INFORMATION ARTICLES by Cara Guziak

Effects of prostitution on prostitutes

The documented impact of prostitution on women who have been involved in and subject to it is lengthy and disheartening. Women in this scenario are shadowed by challenges which come from the past, challenges which exist daily in the present, and significant obstacles to overcome in the future. Baker, Dalla, & Williamson (2010) provide broad categories of harm including such factors as direct impact to the individual, the effect of prostitution on relationships, structural factors, and reception in society. Women who have been prostituted are affected by substance abuse and addictions, chronic stress and stress-related psychological and physical illness, trauma both from prior childhood abuse and also violence and abuse encountered while prostituting, flashbacks, anxiety, depression, decreased self-esteem, self-blame, shame, and guilt, physical injury and physical health problems, and infection, infertility, and sexually transmitted diseases. Both as contributing factors and as effects, women who have engaged in prostitution deal with broken relationships and limited support from their families and communities, and they are often limited in their options for employment, education, and housing. Women looking to leave prostitution may not be aware of services that are available to them, they may be limited in their capacity to meet basic needs, they may find doors closed to them due to criminal records, and they still must face the challenge of overcoming societal stigma and discrimination (Baker et al., 2010, pp. 588 – 590; Farley, 2003, p. 261 – 262).

In some ways, the experience of women in prostitution is much like that of individuals in other marginalized populations. Challenges for women in the midst of and intent on leaving prostitution include "finding affordable housing, financial planning, creating safe environments and relationships, escaping and healing from the emotional and physical effects of violence, trauma, and engaging in treatment for drug/alcohol addictions, and resuming educational or vocational training" (Hotaling, Burris, Johnson, Bird, & Melbye, 2003, p. 257). The traumatic experiences inherent in prostitution themselves are reason enough for a woman who has been prostituted to hesitate to seek services or to struggle to believe that healing is possible. The coping mechanisms which women in prostitution must adapt for survival leave them "feeling 'hollow', lacking self-esteem, or suffering from depression, anxiety and various forms of mental illness" (Matthews, 2015, p. 88). All these elements compounded leave these women in desperate need of help and reluctant to seek it.

While some reports argue that violence is not inherent in prostitution, the "widespread and frequent reports of violence against women involved in prostitution questions the notion that violence is limited to a few odd purchasers, and suggests that violence is an integral part of the commercialized sex trade" (Matthews, 2015, p. 89). Violence is encountered in all types of prostitution, but research indicates that it is greatest for individuals working out of drug houses and those who depend on the money or drugs they receive in exchange for survival (Matthews, 2015).

An adequate reckoning of the impact that prostitution has on the women engaged in it cannot be had without examining the factors which contribute to their involvement and thus magnify any impact. A large majority of women who have been prostituted were physically,

emotionally, and/or sexually abused as children, and while many children who have experienced such abuse do not go into prostitution, sexual and physical abuse carry the potential for a child to learn to “devalue their body” or to seek escape from the abuse by leaving home, thereby becoming more vulnerable to the possibility of having to prostitute themselves in order to live (Matthews, 2015, p. 87; Roe-Sepowitz, 2012). Levy (2010) conceptualizes the way sexual trauma in childhood can lead to prostitution as ‘repetition compulsion’ by which a person re-experiences the beliefs, body sensations, and emotions connected to the past trauma which they have not been able to process and heal. A person may then compulsively repeat the defense mechanisms associated with the trauma in order to prevent and attempt to defeat past terror (Levy, 2000). In this way, a woman in prostitution may find that she is ‘stuck’ in repeating past trauma without coming to any conclusive growth or resolution. Instead, she is victimized repeatedly and at great risk of further impaired ability to maintain relationships and increased shame and self-blame (Herman, 1992).

The connection between childhood abuse and prostitution and the impact it has on the developing child cannot be overemphasized. Large percentages of sexually abused children present with depression, low self-image, challenges managing stress, trouble expressing and processing emotion, difficulty in problem-solving, and the potential to be suicidal, but the group involved in prostitution were more likely to be assessed as suicidal (Nadon, Koverola, & Schludermann,1998; Seng, 1989; Wilson & Widom, 2010). These childhood obstacles potentially put an individual at risk for engaging in prostitution, and the involvement only causes the problems and symptoms to worsen.

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Effects of prostitution on society

The existence of prostitution without visible involvement of police and community leaders contributes to attitudes about prostitution which impact both society and the women who are prostituted. If it is not made clear that women are victimized in prostitution, stereotypes about prostitution can rise up which "on the one hand glamorize[d] and romanticize[d] prostitution, while at the same time viewing the women as criminal, sexually deviant, socially inept, and/or mentally deficient" (Hotaling, Burris, Johnson, Bird, & Melbye, 2003, p. 257) . Tacit acceptance of prostitution directly contributes to the devaluation and objectification of not only women involved in prostitution, but all women. The culture produces ambivalence from men toward violence to women, and "women involved in prostitution are amongst the most victimized group of people in society" (Matthews, 2015, p. 86). Furthermore, if prostitution is normalized in society, the individuals harmed by it will have reduced access to services. According to Farley, "[n]ormalization of prostitution by researchers, public health agencies, and the law is a significant barrier to addressing the harm of prostitution" (2003, p. 248)

Criminalization of prostitution without substantial consequence for its patrons contributes to the creation of 'red-light' districts, where illegal activity becomes concentrated in less powerful, less wealthy communities. This shuffling of prostitution away from the public eye and into hiding increases the isolation of women who are prostituted, reduces visibility, and creates social apathy – what isn't seen must not be problematic. "These areas tend to experience more than their fair share of social problems and the presence of street prostitution has tended to impact most severely on women living in the area, particularly young women. These women are

often reluctant to walk around the streets at night because of threats, intimidation and harassment." (Matthews, 2007, p. 5)

There is also the problem of prevention and intervention. If a woman is more likely to become involved in prostitution following childhood abuse, providing proactive solutions for families and their children can contribute to a positive change. If there is no intervention, society is forced to “pay later, in the form of family dysfunction, criminal behavior, psychopathology, medical illness, and unemployability" and “dramatic increases in the use of medical, correctional, social and mental health services" (van der Kolk, 2005a, pp. 378, 402). According to van der Kolk, the entire population of people in the criminal justice system has at some point a history of abuse, neglect, and trauma (2005b). There is a tremendous need for public policy in support of early childhood trauma intervention for those abused, neglected, and exposed to violence (Wilson & Widom, 2010).

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WORKSHOP ARTICLES

How to Transition to the World Outside Prostitution

For a woman to transition to the world outside of prostitution, the woman must first be aware of the possibility to change and ready to make the change. Baker, Dalla, & Williamson (2010) posit that women who are prostituted go through several identifiable stages of change, and they propose their own model of change integrating several others and combining it with their research on prostitution. Even for women who are not yet ready to exit, harm reduction strategies enacted by the woman or pursued through available agencies or counselors may be beneficial. According to research done by Hotaling, Burris, Johnson, Bird, and Melbye, these strategies may include ways “to reduce, change or eliminate drug and alcohol use; reduce violence and risks of re-traumatization; employ safer sex practices with customers; decrease destructive self-soothing behaviors while simultaneously increasing healthier ones; develop networks of safe people, community resources, and partnerships; manage prescribed medication; prevent disease, death, incarceration, and isolation; and develop stable primary health care for participants and their children." (2003, p. 260)

To heal from their experience of prostitution and exit it fully, women ultimately must be able to develop healthy coping skills, gain concrete and relational supports, address trauma and psychological harm, resolve substance abuse and addiction, deal with dissociation, approach reintegration of healthy sexuality, seek treatment for medical concerns, and pursue mental health interventions which can support them in their path to wellness. Support through these processes

is critical “simply because of the sheer number and quality of changes necessary for women to successfully leave the sex industry" (Baker et al., 2010, p. 583)

The single most important factor in a woman’s capacity to exit prostitution lies in her ability to cope with the challenges ahead. Though there is no predictable way to control the way women may exit, they can be supported in their departure and their coping can be bolstered by the availability of and access to resources to help them get back on their feet in a number of areas (Baker et al., 2010). Women exiting prostitution will be dealing with negative reactions to the traumas they’ve experienced and will need to develop stronger coping skills as well as healthy personal relationships and support systems aside from and in addition to treatment or therapy (Stebbins, 2010). On top of their own negative reactions, women leaving the world of prostitution must also cope with social negativity and stigma. It will be harder for a woman who has been prostituted to avail herself of social services due to the “discrimination, alienation, stigmatization, [and] victim-blaming” she is likely to encounter (Hotaling, Burris, Johnson, Bird, & Melbye, 2003, p. 255).

Another essential aspect of healing from the experience of being prostituted is healing from the psychological harm which has been done in the process and which these women may have lived with from childhood. Psychoeducation is a key piece of treatment for women leaving prostitution, and understanding of the harm they’ve been through is equally essential (Stebbins, 2010; Kramer, 2004). Women in this population must address their anxiety, depression, anger, and grief. These women must process what they have experienced, learn to address and manage any shame they feel, process their contact with being marginalized, and learn to connect with others in healthy ways (Baker et al., 2010).

In order to cope with these psychological issues, many women in prostitution learn to dissociate and escape their realities, either by abusing substances or by psychologically disconnecting from their bodies. Women returning to the world away from prostitution should be assessed for addictions and substance use problems and examine the part which alcohol and drugs may have played in helping them detach from their experiences as well as assessed for the degree to which they have dissociated internally (Farley & Barkan, 1998; Kramer, 2004; Stebbins, 2010; Taylor, 2011). Treatment for dissociation is of particular importance for recovery for this population. Women involved in prostituting can begin to internalize the ways they are objectified and grow distant from their own bodies in order to protect themselves from greater harm. They may dissociate to cope with their acts in prostitution, violence, and sexual assault, but the dissociation can cross over into their personal lives as well (Stebbins, 2010). In order to be present in their new lives, women who have exited prostitution must reconnect with themselves psychologically, emotionally, and physically as well as forge those healthy connections with others. Medical care is also quite important for women who have left the world of prostitution. During the time they were prostituted, women may have been exposed to HIV and other sexually transmitted diseases and subject to bodily injury. They may need assistance connecting to resources for health care for themselves and their children (Taylor, 2011).

Specific strategies and interventions exist which may be most helpful to women who are exiting prostitution and can be accessed through community counseling agencies and individual counseling providers. One exemplary resource, Standing Against Global Exploitation (The SAGE Project) "provides emergency transitional housing, substance abuse and mental health treatment, individual counseling, vocational training and placement and group support to

overcome histories of low self-esteem, trauma, exploitation, abuse, shame, guilt, and anger" (Hotaling et al., 2003, p. 259). Interventions which target trauma are critical. One participant in the project stated that the focus on treatment for trauma was the one thing which had been missing from other attempts to leave prostitution (Hotaling et al, 2003). Hotaling et al. (2003) noted as well that client-created programs which include emphasis on the various environmental contexts (e.g. political, financial, societal) of women leaving prostitution are especially effective.

Other interventions for women exiting prostitution to consider include exposure therapy to reduce the impact of PTSD; thought stopping techniques for combatting intrusive thoughts; meditation, guided imagery, and relaxation strategies to mitigate physiological responses to stress and reconnect with their bodies; Eye movement desensitization and reprocessing (EMDR); neurofeedback to address and retrain brain-wave-based aspects of trauma; heart-rate variability biofeedback to increase relaxation and improve resilience to stressors; and traditional individual, family, and group therapy (Kramer, 2004; Moxley, 2006; Stebbins, 2010; Taylor, 2011).

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Women's Emotional Health: Challenges and Solutions

When discussing women's emotional health, it is essential to acknowledge that while women as a group have many things in common, women also have had and still have vastly varied experiences depending on their geographic location, their period in history, and their existence within the context of their culture and cultures around them. Women who come from different races, ethnicities, and nationalities can present with considerable variety in terms of their psychological health and related issues, and responsible interventions attend to that variety and avoid the mistake of using a "standard" of White culture. In helping women, one must embrace the similarities an individual shares with her group alongside the differences which make her story, her development, and her identity unique (Kollander, Ballard, & Chandler, 2011).

The World Health Organization reports that women are at the greatest risk of mental illness. Anxiety, depression, and uncategorized mental health disorders and distress are consistently reported in women in a wide variety of cultures and societies. Unsurprisingly, recent research and movements have demonstrated that "the prevention of emotional dysfunction and promotion of well-being and possibility are essential to [women's] development" (Wetzel, 2000, p. 211). Global research done in 1980 showed that programs meant to bolster the development of individuals in a society had typically failed because they had not incorporated women's needs, and that the "enhancement of women's universally low self-esteem is essential to the realization of their social advancement" (Wetzel, 2000, p. 208). Women in the modern world, despite having gained access to a number of privileges in recent history, are still often marginalized and

ignored. This kind of disregard takes a toll on women in general and particularly on women who have been marginalized in other ways.

Of prominent concern for women who have been involved in prostitution is that they have learned and their experiences have reinforced the impulse to be distrustful and wary of offers to help, even if access to social services is available to them. Constant exposure to physical, emotional, and sexual trauma over a length of time reduces an individual's capacity to trust others and supports the belief that they can rely on nobody but themselves (Hotaling, Burris, Johnson, Bird, & Melbye, 2003). The very nature of prostitution is a series of relationships in which women who have been prostituted are abused and exploited, more than likely mirroring their experiences in early childhood. Further, this trauma re-enactment continues within and beyond prostituting, and women who have been prostituted tend to enter relationships where the abuse and exploitation continue (Stebbins, 2010). For a woman in this state, to trust anyone at all becomes a serious challenge and an impediment to emotional healing. Without trust and security in interpersonal relationships, a woman is cut off from a vital source of connection, reflection, and hope.

In addition, women who have been exposed to and involved in prostitution have learned not to trust other women and not to even trust or tend to their own bodies. The hostile and isolated environment around prostituted women is propelled by "the envy, jealousy, competition, and anger among women in the society at large," and fueled to greater fire by the involvements of pimps who would exploit this dysfunctional competition for personal gain (Hotaling et al., 2004). Women are reduced to mere objects through prostitution, and they begin to internalize it

themselves, failing to identify their own value, forgetting the worth or purpose of caring for and being connected to their bodies, and seeing their bodies as somehow separate from themselves.

Women in general are often impacted by the idea that their role is to care for others first and to put themselves last. In a study and series of interviews conducted by Stenius & Veysey (2005), many women who had been exposed and subject to violence shared a tremendous difficulty with the idea of taking care of themselves and indeed challenges in recognizing that they were worthy of care at all. Not only is self-care unfamiliar, when women have been abused as children, they often begin to believe that they have no worth and deserve the abuse throughout their lives. Kollander, Ballard, & Chandler emphasize that women who have been subject to extreme violence and abuse "tend to suffer poor self-esteem, often blame themselves, they can have stress-related physical disorders, depression, anxiety, and 'core values such as trust, honesty, respect, and concern' can be impaired or lost" (2011, pp. 246-247).

In order to heal emotionally, women can benefit from participating in individual, group, and family counseling. Well-trained therapists who are familiar with working with women and particularly women who have been involved in prostitution provide a nurturing, empathetic, and nonjudgmental environment in which their female clients can safely recover and grow. The code of ethics of counselors requires that they acknowledge and attend to differences in culture in order to avoid "stereotyping and condescension" (Jones in Kopala & Keitel, 2003, p. 35). Particularly, women need to feel safe, reconnect to themselves, and form connections with others. Women who have isolated themselves from other women can find incredible growth opportunities in working with female counselors or all-female therapy groups. Due to the fact that much of the violence women encounter is perpetrated by men, complete trauma recovery

may require that women be in groups and do at least some parts of their healing work only with other women (Stenius & Veysey, 2005).

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PTSD: What Is It and How to Heal from It

Posttraumatic Stress Disorder (PTSD) is a psychological illness which is brought on by exposure to death or the threat of death, serious injury, or sexual violence. Following the exposure, an individual who meets the criteria for PTSD would show "intrusion symptoms" such as uncontrollable and recurring memories of the event or events, disturbing dreams about the exposure, flashbacks, heightened psychological distress which matches the trauma, and notable reactions to events or environments that bring the traumatic event to mind. People with PTSD also show continuing avoidance of or aversion to stimuli connected to the trauma, also called 'triggers,' prolonged and negative beliefs about themselves and negative moods, and significant changes in their reactivity to many kinds of stressors. (American Psychiatric Association, 2013) Researchers in various studies show that many women involved in prostitution experience symptoms which correspond to the diagnosis of PTSD (Herman, 1992; Matthews, 2015), one reporting that as many as 68% of female prostitutes could meet criteria for PTSD (Farley and Barkan, 1998), and another demonstrating one of the more disturbing aspects of PTSD – that women involved in prostitution blame themselves and begin to think they are somehow responsible for the ways in which they have been victimized. (Hotaling, Burris, Johnson, Bird, & Melbye, 2003). Following a trauma or series of traumas, "people blame themselves for failing to act in ways that could have averted the event or mitigated the circumstances of the event. No matter what the emotional response, the process of recovery requires acknowledgment of changes that have occurred as a result of the traumatic event." (Yehuda, 2002, p. 110)

When individuals develop PTSD, fundamentally, their own ability to recognize real threat and keep themselves calm is compromised. This degree of stress and threat cannot be fully processed by the conscious brain, so the areas of the brain involved in instinctual reaction – fight, flight, and freeze – take charge and may direct a person to engage in irrational or uncharacteristic behavior even when faced with minor stressors (van der Kolk, 2002, p. 385). The body and brain are designed to keep us safe by reacting quickly to threat and conditioning our responses to future threat, so rational thought would only get in the way of that quick response, potentially at the cost of survival. Individuals who have been exposed to trauma begin perceive things as threats which are not actual threats, and thus, their reactions seem incongruent.

In order to resolve PTSD, an individual would need to observe and become more aware of their body sensations and learn ways to regulate their own nervous systems, even though the reaction to the trauma compels them to avoid that kind of observation. Avoidance can be a common response to trauma -- "Living in a state of perpetual fear can overwhelm a person’s coping resources and lead him or her to avoid thoughts and feelings associated with the traumatic event" (Yehuda, 2002, p. 110). Trauma recovery work must be done in a safe enough environment that the individual has distance from the strong emotions brought on by trauma memories, the opportunity to get education about what they are experiencing, the space to learn how to communicate about understand what they’ve been through, and the chance to experience support and empathy (van der Kolk, 2002; Yehuda, 2002). In a 2013 interview, van der Kolk emphasizes the need to help people dealing with PTSD to learn to feel calm and soothe themselves before asking them to describe, reprocess, and potentially re-experience their trauma. Some specific methods which can be used to help individuals dealing with PTSD include

exposure therapy, cognitive therapy, anxiety management, and examination of interpersonal dynamics – the way the trauma has impacted their relationships and other parts of their lives (Yehuda, 2002, p. 112).

Van der Kolk offers this warning: "Traumatized people often become alcoholics or drug addicts; they gamble; most have somatization problems; they are depressed and they dissociate; they have issues with eating and self-injury; they reenact their trauma. None of that is captured by “PTSD.”" (2013, p. 518). Working with individuals who have been traumatized and may be diagnosed with PTSD is a complex and nuanced process, one which can be guided by but should not be strictly limited to criteria in a manual. Each individual must be approached with openness and respect for individuality and possibility. Only in this way can whole-person healing be achieved.

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