Prostitution: a critical review of the medical and social sciences literature

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ABSTRACT. In the recent literature on prostitution, there has been a focus on HIV which has tended to exclude discussion of the physical and sexual violence which precedes and which is intrinsic to prostitution. The literature of two time periods (1980-84 and 1992-1996) is critically reviewed in order to describe this trend.

The normalization of prostitution in the medical and social sciences literature, the tendency to blame the victim of sexual exploitation, and the ways in which racism and poverty are an inextricable part of prostitution are discussed here. The social invisibility of prostitution, needs of women escaping prostitution, and an overview of recent criminal justice responses to prostitution are summarized.

Introduction

Some laws in USA have been profoundly influenced by social science research - for example, rape law and sexual harassment law. In an era of changing attitudes toward prostitution, familiarity with recent research is essential to those who are a part of the criminal justice system. As psychologists, we hope to see a change in the health professions' relative silence regarding prostitution's harm to women, as well as a change in the perspective on prostitution held by the criminal justice system.

The social and medical sciences have been limited by a failure to adequately address the harm of prostitution to women. Concerned about the

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invisibility of prostitution's harm in the health professions (in addition to its invisibility in the culture at large), we reviewed the literature on prostitution. The authors concur with Vanwesenbeeck (1994, page 33) who wrote: "Researchers seem to identify more easily with clients than with prostitutes..."

Much of what has been written about prostitution in the medical and social sciences fails to address the sexual violence and psychological harm which both precede and are intrinsic to prostitution. A few (see below) have noted that prostitution involves a lifelong continuum of sexual exploitation and violence which begins with sexual assault or prostitution in childhood. Most authors between 1980 and 1998 failed to address the violence in prostitution. Instead, there has been an almost exclusive focus on sexually transmitted disease (STD), especially the human immunodeficiency virus (HIV) in the recent social science and medical literature on prostitution. Although HIV has certainly created a public health crisis, the violence and human rights violations in prostitution have also resulted in health crises for those prostituted.

To describe this trend in more detail, we reviewed the MELVYL Medline and PsycINFO on-line databases on prostitution for 2 time periods: 1980 - 1984, and 1992 - 1996 (MELVYL Medline and PsycINFO, 1980-84 and 1992-1996). Medline lists citations and abstracts of articles in medical and life sciences journals. PsycINFO lists citations and abstracts of articles in psychology journals.

During the decade 1980-1990, there was a pronounced trend in the social sciences literature to view prostitution primarily as a means of HIV transmission, from prostitute to john. We compared the percentages of journal articles which focused primarily on STD and HIV to those articles which addressed prostitution *itself* as a source of harm to the woman involved.

We organized the literature into three content categories based on themes that emerged from the databases in the two time periods. As seen in Table 1, these three categories were: (1) STD/HIV, (2) other harmful consequences of prostitution, (3) legal/demographic/psychoanalytic. The first category, STD/HIV, included those references which discussed means of transmission and infection rates of STD, and various approaches to HIV prevention. The second category (other harm) included discussions of non-

HIV-related harm of prostitution. Citations included discussions of sexual and physical violence in prostitution, and antecedent harm, such as juvenile prostitution and childhood sexual assault. The third category included demographic descriptions of those in prostitution (e.g. number of arrests, gender differences), b) psychoanalytic theorizing about the origin of prostitution behavior which did not discuss trauma, c) discussions of legalization or decriminalization which did not discuss harm to those being prostituted, and d) historical accounts of prostitution.

The first part of this paper describes the quantitative results of this review. In the second part of the paper, we critically discuss why the literature failed to address the harm of prostitution, and we present some alternative perspectives which take into account the harm caused by prostitution.

TABLE 1 GOES APPROXIMATELY HERE

A Quantitative Summary of Two Online Databases on Prostitution: 1980-1984 and 1992-1996

1980-1984

From 1980 through 1984, 119 references to prostitution appeared in the Medline database. See Table 1. 68% (81) were discussions of STD. The PsycINFO database during that same time period contained 41 references to prostitution, of which 2% (1) focused on STD.

15% (18) of the Medline prostitution database, and 41% (21) of the PsycINFO prostitution citations 1980-1984 addressed the harm of prostitution other than STD. These included discussions of juvenile prostitution, child pornography, child abuse, substance abuse, and physical violence in the lives of those prostituted (Brown, 1980; Pierce,1984; Paperny & Deisher, 1983; Coleman, 1982; Lamb & Grant, 1983). A third of the 1980-1984 PsycINFO citations noted the relation between early sexual exploitation and entry into prostitution (Silbert & Pines, 1983). Other discussions included gender differences in post-arrest detention (Bernat, 1984); and how a functionalist analysis of prostitution ignores its harm (Hawkesworth, 1984).

17% (20) of Medline and 57% (19) of the PsycINFO citations between 1980-1984 discussed legal/demographic/psychoanalytic aspects of prostitution. Examples from the Medline database included a psychoanalytic view of the

"fallen woman," where and how often men used prostitutes, sexual stress, a description of how Jack the Ripper tortured prostitutes, and an iconography of the sexualized woman (Meyer, 1984; Alzate, 1984; Mims, 1982; Gee, 1984; Gilman, 1984). References from PsycINFO discussed CB radio prostitution (Luxenburg & Klein, 1984); and assertiveness and hostility in prostitutes (Schwartz, 1981).

In the early 1980's, the work of Silbert and Pines was a remarkable exception to the relative silence about the harm of prostitution. These authors published a number of groundbreaking studies which documented the role of child sexual abuse as an antecedent to prostitution (Silbert & Pines, 1981; 1983); documented sexual and other violence perpetrated against women in prostitution (Silbert & Pines, 1983; Silbert, Pines, & Lynch, 1982); and noted the role of pornography in the harm of prostitution (Silbert & Pines, 1984). Silbert and her colleagues further described a "psychological paralysis" of prostituted women, characterized by immobility, acceptance of victimization, hopelessness, and an inability to take the opportunity to change, which resulted from the inescapable violence they encountered throughout their lives (Silbert & Pines, 1982b).

1992-1996

By 1992, the content and emphasis of the two databases on prostitution had shifted dramatically. See Table 1. There was an 18% increase in Medline and 68% increase in PsycINFO citations focusing on HIV. This was accompanied by a 13% decrease in Medline and 33% decrease in PsycINFO references to the harm caused by prostitution, other than STD. The topic of HIV dominated the 1992-1996 medical literature on prostitution, with subcategories emphasizing the comorbidity of alcohol/drug use.

From 1992-1996, we located 551 prostitution-related references in Medline. 86% (476) of these made primary reference to HIV or STD, an increase of 18% from the 1980-1984 database. Examples of the HIV focus included a study of the HIV risk behaviors among Dominican women prostituting in New York City, HIV education programs, and the coincidence of HIV disease with lack of access to health care (Deren et al., 1996; Lim et al., 1995; Singh & Malaviya, 1994). References to HIV and prostitution frequently normalized prostitution as in "Healthy and Unhealthy Life Styles of Female

Brothel Workers and Call Girls in Sydney" (Perkins & Lovejoy, 1996), and "Prostitutes Can Help Prevent the Transmission of HIV" (Donegan, 1996).

The psychological literature on prostitution, even more clearly than the medical literature, reflects this change in emphasis. The 1992 - 1996 PsycINFO database shifted from a discussion of the psychological and demographic aspects of prostitution to a focus on HIV: 70% (146) of the PsycINFO literature now made primary reference to HIV or other STD, a 68% increase from 2% (1) in 1980-1984.

In contrast, the percentage of journal references addressing prostitution-related harm other than STD significantly decreased in both databases. Only 2% (10) of the Medline literature addressed the harm caused by prostitution, a 13% decrease from 15% (18). References to prostitution-related harm on PsychINFO decreased by 33% (from 41% (21) in 1980-1984 to 8% (18) in 1992-1996). Several studies focused on childhood physical or sexual abuse or neglect, as precursors to prostitution (Cunningham et al., 1994; Marwitz & Hornle, 1992; Widom & Kuhns, 1996); one investigated the health of Honduran street children (Wright et al., 1993). Other references from the PsycINFO database noted violence against prostitutes; reported suicide attempts among Brazilian prostitutes; defined and recognized prostitution as a form of sadistic abuse; and noted that physical abuse was an antecedent to prostitution (Miller & Schwartz, 1995; De Meis & De Vasconcellos, 1992; Goodwin, 1993; Savin-Williams, 1994).

The number of articles with legal/demographic/psychoanalytic content decreased in both databases. Medline references decreased 5%, from 17% (20) in 1980 – 1984, to 12% (65) in 1992 - 1996. Examples of these citations were: sexuality in ancient Egypt; a literature review on adolescent female prostitution; and discussions of decriminalization and legalization of prostitution (Androutsos & Marketos, 1994; Jesson, 1993; Donovan & Harcourt, 1996).

Twenty-two percent (46)of the references in the 1992-1996 PsycINFO database focused on legal/demographic/psychoanalytic aspects of prostitution, a decrease of 35% from 1980-1984. Content of these references ranged from a critique of feminist analyses of prostitution, to demographic variables associated with prostitution by choice, to family economic obligation as a factor which led to prostitution among Taiwanese women; and "Rational

Decision-Making Among Male Prostitutes," (Shameem, 1993; Cates & Markley, 1992; McCaghy & Hou, 1994; Calhoun & Weaver, 1996).

Discussion and Analysis of the Content of the Medical and Social Science Prosititution Databases

In the discussion which follows, we discuss in more detail, research which reflects the customer's perspective that prostitution is both a convenient sexual service as well as a source of anxiety about his physical health. We also discuss the need for research and clinical interventions which address the physical and emotional harm to the person in prostitution herself. We briefly summarize diverse criminal justice responses to prostitution, and conclude with some proposals for urgent and long-term health care provision.

Controlling the transmission of HIV

Although at first glance, the public health attention to risk of HIV 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. 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 myths about prostitution is that *she* is a vector of disease, that she is ultimately the source of contamination of the 'good wife' through the husband's weak moment. The focus on HIV in the prostitution literature is a variant of this prejudice against prostituted women.

These notions appear to form the basis of the HIV-focused research, with the ultimate goal of making prostitution either governmentally regulated, or decriminalized (Lancet, 1996). Many studies emphasized the education of prostituted women regarding condom and safe needle use (Fajans et al., 1995; Pyett et al., 1996; Wong et al., 1994).

Others investigated prostituted women's perceptions of HIV risk (Graaf et al., 1995; Gossop et al., 1995; Morrison et al., 1994). Graaf et al. (1995) interviewed 127 prostituted women and 27 prostituted men. They found that drug use (but not alcohol use) decreased condom use in the following way: when women needed money for drugs, they were more willing to accede to johns' demands for unsafe sex. Graaf recommended methadone as a vehicle for

increasing condom use, and suggested that prostituted women needed to change their "distinctively negative work-attitude."

In much the same way that slave-owners discussed the inevitability of slavery, and the improved care of slaves, there was an underlying assumption in much of the research that prostitution is inevitable. Although education efforts appeared well-intentioned, most HIV-focused authors minimized or ignored the harm of prostitution as well as the option of escape. For example, Karim et al. (1995) interviewed women who prostituted at a truck stop in South Africa. The researchers found that women were at a higher risk for physical violence when they attempted to insist on condom use with customers, whose violence contributed to their relative powerlessness. Ignoring their earlier finding that the women were at a *higher risk for violence if they insisted on condom use*, the researchers recommended that women in prostitution learn negotiation and communication skills to reduce HIV risk. They failed to clarify how one would persuade a dominant customer into using a condom when he does not want to.

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 and Mann (1998) at the Centers for Disease Control, emphasized the importance of addressing human rights issues in relation to communicable disease. 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.

Globally, the incidence of HIV seropositivity among prostituted women is devastating. 58% of prostituted women in Burkina Faso, West Africa; 52% of Kenyan women in prostitution in one study, and 74% of prostituted Nairobi, Kenyan women in another study tested positive for HIV (Lankoande et al, 1998; Kaul et al., 1997; Kreis et al., 1992). 50% of prostituted women as compared to 20% of women attending an antenatal clinic in KwaZulu-Natal, South Africa tested positive for HIV (Ramjee et al., 1998; Kharsany et al., 1997)

In Cambodia, approximately 1 in 2 women in prostitution tested positive for HIV, compared to 1 in 30 pregnant women, and 1 in 16 soldiers and police. (World Health Organization, 1998). In Italy, a recent study noted a 16% seroprevalence among prostituted women, which represented a significant increase in the 1991-1995 rate (11%) over the 1988 to 1990 rate (2%) (Spina, et al, 1998). Rates of HIV among US prostituted women vary, for example, 57%

in New Jersey; and in Atlanta, Georgia - 12% among women, 29% among men, and 68% among transgendered people in prostitution (Elifson et al., 1999).

The differential medical treatment of women compared to men resulted in a lack of attention to early HIV infection in women (Allen et al., 1993; Schoenbaum and Webber, 1993). Allen (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."

In Thailand, a study of brothel-based prostitution reported that 26% of women nationwide and 34% in the northern provinces (where women migrated to escape war or economic devastation) were HIV-positive (Kilmarx et al, 1998). Despite a high level of condom use in Thailand, women in brothels, especially the young, were not protected from HIV. The authors speculate that this may be because men who use prostituted women are more likely to be HIV-infected than other men. Another investigation of johns' seropositivity in USA reported an HIV+ rate of 37% among customers of men in prostitution and a seropositivity rate of 3% among customers of women in prostitution (Elifson et al., 1999)

Homeless children are at highest risk for HIV, for example in Romania (Hamers et al., 1998) and Colombia (Spiwak, 1999). Piot (1999) noted that half of new AIDS cases are in the under-25 age group, 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. Men frequently seek out younger girls in prostitution and elsewhere because it is assumed that they are less likely to have HIV.

STD and HIV have increased exponentially in the Ukraine and other former Soviet Union states since 1995. Although data on seropositivity among women in prostitution was not available, a 1998 review article speculated that the increase in STD/HIV was a result of political restructuring, poverty, collapse of healthcare systems, and a dramatic increase in prostitution (Hamers et al., 1998).

Normalizing prostitution

Much of the health sciences literature assumed the normalcy of prostitution as vocational choice for women (Deren et al. 1996; Farr et al.,

1996; Green et al 1993). It was often suggested that prostitution could be a safe activity. However, this perspective seemed only to consider safety from HIV.

In 1988, the World Health Organization contributed to the normalizing of prostitution by describing it as "dynamic and adaptive sex work, involving a transaction between seller and buyer of a sexual service." (cited in Scambler & Scambler, 1995, page 18) Other researchers virtually instructed women in prostitution to smile in the face of abuse and to proceed with the job of servicing johns (Perkins & Lovejoy,1996; Graaf et al., 1995). Graaf et al.(1995, page 45) recommended a "positive professional image."

Wong et al. (1994) formulated a STD/HIV prevention program in Singapore which ignored pervasive violence in prostitution. Role playing and use of comic books were aimed at increasing condom use.

Pederson (1994) noted the coincidence of the HIV epidemic and the concept of prostitution as vocational choice. Some have suggested that prostituted women in the commercial sex industry are "simply another category of workers with special problems and needs" (Bullough & Bullough, 1996, page 177). This perspective reflects the customer's view that if prostitutes' behavior can be controlled, perhaps HIV can also be controlled. An editorial in Lancet (1996) suggested that decriminalization of prostitution would decrease police harassment and assist prostituted women in finding safer state licensed brothels in which to work, although the writer questioned whether "herding" prostitutes into brothels would actually benefit their health or safety. Other negative health consequences of prostitution were not discussed.

Several authors assumed that the primary problem with prostitution was its illegal status. Donegan (1996) suggested that because prostitution is underground, young women suffer from social stigma. This perspective, however, does not address the social stigma and enormous contempt aimed at women in areas where prostitution is legal – for example, Nevada.

Victim blaming

Subtle and blatant examples of blaming the victim of prostitution were noted throughout the research reviewed here. Prostituted women were sometimes described as "risk takers," with the implication that they

deliberately provoked the violence and harassment aimed at them in prostitution (Rosiello, 1993, Vanwesenbeeck et al, 1993).

The psychological literature of the 1980's assumed an essential masochism among battered women– a theoretical perspective which was later rejected for lack of evidence (Koss et al, 1994). It is still assumed that prostituted women have personality characteristics which lead to their victimization. Rosiello (1993), for example, described the inherent masochism of prostituted women as a "necessary ingredient" of their self-concept. MacVicar and Dillon (1980) suggested that masochism plays a central role in the acceptance of abuse by pimps. Psychoanalytic theories that prostituting originates in maternal deprivation or from the anal desires of the child –have been described by Weisberg (1985) and Bullough & Bullough (1996).

Vanwesenbeeck, et al (1993) identified three groups of prostituted women as 1) those who had a positive, businesslike attitude and consistent condom use, 2) those who had a negative attitude and occasional failure to use condoms),and 3) "risk takers" who did not use condoms and who reported feeling powerless. The "risk takers" reported fears of violence and despair in situations where they were powerless. One woman stated that health planning was not a priority when "your whole life's a misery and pain" (Vanwesenbeeck et al., 1993, page 87). The women in the "risk taker" category reported the greatest financial pressure, and serviced the largest number of johns.

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 significantly more often than the non-risk-takers. Risk-taking behavior was rarely interpreted as trauma-based repetition of childhood sexual abuse. Although some described risk-taking behaviors as occurring in the context of childhood poverty, trauma, or violence (Cunningham et al., 1994; Vanwesenbeeck et al., 1995), others pejoratively implied intentional or callous risk-taking on the part of women in prostitution (Faugier & Cranfield, 1995).

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 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).

Drug addiction was often viewed as the only reason for prostituting. The view that addicted prostitutes were the source of all health problems which occur in prostitution was rarely challenged. Addicted prostitutes were seen as the source of danger to the john, rather than the john's posing a threat to the woman in prostitution. Morrison et al.(1995) opined that women in 'high class' prostitution did not need alcohol or drugs to cope with the psychological trauma of their work, implying that only 'lower class' women do.

Women in prostitution were often assumed to have an underlying personality disorder. De Schampheleire (1990) concluded that 61 prostituted women had emotional difficulties that resulted first in addictions, and later in prostitution, which was itself described as a "diversion" from other psychological problems.

Noting the utter vulnerability of intoxicated women on the street, Morrison (1995) wrote:

> "The most inebriated prostitutes on the street appear to be the most successful at attracting clients. Women who appear entirely powerless and incapable of setting the boundaries of the sexual activity to take place will attract men who may wish to legitimize an act of sexual abuse by the payment of cash"(page 292-293).

In the authors' experience, a significant percentage of women enter prostitution with no previous drug or alcohol abuse. Some initiated or increased drug or alcohol use to anesthetize the pain of physical injuries and verbal abuse inflicted on them in prostitution.

Graaf et al. (1995) and Plant et al.(1989) found that women's alcohol use in prostitution was related to the psychological trauma of prostitution. It permitted a chemical dissociation, as well as a means of anesthetizing their physical aversion for johns. Green et al (1993) noted that some Glasgow women were only able to prostitute under the influence of drugs or alcohol.

> "I have to be a little stoned before I go through with it. I have to shove my emotions to the side." Another woman said: "The whole thing is sick. I cut out everything to do with feelings – it's never, never okay." (Hoigard & Finstad, 1986, page 165)

Alegria et al.(1994) found that 70% of 127 Puerto Rican women in prostitution had symptoms of depression which were associated with increased risk behaviors for HIV. In most studies, however, psychological factors motivating HIV risk-taking were not discussed.

Socioeconomic factors

The economic vulnerability and limited career options of poor women are significant factors in their recruitment into prostitution. In the authors' view, poverty is one precondition for prostitution, in addition to female gender. Barrett & Beckett (1996) described poverty and childhood sexual abuse as factors preceding entry into prostitution.

An editorial in Lancet (1996) referred to the economic needs that impel women to prostitution, as opposed to the instincts which impel men to buy prostitutes. Many authors assumed that women enter prostitution to get rich (Carr, 1995; Lancet, 1996; McCaghy & Hou, 1994).

Reinforcing the notion that women are in prostitution solely for the money, Taiwanese women in one study were described as entrepreneurs, although more than half entered prostitution because of family pressure (McCaghy & Hou, 1994). Many of these women were sold into brothels, coerced into prostitution, or were escaping violence in their homes. To consider these human rights violations as the inevitable risks of entrepreneurship is a cynical denial of harm.

Calhoun & Weaver (1996) described the "rational decision-making" of boys who were prostituting, suggesting that quick and easy financial gain was a primary motivation to prostitute. They describe one youth's reasoning:

> "To James …[prostitution] solves a financial need, and he has apparently decided that the high monetary return for a minimal investment of time is preferable to legitimate employment and that it also exceeds the negative consequences of arrest" (page 218).

Most of the interviewees in the Calhoun study however, were under the age of 18 and had little education. This suggests that escape from family violence and lack of sustainable job options may have led to prostitution.

Other articles we reviewed similarly emphasized lack of education as a precursor to entering prostitution (Deren et al., 1996; Farr et al., 1996; Karim et al., 1995). Chattopadhyay, et al.(1994) noted that 70% of the Indian

women they interviewed wanted to leave prostitution, but cultural factors which channeled them into prostitution prevented their escape: a 6% literacy rate, beatings, starvation, rape by family members, and sexual exploitation at their jobs. The most frequent reason given by these women for leaving their last job was that prostitution would provide "better pay for what they had to do anyway" (Chattopadhyay et al., 1994, page 254). Women in most jobs in West Bengal, India, were expected to permit sexual exploitation.

Scambler & Scambler (1995) noted that underemployment, unemployment and poverty were principal reasons for entering prostitution. Of 475 people in prostitution from 5 countries, 72% reported current or previous homelessness (Farley et al., 1998). A California agency serving women in prostitution reported that 67% of those requesting services were currently or formerly homeless. (PROMISE, 1997)

Poverty alone does not explain the gender imbalance in prostitution. For example, Booth et al.(1995) interviewed 383 addicts and found that women were more likely to have prostituted to earn money than men. Female gender and having been prostituted were the strongest predictors in Booth's study for low self-concept, depression, and anxiety. Exchanging sex for money or drugs led to a profound sense of worthlessness and other psychological problems. El Bassel et al. (1997) found that women who traded sex for drugs were in more severe psychological distress than women who did not trade sex for their drugs.

Racism in Prostitution

There was a deafening silence regarding racism in the literature reviewed here. Women in prostitution are purchased for their appearance, including skin color and characteristics based on ethnic stereotyping. Throughout history, women have been enslaved and prostituted based on race and ethnicity, as well as gender (Barry, 1995).

Root (1996) characterized racism as a form of insidious trauma which continually wears away at people of color and makes them vulnerable to stress disorders. Legal prostitution, such as strip clubs and stores which sell pornography (that is, pictures of women in prostitution) tend to be zoned into poor neighborhoods, which in many urban areas in the USA, tend also to be neighborhoods of people of color. The presence of commercial sex businesses creates 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 an essential sameness between the abduction into prostitution of African women by slavers, on the one hand, and today's cruising of African American neighborhoods by white johns searching for Black women to buy (Nelson, 1993).

In most cities in the US, women of color are overrepresented in prostitution, compared to their numbers in the society as a whole. For example, in Minneapolis, a city which is 96% white European-American, more than 50% of women in strip club prostitution are women of color. (Dworkin, personal communication, 1997). Especially vulnerable to violence from wars or economic devastation, indigenous women are brutally exploited in prostitution - Mayan women in Mexico City, Hmong women in Minneapolis, Karen women in Thailand, or First Nations women in Vancouver.

African American women are arrested in prostitution at a higher rate than others charged with this crime (Nelson, 1993, MacKinnon & Dworkin, 1997).

Once in prostitution, women of color face barriers to escape. Among these is an absence of culturally-sensitive advocacy services. Other barriers faced by all women escaping prostitution are a lack of services which address emergency needs (shelters, drug/alcohol detoxification, and treatment of acute posttraumatic stress disorder or PTSD) and long-term needs (treatment of depression and chronic PTSD, vocational training, and longterm housing).

Violence precedes entry into prostitution

Research and clinical reports have documented the prevalence of childhood sexual abuse and chronic traumatization among prostituted women (Belton, 1992; Burgess,et al., 1987; Giobbe et al., 1990; James & Meyerding, 1977; Paperny & Deisher, 1983; Silbert & Pines, 1981, 1982a; 1983; Simons & Whitbeck, 1991; Widom & Kuhns, 1996). From 60% to 90% of those in prostitution were sexually assaulted in childhood (Harlan, Rodgers & Slattery, 1981, Murphy, 1993; Silbert & Pines, 1983). One young woman told Silbert and Pines (1982a, page 488): "I started turning tricks to show my father what he made me." Many of the adolescents interviewed by Weisberg (1985) reported that they began prostituting *before* running away from home.

Multiple perpetrators of sexual abuse were common, as was physical abuse in childhood (Farley et al., 1998). Sixty-two percent of women in prostitution reported a history of physical abuse as children (Bagley & Young, 1987; Silbert & Pines, 1981, 1983). In another study, 90% of the 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, 1991; Giobbe et al., 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). One woman 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 et al, 1993, page 16)

Child sexual abuse was a precursor to prostitution among 50% of 150 Nigerian prostituted teenagers (Adedoyin & Adegoke, 1995). Widom and Ames (1994) noted that child sexual abuse survivors were more likely than child physical abuse survivors to be arrested for prostitution as adults. 30% of a sample of women in San Francisco entered prostitution at the age of 15 or younger, and described themselves as runaways (PROMISE, 1997).

Women who experienced early sexual abuse were at risk for a later recurrence of sexual and physical trauma (Browne & Finkelhor, 1986; Wyatt & Powell, 1988), but these behaviors were based in trauma, and were not the result of an innate risk-taking personality. Trauma researchers have described the complexity of repetitive behaviors found in survivors of chronic trauma (Herman, 1992; Terr, 1991). Traumatic reenactments occur along with psychobiological dysfunction, including self-destructive thoughts and behaviors, self-contempt, feelings of shame and worthlessness, substance abuse, eating disorders, and sexual aversions or compulsions (Herman, 1992; Terr, 1991).

Incest, rape, and prostitution may be seen as points on a continuum of sexual exploitation and abuse. Some described the emotional distancing necessary to survive rape and prostitution as the same technique used to endure familial sexual assault (Giobbe, 1991; Miller, 1986). Dworkin (1997a) described incest as "boot camp" for prostitution.

Pervasive violence in prostitution

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), Chesler (1993), Dworkin (1981; 1997a), Farley et al.(1998), Hunter (1994), Jeffreys, (1997), Karim, et al., (1995), MacKinnon (1993), McKeganey & Barnard (1996), Miller (1995), Silbert & Pines (1982a, 1982b) Weisberg (1985), and Vanwesenbeeck (1994). Silbert & Pines (1981, 1982b) reported that 70% of women suffered rape in prostitution, with 65% of prostitutes having been physically assaulted by customers; and 66% assaulted by pimps. Vanwesenbeeck (1994) reported that 60% of prostituted women in the Netherlands suffered physical assaults; 70% experienced verbal threats of physical assault; 40% reported sexual violence; and 40% reported having been forced into prostitution and/or sexual abuse by acquaintances (Vanwesenbeeck, 1994). After reviewing a number of studies, Weisberg (1985) concluded that most juvenile prostitutes had been abused or beaten by both pimps and customers.

85% of women interviewed by Parriott (1994) had been raped in prostitution. Of 475 people in prostitution who were interviewed in 5 countries, Farley et al (1998) reported that 73% had experienced physical assaults in prostitution, and 62% had been raped in prostitution. The Council for Prostitution Alternatives in Portland, Oregon, reported that prostituted women were raped an average of once a week (Hunter, 1994).

Women in prostitution are battered women. Prostitution, like battering, is a form of domestic violence. Giobbe (1993) compared pimps and batterers and found similarities in their use of enforced social isolation, minimization and denial, threats, intimidation, verbal and sexual abuse, attitude of ownership, and extreme physical violence to control women. The techniques of physical violence used by pimps are often the same as those used by torturers. Gray (1973, cited in Weisberg, 1985) reported that one teenager was beaten with a 6-foot bullwhip and another was tied to a car and forced to run behind it. It has been reasonably estimated that prostitution is 80% to 90% pimp-controlled (Giobbe & Gamache, 1990; Hunter, 1994).

The primary concern of prostituted women in Glasgow was violence from customers (Green et al., 1993). Rape was common. The women in Glasgow were physically abused as part of the job of prostitution. They were whipped and

beaten up, with payment at times received "per individual blow" (Green et al., 1993, page 328). Prostituted women described a minority of johns as extremely dangerous. These men were likely to assault or murder women in prostitution for pleasure. They used fists, feet, baseball bats, knives, or guns in their assaults on the women. One man inserted a shotgun into at least one woman's vagina and mouth.

87% of prostituted women interviewed by Miller (1995) were physically assaulted in prostitution, with 31% having been stabbed, and 25% being hit with an object. 37% of her sample had been held captive. Prostituted women were often assaulted *and* robbed (Green et al, 1993; Hardesty & Greif, 1994; Miller, 1995).

Miller & Schwartz (1995) found that 94% of those in street prostitution had experienced some form of sexual assault; 75% had been raped by one or more johns. In spite of this, there was a widespread belief that the concept of rape did not apply to prostitutes. If rape of a prostituting woman occurs, some have considered the rape to be "theft" or "breach of contract" rather than rape. Many people assumed that when a prostituted woman was raped, it was part of her job and that she deserved or even asked for the rape. In an example of this bias, a California judge overturned a jury's decision to charge a customer with rape, saying that "a woman who goes out on the street and makes a whore out of herself opens herself up to anybody." One juror interpreted the judge's decision as a refusal to give rights to prostitutes (Arax, 1986). Because of the difficulty in obtaining testimony from those who are addicted or homeless, and because of bias against those in prostitution, district attorneys and police tend to place a low priority on prosecution of those who rape prostitutes (Gross, 1990).

Symptoms of psychological trauma in women in prostitution

Describing the trauma of prostitution, and its consequences, one fourteen year old stated: "You feel like a piece of hamburger meat – all chopped up and barely holding together" (Weisberg, 1985, page 112).

Dissociation is the psychological process of banishing traumatic events from consciousness (Herman, 1992). It is an emotional shutting-down which occurs during extreme stress among prisoners of war who are being tortured, among children who are being sexually assaulted, and among women being battered or raped or prostituted.

Vanwesenbeeck (1994) considered dissociation in those prostituted to be a consequence of *both* childhood violence and adult violence in prostitution. She noted that a proficiency in dissociation, perhaps learned in order to survive sexual abuse as a child, was required in prostitution. Vanwesenbeeck et al. (1995) found that the more severe the victimization in childhood, the more frequently dissociation and denial were used in adulthood.

Ross et al.(1990) noted dissociative symptoms in women in strip club prostitution. Belton (1998) reported that depression as well as dissociative disorders were common among prostituted women. One prostituted teenager stated:

> "I left my body. Very seldom was I ever there.
> I had a good technique for leaving. I knew where
> I was at, I mean I knew what they were doing, but
> it was like I have no feeling…it was my survival.
> That was a way of knowing that they might have
> my body, but they're not going to get me."
> (Giobbe, 1992, page 125)

People in prostitution suffer from posttraumatic stress disorder (PTSD). Symptoms are anxiety, depression, insomnia, irritability, flashbacks, emotional numbing, and hyperalertness. Farley et al., (1998) interviewed 475 prostituted people in 5 countries (South Africa, Thailand, Turkey, USA, and Zambia) and found that 67% met diagnostic criteria for PTSD, suggesting that the traumatic sequelae of prostitution were similar across different cultures.

The following are three examples of PTSD:

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 GI paydays (Sturdevant & Stolzfus, 1992).

Another woman described how her symptoms of PTSD were ignored by her counselor: "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, page 46).

An observant john noted of the woman he was raping: "…maybe she was undergoing a slight nightmare or something like confusion." (Hite, 1981, page 773)

The violence of prostitution, the constant humiliation, the social indignity and misogyny result in personality changes which have been described by Herman (1992) as complex posttraumatic stress disorder (CPTSD). 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. Not only were sexual feelings destroyed in prostitution, but the emotional part of the self was eroded. (Hoigard & Finstad,1986; Giobbe, 1991, 1992)

One of the longer-lasting effects of CPTSD involves changes in relations with other people, including changes in perception of the perpetrator of abuse. 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 (Graham et al., 1994). 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.

Physical Health Problems

A focus on the spread of HIV shifted attention away from the inaccessibility of health care for women in prostitution in USA (Lawless, Kippax & Crawford, 1996; Pederson, 1994; Sacks, 1996). This same trend has

been observed in non-dominant countries. Moses (1996) noted that the lack of access to health services resulted in unsuccessful implementation of large-scale STD prevention programs in Asia and Africa.

A lack of attention to women’s experiences of violence and sexual abuse has resulted in repeated failures of the health care system for women (Dean-Patterson, 1999). Those in prostitution lacked access to social and medical services which were available to others (Scambler & Scambler, 1995). Fear of arrest and social contempt made it difficult for prostituted women to seek shelter or medical treatment (Weiner, 1996).

Some research addressed non-HIV-related health problems of women in prostitution. Prostituted women had an increased risk of cervical cancer and chronic hepatitis (Chattopadhyay et al., 1994; de Sanjose et al., 1993; Pelzer et al., 1992; Nakashima et al., 1996). 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 et al., 1998).

Half of the women interviewed in San Francisco by Farley & Barkan (1998) reported physical health problems, including joint pain, cardiovascular symptoms, respiratory symptoms, neurological problems, and HIV (8%). 17% stated that, if it were accessible, they would request immediate hospital admission for drug addiction or emotional problems. Some acute and chronic problems were directly related to violence. 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, page 126).

70% 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 reported (Parriott, 1994).

We found no study to date of the chronic nature of the health problems suffered by women in prostitution, although it has been well documented that chronic health problems result from physical abuse and neglect in childhood (Radomsky, 1995), sexual assault (Golding, 1994), battering (Crowell & Burgess, 1996), untreated health problems and overwhelming stress (Friedman & Yehuda,1995; Koss & Heslet, 1992; Southwick et al. 1995). Prostituted women suffer from all of the foregoing. Many of the chronic physical symptoms of women in prostitution were similar to the physical sequelae of torture (Basoglu, 1992).

The death rate of those in prostitution was 40 times higher than that of the general population (Special Committee on Pornography and Prostitution, 1985; cited in Baldwin, 1992).

Pornography and prostitution

Barry (1995) defined pornography as the presentation of prostitution sex. Pornography is a specific type of prostitution, in which prostitution occurs and, among other things, is documented. The women whose prostitution appears in pornography *are* prostituted women.

The harm of prostitution is made to disappear in pornography. Pornography has been used as recruitment into childhood sexual assault as well as recruitment into prostitution (MacKinnon & Dworkin, 1997). Pornography which normalizes prostitution is used by pimps to teach girls what acts to perform in prostitution (Silbert & Pines, 1984). Women in prostitution have described pornography's role in their being coerced by

pimps or customers to enact specific scenes (Silbert & Pines, 1984; MacKinnon & Dworkin, 1997; Farley & Barkan, 1998). Customers show women pornography to illustrate what they want. Strip clubs show video pornography to promote prostitution.

49% of 130 people in one study reported that pornography was made of them while they were in prostitution; and 32% had been upset by an attempt to coerce them into performing what customers had seen in pornography (Farley & Barkan, 1998). 56% of those in prostitution in South Africa, 48% in Thailand, and 47% in Zambia reported being upset at attempts to coerce them into acts seen in pornography (Farley et al., 1998). 38% of 200 prostituted women interviewed by Silbert & Pines (1984) reported that pornography had been made of them as children. 27% of the adolescent boys interviewed by Weisberg (1985) reported that pornography had been made of them. Even after women escaped prostitution, they continued to be traumatized by the knowledge that customers look at pornography which documented what was done to them in prostitution (MacKinnon & Dworkin, 1997).

Needs of women escaping prostitution

In order to offer genuine choices to people in prostitution, programs which claim to offer assistance must offer more than condoms and safer sex negotiation skills. These are not only insufficient, but they have been shown to result in increased violence against prostituted women. It is necessary to look at the vast array of social conditions in women's lives which eliminate meaningful choices. In order to understand prostitution, it is necessary to also understand 1) incest and other childhood sexual assault; 2) poverty and homelessness; 3) the ways in which racism is inextricably connected with sexism in prostitution; 4) domestic violence; 5) posttraumatic stress disorder, mood and dissociative disorders as sequelae of prostitution; 6) chemical dependence; 7) the need for culturally-relevant treatment; and 8) the fact that the global nature of the commercial sex industry involves interstate and inter-country trafficking as a necessary part of its profitable operation.

The most urgent need of girls and women escaping prostitution was housing (Boyer et al, 1993; Commercial Sexual Exploitation Resource Institute, 1998; El Bassel et al., 1997; Farley et al, 1998; Serre et al, 1996; Weisberg, 1985). Both transitional and longterm housing was needed.

Serre et al. (1996) found that 50% of the 355 women in prostitution were in unsafe living conditions, and that 33% had been physically assaulted during the prior 5 months. 92% of 475 people in prostitution stated that they wanted to escape. When asked about their needs, 73% told the researchers that they needed a home or place of asylum; 70% needed job training; 59% needed health care, including treatment for drug or alcohol addiction (Farley et al., 1998).

As part of intake assessments, health service providers should not only inquire about history of sexual assault, violence, and addictions. Belton (1992) and Goodman & Fallot (1998) have discussed the need for routine inquiry regarding prostitution history. 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: dancing, escort, massage, prostitution, pornography, phone sex?" have been used in the first author's clinical practice.

Emergency services used by women in prostitution, such as crisis lines, emergency housing, medical and psychological treatment, substance abuse treatment, and outreach programs rarely if ever addressed the sexual trauma of women in prostitution (Boyer et al, 1993). Often, medical and social service providers were disrespectful to women in prostitution.

Although it is commonly assumed that street prostitution is the most dangerous type of prostitution, Boyer observed that women in non-street prostitution, such as strip clubs, massage brothels and pornography, had *less* control over the conditions of their lives and probably faced greater risks of exploitation, enslavement, and physical harm, than women prostituting on the street. Her report on the needs of prostituted women in the Seattle area recommended increased outreach to women in non-street prostitution. Training for service providers was recommended, as were peer support groups where women could speak openly with others about their experiences of sexual exploitation. Chemical dependence treatment specifically for commercial sex industry survivors was also proposed (Boyer et al, 1993).

The vocational needs of women escaping prostitution are complex and long-term. Women leaving prostitution in their twenties and thirties may have been in prostitution since they were very young, and may never have had a job other than prostitution. Vocational counselors should be able to articulate the impact of prostitution on a woman's vocational identity.

Vocational rehabilitation counselors must be expert in labor market issues, federal and state laws regarding disability, and they must be skilled at using psychiatric diagnoses in disability applications (Murphy, 1993).

Asthana and Oostvogels (1996) predicted that programs to assist those in prostitution would continue to fail unless significant changes were made to systems which keep women in a position of subordination and exploitation. In one particular instance of this, women drug users were prostituted far more frequently than men drug users, were at greater risk for HIV than men, had lower self-concepts than did men drug users, and had fewer employment opportunities, legal or illegal, than did men drug users (Booth et al., 1995).

Weisberg (1985) noted the importance of prostitution prevention programs for children. The Commercial Sexual Exploitation Resource Institute (1998) offered multilingual curricula for prostitution prevention in junior and high schools, a legal services clinic, and a program which placed survivors of prostitution into host families in the community.

Criminal Justice Responses to Prostitution

It is beyond the scope of this paper to critique the history of legal approaches to prostitution in the USA. Feminist attorneys Margaret Baldwin, Dorchen Leidholdt, and Catharine MacKinnon have begun discussions of a range of legal responses to prostitution (Baldwin, 1993; Leidholdt, 1993; MacKinnon, 1993).

In most parts of the USA, prostitution is a criminal act. Yet there has been a hugely disparate arrest rate of women in prostitution, compared to arrests of johns. The law enforcement focus on the woman in prostitution rather than on predatory behaviors of pimps and johns, reflects the emphasis of the social sciences literature reviewed here. The *demand* side of prostitution has been largely ignored. For example, The Seattle Women's Commission (1995) reported that in 1993, there were 1,210 arrests of women on prostitution-related charges. Of those arrested, 62% were charged and 42% convicted. During the same time period, 228 men were arrested for patronizing a prostitute. Of those men, 98% were charged and only 8% convicted. Arrests of women in prostitution and the simultaneous failure to arrest customers comprised unfair and discriminatory practices (Davis, 1993).

It is commonly assumed that the greater the legal tolerance of prostitution, the easier it is to control public health (Green et al, 1993). "Public health" in this context refers primarily to STD in johns, rather than to the mental and physical health of prostituted women. Legalized prostitution involves state, county, or city ordinances which regulate prostitution, for example, requiring STD tests and collecting taxes. In Nevada, regulations determine geographic location and size of brothels, as well as activities of women *outside* the brothel. Prostituted women are only allowed into nearby towns from 1-4pm, are restricted to certain locations, and are even prohibited from talking to certain persons (Miller et al., 1993).

The HIV epidemic has brought with it the advocacy of another legal approach to prostitution: decriminalization, or the cessation of enforcement of all laws against prostitution. Decriminalization of prostitution has been promoted by the commercial sex industry as a means of removing the social stigma associated with prostitution. The likely result of decriminalization would be to make men's access to women and children in prostitution far easier than when prostitution is illegal. Decriminalization would normalize commercial sex but it would not reduce the trauma and the humiliation of being prostituted. Respondents in South Africa and Zambia were asked whether they thought they would be safer from sexual and physical assault if prostitution were legal. A significant majority (68%) said "no" (Farley et al., 1998). The implication was that regardless of the legal status of prostitution, those in it knew that they would continue to experience violence.

Dworkin proposed decriminalization of prostitution for the prostitute *and* recognition of the pimp or john as criminal (1988). In Norway, criminologists Finstad and Hoigard proposed "unilateral criminalization of customers" (1993, page 222). Stating that "prostitution is not a desirable social phenomenon" (Ministry of Labour, Sweden, 1998,page 3), the Swedish government in 1999 criminalized the buying of sexual services but not the selling of sexual services. Noting that "…it is not reasonable to punish the person who sells a sexual service. In the majority of cases… this person is a

weaker partner who is exploited," (Ministry of Labour, Sweden, 1998, page 4) the Swedish government allocated social welfare monies to "motivate prostitutes to seek help to leave their way of life" (Ministry of Labour, Sweden, 1998, page 3). These social interventionist approaches reflect the state's interest in counteracting the spread of the commercial sex industry (Mansson and Hedin, in press). As Finstad and Hoigard wrote in 1993:

> "If any sort of criminal law must exist, it should be directed against 'normal' people's harmful behavior, such as being the customer of a prostitute. This suggestion… rests on the objective consequences of customers' actions, the long-term effects suffered by women. Many customers are in the kind of social situation in which the threat of a criminal conviction would be effective…" (page 222).

Another criminal justice approach to prostitution is the diversion program which focuses on educating arrested johns (Monto, 1998). The Sexual Exploitation Education Program (SEEP), in Portland, Oregon, operated in conjunction with the Council for Prostitution Alternatives. Goals of SEEP's interventions with johns were: 1) to reframe the definition of prostitution from a "victimless crime" to a system of violence against women; 2) to deconstruct male sexual identity in order to clarify how men's socialization led to a propensity for commiting violence against women; and 3) to stress the choice and responsibility which men have to create egalitarian relationships without coercion or violence. (cited in Monto, 1998).

In the United Kingdom, the Kerb Crawlers Rehabilitation Programme operates as part of the Research Centre on Violence, Abuse, and Gender Relations. Like SEEP, the Kerb Crawlers (an expression which refers to johns) program attempts remedial social education by shifting the focus from the woman in prostitution to the john. The Programme was designed to challenge misconceptions about prostitution, about male sexuality, about the consequences of child abuse, and to address the reasons why people enter prostitution (Bindel, 1998).

Although the johns' education programs report significantly reduced recidivism, a trial treatment program for arrested pimps in Nova Scotia resulted in 100% recidivism (McGrath, 1998). Pimps are significantly more dangerous perpetrators than most customers of prostitutes.

Other legal approaches to prostitution include confiscation of the cars of arrested johns. A number of states and municipalities, including California, Minnesota, Illinois, Pennsylvania, New York, and Wisconsin have

enacted such laws. Monies from such confiscations should be used exclusively to develop services for women escaping prostitution.

The social invisibility of prostitution

The social and legal refusal to acknowledge the harm of prostitution is stunning. Libertarian ideology obfuscates the harm of prostitution, defining it as a form of sex. The statement that prostitution is "just a job which can be difficult at times, like any other job" - is far from the truth.

Institutions such as slavery and prostitution 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 don't observe their stereotyped notion of what slavery looks like – if they don't see bidding for shackled people on auction blocks - they conclude that the Africans working in the fields in front of them are voluntary laborers who are receiving food and shelter as *salary* (Burkett, 1997).

Similarly, if observers don't see exactly what their stereotype of "harmful" prostitution is – for example, if they don't see a gun pointed at the head of a girl being trafficked from one state to another, if all they see is a smiling streetwise teenager who says 'I like this job, I'm getting rich' – then they don't see the harm. Prostitution tourists go to Amsterdam's, New York's, or Bangkok's prostitution zones and see smiling girls waving at them from glass cages or clubs. The customers decide that prostitution is a free choice.

In prostitution, a necessary part of the role is to look happy: to ask for the rape, to say she enjoyed the rape. Women who escape prostitution have reported that saying these words of pleasure to those who are torturing them was a nightmare.

The language recently used to describe prostitution has contributed to confusion regarding whether or not prostitution is a form of violence against women. Some words which refer to prostitution cover up its cruelty. The term "sex work" implies vocational choice. Accepting prostituted women as "commercial sex workers" brings with it an acceptance of what in any other context would be described as sexual harassment, sexual exploitation, or sexual abuse. If prostitution becomes "sex work," then the brutal

exploitation of those prostituted by pimps becomes an employer-employee relationship. And the predatory, pedophiliac purchase of a human being by the john becomes just one more business transaction.

Women who have survived prostitution and who have gotten out, have asked that they not be transformed into the object/noun, "prostitute." The word “prostitute” eliminates the human being in prostitution. Just as we avoid referring to a battered woman as a “batteree,” someone who has actually evolved into being the thing that was done to her, we can avoid turning the woman in prostitution into that which was inflicted on her. We are invited instead to use the adjective, verb, or prepositional phrase: "prostituted," "prostituting," or "person in prostitution."

One of the myths about prostitution is that "high-class" call-girl prostitution is vastly different, and much safer than street prostitution. This has not been verified by research. One study reported that there was no difference in the incidence of posttraumatic stress disorder experienced by those prostituting on the street and those prostituting in “high-class brothels.” (Farley et al., 1998). Parriott (1994) found no differences in health problems reported by women in massage brothels, escort services, strip clubs, bars, and street prostitution. Boyer et al (1993) reported that women in all forms of prostitution (escort, strip club, street, phone sex, and massage brothel) were subject to sexual violence. One customer said: “With all of this sexual harassment stuff going around these days, men need somewhere to go where they can say and act like they want…I think that going to a [strip] club is a release” (Frank, 1999, page 20). All mutations of the commercial sex industry were unpredictable and dangerous for women. Furthermore, most women in prostitution participate in several different kinds of prostitution.

Sexual exploitation seems to happen with the "consent" of those involved. But doesn't consent involve the option to make other choices? If prostitution is a choice, why are those with the fewest options the ones in it? (MacKinnon, 1993). The greatest obstacle to seeing prostitution as abuse and exploitation is the notion of prostitution as “free will” (Finstad & Hoigard, 1993, page 213). One woman described prostitution as "volunteer slavery," clearly articulating both the appearance of choice and the overwhelming coercion behind that choice. (Vanwesenbeeck, 1994, page 149).

Most of those in prostitution have few or no other options for the necessities of life.

Conclusion

The commercial sex industry is a multibillion dollar global market which includes strip clubs, massage brothels, phone sex, adult and child pornography, street, brothel, and escort prostitution. One's political perspective will determine whether prostitution is viewed primarily as a public health issue, as an issue of zoning and property values (which parts of town should house strip clubs and pornography stores?), as vocational choice, as sexual liberation, as petty crime, as domestic violence, or as human rights violation.

For the vast majority of the world's prostituted women, prostitution is the experience of being hunted, dominated, harassed, assaulted, and battered. Intrinsic to prostitution are numerous violations of human rights: sexual harassment, economic servitude, educational deprivation, job discrimination, domestic violence, racism, classism, vulnerability to frequent physical and sexual assault, and being subjected to body invasions which are equivalent to torture.

In prostitution, demand creates supply. Because men want to buy sex, prostitution is assumed to be inevitable, therefore 'normal.' Men's ambivalence about the purchase of women, however, is reflected in the relative scarcity of research interviews with johns, and their desire to remain hidden. In a series of interviews with johns conducted by women employed by massage brothels, Plumridge noted that on the one hand, they 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 (1997). One john said: "It's like going to have your car done, you tell them what you want done, they don't ask, you tell them you want so and so done…" (McKeganey & Barnard, 1996, page 53).

The cultural context of sexism and racism must be understood in order to offer real choices to women who are at risk for prostitution (Alegria et al., 1994; Karim et al., 1995; Hardesty & Greif, 1994; Silbert and Pines 1983). The study of violence against women suggests that in order to predict sexually aggressive behavior, we must take into account multiple variables which connect the individual and cultural nature of sexual violence (Crowell

& Burgess, 1996). Pornography, for example, is a form of cultural propaganda which reifies the notion that women are prostitutes. One man said "I am a firm believer that all women… are prostitutes at one time or another" (Hite, 1981, page 760). To the extent that any woman is assumed to have freely chosen prostitution, then it follows that enjoyment of domination and rape are in her nature, that is to say, she is a prostitute (Dworkin, 1981).

Discussing his experience in a strip club, one man said, "This is the part of me that can still go hunting" (Frank, 1999, page 22). 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 are licensed as sexual aggressors (White & Koss, 1993). Prostitution myths are a crucial component of attitudes which normalize sexual violence. Monto (1999) found that johns' acceptance of commodified sexuality was strongly related to their acceptance of rape myths, violent sex, and less frequent use of condoms with women in prostitution. Arrested johns' level of acceptance of prostitution myths was the same as college men's and women's acceptance of prostitution myths (Farley et al, 1998).

Prostitution must be exposed for what it really is: a particularly lethal form of male violence against women. The focus of research, prevention, and law enforcement in the next decade must be on the demand side of prostitution.

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Table 1 Change in Content of References to Prostitution, 1980-199

	1980 – 1984		1992 – 1996		Perc Change	
	Medline	PsycINFO	Medline	PsycINFO	Medline	PsycINFO
	% (N)	% (N)	% (N)	% (N)	%	%
1) STD/HIV	68% (81)	2% (1)	86% (476)	70% (146)	+18%	+68%
2) Other Harmful Consequences	15% (18)	41% (21)	2% (10)	8% (18)	-%13	-
3) Legal/Demographic/ Psychoanalytic	17% (20)	57% (19)	12% (65)	22% (46)	-5%	
Total	100%(119)	100%(41)	100%(551)	100%(210)		

Definitions

1) STD/HIV: studies of at-risk sexual behaviors and drug-using practices
2) Other Harmful Consequences of Prostitution: studies of non-HIV-related harm, such as physical and sexual violence, antecedent childhood sexual assault
3) Legal/Demographic/Psychoanalytic: studies which focus on the psychology, sociology or legalization of prostitution, without an emphasis on harmful consequences