

Prostituted People, Commercial Sex Workers, and Social Work Practice

BACKGROUND

Since the beginnings of the social work profession, social workers have worked with prostituted people and individuals engaged in commercial sex work. During the 1920s, social workers tried to rehabilitate “fallen women” by changing their personalities through case-work and therapy. Social workers used interventions that focused on the individual. The thinking was that as long as the causes of prostitution lay with the individual, then it could be eliminated if only all of the fallen women could be redeemed. For 40 years after World War I, the discourse on prostitution was largely shaped by psychiatrists who theorized that the causes of prostitution could be traced back to the individual neurotic, frigid, or masochistic female (Hobson, 1987). Not until the cultural and social protests of the 1960s and 1970s did prostitution again become an issue of sexual politics or social justice. Ever mired in controversy, however, discourse on prostitution and commercial sex work would continue to stagnate and be dogged by conflicts in class and gender politics (Hobson, 1987).

For the sake of this policy, NASW recognizes a difference between prostitution which is involuntary, and commercial sex work which is voluntary. *Prostitution* is defined as involuntary or forced sexual activity in exchange for remuneration. *Commercial sex work* is a term coined within the past two decades that is inclusive of many activities in which resources are voluntarily exchanged for sexual stimulation, gratification, or other sex acts (World Health Organization [WHO], 1994). *Trafficking* is another term often used interchangeably with prostitution, although trafficking is much broader than sexual trafficking and is defined by the United Nations (2000) as the illegal or

illicit movement of people through force or coercion. Trafficking is a separate issue that will not be addressed in this policy.

In the 1970s, commercial sex workers around the world began organizing for safety and respect. Many commercial sex workers argued that their undocumented status increased their vulnerability to violence, exploitation, and disease.

With the rise of the HIV/AIDS epidemic in the 1980s, commercial sex workers again became scapegoats for the spread of sexually transmitted infections (STIs) (Sacks, 1996). However, many prostituted people and commercial sex workers are unable to enforce the use of condoms and therefore are at greater risk of HIV/AIDS and other STIs (WHO, Regional Office for the Western Pacific [ROWP], 2001). Social workers in almost any setting may encounter commercial sex workers, but those active in needle exchange programs, substance abuse treatment programs, HIV/AIDS outreach programs, safer sex education and public health programs for people with HIV/AIDS have the most frequent contact. Although several of the prostitution and sex worker-focused HIV/AIDS education programs and “John Schools” (diversion programs that educate men who are arrested for soliciting a prostitute) in the 1990s were organized and run by current and former prostituted people and commercial sex workers, some employ the services of social workers.

The average age of recruitment into prostitution is between 13 and 16 years; however, nationally, direct care service providers say that the victims they have encountered in the past five years are even younger (Lloyd, 2005; Silbert & Pines, 1981; Spangenberg, 2001). Girls who are exposed to “the life” are put in violent

and dangerous situations. Girls are beaten, raped, and threatened by their pimps, clients, or even other prostituted women. One study of 800 prostituted women found that 85 percent had experienced rapes; 95 percent, assaults; and 77 percent, kidnapping by pimps (Council for Prostitution Alternatives [CPA], 1991). Another study found that almost 20 percent of the women interviewed had been assaulted, sexually assaulted, or propositioned by law enforcement personnel (Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002).

Boys and girls are drawn into prostitution; the trauma to them is the same, and the social causes are similar. Both boys and girls who run away from home are at risk of turning to survival sex (exchange of sex for resources): at least 10 percent of shelter youths and 28 percent of street youths reported engaging in survival sex (Greene, Ennett, & Ringwalt, 1999). However, the causes of running away are somewhat different for boys and girls. Girls (20 percent to 40 percent) are more likely than boys (10 percent to 30 percent) to run away because of abuse (Estes & Weiner, 2001), and it is thought that boys are more likely than girls to be "thrown away" or to run away because of negative parental reaction to their sexual orientation (Savin-Williams, 1998). Approximately 25 percent to 35 percent of prostituted boys self-identify as gay, bisexual, or transgender transsexual (Estes & Weiner, 2001). Children with histories of family abuse, drug use, and STIs were more likely to engage in survival sex than those without these histories (Greene et al., 1999). Boys experience health concerns similar to those of girls: drug use, violence, rape, and risk of HIV/AIDS and STIs because of high rates of unprotected sex. Although boys are to be included in this policy statement, it is important to note that the vast majority of studies and research focus on girls, who, more often than boys, are victims of pimps and other traffickers (Estes & Weiner, 2001).

ISSUE STATEMENT

The pressing concerns about prostitution and commercial sex work are nested within a broader cultural context of economic injustice

and social inequality. Research indicates that 75 percent to 85 percent of women would leave prostitution if they had secure housing. Although sexual exploitation can affect youths from all backgrounds, it is the "youth from low-socioeconomic backgrounds who are at high risk for recruitment and often find it harder to leave" (Lloyd, 2005, p. 16). The undocumented status of many prostituted people and commercial sex workers increases their vulnerability to violence, exploitation, and disease. Prostituted people and commercial sex workers, who are predominately female, are arrested 10 times more often than their customers, who are predominately male (WHO, ROWP, 2001). Female prostitutes and commercial sex workers of color are disproportionately targeted by law enforcement for prostitution regulation.

Violence is just one of the major problems for prostituted people and commercial sex workers. Although figures vary, an early study of violence against prostituted people and commercial sex workers indicated that 60 percent of the abuse against street prostitutes is perpetrated by clients, 20 percent by police, and 20 percent by domestic partners (Jaget, 1980). A more recent study of 130 street workers (most homeless) who engaged in prostitution or survival sex found that 80 percent had been physically assaulted (Farley & Barkan, 1998). Among prostituted people and commercial sex workers seeking services to leave prostitution at the CPA, a Portland, Oregon, organization, 85 percent of prostitutes and clients reported a history of childhood sexual abuse; 70 percent reported incest (CPA, 1991).

Substance abuse is another oft-cited concern for prostituted people and commercial sex workers. Studies in the United States have found prevalence rates of substance use and addiction up to 84 percent, depending on the exact population being studied (Alexander, 1987; Sloan, 1997; Weiner, 1996). In the United States and Canada, substance addiction is relatively common among street prostitutes who may engage in prostitution or commercial sex work to support their drug habits (Cepeda & Valdez, 2003; Monroe & Sloan, 2004). In addition, some prostitution or commercial sex work venues provide ready access to alcohol and other substances. Substance abuse is less com-

mon, however, among "off-street" and legal commercial sex workers in parts of Nevada and much of Canada.

The rate of HIV/AIDS and STIs among prostituted people and commercial sex workers varies on the basis of the rate of infection in the general population, venue, and, the type of sexual behavior in which the prostituted person or commercial sex worker engages. Prostituted people and commercial sex workers who are not able to enforce the use of condoms when engaged in high-risk behavior are placed at increased risk of HIV/AIDS and other STIs (WHO, ROWP, 2001). The experience in many Asian countries suggests that strong antiprosstitution laws create barriers for prostituted people and commercial sex workers enforcing 100 percent condom usage programs (WHO, ROWP, 2001). In Thailand, for example, 80 percent of men infected with HIV/AIDS are reported to have contracted the disease from prostituted people or commercial sex workers (WHO, ROWP, 2001). By contrast, in New South Wales, Australia, where condom use is strongly enforced and the rate of HIV/AIDS is low in the general population, prostituted people and commercial sex workers have low rates of HIV/AIDS and other STIs.

One of the most common characteristics of prostituted people is their history of childhood abuse, especially sexual abuse. In 20 recent studies of adult women who were involved in prostitution or commercial sex work, the percentage of those who had been sexually abused as children ranged from 33 percent to 84 percent (Raphael, 2004). These children quickly learn that they and their bodies are only valued for sex. Therefore, they are likely to equate sex with love, and degradation with caring. A profound sense of shame and guilt develops, and often leads to depression and hopelessness. Children who encounter this type of abuse without any protective supports from family or community services will more than likely end up battered and scorned, and are searching for a way to escape their pain (Salvatore, 2002). These individuals become easy targets for sex predators, most notably pimps, who may lure them with romantic promises of a better life. A 1994 National Institute of Justice report stated that children who were sexually

abused are 28 times more likely to be arrested for prostitution at some point in their lives than children who were not sexually abused (as reported in Spangenberg, 2001). The earlier-identified risk factors make traumatized children more vulnerable to prostitution and commercial sex work.

Given all of these factors prostitution like ". . . No other 'employment' has comparable rates of physical assault, rape, and homicide, except for war combat. The symptoms of profound emotional distress that result from prostitution . . . are: depression, suicidality, anxiety, posttraumatic stress disorder, dissociation, and substance abuse, and they cannot be ignored" (Farley, 2005, p. 2).

POLICY STATEMENT

NASW supports

- the right of commercial sex workers and prostituted people to be treated with dignity and respect.
- vigorous enforcement of laws protecting prostituted people and commercial sex workers from violence, including from partners, customers, or police.
- policies and services that promote access and remove barriers (like criminal records) to education, housing, health care services (including mental health and substance abuse treatment), and ability to secure employment.
- access for prostituted people and commercial sex workers to appropriate victim services and criminal justice response to criminal offenses committed against them.
- the United Nations Convention on the Elimination of all Forms of Discrimination against Women in 1979, and the United Nations Declaration on the Elimination of Violence against Women in 1993. Both of these documents condemn prostitution and support the elimination of sexual exploitation.
- advocacy for laws which decriminalize prostitution so prostituted people and commercial sex workers are not jailed and can still access services.

- intervention services such as housing, job training, and supports that would enable people to leave a life of prostitution or commercial sex work if they choose.
- services for male and female youths who are at risk of involvement in prostitution.

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