives they are coming for work so that she knows where he is going"*, while Participant Z simply said, *"They were men"*.

Participants spoke of female clients as "mostly lesbians" and about "sugar mommies". Recalling that he had on occasion been picked up by women, Participant M stated: *"The women were mostly lesbians"*. It is also believed that women, perceived to be wealthy and known as "sugar mommies", pick up boys for sex (Parker Lewis, 2010; Smith *et al.*, 2010). Participant B in similar vein shared the following: *"Yes they [referring to child prostitutes or children who 'hustle'] go with sugar mommies"*. Although women are in the minority as perpetrators of child sexual abuse, this could be more prevalent than the statistics suggest (Ackerman, 2011; Vallance, 2011).

Participants guessed the ages of the clients with whom they engaged ranged from 50 to 70 years and their accounts of the clients' race groups showed that perpetrators were from a variety of races, but mainly white; as Participant M stated: *"Yes [the people] I've been with were all white, not yet with any blacks or coloureds, just white"*; Participant Z said: *"Most were white people – 'whities' ... Sometimes there are coloureds"*. Two participants viewed black customers with suspicion, as Participant ZZ stated: *"Black people as well because why you never know what they can do with you"*, and Participant CCC: *"I always thought twice about going with a 'darkie' [referring to a black person]"*

*because you don't know what is in the car for the things you will see, what lies ahead for you*".

The adult survivors' accounts of the perpetrating clients' requirements, requests and modus operandi in relation to CSEC mentioned that sometimes the clients' modus operandi is to use chemical substances during the sexual exploitation and to encourage the children to do likewise. Participant M explained: *"As you arrive at his house, he might give you a pill to drink, something to sniff, not coke [cocaine], they buy it at the Hustler Shops, almost like a little bottle of 'poppers' [an erection-stimulating drug] – it will keep you stiff [erect]"*.

Participant B shared the following experience involving drug use during a sexual encounter with a client: *"First we [sniffed] poppers and that time I didn't smoke drugs. He did it [took drugs] but I said to him I didn't want to do it ..."* He described a second encounter with the same client: *"... then he wanted to like give me drugs, the second time he wanted to give me drugs ... I said, no!"* The perpetrator demanded that he use drugs. He explained: *"I didn't want to, so he also like forced me, not forced me really but he kept on saying how am I going to go back [to town] and that, so afterwards we did whatever he wanted me to do and drink wine and that but when you drink wine you are so stupid and then he brought me back to town"*.

Participant Z stated that he sometimes refused the drugs that the clients offered: *"They [referring to the clients] used drugs themselves yes, but then they asked me 'what do you do?' So I said, 'I don't do drugs'. So they said: 'It's fine'"*. These statements confirm the the point made by Rowan (2006), who asserts that child prostitutes are from the lowest financial echelon of society and may be homeless and drug-dependent. In addition, substance abuse is a "common feature associated with young women and prostitution and forms a vicious circle where, on the one hand, substances are taken in order to cope with the prostitution, and on the other hand, prostitution is undertaken to support the substance habit" (Barrett, 1998).

Clients' modus operandi is sometimes violent towards the victims, as illustrated by Participant Z's recollection: *"Yes they [referring to the clients] have pointed a .45 [gun] at me before. It was a white man ... it looked like he was drugged, I screamed, I was scared. Then the one white man said to this white man 'leave the fucking boy alone', then he took the gun away from my face ... While they were driving, the other white man said to this white man he must open the door and throw me out the car, and they really did it"*.

Participant M shared how a co-sex worker was killed at the hands of her customer: *"It was one of the first 'sugar butts' [prostitutes] in Knysna and she went with the guy and he got 'heavy' with her, the man expected more from her and the money he was going to give her wasn't very much to put it that way, and so she didn't agree and the man took her out of town and killed her"*. This provides corroboration that street life (for street children) is dangerous and exposes the children to physical dangers such as stabbings by street people, and beatings from vigilantes and patrons (Capaldi, 2013; Sanders *et al.*, 2009; Hartjen & Priyadarsini, 2012).

Clients' use various locations for the sexual exploitation of the children, including private homes, hotels, apartments and side streets. In this regard, Participant M commented: "*He [one of his customers] has like a holiday home in Knysna*" and "*He took me to a hotel... I [Participant M] made friends long ago with the owner of the place [hotel] so they knew me, what person I am, so they started liking me and I would always just say this is a tourist and I'm showing him around so they didn't ask questions*".

Participant C confessed that her clients took her to hotels, lodges, "*small places*" and "*dark streets*". "*No it's not a house, it's like an expensive hotel you know, expensive hotel ... I've been to the Train Lodge [in central Cape Town], I've been at Seagulls [in Green Point, Cape Town], I've been at Barrack Street there's also a Lodge [name unknown], I've been to the Formula One [Hotel in Cape Town]. Most of the time they take you to places, maybe they don't occupy the place but maybe it's just a small place*". Describing these locations she stated: "*Or in Long Street [in Cape Town] if someone asks me for business, then I must go where I know the boys' [street boys] eyes are on me [other street people keep an eye on her to make sure she is safe with her client], understand? You maybe take him down in Bloem Street in that dark area*".

Participant B pointed out that the 'bunnies' (gay men) frequent Graaf's pool, a swimming pool in Sea Point where they tan naked and solicit children (and adults) for sex. The participant also described encounters at clients' homes in the Cape Town suburbs of Claremont and Camps Bay, at hotels, apartment blocks and in the back alleys of the Bo Kaap area of Cape Town. "*Yes! I was even in that hotel opposite, what's its name, you know this glass building – Convention Centre [in Cape Town] now you see that hotel opposite*".

The literature confirms this as Capaldi (2013) and Beddoe, Hall and Ryan (2001) confirm that children are sexually exploited on the streets where they are picked up, in hotels, lodges and private homes or apartments or in public areas, such as roads, beaches, markets or parks.

It became evident that the commercial sexual exploiters of children are more prolific during festivals that attract tourists and they find victims in different ways, as can be seen from Participant M's comments: "*... yes many of them come during the festivals*", referring to the influx of visitors during major events such as the Knysna Oyster Festival and the Pink Loerie Mardi Gras and Arts Festival, which is an annual lesbian, gay, bisexual, transgender and intersex (LGBTI) festival which takes place in Knysna in the Western Cape province of South Africa.

Regarding their modus operandi in finding children, some of the child sex tourists operated on their own, while others used intermediaries (i.e. pimps, boyfriends or partners and even the parents of children).

Child sex tourists operate on their own as well as in pairs. Participant Z explained: "*He just picked me up, took me to a five-star hotel, then we did it ... and he just left me money*". In another situation, "*... when they are two, and I am alone, the one will start to take off his pants and then I must suck his thing and then when I am finished then I must suck the other one*".

Participant B pointed to their clients operating in pairs: “... so we go to his place and so he wanted this [other] guy to have sex with me ...”.

With reference to the use of intermediaries to obtain children for CSE, Participant C described one pimp’s operation on the Parade (a square in Cape Town): “Mammies [the pimp] was their [referring to the child prostitute’s] mother. Mammies was the brains behind the whole thing; she was the one ... in bars, Yummy’s ... [and] Chicken Express [i.e. venues where she would hook up men with the girls] ... lots of men came there for girls. [At] Yummy’s were a lot of sailors that were looking for girls, and then they would ask Mammies”.

Participant B referred to what seemed to be the common occurrence – individuals pimping their partners out. “It’s mostly in Long Street and Loop Street, they got boyfriends, like Pongo [Nigerian] boyfriends, Tanzanian boyfriends, so they most of them they like get them there like their regular clients they call and that. So in Long Street it’s only like the prostitutes ... It’s their own boyfriends who used to pimp them out”. In addition Participant C mentioned how some mothers prostitute their children: “... the mothers take them even and wait for him [the perpetrator] with the child ...”.

Intermediaries and female pimps are mentioned by Rurevo and Bourdillon (2003), while Patterson (2007) refers to parents selling their children to strangers for sex.

There are both individuals and organised criminal syndicates from countries like Nigeria, Russia and Bulgaria that operate in the sex trade in South Africa (ECPAT, 2014). Capaldi (2013) asserts that children sometimes seek protection from these gangs. The gangs may introduce them to a range of problem behaviours that include prostitution.

Participant Z recalled his experience at the hands of a gangster: “I can never forget ... He’s abused me a lot already and he’s still in the Cape ... He’s Muslim ... In the evenings at 6 o’ clock, maybe 7, then I’m sitting there, then he says I must go with him. If I don’t want to go with him then he tells other people to beat me up. Then he maybe just walks away. He’s a gangster, yes, he a 28 [gang member]. Then he comes and I am very frightened”.

Gang rape, a phenomenon where groups of mainly men and boys aged between 13 to 25 come together for the purpose of sexually exploiting children either opportunistically or in an organised manner (Kent, 2013), is a common practice in areas frequented by street children. This is reported by Participant C as follows: “[My friend ‘L’] showed us the first time what ‘stokkerol’ [gang rape] is, there where the women get raped. There are maybe 30 guys that sleep with you, but the last one to have sex with you, has to get together with you, must take you like a girlfriend ... It does not matter that all the men ‘lay on your chest’ [i.e. have sex with you] and now when the last one takes you, you sleep amongst them. Tomorrow it is like nothing happened and those are the girls that stand on the roadside [those who were raped became street prostitutes/bait]”.

From the participants’ recollections and accounts it became evident that the **service requests to the children in relation to CSEC varied**. Oral sex was part of the deal (as

depicted in Participant Z's account above). Participant B also made reference to this when narrating: *"Then afterwards [after sex at the home of the client] we leave but when we drive to town then he wants me to give him a blow job as we like come to town ... because if I don't do it then he's going to like drop me wherever, so I need to do it [perform oral sex]"*.

Full-on sexual intercourse was also on the menu of the services requested as Participant C explained: *"... okay so now they maybe ask you for a 'full house'. A 'full house' is everything; like blowjob, sex, from behind [anal sex]"*.

Participant M said, *"I'll sleep there with him for the whole night and sleep with him [referring to full-on sexual intercourse] ..."*.

Participant B (with embarrassment) referred to an American client who wanted to perform the act of anilingus or "rimming" (Castleman, 2010) on him: *"... ooh Jirre [God] this sounds so dirty, he wanted to like suck my ass ..."* and also mentions one perpetrator who only picks up small children and with disgust recalls what he does with their sperm: *"... he's so dirty [perverse] ... he takes the children's sperm when they come in the condom, then he takes that sperm and go make 'bompies' [sperm ice lollies] ... and put it in the fridge with their names on"*.

In confirming the participants' accounts, the literature corroborates the fact that there is no single 'type' of exploiter and that child sex exploiters differ in age, sex, sexual orientation, ethnicity and wealth (O'Connell Davidson, 2005; Rao, 2003; Vallance, 2011).

### **Theme 5: Adult survivors accounts of the reasons for their engagement in CP and CST**

The reasons provided by the participants included poverty (i.e. a lack of food and being hungry), their own chemical substance abuse and addiction, and the fact that selling sex provided easy money for survival.

Poverty as a contributing factor to CSEC is evident in Participant M's comments: *"As I said on the streets sometimes it's still, quiet and then he [a child sex exploiter] comes at that specific time when he finds you in the quietness and now he knows you are hungry ..."*.

There is evidence in the literature (Biersteker, 2012; Hartjen & Priyadarsini, 2012; UNICEF, 2012;) that children, because of poverty, often abandon their homes to look for ways of meeting their needs on the streets, inter alia by engaging in harmful sex work as a means to survive.

The adult survivors' chemical substance abuse and addiction was mentioned as another reason. Participant M testified to the fact that he did use chemical substances, although it was more for recreational use, albeit sex related. *"I started with dagga, Mandrax and this Tik a few years ago. Tik ... puts a feeling in your body... it braves you giving you a plan to overcome something, like for example you're with a woman, and you both use Tik, it will puts you [in a different frame of mind] ... it helps you when you are going to have sex. It's also like 'poppers', it helps you stay erect long"*.

Häefele and Ovens (2013) state that Tik is a methamphetamine, bitter tasting, white and odourless. Using methamphetamine – known as “Tik”, “speed”, “ice”, “crank”, “crystal straw”, “chalk” or “tjoef” in South Africa – has been associated with heightened sexually risky behaviour. A Cape Town study by Plüddermann, Fisher, Mathews, Carney and Lombard (cited in Häefele & Ovens, 2013) found that adolescents who had used methamphetamine the past 30 days were significantly more likely to have engaged in vaginal, oral or anal sex, and experienced a pregnancy, in comparison with a similar group who had never used methamphetamine or Tik.

Another reason Participant B cited was that engaging in sex work is an easy way of making money for survival. He stated: *“I think the children on the street don’t worry about what age they are and how small they are, they doing it only because why they’re hearing about money and the money is going to be quick ... because they want to buy drugs and whatever”*. Participant M added: *“It’s [referring to prostituting oneself] the easiest way to get money, it’s because of money – survival”*.

‘Survival sex’ is the term used to describe sex that is traded and involves an individual under the age of 18 years old in a situation in which sex is traded for something of value to the person offering sex and which is done out of desperation, usually in order to meet the basic needs of survival (Bigelson & Vuotto, 2013; Sanders *et al.*, 2009).

### **Theme 6: Adult survivors’ suggestions on how to deal with CSEC**

When asked for suggestions on how to stop CST, only two participants responded. Participant M suggested: *“I would say the only way to stop it [CP] is to get the little guys off the street ... maybe that will ... if there are no children on the street maybe it [referring to CP and CST] won’t happen”*. This he admitted is a big challenge, because children are impressionable. If the ones off the street hear of the life on the street *“they also want to be ‘the big cheese’ ... they all think that [referring to survival sex] is a way to survive, that is easy money, so they will go for it, so they go to the street for it [sex], they don’t really go to ‘skarrel’ [hustle]”*.

This view would appear to correspond with research conducted in 2007 by the Human Sciences Research Council (HSRC) (Ward & Seager, 2010). It focused in part on assessing the current status of homeless people in South Africa. A finding relevant to this study is that some children who had peers living on the streets thought that the children on the streets had an easier life in the big cities than they did. Moreover, what also influenced them was their impression that such a life was not only fun, but would also be the means to gain material goods.

Participant C did not put forward a direct suggestion, but explained how she would respond when noticing a child being picked up on the street: *“If I have to see here is a young girl getting into the car in front of me – I am going to stop it. Understand? I am going to approach the man and ask; ‘why don’t you rather take your own daughter, because you take other people’s child. I am going to approach and I am going to say ‘I already took your number plate’. That’s the quickest he’s going to drive away ...”*.

### **Theme 7: Adult survivors' perceptions of the services provided to them**

The adult participants did not make any mention of social work support provided to them and only referred to services offered by the police, a children's home and shelters.

Their encounters with the services provided by police officers ranged from their being very helpful when assisting Participant Z, who was raped, to not being helpful, as reported by Participant B about his experience when he reported incidents; they would not take him seriously and just laughed at him.

Participant C stated unequivocally that the police officers themselves were perpetrators: *"You're scared that the police have sex with you. If they lock you up, a woman, on a trumped-up charge then they want sex with you themselves and that's the quickest you get out of there"*. She also mentioned that the police officers had sex with the children in the cells in exchange for cigarettes.

Participant M was of the view that the police were not aware or uninformed about the occurrence of child sex tourism and, if a child was seen with a foreigner, the child was suspected of selling drugs not sex.

Participant M was honest about the fact that children engaged in CP were not keen on going to children's homes or shelters, as he felt this caged the children in and he missed the money he earned through survival sex.

The view expressed above corroborates a study by Ward and Seager (2010), where the researchers report that service providers relayed to them that children involved in prostitution are less likely to seek the services of a shelter as they were earning an income and sometimes had housing. This confirms Parker Lewis's (2010) observations over the four-year period (1991–1994) when she was employed at a shelter in Cape Town. She states that, once on the street, very few children get help at shelters. She supports her claim by noting that only 137 children out of the approximately 400 boys with whom the shelter interacted attended any interventions offered them, such as counselling and rehabilitation care (Parker Lewis, 2010).

## **CONCLUDING DISCUSSION AND RECOMMENDATIONS**

A number of conclusions may be drawn in the light of the adult survivors' recollections and accounts relating to their engagement in CP and CST as children, particularly when viewed through the lens of Bronfenbrenner's bioecological systems theory (Bronfenbrenner, 1999; Rosa & Tudge, 2013) adopted as the theoretical framework for this study.

The dysfunction within the family (microsystem), poor circumstances at home and the disintegration of the family forced the adult survivors to go and live on the streets (another microsystem) at a very young age. The street and life on the street became the new microsystem that impacted on the child's maturing development. In order to provide for their basic needs, and to take care of their chemical addiction needs, they engaged in survival sex. The impact of their engagement in a range of survival sex activities with their clients resulted in their having suicidal ideations, feelings of guilt,

shame and embarrassment, confusion and feeling responsible themselves for the commercial sexual exploitation.

Their clients were predominantly men around the ages of 55 to 70 years (black, coloured and white), both local and foreigners, who as tourists accessed children for sexual gratification on the street or through intermediaries. The male clients' sexual orientations were labelled as "homosexual" or "heterosexual" and "married heterosexual men" seeking sex with rent boys who may be heterosexual or homosexual, whilst the women clients were generally regarded as being wealthy, with some of a lesbian sexual orientation. Some of the clients used various substances such as drugs or alcohol when engaging with the children and often encouraged the children to do the same (i.e. utilise drugs or alcohol) either prior to or during sex.

Based on the participants' views on the services accessed, it seems that the service providers as microsystems within the mesosystem failed to cater for and respond to the needs of participants, whilst some of the services offered did not meet the participants' specific requirements.

In view of this, it is recommended that social work policy and practice guidelines for social work practitioners be formulated to render social work services to children involved in CSEC and to communities; this will entail changes at the macrosystem level being rolled out by microsystems interfacing on the mesosystem level.

Prioritising the protection of children, through preventative actions, is called for. Such actions should include:

- Raising awareness by running programmes and speaking to parents and teachers at schools, churches and community centres about recognising the signs of CSEC in general, and in particular CST, and providing a safe number for whistle-blowers to call if they suspect CP or CST activity;
- Educating children on CSEC in general, including providing information about CP and CST, and giving children the existing toll free Childline number to enable children to report freely;
- With particular focus on street children and their involvement with CSEC, social workers can initiate, support and become involved with programmes such as Streetsmart in their towns. Streetsmart aims at discouraging people from giving money to street children, so that children are encouraged to report to drop-in day shelters, thereby removing them from the street and making them less accessible to perpetrators.

Various avenues, such as seminars, workshops and in-service-training should be used to educate and inform social service professionals about the CSEC and CST.

Although the reporting of cases of CSEC, CST and CP is mandatory, it is not rigorously applied; hence protocol and rules relating to this procedure should be highlighted (change required on the macrosystems level). In addition, the social work statutory body, the SACSSP should inform and remind all social workers regularly of their obligations

in this regard. Active reporting would be beneficial in view of obtaining better statistical information about hotspots and such data could be used for the appropriate deployment of resources.

On a final note: Social work action is called for as a macrosystem-level change in the form of globalisation has reduced the world to a village and concomitantly led to a boom in the tourism industry as governments are continuously pressurised to relax border controls in order to encourage an influx of tourists. This in turn created the perfect storm of poverty-stricken children encountering wealthy tourists as a contribute factor to the CSEC by way of CST and CP.

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