

## Prostitution and the Invisibility of Harm

Melissa Farley

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### Abstract

The harm of prostitution is socially invisible, and it is also invisible in the law, in public health, and in psychology. This article addresses origins of this invisibility, how words in current usage promote the invisibility of prostitution's harm, and how public health perspectives and psychological theory tend to ignore the harm done by men to women in prostitution. Literature which documents the overwhelming physical and psychological harm to those in prostitution is summarized here. The interconnectedness of racism, colonialism, and child sexual assault with prostitution are discussed.

### Introduction

Prostitution is sexual violence which results in economic profit for perpetrators. Other types of gender violence, such as incest, rape, and wife-beating are hidden and frequently denied, but they are not sources of mass revenue. Like slavery, prostitution is a lucrative form of oppression of human beings. Many governments protect commercial sex businesses because of the monstrous profits. Institutions such as prostitution and slavery, which have existed for thousands of years, are so deeply embedded in cultures that they become invisible. In Mauritania, for example, there are 90,000 Africans enslaved by Arabs. Human rights activists travel to Mauritania to report on slavery, but because they do not observe the stereotype of what they think slavery should look like – if they don't see bidding for shackled people on auction blocks - they conclude that the Africans working (in slavery) in front of them are voluntary laborers who are receiving food and shelter as salary (Burkett, 1997).

In a similar way, if observers don't observe the stereotype of "harmful" prostitution, for example, if they do not see a teenaged girl being trafficked at gunpoint from one country to another, if what they see is a streetwise teenager who says 'I like this job, and I'm making a lot of money,' then they don't see the harm. Johns (customers) go to Atlanta, Amsterdam, Phnom Penh, Moscow, Capetown, or Havana and see smiling girls and women waving at them. The customers decide that prostitution is a free choice.

The social and legal refusal to acknowledge the harm of prostitution is stunning. Normalization of prostitution by researchers, public health agencies, and the law is a significant barrier to addressing the harm of prostitution. For example, the International Labor Organization described prostitution as the "sex sector" of Asian economies in spite of citing their own surveys which indicated that, in Indonesia, 96% of those interviewed wanted to leave prostitution if they could (Lim, 1998). It makes no sense to oppose trafficking on the one hand, and promote the "consensual sex sector" or "commercial sex work" on the other. One can not exist without the other; trafficking is the marketing of prostitution.

To assume that there is consent in the case of prostitution, is to disappear its harm. Social and legal assertion that there is consent involved in women's oppression is not new. Rape law, for example, commonly inquires whether or not the woman consented to any sexual act, rather than asking if the rapist obtained her freely given affirmative permission without verbal or physical coercion. In situations of domestic violence, the question is often: "why did she agree to stay in the relationship?" rather than: "how did he cut off her physical and psychological ability to safely escape?" And in cases of sexual harassment, the question is: "did she invite, provoke, or welcome the behavior?" rather than: "did he use his position of authority to compromise her ability to resist?" Just as we have not moved beyond the obstacle of consent for raped, battered, or sexually harassed women, so we are also still at ground zero where prostitution is concerned. [1] The line between coercion and consent is deliberately blurred in prostitution. The politician's insistence that prostitution is consensual parallels the john's insistence that mutuality occurs in prostitution.

In prostitution, the conditions which make genuine consent possible are absent: physical safety, equal power with customers, and real alternatives (Hernandez, 2001). One woman in Amsterdam described prostitution as “volunteer slavery,” a description which reflects both the appearance of choice and the coercion behind that choice. Instead of the question, “did she consent?” the more relevant question would be: “did she have real alternatives to prostitution for survival?” As we will discuss below, it is a statistical, as well as an ethical error to assume that most women in prostitution consent to it.

There is no mutuality of consideration or pleasure in prostitution. The purpose of prostitution is to make sure that one person is object to the other’s subject, to make sure that one person does not use her personal desire to determine which sexual acts do and do not occur, while the other person acts on the basis of his personal desire. This is in stark contrast to non-commercial promiscuous, anonymous sex where both parties act on the basis of personal desire, and both parties are free to retract without economic consequences (Davidson, 1998). [2]

#### Invisibility

Words which conceal harm lead to confusion about the real nature of prostitution. Some words in current usage make the harm of prostitution invisible: voluntary prostitution which implies that she consented when usually, she actually had no other options to survive; forced trafficking, which implies that somewhere there are women who volunteer to be trafficked into prostitution; sex work, which defines prostitution as a job rather than an act of violence against women. The term migrant sex worker blends prostitution and trafficking and implies that both are acceptable. The Chinese words beautiful merchandise benevolently conceal the objectification of women in prostitution. The expression socially disadvantaged women (ostensibly used to avoid stigmatizing prostitutes) removes any hint of the sexual violence which is intrinsic to prostitution.

Libertarian or postmodern ideology obscures the harm of prostitution, defining it as a form of sex. The harshest sexual exploitation in strip club prostitution has been reframed as sexual expression or freedom to express one’s sensuality by dancing. Brothels are referred to as short-time hotels, massage parlors, saunas, and

sometimes health clubs. Older men who buy teenagers for sex acts in Seoul call prostitution compensated dating. In Tokyo prostitution is described as assisted intercourse.

Men who buy women in prostitution are called interested parties or third parties, rather than johns, which is what women call customers. Pimps are described as boyfriends or managers. One pimp recently referred to the brief shelf life of a girl in prostitution. What that means is that he knows the extent of the damage in prostitution, and realizes that she will not be saleable after a few years. In the United States, the expression 'ho' reflects the widely accepted view of all women, and especially women of color, as natural-born whores. [3]

Women in prostitution are called escorts, hostesses, strippers, and dancers. Sometimes these words are attempts by women in prostitution to retain some shred of dignity. The purpose of exposing these words is not to remove women's inherent dignity and worth, but to expose the brutal institution which harms them. What words can be used, without insulting women in prostitution? The expression sex worker implies that prostitution is an acceptable type of work (instead of brutal violence). We do not refer to battered women as "battering workers." And just as we would not turn a woman into the harm done to her (we don't refer to a woman who has been battered as a "batteree") we should not call a woman who has been prostituted, a "prostitute." We suggest retaining her humanity by referring to her as a woman who is in prostitution, who was prostituted or who is prostituting. We also use the word "john" which is the word women themselves use to refer to customers.

The lines between prostitution and nonprostitution have become increasingly blurred. Since the 1980s, there has been huge growth in socially legitimized pimping in the United States. For example, the amount of physical contact between stripclub employees and customers has escalated since 1980. Customers can usually buy either a table dance or a lap dance where the dancer sits on the customer's lap while she wears few or no clothes and grinds her genitals against his. Although he is clothed, he usually expects ejaculation. The lap dance may take place on the main

floor of the club or in a private room. The more private the sexual performance, the more it costs, and the more likely that violent sexual harassment or rape will occur.

### Pervasive invisibility of the violence in prostitution

Despite the fact that prostitution is an institution in which one person has the social and economic power to transform a human being into the living embodiment of a masturbation fantasy (Davidson, 1998), psychotherapists and the public alike collude in viewing prostitution as banal or denying its harm altogether.

Prostitution formalizes women's subordination by gender, race, and class. Poverty, racism, and sexism are inextricably connected in prostitution. Women are purchased because they are vulnerable as a result of lack of educational options, and as a result of previous physical and emotional harm. They are purchased on the basis of toxic ethnic and racial stereotypes.

For the vast majority of the world's prostituted women, prostitution is the experience of being hunted, dominated, harassed, assaulted, and battered. Prostitution is a gendered survival strategy which involves the assumption of unreasonable risks by the person in it. Most of us would not be willing to assume these risks.

A number of authors have documented and analyzed the sexual and physical violence which is the normative experience for women in prostitution, including Baldwin (1993, 1999), Barry (1979, 1995), Boyer, Chapman & Marshall (1993), Chesler (1993), Dworkin (1981; 1997, 2000), Farley, Baral, Kiremire & Sezgin(1998), Giobbe (1991, 1993), Hoigard & Finstad (1986), Hughes (1999), Hunter (1994), Jeffreys, (1997), Karim, Karim, Soldan & Zondi (1995), Leidholdt (1993), MacKinnon (1993, 1997), McKeganey & Barnard (1996), Miller (1995), Raymond (1998), Silbert & Pines (1982a, 1982b), Silbert, Pines & Lynch, 1982), Valera (1999), Vanwesenbeeck (1994),and Weisberg (1985). Silbert & Pines (1981, 1982b) reported that 70% of women suffered rape in prostitution, with 65% having been physically assaulted by customers, and 66% assaulted by pimps.

The physically and psychologically harmful effects of strip club prostitution have not been addressed. The level of harassment and physical assault of women in strip club prostitution has drastically increased in the past 20 years. Touching,

grabbing, pinching, and fingering of dancers removes any boundary which previously existed between dancing, stripping, and prostitution (Lewis, 1998). Holsopple (1998) documented the verbal, physical, and sexual abuse experienced by women in strip club prostitution, which included being grabbed on the breasts, buttocks, and genitals, as well as being kicked, bitten, slapped, spit on, and penetrated vaginally and anally during lap dancing.

Sexual violence and physical assault are the normative experiences for women in prostitution. Silbert and Pines (1982b) reported that 70% of women in prostitution were raped. The Council for Prostitution Alternatives in Portland reported that prostituted women were raped an average of once a week (Hunter, 1994). In the Netherlands, 60% of prostituted women suffered physical assaults; 70% experienced verbal threats of physical assault; 40% experienced sexual violence; and 40% had been forced into prostitution and/or sexual abuse by acquaintances (Vanwesenbeeck, 1994). Most young women in prostitution were abused or beaten by pimps as well as johns. Eighty-five percent of women interviewed by Parriott (1994) had been raped in prostitution. Of 854 people in prostitution in nine countries (Canada, Colombia, Germany, Mexico, South Africa, Thailand, Turkey, United States, and Zambia), 71% had experienced physical assaults in prostitution, and 62% had been raped in prostitution. Eighty-nine percent of 854 people in prostitution from nine countries interviewed by Farley et al (in press) stated that they wished to leave prostitution, but did not have other options. For these people, theorizing prostitution as consensual makes their desire to leave prostitution invisible. In another study, 94% of those in street prostitution had experienced sexual assault and 75% had been raped by one or more johns (Miller, 1995).

Summarizing the literature on different types of prostitution, we have found that 100% of those in prostitution experienced sexual harassment which in the United States would be legally actionable in any other job setting. Sixty to ninety percent had been sexually assaulted as children. Seventy to ninety-five percent were physically assaulted in prostitution, and 60% to 75% were raped in prostitution.

Seventy-five percent of those in prostitution had been homeless at some point in their lives.

Vanwesenbeeck (1994) found that two factors were associated with greater violence in prostitution. The greater the poverty, the greater the violence, and the longer one works in prostitution the more likely one is to experience violence. Like Vanwesenbeeck, we found that women who experienced the most extreme violence in prostitution were not represented in our research. It is likely that all of the aforementioned estimates of violence are conservative, and that the actual incidence of violence is greater than what is reported here.

The most relevant paradigm available in psychology for understanding the harm of prostitution is that of domestic violence. Prostitution is domestic violence. Giobbe (1991) compared pimps and batterers and found similarities in the ways they used extreme physical violence to control women, the ways they forced women into social isolation, used minimization and denial, threats, intimidation, verbal and sexual abuse, and had an attitude of ownership. The techniques of physical violence used by pimps are often the same as those used by batterers and torturers.

A majority of prostitution is pimp-controlled. Recruitment of young women into prostitution begins with what Barry (1995) has called seasoning - - brutal violence designed to break the victim's will. After physical control is gained, pimps use psychological domination and brainwashing. Pimps establish emotional dependency as quickly as possible, beginning with changing a girl's name. This removes her previous identity and history, and additionally, isolates her from her community. The purpose of pimps' violence is to convince women of their worthlessness and social invisibility, as well as to establish physical control and captivity. Over time, escape from prostitution becomes more difficult as the woman is repeatedly overwhelmed with terror. She is forced to commit acts which are sexually humiliating and which cause her to betray her own principles. The contempt and violence aimed at her are eventually internalized, resulting in virulent self-hatred which then makes it even more difficult to defend herself. Survivors

report a sense of contamination, of being different from others, and self-loathing which last many years after breaking away from prostitution.

Treatment approaches used by those who work with battered women are also applicable to prostituted women. The first goal must be to establish physical safety. This involves both client and therapist agreeing on the goal of leaving prostitution. Only after that has occurred (often by providing safe housing), can the initial stage of therapy proceed where issues of chemical dependence and acute PTSD are addressed.

Belton (1992) and Goodman & Falot (1998) have discussed the need for intake inquiry regarding prostitution history. Unless screening questions are asked, prostitution will remain invisible. The questions “have you ever exchanged sex for money or clothes, food, housing, or drugs?” and “have you ever worked in the commercial sex industry: for example, dancing, escort, massage, prostitution, pornography, phone sex?” are now a routine part of the author’s history-taking (Farley & Kelly, 2000).

#### The invisibility of racism and colonialism in prostitution

The racism which is inextricably connected to sexism in prostitution tends to be invisible to most observers. Women in prostitution are purchased for their appearance, including skin color and characteristics based on ethnic stereotyping. Throughout history, women have been prostituted on the basis of race and ethnicity, as well as gender and class.

Entire communities are affected by the racism which is entrenched in prostitution. The insidious trauma of racism continually wears away at people of color, creating vulnerability to stress disorders (Root, 1996). Families who have been subjected to race and class discrimination may interface with street networks which normalize prostitution for economic survival. Legal prostitution, such as strip clubs and stores which sell pornography (that is, pictures of women in prostitution) tends to be zoned into poor neighborhoods, which in many urban areas in the United States, also tend to be neighborhoods of people of color. Commercial sex businesses create a hostile environment in which girls and women are continually harassed by pimps and johns. Women and girls are actively recruited by pimps and



are harassed by johns driving through their neighborhoods. There is a similarity between the abduction into prostitution of African women by slavers and today's cruising of African American neighborhoods by johns searching for women to buy (Nelson, 1993).

Compared to their numbers in the United States as a whole, women of color are overrepresented in prostitution. For example, in Minneapolis, a city which is 96% European American, more than half of the women in strip club prostitution are women of color (Dworkin, personal communication, 1997). African American women are arrested for prostitution solicitation at a higher rate than others charged with this crime.

Colonialism exploits not only natural resources, it objectifies the people whose land contains those resources. Especially vulnerable to violence from wars or economic devastation, indigenous women are brutally exploited in prostitution (for example, Mayan women in Mexico City, Hmong women in Minneapolis, Karen or Shan women in Bangkok, or First Nations women in Vancouver). The intersection of racism, sexism and class is especially apparent in sex tourism. Historically, colonialism in Asia and the Caribbean promoted a view of women of color as natural-born sex workers, sexually promiscuous and immoral by nature. Over time, women of color come to be viewed as "exotic others" and were defined as inherently hypersexual on the basis of race and gender (Hernandez, 2001). The prostitution tourist denies the racist exploitation of women in "native cultures," as in Bishop and Robinson's (1998) analysis of the Thai sex business: "Indigenous Thai people are seen as Peter-Pan-like children who are sensual and never grow up. Sex tourists believe that they are simply partaking of the Thai culture, which just happens to be 'overtly sexual.'" He may feel like a millionaire in a third or fourth world economy, and rationalize that he is helping women out of poverty.

These girls gotta eat, don't they? I'm putting bread on their plate. I'm making a contribution. They'd starve to death unless they whored.

(Bishop & Robinson, 1998, p. 168)

The Thai perspective of this situation is diametrically opposed to that of the prostitution tourist:

Thailand is like a stage, where men from around the world come to perform their role of male supremacy over Thai women, and their white supremacy over Thai people. (Skrobanek cited in Seabrook, 1996, p. 89)

Racially constructed ideas about women in sex tourism have a greater and greater effect on the ways women of color are treated at home. For example, Asian-American women reported rapes after men viewed pornography of Asian women (MacKinnon & Dworkin, 1997).

Once in prostitution, women of color face barriers to escape. Among these is an absence of culturally sensitive advocacy services in the United States. Other barriers faced by all women escaping prostitution are a lack of services which accommodate emergency needs such as shelters, treatment of drug/alcohol dependence, and treatment of acute posttraumatic stress disorder (PTSD). There is a similar lack of services to address long-term needs, such as treatment of depression and other mood disorders, complex post-traumatic stress disorder (CPTSD), vocational training, and longterm housing.

#### The invisible continuum: child abuse and prostitution

The systematic nature of violence against girls and women is clearly seen when incest is understood as child prostitution. Use of a child for sex by adults, with or without payment, is prostitution of the child. When a child is incestuously assaulted, the perpetrator's objectification of the child victim and his rationalization and denial are the same as those of the john in prostitution. Incest and prostitution cause similar physical and psychological symptoms in the victim.

Child sexual abuse is a primary risk factor for prostitution. Familial sexual abuse functions as a training ground for prostitution. One young woman told Silbert & Pines (1982a page 488), "I started turning tricks to show my father what he made me." Dworkin (1997) described sexual abuse of children as "boot camp" for prostitution.

Most women over the age of eighteen in prostitution began prostituting when they were adolescents. du Plessis, who worked with homeless and prostituted children in Johannesburg, South Africa, reported that she could not refuse her

agency's services to 21 year olds because she understood them to be grown up child prostitutes (Personal communication, 1997). Early adolescence is the most frequently reported age of entry into any type of prostitution. Boyer and colleagues (1993) interviewed 60 women prostituting in escort, street, strip club, phone sex, and massage parlors (brothels) in Seattle, Washington. All of them began prostituting between the ages of 12 and 14. In another study, Nadon et al (1998) found that 89% had begun prostitution before the age of 16. Of 200 adult women in prostitution 78% began prostituting as juveniles and 68% began when they were younger than 16 (Silbert, 1982a).

The artificial distinction between child and adult prostitution obscures the continuity between the two. On a continuum of violence and relative powerlessness, the prostitution of a 12-year-old is more horrific than the prostitution of a 20-year-old, not because the acts committed against her are different, but because the younger person has less power. In other respects, the experiences of sexual exploitation, rape, verbal abuse, and social contempt are the same, whether the person being prostituted is the legal age of a child or the legal age of an adult. The antecedent poverty and attempts to escape from unbearable living conditions (violence at home or the economic violence of globalization) are similar in child and adult prostitution.

Multiple perpetrators of sexual abuse were common, as was physical abuse in the childhood of women in prostitution. Sixty-two percent of women in prostitution reported a history of physical abuse as children. 90% of prostituted women had been physically battered in childhood; 74% were sexually abused in their families- with 50% also having been sexually abused by someone outside the family (Giobbe, Harrigan, Ryan & Gamache, 1990). Of 123 survivors of prostitution at the Council for Prostitution Alternatives in Portland, 85% reported a history of incest, 90% a history of physical abuse, and 98% a history of emotional abuse (Hunter, 1994).

Prostituting adolescents grow up in neglectful, often violent families. Although not all sexually abused girls are recruited into prostitution, most of those in prostitution have a history of sexual abuse as children, usually by several people. Farley and Lynne (2000) reported that 88% of 40 women prostituting in Vancouver

had been sexually assaulted as children, by an average of five perpetrators. This latter statistic (those assaulted by an average of five perpetrators) did not include those who responded to the question “If there was unwanted sexual touching or sexual contact between you and an adult, how many people in all?” with “tons” or “I can’t count that high” or “I was too young to remember.” Sixty-three percent of those interviewed were First Nations women. One girl in prostitution said,

We’ve all been molested. Over and over, and raped. We were all molested and sexually abused as children, don’t you know that? We ran to get away. They didn’t want us in the house anymore. We were thrown out, thrown away. We’ve been on the street since we were 12, 13, 14. (Boyer, Chapman & Marshall, 1993).

Traumatic sexualization is the inappropriate conditioning of the child’s sexual responsiveness and the socialization of the child into faulty beliefs and assumptions about sexuality which leave her vulnerable to additional sexual exploitation (Browne and Finkelhor, 1986). Traumatic sexualization is an essential component of the grooming process for subsequent prostitution.

Some of the consequences of childhood sexual abuse are behaviors which are prostitution-like. A common symptom of sexually abused children is sexualized behavior. Sexual abuse may result in different behaviors at different stages of the child’s development. Sexualized behaviors are likely to be prominent among sexually abused preschool-age children, submerge during the latency years, and then reemerge during adolescence as behavior described as promiscuity, prostitution, or sexual aggression.

The sexually abused child may incorporate the perpetrator’s perspective into her identity, eventually viewing herself as good for nothing but sex, which is to say, she may adopt his view that she is a prostitute (Putnam, 1990). Survivors link physical, sexual, and emotional abuse as children to later prostitution. Seventy percent of the adult women in prostitution in one study stated that childhood sexual assault was largely responsible for their entry into prostitution (Silbert & Pines, 1982a). Family abuse and neglect were described as not only causing direct physical and emotional

harm, but also creating a cycle of victimization which affected their futures. For example, one woman stated that by the time she was 17,

...all I knew was how to be raped, and how to be attacked, and how to be beaten up, and that's all I knew. So when he put me on the game [pimped her] I was too down in the dumps to do anything. All I knew was abuse (Phoenix, 1999 page 111).

The constricted sense of self of the sexually abused child and the coercive refusal of the perpetrator to respect the child's physical boundaries may result in subsequent difficulties in asserting boundaries, in impaired self-protection, and a greater likelihood of being further sexually victimized, including becoming involved in prostitution (Briere, 1992).

The powerlessness of having been sexually assaulted as a child may be related to the frequent discussions of control and power by women who are prostituting. The emotional and physical helplessness of the sexually abused child may be reenacted in the prostitution transaction, with vigilant attention to the tiniest shard of control. Payment of money for an unwanted sex act in prostitution may make the girl or woman feel more in control when compared to the same experience with no payment of money. For example, one woman said that at age 17, she felt safer and more in control turning tricks on the street than she did at home with her stepfather raping her.

Pimps exploit the vulnerability of runaway or thrown-out children in recruiting them to prostitution. In Vancouver, 46% of homeless girls had received offers of "assistance to help them work in prostitution." One 13-year old who had run away from home was given housing by a pimp, but only in exchange for prostituting. 96% of the adults interviewed by Silbert & Pines (1983) had been runaway children before they began prostituting. More than half of 50 prostituting Asian girls aged 11 to 16 ran away because of family problems (Louie, Luu & Tong, 1991).

A survey of 500 homeless youths in Indianapolis reported that at first only 14% acknowledged that they were working as prostitutes. When the Indiana adolescents were subsequently asked nonjudgmental questions about specific behaviors, they responded as follows: 32% said that they had sex to get money; 21% said they had

sex for a place to stay overnight; 12% exchanged sex for food; 10% exchanged sex for drugs; and 6% exchanged sex for clothes. In other words, a total of 81%, not 14% of these 500 homeless adolescents, were prostituting (Lucas & Hackett, 1995).

Gay male adolescents' prostitution behavior is also likely to be a reenactment of earlier sexual abuse. Homophobia plays a role in the prostituting of gay young men in that gay youth may have been thrown out of their homes because of their sexual orientation. Furthermore, in many cities, prostitution was the only available entry into the gay community; it was an activity where boys could "practice" being gay. Thus gay adolescent boys may develop an identity which links their sexual orientation to prostitution (Boyer, 1989)

### Health Consequences of Prostitution

#### Violence-related physical health consequences of prostitution

Although at first glance, the public health attention to HIV/STD infection includes the prostituted woman herself, on closer inspection it becomes apparent that the overarching concern is for the health of the customer: to decrease his exposure to disease. Aside from HIV/STD, the physical harm of prostitution to her is invisible. In spite of extensive documentation that HIV is overwhelmingly transmitted via male-to-female vaginal and anal intercourse, not vice versa, one of the misogynist prejudices about prostitution is that she is the source of infection. The exclusive focus on male customers' HIV risk which ignores the psychological and physical violence to women - is a variant of this prejudice against prostituted women. Rape by customers is a primary source of HIV infection in women..

In the HIV literature from 1980 to 2000, most authors minimized or ignored HIV risk posed by the customer to the woman in prostitution. Most also failed to mention the option of escape from prostitution. For example, Karim et al., (1995) interviewed women who prostituted at a truck stop in South Africa. This group of researchers found that women were at a higher risk for physical violence when they insisted on condom use with customers, whose violence contributed to their relative powerlessness. Ignoring their finding that the women were at a higher risk for violence, the researchers recommended that women in prostitution learn negotiation and communication skills to reduce HIV risk. It seems tragically likely that this

particular project (and others as well) may have resulted in additional injury, even death, to some women in prostitution.

Globally, the incidence of HIV seropositivity among prostituted women is devastating. Homeless children are at highest risk for HIV, for example in Romania and Colombia. Piot (1999) noted that half of new AIDS cases are less than age 25, and that girls are likely to become infected at a much younger age than boys, in part because of the acceptance of violence perpetrated against girls and women in most cultures. The invisibility of women's HIV risk, as compared to men's risk, has resulted in a lack of attention to early HIV infection in women (Allen et al., 1993; Schoenbaum and Webber, 1993). Allen et al. (1993) investigated HIV risk-assessments in inner-city US women's health clinics and found that despite the presence of HIV infection across a broad age range for both sexes, early HIV infection (not yet AIDS) was "completely unrecognized among all adolescent, young adult, and older women." (p. 367).

STD and HIV have increased exponentially in the Ukraine and other former Soviet Union states since 1995. From 1987 to 1995, fewer than 200 new HIV infections per year were diagnosed in Russia. In the first six months of 1999, 5000 new cases of HIV were reported (Dehne, Khodakevich, Hamers & Schwartlander, 1999). In the city of Kaliningrad, one in three people infected with HIV was a woman, and 80% of the infected women were in prostitution (Smolskaya, Momot, Tahkinova & Kotova 1998) It is likely that this massive increase in HIV resulted from an extremely high rate of violence against women in Russia (Hamers, Downs, Infuso & Brunet, 1998). Women in Russia are transformed into "office prostitutes" via job requirements to tolerate sexual harassment (or in the direct Russian translation, "sexual terror," Hughes, 2000). In addition, political restructuring with control of state agencies held by criminals, extreme poverty, and collapse of healthcare systems contributed to the HIV pandemic in Russia (Hamers et al, 1998).

After two decades of research on HIV, the World Health Organization noted that women's primary risk factor for HIV is violence (Piot, 1999). Aral & Mann (1998) at the Centers for Disease Control, emphasized the importance of addressing

human rights issues in conjunction with STDs. They noted that since most women enter prostitution as a result of poverty, rape, infertility, or divorce, public health programs must address the social factors which contribute to STD/HIV. Gender inequality in any culture normalizes sexual coercion, promoting domestic violence and prostitution, ultimately contributing to women's likelihood of becoming HIV-infected. Kalichman, Kelly, Shaboltas & Granskaya (2000) and Kalichman, Williams, Cheery, Belcher & Nachimson (1998) noted the coincidence of the HIV epidemic and domestic violence in Russia, Rwanda, and the USA.

Chronic health problems result from physical abuse and neglect in childhood (Radomsky, 1995), from sexual assault (Golding, 1994), battering (Crowell & Burgess, 1996), untreated health problems, overwhelming stress and violence (Friedman & Yehuda, 1995; Koss & Heslet, 1992; Southwick et al. 1995). Prostituted women suffer from all of these. Many of the chronic physical symptoms of women in prostitution were similar to the physical consequences of torture. The lethal nature of prostitution is suggested by a 1985 Canadian study which found that the death rate of those in prostitution was 40 times higher than that of the general population (Special Committee on Pornography and Prostitution, 1985).

Prostituted women had an increased risk of cervical cancer and chronic hepatitis (Chattopadhyay, Bandyopadhyay & Duttagupta, 1994; de Sanjose, Palacio, Tafur, Vasquez, Espitia, Vasquez, Roman, Munoz & Bosch, 1993; Nakashima, Kashiwagi, Hayashi, Urabe, Minami & Maeda, 1996; Pelzer, Duncan, Tibaux & Mebari, 1992). Incidence of abnormal Pap screens was several times higher than the state average in a Minnesota study of prostituted women's health (Parriott, 1994). Childhood rape was associated with increased incidence of cervical dysplasia in a study of women prisoners (Coker, Patel, Krishnaswami, Schmidt & Richter, 1998). Women in prisons are frequently incarcerated for prostitution-related acts.

We asked 700 people in prostitution in 7 countries if they had health problems (Farley, Baral, Gonzales, Kiremire, Sezgin, Spiwak, & Taylor, 2000). Almost half of these people in Colombia, Mexico, South Africa, Thailand, Turkey, USA, and Zambia reported symptoms which were associated with violence, overwhelming stress, poverty, and homelessness.



Physicians' diagnoses of these 700 people in prostitution included tuberculosis, HIV, diabetes, cancer, arthritis, tachycardia, syphilis, malaria, asthma, anemia, and hepatitis. Twenty-four percent reported reproductive symptoms including sexually transmitted diseases (STD), uterine infections, menstrual problems, ovarian pain, abortion complications, pregnancy, hepatitis B, hepatitis C, infertility, syphilis, and HIV.

Without specific query about mental health, 17% of these 700 people in prostitution described severe emotional problems: depression, suicidality, flashbacks of child abuse, anxiety and extreme tension, terror regarding a relationship with a pimp, lack of self-esteem, and mood swings.

Fifteen percent reported gastrointestinal symptoms such as ulcers, chronic stomachache, diarrhea, and colitis. Fifteen percent reported neurological symptoms such as migraine headaches and non-migraine headaches, memory loss, numbness, seizures, and dizziness. Fourteen percent of these women and children in prostitution reported respiratory problems such as asthma, lung disease, bronchitis, and pneumonia. Fourteen percent reported joint pain, including hip pain, bad knees, backache, arthritis, rheumatism, and nonspecific multiple-site joint pain.

Twelve percent of those who described health problems in prostitution reported injuries which were a direct result of violence. For example, a number of women had their ribs broken by the police in Istanbul, a woman in San Francisco broke her hips jumping out of a car when a john was attempting to kidnap her. Many women had their teeth knocked out by pimps and johns. Miller (1986) cited bruises, broken bones, cuts and abrasions which resulted from beatings and sexual assaults. One woman said about her health:

I've had three broken arms, nose broken twice, [and] I'm partially deaf in one ear....I have a small fragment of a bone floating in my head that gives me migraines. I've had a fractured skull. My legs ain't worth shit no more; my toes have been broken. My feet, bottom of my feet, have been burned; they've been whopped with a hot iron and clothes hanger... the hair on my pussy had been burned off at one

time...I have scars. I've been cut with a knife, beat with guns, two by fours. There hasn't been a place on my body that hasn't been bruised somehow, some way, some big, some small. (Giobbe, 1992, p. 126)

In the first phase of an in-depth review of chronic health problems resulting from prostitution, we interviewed 100 women and transgendered people in Vancouver, Canada, regarding their chronic health problems (Farley, Lynne, & Cotton, 2001). Seventy-five percent of these women reported injuries from violence in prostitution. Fifty percent suffered head injuries. The author has found that a majority of women in prostitution report traumatic head injuries inflicted by johns and pimps. Common symptoms were memory problems (66%); trouble concentrating (66%); headaches (56%); dizziness (44%); vision problems (45%); hearing problems (40%); balance problems (41%); aching muscles (78%); joint pain (60%); jaw pain (38%); and swelling of limbs (33%). Sixty-one percent of these respondents had cold/flu symptoms. Cardiovascular symptoms included chest pain (43%); pain/numbness in hands/feet (49%); irregular heartbeat (33%); shortness of breath (60%). In addition, 35% reported allergies and 32% reported asthma. 24% reported both painful menstruation and vaginal pain. 23% had breast pain.

Some of the health problems suffered by women in prostitution resulted from poverty. Although public health agencies in Bombay could obtain expensive drugs to treat HIV, they were unable to obtain antibiotics and other more "mundane" drugs to treat tuberculosis, which was the primary cause of death of women in prostitution (Jean D'Cunha, personal communication, 1997). Seventy percent of 100 prostituted girls and women in Bogota reported physical health problems. In addition to STD, their diseases were those of poverty and despair: allergies, respiratory problems and blindness caused by glue sniffing, migraines, symptoms of premature aging, dental problems, and complications of abortion (Spiwak, 1999).

Adolescent girls and boys in prostitution surveyed by Weisberg (1985) reported STD, hepatitis, pregnancies, sore throats, flu, and repeated suicide attempts. Women who serviced more customers in prostitution reported more

severe physical symptoms (Vanwesenbeeck, 1994). The longer women were in prostitution, the more STD they reported (Parriott, 1994).

The invisibility of psychological symptoms among women in prostitution

The assault on women's sexuality in prostitution is overwhelming, yet invisible to most people. When women are turned into objects which men masturbate into (as prostitution has been described by Hoigard & Finstad, 1986), it causes immense harm to the person who is acting as receptacle.

Prostitution and sexual liberation have got nothing to do with each other, they're exactly the opposite. I don't feel free with my body, I feel bad about it, I feel self-conscious. I don't really feel like my body's alive, I think of it more as bruised, as a weight. (Jaget, 1980, p. 112)

In all prostitution there is commodification of the woman's body. This commodification often results in internalized objectification, where the prostituted woman begins to see sexually objectified parts of her own body as separate from, rather than integral to her entire self. This process of internalized objectification leads to somatic dissociation, even in prostitution where there is no physical contact between the woman and the john. For example, Funari described the effects of peep show prostitution, where she worked in a mirror-walled booth, naked. A thick glass wall separated her from the men, and when the shutters went down men had to pay again in order to watch and masturbate. She wrote,

At work, what my hands find when they touch my body is 'product.' Away from work, my body has continuity, integrity. Last night, lying in bed after work, I touched my belly, my breasts. They felt like Capri's [her peep show name] and they refused to switch back. When [her partner] kissed me I inadvertently shrunk from his touch. Shocked, we both jerked away and stared at each other. Somehow the glass had dissolved and he had become one of them (Funari, 1997, p. 32).

In order to retain her self-respect, Funari resisted emotional connection with men who considered her to be essentially worthless. Yet she felt “poisoned” by the contempt of customers. Her sexual feelings for her boyfriend waned.

In an attempt to defend the self, women in prostitution at first may make a conscious decision to disconnect from parts of the body. Stating, “I save my vagina for my lover,” one woman performed only oral sex or masturbation (Pheterson, 1996). Over time, however, this piecing-out of parts of the body in prostitution (johns get this, lovers get that) results in somatoform dissociation, with the body numbed, considered not-me, the body a commodity, itself traumatically compartmentalized in the same way that traumatic affects and memories exist in states of dissociated consciousness. This disconnection between parts of the whole self is common among survivors of extreme trauma (Schwartz, 2000).

In prostitution, the continuous assaults on the body result in physical revulsion and retraumatization. One woman wrote about her body’s response to repeated rape:

I started getting physically ill whenever I turned a trick. My vagina closed on me again like it did when I was 15 years old [during a rape]. The men started getting real pissed off about that because it meant no intercourse... One night a man tried to force himself inside of me and damaged his penis in the process (Williams, 1991 p. 77).

Most women who have been in prostitution for any length of time experience sexual dysfunction with their chosen partners. Feelings are disconnected from sexual acts. It becomes nearly impossible to view partners as anything but johns. One woman said,

I felt like a prostitute every time I got into bed with him. I had lost myself in prostitution and had become so well established in my identity and role as a prostitute that once I had stopped I couldn’t then relate to my lover as myself (Perkins & Bennett, 1985, p 112).

The same sexual trauma which occurs with women in prostitution also occurs with men. As one man said,

[Prostitution] can destroy your sex life. I had a lover at one stage and there were times when I'd be having sex with him and I'd flash on to an old man that I'd had the night before and then I'd just have to stop, you know. (Perkins & Bennett, 1985, p 152).

Dissociation occurs during extreme stress among prisoners of war who are tortured, among children who are being sexually assaulted, and among women being battered, raped, or prostituted (Herman, 1992). When one is prostituted for any length of time, a state of intense, unbearable fear develops. Dissociative disorders, depression and other mood disorders were common among prostituted women in street, escort, and strip club prostitution (Belton, 1998, Ross, Anderson, Heber & Norton, 1990, VanWesenbeeck, 1994). Dissociation in prostitution results from both childhood sexual violence and sexual violence in adult prostitution. The dissociation which is necessary to survive rape in prostitution is the same as that used to endure familial sexual assault (Giobbe, 1991; Miller, 1986). Vanwesenbeeck noted that “dissociative proficiency” contributed to the professional attitudes among women in prostitution in the Netherlands (1994, p. 107). A Thai woman said, “You make yourself empty inside” (Bishop & Robinson, 1998, p. 47).

Most women report that they can not prostitute unless they dissociate. Chemical dissociation aids psychological dissociation, and also functions as analgesic for injuries from violence. When women in prostitution do not dissociate, they are at risk for being overwhelmed with pain, shame, and rage. One woman said,

The disgust is difficult to deal with. I can deal with [the johns] individually but if I allow myself to think of them en masse I feel like grabbing a machine gun and mowing the lot down” (Wood, 1995, page 29).

One woman described the gradual development of a dissociated identity during the years she prostituted in stripclubs:

You start changing yourself to fit a fantasy role of what they think a woman should be. In the real world, these women don't

exist. They stare at you with this starving hunger. It sucks you dry; you become this empty shell. They're not really looking at you, you're not you. You're not even there (Farley, unpublished interview, 1998).

Another woman described a dissociative response to the trauma of prostitution:

Prostitution is like rape. It's like when I was 15 years old and I was raped. I used to experience leaving my body. I mean that's what I did when that man raped me. I went to the ceiling and I numbed myself because I didn't want to feel what I was feeling. I was very frightened. And while I was a prostituted I used to do that all the time. I would numb my feelings. I wouldn't even feel like I was in my body. I would actually leave my body and go somewhere else with my thoughts and with my feelings until he got off and it was over with. I don't know how else to explain it except that it felt like rape. It was rape to me. (Giobbe, 1991, p. 144).

While the traumatic effects of rape are well established, the extremely high incidence of rape in prostitution, with resulting symptoms of PTSD, is not so well understood. One survivor said, "For the first few months I worked [in prostitution] I had a lot of nightmares involving mass numbers of penises" (Williams, 1991, p. 75)

Many years after escaping from prostitution, an Okinawan woman who had been purchased by US military personnel during the Vietnam war became extremely agitated and had visions of sexual abuse and persecution on the 15th and 30th of each month, those days which were Army paydays (Sturdevant & Stolfus, 1992).

Another woman described intrusive and physiologic hyperarousal symptoms of PTSD:

I wonder why I keep going to therapists and telling them I can't sleep, and I have nightmares. They pass right over the fact that I was a prostitute and I was beaten with two-by-four

boards, I had my fingers and toes broken by a pimp, and I was raped more than 30 times. Why do they ignore that? (Farley & Barkan, 1998, p. 46).

PTSD is common among prostituted women. In nine countries, Farley, Alvarez, Sezgin, Baral, Kiremire, Lynne, DuPlessis, DuPlessis, Gonzales, Spiwak, Cotton, and Zumbeck (in press) found that 68% met criteria for a diagnosis of PTSD, a prevalence comparable to battered women seeking shelter (Houskamp & Foy, 1991), rape survivors seeking treatment (Bownes, O’Gorman & Sayers, 1991), and survivors of state-sponsored torture (Ramsay, Gorst-Unsworth & Turner, 1993). These rates suggest that the traumatic consequences of prostitution were similar across different cultures.

There is a myth that escort and strip club prostitution are safer than street prostitution. This has not been verified by research. We compared street, brothel, and stripclub prostitution in two cities in Mexico, and found no differences in the incidence of physical assault, rape, childhood sexual abuse, or in the percentage of women who wanted to get out of prostitution. Furthermore, there were no differences in symptoms of PTSD among women in these three types of prostitution (Farley et al., in press). Prostitution is intrinsically traumatizing, wherever it occurs.

Vanwesenbeeck (1994) reported similar findings. She investigated emotional distress in women prostituting primarily in clubs, brothels, and windows. Although she did not measure PTSD, the symptoms she reported were similar to PTSD. 90% of Vanwesenbeeck’s group of prostituted women reported “extreme nervousness.”

Johns’ poisonous verbal assaults in all types of prostitution cause acute and long-term psychological symptoms. The verbal abuse in prostitution is normalized and is invisible. One woman said that over time, “It is internally damaging. You become in your own mind what these people do and say with you. You wonder how could you let yourself do this and why do these people want to do this to you?” (Farley, unpublished interview, 1997).

The physical violence of prostitution, the constant verbal humiliation, the social indignity and contempt, result in personality changes which have been described as complex posttraumatic stress disorder (CPTSD) (Herman 1992).

Symptoms of CPTSD include changes in consciousness and self-concept, changes in the ability to regulate emotions, changes in systems of meaning, such as loss of faith, and an unremitting sense of despair. Once out of prostitution, 76% of a group of women interviewed by Parriott (1994) reported that they had great difficulty with intimate relationships.

Unless human behavior under conditions of captivity is understood, the emotional bond between those prostituted and pimps is difficult to comprehend. The terror created in the prostituted woman by the pimp causes a sense of helplessness and dependence. This emotional bonding to an abuser under conditions of captivity has been described as the Stockholm Syndrome. Attitudes and behaviors which are part of this syndrome include: 1) intense gratefulness for small favors when the captor holds life and death power over the captive; 2) denial of the extent of violence and harm which the captor has inflicted or is obviously capable of inflicting; 3) hypervigilance with respect to the pimp's needs and identification with the pimp's perspective on the world (an example of this was Patty Hearst's identification with her captors' ideology); 4) perception of those trying to assist in escape as enemies and perception of captors as friends; 5) extreme difficulty leaving one's captor/pimp, even after physical release has occurred. Paradoxically, women in prostitution may feel that they owe their lives to pimps (Graham, Rawlings & Rigsby, 1994).

Concepts in the medical and social sciences which contribute to the invisibility of prostitution's harm, and which inflict additional injury

The social invisibility of prostitution is the first barrier to grasping its harm. If the harm is not perceived, there is no possibility of healing the psychological damage which occurs as a result of being prostituted. Cotton & Forster (2000) surveyed psychology of women textbooks and found that eleven of fourteen texts published since 1995 failed to mention prostitution. When prostitution was mentioned, it was usually addressed as a “feminist debate” or as “work” rather than as violence.

Some have suggested that prostituted women in the sex businesses are “simply another category of workers with special problems and needs” (Bullough &



Bullough, 1996, page 177). In 1988, the World Health Organization prostitution as “dynamic and adaptive sex work, involving a transaction between seller and buyer of a sexual service” (cited in Scambler & Scambler, 1995, p. 18) Recent psychological and health sciences literature regularly assumed that prostitution is a vocational choice (Deren et al. 1996; Farr, Castro, DiSantostefano, Claassen, & Olguin, 1996; Green et al., 1993). The notion that prostitution is work tends to make its harm invisible (except perhaps for the need for labor unions). Once understood as violence, however, unionizing prostituted women makes as little sense as unionizing battered women.

Historically, there have been a number of medical, psychological and “sexological” theories which not only make the harm of prostitution invisible, but which further blame women for their own victimization. In 1898, Lombroso suggested that prostitutes have a “demonic nature which is observable upon precise skull measurement.” Damaging theories about why women prostitute are still in vogue. For example, some HIV researchers have represented women in prostitution as “vectors of disease,” a concept akin to Lombroso’s notion that prostitutes are demons. These views originate in Judeo-Christian formulations of women as sexually evil.

It seems to be titillating to theorize a mysterious perversity as a factor in entering prostitution. Urologist and criminologist Reitman wrote in 1931:

Why does a woman fall in love with a pimp? It may be because she is a moron or a psychopathic personality, an eccentric ego. She may have either a superiority or an inferiority complex. It may be because she is poor and hungry or rich and bored (p. 31)

Abraham speculated that “[The prostitute’s] frigidity signifies a humiliation of all men ... and her whole life is given up to this purpose” [Abraham, 1948,p.361]. Prostituted women do become sexually numbed, but Abraham reverses cause and effect. The woman in prostitution does not begin with the intention of humiliating men. Instead, she becomes sexually frozen in response to the accumulated traumatic

effects of sexual and psychological violence. A similar numbing may occur in victims of state-sponsored torture.

Sexology, the study of sexuality, was built on the uncritical acceptance of prostitution as an institution which expresses men's and women's sexuality. Kinsey, Pomeroy, Masters and Johnson worked in the late 1940s through the 1970s and articulated a sexuality which was graphically portrayed in Playboy. The Playboy Press, for example, published Masters & Johnson's article, "Ten Sex Myths Exploded" (1973).

In 1954, Masters began "sexological studies" with prostitutes as subjects. His goal was to provide impotent men with orgasms by using women as sexual surrogates. Couched in scientific language, his work was prostitution. In a 1974 interview, Masters acknowledged that his cures of impotent men were largely a result of the efforts of the prostitutes he procured for them. Like Szasz (1980), we wonder why Masters was never prosecuted for pimping or procuring.

The psychological literature of the 1980's posited an essential masochism among battered women, a viewpoint which was later rejected for lack of evidence (Caplan, 1984; Koss et al., 1994). Yet it is still assumed that prostituted women have underlying personality characteristics which lead to their victimization. Rosiello (1993) described the inherent masochism of prostituted women as a "necessary ingredient" of their self-concept. MacVicar & Dillon (1980) suggested that masochism led to women's acceptance of abuse by pimps.

Other victim-blaming occurs where prostituted women are described as "risk takers," with the implication that they themselves provoked the violence and harassment aimed at them in prostitution (Vanwesenbeeck, de Graaf, van Zessen, Straver, & Visser, 1995). It was assumed that "risk-taking" prostituted women willingly exposed themselves to harm, although the histories of the "risk-takers" revealed that they had been battered and raped throughout their lives more frequently than the non-risk-takers. Risk-taking behavior was rarely interpreted as trauma-based repetition of childhood sexual abuse, or parental failure to teach self-protection.

It would be more appropriate to view all prostituted women as at-risk. It has been established that johns pressure women into unsafe sex (Farr et al., 1996). Women in prostitution were unable to prevent johns' demands for unsafe sex, and were often physically assaulted when they requested condoms (Ford & Koetsawang, 1991; Karim, et al., 1995; Miller & Schwartz, 1995).

### Conclusion

Women in prostitution consistently report that what is most painful is the invisibility of the harm done to them. When johns treat them as non-human, or when passers-by contemptuously ignore them, their mental suffering is overwhelming. In order to end the human rights abuses of prostitution, it is necessary to make visible: lethal gender inequality; incest and other childhood sexual assault; poverty and homelessness; the ways in which racism and colonialism are inextricably connected with sexism in prostitution; domestic violence, including rape; posttraumatic stress disorder, depression, mood and dissociative disorders as consequences of prostitution; drug and alcohol addiction; the fact that prostitution is a global business which involves interstate and inter-country trafficking as necessary to its profitable operation; the ways in which economic development programs erode traditional ways of living and create vulnerability to prostitution; the need for culturally-relevant treatment; and the ways in which diverse cultures normalize and promote prostitution.

Stripping, exotic dancing, nude dancing, table dancing, phone sex, child and adult pornography, online prostitution and internet pimping of women and children (Hughes, 1999), lap dancing, massage brothels, and peep shows are different types of prostitution, but prostitution nonetheless. One's political perspective will determine whether prostitution is viewed primarily as a public health issue, as an issue of zoning and property values (in whose neighborhoods will strip clubs and pornography stores be zoned?), as vocational choice, as sexual liberation, as freedom of speech (does the webmaster have the right to sell internet photographs of prostituted women being raped?), as petty crime, as domestic violence, or as human rights violation.

In the United States there is a lack of concern for women who enter prostitution because of educational neglect, childhood abuse and neglect, or lack of economic alternatives. Some women in prostitution do not appear to have been “forced.” Distinctions which offer legal, financial and social assistance only to those who can prove violent coercion, or who are under age eighteen, or who crossed international borders, fail to address the core of violence which is present in all types of prostitution. Legal responses to prostitution are inadequate if they fail to include johns as perpetrators, as well as pimps and traffickers.

A lack of attention to experiences of violence and sexual abuse has resulted in repeated failures of the health care system for all women (Dean-Patterson, 1999). Asthana & Oostvogels (1996) predicted that programs to assist those in prostitution would continue to fail unless significant changes were made to social and cultural systems which keep women in a position of subordination.

Demand creates supply in prostitution. Because men want to buy sex, prostitution is assumed to be inevitable, therefore “normal.” Men’s ambivalence about the purchase of women is reflected in the scarcity of research interviews with johns, their desire to remain hidden, and contradictory beliefs about prostitution. In interviews conducted by women prostituting in massage parlors, Plumridge, Chetwynd, Reed, & Gifford (1997) noted that, on the one hand, johns believed that commercial sex was a mutually pleasurable exchange, and on the other hand, they asserted that payment of money removed all social and ethical obligations.

White & Koss (1993) observed that violent behaviors against women have been associated with attitudes which promote men’s beliefs that they are entitled to sexual access to women, that they are superior to women, and that they have license for sexual aggression. Prostitution myths are a component of attitudes which normalize sexual violence. Monto (1999) found that johns’ acceptance of commodified sexuality was strongly associated with their acceptance of rape myths, violent sex, and less frequent use of condoms with women in prostitution. The relationship between attitudes toward prostitution and rape myth acceptance has been described by Cotton (1999). The positive correlation between attitudes toward prostitution and self-reported sexual violence has been described by Schmidt, Cotton & Farley (2000). An acceptance of what has been

described as nonrelational sexuality may be a contributing factor to the normalization of prostitution. Confusion regarding sex that is coercive/exploitative and sex that is positive human experience resulted in what Barry (1995) has called the prostitution of sexuality.

Until there is recognition that prostitution harms women, application of appropriate law will be impossible. Once recognition occurs, as for example in Sweden, governments can attack the spread of commercial sex businesses. The Swedish law (in effect since 1999) criminalizes pimps and johns, but not women in prostitution. The women are instead offered social services such as housing, medical treatment, psychotherapy, and job training.

Ultimately, major social change is necessary to end prostitution. Gender inequality, race discrimination, and poverty must be eliminated. But social change occurs in increments, with one small shift in attitude at a time. A high school teacher from Alabama contacted the Prostitution Research & Education website [<http://www.prostitutionresearch.com> ] and described an annual school tradition, pimp and skank day. The teacher was gravely concerned about the effect on his students of this ritual which glamorized prostitution. He downloaded information from the website, and led a class discussion about prostitution. The students voted the tradition out, and two years later, it was still nonexistent.

#### References

- Abraham, K. (1948). Selected Papers, with introduction by Ernest Jones, Translated by Douglas Bryan and Alix Strachey. London: Hogarth Press.
- Allen, D., Lee, N., Schulz, S., Pappaioanou, M., Dondero, T., & Onorato, I. (1993). Determining HIV Seroprevalence Among Women in Women's Health Clinics. American Journal of Public Health 83:364-367.
- Aral, S. O. and Mann, J.M. (1998). Commercial Sex Work and STD: The Need for Policy Interventions to Change Social Patterns. Sexually Transmitted Diseases 25: 455-456.
- Asthana, S. & Oostvogels, R. (1996). Community participation in HIV prevention: Problems and prospects for community-based strategies among female sex workers in Madras. Social Science & Medicine 43:133-148.

Baldwin, M.A. (1999). A Million Dollars and an Apology: Prostitution and Public Benefits claims. Hastings Women's Law Journal, 10:189-224.

Baldwin, M.A. (1993). Strategies of connection: Prostitution and feminist politics. Michigan Journal of Gender and Law 1: 65-79.

Barry, K. (1979). Female Sexual Slavery. New York: New York University Press.

Barry, K. (1995). The Prostitution of Sexuality, New York: New York University Press.

Belton, R. (1992). Prostitution as Traumatic Reenactment. Paper presented at 8th Annual Meeting of International Society for Traumatic Stress Studies, Los Angeles, CA. October 22.

Belton, R. (1998). Assessment, Diagnosis, and Treatment of Prostitution Trauma. Paper presented at Prostitution: Critical Aspects of the Trauma. American Psychological Association 106th Annual Convention, San Francisco, August 17.

Bishop, R. and Robinson, L. S.(1998). Night Market: Sexual Cultures and the Thai Economic Miracle. New York: Routledge.

Bownes, I.T., O'Gorman, E.C. & Sayers, A. (1991). Assault Characteristics and Post-Traumatic Stress Disorder in Rape Victims. Acta Psychiatrica Scandinavica 83: 27-30.

Boyer, D. (1989). Male prostitution and homosexual identity. Journal of Homosexuality 17:151-184

Boyer, D., Chapman, L., & Marshall, B.K. (1993). Survival Sex in King County: Helping Women Out. Report Submitted to King County Women's Advisory Board. Seattle: Northwest Resource Associates.

Briere, J. (1992). Child Abuse Trauma: Theory and Treatment of the Lasting Effects. Newbury Park: Sage.

Browne, A., & Finklehor, D. (1986). Impact of Child Sexual Abuse: A Review of the Research. Psychological Bulletin 99: 66-77.

Bullough, B and Bullough. V. (1996). Female Prostitution: Current Research and Changing Interpretations. Annual Review of Sex Research 7: 158-180.

Burkett, E. (1997) God created me to be a slave. New York Times Magazine, October 12: 56-60.

- Caplan, P.J. (1984). The Myth of Women's Masochism. American Psychologist 39: 130-139.
- Chattopadhyay, M., Bandyopadhyay, S., & Duttagupta, C. (1994). Biosocial Factors Influencing Women to Become Prostitutes in India. Social Biology 41: 252-259.
- Chesler, P. (1993). A Woman's Right to Self-Defense: The Case of Aileen Carol Wuornos. St. John's Law Review 66: 933-977.
- Coker, A., Patel, N., Krishnaswami, S., Schmidt, W., & Richter, D. (1998). Childhood Forced Sex and Cervical Dysplasia Among Women Prison Inmates. Violence Against Women 4: 595-608.
- Cotton, A. (1999). Attitudes Toward Prostitution and Rape Myth Acceptance. Unpublished Doctoral Dissertation, Pacific University School of Professional Psychology, Forest Grove, Oregon.
- Cotton, A. & Forster, C. (2000). Pornography and Prostitution: A Survey of Psychology of Women Texts. Paper presented at Association for Women in Psychology 25th Annual Meeting. Salt Lake City, Utah March 10.
- Crowell, N.A. and Burgess, A.W. (eds.) (1996). Understanding Violence Against Women. Washington, D.C.: National Academy Press.
- Davidson, J. O. (1998). Prostitution, Power, and Freedom. Ann Arbor: University of Michigan Press.
- Dean-Patterson, S. (1999). Remarks at United Nations Commission On Status of Women, New York. March 3, 1999.
- Dehne, KL, Khodakevich, L, Hamers, F, Schwartlander, B. (1999). The HIV/AIDS epidemic in Eastern Europe: Recent patterns and trends and their implications for policy-makers. AIDS 13: 741-749.
- Deren, S., Sanchez, J., Shedlin, M., Davis, W.R., Beardsley, M., Des-Jarlais, D., & Miller, K. (1996). HIV Risk Behaviors among Dominican Brothel and Street Prostitutes in New York City. AIDS Education and Prevention 8: 444-456.
- de Sanjose, S., Palacio, V., Tafur, L., Vazquez, S., Espitia, V., Vazquez, F., Roman, G., Munoz, N., & Bosch, F. (1993). Prostitution, HIV, and Cervical Neoplasia: a Survey in Spain and Colombia. Cancer Epidemiology, Biomarkers and Prevention 2: 531-535.
- Dworkin, A. (1981). Pornography: Men Possessing Women. New York: Putnam.

- Dworkin, A. (1997). *Prostitution and Male Supremacy in Life and Death*. New York: Free Press.
- Dworkin, A. (2000). *Scapegoat: The Jews, Israel, and Women's Liberation*. New York: Free Press.
- Farley, M., Alvarez, D., Sezgin, U., Baral, I., Kiremire, M., Lynne, J., DuPlessis, A., DuPlessis, J., Gonzales, K., Spiwak, F., Cotton, A., and Zumbeck, S. (in press). Prostitution in Nine Countries: Violence and Posttraumatic Stress Disorder. *Journal of Trauma Practice*.
- Farley, M., Baral, I., Kiremire, M., & Sezgin, U. (1998). Prostitution in Five Countries: Violence and Posttraumatic Stress Disorder. *Feminism & Psychology* 8: 415-426.
- Farley, M. & Barkan, H. (1998). Prostitution, Violence and Posttraumatic Stress Disorder. *Women & Health* 27: 37-49.
- Farley, M. & Kelly, V. (2000). Prostitution: a Critical Review of the Medical and Social Science Literature. *Women & Criminal Justice* 11: 29-64.
- Farley, M., Baral, I., Gonzales, K., Kiremire, M., Sezgin, U., Spiwak, F. & Taylor, T. (2000). Prostitution: Health Consequences of Physical Violence and Psychological Trauma. Paper presented at 11th International Congress on Women's Health Issues, University of California College of Nursing, San Francisco, CA. January 28.
- Farley, M., & Lynne, J. (2000). Pilot study of 40 prostituted women and girls in Vancouver, Canada. Unpublished manuscript.
- Farley, M., Lynne, J. & Cotton, A. (paper submitted for publication, 2001). The Pimping of Nations: Prostitution, Colonialism and Gender Inequality in Canada.
- Farr, F., Castro, L., DiSantostefano, R., Claassen, E., & Olguin, F. (1996). Use of Spermicide and Impact of Prophylactic Condom Use Among Sex Workers in Santa Fe de Bogota, Columbia. *Sexually Transmitted Diseases* 23: 206-212.
- Ford, N. & Koetsawang, S. (1991). The Socio-Cultural Context of the Transmission of HIV in Thailand. *Social Science and Medicine* 33: 405-414.
- Friedman, J. & Yehuda, R. (1995). Post-Traumatic Stress Disorder and Comorbidity: Psychobiological Approaches to Differential Diagnosis in Friedman, J., Charney, D., Deutch, A. (eds.) *Neurobiological and Clinical Consequences of Stress: from Normal Adaptation to Posttraumatic Stress Disorder*. Philadelphia: Lippincott-Raven, 429-445.



- Funari, V. (1997). Naked, naughty, nasty: peepshow reflections in Nagle, J. (ed.) Whores and Other Feminists. New York: Routledge.
- Giobbe, E. (1991). Prostitution, Buying the Right to Rape, in Burgess, A.W. (ed.) Rape and Sexual Assault III: a Research Handbook. New York: Garland Press.
- Giobbe, E. (1992). Juvenile Prostitution: Profile of Recruitment in Burgess, A.W. (ed.) Child Trauma: Issues & Research. New York. Garland Publishing.
- Giobbe, E. (1993). An Analysis of Individual, Institutional & Cultural Pimping. Michigan Journal of Gender & Law 1:33-57.
- Giobbe, E., Harrigan, M., Ryan, J. & Gamache, D. (1990). Prostitution: A Matter of Violence against Women. Minneapolis: WHISPER.
- Golding, J. (1994). Sexual Assault History and Physical Health in Randomly Selected Los Angeles Women. Health Promotion 13:130-138.
- Goodman, L. & Fallot, R. (1998). HIV Risk-Behavior in Poor Urban Women with Serious Mental Disorders: Association with Childhood Physical and Sexual Abuse. American Journal of Orthopsychiatry 68: 73-83.
- Graham, D.L.R., with Rawlings, E., & Rigsby, R. (1994). Loving to Survive: Sexual Terror, Men's Violence and Women's Lives. New York: New York University Press.
- Green, S.T., Goldberg, D.J., Christie, P.R., Frischer, M., Thomson, A., Carr, S.V., & Taylor, A. (1993). Female Streetworker-Prostitutes in Glasgow: a Descriptive Study of their Lifestyle. AIDS Care 5: 321-335.
- Hamers, F., Downs, A., Infuso, A., & Brunet, J. (1998). Diversity of the HIV/AIDS Epidemic in Europe. AIDS: 12 (suppl A): S63-S70.
- Herman, J.L. (1992). Trauma and Recovery. New York, Basic Books.
- Hernandez, T. K. (2001) Sexual Harassment and Racial Disparity: The Mutual Construction of Gender and Race, Iowa Journal of Gender, Race & Justice 4: in press.
- Hoigard, C. & Finstad, L. (1986). Backstreets: Prostitution, Money and Love. University Park: Pennsylvania State University Press.
- Holsopple, K. (1998). Stripclubs According to Strippers: Exposing Workplace Violence. Unpublished Paper.

- Houskamp, B.M., & Foy, D.W. (1991). The Assessment of Post-Traumatic Stress Disorder in Battered Women. Journal of Interpersonal Violence 6:367-75.
- Hughes, D.M. (2000). The 'Natasha' Trade: The Transnational Shadow Market of Trafficking in Women. Journal of International Affairs 53: 625-651.
- Hughes, D. M. (1999). Pimps and Predators on the Internet-Globalizing the Sexual Exploitation of Women and Children. Kingston, Rhode Island: The Coalition Against Trafficking in Women.
- Hunter, S. K. (1994). Prostitution is Cruelty and Abuse to Women and Children. Michigan Journal of Gender and Law 1: 1-14.
- Jaget, C. (1980). Prostitutes – Our Life. Bristol: Falling Wall Press.
- Jeffreys, S. (1997). The Idea of Prostitution. North Melbourne, Spinifex Press.
- Kalichman, S.C., Kelly, J.A., Shaboltas, A., & Granskaya, J. (2000). Violence Against Women and the Impending AIDS Crisis in Russia. American Psychologist 55:279-280.
- Kalichman, S.C., Williams, E.A., Cheery, C., Belcher, L., & Nachimson, D. (1998). Sexual Coercion, Domestic Violence, and Negotiating Condom Use Among Low-Income African American Women. Journal of Women's Health 7: 371-378.
- Karim, Q.A., Karim, S.S., Soldan, K., & Zondi, M. (1995). Reducing the Risk of HIV Infection among South African Sex Workers: Socioeconomic and Gender Barriers. American Journal of Public Health 85: 1521-1525.
- Kinsey, A.C., Pomeroy, W.B., & Martin, C.E. (1949). Sexual Behavior in the Human Male. Philadelphia, W.B. Saunders.
- Koss, M. & Heslet, L. (1992). Somatic Consequences of Violence Against Women. Archives of Family Medicine 1: 53-59.
- Koss, M., Goodman, A., Browne, L., Fitzgerald, G., Keita, G., Russo, N. (1994). No Safe Haven. Washington, D. C.: American Psychological Association.
- Leidholdt, D. (1993). Prostitution: a violation of women's human rights. Cardozo Women's Law Journal 1: 133-147.
- Lewis, J. (1998). Lap dancing: Personal and Legal Implications for Exotic Dancers in Elias, J.A., Bullough, V.L., Elias, V., & Brewer, G (eds.) Prostitution: On Whores, Hustlers, and Johns Amherst, NY: Prometheus Books.

- Lim, L. L., (ed.) (1998). The Sex Sector: The Economic and Social Bases of Prostitution in Southeast Asia. Geneva: International Labor Organization.
- Louie, L., Luu, M., & Tong, B. (1991). Chinese American Adolescent Runaways. Paper presented at Annual Convention of the Asian American Psychological Association. San Francisco, August.
- Lombroso, C. & Ferraro, W. (1898). The Female Offender New York: Appleton and Company.
- Lucas, B. & Hackett, L. (1995). Street Youth: On Their Own in Indianapolis. Indianapolis: Health Foundation of Greater Indianapolis.
- MacKinnon, C.A. (1993). Prostitution and Civil Rights. Michigan Journal of Gender and Law 1: 13-31.
- MacKinnon, C.A. and Dworkin, A. (1997). In Harm's Way: The Pornography Civil Rights Hearings. Cambridge: Harvard University Press.
- MacVicar, K. and Dillon, M. (1980). Childhood and Adolescent Development of Ten Female Prostitutes. Journal of the American Academy of Child Psychiatry 19: 145-159.
- Masters, W. & Johnson, V. (1973). Ten Sex Myths Exploded. The Sensuous Society. Chicago: Playboy Press.
- McKeganey, N. & Barnard, M. (1996). Sex Work on the Streets: Prostitutes and Their Clients. Buckingham, Scotland: Milton Keynes Open University Press.
- Miller, J. (1995). Gender and Power on the Streets: Street Prostitution in the Era of Crack Cocaine. Journal of Contemporary Ethnography 23: 427-452.
- Miller, J., and Schwartz, M.D. (1995). Rape Myths Against Street Prostitutes. Deviant Behavior 16: 1-23.
- Miller, E.M. (1986). Street Woman. Philadelphia: Temple University Press.
- Monto, M. (1999). Prostitution and Human Commodification: Study of Arrested Clients of Female Street Prostitutes. American Sociological Association, Chicago, Illinois. August, 1999.
- Morrison, C. L., McGee, A., & Ruben, S.M. (1995). Alcohol and Drug Misuse in Prostitutes. Addiction 90: 292-293.

Nadon, S.M., Koverola, C., Schludermann, E.H. (1998). Antecedents to Prostitution: Childhood Victimization. Journal of Interpersonal Violence 13: 206-221.

Nakashima, K., Kashiwagi, S., Hayashi, J., Urabe, K., Minami, K., & Maeda, Y. (1996). Prevalence of Hepatitis C Virus Infection among Female Prostitutes in Fukuoka, Japan. Journal of Gastroenterology, 31: 664-448.

Nelson, V. (1993). Prostitution: Where Racism and Sexism Intersect. Michigan Journal of Gender & Law 1: 81-89.

Parriott R. (1994). Health Experiences of Twin Cities Women Used in Prostitution. Unpublished survey initiated by WHISPER, Minneapolis.

Pelzer, A., Duncan, M., Tibaux, G., & Mehari, L. (1992). A Study of Cervical Cancer in Ethiopian Women. Cytopathology 3(3): 139-148.

Perkins, R. and Bennett, G. (1985). Being a prostitute: prostitute women and prostitute men Sydney: George Allen and Unwin.

Pheterson, G. (1996). The Prostitution Prism. Amsterdam: Amsterdam University Press.

Phoenix, J. (1999). Making Sense of Prostitution. London: MacMillan Press.

Piot, P (1999). Remarks at United Nations Commission on the Status of Women. New York: United Nations Press Release. March 3.

Plumridge, E.W., Chetwynd, J.W., Reed, A., & Gifford, S.J. (1997). Discourses of Emotionality in Commercial Sex: The Missing Client Voice. Feminism & Psychology 7: 165-181.

Putnam, F. (1990). Disturbances of 'Self' in Victims of Childhood Sexual Abuse. In R. Kluft (ed.) Incest-related syndromes of adult psychopathology. Washington, D.C.: American Psychiatric Press. p. 113-131.

Radomsky, N.A. (1995). Lost Voices: Women, Chronic Pain, and Abuse. New York: Harrington Park Press.

Ramsay, R., Gorst-Unsworth, C. & Turner, S. (1993). Psychiatric Morbidity in Survivors of Organised State Violence Including Torture: A Retrospective Series. British Journal of Psychiatry 162: 55-59.

Raymond, J. (1998). Prostitution As Violence Against Women: NGO Stonewalling in Beijing and Elsewhere. Women's Studies International Forum 21: 1-9.

- Reitman, B. (1931). The Second Oldest Profession: a Study of the Prostitute's Business Manager New York: Vanguard Press.
- Root, M.P.P. (1996). Women of Color and Traumatic Stress in 'Domestic Captivity:' Gender and Race as Disempowering Statuses in Marsella, A.J., Friedman, M.J., Gerrity, E.T., & Scurfield, R.M. (eds). Ethnocultural Aspects of Posttraumatic Stress Disorder: Issues, Research, and Clinical Applications. Washington, D.C.: American Psychological Association.
- Rosiello, F. (1993). The Interplay of Masochism and Narcissism in the Treatment of Two Prostitutes. Contemporary Psychotherapy Review 8: 28-43.
- Ross, C.A., Anderson, G; Heber, S; & Norton, G.R. (1990). Dissociation and Abuse Among Multiple Personality Patients, Prostitutes and Exotic dancers. Hospital and Community Psychiatry 41: 328-330.
- Scambler, G. & Scambler, A. (1995). Social Change and Health Promotion among Women Sex Workers in London. Health Promotion International 10: 17-24.
- Schmidt, M., Cotton, A., & Farley, M. (2000). Attitudes toward Prostitution and Self-Reported Sexual Violence in College Students. Presentation at the 16th Annual Meeting of the International Society for Traumatic Stress Studies, San Antonio, Texas, November 18.
- Schoenbaum, E., and Webber, M. (1993). The Underrecognition of HIV Infection in an Inner-City Emergency Room. American Journal Of Public Health 83: 363-368.
- Schwartz, H.L. (2000). Dialogues with Forgotten Voices: Relational Perspective on Child Abuse Trauma and Treatment of Dissociative Disorders. New York: Basic Books.
- Seabrook, J. (1996). Travels in The Skin Trade: Tourism and the Sex Industry . London Pluto Press.
- Silbert, M.H. & Pines, A. M. (1981). Sexual Child Abuse as an Antecedent to Prostitution. Child Abuse & Neglect 5: 407-411.
- Silbert, M.H.& Pines, A.M. (1982a). Entrance into Prostitution. Youth & Society 13: 471-500.
- Silbert, M.H. & Pines, A. M. (1982b). Victimization of Street Prostitutes. Victimology 7: 122-133.
- Silbert, M.H. & Pines, A. M. (1983). Early Sexual Exploitation as an Influence in Prostitution. Social Work 28: 285-289.

Silbert, M.H., Pines, A.M., & Lynch, T. (1982). Sexual Assault of Prostitutes. San Francisco: National Center for the Prevention and Control of Rape, National Institute of Mental Health, Delancey Street Foundation.

Smolskaya, T., Momot, O.F., Tahkinova, I.P., Kotova, S.V. (1998). Behavioral Studies and HIV/AIDS Prevention Policy in Russia. Paper presented at the 12th World Aids Conference, Geneva. July.

Southwick, S., Yehuda, R., & Morgan, C. (1995). Clinical Studies of Neurotransmitter Alterations in Post-traumatic Stress Disorder in Friedman, J., Charney, D., & Deutch, A. (eds.) Neurobiological and Clinical Consequences of Stress: from Normal Adaptation to Posttraumatic Stress Disorder. Philadelphia: Lippincott-Raven.

Special Committee on Pornography and Prostitution (1985). Pornography and Prostitution in Canada: 350.

Spiwak, F. (1999). Prostitution of Women and Children in Bogota. Unpublished Manuscript.

Sturdevant, S. & Stolfus, B. (1992) Let the Good Times Roll: Prostitution and the US Military in Asia. New York: The New Press.

Szasz, T. (1980). Sex by Prescription New York: Doubleday.

Valera, R. (1999). Street Prostitution, Violence, and Post-Traumatic Stress Disorder in Washington, D.C. Master of Arts Thesis submitted to Graduate School of Department of Health Education of University of Maryland. University of Maryland, College Park.

Vanwesenbeeck I. (1994). Prostitutes' Well-Being and Risk. Amsterdam: VU University Press.

Vanwesenbeeck I., de Graaf, R., van Zessen, G., Straver, C.J. & Visser, J.H. (1995). Professional HIV Risk Taking, Levels of Victimization, and Well-Being in Female Prostitutes in the Netherlands. Archives of Sexual Behavior 24: 503-515.

Weisberg, D. K. (1985). Children of the Night: A Study of Adolescent Prostitution. Lexington: Lexington Books.

White, J.W. & Koss, M.P. (1993). Adolescent Sexual Aggression Within Heterosexual Relationships: Prevalence, Characteristics, and Causes. In Barbaree, H.E., Marshall, W.L. & Laws, D.R. (eds.) The Juvenile Sex Offender. New York: Guilford Press.

Williams, J.L. (1991). Sold Out: A Recovery Guide for Prostitutes Anonymous. 11225 Magnolia Blvd, #181 No Hollywood Blvd CA.

Wood, M. (1995). Just a Prostitute. Queensland: University of Queensland Press.

World Health Organization (1998). Report on the Global HIV/AIDS Epidemic. WHO online website: <http://www.who.org>.

[1] Thanks to Michelle J. Anderson, Associate Professor of Law, Villanova University School of Law, Pennsylvania, for clarifying how U.S. law regarding rape, sexual harassment and domestic violence are currently being interpreted.

[2] Morrison, McGee & Ruben (1995) observed that the most obviously intoxicated prostitutes appeared to be the most successful at attracting clients. They speculated that the reason for this was that women who appeared the most powerless and least capable of setting limits would attract men who wanted to “legitimize an act of sexual abuse by the payment of cash”(p. 293, authors’ italics).

[3] Donna M. Hughes contributed to this list of words which hide the violence of prostitution.