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Statistics On Prostitution in the U.S.A.

Most discussions of the public health risks of prostitution have focused on sexually transmitted disease. A recent editorial in a major medical journal acknowledged the danger of violence to those prostituted, yet concluded that the overall health risks of street prostitution were minimal (Bagley, 1987). In this paper, it is discussed through a study of the violence experienced by people working as prostitutes in a city in the U.S.A., and some of the consequent harm to physical and emotional health. The diagnosis of posttraumatic stress disorder (PTSD) describes symptoms, which result from trauma. In the language of the American Psychiatric Association (1994), PTSD can result when people have experienced "extreme traumatic stressors involving direct personal experience of an event that involves actual or threatened death or serious injury; or other threat to one's personal integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Houskamp & Foy, 1991)."

Exposure to these events may lead to the formation of a variety of symptoms: re-experiencing of the trauma in various forms, efforts to avoid stimuli which are similar to

the trauma, a general numbing of responsiveness, and symptoms of physiologic hyperarousal. The grouping of such symptoms following trauma has been recognized as the clinical syndrome of Post-Traumatic Stress Disorder (PTSD). Authors of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) comment that PTSD may be especially severe or long lasting when the stressor is of human design (for example, rape and other torture). Given the extent of violence in their lives, and the presence of dissociative symptoms, we predicted that people who worked as prostitutes would also experience PTSD. Although numerous populations have been sampled for incidence of PTSD, the frequency of the diagnosis has not been investigated among those prostituting.

The history of violence and its association with the symptoms and diagnosis of PTSD among 130 respondents, who were working as prostitutes on the streets of San Francisco was proven through an investigation that had been conducted in San Francisco, CA. The 57% prevalence of a history of childhood sexual abuse reported by these respondents is lower than that reported for those working in prostitution in other research. It is likely that, in the midst of ongoing trauma, reviewing childhood abuse was probably too painful. Several respondents commented that they did not want to think about their past when responding to the questions about childhood.

Many seemed profoundly uncertain as to just what "abuse" is. When asked why she answered "no" to the question regarding childhood sexual abuse, one woman whose history was known to one of the interviewers said: "Because there was no force, and, besides, I didn't even know what it was then--I didn't know it was sex." A number of respondents reported having been recruited into prostitution at the age 12 or 13, but also

denied having been molested as children (Bagley, 1987). All participants either filled out the questionnaires themselves or were assisted by interviewers who read the questions and recorded subjects' responses. Intoxication from alcohol or crack cocaine may have contributed to some interviewees' inability or unwillingness to delve into past trauma. As noted in the results of a researcher, 75% of our respondents reported having a drug abuse problem, while 27% reported having an alcohol abuse problem. However, previous research with addicts has noted their high degree of accuracy in reporting life events (Bonito, 1976).

Whether drug abuse tends to precede prostitution, or whether drugs were used after entering prostitution to numb the pain of working as a prostitute is unclear. Clinical experience suggests that drug and alcohol abuse may begin in latency or adolescence as a form of self-medication after incest or childhood sexual assault. Pervasive violence was evident in the current lives of these people, with 82% reporting physical assault since entering prostitution and 68% reporting rape in prostitution. Female and transgendered people experienced significantly more violence (physical assault and rape) than did men. To be female, or to be perceived as female, was to be more intensely targeted for violence.

Sixty-eight percent of the respondents in the investigation met criteria for a diagnosis of PTSD, with 76% qualifying for partial PTSD. These figures may be compared to those of help-seeking battered women, where PTSD incidence varies from 43% when self-rating scales are used (Houskamp & Foy, 1991) to 84% with use of clinical interviews (Kemp, 1991).

The 130 respondents overall mean PCL score of 54.9 (an index of PTSD severity)

may be compared to means of several other samples on the same measure: 50.6 for 123 PTSD treatment-seeking Vietnam veterans (Weathers, 1993); 34.8 for 1006 Persian Gulf war veterans (Weathers, 1993); and in a random sample of women in an HMO, 30.6 for 25 women who reported a history of physical abuse in childhood; 36.8 for 27 women who reported a history of physical and sexual abuse in childhood; and 24.4 for 26 controls in the same study (Bagley & Young, 1987).

Eighty-eight percent of these interviewees reported one or more B symptom of intrusive re-experiencing of trauma. It is likely that memories of past traumatic events were triggered by the similarities in current violence. Seventy-nine percent of our respondents reported 3 or more C symptoms of numbing and avoidance. When in the middle of the "combat zone" (as some areas of prostitution are called), it may be emotionally unsafe to acknowledge either one's trauma history or the extent of current danger.

Vanwesenbeek (1994) found that dissociation in people working as prostitutes was significantly related both to experiences of childhood violence and to violence in prostitution. A formal measure of dissociation would have been informative. Dissociative amnesia may have been intensified among our respondents because of their ongoing trauma. Seventy-four percent of these respondents reported two or more D symptoms of physiologic hyper-arousal. Hyper-vigilance is necessary for survival while working as a prostitute.

The investigators found the *cumulative* effect of different types of trauma on symptoms of PTSD. They looked at the effects on PTSD severity of four types of lifetime violence: childhood physical abuse, childhood sexual abuse, physical assault in

prostitution, and rape in prostitution. The more types of lifetime violence reported, the higher the overall PTSD severity, and the more often respondents tended to report C (numbing/avoidance) and D (physiological hyper-arousal) symptoms of PTSD. B symptoms (intrusive re-experiencing) showed a similar trend but did not quite attain statistical significance. You should interpret these results to mean that traumatic events accumulated over one's life increase the likelihood of PTSD-like symptoms.

This study is one of several current research projects, which investigates the range of emotional and physical health consequences of prostitution. (Kemp, A., 1991) found significantly more psychological distress among women who used drugs *and who also* prostituted than among drug-using women who do not prostitute. It is indicated that a need for assessment and treatment of psychological distress among women working as prostitutes. One of the respondents noted the failure of therapists to connect her history of violence with symptoms of PTSD: "I wonder why I keep going to therapists and telling them I can't sleep, and I have nightmares. They pass right over the fact that I was a prostitute and I was beaten with 2 X 4 boards, I had my fingers and toes broken by a pimp, and I was raped more than 30 times. Why do they ignore that(Kemp, Rawlings, & Green, 1991)?"

When prostitution has been discussed in the health literature, there has been a tendency to focus almost exclusively on STD, especially HIV. In a literature review, Vanwesenbeeck (1994) commented: "Researchers seem to identify more easily with clients than with prostitutes..." Although HIV has certainly created a public health crisis, we propose that the violence, which is described here, and the psychological distress resulting from the violence must also be considered a public health crisis. Any

intervention attempting to reduce HIV risk behavior among people working as prostitutes must also address physical violence and psychological trauma.

Eighty-eight percent of this group of prostituted people expressed a desire to leave prostitution, with 84% reporting current or past homelessness. Homelessness is connected with prostitution in that survival may involve the exchange of sexual assault for a place to stay, and food. The respondents said that they needed the same services, which were proposed by Kemp (1991): housing, education, viable employment, substance abuse treatment, and participation in the design of treatment interventions for their communities.

Trauma research has been criticized for its failure to attend to social attitudes and behaviors which cause trauma. One of Vanwesenbeeck's (1994) respondents described prostitution as "volunteer slavery," clearly articulating both the *appearance* of "choice" *and* the overwhelming coercion behind that "choice." The extreme violence suffered by these respondents suggests that we can not view prostitution as a neutral activity or simply as a vocational choice. Instead, prostitution must be understood as sexual violence against women (Kemp, Rawlings, & Green, 1991). The focus of attention is on changing a social system, which makes prostitution possible.

Without an understanding of the psychological harm resulting from prostitution, treating prostitution survivors is impossible. It is recommended that further study of the effect of prostitution on the development of physical symptoms, on PTSD, and on dissociation and multiplicity. It is not clear whether the sequelae of street prostitution discussed here also occur in outcall, massage parlor and brothel prostitution. This is an important question, which is currently being investigated by the authors. It is encouraged

others to more fully investigate the physical and psychological consequences of prostitution.

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