Young people, prostitution and state out-of-home care

The views of a group of child welfare professionals in Victoria

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Previous research suggests a link between experiences of state out-of-home care – particularly residential care – and involvement in prostitution. This study explored the nature of this relationship via semi-structured interviews with nine Victorian health and welfare professionals who had worked with young people living in residential care. The findings suggest a complex interaction between pre-care and in-care factors. Environmental and systemic factors within residential care that may contribute to prostitution involvement include peer influence, older males, drug use, staffing factors, poor provision of sex and relationship education, placement decisions, and social isolation. Some significant implications for policy and service delivery are identified.

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Only limited research has been undertaken on the involvement of young Australians in prostitution, but much of the available evidence suggests a significant link between experiences of state care and involvement in prostitution (Hancock 1985, pp.40-47; Neave 1985, p.76). For example, one study of 65 women involved in prostitution in inner city Melbourne found that at least one-third had been placed in out-of-home care as children or adolescents (Mitchell 2000). Another study of 30 drug-dependent sex workers in Melbourne found that 16 had been in the state care system, and stated that they had been introduced to sex work and other harmful high-risk activities whilst in that care system (Hanley 2004). Similarly, a number of UK and Canadian studies have found links between prostitution and care backgrounds (Biehal et al. 1994, p.233; Coy 2005; Frost & Stein 1995, p.G3; Kelleher, Kelleher & Corbett 2000; Raychaba 1988, pp.71-73).

However, few, if any, of these studies attempt to segregate the contribution of pre-care, in-care and post-care experiences, or to specifically identify the characteristics of the residential care experience that may correlate with prostitution. This exploratory study attempts to fill this gap by examining specific factors associated with the residential care environment that may lead to prostitution.

Residential care is defined by the Victorian Department of Human Services (2007) as:

> an out-of-home care placement service for children at risk of abuse and neglect. It provides short and long term out-of-home care in residential facilities for children and young people aged 0-17 years who are unable to be placed in home based care.

Prostitution is defined for the purposes of this study as the act of young people exchanging sex for money, food, clothing, accommodation, safety, transport or drugs (Tschirren, Hammet & Saunders 1996).

THE INCIDENCE OF YOUTH PROSTITUTION IN AUSTRALIA

A small number of reports have attempted to quantify the number of young Australians involved in prostitution. For example, Martyn (1998) surveyed 451 welfare agencies and estimated a total of 3700 young people, including approximately 1200 in Victoria. In contrast, Grant, David and Grabosky (1999) surveyed 151 welfare agencies and

estimated that 400-450 children across Australia were engaged in commercial sexual activity during a typical 24 hour period. The variation between these two reports highlights the subjective nature of the figures due to ambiguous and varying definitions, the intermittent and clandestine nature of prostitution, and the lack of accurate data collection.

Prostitution can have serious physical and emotional effects. Direct health risks can include exposure to sexually transmitted infections and violence, and reduced self-esteem. Indirect health risks may include poor nutrition, and chronic lack of sleep and anxiety due to the associated lifestyle of homelessness, drug use and social isolation (Hanley 2004; Hillier, Matthews & Dempsey 1997; Martyn 1998; Pyett & Warr 1996, 1999). Adverse psycho-emotional effects can include feelings of worthlessness, incidences of self harm, damaged sexual standards and identity, and conflicting feelings of fear, loyalty, guilt, shame and blame. In addition, the lack of protective factors and supports in these young people's lives may decrease their cognitive, psychological and emotional capacity (Grant, David & Grabosky 1999; Hutchison 2003; Martyn 1998; Pyett & Warr 1996; Stewart 1994).

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EXPERIENCES PRIOR TO CARE

There appear to be a number of experiences prior to care that may influence young people's involvement in prostitution. One important factor is abuse of drugs or alcohol. However, the relationship between substance abuse and prostitution is complex. Some writers believe that young people use drugs as a coping mechanism, whilst others argue that young people participate in prostitution in order to obtain drugs (Martyn 1998).

Another contributing factor is experience of childhood abuse or neglect. Sexual abuse is a particularly high risk factor in that it can produce a loss of self-worth, a distorted sense of the relationship between sex and love/emotions, and an indifference to how one is treated by adults. It leaves young people particularly vulnerable to perpetrators within the care system. In addition, sexual abuse may force young people into homelessness which further exposes them to adult exploitation (Ferguson 1993; Mullighan 2008; Shaw & Butler 1998; Tschirren, Hammet & Saunders 1996).

EXPERIENCES IN RESIDENTIAL CARE

Since 1996, there has been a massive increase in children living in out-of-home care – from 13,979 to 28,441. Whilst 40 per cent of children in out-of-home care lived in residential care in 1983, today only four per cent of these children reside in residential care nationally, a figure that rises to seven per cent within Victoria (AIHW 2008).

The increased preference for home-based care and the declining use of residential care placements reflects a view that children are more likely to develop stable and secure attachments within a normalised family environment. However, a number of researchers have contested the rigid application of this assumption. They argue that there is an inadequate supply of appropriate placements for abused and neglected children, that home-based care is not suitable for a significant minority of children, and that specialised residential care incorporating therapeutic interventions may be the best option for children with complex needs (Ainsworth & Hansen 2005; Bromfield et al. 2005; Delfabbro, Osborn & Barber 2005; Liddell et al. 2006; Mullighan 2008). A number of therapeutic facilities have been established in Victoria and other states and territories (Bath 2008), including the Hurstbridge Farm Program, Marymead's High Support Residential Program and Burwood House. The latter program utilises a range of strategies including counselling and support services to address the traumatic impact of childhood abuse (Wesley Mission 2008).

Nevertheless, research has identified a range of systemic factors that may reduce the capacity of residential care to respond to the needs of young people. They include the size and number of units, conditioned dependence and ineffective collaboration. Other concerns include the difficulty of attracting or retaining qualified and skilled staff (Butler 1999; Success Works 2001). These factors may contribute to an absence of appropriate attachments within residential care, a lack of developmental activity and efficacy building, and inappropriate client mixes (Bath 1997; Cashmore & Paxman 1996; Delfabbro, Osborn & Barber 2005).

In addition, there appears to be limited provision of sex and relationship education within residential care. For example, a number of UK studies have found a correlation between early pregnancy among young people in or leaving care, and ignorance caused by a lack of information or advice from carers (Barn & Mantovani 2007; Green 2005; Knight, Chase & Aggleton 2006).

RESIDENTIAL CARE AND PROSTITUTION

A number of environmental factors in residential care may make young people more vulnerable to involvement in prostitution. One factor is the deliberate targeting of young people in care by pimps for purposes of sexual exploitation or prostitution, with or without the assistance of staff (Knight, Chase & Aggleton 2006; Mullighan 2008; Wheal 2005). Another factor is peer influence whereby residential care provides exposure, opportunity and pressure from peers for involvement in risky behaviour, including early sexual experiences and prostitution (Biehal & Wade 1999; Melrose & Barrett 2004; O'Neill 2001; O'Neill, Goode & Hopkins 1995). In addition, many young people seem to enter residential care with feelings of isolation and despair which are then compounded by the restrictive and emotionally unsupportive environment. These feelings may lead young people to identify with deviant behaviour, including prostitution (Kirby 1995; Knight, Chase & Aggleton 2006; Levy 2004).

METHODOLOGY

The existing literature suggests that there is a correlation between residential care experiences and involvement in prostitution. This study seeks to explore this correlation by examining the specific characteristics of residential care that may lead young people to engage in prostitution.

A qualitative, exploratory design was used to explore the perspective of nine welfare workers from a range of professional backgrounds involved with young people living in residential care. The sample consisted of workers who had at least two years of involvement with the young people. The workers were known to the principal author from prior connections in the field, and were viewed as being 'key informants' about the topic. Most of the participants worked in outer suburban areas of Melbourne such as Dandenong and Mooroolbark, which contrasted with the focus of earlier local research on inner city locations (Hancock 1985; Hanley 2004; Martyn 1998). Table 1 presents the occupation, experience and qualifications of the participants interviewed.

In-depth, semi-structured interviews using both closed and open questions were used to explore broad topic areas, and conducted in participants' workplaces. Ethics approval was obtained from the Monash University Standing Committee on Ethics in Research Involving Humans (SCERH). A thematic approach was chosen for analysing the data which involved applying Strauss and Corbin's three phases of coding (Alston & Bowles 2003) whereby the data collected guided the analysis.

RESULTS AND DISCUSSION

Participants identified a complex interaction of factors arising from a young person's experiences prior to care as well as those within residential care. Significant factors included experiences of abuse, drug and alcohol use, mental health issues and inappropriate relationship modelling within the family environment prior to care; and environmental (peer influence, older males, drug and alcohol use and social isolation) and systemic factors (staffing, sex and relationship education and placement decisions) within residential care.

When asked to define prostitution, all participants identified the complex nature of the transaction, involving the exchange of things other than money, such as drugs, accommodation or food, for sexual interactions. There were some conflicting views between participants' definitions regarding the formality of prostitution. Four participants suggested that residential care workers have a restricted view of prostitution as 'out on the street' or formal. However, three other participants highlighted the less formal instances in which young people's interactions may be considered prostitution such as exploitative relationships with older men.

> It ranges ... full involved kids that are street working, you know sex for money. Some of the young people do things which I would consider sex work and they wouldn't. Like sort of casual, what they would consider friendship I suppose. In particular old people who would groom them in a way, buy them substances or cigarettes or food or a place to stay and then that develops into providing them sexual interactions (*Participant G*).

The debate about the notion of formality within the definition of prostitution raises questions about the impact these differences have on the timing and nature of interventions with young people. According to Farmer and Pollock (1998), more formal definitions of prostitution appear to result in higher thresholds for sexualised behaviours such as prostitution amongst residential care workers.

Table 1. Characteristics of participants

Participant	Area of work	Experience (Years)
A	Youth drug and alcohol - health	2.75
B	Police	5
C	Residential care	12
D	Residential care	3
E	Residential care	3
F	Residential care Team Leader	4
G	Youth drug and alcohol	5
H	Youth drug and alcohol - health	11
I	Residential care Team Leader	20

All participants recognised the contribution of a young person's history and experiences prior to care to their involvement in and attitude towards prostitution. For example, young people were identified as having experienced sexual, physical and emotional abuse and neglect, drug and alcohol use, and family dysfunction prior to their entry into care. These experiences of neglect and abuse seem to have indirectly contributed to involvement in prostitution by adversely affecting young people's self-esteem and their understanding of love and relationships. Another strong theme raised was the primary role of drug use in a young person's involvement in prostitution.

In addition, two participants identified the presence of formal mental health issues. One argued that:

> they all have attachment disorders, most have borderline personality disorders or emerging personality disorders and ADHD (*Participant I*).

It was suggested that these illnesses had not been identified or addressed earlier in these young people's lives, and that this hindered their capacity to function in mainstream social and educational settings. As a result, three participants recommended the need for an increased availability of mental health services and generalist counselling.

Participants argued that systemic factors such as staff turnover and inconsistency, minimal provision of sex and relationship education, and placement decisions can contribute to a young person's involvement in prostitution.

All but one participant (who was unable to comment) argued that residential care experiences contributed to involvement in prostitution. However, there were varied views about the nature of the correlation. Four of the nine participants stated that the young people they knew became involved in prostitution after entering residential care, but the other four suggested that it was a 50:50 combination of pre-care and in-care experiences.

All participants agreed that such behaviour escalated after entry into residential care. They attributed this to a range of environmental and systemic factors. Peer influence, or the 'contamination factor', was one significant contributing factor. All participants confirmed the effect inappropriate placements have on exposing young people to risk taking behaviours.

> Unfortunately it's very hard to get a good mix of clients that don't feed off each other and cause problems passing through. For instance, if you've got a self harmer, a drug user and someone who's aggressively violent, it'll all rub off and eventually you'll get all three clients showing the same behaviour... (*Participant D*).

It was also noted that young people in residential care are seeking acceptance, and that their vulnerability makes them more susceptible to peer influence. Four of the nine participants related specific instances of young people within the unit actively recruiting new residents into prostitution.

> Some clients are well known to recruit girls into working for them while others are just brought into the group in a social way... They are introduced to drug use and sex work, doing spotting and something like that ... so it's a gradual introduction (*Participant G*).

These findings are consistent with existing literature that criticises the lack of placement options which results in inappropriate client mixes and exposure to, or exacerbation of, negative and undesirable behaviours (Liddell et al. 2006; Success Works 2001). It also provides new evidence confirming the active recruitment of young people in care into prostitution by their peers (Biehal & Wade 1999; Jesson 1993; Melrose & Barrett 2004; O'Neill, Goode & Hopkins 1995).

A related factor is the contact young women in care have with older men. Some of the participants suggested that the contact with older men was initiated pre-care by parents, either by directly letting girls aged 11 or 12 have adult boyfriends, or through role modelling. But most of the participants also suggested that older men directly groom young women in care for prostitution. These men tend to be aware of the young people's vulnerability and attract them by offering drugs or accommodation. However, the contact with these men was not necessarily initiated from the residential units, but rather through drug contacts or at other locations such as train stations.

All participants stated that the residential care units were proactive in obtaining information, such as noting vehicle number plates when the young people were picked up or dropped off by older men, and communicating this information to the police. However, the young people themselves often concealed or denied their contact with older males. This denial could make effective police intervention difficult because police action would be dependent on either the young person reporting what is happening, or the perpetrators being caught in the act.

These reports confirm the earlier findings by Wheal (2005) and Knight, Chase and Aggleton (2006) on the prevalence of exploitative 'relationships' with older men, and suggest a need for workers to better understand the nature of these exploitative relationships (informal prostitution) so as to provide early intervention and education.

All participants confirmed that drug use is directly correlated with involvement in prostitution. Some young people were already using drugs pre-care, and used prostitution to fund their addiction. Others only began using drugs when they were in care. Drug use tended to increase in residential care due to peer pressure, whether or not it had begun prior to entry.

> Once a kid's in care, if they don't have a drug problem they will develop one, if they're in the system three months, they're tainted. You know it rubs off on them (*Participant D*).

An associated factor was social isolation. Many young people were torn away from their social networks and family when they entered residential care, and their new networks were limited to other residents who were involved in risk taking behaviours such as prostitution. They then tend to copy this behaviour.

> Their behaviour gets worse in care and they think it's normal because they're not comparing themselves to your average teenager that's living in a stable environment. They're comparing it to another resi client that's into all sorts of stuff (*Participant F*).

Another contributing factor is the unnatural physical and cultural environment of residential care. The physical environment is characterised by locked doors, bars on windows and bare furnishings. In addition, most of the participants argued that systemic limitations restrict the capacity of staff to provide a home-like environment. They include the inability to fill a substitute parent role, provide normal consequences for behaviour, provide responsibility and decision-making power to young people, or address long-term emotional issues. These findings suggest that current residential care models are unlikely to provide the therapeutic support that is often required by young people in care, and may contribute to the marginalisation of young people that leaves them vulnerable to prostitution.

Participants also argued that systemic factors such as staff turnover and inconsistency, minimal provision of sex and relationship education, and placement decisions can contribute to a young person's involvement in prostitution. For example, it was agreed that the high turnover and lack of staff within residential care impacts adversely on their work with young people. Six out of eight participants argued that these factors inhibit the development of protective processes such as the building of rapport and relationships, attachment and education that may influence a young person to avoid or disclose behaviours such as prostitution. They also suggested that rotating staff rosters undermine the consistency of rules and consequences that they believe to be important for the development of these young people.

These findings confirm evidence from earlier research that poor financial and human resources and training limit the ability of carers to create an environment that is able to provide adequate care and intervention (Bath 1997; Biehal & Wade 1999; Butler 1999; Delfabbro, Osborn & Barber 2005; Liddell et al. 2006; Success Works 2001).

A number of participants also argued that the sexual and relationship naivety of many of these young people is influenced by a disrupted education, and the lack of access to school-based sex education. This analysis suggests that residential care is in a position to educate and redefine their understanding. But no participant identified instances of formal sex education, and only one participant noted the availability of proactive sex and relationship education within residential care. However, five participants mentioned the use of outside agencies to provide sex education such as YSAS (Youth Substance Abuse Service) and RhED (Resourcing health and education in the sex industry).

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Participants explained that the limited presence or absence of sex and relationship education within residential care was a result of individual and systemic issues. These included a lack of information, training and education for staff, and confusion about whose responsibility it is to address such issues. Six participants argued that the case manager should have the primary role in addressing a young person's involvement in prostitution. However, Participant E explained that reliance on case managers is misplaced as they were not addressing these issues at all.

Individual factors were also identified as impacting on the provision of sex and relationship education in residential care. Six participants stated that individual workers' experience was a factor; long standing staff would be 'straight upfront' with young people about prostitution involvement while less experienced, newer staff may not. Other factors such as gender and personal comfort were also raised as significant factors. These findings are consistent with British research which found that sex and relationship education was a low priority in residential care due to factors such a role confusion and staff discomfort (Farmer & Pollock 1998; Knight, Chase & Aggleton 2006).

SUMMARY AND CONCLUSION

The research findings suggest that the relationship between prostitution and residential care reflects a complex interaction of factors experienced prior to and during care. Participants highlighted that young people in care have backgrounds of abuse and dysfunction which may heighten their susceptibility to risk taking behaviours such as prostitution. But systemic and environmental factors within residential care may also contribute to exposure to risk taking behaviours, or alternatively result in a failure to provide protective measures such as supportive relationships and education.

This study has some obvious limitations given that it reflects the particular experiences and biases of a relatively small, non-random sample, and does not include the perceptions of the young people themselves. Nevertheless, it still suggests some important implications for policy and practice.

They include the need for a greater recognition of the continued role that residential care plays in the 'continuum of care', greater availability of residential care placements to reduce inappropriate placement decisions, and an acknowledgement that the structure and physical environment of residential care impacts on the ability to promote more positive outcomes for young people. In addition, there is a need for specialised training to educate care workers about sex and relationship issues so that they have the resources to address prostitution activity both proactively and reactively.

The findings also suggest the benefits of further research incorporating the views of young people involved in prostitution, an audit of services and supports currently available in residential care, an analysis of alternative models of residential care, an assessment of the sex and relationship education needs of young people in residential care, and the nurturing of ongoing contact with family members or significant others, such as mentors, from outside the care system. In particular, there appears to be a need for more specialised therapeutic residential care that will specifically address negative relationship role modelling, substance abuse, mental health problems, and the overall traumatic impact of childhood sexual abuse. ■

REFERENCES

Ainsworth, F. & Hansen, P. (2005) 'A dream come true – no more residential care. A corrective note', *International Journal of Social Welfare*, 14, pp.195-199.

Alston, M. & Bowles, W. (2003) *Research for social workers: An introduction to methods*, Allen & Unwin, Sydney.

Australian Institute of Health and Welfare (2008) *Child Protection Australia 2006-07*, AIHW, Canberra.

Barn, R. & Mantovani, N. (2007) 'Young mothers and the care system; Contextualizing risk and vulnerability', *British Journal of Social Work*, 37, pp.225-243.

Bath, H. (1997) 'Recent trends in the out-of-home care of children in Australia', *Children Australia*, 22(2), pp.4-8.

Bath, H. (2008) 'Residential care in Australia, Part 1', *Children Australia*, 33(2), pp.6-17.

Biehal, N., Clayden, J., Stein, M. & Wade, J. (1994) 'Leaving care in England: A research perspective', *Children and Youth Services Review*, 16(3/4), pp.231-254.

Biehal, N. & Wade, J. (1999) 'Taking a chance? The risks associated with going missing from substitute care', *Child Abuse Review*, 8, pp.366-376.

Bromfield, L., Higgins, D., Osborn, A., Panozzo, S. & Richardson, N. (2005) *Out-of-home care in Australia: Messages from research*, Australian Institute of Family Services, National Child Protection Clearinghouse, Canberra.

Butler, M. (1999) 'Challenges facing residential care services', *Journal of Family Studies*, 5(1), pp.116-20.

Cashmore, J. & Paxman, M. (1996) *Longitudinal study of wards leaving care*, Social Policy Research Centre, Canberra.

Coy, M. (2005) 'Leaving care loathing self', *Community Care*, 1558, pp.38-39.

Delfabbro, P., Osborn, A. & Barber, J.G. (2005) 'Beyond the continuum: New perspectives on the future in out-of-home care in Australia', *Children Australia*, 30(2), pp.11-18.

Department of Human Services (2007) Children, Youth & Families Division, Victoria, viewed 17 August, 2007, http://www.office-for-children.vic.gov.au/placement-support/foster-care/residential

Farmer, E. & Pollock, S. (1998) *Sexually abused and abusing children in substitute care*, John Wiley & Sons, Chichester.

Ferguson, S. (1993) *Between a rock and a hard place: Young people and opportunistic prostitution in Fortitude Valley and Brisbane City*, Brisbane Youth Service, Brisbane.

Frost, N. & Stein, M. (1995) *Working with young people leaving care*, HMSO, London.

Grant, A., David, F. & Grabosky, P. (1999) *The commercial sexual exploitation of children*, Australian Institute of Criminology, Canberra.

Green, L. (2005) 'Theorizing sexuality, sexual abuse and residential children's homes: Adding gender to the equation', *British Journal of Social Work*, 35(4), pp.453-481.

Hancock, L. (1985) *The involvement of young people in prostitution*, Victorian Government, Melbourne.

Hanley, N. (2004) *Speaking for themselves: Voices of young people involved in commercial sexual activity*, Child Wise, Melbourne.

Hillier, L., Matthews, L. & Dempsey, D. (1997) *A low profile in a hierarchy of needs: A profile of the sexual health of young homeless people in Australia*, report from the Sexuality, Homelessness and Young People Project, Centre for the Study of Sexually Transmissible Disease, La Trobe University, Melbourne.

Hutchison, E.D. (2003) *Dimensions of human behaviour: The changing life course*, 2nd edition, Sage Publications, London.

Jesson, J. (1993) 'Understanding adolescent female prostitution: A literature review', *British Journal of Social Work*, 23(5), pp. 517-530.

Kelleher, P., Kelleher, C. & Corbett, M. (2000) *Left out on their own: Young people leaving care in Ireland*, Oak Tree Press, Dublin.

Kirby, P. (1995) *A word from the street: Young people who leave care and become homeless*, Centrepoint/Community Care/Reed Business Publishing, London.

Knight, A., Chase, E. & Aggleton, P. (2006) 'Someone of your own to love: Experiences of being looked after as influences on teenage pregnancy', *Children and Society*, 20, pp. 391-403.

Levy, A. (2004) *Stigmatised, marginalized and criminalized: An overview of the issues relating to children and young people involved in prostitution*, National Society for the Prevention of Cruelty to Children (NSPCC), London.

Liddell, M., Donegan, T., Goddard, C. & Tucci, J. (2006) *The state of child protection: Australian child welfare and child protection developments 2005*, National Research Centre for the Prevention of Child Abuse, Monash University and Australian Childhood Foundation, Melbourne.

Martyn, L. (1998) *Youth for sale*, Child Wise, Melbourne.

Melrose, M. & Barrett, D. (eds) (2004) *Anchors in floating lives: Interventions with young people sexually abused through prostitution*, Russell House Publishing, Dorset.

Mitchell, G. (2000) *From exclusion to community and connectedness: A research report on the work of the Women's Team of Sacred Heart Mission St Kilda*, Sacred Heart Mission, St Kilda.

Mullighan, E.P. (2008) *Children in State Care Commission of Inquiry*, South Australian Government, Adelaide.

Neave, M. (1985) *Inquiry into prostitution*, Victorian Government, Melbourne.

O'Neill, M. (2001) *Prostitution and feminism*, Polity, Cambridge.

O'Neill, M., Goode, N. & Hopkins, K. (1995) 'Juvenile prostitution: The experience of young women in residential care', *Childright*, 113, pp.14-16.

Pyett, P.M. & Warr, D.J. (1996) *When 'gut instinct' is not enough: Women at risk in sex work*, Centre for the Study of Sexually Transmissible Disease, La Trobe University, Melbourne.

Pyett, P.M. & Warr, D.J. (1999) 'Women at risk in sex work: Strategies for survival', *Journal of Sociology*, 35, 2, pp.183-197.

Raychaba, B. (1988) *To be on our own*, National Youth in Care Network, Ontario.

Shaw, I. & Butler, I. (1998) 'Understanding young people and prostitution: A foundation for practice?', *British Journal of Social Work*, 28, pp. 177-196.

Stewart, K. (1994) *Opportunistic prostitution and young people in Cairns City and Mulgrave Shire*, Youth Services, Cairns.

Success Works (2001) *Evaluation of the High Risk Service Quality Improvement Initiative Report*, Department of Human Services, Melbourne.

Tschirren, R., Hammet, K. & Saunders, P. (1996), *Sex for favours: The On the Job Youth Project, The Definitive Report*, Sex Industry Network, Adelaide.

Wesley Mission Melbourne (2008) *Burwood House: A leaving care program for young people*, Wesley Mission, Melbourne.

Wheal, A. (2005) *The leaving care handbook: Helping and supporting care leavers*, Russell House Publishing, Dorset.