

HIV AND YOUNG PEOPLE WHO SELL SEX



Empowered lives.
Resilient nations.



A TECHNICAL BRIEF

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GLOSSARY

Definitions of some terms used in this technical brief

Children are people below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier⁽¹⁾.

Adolescents are people aged 10–19 years⁽²⁾.

Young people are those aged 10–24 years⁽³⁾.

“Young people who sell sex” in this document refers to people 10–24 years of age, including children 10–17 years who are sexually exploited and adults 18–24 years who are sex workers.

While this technical brief uses age categories currently employed by the United Nations and the World Health Organization (WHO), it is acknowledged that the rate of physical and emotional maturation of young people varies widely within each category⁽⁴⁾. The United Nations Convention on the Rights of the Child - CRC (see Annex 1) recognizes the concept of the evolving capacities of the child, stating in Article 5 that direction and guidance, provided by parents or others with responsibility for the child, must take into account the capacities of the child to exercise rights on his or her own behalf.

Key populations: Key populations are defined groups who due to specific higher-risk behaviours are at increased risk of HIV, irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviours that increase their vulnerability to HIV. The five key populations are men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people⁽⁵⁾.

Sex workers and sex work: Sex workers include female, male and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work may vary in the degree to which it is “formal”, or organized⁽⁶⁾.

“Sex work” is used in this technical brief when referring exclusively to adults aged 18 years or older. When referring to those below the age of 18, including 10–17 years olds, reference is made to sexual exploitation of children, in accordance with article 34 of the Convention on the Rights of the Child which ensures the protection of all children from all forms of sexual exploitation and sexual abuse (see more information in Annex 1).

Young people who sell sex: The term used in this document “young people who sell sex” refers to people 10-24 years of age, including children 10–17 years who are sexually exploited and 18–24 year old adults who are sex workers.

Sexual exploitation of children: The sexual exploitation of children includes the exploitative use of children in prostitution, defined under Article 2 of the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography (2000) as “the use of a child in sexual activities for remuneration or any other form of consideration”. The particular rights of all children, including sexually exploited children, are detailed in Annex 1 below.

Sexual abuse of children¹: The sexual abuse of children overlaps with the sexual exploitation of children. Child sexual abuse, as defined by the WHO, includes “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society.” Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power, over the survivor⁽¹⁾.

¹ This technical brief does not address sexual abuse of children

INTRODUCTION

Young people aged 10–24 years constitute one-quarter of the world’s population,⁽⁷⁾ and they are among those most affected by the global epidemic of human immunodeficiency virus (HIV). In 2013, an estimated 4.96 million people aged 10–24 years were living with HIV, and young people aged 15–24 years accounted for an estimated 35% of all new infections worldwide in people over 15 years of age.⁽⁸⁾

Key populations at higher risk of HIV include sex workers of all genders, men who have sex with men (MSM), transgender people, and people who inject drugs. Young people who belong to one or more of these key populations – or who engage in activities associated with these populations – are made especially vulnerable to HIV by widespread discrimination, stigma and violence, combined with the particular vulnerabilities of youth, power imbalances in relationships and, sometimes, alienation from family and friends. These factors increase the risk that they may engage – willingly or not – in behaviours that put them at risk of HIV, such as frequent unprotected sex and the sharing of needles and syringes to inject drugs.

Governments have a legal obligation to respect, protect and fulfil the rights of children to life, health and

development, and indeed, societies share an ethical duty to ensure this for all young people. This includes taking steps to lower their risk of acquiring HIV, while developing and strengthening protective systems to reduce their vulnerability. However, in many cases, young people from key populations are made more vulnerable by policies and laws that demean, criminalize or penalize them or their behaviours, and by education and health systems that ignore or reject them and that fail to provide the information and services, including treatment they need to keep themselves safe.

The global response to HIV largely neglects young key populations. Governments and donors fail to adequately fund research, prevention, treatment and care for them. HIV service-providers are often poorly equipped to serve young key populations, while the staff of programmes for young people may lack the sensitivity, skills and knowledge to work specifically with members of key populations.

It has long been acknowledged that sex workers – female, male and transgender – are at high risk of HIV exposure, especially in low- and middle-income countries.⁽⁹⁾ This is due in part to a high number of sexual partners and working environment which is not conducive to sex workers’ being able to protect their health and the health of their clients, including widespread criminalisation of sex work, violence perpetrated by both state and non-state actors and extreme levels of stigma and discrimination. The social and structural factors already noted also play an important role. Studies of young people who sell sex suggest that they may be even more vulnerable to HIV than their older counterparts for reasons including a greater number of sexual partners, less power to negotiate condom use, and greater susceptibility to violence.^(10, 11, 12, 13, 14, 15)



Young people who sell sex may be even more vulnerable to HIV than their older counterparts for reasons including a greater number of sexual partners, less power to negotiate condom use, and greater susceptibility to violence.

This technical brief is one in a series addressing four young key populations. It is intended for policy-makers, donors, service-planners, service-providers and community-led organizations. This brief aims to catalyse and inform discussions about how best to provide services, programmes and support for young people who sell sex. It offers a concise account of current knowledge concerning

the HIV risk and vulnerability of young people who sell sex; the barriers and constraints they face to appropriate services; examples of programmes that may work well in addressing their needs and rights; and approaches and considerations for providing services that both draw upon and build the strengths, competencies and capacities of young people who sell sex.

Community consultations: the voices, values and needs of young people

- An important way to better understand the needs and challenges faced by young key populations is to listen to their own experiences. This technical brief draws upon insights from the research and advocacy of young people who sell sex. It also incorporates information from consultations organized in 2013 by the United Nations Population Fund in collaboration with organizations working with young key populations, including young people who sell sex, in eastern Europe, east Africa and South America.⁽¹⁶⁾ Reference is also made to consultations conducted with members of young key populations in the Asia-Pacific region by Youth Voices Count⁽¹⁷⁾ and the Youth Leadership, Education, Advocacy and Development Project (Youth LEAD);⁽¹⁸⁾ and regional and country consultations in Asia with young people who sell sex, conducted by the HIV Young Leaders Fund.⁽¹⁹⁾ Since these were small studies, the findings are intended to be illustrative rather than general, and should not be interpreted as representative of all young people who sell sex. Actual quotations or paraphrases from participants in the consultations are included so that their voices are heard.
- *Where participants in the consultations were children, appropriate consent procedures were followed.*

YOUNG PEOPLE WHO SELL SEX

Despite their vulnerabilities, young people who sell sex are severely under-represented in research on HIV and sex work. Studies of sex workers mostly do not disaggregate programme outcomes by age, and no accurate global estimates exist of the number of young people engaged in selling sex. Data on the prevalence of children 10–17 years who are sexually exploited is particularly weak. In general, even fewer data are available on young males and young transgender people who sell sex than on young females who do so. Developing population size estimates is difficult in part because in most countries one or more acts concerning the sale, offering, obtaining, procuring, or providing of sex are criminalized.⁽²⁰⁾ In those countries where the sale of sex is criminalized or otherwise penalized, or where it is not criminalized but law enforcement officials nevertheless treat those who sell sex as offenders, young people who sell sex are often marginalized and disengaged from services due to fear of legal sanctions.

While young people who sell sex are considered sex workers,⁽²¹⁾ multiple international conventions describe the participation of children under 18 years of age in selling sex as sexual exploitation and a contravention of human-rights law.^(22,23) The majority of large studies and all intervention trials on prevention of HIV among people who sell sex have often excluded children, largely due to ethical concerns and legal constraints.^(24,25) In

addition, some young people involved in selling sex move frequently between sex-work establishments,⁽²⁶⁾ and may give inaccurate information about their age because of fear of arrest, detention, removal or so-called “rescue” operations.

There is varying data on the age of entry of children into sexual exploitation and young people into sex work. Behavioural surveillance studies⁽²⁷⁾ suggest that 17% of female sex workers in India began selling sex before the age of 15 years. In Maldives and Papua New Guinea, the median age of entry into selling sex among young women was 17–19 years. In Cambodia, Malaysia and Pakistan the mean age among young women was 22–24 years, while in Pakistan, young *hijras* (transgender people) and young males selling sex began doing so at a mean age of 16 years.

Studies reveal that young people state that they sell sex for various reasons. Some report that they have chosen to do so, for example, in order to escape poverty and meet financial responsibilities, including supporting their families, especially in rural communities where there is a lack of other viable livelihood opportunities.^(28,29,30) Participants in the consultation in Kenya said that they had parental responsibilities for their siblings and would rather sell sex than beg in the street.⁽³¹⁾

Limited access to education is often associated with young people who sell sex. A study of female sex workers in Karnataka, India, found that 81% were not literate, nearly twice the rate as among the state’s general female population.⁽³³⁾ The majority of female sex workers in Kampala, Uganda, had only attended primary school.⁽³⁴⁾ Bullying and discrimination on the basis of perceived or actual sexual orientation can be a factor in young males or transgender people dropping out of school.^(35,36) In Thailand, males and transgender people aged 15–24 years who sold sex were less likely to be educated than their age peers, and more likely to be living away from their families.⁽³⁷⁾



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HIV AND STIs

Sex work is widely recognized as having a particularly high risk for transmission of HIV.^(38,39) Data characterizing HIV risk among sex workers remain limited, largely because this population is poorly represented in national HIV surveillance systems, but among females aged 15–49 years, those who sell sex are estimated to be 13.5 times more likely to be living with HIV than those in the general population.⁽⁴⁰⁾ A recent review found that pooled HIV prevalence among females who sell sex varied significantly by region, from 6.1% in Latin America to 10.9% in Eastern Europe and 36.9% in sub-Saharan Africa.⁽⁴¹⁾

The underrepresentation of young people who sell sex in most biological and behavioural surveillance studies makes it very difficult to generate reliable HIV prevalence estimates for this subpopulation. However, those under the age of 25 who sell sex appear to be at significantly greater risk for HIV infection (and subsequent transmission) than their older counterparts, due to biological, behavioural and structural risk factors:

- In Kolkata, India, HIV prevalence among females who sell sex in six brothels was 8.4% among those over 20 years of age, but 27.7% among those aged 16–20.

- In Vancouver, Canada, initiation into sexual exploitation before the age of 18 years was associated with a two-fold increase in baseline HIV infection among street-based female sex workers.

There have been several studies on the prevalence of HIV and syphilis infection among female sex workers^(43,44,45) but few on other STIs including chlamydia and gonorrhoea.^(46,47) These infections not only can cause serious long-term health complications such as pelvic inflammatory disease, ectopic pregnancy and infertility problems,⁽⁴⁸⁾ but may also facilitate transmission of HIV.^(49,50) One study in Madagascar showed that young people aged 16–19 years who sold sex were at higher risk of chlamydial and gonococcal infection than those aged 20 or older.⁽⁵¹⁾ In a Chinese study, females aged 15–20 years who sold sex had significantly higher prevalence of gonorrhoea and chlamydia than older sex workers.⁽⁵²⁾ In Zimbabwe, prevalence of herpes simplex virus 2 was found to be around 50% among young females under 20 years selling sex, rising to 80% by the age of 25.⁽⁵³⁾

HIV RISK AND VULNERABILITY

Specific risk behaviours – inconsistent condom use, and use of drugs or alcohol – are linked to numerous individual and structural factors that amplify the vulnerability of young people who sell sex to HIV, compared to their age peers in the wider population and to older sex workers.

Inconsistent condom use

Although female sex workers use condoms at a rate that is generally greater than in the wider population,⁽⁵⁴⁾ they are at higher risk of HIV because of factors such as poor access to condoms in some settings, the risk of confiscation of condoms to be used as evidence of illegal activity, the lack of labour rights and the unwillingness of some clients to use condoms, the risk of violence⁽⁵⁵⁾, and the local prevalence of HIV infection.⁽⁵⁶⁾ In one study, children sexually exploited had a greater number of sexual partners than older sex workers⁽⁵⁷⁾ and fewer skills or power to negotiate condom use. In another study, women who had begun to sell sex before the age of 18 years reported fewer attempts to negotiate condom use with steady partners than those who began to sell sex as adults.⁽⁵⁸⁾

For male and transgender (particularly male-to-female) sex workers, the dynamics of HIV transmission also include the increased risk associated with unprotected anal intercourse, the high prevalence of HIV in some subgroups of men who have sex with men, and the large proportion of male and transgender sex workers who report bisexual practices.⁽⁵⁹⁾

Views on condom use

“If we insist, some customer will ask, why you are asking me to use condom? Do you have any disease? Better I go to another girl.”

Young person, India⁽⁶⁰⁾

“Your boyfriend gets [his feelings] hurt and thinks that he is like your clients, [that] you don’t love him. He wants you and him much closer so he doesn’t use a condom.”

Young person, Viet Nam⁽⁶¹⁾

“I think that I [must] accept not to have money [by refusing to have sex without a condom] because of my health. I have no money for today, but I can make money tomorrow. But I can’t accept that I have money for today but I will get sick tomorrow.”

Young person, Viet Nam⁽⁶²⁾

Use of drugs or alcohol

HIV and hepatitis B and C virus can be transmitted through the use of shared injecting equipment,⁽⁶³⁾ and using drugs and alcohol may lower the ability to negotiate condom use.^(64,65) Among female sex workers in two Mexico–US border cities, those who had begun selling sex between 10 and 17 years of age reported beginning to inject drugs at an earlier age than those who began selling sex as adults, and they had also a higher prevalence of risky injecting practices.⁽⁶⁶⁾ In the same study, forced initiation into injecting was five times more common among the sex workers who had begun selling sex as minors.

Transitions in adolescence

Adolescence is a period of rapid physical, psychological, sexual, emotional and social change. It is often a time of experimentation and risk taking, which may involve alcohol or other drugs, and the period when sexual activity with other people may begin. The development of the brain in adolescence influences the individual’s ability to balance immediate and longer-term rewards and goals, and to accurately gauge risks and consequences.⁽⁶⁷⁾ This can make adolescents more vulnerable to peer pressure, or to manipulation, exploitation or abuse by older people, and therefore potentially to HIV. This is especially true for those who lack stable and supportive family environments.

Stigma and discrimination create significant barriers for young people who sell sex to seeking and receiving health services,^(68,69) and thus make them more vulnerable to HIV. In many countries and cultures, social norms around young people, sexuality, and sex work make young people who sell sex a particular target for judgemental attitudes – even if the purchase of sex by adults is widespread. For example, participants in the United Republic of Tanzania consultation reported being raped by police, teachers and religious and political leaders – some of whom also made derogatory public pronouncements about sex workers.⁽⁷⁰⁾ The criminalization and other legal oppression or penalization of those who sell sex inflicts greater burdens still on young people.

Homophobia and transphobia add a further level of stigmatization to young males or transgender people who sell sex. This dynamic affects young people’s self-perception and self-worth. The low sense of self-worth can lead to self-stigmatization – feelings of depression, low self-esteem and anger, or self-harming acts.⁽⁷¹⁾ These are linked to HIV risk behaviours.⁽⁷²⁾

“The first time that I was working as a sex worker was when I [had] just moved to Beijing. Every day I wore a lot of make-up, but I felt very embarrassed because of the judgemental looks on other friends’ faces.”

Young transgender person, China⁽⁷³⁾

“You have triple stigma if you are young, a sex worker and transgender.”

Young person, Asia-Pacific region⁽⁷⁴⁾

Young women who sell sex in the United Republic of Tanzania consultation said it was difficult to be in a relationship and have a family, and that they were embarrassed to go to the hospital on a regular basis because of STIs. They spoke to feeling depressed and rejected.⁽⁷⁵⁾

Violence

There is a strong relationship between violence against those who sell sex and increased risk of infection with HIV or other STIs.^(76,77,78,79,80)

Young people selling sex are particularly at risk of violence from law enforcement agents.^(81,82) Sex workers around the world report that violence from police is the single largest threat they face on a daily basis and significantly increases their HIV risk and vulnerability.⁽⁸³⁾ Apart from facing arrest, young people who sell sex may also be physically abused or raped by police officers (who may also purchase or extort sex, or extort money).⁽⁸⁴⁾ Studies of young males who sell sex in South Asia have found large proportions reporting ever having experienced violence by the police (48% in Bangladesh and 30% in Hyderabad, India).^(85,86) The potential for perpetration of violence by the police raises important questions about if and how “rescue” or removal operations of sexually exploited children should be implemented,⁽⁸⁷⁾ and underscore the importance of including social workers or other trained professionals in multi-disciplinary teams for such interventions. It also raises concerns regarding the practice in some contexts of detaining young people who sell sex in police cells, remand prisons or other detention centres, where they are not only vulnerable to violence by police or prison guards, but also by other detainees.

A study of young females who sell sex in Canada (median age of initiation was 15 years) found that 30% reported violence by a client in the previous 18 months.⁽⁸⁸⁾ Violence may also be perpetrated by managers of sex work establishments and intimate partners.⁽⁸⁹⁾ Many sex workers report frequent violence from other perpetrators including law enforcement officers and other state actors,

Exposure to violence lessens the likelihood that a young person who sells sex will seek services.



as well as from members of the public and the community at large.⁽⁹⁰⁾ In addition, most violence against sex workers is a manifestation of gender inequality and discrimination directed at women, or at men and transgender individuals who do not conform to gender and heterosexual norms, either because of their feminine appearance or the way they express their sexuality.⁽⁹¹⁾ Exposure to violence lessens the likelihood that a young person who sells sex will seek services. For females, it is associated with an increased risk of sexual and reproductive health problems.⁽⁹²⁾ Violence perpetrated against female sex workers living with HIV has also been linked to lower likelihood of initiating and adhering to antiretroviral therapy (ART).^(93,94)

“A few days ago I was arrested by policemen. They took my ID and even destroyed my ID and beat me. [After] I was released ... I could not go to work for one week.”

Young person, Viet Nam⁽⁹⁵⁾

“Police use abusive language along with beating us up.”

Young person, India⁽⁹⁶⁾

“When we are abused by men in the course of the work and when we report [it] to the police, the police abuse us and tell us [we should instead] be selling potatoes in the market.”

Young person, Kenya⁽⁹⁷⁾

“At times police act as pimps for us and they make money because of us. At times the police even ask us to set traps for their potential clients so that they can blackmail money out of them.”

Young person, Pakistan

“I met a young boy customer and took him to my house to make love... Suddenly I realized there was a knife put on my neck by that customer ...

Then I realized that the skin of my neck had already been slit, and two of my finger tendons had been cut off.”

Young person, China⁽⁹⁸⁾

Social and economic marginalization

Neglect or abandonment by families and a history of suffering violence or abuse are common characteristics of young people who live on the streets.⁽⁹⁹⁾ Homeless young people, especially those under 18 years of age, are vulnerable to coercion and manipulation. Some homeless young people sell sex in order to buy food, shelter, clothes, transport, alcohol or drugs.^(100, 101, 102, 103, 104) Further, some studies have shown a higher prevalence of risky sexual behaviours among those who report selling sex due to acute economic need than among those who do not engage in this type of behaviour.⁽¹⁰⁵⁾

- In a study of street children in South Africa, more than half reported having exchanged sex for money, goods or protection.⁽¹⁰⁶⁾
- In an Iranian study among homeless youth, half of the females aged 11–20 years reported selling sex. Only half of them knew that condoms could prevent HIV.⁽¹⁰⁷⁾
- Among male street children and adolescents aged 5–19 years in Lahore, Pakistan, 40% reported having exchanged sex for shelter or food during the past three months. Two-thirds of those who reported exchange of sex also reported having sex with adult males during the last three months, compared to less than 1% of those who did not report exchange of sex, and almost none used condoms.⁽¹⁰⁸⁾

Forced displacement and refugee settings can increase the pressure on young people to exchange sex for material goods or protection. This is frequently a direct consequence of gaps in assistance, failures of registration systems or family separations.⁽¹⁰⁹⁾

“Because of the lack of job opportunities, we could not make any living besides selling sex in order to support our families.”

Young person, Cambodia⁽¹¹⁰⁾

Frequency and location of sexual exploitation/selling sex

Sexually exploited children 10–17 may have less control than sex workers over the number of clients they have, for many reasons, including economic need, abuse of power and authority by adults, threats of violence or lack of negotiating experience.^(111, 112) Compared to sex workers, they may be more likely to exchange sex on the street than in sex work establishments, further increasing their vulnerabilities.⁽¹¹³⁾

Lack of comprehensive sexual and reproductive health education, information and services

Even where young people are in school, they are made vulnerable to HIV if they are not provided with objective, non-judgemental education on sexuality, sexual behaviour and risk reduction, including condom negotiation skills. Where education is provided, it often fails to include relevant information on same-sex sexual orientation and transgender identities.

In a study in China of females aged 15–19 years selling sex, three-quarters of those surveyed reported a need for additional health knowledge.⁽¹¹⁴⁾ Research among males aged 15–17 years who sell sex in Ho Chi Minh City, Viet Nam, found that they had less knowledge of sexual and reproductive health than male sex workers (consistent with most young people compared to older adults).⁽¹¹⁵⁾ Consultation participants in Kenya expressed a large unmet need for contraceptive commodities and education.⁽¹¹⁶⁾ Many indicated an awareness and use of only one method – the birth control pill, which they often used to delay menstruation so that they could work uninterrupted. All 12 of the consultation participants in Nairobi had multiple pregnancies and all had terminated their pregnancies, usually by unsafe, informal methods, with no post-abortion care.

Trafficking

The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against

Transnational Organized Crime (otherwise known as the Palermo Protocol) defines trafficking in persons as “the recruitment, transportation, transfer, harbouring, or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person for the purpose of exploitation.” (117) The Protocol distinguishes between adult trafficking and child trafficking, indicating a lower set of criteria for the identification of child victims. A child is defined as any person under 18 years of age. Child trafficking is defined as “recruitment,

transportation, transfer, harbouring or receipt of a child for the purpose of exploitation,” even if it does not involve threats, force, abuse of power, or any of the other means aforementioned. The trafficking of young people makes them particularly vulnerable to HIV infection, because it often severely curtails their ability to refuse sex or negotiate condom use, may restrict their mobility and access to preventive health services, limits their knowledge about HIV and STIs and renders them more vulnerable to violence. (118, 119, 120, 121, 122) Young people who are trafficked may also experience sexual violence, including rape, as a means of eroding their sense of self-worth or coercing them into sexual exploitation. (123, 124)

Perspectives about girls in sexual exploitation in Thailand⁽¹²⁵⁾

- Some girls involved in sexual exploitation in Thailand have stated in interviews that they were not being exploited, and that they were making a choice in the face of extreme poverty, an obligation to provide financial support to their families, and a perception that they had limited alternatives. The girls participating in the study saw their ability to make a contribution to the family as a filial duty. The study revealed, however, that their involvement in sexual exploitation exposed these children to violence, drug abuse, HIV/AIDS, other health risks, and social marginalization. Many of the girls were using drugs in order to help them deal with the associated pain and stigma, indicating profound difficulties in coping with the exploitation that they experienced.
- Clearly, international law dictates that the State has a responsibility to take action to criminalize those adults who exploit children. States also must address factors that contribute to the sexual exploitation of children, such as poverty, economic disparities, and dysfunctional families, and ensure that parents and children have viable economic alternatives. It is equally important that any such measures are taken in collaboration with affected children and families.

LEGAL AND POLICY CONSTRAINTS

Young people who sell sex face a complex legal environment that varies widely between countries. The Convention on the Rights of the Child (CRC) is an international treaty that obliges States parties to protect the rights of all people under 18 years of age, including protection from sexual exploitation and sexual abuse, with an emphasis on the four guiding principles of the best interests of the child; non-discrimination; the right to life, survival and development; and respect for the views of the child (see Annex 1).⁽¹²⁶⁾ With regard to the latter principle, it is important to note that the Committee on the Rights of the Child, in General Comment No. 4, stated that this principle is fundamental to implementing the right to health and development of adolescents. Public authorities, parents and other adults working with or for children, must create an environment that is based on “trust, information sharing, capacity to listen and sound guidance” which facilitates the participation of adolescents in decision-making. In addition, the CRC also recognizes the important concept of children’s evolving capacities (Articles 5 and 14), stating in Article 5 that States parties must respect the “responsibilities, rights and duties” of parents (or other persons legally responsible for the child) to provide appropriate direction and guidance, taking into account the capacities of the child to exercise rights on his or her own behalf.⁽¹⁾

These rights are contravened when they are excluded from effective HIV prevention and life-saving treatment, care and support services. In practice, significant legal and policy constraints, including weak implementation of the law by justice and law enforcement officials, limit the access of young people who sell sex, including sexually exploited children 10–17 years of age - to information and services affecting their health and well-being.

Sexual exploitation

Under the CRC, its relevant Optional Protocol, ILO Convention No. 182⁽¹²⁷⁾ and the Palermo Protocol, governments have a legal obligation to prevent the sexual exploitation of children and to safeguard the rights of child survivors and witnesses. However, laws and policies are often not fully in alignment with the CRC, and even those laws and policies which are largely in conformity are not always implemented in a manner that effectively prevents

exploitation, protects survivors and brings perpetrators to account. Law enforcement sometimes responds to incidents of human trafficking with “raid and rescue” operations that do not uphold the rights of the individuals being targeted. In such interventions, those suspected of being trafficked – including children – may be arrested or placed in government- or NGO- managed shelters for long periods of time that restrict their freedom of movement, separate them from their families, and deny them their rights to education.^(128, 129, 130)

Some participants in the Asia-Pacific consultation reported that children 10–17 years of age were confined to detention centres or involuntary shelter stays for longer periods than many adults in jails.⁽¹³¹⁾ Others reported that violence and abuse sometimes occur at such centres. Under the perception that it will help them to avoid arrest, detention, “rescue”, or forced return to abusive family homes from which they may have run away, sexually exploited children 10–17 may provide false information about their age, identity, circumstances, or simply avoid health and other services altogether.^(132, 133)

Young women who sell sex in the India community consultation said they never give their real age when they visit any health-care facility.⁽¹³⁴⁾ Two participants recalled an incident where the staff of an NGO-run clinic handed a young girl over to the police. They called for a clear law to protect rather than punish young people under 18 years of age involved in selling sex.

The unlawful or arbitrary deprivation of liberty of sexually exploited children 10–17 contravenes the rights of child survivors of sexual exploitation guaranteed in CRC and its Optional Protocol on the sale of children, child prostitution and child pornography. In particular, article 37 of the CRC, indicates that the detention, arrest or imprisonment of children must only be used “as a measure of last resort and for the shortest appropriate period of time.” The Joint UN Statement on Compulsory Drug Detention and Rehabilitation Centres, the UNICEF Position on Compulsory Detention Centres in East Asia and Pacific and the Global Commission on HIV & the Law call for the abolition of the arbitrary detention of sexually exploited children in compulsory centres, some of which claim to “rehabilitate” children but actually perpetrate gross violations of human rights.^(135, 136, 137) Instead, UNICEF advocates for child survivors

of sexual exploitation to be exempted from prosecution and arrest and that no child should be admitted or detained in any facility without due process of law. Further, UNICEF advocates for the most appropriate and effective responses for sexually exploited children to be family-based or community-centred.^(138, 139) In line with the 2010 UN Guidelines on the Alternative Care of Children, any use of residential care for children shall be limited to cases where such settings are “appropriate, necessary and constructive for the individual child concerned” and when in his or her best interests, and that even in such shelters or centres, no child should be without the support and protection of a legal guardian or other recognized responsible adult or competent public body at any time.⁽¹⁴⁰⁾

“Under-18s are sent to rehab and taught sewing. Young people run away and prefer to live on the street – [rehab] is punishment and does nothing but hurt young people.”

Young person, Myanmar⁽¹⁴¹⁾

“One day I went to a shelter... and I had to lie that I had been trafficked to protect myself from more serious punishment.”

Young person, Thailand⁽¹⁴²⁾

“If space isn’t available in adolescent prison they get sent to adult prison, despite drug use and sex [there].”

Young person, Asia-Pacific Region⁽¹⁴³⁾

“One Bangladeshi girl was ‘rescued’ by police considering her as a minor, [but] we know that she was not a minor, but even after one year [...] we still don’t know anything about [what became of] that girl.”

Young person, India⁽¹⁴⁴⁾

Mandatory reporting

Some countries have mandatory reporting laws which require particular occupations, often including registered health professionals, to report to child protection services or the police suspected cases of child abuse, neglect, or exploitation, including sexual abuse and sexual exploitation of children.⁽¹⁴⁵⁾ Health professionals and other professionals with mandatory reporting obligations may experience a conflict between their reporting obligations and the child’s expectation of confidentiality. Such laws may deter children from engaging with the services they need and can make health professionals reluctant to serve children.⁽¹⁴⁶⁾ In some contexts, similar reporting obligations for researchers who also happen to be health professionals or government officials, may deter those who manage establishments that sell sex from cooperating with research.⁽¹⁴⁷⁾

Consent requirements

Children’s access to sexual and reproductive health and other services, including harm reduction for those who use drugs, may be restricted by laws and policies requiring the consent of parents or guardians for testing or treatment. This is a particular problem for children who live away from their families. The concept of the evolving capacity of the child (Article 5, CRC) is not always observed, even though this is particularly important for “mature minors” – a term used in some Western countries to describe situations in which children who appear to be mature have or ought to have the right to consent to or withhold consent to general medical treatment. Indeed, General Comment No. 4 of the Committee on the Rights of the Child acknowledges that States parties should ensure that children have access to appropriate sexual and reproductive health information, regardless of their marital status and whether their parents or guardians consent, and that States parties should ensure “the possibility of medical treatment without parental consent.”

“Because of parental consent and ID requirements, [there are] problems for young people to go to private clinics and instead we self-medicate.”

Young person, Thailand⁽¹⁴⁸⁾

“While we are under 18 years old and unmarried it [is] very difficult to collect condoms and lubricant.”

Young person, Bangladesh

In countries where sex workers are not criminalized but those who procure or purchase sex are, sex workers report that they are forced to go “underground” – contacting and meeting clients in less public places and reducing the time spent assessing clients for risk. This can make it harder for them to maintain their physical safety and to access social and health programmes, including for HIV prevention and treatment.^(151, 152, 153, 154) The criminalization of same-sex behaviour and of injecting drug use further increases the vulnerability of some young people who sell sex to arrest, detention, or prosecution. In accordance with the CRC, its Optional Protocol and other international human rights standards, all forms of sexual exploitation of children should be criminalized and children who are survivors of sexual exploitation should always be exempt from prosecution and arrest.

“If a customer has raped you, you cannot go to the police station... The police would think you are the guilty one.”

Young person, Asia-Pacific region⁽¹⁵⁵⁾

“In Thailand you can carry a condom for safe sex, but in reality if a sex worker or a transgender [person] has a condom then you have to pay 500-5,000 baht to the police ... in exchange for not arresting you.”

Young person, Thailand⁽¹⁵⁶⁾

Criminalization

Laws criminalizing sex work may have the effect of reducing the control of young people who sell sex over the conditions in which sex is sold, and may deter them from seeking services for fear of arrest, detention, or prosecution.⁽¹⁴⁹⁾ These laws are often enforced punitively through confiscation of condoms, which are used as proof of solicitation; mandatory, compulsory or coerced testing for HIV; absence or lack of labour protection and social security rights; and confiscation of identity documents and citizenship rights.⁽¹⁵⁰⁾



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SERVICE COVERAGE AND BARRIERS TO ACCESS

Coverage levels for effective HIV prevention services among female sex workers remain low (generally less than 50%),⁽¹⁵⁷⁾ and HIV prevention services for male and transgender sex workers have even less coverage.⁽¹⁵⁸⁾ This situation is linked to insufficient acknowledgement and recognition of needs and rights, and a lack of funding and investment for rights-based prevention programmes.^(159, 160) Globally, less than 1% of HIV prevention funding is spent on programmes for sex workers.⁽¹⁶¹⁾ Exceptions to this pattern are Latin America and southern Africa, where domestic spending on HIV prevention services for sex workers is greater than international contributions.⁽¹⁶²⁾ However, around the world many programmes are not rights-based and thus present their own barriers to access.

The effects of violence, punitive law enforcement and harmful rescue and rehabilitation practises have already been noted, but several other barriers make it difficult or impossible for young people to access the services they need.

Availability and accessibility

Participants in the consultations said that public-health services are often far away and difficult to reach (particularly for those in rural areas); they are not open at convenient hours – especially for those who work late and must sleep during much of the daytime; and there are often long waiting periods for service. Some participants said that police stationed near clinics or mobile clinics made it harder to get to the services.⁽¹⁶³⁾

The physical location in which young people sell sex can make it more difficult for them to be contacted through outreach services:

- In China, a study found that mobile young people (averaging 18 years of age) who were selling sex, and those who were self-employed or who worked on the street, in bars, massage parlours or dancehalls, were less likely to have received HIV prevention and testing services than those who exchanged sex at larger, fixed venues.⁽¹⁶⁴⁾
- In a study in the Philippines, almost all children 10–17 years who were sexually exploited in entertainment establishments or at cruising sites had never had an HIV test.⁽¹⁶⁵⁾

“When (they) understood our identity as sex workers then (they) completely refused to provide health services; most of the time doctors ignored us.”

Young person, Bangladesh⁽¹⁶⁶⁾

“We often have to pay for services ourselves at private clinics because the government [clinics] will not serve us [because we are under 18], which is very expensive.”

Young person, Asia-Pacific Region⁽¹⁶⁷⁾

“Refusal to hospitalize a young person who sells sex “is very common, especially if the girl is alone. Denials to perform medical termination of pregnancy at government centres are common, so young girls prefer private centres.”

Young Person, India⁽¹⁶⁹⁾

Restricted access to support

As well as requirements for parental/guardian consent that are often in place in order for clinical services to be provided to children, there may be age restrictions which exclude them from housing and other kinds of social support provided by nongovernmental organizations (NGOs) or community-based organizations. In some countries, women require their husband’s consent for some medical services. Some health-providers refuse to serve young people who identify as selling sex, or whom they suspect of doing so. Nationality or migration status can also affect access to services.⁽¹⁶⁹⁾

- Among Chinese females aged 15–19 years who are sexually exploited/selling sex, half reported a need for free condoms and low-cost STI diagnosis and treatment services. Of those who reported STI symptoms in the past year, only one-quarter had sought care at public-health facilities.⁽¹⁷⁰⁾
- Reluctance to undergo an HIV test was predicted by younger age, lack of social support and lower income in studies in India and in Uzbekistan.^(171, 172)

“If we don’t know about what the primary health services are and where the centres and resources are, we can’t go further.”

Young person, Asia-Pacific Region (173)

“I personally have never [been] tested. I am afraid and would rather not know.”

Young person, Kenya (174)

“Some NGOs take blood by forcing us and blackmailing us that if you do not give blood for testing we will not give free condoms to you.”

Young person, India (175)

“Due to fear we are forced to do testing – even though we know that we are supposed to do the HIV test twice a year, we land up doing it 6 to 7 times in a year.”

Young person, India (176)

Poor service quality

Young people who sell sex are often unable to access a comprehensive range of health services. Services are usually provided in contexts that are not designed for young people, by staff who may not have been trained to consider the rights and needs of young people in general, nor the specific rights and needs of young people who sell sex. This has a direct and negative impact on their health.

- Consultation participants in Kenya complained of the unfriendliness of staff, perfunctory or inadequate examinations and treatment, and unavailability of prescribed drugs at facility pharmacies. (177)



Judgemental attitudes and the inability of many providers of health-care and other services to treat young people respectfully often deter young people who sell sex from seeking services, for fear of being criticized or having their medical details or occupation disclosed to family or made public.

- Young female participants in the consultation in Asia named unintended pregnancy as a major concern, along with inadequate access to forms of contraception (including emergency contraception), safe abortion, prenatal care and services for prevention of mother-to-child transmission. (178)

- Several participants in the community consultations raised the issue of the cost of first- or second-line antiretroviral drugs (ARVs), as well as discrimination at ARV clinics against young people who sell sex. Where ARVs are not available for free, young people living with HIV who wish to have treatment are more likely to continue to be engaged in selling sex in order to pay for medication. (179)

“You can go to jail if you have an abortion; as a result, the abortion services that exist are very limited, high-priced and highly criminalized.”

Young person, Myanmar (180)

“Blood test without following proper counselling and informed consent process was a common experience.”

Young person, India (181)

Discrimination

Judgemental attitudes and the inability of many providers of health-care and other services to treat young people respectfully often deter young people who sell sex from seeking services, for fear of being criticized or having their medical details or occupation disclosed to family or made public. Some young people who test positive for HIV are afraid to disclose their status for fear of losing their relationship or their source of income. Participants in the consultation reported cases of young people who sell sex through entertainment venues being fired when their employers learned they were HIV positive. Enforced testing of bar staff was also reported. (182)

“[Newcomers to selling sex] are afraid of going and buying medicines from the pharmacy. They don’t dare to tell a pharmacist about their situation because they are sex workers. And if they are going to see a doctor, the doctor will ask them ‘Why did you get it?’... They feel ashamed so they will not access health services anymore.”

Young person, Viet Nam (183)

Bangladesh participants said that young MSM and females who sell sex are afraid to go to a clinic or the doctor because of fear of stigma, discrimination or breach of confidentiality. As a result, many “keep their diseases to themselves and suffer for a long time.” (184)

“The time I used to go to clinic while pregnant, the doctors used to abuse me and I felt bad. They told me that a child like me shouldn’t be giving birth. I am requesting that the health services [providers] be talked to on how to handle us.”

Young person, Kenya (185)

The need to find shelter, food, alcohol or drugs may take precedence over seeking out services for sexual and reproductive health, particularly if those services are inadequate or discriminatory.



Competing priorities

For many young people who sell sex, taking care of their health is not always their top priority. Some are the primary providers not just for themselves but for other family members. For others, the need to find shelter, food, alcohol or drugs may take precedence over seeking out services for sexual and reproductive health, particularly if those services are inadequate or discriminatory. The lack of access to basic necessities thus also can become a barrier to accessing sexual and reproductive health services.

Participants in several of the community consultations expressed a need for options for education and vocational training. (186, 187)

SERVICES AND PROGRAMMES

Around the world, programmes for and with young people who sell sex are being implemented by governments, civil-society organizations and organizations of sex workers or young people themselves. Relatively few have been fully or independently evaluated, but the elements of a number of promising programmes are presented briefly here, as examples of how the challenges in serving young

people who sell sex may be addressed. These examples are illustrative and not prescriptive. They may not be adaptable to all situations, but they may inspire policy-makers, donors, programme-planners and community members to think about effective approaches to programming in their own contexts.

Training health providers on the needs of young key populations

Link Up, International HIV/AIDS Alliance, Asia and Africa

- The Link Up project aims to increase young key populations' access to integrated sexual and reproductive health and HIV services by linking community-based peer educators and their clients with community- or clinic-based integrated services. The project is implemented in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda by a consortium of community-based and service-delivery organizations, led by the International HIV/AIDS Alliance.
- Consultations with young people from key populations identified stigma by service-providers as one of their main barriers to accessing services. In response, Link Up implemented a five-day training programme for service-providers in each country, to sensitize them to the needs of most-at-risk young people, and so decrease stigma and increase client satisfaction. Young people from key populations were involved at country level to review the training material. Topics included service integration and linkages, as well as gender, sexuality, stigma and discrimination.
- Young people participated in the trainings and helped lead different sessions, including a lively panel discussion where they shared their experiences. This session had a great impact on providers, all of whom had worked with young people, but not necessarily with young men who have sex with men or young people who sell sex. The participants learned they must take time to hear and understand the experiences of young key populations, and they appreciated the opportunity to address any feelings of discomfort about working with them.
- Link Up has organized further capacity-building for peer educators, social workers, midwives, nurse counsellors and clinical officers. All these trainings include components on young people's participation and gender and sexuality to ensure that services are friendly to young people and key populations and that they are non-stigmatizing.

Website: www.link-up.org

Peer-led outreach with young people who sell sex

SHARPER Project, FHI 360, Accra, Ghana

- To strengthen outreach to young women and girls engaged in selling sex in Accra, the SHARPER project's local implementing partners recruited as peer educators young females selling sex who were considered leaders within their peer group. Those who agreed took part in a one-week training, followed by weekly supportive supervision meetings and monthly reviews with the wider programme staff to discuss implementation challenges. Peer educators were paired with older women in the community, known as "peer protectors", who provided them with guidance and support in handling difficult situations, making referrals and in planning their futures. The peer educators received a monthly stipend for their work to cover transport and communication costs.
- The peer educators used microplans to focus on priority issues faced by young people selling sex. These included building negotiation skills for safer sex, providing information on family-planning services and commodities such as male and female condoms and water-based lubricant, and making referrals to HIV testing and counselling, STI and other sexual and reproductive health services. Information and services were also provided in relation to preventing and addressing violence, whether by intimate partners, clients or the police.
- Each peer educator worked with 10–15 young people each month. A challenge was the frequently chaotic and highly mobile life of young females selling sex in Accra, which created barriers to frequent contact. In response the programme offered peer-accompanied referrals to services and established linkages with other organizations that could provide support, for example responding to human-rights abuses and sexual violence, providing child care and parenting skills-building, offering nutritional support for young children and enrolling them in the national health-insurance scheme. In addition, the frequency of supportive supervision was increased from once to twice weekly.

Website: www.fhi360.org

Contacting hard-to-reach adolescent males who sell sex

River of Life Initiative (ROLi), Philippines

- ROLi is an HIV risk reduction programme that uses a self-assessment toolkit, workshops and peer group work to help adolescent MSM assess and reduce their risk behaviours as individuals and groups, using the support of their peers and service-providers. The programme serves 6,000 young people in the Philippines, the majority of whom are boys aged 13–17 years. Approximately 80% are out of school and 90% live in poverty. Almost all of them sell sex (sexually exploited) and use drugs, and almost all identify as straight (heterosexual).
- Because young males who sell sex are highly stigmatized and difficult to reach, the programme uses several channels for outreach on a peer-to-peer basis. One-on-one interactions and group activities take place through contact with young people in their communities, including on the street and in areas where males seek sex with young males. They are given the opportunity to take a risk self-assessment on the spot, or to sign up for a workshop held at a partner health facility. Peer outreach workers also do outreach online through SMS text messaging and through private chats with members of their social and peer networks.
- Programme participants can join Facebook groups for moderated peer-to-peer discussions about behaviour change. In addition, peer groups organize campaigns showcasing inspiring stories of change through forums, film viewings and discussions, and awareness-building activities take place around village fiestas, festivals, World AIDS Day and anti-drugs events. Government-run clinics that partner with ROLi also provide one-on-one counselling and other services. The ROLi programme has been adapted to serve other young key populations, including young females who sell sex and young people who inject drugs.

Website: www.projectpage.info/my-river-of-life

Sex worker-led outreach to young people who sell sex

Aids Myanmar Association Country-wide Network of Sex Workers (AMA)

- AMA is a network of more than 2,000 female, male and transgender people who sell sex which engages in capacity-building and community mobilization to advocate for their health and human rights. Working within a restrictive political environment, sex workers who are part of AMA have had to find innovative ways of reaching out to young people who sell sex to provide peer support and access to information and services, particularly in relation to their health. AMA community mobilization workers are trained to be particularly sensitive to the needs of young people and do not ask for any identifying information, such as their real names or ages, when carrying out outreach.
- Community mobilization workers provide STI and HIV prevention tools and strategies, and links to sex worker-friendly health facilities for testing and treatment, as well as follow-up counselling and care for young people who sell sex who are living with HIV. In a context of stigma and discrimination, young people who sell sex are often reluctant to access services for fear of arrest or of being treated badly by health-care professionals. Follow-up care focuses on discussing any barriers to adherence to treatment within a safe and supportive environment, and community mobilization workers offer to accompany young people to their clinic appointments.
- AMA provides support to people who sell sex who are imprisoned, particularly ensuring that young people, who are often neglected or abandoned by their families, are given nutritional support while in prison. AMA also works to reconnect young people with their families and friends upon their release to ease the transition back into the community.

Website: www.facebook.com/pages/AMA-Aids-Myanmar-Association/518831108165572?sk=info

Youth-led advocacy to opposing discriminatory policing practices

Streetwise and Safe (SAS), New York City, USA

- SAS builds and shares leadership, skills, knowledge and community among lesbian, gay, bisexual, transgender, queer and questioning (LGBTQQ) youth of colour aged 16 to 24 years who experience criminalization, including youth who are – or are perceived to be – involved in selling sex. Many of these young people, have experienced homelessness or are currently homeless, and many of them have sold sex for the things they need to survive.
- SAS youth leaders conduct “know your rights” workshops specifically tailored to LGBTQQ youth to share essential information about their legal rights as well as strategies to increase safety and reduce the harms of interactions with police and the court system. SAS also creates opportunities for youth to participate in policy discussions, speak out on their own behalf, and act collectively for their rights. SAS has been a leader in a campaign to end the discriminatory use of “stop and frisk” procedures and other police misconduct. SAS youth testified before local and state government and successfully lobbied for changes to the New York City Police Department Patrol Guide to address violations of the rights of transgender and gender non-conforming people.
- Currently, SAS is campaigning as part of the Access to Condoms Coalition to end the use of condoms as evidence in all laws penalizing the sale of sex under the New York Penal Law. Condoms found by police during stop and frisk encounters are sometimes confiscated or used as evidence for charges penalizing the sale of sex or trafficking. This practice particularly affects youth who are homeless, or otherwise without a stable place to live. As a result of SAS’ advocacy, in May 2014 the New York City Police Department announced that it would discontinue the use of condoms as evidence in certain of these offenses, although SAS wants to see more far-reaching policy changes. As an SAS campaign staff member points out, “Police and courts are never an appropriate solution for youth who are selling sex, let alone police practices that put youth at risk for HIV, STIs and unwanted pregnancies.”

Website: www.streetwiseandsafe.org

Youth-led initiatives to prevent the sexual exploitation of children

ECPAT's Global Youth Partnership Project

- The Global Youth Partnership Project (YPP) works to improve the lives of children and youth who have experienced sexual exploitation, with the goal of empowering children and youth to speak out for their own right to be protected and to be leaders in global efforts to prevent the sexual exploitation of children. Children and youth in YPP have noted that their involvement has helped build self-esteem and develop the skills that they need to improve their own lives, including accessing education, health, recreation and safer employment services. YPP was initiated by ECPAT (an international network of 80 organizations working to prevent the sexual exploitation of children in 74 countries) in 2009 in 11 countries across four regions: Cambodia, Cameroon, Chile, the Gambia, Guatemala, Kyrgyzstan, Mexico, Moldova, Thailand, Togo and Ukraine. The Project was scaled up and based on the documented successes from the YPP in South Asia, which began in 2005 in Bangladesh, India and Nepal.
- Each country participating in YPP has a National Coordinator and two Youth Motivators who organize a range of activities, including:
 - **Youth-Led Trainings**, which provide youth with the information, knowledge and skills required to fulfill their roles as Youth Motivators, Peer Supporters and Youth Advocates. These trainings build the capacity of these actors to organize YPP activities on the sexual exploitation of children within schools, shelters, and other locations in communities.
 - **Peer-Support Programmes**, where trained youth share information and provide support to peers to help prevent them from being involved in sexual exploitation.
 - **Youth-Led Micro-Projects**, which are designed and run by youth to raise awareness on the sexual exploitation of children and to advocate for laws that protect children from exploitation and abuse. Such micro-projects have included the conduct of youth-led research in Nepal, and to create a youth puppetry group in India to discuss sensitive issues of sexual exploitation and HIV.

Adapted from: <http://www.ecpat.net/sites/default/files/YPP%20global%20meeting.pdf>

Website: http://resources.ecpat.net/ypp_global//index.php

APPROACHES AND CONSIDERATIONS FOR SERVICES

A. CONSIDERATIONS FOR PROGRAMMES AND SERVICE DELIVERY

In the absence of extensive research on specific programmes for young people who sell sex, a combination of approaches can be extrapolated from health programmes deemed effective for young people or for key populations in general. It is essential that services are designed and delivered in a way that takes into account the rights and needs of young people who sell sex according to their age, specific behaviours, the complexities of their social and legal environment and the epidemic setting. The below considerations are largely focused on health programmes for young people who sell sex, but may also be relevant to other programme types, such as welfare, child protection, care, justice, education and social protection.

1) Overarching considerations regarding services for young people who sell sex

- Acknowledge and build upon the strengths, competencies and evolving capacities of young people who sell sex, especially their ability to express their views and articulate what services they need.
- Give primary consideration to the best interests of young people in all laws and policies aimed at protecting their rights.⁽¹⁾
- Involve young people who sell sex meaningfully in the planning, design, implementation, monitoring and evaluation of services suited to their needs in their local contexts.
- Fully utilize existing infrastructure and services that have been demonstrated to be appropriate and effective, and ensure improved coverage and access.
- Ensure that health, welfare, protection, education, and social protection programmes and services are integrated, linked and multidisciplinary in nature, with a strong system for referral and the continuum of care, in order to utilize the most comprehensive range of services possible and address the overlapping vulnerabilities and intersecting behaviours of different key populations.

- Ensure that there is sufficient capacity amongst professionals, particularly health workers, social workers, and law enforcement officials, to work with young people who sell sex and apply rights-based approaches and evidence-informed practice.
- Partner with community-led organizations of young people, and with sex worker led organisations and networks as appropriate, building upon their experience and credibility with young people who sell sex.
- Build robust baselines, monitoring and evaluation into programmes to strengthen quality and effectiveness, and develop a culture of learning, evidence-based practice and willingness to adjust programmes accordingly.
- Give primary consideration to the best interests of the child in the design and delivery of all programmes and services.⁽¹⁾ Children 10–17 years who are sexually exploited have the right to be provided with human-rights-based and evidence-informed services in accordance with the minimum intervention and due process principles of the CRC, including HIV and sexual and reproductive health services, and while being protected from criminal charges, law-enforcement violence and arbitrary “rehabilitation” and detention.

2) Implement a comprehensive health package for young people who sell sex

which is sensitive to their rights, as recommended in the WHO *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*:⁽¹⁸⁹⁾

- **HIV prevention** including male and female condoms with condom-compatible lubricants and post-exposure prophylaxis.
- **Harm reduction** including sterile injecting equipment through needle and syringe programmes, opioid substitution therapy for those who are dependent on opioids and access to naloxone for emergency management of suspected opioid overdose
- **Voluntary HIV testing and counselling** in community and clinical settings, with linkages to prevention, care and treatment services

- **HIV treatment and care** including antiretroviral therapy and management including access to services for prevention of mother-to-child transmission
- Prevention and management of **co-infections and co-morbidities** including prevention, screening and treatment for tuberculosis and hepatitis B and C
- Routine screening and management of **mental-health disorders**, including evidence-based programmes for those with harmful alcohol or other substance use
- **Sexual and reproductive health** including access to screening, diagnosis and treatment of sexually transmitted infections, a range of contraceptive options, services related to conception and pregnancy care, cervical cancer screening and abortion, and services that protect health and human rights.
- Provide information and services through community/peer-based initiatives, which can also help young people find appropriate role models. Ensure appropriate training, support and mentoring to help young people who sell sex advocate within their communities to support them in accessing services.⁽¹⁹⁵⁾
- Ensure that young people who sell sex have access to developmentally appropriate sexual and reproductive health information, regardless of their marital status and whether their parents/guardians consent,⁽¹⁰⁰⁾ and that medical treatment without parental/guardian consent is possible and effectively considered when in the best interests of the individual.
- Develop or strengthen protection and welfare services that help parents and families to fulfil their responsibilities to effectively protect, care for and support young people who sell sex, and in the case of children who are sexually exploited or at risk of sexual exploitation, aim to reintegrate the children with their families if in their individual best interests or provide other appropriate living arrangements and care options in line with the 2010 UN Guidelines for Alternative Care.⁽¹⁹⁶⁾

3) Make programmes and services accessible, acceptable and affordable for young people

- Offer community-based, decentralized services, through mobile outreach and at fixed locations where sex is sold. Differentiate approaches to reach those who do not sell sex regularly, for those who are trafficked or have restrictions on movement, or who may use the internet to make contact with clients.
- Ensure that service locations are easy and safe for young people who sell sex to reach.⁽¹⁹⁰⁾
- Integrate services within other programme settings, such as youth health services, drop-in centres,⁽⁴⁾ shelters, youth community centres and within sex work services.
- Promote mobile Health staffed by trained operators, counsellors, and young people themselves, to provide developmentally appropriate health and welfare information to young people who sell sex, as well as the opportunity for referrals to relevant services.^(191, 192, 193)
- Provide developmentally appropriate information and education for young people who sell sex, focusing on skills-based risk reduction, including condom use and education on the links between use of drugs, alcohol and unsafe sexual behaviour. Information should be disseminated via multiple media, including online, mobile phone technology and participatory approaches.^(111, 194)
- Provide services at times convenient to young people who sell sex, and make them free of charge or low-cost.⁽¹¹¹⁾
- Ensure that services are non-coercive, respectful and non-stigmatizing, that young people who sell sex and health care providers are aware of their rights to confidentiality, and that any limits of confidentiality are made clear by those with mandatory reporting responsibilities.
- Train health-care providers on the health needs and rights of young people who sell sex, as well as on relevant overlapping vulnerabilities such as drug and alcohol use.



Offer community-based, decentralized services, through mobile outreach and at fixed locations where sex is sold. Differentiate approaches to reach those who do not sell sex regularly, for those who are trafficked or have restrictions on movement, or who may use the internet to make contact with clients.

4) Address the additional rights and needs of young people who sell sex, including:

- Primary health-care services including services for survivors of violence, including physical, emotional and sexual violence.
 - Immediate shelter and long-term accommodation arrangements, as appropriate, including independent living and group housing.
 - Food security, including nutritional assessments.
 - Livelihood development and economic strengthening, and support to access social services and state benefits.
 - Preventing all forms of physical, emotional and sexual violence and exploitation, whether by law enforcement officials or other perpetrators, and promote community-led response initiatives.
 - Support for young people who sell sex to remain in or access education or vocational training, and foster opportunities to return to school for out-of-school young people.
 - Psychosocial support through therapy, counselling, peer support groups and networks to address the impact of stigma, discrimination, and social exclusion, or to address mental-health issues. (17,111)
 - Access to free or affordable legal information and services, including information about their rights, reporting mechanisms and access to legal redress. (19,107)
- In the context of children, uphold laws, administrative, social and educational measures to protect children from all forms of sexual exploitation, illicit use of narcotic drugs and other psychotropic substances as stipulated in the CRC (Annex 1) and defined in the relevant international treaties.
 - Change law enforcement procedures so they do not allow the confiscation of condoms for use as evidence of selling sex for criminal charges, (198) or other penalties.
 - Work toward the immediate closure of compulsory detention and rehabilitation centres and improve law enforcement practices to reflect the best interests of the child.
 - Prevent and address violence against young people who sell sex², in partnership with youth-led and sex worker-led organizations, as appropriate. All acts of violence and harmful treatment – including harassment, discriminatory application of public-order laws, and extortion³ – by law enforcement officials should be monitored and reported, redress mechanisms established, and disciplinary measures taken.
 - Examine current consent policies to consider removing age-related barriers and parent/guardian consent requirements that impede access to HIV and STI testing, treatment and care.(3)
 - Address social norms and stigma around sexuality, gender identities and sexual orientation through comprehensive sexual health education in schools, and supportive information and parenting guidance for families.
 - Include relevant, rights-based HIV prevention and treatment programming specific to the rights and needs of young people who sell sex in national health plans and policies, with linkages to other relevant plans and policies, such as those pertaining to the child protection and education sectors.

B. CONSIDERATIONS FOR LAW AND POLICY REFORM, RESEARCH AND FUNDING

1) Supportive laws and policies for young people who sell sex

- Work towards the decriminalization of sex work, same-sex behaviours¹ and drug use, and for the implementation and enforcement of antidiscrimination and protective laws, based on human-rights standards, to eliminate stigma, discrimination, social exclusion and violence against young people who sell sex based on actual or presumed behaviours and HIV status. (4, 107, 197)

1 Same-sex behaviour may be criminalized under laws against homosexuality, anal sex, “sodomy”, “unnatural sex” or other terms.

2 Protect children from all forms of sexual exploitation and sexual abuse, criminalizing all forms of sexual exploitation including the offering, obtaining procuring and providing of children for sexual exploitation, in line with international law.

3 Ensure that the rights of children survivors and witnesses are safeguarded and that children are exempted from arrest and prosecution. Children should be treated as survivors and not as offenders, and not be placed in unlawful or arbitrary detention, and be designated with an appropriate legal guardian or other recognized responsible adult or competent public body when identified or placed in any shelter or other care facility.

2) Strategic information and research, including:

- Population size, demographics and epidemiology, with disaggregation of behavioural data and HIV, STI and viral hepatitis prevalence by age group and sex.¹
- Evaluate the effectiveness of programmes addressing young people who sell sex, including services offered by sex worker-led organizations,⁽³⁾ rehabilitation interventions, and community and family-based support and reintegration services
- Research on the impact of laws and policies upon access to health and other services for young people who sell sex. (107)
- Involvement of young people who sell sex, including sexually exploited children 10–17, in research activities, in a safe and ethical manner, to ensure that their views,

needs and rights are properly reflected in any research undertaken on this population.

3) Funding

- Increase funding for research, implementation and scale-up of evidence-informed initiatives addressing young people who sell sex.
- Ensure that there is dedicated funding in national plans for HIV, child protection and sexual exploitation of children, and human trafficking, for programmes that target young people who sell sex, and other programmes that address overlapping vulnerabilities.
- Recognize overlapping vulnerabilities of key populations in funding and delivery of services.

¹ In some circumstances, determining population size estimates or mapping key populations can have the unintended negative consequence of putting community members at risk for violence and stigma by identifying these populations and identifying where they are located. When undertaking such exercises, it is important to ensure the safety and security of community members by involving them in the design and implementation of the exercise. This is particularly important with regards to children who are particularly vulnerable to abuse, neglect, violence and exploitation, and who may be made vulnerable to arrest or operations that remove children in a manner that is inappropriate or harmful. For more information see: *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions* (Geneva: World Health Organization, 2013) and *Guidelines on Estimating the Size of Populations Most at Risk to HIV* by the UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance (Geneva: World Health Organization, 2010).

ANNEX 1. THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (1989)

The Convention on the Rights of the Child (CRC) is the most widely and rapidly ratified human rights treaty in history. Ratification of the CRC signifies an agreement by the State to be legally bound by the terms of the Convention, to undertake “all appropriate legislative, administrative and other measures” for the full realization of the rights it contains, and to report on these measures to the Committee on the Rights of the Child.

While children have the same general human rights as adults, the CRC enshrines additional rights for children out of recognition that children (people under 18 years of age) require unique forms of care and protection that adults do not.

(199) The CRC has four guiding principles, which represent the underlying requirements for any and all rights to be realized. These are: non-discrimination (Article 2), with the rights of the Convention applying to all children everywhere; the best interests of the child (Article 3), which must be a primary consideration in all actions concerning children; the right to life, survival and development (Article 6), in order that they can survive and reach their full potential; and respect for the views of the child in matters affecting them (Article 12), recognizing that children have the right to express their views and have them taken into account according to their age and level of maturity.

Like all human rights, child rights are indivisible and interrelated, meaning that the CRC places an equal emphasis on all rights for children, that no hierarchy of rights exists, and that the deprivation of one right adversely affects the others. However, in relation to **children at particular risk of HIV**, there are particular rights that deserve special mention. The right to health, as articulated in Article 24, obligates States Parties to ensure that no child is deprived of his or her right of access to necessary health services, stressing “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health”. The Committee on the Rights of the Child General Comment No. 4 on *Adolescent health and development in the context of the Convention on the Rights of the Child* highlights that Article 2, on the right to enjoy all rights without

discrimination, “also cover adolescents’ sexual orientation and health status (including HIV/AIDS and mental health).” The Committee further notes that all adolescents who are discriminated against are more vulnerable to violence and exploitation, and that their health and development are placed at further risk.

In addition, General Comment No. 3 on *HIV/AIDS and the Rights of the Child* emphasizes that effective HIV/AIDS prevention requires States to refrain from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information, and that, consistent with their obligations to ensure the right to life, survival and development of the child (Article 6), States Parties must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality. The Committee also points out that children are more likely to use services that are friendly, supportive, wide-ranging, geared toward their needs, give them the opportunity to participate in decisions affecting their health, are accessible, affordable, confidential, non-judgmental, do not require parental consent and are non-discriminatory.

Regarding the particular issue of the **sexual abuse and exploitation of children**, Article 19 of the CRC states that States Parties shall take “all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent(s), legal guardian(s) or any other person who has the care of the child”. Article 34 specifically protects children from all forms of sexual exploitation and sexual abuse, including the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials. The CRC also guarantees children survivors of sexual exploitation the right to receive appropriate assistance and support. Article 39, with supporting provisions contained elsewhere in the CRC, emphasizes that States Parties should take all appropriate measures to ensure that child

survivors of exploitation are provided with recovery and reintegration, which “take place in an environment which fosters the health, self-respect and dignity of the child.” The Optional Protocol to the CRC on the sale of children, child prostitution, and child pornography (2000) enhances the protection of children from sale, prostitution and child pornography requiring State Parties to criminalize all forms of sexual exploitation of children and adopt appropriate measures to protect the rights and interests of child survivors.¹

Finally, the Committee on the Convention of the Rights of the Child has highlighted in General Comment No. 4 on Adolescent Health and Development that children in sexual exploitation are exposed to significant health risks, including STIs, HIV/AIDS, unwanted pregnancies, unsafe abortions, violence and psychological distress, and that States parties must provide them with appropriate health and counseling services, “making sure that they are treated as victims and not as offenders.” (200)

¹ The rights of children to protection from sexual exploitation, and the obligation of States parties to prohibit such crimes, are also reflected in other international treaties, including the International Labour Organization’s Convention No. 182 on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (2000) and the Protocol to prevent, suppress and punish trafficking in persons, especially women and children (2000), supplementing the UN Convention against Transnational Organized Crime.

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