

Factors affecting prostitution –

Damage and survival mechanisms

Damage

Damage to health and damage caused by exposure to violence

International research shows that women involved in prostitution are subjected to extremely high levels of violence such as beatings, rape, torture, and murder. The effects of prostitution abuse have been found to resemble post-traumatic stress disorder (Farley et al, 1998). Giobbe (1991) found that women in prostitution suffered harm similar to that resulting from other forms of sexual violence. These include an inability to be intimate; flashbacks, nightmares; as well as lingering fears and deep emotional pain that often resembles grieving.

There are also high levels of stress related illnesses. Studies in Ireland have found that 38% of women involved in prostitution have attempted suicide and 25% have suffered from diagnosed depression (O'Connor, 1994).

Women in prostitution also have a multitude of general health problems from respiratory complaints and back problems to permanent colds and 'flu. A woman's health can help or hinder her survival in prostitution.

Survival mechanisms

Predicting and managing male violence

Williamson and Folaron (2001) outline the common strategies that women in prostitution employ to keep themselves safe – these include trusting their instinct, and relying on God, checking for danger and warning other women, only using familiar areas, only going with "regulars" and having thought out escape routes. However, McKeganey and Barnard (1996) found that survival strategies adopted were generally ineffective.

Drug and alcohol use as a survival mechanism

Women may enter prostitution to pay for a drug habit, but find that more drugs are needed to help deal with trauma in prostitution, as a coping mechanism. Green et al (1995) noted that many women are only able to engage in street prostitution under the influence of drugs or alcohol.

Women with no history of drug or alcohol abuse prior to their involvement in prostitution report resorting to drugs and alcohol to deaden the psychological trauma of prostitution (Graaf et al., 1995; Plant et al, 1989).

Internalising survival mechanisms - dissociation, creating an emotional distance and use of boundaries

International research shows how women in prostitution have worked out an ingenious, complex system of creating and maintaining boundaries to protect the “real self” from being invaded and destroyed by prostitution. Dissociation, the psychological process of banishing traumatic events from consciousness, is an emotional shutting down used by women in prostitution in common with women being raped, battered and among prisoners of war who are being tortured (Farley 2003).

Women also seek to create an emotional distance from prostitution (Barry, 1995), by adopting a new name, new persona, and/or new address.

When the survival mechanism becomes the problem

Research has shown that the emotional defence mechanisms used to survive in prostitution have lasting effects – for example, women in prostitution report that they are not able to ‘switch back on’ and that sexual intimacy becomes devoid of emotion. Even out of prostitution, 76% of a group of women interviewed by Parriott (1994) reported that they had great difficulty with intimate relationships.

McKeganey and Barnard (1996) describe ritualised behaviour such as washing and using separate sets of clothes - one woman in their study would refer to “the hair” and “the face” as objects physically separate from the individual herself, and a tool in the process of prostitution.

Another common reaction to the experience of prostitution is anger. Women involved in prostitution describe themselves as becoming involved in confrontational situations as a daily occurrence as they try to maintain a sense of control in their lives (Barry, 1995).

Recovering from prostitution

Central to taking the next step is the ability to work through the emotional damage created by prostitution and to explore the effect of survival mechanisms. This can be a slow process. However, the process requires the women to dismantle the survival mechanisms they have put in place in order to cope with their experience of prostitution. This causes huge difficulties for the women. In Egar (1999), one of the women described having to stop her counselling sessions, as she could no longer work with her defences stripped bare. Similarly, Silbert and Pines (1982) note a “psychological paralysis” of prostituted women characterised by immobility, acceptance of victimisation, hopelessness, and an inability to take the opportunity to change. This is very often because pain can seem too difficult to bear and there is recognition that it is only by numbing the pain that the women are able to survive in prostitution.

What the Next Step Initiative told us

The women’s health

Six of the total number of women described their health as being very good. The remaining women described a range of health issues including suicide attempts, depression, heart problems and asthma. They described themselves as being especially prone to kidney infections, neck and back problems, stomach upsets, colds, ‘flu’s and chest infections. Only two of the women actively involved in prostitution described their health as very good.

The occurrence of violence and conflict

All but two of the women had experienced high levels of violence. With the exception of one woman who became agitated and upset while discussing her experience of violence, the women described the violence they had experienced in a detached, almost matter of fact manner.

I got beaten up and robbed a lot of times.

Guns put up to me, knives, hammered on my head, taken up the mountains and raped. I could go on and on. I got a black eye one Christmas and let on I was drunk and fell at the fireplace. Very dangerous. I was afraid for me life, especially on my own.

I've had broken jaws. A couple of hidings. Was raped once. Up in the Dublin mountains. I got away. Attacked by other women.

Predicting and managing male violence

The women for the most part believed that they could predict or manage male violence through modifying their behaviour and that pleasing the men would offer a protection against attack.

You look at them and talk to them. Don't go too far. I always direct them [and so control where they drive to]. Somewhere it's not too dark. Never lock the car. Have the windows rolled down [so someone could] hear you screaming. If they lock the car I tell them to stop and let me out.

Women's Health Project had good advice [safety advice] Not to wear dangly earrings or scarves.

However, for all their efforts the women saw violence as an integral part of prostitution:

But violence is part and parcel of it. But nothing stops you. I'd go back out after an assault. Be back out the next day.

It was dangerous both ways. When my partner didn't believe I was robbed, he beat me as well.

I was raped once. No indication. We were just finishing. All of a sudden he pushed me back on the car. Pulled it [the condom] off and forced himself on me. Nothing strange before, no warning.

Most of the time they[the men] had such charm that you'd think they were genuine, just going for the sex. And then the slightest simplest thing and their personalities would change. Some girls had regular clients for years and they'd suddenly change.

Survival mechanisms

All of the women spoke of attempting to keep themselves separate from the act and identity of prostitution:

I'm still frightened even though I don't show it. I had to hide it since I was a kid. If you open your mouth you're going to get killed.

I don't kiss clients. I get them to wash their hands straight away.

But I don't make eye contact, don't lay down on the bed, would never have a client on top of me, easier to control it from behind, After it's over I can relax.

Never brought me work home to the house. Had a split personality. To function and do what I did at night I'd have to have drink on me. Get home. Have a bath and switch off before doing things like watching telly or getting the kids ready for school.

However the women also described how it was impossible to maintain any real boundaries or to achieve any real separation:

As soon as I got into a taxi [to go home] I didn't want to know about it. I never took my work home. In other ways it was harder, it was as if you've got a big bloody stamp on your back. I don't know how but people knew. They would treat you differently because of it.

It all got mixed up. Boyfriends were working me. I was living up in [named street]. I was suffering from depression [post natal]. It made me very bad. I would go drinking. To forget. Then go out on the Streets. It was no life. I attempted suicide. Tablets and vodka. Had my stomach pumped. Ended up in [named mental health facility]. Got out of there. I would have been dead if I hadn't.

Alcohol and drugs were used as a survival mechanism - the women would habitually get drunk or stoned or use prescription drugs in order to work and then use drugs and alcohol to numb the pain of prostitution.

I used to take tablets alright, nerve tablets to keep me calm.

I used to be always drunk.

When you're sober you're more aware of violent people. But it's hard to make your money when you're picky.

However, they were very aware of the inherent dangers of not being fully alert:

Drinking was a survival strategy but then if I got too much to drink I'd go home because I wouldn't take a chance on not being able to concentrate on the client and see what his attitude was like.

Other women described how other survival mechanisms that they had used were no longer effective:

When I look back it's if it was another life, or I was another person. I hate myself for what I did. I get flash backs. The switching off doesn't always help. But I have faith, that God is there, that he will support me.

They are messing me up now [the survival strategies]. My anger is hurting me. My friends are scared of me when I'm angry, terrified of me.

Have to shut people out. Have to keep going. But it can make it lonely.

Recovering from prostitution

Central to taking the next step is the ability to work through the emotional damage created by prostitution and to explore the effect of survival mechanisms. This is a slow process based on each individual woman's experiences and needs. As the women in the NSI consultations explain:

I reckon I'm only able to be with you now because of the counselling I had. It freed my mind and so now I can move on. This time last year I couldn't have done this. I wouldn't say there's anything now stopping me from moving forward. It's taken me three years to get here.

You are always thinking, what do they want to know that [the question asked] for. That's something I had to relearn, how to trust, how to have faith in a person, to accept help that is offered.

You can leave and get over the nightmares. Ruhama was the one who helped me do that.

Conclusion

The experiences of the women in the NSI establish that not only are the effects of prostitution long term, and endure beyond their active involvement in prostitution, but that the survival and defence mechanisms themselves cause serious long-term effects for the women. But with the right type and level of long term support taking the next step is possible.

Increased public awareness is needed to better understand the damage caused by prostitution. In particular the myth that some forms of prostitution are somehow less harmful than others needs to be addressed. Education and training is essential to promote the fact that prostitution is very often a culmination of previous negative events in a woman's life and that taking the next step is a process rather than a single step. The experience of prostitution can be worked through, but it requires a specialised and long-term form of support and intervention, including counselling. Workers and volunteers working with women in prostitution also require support and supervision. Policy makers need to understand that recovery from prostitution and/or taking the next step requires long-term, ring fenced funding in order to be effective.