



**PROSTITUTION,
TRAFFICKING,
AND TRAUMATIC
STRESS**

MELISSA FARLEY EDITOR

Prostitution, Trafficking, and Traumatic Stress

Prostitution, Trafficking, and Traumatic Stress has been co-published simultaneously as *Journal of Trauma Practice*, Volume 2, Numbers 3/4 2003.

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Melissa Farley, PhD
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Dedicated to Aileen Carol Wuornos

A prostituted woman who was executed
by the state of Florida, October 9, 2002

Melissa Farley's statement about the cover photograph

I originally interviewed these three women in Mexico City as part of research on the effects of prostitution (that data is found in "Prostitution and Trafficking in Nine Countries" in this volume). They told me about a ceremony honoring women who had died in prostitution that took place during the Mexican holiday, Day of the Dead.* Seeking nonexploitive images of prostitution that would illustrate its harm, I returned to Mexico City to photograph the Day of the Dead festivities.

The three women assisted me in taking a number of photographs. Two of them were homeless, living in a small Mexico City park. After a number of hours of working together, one of the women chose the cover photograph's location in front of a horror mask shop.

Although we seemed to have a friendly, easy rapport, like other survivors of human-inflicted trauma, they never really trusted me during the hours we spent together. Although I was a woman, I was also forever apart from them because I was protected by the privileges of class, race, and education. People encountered in their world, especially those with more power than they, could never be assumed to be safe. Until the end, the women assumed that I was eventually going to ask them to take their clothes off. They were sure that we'd proceed to the last photograph and I'd change into the familiar john/pornographer with: "OK girls, keep the masks on and take your clothes off."

Having been prostituted for many years, the three women assumed the constant inevitability of sexual exploitation. This left me with a sadness in my heart.

*The Mexican Day of the Dead is a traditional fall holiday that bears only a slight resemblance to Halloween. Rather, it is a deeply spiritual community event that honors the dead. Its sophisticated perspective on death is playful, humorous, and especially ironic.

Prostitution, Trafficking, and Traumatic Stress

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Preface: Prostitution, Trafficking, and Traumatic Stress

Melissa Farley

Former victim of prostitution Claude Jaget described her experience of being picked out of a brothel lineup:

I'd freeze up inside . . . It was horrible, they'd look you up and down. That moment, when you felt them looking at you, sizing you up, judging you . . . and those men, those fat pigs who weren't worth half as much as the worst of us, they'd joke, make comments. . . . They made you turn and face in all directions, because of course a front view wasn't enough for them. It used to make me furious, but at the same time I was panic-stricken, I didn't dare speak. I wasn't physically frightened, but it shook my confidence. I felt really [demeaned]. . . . I was the thing he came and literally bought. He had judged me like he'd judge cattle at a fairground, and that's revolting, it's sickening, it's terrible for the women. You can't imagine it if you've never been through it yourself. (Jaget, 1980)

The internal ravages of prostitution have not been well understood or analyzed in psychology. Even in the field of traumatic stress, there is a dearth of literature that addresses the experience of prostitution for the prostitute. For exam-

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ple, there is a failure to comprehend or even to see what Jaget describes: the traumatic revulsion at being repeatedly lined up for selection, with johns making their choices much like butchers select cows.

In 1995 I spoke with Sara, a woman prostituting in what was called a high-class brothel in Johannesburg, South Africa. She asked me why I was there. I told her the truth: I thought that prostitution caused tremendous harm to women, but since there were few studies that asked about the experience of prostitution across different cultures, I wanted to know about her (and others') experiences of rape, physical assault, psychological distress, and childhood trauma. We talked about posttraumatic stress disorder and we talked about her lack of trust in people, including psychologists. Looking over the research questionnaires, she said that there were things inside her that she'd never tell anyone. Sara told me how difficult it was to get out of prostitution. As I talked with her, I felt as if I had jumped into a bunker in the middle of a war, asking questions about stress reactions to combat. I spoke to her about my concern that I would be asking about her life at a moment in time when it would cause her additional distress. She said that if her responses helped others, it would be worth it to her.

We had a conversation about our children. She had a son who was seven years old at the time; he was the reason she wanted to stay alive. She was very proud that she could afford to send him to the best school in town. She was adamant that she never, ever wanted her son to know that she was working as a prostitute. With eyes that were empty with pain, she told me about one of the most anguished moments in her life. One evening after her childcare worker arrived to spend the night at her home caring for her son, she changed into her prostitute clothes and makeup. Assuming that her son was asleep, she quietly opened the front door to leave the house. Unexpectedly, her son woke up and ran to her. Seeing her, he stopped in his tracks crying, "Mommy, I'm scared of your eyes. Where are you?" Sara was devastated. She had switched into someone who was not herself in order to prostitute and her young son saw that. As has been well documented in psychological investigations of other forms of torture, overwhelming human cruelty results in fragmentation of the mind into different parts of the self that observe, and react, as well as those that do not know about the harm. Sara's dissociation was an escape strategy to handle overwhelming fear and pain by splitting that off from the rest of her self (see Ross, Farley & Schwartz, this volume).

This harm is made particularly difficult to see because of the invisibility of prostitution's harm to women in the mainstream media. A woman in prostitution told me that the one line in the movie *Pretty Woman* that was *not* a lie was when the john (Richard Gere) asked the prostitute (Julia Roberts) what her name was, and she responded "Anything you want it to be." In prostitution, she

is depersonalized; her name and identity disappear. She shuts down her feelings to protect her self. She becomes “something for him to empty himself into, acting as a kind of human toilet” (Hoigard & Finstad, 1986). Whether she is coerced at gunpoint, or whether she “acts the part” in order to survive for so long that the mask takes over—either way, she doesn’t stay a whole person. She constructs a self that conforms to the masturbatory fantasies of johns, a self that smilingly accommodates verbal abuse, sexual harassment, rape and torture. Over time, the prostituted self takes over more and more of the rest of her. She is disappeared. The harm she experiences in prostitution is made invisible, described not as sexual harassment, not as rape, not as intimate partner violence, but as “sex.” The cruelty of prostitution intensifies when it is presented as “something else, when the context has been radically altered, and [its] cruelty is exhibited as something humorous or sexy” (Millett, 1994, p. 158).

One motivation for this denial of the harm of prostitution is clearly economic. Approximately 14% of the gross domestic product of Thailand (US \$27 billion per year) was supplied by sex businesses (Lim, 1998). In 2000, an organization for prostituted adolescents reported that one girl was worth Canadian \$250,000.00 a year to her pimp.

The articles in this collection describe what being prostituted or trafficked is like for the women, men and children in it. Some describe the physical and emotional sequelae of prostitution and trafficking. Others analyze these experiences from a feminist perspective, building on the existing literature on incest, rape, battering, and other forms of male violence. Several contributions describe programs to support women in escaping and healing from prostitution.

In this volume we attempt to answer some of the many questions that have arisen about prostitution and trafficking. What life experiences precede entry into prostitution? Are there gender or race/ethnic or socioeconomic demographics that increase vulnerability to entry into prostitution? What social structures and events channel women into prostitution or to being trafficked? What are the similarities and differences in the prostitution transaction and other encounters between men and women? Does violence occur in prostitution, and if so, what kinds of violence? What conceptual models are useful in understanding the institution of prostitution? Does the literature on incest, rape and intimate partner violence apply to prostitution? What is the emotional experience of prostitution for the woman performing sex acts for pay? Once out of prostitution, what are the psychological and physical consequences of prostitution? What are the needs of those in prostitution, and how can we meet those needs? What are the former prostitute’s needs with respect to stable housing, physical healthcare, treatment for addictions, psychotherapy, vocational training, and social supports?

As the work in this volume shows, the acts perpetrated on women in prostitution cause not only physical harm, they also psychologically define her as object, as degraded, as “cunt,” as “filthy whore.” Her self, her individuality, her humanness is systematically attacked and destroyed in prostitution. She is reduced to vagina, anus, breasts and mouth. She acts the part of the thing men want her to be (Dworkin, 1997). Despite the clarity of many analysts on this topic, there is a lack of knowledge among clinicians regarding the systematic methods of brainwashing, indoctrination (called “seasoning” by pimps), and physical control that are used against women in prostitution. These techniques are specifically aimed at eliminating any corner of mental space for her to exist in. The strategies of political torturers: debilitation, dread, and dependency, read like a pimp’s manual. The unpredictable and extreme violence in prostitution, like that in torture, is not only used for economic and sadistic reasons. It ultimately physically impresses upon the woman that she is utterly worthless and that she is socially nonexistent except as a prostitute. As her civilian identity fades, these techniques ensure that she loses her resistance and that she will comply with customers’ and pimps’ demands. Terror gets the job done; it makes her controllable.

Normalized in most cultures, prostitution is nonetheless what might well be described as a “harmful traditional cultural practice,” a term applied internationally to female genital mutilation that refers to customs that are “based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women” (MacKinnon, 2001; Wynter, Thompson & Jeffreys, 2002).¹ As of 2003 prostitution is sponsored by the state in the Netherlands, Germany, Australia, and New Zealand, among others. Where it is not state-sponsored, it is culturally promoted even in states where laws against prostitution are in place, such as the United States and Mexico.

A number of writers have analyzed prostitution as violence against women and children and also as a gross violation of human rights.² In their book about the sex industry in Thailand, Ryan Bishop advises coauthor Lillian Robinson on her first visit to Bangkok that she has to visit the sex shows in Patpong: “You have to do it,” he tells her, “you have to go there the way you have to visit Dachau” (Bishop & Robinson, 1998, p. 6).

Elisabeth, from Norway, described her experience of the human rights violations of prostitution in graphic detail:

They see you as a whore, never as someone they’d want to know . . . I’m nothing and no one they feel connected to. I’m only the genitals that they use. They could just as well have bought themselves one of those blown-up dolls. I’m nothing. I’m just a piece of shit. . . . I’m no one there’s any reason to know. . . . I use tampons all the time. Even when I’m

not having my period. It's because I'm afraid of stinking. I never sit too close to people. I wash my ears ten times a day because I'm afraid guck is running out of them. (Hoigard & Finstad, 1992, p. 112-113)

The similarity between the experiences of women in prostitution in San Francisco to those of women in the conflict in Bosnia-Herzegovina are striking (Farley, Munczek & Weine, 1995). The dailiness of the rapes of San Francisco women in prostitution appeared chillingly similar to the rapes of women during that genocide. Gutman (1993) documented the existence of rape/death camps (survivors' term) in which Muslim and Croat women were kidnapped, humiliated, raped, tortured, deliberately impregnated by Serbs, and sometimes killed. Stiglmayer (1994) and Vranic (1996) interviewed survivors of brothel-like camps in Bosnia where women described being treated with a contempt, objectification, and violence that was very much like that in San Francisco massage parlors and street prostitution.

The struggle to understand prostitution is being waged, among others, on international legal fronts. Is prostitution a form of sex in need of freedom, or is it sexually exploitive and discriminatory, in need of abolition? (MacKinnon, 2001, p. 1396). The enactment of a 1999 Swedish law is cause for optimism.³ Viewing prostitution as a social phenomenon that should be abolished, the Swedish government criminalized *the buying of sex but not the selling of sex*. Understanding that without the demand for purchased sexual access to women and children, prostitution and trafficking would not flourish, the 1999 Swedish law criminalized the customer himself as well as pimps, procurers, and traffickers, but *not the prostituted person*. The Swedish law recognized that "in the majority of cases . . . [the woman in prostitution] is a weaker partner who is exploited" and allocated funding for social services to "motivate prostitutes to seek help to leave their way of life".³

The effects of the law thus far seem beneficial. Two years after the law's passage, a Stockholm taskforce reported that there was a 50% decrease in women prostituting and a 75% decrease in men buying sex. Since the law was implemented, trafficking of women into Sweden has decreased as well, with pimps and traffickers apparently transporting women to nearby states that tolerate or legalize prostitution, such as the Netherlands, Germany, and Estonia (Ekberg, 2001).

Directly challenging the expansion of the global prostitution industry, and squarely recognizing the inextricability of trafficking from prostitution, Swedish Minister for Gender Equality Margareta Winberg asked:

Shall we accept the fact that certain women and children, primarily girls, often those who are most economically and ethnically marginalized, are

treated as a lower class, whose purpose is to serve men sexually? . . . [E]fforts to combat prostitution and trafficking in women can only succeed if we refuse to be the stooges of the international proprostitution industry. . . . [W]e must take a stand against a society in which women and children are regarded as commodities for trade, against the purchase of women and children by men, and for a future in which all women and children are given equal opportunities and in which their human rights are respected. (Winberg, 2002)

Prostitution is to the community what incest is to the family. Incest and prostitution are the bedrock of male domination of women, with incest functioning as “bootcamp” for prostitution (Dworkin, 1997). And just as there are political movements to keep incest invisible (such as organizations that accuse people of making up “false memories” about incest), there are also organizations that obscure the harm of prostitution by presenting it as a form of labor, as if it were just another job.

Our thinking about prostitution and trafficking has been deeply affected by the perspective of johns, pornographers, and their collaborators. Information and disinformation about pornography and prostitution is still generated by sexologists and libertarians—those who have historically tended to maintain the status quo regarding women’s sexuality. Pornography is a specific form of prostitution, in which prostitution occurs and is documented. For its consumers, including the mainstream media, pornography is often their original experience of prostitution. Through pornography, misinformation about women, including women in prostitution, and misinformation about women’s sexuality, is widely promoted and ultimately incorporated into male sexuality via the prostitution/pornography industry. A significant literature on the effects of consumption of pornography suggests that pornography is frequently the basis not only of how prostitutes are seen but how all women are seen and often treated.

Prostitution today is a toxic cultural product, which is to say that all women are socialized to objectify themselves in order to be desirable, to act like prostitutes, to act out the sexuality of prostitution. In western popular culture, the experts on women’s sexuality are in fact prostitutes. For example, a 2002 issue of a young women’s magazine (*Marie Claire*) contained an article about women’s sexuality co-authored by a prostitute in a Nevada brothel and by a woman who had prostituted in more than 50 videos. In another example of the effects of cultural promotion of prostitution, a 3-year old girl at a San Francisco daycare center bragged, “I’m a pimp.” Children and adolescents learn to view pimps as powerful, cold, in-charge rebels. When asked what pimp meant the child responded, “he has a lot of hoes.” And that was a good thing: someone who has a lot of hoes.

Sex trafficking occurs either within or across international borders, thus women may be domestically or internationally trafficked. In reality, girls are trafficked—meaning taken and sold for sexual use—from the countryside to the city, from one part of town to another, and across states' borders to wherever there are customers. For many centuries, women have been transported and sold in prostitution, in actual slavery or slavery-like practices (Barry, 1979).

Despite the illogical attempt of some to distinguish prostitution and trafficking, trafficking is simply the global form of prostitution. The economic dependence of countries on multinational corporations promotes and exacerbates prostitution and trafficking by creating conditions for women to sell their own sexual exploitation at far better rates of pay than other forms of labor (Hernandez, 2001). In any country with a high rate of unemployment, women (but not men) are channeled into prostitution. Despite some descriptions of prostitution as a reasonable job for poor women, the actualities better describe multiple violations of human rights (MacKinnon, 1993; Leidholdt, 1993).

Women and adolescents who have been trafficked across international borders are often in an unfamiliar culture, without social support and without friends who speak their language. They may have had their passports stolen, and are often kept in conditions of debt bondage. But there is no logic to the argument that if she is hurt *somewhat less or in different ways* in strip club prostitution than when she is trafficked from another country into a brothel, then strip club prostitution is not harmful. There is equally little sense to the notion that if she is coerced in a different way into prostitution in one location than when she is trafficked half way around the world, then that means that street prostitution is freely chosen. The fact that some injuries and forms of force are more severe than others does not mean that the marginally less severe forms are not harmful and should not be recognized as such. Physical assault is legally actionable harm, even though it is not murder.

Prostitution is made invisible when it is called *entertainment, work, hostessing* or when it is antiseptically described as the *sex sector* of a country's economy. It is made invisible by being glibly described as the *world's oldest profession*, or when prostitution is dismissed with *boys will be boys* or *it's a dick thing*. There is a virtual dictionary of lies that conceal the harm of prostitution: *voluntary prostitution*, words that imply that she consented when in fact, almost always, she had no other survival options than prostitution. The redundancy of the term *forced trafficking* insinuates its opposite—that somewhere there are women who volunteer to be trafficked into prostitution.

The following words lead to confusion regarding the nature and reality of prostitution. The increasingly common US/UK/Dutch expression *sex work*, suggests that prostitution is a normal job, rather than violence against women. The term *migrant sex worker* blends prostitution and trafficking and implies

that both are harmless. Women in prostitution are called *escorts*, *strippers*, and *dancers*. The Chinese words, *beautiful merchandise* conceal in flowery language the objectification and commodification of women in prostitution. The expression *socially disadvantaged women* (allegedly used to destigmatize prostitutes) removes any hint of the sexual violence intrinsic to prostitution. The physical and verbal sexual abuse in strip club prostitution have been reformulated as *sexual expression* or *freedom to express one's sensuality* by dancing. Brothels are referred to as *short-time hotels*, *massage parlors*, *saunas*, and *health clubs*. Older men who buy teenagers for sex acts in Seoul call prostitution *compensated dating*. In Tokyo prostitution is articulated as *assisted intercourse*.

Prostitution has been described as a *business venture*. Men who buy women in prostitution are called *interested parties* or *third parties*, rather than johns or tricks, which is what women call customers. Pimps have been called *boy-friends* or *managers*. One pimp recently referred to the *brief shelf life* of a girl in prostitution, meaning that he knew the extent of the damage in prostitution and realized that she will not be saleable (if alive) after a few years. In the United States, the usage of the word *'ho* interchangeably with *women* reflects the view that all women are whores.

Counteracting disinformation about prostitution, the organization WHISPER distributed a tongue-in-cheek job description that brilliantly demystified prostitution.⁴ "Advertising" a career working with people, with no experience needed, the WHISPER ad "warned" that benefits would only be provided at management discretion, and that there was no redress for nonpayment of services or for STDs. Accusations of rape were to be treated as an employee breach of contract.

I began research on prostitution in 1994 after San Francisco formed a Task Force on Prostitution. A former victim of prostitution was being kicked off the Task Force, and a friend of hers called me and asked me to write a letter of protest. I did, but I was confused. Why would a task force on prostitution not want to hear from someone who had been in it and gotten out?

I discovered that the goal of the San Francisco Task Force was to promote prostitution by eliminating legal barriers to its expansion. Members of the Task Force did not want to hear testimony about how brutally prostitution hurt women. The Task Force was carefully composed of those who promoted prostitution or who pimped other women, including a vocal minority who said prostitution was a fun and sexy job. When I offered to contribute papers from WHISPER and the Council for Prostitution Alternatives, two agencies that offered services for women escaping prostitution as well as an analysis of prostitution as violence, I was politely told that there was no room for that type of material in the Task Force library.

Two years later, the Task Force produced a report that advocated decriminalization of prostitution (Leigh, 1999). Decriminalization of prostitution would remove all laws against buying women and children for sex, sending a legal welcome to pimps, johns and especially traffickers. Not surprisingly, politicians on all sides ignored the San Francisco Task Force recommendations.

It is no accident that neither WHISPER nor Council for Prostitution Alternatives is in existence today. Groups that work for the human rights of formerly prostituted women are desperately underfunded, and the stress of the work sometimes causes bitter political infighting.

Since that political awakening I have learned some things about prostitution. Those who promote prostitution—and by extension, trafficking—are politically connected and well financed. Misinformation about prostitution is widespread—in the media, in academia, in social service agencies, and embedded in the healthcare system. This can only happen because real voices of former victims of prostitution are systematically silenced. It also happens because knowing the truth about prostitution might interfere with men’s comfort and pleasure in using women in prostitution. It is also because prostitution itself is horrible: People don’t want to hear details about it, just as they don’t like to hear about torture. People tend to feel uncomfortable, powerless, guilty, and sometimes retraumatized by hearing about prostitution.

US slavery at its height was normalized as unpleasant but inevitable, yet it is now considered to be an institution that violated human rights. Perhaps we will at some point in the future look back on prostitution/trafficking with a similar historical perspective. It is my hope that the contributions in this volume will assist the reader in understanding prostitution and trafficking and in how to help women and children escape it.

NOTES

1. A United Nations General Assembly resolution (A/RES/54/133, 7 Feb. 2000) addressed the harm of female genital mutilation using language from the The Committee on the Elimination of Discrimination Against Women (CEDAW). The resolution requires states’ parties to take all appropriate measures “to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.” For further information on these concepts see C.A. MacKinnon (2001) *Sex Equality*, page 1590-1591.

2. For a summary of some of those who have described prostitution as violence against women and as human rights violation see M. Farley and V. Kelly (2000) Prosti-

tution: A Critical Review of the Medical and Social Sciences Literature. *Women & Criminal Justice*, 11 (4): 29-64.

3. For information about Swedish laws regarding prostitution and trafficking, see http://naring.regeringen.se/pressinfo/faktablad/PDF/n2001_038e.pdf or <http://www.prostitutionresearch.com/swedish.html>

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HELP WANTED: WOMEN AND GIRLS DO YOU WANT THIS JOB?

Prostitution has been euphemized as an occupational alternative for women, as an answer to low-paying, low skilled, boring dead-end jobs, as a solution to the high unemployment rate of poor women, as a form of sexual liberation, and a career women freely choose.

Are you tired of mindless, low skilled, low-paying jobs? Would you like a career with flexible hours? Working with people? Offering a professional service?

- No experience required. No high school diploma needed.
- No minimum age requirement. On-the-job training provided.
- Special opportunities for poor women–single mothers–women of color.

Women and girls applying for this position will provide the following services:

- Being penetrated orally, anally, and vaginally with penises, fingers, fists, and objects, including but not limited to, bottles, brushes, dildoes, guns and/or animals;
- Being bound and gagged, tied with ropes and/or chains, burned with cigarettes, or hung from beams or trees;
- Being photographed or filmed performing these acts.

Workplace: Job-related activities will be performed in the following locations: in an apartment, a hotel, a “massage parlor,” car, doorway, hallway, street, executive suite, fraternity house, convention, bar, public toilet, public park, alleyway, military base, on a stage, in a glass booth.

- Wages will be negotiated at each and every transaction. Payment will be delivered when client determines when and if services have been rendered to his satisfaction.
- Corporate management fees range from 40-60% of wages; private manager reserves the right to impound all monies earned.

Benefits: Benefits will be provided at the discretion of management.

No Responsibility or Legal Redress for the Following on-the-Job Hazards:

- Nonpayment for services rendered;
- Sexually transmitted diseases or pregnancy;
- Injuries sustained through performance of services including but not limited to cuts, bruises, lacerations, internal hemorrhaging, broken bones, suffocation, mutilation, disfigurement, dismemberment, and death.

Note: Accusations of rape will be treated as a breach of contract by employee.

Name of applicant: _____

Signature of manager on behalf of applicant: _____

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Introduction: Hidden in Plain Sight: Clinical Observations on Prostitution

Judith Lewis Herman

Prostitution is everywhere. Everyone knows this; we just don't particularly want to know (MacKinnon, 2001). Who can bear to think for too long about a worldwide enterprise that condemns millions of women and children to social death (Patterson, 1982), and often to literal death, for the sexual pleasure and profit of men? The choice to avoid knowing operates at the edges of our consciousness; this is how dissociation is practiced as a social norm.

Thirty years ago, rape, domestic violence, and incest were similarly invisible, despite their high prevalence. A mass movement was required to bring these abuses into public awareness. In the social analysis developed by feminists, these crimes were understood as intrinsic features of a system of male dominance. It was recognized that the purpose of these crimes is to impose power, and that the methods used in furtherance of this goal are essentially the same as the methods of torture practiced in political prisons worldwide (Amnesty International, 1973; Russell, 1984).

One question that this analysis left unanswered was how individual batterers and sex offenders came to learn these often quite sophisticated methods of domination. In state-sponsored political violence, the practice of torture is or-

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ganized within secret police forces and “irregular” military units, who presumably teach these methods to carefully selected new recruits. Knowledge of these methods may be shared among clandestine military units of different countries; indeed, according to declassified documents, such methods have been taught in the US at the notorious School of the Americas (Haugaard, 1997; Nelson-Pallmeyer, 1997). But this mode of transmission can not account for the widespread practice of methods of coercive control in sexual and domestic life. Powerful as they may be, secret military and police units are relatively small in number even within dictatorships, whereas batterers and sex offenders are legion, not only in authoritarian political systems, but also in democratic societies.

It is theoretically possible, of course, that each abuser might spontaneously re-invent the basic methods of coercive control for himself, but this seems quite unlikely, given the constancy and uniformity of these practices across class and culture. It is more likely that this knowledge is transmitted within all-male groups that promote an ideology of male dominance and contempt for women, what Brownmiller (1975) calls the “men’s house culture.” It is already known that sexual assault is common among young men who belong to groups such as sports teams and fraternities (Koss, 1987). In such groups, the exchange of women or a shared visit to a brothel is often the means by which male bonding and solidarity is affirmed. The ritual display of the power to command sex from women is also a common custom in many business and political enterprises and, of course, in armies worldwide (Johnson, 2000; Goldstein, 2001). It is conceivable, then, that the prostitution industry, which operates in virtually every society, might be a primary vector for socialization in the practices of coercive control, and the pimp might be among the world’s most common instructors in the arts of torture.

For helping professionals, it is difficult enough to face the reality of sexual and domestic violence as it operates in a single family, and to engage in a therapeutic relationship with a battered woman or abused child. How much more difficult, then, to face the reality of sexual violence as exercised by an organized criminal enterprise that operates freely in every community, hidden in plain sight, and to engage with victims who have been systematically reduced to the condition of slavery. Even those of us who are seasoned clinicians may find ourselves overcome with feelings of disgust, fascination, or pervasive dread, reactions which interfere with the formation of a successful therapeutic alliance. Like bystanders everywhere, we may choose not to see, hear, or speak about what in fact we already know.

Recently, when preparing a lecture for a conference on trauma, I proposed to address the subject of prostitution. The conference organizer was not

pleased with my suggestion. Most of the program was devoted to the response to terrorist attacks and the formation of a national center for traumatic stress in children. Here was plenty of “clean” trauma, with many innocent victims whose plight aroused general sympathy. Prostitution, by contrast, was embarrassing, shameful, in a word, dirty. Did it even make sense to speak of victims? Wasn’t prostitution, after all, a “victimless crime?”

I noted that our staff at the Victims of Violence Program (Department of Psychiatry, The Cambridge Hospital, Cambridge, MA) were seeing a remarkable number of patients who had been used in prostitution, and that these were among the most cruelly abused people we had ever treated. My colleague acknowledged that he, too, had seen such cases, but surely they were unusual. I suggested as an empirical test that we poll the audience at the conference. If few of the participants had seen such cases, I promised not to pursue the subject any further.

At the start of my lecture, with about 600 people in attendance, I asked how many had treated or were currently treating patients who had been used in prostitution. By my rough visual estimate, 450 people (75%) raised their hands. It was a moment of surprise, not only for my colleague, the conference organizer, but for those in the audience as well. Here was a common experience that by common, unspoken consent was simply not discussed in public, not even by a group of mental health professionals who had already amply proved their willingness to bear witness to terrible stories. It was also a moment of illumination and relief, as members of the audience looked around and realized they had lots of company. With the acknowledgement and support of colleagues, perhaps we clinicians could overcome our own resistance to engagement with victims who are generally viewed as neither “clean” nor “innocent.”

We have a great deal to learn from these patients. The complex traumatic syndromes from which they suffer are among the most difficult to understand and the most challenging to treat. They define for us the far edges of the spectrum of traumatic disorders, and the frontiers of our current knowledge.

Secrecy is the first and most serious obstacle to forming a therapeutic alliance. People engaged in prostitution, if they seek treatment at all, are likely to conceal or minimize their involvement in prostitution. The shame and stigma attached to prostitution are so severe that most people will go to great lengths to hide this aspect of their experience, even in a confidential therapy relationship that depends for its success on frank and full disclosure (Baldwin, this volume). Given the widespread prevalence of prostitution, it would seem advisable for clinicians to learn to incorporate questions regarding this experience into routine history-taking (for examples see Stark & Hodgson, this volume). Clinicians working with trauma populations should be especially

alert to this possibility, given the vulnerability of childhood abuse survivors to revictimization in general (Coid et al., 2001), and to recruitment for pornography and prostitution in particular (Russell, 1986).

People in prostitution also commonly suffer from serious neurobiological and personality disorders that hinder the formation of a cooperative working relationship. Moreover, the realities of their daily lives are often so precarious and dangerous that without sustained and well-organized social intervention, ordinary therapeutic measures are unlikely to have any meaningful effect. Some of the problems encountered in treating this group of patients are illustrated by the following case vignettes, drawn from the records of the Victims of Violence Program. Details that might permit identification of individuals have been omitted or disguised.

NEUROBIOLOGICAL PROBLEMS

These include very complex and confusing ego states (Ross, Farley, & Schwartz, this volume), and severe forms of emotional and bodily dysregulation. While somatic and affective dysregulation are commonly seen in complex PTSD (van der Kolk et al., 1996), the conditions of prostitution exacerbate this problem. Control of bodily functions is an established method of coercion well known to clandestine police forces and criminal organizations worldwide. It is systematically practiced by pimps and traffickers in the sex industry, not only to intimidate victims and break their resistance, but also to train them for sexual performance.

The ultimate goal in this, as in all systems of domination, is to destroy the autonomy of the victim and induce as far as possible a state of willing submission. This may require the intentional induction of altered states of consciousness and the development of dissociated ego states in which the enslaved person is given a new name and a new identity as a whore (Stark & Hodgson, this volume). An example can be found in the autobiographical account of Linda Marciano, who describes being first raped and beaten into submission, and then trained with the aid of hypnosis to suppress her gag reflex, in order to perform her role as “Linda Lovelace” in the famous pornographic film *Deep Throat* (Lovelace & McGrady, 1980). Here the colonization of the body extends to the suppression of the most basic autonomic functions.

Under conditions of prostitution, autonomous self-regulation of any sort is a form of insubordination; it is expressly forbidden and actively suppressed. In the absence of normal self-soothing, substance abuse provides the most accessible route to bodily calm and emotional comfort. Addiction further complicates an already complicated clinical picture. When chemical

means of self-regulation fail, self-harming behavior, and suicide attempts are often the last resort.

CASE EXAMPLE ONE

Jenny, a 35-year-old-single woman, entered outpatient treatment complaining of depression and post-traumatic stress symptoms. She was living alone in a condominium owned by her father and working part time in the office of one of her father's business associates. She complained of feeling controlled and bullied by her father, who had sexually abused her when she was a child, but depended on him for financial support.

The initial treatment plan focused on stabilization of symptoms and development of a workable safety plan. Ostensibly, Jenny agreed with this plan and seemed highly motivated to carry it out. However, despite her best efforts and those of her treatment team, apparently well-crafted safety plans were repeatedly and inexplicably breached. Her sense of desperation and helplessness deepened, and she became actively suicidal. Her treatment team was puzzled by her deteriorating condition. Clearly, some major piece of information was missing.

Finally, two years into her treatment, it was recognized that "Jenny" was the host personality in a patient with Dissociative Identity Disorder. Our experienced clinicians had previously failed to make the diagnosis, despite their general familiarity with dissociative disorders and a high index of suspicion in this particular case. It became clear that the patient had intentionally concealed her dissociative symptoms. Some of her numerous alters disclosed that they had been actively collaborating with the father, who operated a private sex ring. The patient reported that her father had been pimping her since the age of 14, rewarding her with money and cocaine. He was fully aware of her dissociative disorder and routinely summoned specific alters, who identified themselves as willing prostitutes, to perform the desired sexual activities.

In his original study of 100 cases of Dissociative Identity Disorder, Putnam (1986) noted that the average length of time between entry into the mental health system and correct diagnosis was six years. The two year delay in diagnosing this case, while it might represent an improvement over the norms of 20 years ago, certainly leaves much to be desired. It seems clear in retrospect that the key to the diagnosis in this complex case was recognition of the patient's ongoing involvement in prostitution. Specific questioning regarding prostitution might have uncovered this essential fact earlier.

CHARACTEROLOGICAL PROBLEMS

Victimization does not generally improve a person's character. Personality disorders are a common feature of the complex traumatic syndrome that results from prolonged and repeated trauma in relationships of coercive control (Herman, 1992). Many survivors develop a stigmatized, negative identity and have difficulty establishing stable, cooperative and mutually rewarding relationships. Identity and relational problems reflect the degree of moral degradation to which the person has been subjected, and the resultant shame, resentment, and mistrust which she brings to any new relationship. It is common for survivors to engage in a pattern of intense, unstable, and highly conflictual relationships.

Even when the prostitution secret has been revealed, other forms of dissembling and dishonesty may continue. People who have been used in prostitution are keenly aware of the hypocrisy of the supposedly respectable people who seek out their services. They are further exposed to the ideology of the criminal class that exploits them, in which every sort of immoral behavior is rationalized and even glorified, on the grounds that the whole society is exploitative and corrupt, and the only way to preserve one's dignity is to "beat the system." Relationships, including the therapeutic relationship, are often approached with the assumption that people are generally selfish or perverse, and that only a limited number of roles are possible: One can be a perpetrator, an accomplice, a well-meaning but useless bystander, a victim, or, perhaps, a rescuer. The concept of a freely chosen, honest and fair relationship, in which both parties work hard to fulfill their responsibilities and both parties benefit, may be completely foreign to the patient's world-view or experience.

To counter this cynical and despairing view of human relationships, the rules of engagement in psychotherapy must be clearly explained, and the therapist must make it clear that both parties are accountable for honoring them. Honesty, fairness, and respect are mutual obligations. The patient should be encouraged to voice any complaints she may have about her treatment, especially any behavior that she views as unjust, dishonest or disrespectful. Similarly, the therapist should deal openly with dishonest or disrespectful behavior on the part of the patient, both in and outside of the office. Treating patients with dignity includes the expectation that they take reasonable responsibility for their actions.

In general, clinicians aspire to create a therapeutic climate that is accepting, warm and non-judgmental. Confronting a patient's unacceptable behavior, while maintaining an attitude of caring and respect, is one of the therapist's most difficult and challenging tasks. When working with people in prostitution, clinicians may bend over backward to avoid seeming prudish or judg-

mental. In the effort to overcome their own prejudices, clinicians may be tempted to overlook or excuse antisocial behavior. This stance, while well-intentioned, ultimately undermines the therapy relationship. Patients do not appreciate being patronized. On the contrary, patients often express their appreciation for therapists who recognize them as moral beings, using expressions such as “she never let me get over on her,” or “he believed in me.”

CASE EXAMPLE TWO

Katarina is a 24-year-old mother of a two-year-old son. In the course of her treatment, she had successfully ended a relationship with a pimp and was living in a small apartment with a new boyfriend, who, like herself, was a recovering addict. She supported herself by providing home daycare for several children. Daily contact with the children reminded her of how profoundly neglected she had been as a child and how deeply she longed for both attention and material possessions. She acknowledged that she missed the extravagant spending that was part of her life in prostitution, even though she recognized that her pimp controlled all the money and that she herself had always been desperately poor.

Just before Christmas, Katarina reported that while in a store with her son she had impulsively stolen a bracelet. Her initial feeling of entitlement and triumph had quickly given way to shame and regret as she realized how seriously she had put herself and her child at risk. She was very relieved that she had not been caught, but getting away with shoplifting didn't feel right either; now she couldn't even stand to wear the bracelet.

The therapist was glad Katarina had confided in her, and told her so, but also made it clear that she did not approve of stealing. She asked whether Katarina had considered returning the bracelet. This idea came as a complete surprise to the patient, who had never entertained the possibility that she could make things right. Her eventual choice to return the bracelet gave her a new sense of agency and self-respect.

In this case, the therapist was able to maintain the distinction between moral and therapeutic neutrality. To clarify the distinction: Moral neutrality means declining to take a stand on the abstract question whether stealing is right or wrong. Therapeutic neutrality means declining to take a stand regarding the patient's inner conflicts about stealing. Here, the therapist was able to convey a clear moral position against shoplifting, while maintaining a confidential and accepting stance toward the patient. This allowed the patient to explore her conflicted feelings about what she had done and come to her own resolution of

her dilemma. The therapeutic alliance was enhanced, to the mutual satisfaction of patient and therapist, and the therapy progressed well.

In other cases, however, where crimes against persons rather than property crimes are at issue, neutrality of any sort may be impossible to maintain. If the patient's behavior is putting others at risk, the therapist may be morally or even legally obligated to take a stand, even at the cost of violating confidentiality or jeopardizing the therapy relationship.

CASE EXAMPLE THREE

Nicole, a 22-year-old single mother, came to the clinic seeking medication to help her panic attacks and counseling to help her cope with the behavior of her five-year-old daughter. She had recently moved into the home of a wealthy, divorced older man whom she had met at the nightclub where she worked as a stripper. She saw this move as a great improvement in her life. She was estranged both from her abusive parents and from the father of her child, who had beaten her and had never provided any financial support. Her new boyfriend treated her "like a queen." The only problem was her daughter, who had turned into a "brat." The child had become alternately clingy and defiant, had started wetting the bed, and was refusing to accept her new "daddy." Over time Nicole disclosed that this man had a prior conviction for rape and was currently under permanent court order to have no contact with his two teenage daughters, who had accused him of incest. Nicole believed his assurances that in both cases he had been falsely accused by conniving women who were after his money. She frequently left her daughter alone in his care, despite the child's protests.

The therapist expressed his concern about the situation. He attempted to engage Nicole's protective feelings for her daughter and to raise her awareness regarding the possibility of abuse, but Nicole adamantly refused to entertain the idea that her child could be in any danger. The therapist shared his dilemma with the patient. He explained that he did not want to take action without her consent, but he could not remain a passive bystander when he suspected that the child might be at risk. He reminded Nicole how much she had longed for someone to intervene when she herself was being abused as a child. In this case, he explained, there were clear warning signals, and he would be negligent if he failed to pay attention. Furthermore, as a mandated reporter he was required by law to bring his concern about the child's safety to the attention of protective services. Enraged, Nicole called the therapist a "fucking pig" and stormed out of the office. An investigation by the state Department of Social Services confirmed sexual abuse, and the child was placed in foster care.

In this case, despite the therapist's best efforts, it was not possible to engage the patient in the project of establishing safety. The treatment alliance failed, and the therapist was obliged to act unilaterally. Though the intervention was necessary, the outcome was tragic for both the patient and her daughter. It was also painful for therapist, who was placed in an untenable position, forced to choose between passive complicity in the ongoing abuse of a child and drastic action that invoked the intervention of the state. In general, because violence and exploitation are an intrinsic part of the daily lives of people in prostitution, therapists who work with them may often be placed in the uncomfortable position of a bystander and faced with similar moral dilemmas regarding intervention.

SOCIAL PROBLEMS

The numerous social problems encountered by people in prostitution are reviewed by several authors in this volume (Carter; Hedin & Manson; Hotaling et al.; Rabinovitch). Of particular concern are the dangers and practical difficulties of leaving prostitution. Like battered women, prostituted women can expect an escalation of violence should they attempt to escape from their abusers, and may need a great deal of assistance to obtain shelter and rudimentary physical safety. Several attempts may be necessary before safety is achieved. Caregivers who assist women attempting to leave prostitution may feel frustrated and overwhelmed by the complexity of the task; they may also occasionally feel threatened and endangered along with their patients.

CASE EXAMPLE FOUR

Yvette, a 28-year-old woman with a 15 year history of prostitution and drug addiction, finally made a decision to leave her pimp. Support for this decision required intensive involvement and sustained cooperation among numerous agencies. She was hospitalized on several occasions, first for detoxification and then for severe depression. She was eventually granted disability on the basis of psychiatric impairment and was assigned a case manager. Supervised housing was arranged through the state Department of Mental Health. A victim advocate assisted her in seeking a court order to prevent the pimp from pursuing her in her new location.

For several months after the court order was granted, Yvette had no contact with her pimp and was consistently abstinent from drugs and alcohol for the first time since early adolescence. Safety was maintained until she was dis-

charged (against her therapist's advice) from the halfway house where she had been living and moved to an unsupervised apartment in an unfamiliar community. Within two weeks she relapsed and called one of the pimp's associates, looking for drugs. Shortly thereafter she was found by the police wandering on the street at night, dazed and bleeding, and brought to the local emergency room. She initially stated that her pimp had tracked her down and beaten her, but soon retracted her story and refused to cooperate further with law enforcement.

When she recovered from her injuries, Yvette was discharged from the hospital to a secure residential placement. She is currently sober and to the best of our knowledge has had no further contact with her pimp. In therapy she acknowledges that was indeed the pimp who attacked her, but she is afraid that he might kill her if she ever dared to press criminal charges against him. Her therapist considers this to be a reasonable fear.

Consultation was sought with the victim witness advocacy service in the district attorney's office, regarding potential danger to the therapist as well as the patient. In the advocate's judgment, the pimp appeared to be a rational criminal entrepreneur who was unlikely to risk attacking a person with professional status and a strong social support network. Nevertheless, the therapist has taken additional security precautions to protect herself and her family.

The investment of service resources in this case was extraordinary. The financial and emotional costs of this one case were very high, and while significant progress has been made, the patient's recovery is still quite fragile. Premature attempts to move the patient to a less intensive (and less costly) care environment resulted in relapse and placed her in serious danger. Though this case may represent an extreme, some comparable degree of resource mobilization may be necessary for many people in prostitution. Effective recovery programs are likely to require coordination of many types of service, including health, mental health and addiction services, disability or other forms of public assistance (Baldwin, this volume), housing support, and victim advocacy. Any social policy approach to this problem must include a realistic appraisal of the cost and cost-effectiveness of rehabilitation services.

This case also raises philosophical and legal questions regarding responsibility, and choice. Should a criminal case be brought against the pimp, despite the patient's refusal to cooperate, based on her initial "excited utterance" in the emergency room and her documented injuries? Would such an "evidence-based" prosecution be in her best interest, or would it further disempower or endanger her? Given the extreme degree of coercive control exercised by pimps, and the general reluctance of their victims to testify against them, is such paternalistic intervention ever warranted (Buzawa & Buzawa, 2003; Epstein, 1999; Mills, 1998)?

Finally, most people who attempt to leave prostitution are also very poor and lack basic education or the rudimentary job skills that might enable them to support themselves independently. They also frequently lack the social skills required for participation in ordinary, non-exploitative relationships. The code of “getting over,” although it might conceivably be adaptive within highly stigmatized social groups, is completely maladaptive for a person attempting to enter into the “straight” world. A structured peer support group may offer the most meaningful opportunity for the survivor to develop a new identity as a valued and responsible member of a community (see, for example, Carter, this volume; Rabinovitch, this volume; Hotaling et al., this volume).

CASE EXAMPLE FIVE

Kevin, a 21-year-old man, had escaped from his abusive family at the age of 17 by running away to live with an older man whom he met in an Internet chat room. At first, the relationship seemed very romantic, and Kevin was “happier than I had ever been in my life.” Gradually, however, he became disillusioned, as his partner began to pressure him into prostitution, threatening to throw him out of the house if he refused. Kevin became increasingly frightened as the men his partner brought home insisted on increasingly risky and painful sexual practices. Finally, feeling lost and betrayed, he fled to a homeless shelter and sought psychiatric treatment.

In the course of his recovery, Kevin moved into a rooming house, got a job at a fast-food restaurant, and entered a program to get his high school diploma. Though he had succeeded in getting safe, he complained that he was lonely and bored and acknowledged that he was strongly tempted to return to “tricking.” He reported a dream in which he escaped from a swamp filled with dangerous creatures, only to find himself all alone in a cold, antiseptic swimming pool. It became apparent that Kevin had no idea how to make friends with people his own age, let alone how to form an intimate relationship. He felt that he didn’t belong anywhere.

With his therapist’s encouragement, Kevin joined a group for male survivors of sexual abuse. In this group he experienced a sense of belonging and felt understood by his peers, and he was able to explore complicated issues such as confusion about his sexual orientation. He also gained self-respect from the experience of being supportive to others. After some time in the group, he began volunteering at an animal shelter, where he found that he could bond with others who shared his concern for abandoned and mistreated animals.

These case vignettes suggest that the basic principles of trauma treatment—establishing safety, working through the trauma, reconnecting with a community—are potentially useful and effective for survivors of prostitution. Many of the issues illustrated in these case examples are already familiar to clinicians working with trauma survivors. Themes of secrecy, social alienation and stigma are common to victims of many types of oppression, particularly those forms that are socially condoned. Even seasoned clinicians, however, may be shocked to discover the extent of prostitution in their own communities and horrified by the extreme violence and degradation to which people in prostitution are subjected. The contagion of trauma produces a range of predictable countertransference reactions that mirror the symptoms of the posttraumatic disorders. Hyperarousal reactions may include heightened anxiety, embarrassment, fascination, or even sexual excitement. Numbing reactions may include denial, disgust, aversion, and avoidance. These intense countertransference reactions have slowed recognition of the problem of prostitution within the trauma field. Furthermore, clinicians are not immune to the prejudices of the larger community. The dishonor attached to prostitution is so profound that it affects all social interactions, including the therapy relationship.

This collection of papers is designed to raise awareness of prostitution among clinicians and to foster public conversation on a subject that has hitherto largely been avoided. For the three out of four clinicians who have already worked with survivors of prostitution, but have done their work in isolation, this volume is designed to build support and community. For the one out of four who has not yet (knowingly) treated a patient with a history of prostitution, this volume is designed as preparation for an encounter that is very likely to happen sooner or later. Clinicians who work with traumatized people have borne witness to many kinds of atrocity; we are capable of facing this one, too, as long as we do not have to face it alone.

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*UNDERSTANDING
PROSTITUTION AND TRAFFICKING
AS ORGANIZED INTERPERSONAL VIOLENCE*

Sister Oppressions: A Comparison of Wife Battering and Prostitution

Christine Stark
Carol Hodgson

SUMMARY. Little has been written about the similarities between domestic violence and prostitution. It is important for those who come in contact with prostituted women and girls, especially people working in battered women's shelters, homeless shelters, rape crisis centers, and health care professions, to understand prostitution as the battery of women and girls. The similarities between domestic violence and prostitution are discussed here, including the techniques of control used by batterers and pimps, homelessness, physical injuries from battering, healthcare barriers, and substance abuse. Finally, solutions to assist prostituted women and girls are outlined.

INTRODUCTION

A father rapes and beats his daughter throughout her childhood. As an adult she gets into a relationship with a man who beats her, rapes her, and

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This is dedicated to our mothers: Linda Grussendorf and Bernadine J. Upton.
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threatens to kill her. He does this in order to control her and to keep her in line. He says she deserves it because she did not do the dishes the way he wants or because she painted her fingernails like a whore or because she went bowling with her friends and did not check in with him. His friends monitor her activities when he is not around. The money is his even though she earns it. He calls her names like whore and slut to intimidate her and he threatens to hurt their children. He tells her he owns her and that no one else would want her by now, and she believes him. This woman feels helpless and exhausted all the time. Friends and family say she chose to be in the relationship or they say it could not be that bad because if it was that bad she would just leave. Some days, she thinks this must be true. Beside herself with terror and desperation, she dials the number of an advocacy center and asks for help.

If you have identified this woman as a battered woman, you are correct. But have you also identified her as a prostituted woman? Most of the time prostituted women and girls tell advocates and health care workers only part of what is going on in their lives, because to reveal involvement in prostitution can be dangerous, even to those who understand other issues of sexual exploitation.¹ It is important to consider what you would say to a woman if she told you her husband also sells her to other men for sex or makes pornography of her. Would you help her, or would you turn away? If you decided to help her, what services in your community are available to her? Although prostituted women and girls are victims of sexual violence, battered women's shelters, rape crisis centers, therapists, homeless shelters, and healthcare workers have not understood prostitution as battery, thus they have not consistently been able to assist prostituted women and girls. We will discuss the similarities between battering and prostitution, including the victims, the perpetrators, and solutions that advocates can implement to assist prostituted women and girls.

DOMESTIC VIOLENCE

Domestic violence is a pattern of behavior whose purpose is to control women (Walker, 2000). Men are the abusive partners in 95% of domestic violence cases (Island & Letellier, 1991). U.S. men batter four million intimate partners each year (City Club of Portland Report, 1997). Abusive men shove, slap, kick, rape, hit, or bite their partners. They also beat women up and they use weapons to maintain control. Women sometimes die at the hands of their partners, particularly when they try to leave after years of brutal abuse. Our U.S. culture creates a viciously woman-hating environment that supports the

rights and privileges of men who abuse women. This violence is a means of controlling women.

Rape and assault on the street keep women controlled and imprisoned by fear. The war waged against women every minute of every day to maintain male domination permeates society so completely that it is invisible to most people as water is to the fish who swim in it, or air is to those of us who breathe it. Batterers are the home guards of this war. (Garrity, 2002)

Like the battering of women in the home, prostitution is embedded in this culture.

PROSTITUTION

Prostitution is a global industry in which sex is traded for money, clothing, food, drugs, shelter, or favors. Prostitution is an industry of exploitation that includes strip clubs, massage parlors, saunas, pornography, street walking, live sex shows, phone sex, prostitution rings, international and domestic trafficking, internet pornography, escort services, peep shows, ritual abuse, and mail order bride services. Pimps are men who batter, rape, and sell women for sex; they control the systems of prostitution. In the U.S., it has been estimated that over 90% of prostitutes are controlled by pimps (Giobbe, 1993). Tricks are men who buy women and girls for sex; they also batter, rape, and murder prostituted women and girls. Few studies have been done about pimps and tricks, but prostituted women and girls know that they are average, everyday, all-American men.

THE CONNECTION BETWEEN DOMESTIC VIOLENCE, PORNOGRAPHY, AND PROSTITUTION

While some has been written about the connections between rape and prostitution (Russell, 1993, Farley, Baral, Kiremire, & Sezgin, 1998), racism and prostitution (Nelson, 1993), incest and prostitution (Silbert & Pines, 1981, Dworkin, 1988, Hotaling, 1999), little has been written about the connections between domestic violence and prostitution. Women and girls in prostitution can trace their involvement in prostitution to sexual violence that began in the home as physical, verbal, and sexual violence directed at wives, girlfriends, sisters, daughters, and granddaughters. In the U.S. only 10% to 20% of prostitution is street-based

(O'Leary & Howard, 2001). These studies belie the myth that most prostitution occurs on urban street corners. Prostitution that occurs in escort services, strip clubs, and massage parlors is generally assumed to be safe for prostituted women. However, violence is prevalent in all systems of prostitution. One woman, who was used for over thirty years in various systems of prostitution, described being repeatedly beaten and gang raped in the back rooms of strip clubs, in hotel rooms while on out call, and in massage parlors. In more than thirty years, she never prostituted on the streets. In fact, prostitution occurs behind closed doors in homes and businesses, and in suburban and rural areas more frequently than it does on inner city streets.

In addition to domestic violence, most prostituted women also have histories of neglect and abuse from families, social isolation, sexual, psychological and physical abuse, drug and alcohol abuse, and limited alternatives for escaping the abuse (Council for Prostitution Alternatives, 1991). Some people view women as the property of one man in marriage, whereas in prostitution women are the property of many men. Husbands and boyfriends commonly use wives and girlfriends in systems of prostitution, especially pornography. Sometimes prostituted women and battered women are one and the same. For instance, a woman who was battered by her husband for many years was also forced by her husband into prostitution. She testified, "He would read from the pornography like a textbook, like a journal. And most of the scenes where I had to dress up or go through different fantasies were the exact scenes that he had read in the magazine" (Dworkin & MacKinnon, 1998, pp. 113-114).

Pornography's role in domestic violence and prostitution tends to be overlooked. In photographs, articles, and cartoons, pornography depicts many different kinds of violence as erotic, including wife beating, the exploitation of women and girls in prostitution, incest, ethno-rape (abuse committed against a woman or girl based on her skin color or ethnicity), and workplace sexual harassment. Pornography trivializes wife beating by treating physical assault as a joke. For instance, *Hustler* published a photograph of a man pulling a woman covered in batter out of a deep fryer with tongs. The caption read: "Battered Wives. Now he's going to have to beat her just to smooth out all those lumps" (Russell, 1993, p. 43). *Playboy* published a Romanian article titled "How to Beat Your Wife . . . Without Leaving Prints," which gave men instructions as to how they could beat their wives without getting caught (Playboy Romania, 2000). The trivialization of wife battering in pornography contributes to social attitudes that condone wife battering, articulate wife battering as humor instead of a crime, and generally teach men to view their wives as whores.

Pornography is itself pictures of acts of prostitution, including the beatings and rapes of prostituted women. Men masturbate to pictures of prostituted women being beaten and raped, and some of them act out what they see in the