

Violence in the Context of Prostitution: Psychological Impact

Vera Moreira¹, André Rolo¹, & Jorge Cardoso¹

1. Egaz Moniz Superior Institute of Health Sciences

Abstract Prostitution can be defined as the provision of sexual services to clients who request it, receiving money or goods in exchange. In this activity, the occurrence of sexual, physical and/or verbal violence tends to be frequent, contributing to the greater severity of the negative psychological impact associated with prostitution. Sex workers carry out their activity in different contexts, and the risks, vulnerabilities and even type of victimization differ considerably depending on the context. Associated with this exposure to violence, the literature points to the development, predominantly, of anxiety and depressive disorders, as well as substance use. Although there are different perspectives on the relationship between substance use and prostitution, there is consensus on its frequency, as well as its contribution to maintaining this activity, thus potentiating violence and psychopathological symptoms.

Keywords: Prostitution; Sex Work; Violence; Psychological Impact.

INTRODUCTION

Prostitution can be understood as a form of work, in which women, men, transgender people and youth consciously provide sexual services to clients, receiving money or goods in exchange (Monto, 2004; UNAIDS, 2009). In most cases, sexual involvement, which can occur on a regular or occasional basis, is marked by the affective and emotion indifference of those involved (Manita & Oliveira, 2003).

In another perspective, Weitzer (2013) states that prostitution refers to a form of gender oppression, adding that it may even be classified as a deviant behavior. It should be noted that the term sex work has gained popularity over the designation of prostitution, as it has decreased the stigma associated with this activity (World Health Organization, 2012)

Though research in this area involves countless difficulties (Li, 2012; Oliveira, 2011; Shaver, 2005), with emphasis on those of methodological nature (Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002; Raphael & Shapiro, 2004; Weitzer, 2013), there are several consequences related to sex work that tend to emerge as consensual: risk of physical and sexual violence (e.g. aggression, rape), impact on mental health (e.g. stress associated with the activity, social shame, stigma) and aspects related to physical health (e.g. sexually transmitted infections, effects of substance abuse) (Dalla, Xia, & Kennedy, 2003; Farley, Lynne, & Cotton, 2005; Harris, Nilan, & Kirby, 2011; Surratt, Inciardi, Kurtz, & Kiley, 2004; Ulibarri et al., 2014).

VIOLENCE AND STIGMATIZATION

In the studies on prostitution, it is common for violence to appear as a transversal factor, indicating a high frequency. Though research is still scarce, the results that have been found reveal high levels of sexual, physical and/or verbal violence throughout the engagement in activities of providing sexual services (Farley, Baral, Kiremire, & Sezgin, 1998; Farley & Barkan, 1998; Karandikar & Próspero, 2010; Nixon et al., 2002; Raphael & Shapiro, 2004), and that, during an incident, more than one type of violence may be experienced (Li, 2012).

In the study by Surratt, Kurtz, Weaver and Inciardi (2005), it was found that 71% of the sample, comprised of prostitutes, had been exposed to situations of violence. In another study (Wechsberg, Luseno & Lam, 2005), conducted with sex workers from South Africa, it was found that, during the year previous to the study, 44% of the women had been beaten, 19% stabbed and 27% raped, with their clients as the aggressors; in regards to violence perpetrated by their intimate partners, 61% reported beatings and 18% rape. In addition, a large number of these women expressed concerns about the occurrence of new acts of violence in the near future.

According to research by Farley et al. (1998), conducted in five countries (South Africa, Thailand, Turkey, United States of America and Zambia) and involving a sample (n=475) of women, men and transgender individuals, it was observed that, in terms of the mean including the five countries, 81% of the respondents had experienced physical threats, 73% had been physically assaulted and 68% threatened with a weapon. The mean percentage of rapes, again contemplating the five countries, stood at 62%, and approximately 46% of the participants were raped more than five times, either by clients (max.=75%) or non-clients (max.=64%).

It is highlighted that the highest incidence of situations of violence tends to occur with women and transgender individuals (Dalla et al., 2003; Farley & Barkan, 1998). Regarding this last group, this fact may be related to their identity concerning gender and to their sexual orientation, resulting in a potentiation of victimization due to the associated stigma (Nichols, 2010).

Furthermore, a study by Armstrong (2015) revealed the existence of numerous experiences of harassment, which include verbal and physical violence perpetrated by people passing by places where prostitution occurs. For these sex workers, the harassment of which they are victims represents an exacerbated version of the most common forms of sexual harassment faced by many women in their day-to-day. The dominant beliefs about the female gender, and respective sexuality, support the common idea that women who prostitute themselves are inferior to the rest, thus deserving of violence. All participants who were part of the study had been victims of physical abuse, often accompanied by verbal abuse. In parallel, throwing objects from ongoing vehicles was also frequently reported (Armstrong, 2015), as if reflecting the devaluing perception of these “*broken women*” (Ditmore, 2014, p.25). Armstrong (2015) also found that these abusive sexualized verbalizations were regarded, by the sex workers, as expected, representing a sort of unavoidable noise.

This population is extremely heterogeneous, fitting in a wide range of social and environmental contexts, in which the risks and vulnerabilities differ considerably (Surratt et al., 2005). Violence in the context of sex work reveals concerning frequency and intensity, presenting variability according to the context in which it is exerted (Farley, 2004).

A significant part of sex trade occurs in the context of the street (Nelson, McGrath, & Giaquinto, 2010), but also in houses that are specific or exclusively destined to this activity, bars and nightclubs, drug houses, escort services, in establishments that promote private/exotic dancing, and during parties and events (Raphael & Shapiro, 2004).

Regarding the type of violence associated with the context in which sex work is practiced, it was found that in street prostitution mainly tends to occur slapping, punching, hair pulling, damage to clothing and threats with weapons; in turn, behaviors such as threats of rape, rape and vaginal penetration with fingers or other objects are more common in places where, simultaneously, drug use occurs; in the context of dancing, being pinched and hit with objects holds greater protagonism and, lastly, in escort services, beating is the most frequent form of violence, though rape has also been reported by a large number of women (Raphael & Shapiro, 2004).

Thus, it is unquestionable that there are differences in the forms of violence, taking into account the location in which sexual services are provided. In summary, when prostitution is practiced in a public space, the violent behaviors are more frequent and show greater diversity, whereas in indoor environments, violence tends to be mainly of sexual nature and presents greater severity (Farley, et al., 1998; Katsulis, Durfee, Lopez, & Robillard, 2014; Raphael & Shapiro, 2004). Resorting to the analysis of 118 violent incidents reported by sex workers who developed their activity in this latter context, it was concluded that 25% had experienced physical and sexual violence, 25% theft and 30% harassment (including stalking), and only 15 of the 118 incidents were reported to the police (Phipps, 2013).

Those who prostitute themselves face many difficulties in accessing any type of support, mostly due to the reluctance in reporting the violence they experienced to the authorities or institutions, since they perceive the poor credibility that is associated with them (Rabinovitch & Strega, 2004).

In addition to sexual violence, stigma is another phenomenon present in the daily lives of sex workers, occurring with extremely high frequency (Oliveira, 2011), and even being considered one of the most negative aspects of the activity (Schouten, 2010). The attitudes observed in the social matrix illustrate high levels of contempt and marginalization towards this population, since sexuality is mostly accepted within the framework of an intimate relationship, preferably in the marital context (Schouten, 2010). This data strengthens the devaluing associating between the characteristics of a woman and the fact that she prostitutes herself (Monto, 2004), inducing a sense of inferiority.

This activity is usually concealed by those who practice it, who tend to adopt strategies such as lying, omitting information about their job, isolating themselves from their network of friends, using pseudonyms and providing sexual services in locations far from their place of residence (Sanders, 2005). Shame, associated with a likely rejection by family, friends and partners, is one of the main aspects that leads to attempting to maintain this occupation confidential (Tomura, 2009). It should also be noted that stigma, in addition to being associated with sex workers, is also visible, though more tenuously, in those who are close to them, especially, their partners. Regardless of the possibility of the partners only maintaining a romantic relationship with these women, they tend to be perceived as exploitative and violent, unable to get involved affectionately (Karandikar & Próspero, 2010; Oliveira, 2011).

In a more general framework of the stigma effect, even when there is a desire to abandon prostitution, this exit only tends to happen after a series of advances and retreats, largely due to individual, relational, professional, educational and social barriers (Baker, Dalla, & Williamson, 2010).

PSYCHOLOGICAL IMPACT

Research on the psychological impact associated with sex work, particularly when there is exposure to situations of violence, has demonstrated that this activity is related to the development of psychological stress (El-Bassel et al., 1997; Ulibarri et al., 2014), as well as with the onset of many other negative consequences, both short and medium to long term: polarization of affection in the field of sadness with high possibility of evolving into

depressive disorders (Fawole & Dagunduro, 2014; Gilchrist, Gruer, & Atkinson, 2001; Suresh, Furr, & Srikrishnan, 2009; Zhan et al., 2012); post-traumatic stress disorders (Choi, Klein, Shin, & Lee, 2009; Farley & Barkan, 1998; Farley et al., 2005); anxiety symptoms (Gilchrist et al., 2001; Taylor, 2011); and addictive disorders related to substance use (Dalla et al., 2003; Lutnick et al., 2014; Surratt et al., 2004).

According to the work by El-Bassel et al. (1997), considered a pioneer in the study of the psychological impact following the practice of prostitution activities, it was found that sex workers, compared to the control sample, presented higher scores in the subscales of obsessive-compulsive symptomology, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychoticism. Moreover, in order to assess whether there was a direct relationship, the authors isolated other variables that may contribute to these higher values (i.e. age differences, ethnicity, pregnancy, perception of the risk of contracting HIV, rape and substance use) and they found a significant correlation between sex work and psychological stress. In parallel, Ulibarri et al. (2014) demonstrated that prostitutes who reported having been victims of abuse, presented higher scores of symptoms related to psychological stress.

Zhan et al. (2012) found a depression incidence in about 20% of their sample, which was similar to the results observed by Fawole and Dagunduro (2014), who found the existence of depression in 21% of the sample of prostitutes they used, and also found that 29% of the women presented diminished self-esteem. Additionally, there was an association between the presence of emotional modifications and increased vulnerability to adopt risky sexual behavior (Zhan et al., 2012).

Other studies evaluating the presence of psychological alterations in prostitutes, compared to non-prostitutes, also documented difficulties with concentration and memory (Farley et al., 2005; Gilchrist et al., 2001), as well as sleeping problems (incidence of 79%), irritability (64%), anxiety (60%), phobias (26%), panic attacks (24%), compulsions (37%), obsessions (53%), fatigue (82%) and concerns with physical health (35%) (Gilchrist et al., 2001). It should also be noted that in the work by Suresh et al. (2009), 30% of the sample reported a suicide attempt.

In recent years, the evaluation of post-traumatic stress manifestations related to violence, including violence of sexual nature, in the context of prostitution, has been one of the main research avenues (Briere & Jordan, 2004; Wasco, 2003). Resorting to a sample of 100 prostitutes, Farley et al. (2005) concluded that the experiences in which there is a reliving, through intrusive memories, of stressful episodes during the course of sex work, emerged in 64% of the sample. This reliving of past events was also observed through dreams (incidence of 54%), feeling or acting as if the stressful events would occur again (53%), sadness associated with recalling the stressful events (76%) and physical reactions to the memory of those same events (52%). Distancing represents another strategy to which these women tend to resort, namely: avoiding memories of the critical event (incidence of 76%), avoiding activities that induce memories of the event (68%), difficulties in remembering parts of the event (65%), loss of interest in activities that were once enjoyed (78%), emotional detachment (72%), numbed emotions and an inability to experience positive feelings (70%) and perceptions of uncertainty about the future (68%). In line with what was found in other studies, the authors also observed sleeping problems (incidence of 67%), irritability and outbursts of anger (64%) and difficulty concentrating (64%), also adding hypervigilance (81%) and hypersensitivity, with answers characterized by fear (66%). It should be emphasized that the greater the diversity of the violence experienced, the greater the severity of the symptoms and consequent probability of meeting the criteria for post-traumatic stress disorder (Farley & Barkan, 1998).

In addition, Choi et al. (2009), based on a sample of 46 prostitutes, observed that the symptoms compatible with post-traumatic stress disorder that had the most frequent presence was re-experiencing the traumatic event, avoidance, somatization and dissociative symptoms, as well as identity problems, relational problems and problems in the regulation of affect.

The association between providing sexual services and the development of traumatic symptoms on a sexual level is not statistically significant, rather, a relationship has been found between experiences of rape in adult life and the presence of symptoms of sexual trauma (Lutnick et al., 2014). Although women who prostitute themselves present greater probability of being victims of rape, it is not the fact that they are involved in this activity that increases the level of symptoms, but rather the experiences of rape, since in the work by Lutnick et al. (2014) two thirds of the sample displayed signs of trauma related to sexual assault.

The association between substance use and resorting to sex work has been a research area with a complex approach, since both practices have a clandestine nature and are perceived as deviant from social normativity. Studies have been mainly directed toward the differentiation between users who prostitute themselves as a means to finance their addictive behavior, and those who, already performing commercial sexual activities, also present substance use (Farley & Barkan, 1998; Surratt et al., 2004). Furthermore, there is no consensus on what kind of substance this population consumes more often, or whether this substance use occurs before or after the entry into prostitution. Inciardi and Surratt (2011) described the trajectory from the beginning of substance use, which they found happened around the age of 15, with alcohol, marijuana and inhalants, and later transitioning to other substances.

The research conducted by Farley and Barkan (1998) evidenced that about 75% of sex workers presented drug use, and 27% alcohol use. In turn, Nelson et al. (2010), identified a greater propensity for the use of opiates, namely heroin and methadone, with cocaine and ecstasy use also being frequent. On the other hand, a study by Surratt et al. (2004), with a sample of 325 female sex workers, found that 75% of the participants used alcohol, 58% marijuana and 38% cocaine, in the month prior to the data collection.

In general, substance use in this population tends to function as a coping mechanism (Dalla et al., 2003; Lutnick et al., 2014; Ulibarri et al., 2013) and the use of this strategy contributes to reinforce the need to maintain sex work, in order to support the addiction (Dalla et al., 2003; Lutnick et al., 2014). It should be noted that this enhances vulnerability to episodes of violence, as well as the incidence of physical and mental health problems (Harris et al., 2011).

Substance use is positively associated with violence in the workplace, as it may compromise the avoidance of locations more prone to the emergence of violent acts, due to a decrease of risk assessment skills. On the other hand, the effect of the substances may be related to a lower capacity for conflict negotiation, likely to result in a higher occurrence of violent incidents. Concurrently, the need to obtain substances, along with the deficit in risk assessment, may lead this population to engage in more dangerous ways of providing their services, where customers can, simultaneously, take advantage of this condition (Katsulis et al., 2014).

Alcohol and drug use is also associated with sexual engagement without using a condom (Zhan et al., 2012). The need to obtain a more advantageous payment emerges as the main reason for which sex workers accept sexual engagement without the use of a condom. Another influence results from violence, or the threat of violence, which may constrain the negotiation of sex regarding its characteristics, including the use, or not, of protection (Choi & Holroyd, 2007).

The severity of post-traumatic stress disorders and other anxiety disorders increases when there is also substance use (Farley & Barkan, 1998). In a sample of substance-using prostitutes, a significantly higher prevalence of depression and anxiety was found, compared to substance users who were not involved in prostitution (Surratt et al., 2005). On the other hand, the study by Suresh et al. (2009) showed that severe depressive symptomology caused an increase of about 97 times on the likelihood of alcohol and drug abuse.

CONCLUSION

Sex work is characterized by the exchange of sexual services for money or goods, and it is a heterogeneous phenomenon of difficult approach. Nonetheless, research has proven to be promising, particularly with regard to violence toward this population and respective consequences on mental health.

The violence to which sex workers are subjected in the places where they provide their services is especially high and severe, along with the concern about the expected occurrence of new episodes of violence in a near future, particularly among women and transgender individuals.

The attitudes of the general population toward people who prostitute themselves reflect the beliefs about sexuality that deviates from the normative guidelines, increasing the stigma toward those who provide sexual services. At the same time, they serve to legitimate the violence perpetrated against sex workers. Conversely, these women, who socialized within a common social matrix, also incorporate these beliefs and distortions, adopting a set of behaviors that prevent greater visibility, capable of leading to a larger support network, as well as a more effective prevention of episodes of violence.

This activity occurs in a wide variety of social and environmental contexts, where the risk and vulnerabilities differ considerably. Significant differences have been found with regard to the frequency and severity of victimization, according to whether prostitution is practiced in street or indoor contexts. Despite the violent behaviors from clients and other individuals, namely intimate partners, being transversal to both circumstances, sexual violence is more severe in indoor contexts and violence in general is more frequent in street prostitution.

Research in this area has shown that sex work is associated with the onset of psychopathological symptoms, namely of depressive and anxious nature, as well as post-traumatic stress disorders, signs of trauma on a sexual level and addictive pathology related to substance use. Concurrently, the existence and higher frequency of violent incidents in the context of prostitution, contributes to a significant severity of the psychopathological symptoms. Regarding substance use, despite the differences found in the studies, it appears to be frequent, thus constituting an important factor in maintaining the activity of prostitution, thus increasing vulnerability to violence and promoting the increase of mental health problems.

The multitude of consequences of violence in the context of prostitution evidenced in international literature justifies the need to develop efforts to understand the Portuguese reality and eventually safeguard the needs of sex workers.

CORRESPONDENCE

Vera Moreira, Instituto Superior de Ciências da Saúde Egas Moniz, Campus Universitário-Quinta da Granja, Monte de Caparica, 2829-511, Caparica, veramor@gmail.com

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