The Prostitution Debate in Feminism: Current Trends, Policy and Clinical Issues Facing an Invisible Population

KARNI KISSIL and MAUREEN DAVEY
Programs in Couple and Family Therapy, Drexel University, Philadelphia, Pennsylvania, USA

Throughout history, prostitution has been controversial. Ambivalent attitudes towards prostitution have been part of the feminist discussion for over a century. While feminist scholars agree that inequality within patriarchal hierarchy is the core problem in prostitution, they have been polarized about whether classist or sexist inequality is the primary issue and consequently, on viewing the prostitute as either a coerced victim or an entrepreneur. This article reviews the feminist critique of prostitution and current issues in feminist literature. Changes in policies and social practices are discussed as well as clinical considerations for family therapists working with this vulnerable population.

KEYWORDS prostitutes, feminism, psychotherapy, social policies, sex workers, inequality

INTRODUCTION

Throughout its long history, prostitution has always been controversial. This is evident by the widespread tolerance interspersed with periodic condemnation, and attempts to abolish it (Bullough & Bullough, 1996). The ambivalent attitudes towards prostitution have been part of the feminist discussion of prostitutes since attempting to first understand this social phenomenon in the 19th century. In the last three decades, however, there have been more
studies investigating the extent, nature, causes, and possible solutions for prostitution due in part to the massive campaign about AIDS, the growing number of countries that are reviewing legislation and reforming laws governing prostitution, and the interest in the topic brought about by feminist-oriented scholars who have been encouraging a better understanding of prostitution (Bullough & Bullough, 1996). In the field of family therapy, there is a scarcity of literature addressing the needs of this vulnerable population which is surprising given the field’s mission to serve underprivileged and invisible populations (AAMFT, 2003).

The goal of this paper is threefold: (1) to describe the current issues discussed and debated in feminist literature; (2) to assess the influence that feminism has had on prostitutes and prostitution as a social institution by reviewing changes in legal and social policies and practices addressing prostitution; and (3) to discuss clinical considerations for family therapists working with prostitutes and their families.

The scope of this paper is purposefully limited to discussions of female prostitution in the United States. Although male prostitution has its own long-standing history and shares many of the economic, social class, and stigmatization issues of female prostitution, it has been less frequently addressed by feminist scholarship. Thus, male prostitution is not reflected in any of the subsequent discussions. While prostitution is certainly a global issue prevalent in most countries worldwide, due to scope and space limitations, this paper will address female prostitution in the United States.

WHO IS A PROSTITUTE?

Defining who is a prostitute is a difficult task, as it is socially constructed and has changed in different eras, states, investigations, and social agencies. For example, the World Health Organization (WHO) defined prostitution as a process that involves a transaction between a seller and buyer of a sexual service (World Health Organization, 1988). This definition is unique since it is the only one that includes the customer and the prostitute. In contrast, as far as police records are concerned, a prostitute is a person who has been charged, arrested, or convicted of prostitution. This definition ignores the customers as well as some of the more “successful” prostitutes who have never run afoul of the law (Bullough & Bullough, 1996). Some investigators exploring prostitution have argued that the best way to determine whether an individual is a prostitute is the emotional involvement and the pleasure she has gained from the client. Traditionally it has been suggested that most prostitutes are emotionally uninvolved with their clients and experience little physical pleasure themselves, but current studies have suggested that this might not always be the case (Lucas, 2005).
Other definitions of prostitution include the exchange of money for sexual services as well as promiscuity. For example, Bloch (1912) asserted that prostitution was a distinct form of extramarital sexual activity characterized by “being more or less promiscuous, was seldom without reward, and was a form of professional commercialism for the purpose either of intercourse or of other forms of sexual activities and allurement” (p. 38, as cited in Bullough & Bullough, 1996). The problem with this definition is the elusiveness of the term *promiscuity*. What makes a woman promiscuous is debatable; it is harder to define today, as women can have many sexual encounters without being considered promiscuous. The question of when prostitution becomes an occupation has not been clearly defined. For example, is a woman who sells her sexual services a single time a prostitute or is she labeled one after a certain number of transactions? The answer is still unclear.

Differences also exist regarding the inclusiveness of this definition. Are strippers and women working in massage parlors prostitutes? Are women working in live sex shows prostitutes? Further, in the last 30 years the phrase “sex work” has been coined, broadly referring to sexual commerce of *all* kinds in an attempt to reduce the stigma attached to the label *prostitute* and to convey more professionalism. However, it has been used interchangeably with the term, prostitutes. Moreover, the definition of sex work is even more complex as compared to prostitution, since it includes all the sub-categories of informal and formal sex work, and separates sex as a job from sex as survival. The following definition by the Joint United Nations Program on HIV/AIDS (UNAIDS, 2005) captures this complexity:

> Sex work may be formal or informal. In some instances, sex work is only a temporary informal activity. Women and men who have occasional commercial sexual transactions or where sex is exchanged for food, shelter or protection (survival sex) would not consider themselves to be linked with formal sex work. Occasional sex work takes place where sex is exchanged for basic, short-term economic needs and this is less likely to be a formal, full-time occupation. Commercial sex work may be conducted in formally organized settings from sites such as brothels, nightclubs, and massage parlors; or more informally by commercial sex workers who are street-based or self-employed.

Interestingly, because of this difficulty in defining what it means to be a prostitute in scientific inquiry, some scientists define prostitutes as women who self-identified as such (Arnold, Stewart, & McNeece, 2000). Referring to prostitutes as sex workers has not been successful in reducing stigma, as social structures of patriarchy, classism, and heterosexism play a crucial part in keeping prostitutes marginalized. Thus, throughout this paper we chose to use the word prostitute.
PREVALENCE

It has always been difficult to accurately assess the prevalence of prostitution, primarily because prevalence figures are dependent upon the definition of prostitution and there is little agreement upon anything but the more blatant forms of solicitation, and definitions vary from jurisdiction to jurisdiction (Bullough & Bullough, 1996). Prevalence rates that are based on arrest figures are also misleading because they tend to concentrate on low status prostitutes, and fluctuate with the views of individual magistrates or police response to public opinion, and change from region to region because of attitudes and traditions (Bullough & Bullough, 1996). Over the last 30 years, more than 400 studies on the history of prostitution have assessed the prevalence of prostitution in the 19th and early 20th centuries. Based on these studies, in the 19th and 20th centuries there was a much higher proportion of the female population engaged in prostitution, compared to the 21st century (Bullough & Sentz, 1992). It is estimated that about 10–15% of all young women in the 19th and early 20th centuries were prostitutes, either temporarily or on a long-term basis (Gilfoyle, 1992).

In comparison, there are far less studies assessing prevalence in the 21st century. In a frequently cited study Potterat, Woodhouse, Muth, and Muth (1990) estimated the prevalence of prostitutes in a large urban setting in the U.S. using Health Department and Police records. They estimated a ratio of 23 full-time prostitutes for every 100,000 individuals in the population within large urban settings. Translating this ratio to all of the United States, they estimated approximately 84,000 prostitutions during the late 1980s. These estimates should be interpreted with caution, given the difficulties of assessing prevalence which was previously discussed.

There is considerable disagreement among researchers regarding the overlap among sub-categories of prostitution; some researchers assume rigid stratification of prostitution into street-level prostitutes, “high-class” prostitutes, massage parlor prostitutes etc., with different characteristics of prostitutes in each category (Dalla, 2000; Monroe, 2005). Others (e.g., Kramer 2003; Potterat et al., 1990) found a high level of overlap and fluidity among the sub-categories as the same women can work in different settings, simultaneously or sequentially.

TRADITIONAL THEORIES OF PROSTITUTION

Early studies from the first half of the 20th century focused on the social, economic, and psychological explanations of prostitution, within the context of individual circumstances. Economic explanations focused on the view that women entered prostitution out of destitution, when other or better economic opportunities were unavailable to them. Studies revealed a
number of common factors in the background of prostitutes such as poor
living conditions, inadequate education, neglected homes, and early coer-
cerce sexual experiences. Prostitutes were described as being dispossessed,
dislocated, and helpless (e.g., Kneeland, 1913; Woolston, 1921).

Psychoanalytic explanations focused on prostitution as the result of
inherent psychopathology. Glover (1945), for example, theorized that the
prostitutes suffered from hostility toward their mothers and acute disap-
pointment with their fathers, were sexually frigid, had an unconscious hos-
tility toward males, and exhibited lesbian “tendencies”. Similarly, Caprio and
Brenner (1961) argued that prostitution was a defense mechanism against
lesbian desires. Choisy (1961) theorized that the union of the prostitute and
her client was one of mutual debasement in which both partners expressed
their aggression and hostility in a sadomasochistic relationship with the
woman seeking revenge on her father and the man on his mother. The
major limitations of these earlier psychoanalytic studies, however, are that
their samples were very small and their assumptions were difficult to prove.

Recent psychologically-oriented studies have focused on the connec-
tion between sexual abuse, drug abuse, and prostitution and have been
somewhat less pathologizing. Some researchers have suggested that drug
addiction, especially crack-cocaine, may play a pivotal role in why women
resort to prostitution (Dalla, 2002). Studies, however, have revealed incons-
tistencies in determining whether women first enter prostitution to support
addiction, or that drug abuse is an attempt to mask the trauma and stigma
associated with prostitution (Farley & Barkan, 1998). A more consistent link
has been established between childhood sexual abuse and prostitution,
with a large body of research revealing a high prevalence of childhood sex-
ual abuse experiences (50% and higher) among prostitutes (Silbert & Pines,
1982; Simons & Whitbeck, 1991; for a review of studies see Abramovich,
2005). Further, many studies that have incorporated a comparison group
have found that childhood sexual abuse significantly distinguished pros-titutes from non-prostitutes (Nadon, Koverola, & Schludermann, 1998).
Strong correlations were also reported between a history of emotional and
physical abuse and prostitution (Farley, 2006).

Researchers, however, disagree as to the direct path leading from a his-
tory of sexual abuse to prostitution as different models have been used to
explain this link. For example, some researchers have suggested that run-
away behavior in adolescence is a mediator of the linkage between child-
hood sexual abuse and prostitution (e.g., Nadon et al., 1998). A strong
critique of the correlation between childhood sexual abuse and prostitution,
however, is that most women with prior sexual abuse histories do not
become prostitutes (Abramovich, 2005). This critique has directed research
into looking for multivariate explanations instead of a single factor causal
model. For example, several studies have reported that sexual abuse in
combination with negative family-of-origin characteristics such as growing
up with family discord, neglect, and physical abuse predict later involvement in prostitution (Kramer & Berg, 2003; Seng, 1989; Widom & Kuhns, 1996).

THE CONTEMPORARY FEMINIST DEBATE

Simmons (1998) describes the debate in the feminist literature as resulting from incommensurate theoretical understanding of the agency of prostitutes. The debate, which began in the 1960s over pornography, has often been referred to as the “feminist sex wars” (Duggan & Hunter, 1995). The contemporary debate largely revolves around a polarized argument that constructs sex work as either exploitive or liberating (Raphael, 2004). Different writers have given different names to these two opposing groups: Radical Feminists vs. Sex Radicals (Scoular, 2004), Sex Positive Feminists vs. Anti-Sex Work or Abolitionists (Lerum, 1998; Wahab, 2002), Prostitutes Rights vs. Feminists Against Systems of Prostitutions (Simmons, 1998), Social/Marxist vs. Radical feminists (Monroe, 2005), and Sexual Equality First vs. Free Choice First (Jolin, 1994). According to Simmons, as well as other scholars (e.g., Jolin, 1994; Lerum, 1998; Scoular, 2004) the main questions dividing these two groups of feminists are: (1) whether prostitutes are coerced victims or entrepreneurs and empowered whores. Translating that into the language of attaining equality, the question is whether emancipation from male sexual oppression (prostitute as a victim) or freedom of choice (prostitute as a worker) is the primary equality issue (Jolin, 1994) and (2) whether the solution should be decriminalization, legalization, or abolition of prostitution.

Prostitutes—Victims or Entrepreneurs?

The group in favor of prostitute rights (the “pro” group) views prostitutes as active decision makers who choose to engage in prostitution. From this perspective, sex work is an occupational choice among other gendered and discriminated forms of work available for women. For the “pro” proponents, prostitution rests on economic and social inequality more than it does on sexual inequality (Jolin, 1994). Choosing to be a prostitute is, therefore, linked to a full and equal personhood. Restricting a woman’s choice to engage in prostitution denies her equality and with that her status as a human being. This view is most intensely supported by feminist sex workers and feminist prostitutes’ rights groups, such as Call Off Your Old Tired Ethics, Hooking is Real Employment, the Canadian Organization for the Rights of Prostitutes, and others. The “pro” group agrees that women are constrained by poverty, job discrimination, and segregation, but posits that it is because of these myriad constraints, that some women choose to
engage in prostitution. This group stresses that prostitutes consent to prostitution and have power within the sexual encounter as they negotiate their service and fee (Simmons, 1998).

Further, although the “pro” group agrees that prostitution is symptomatic of women’s oppression in society, it does not offer a critique or analysis of the structural conditions that produce gender, class, and racial inequality. This group of feminists is not trying to change gender relations in society, rather, its goals are to reform inequities of law enforcement and bad laws (Simmons, 1998).

In contrast, the feminists who are against prostitution (the “anti” group) view “prostituted women” as compelled by their social circumstances into prostitution, and therefore believe that the involvement of women in prostitution is always nonconsensual (Simmons, 1998). Barry (1981), a radical feminist, defines involuntary prostitution as female sexual slavery whether it is legalized, regulated, or tolerated. Barry states that involuntary prostitution occurs in all situations in which women or girls cannot change their immediate circumstances and cannot get out, regardless of how they got into those conditions; and they are subject to sexual violence and exploitation.

Radical feminists (“anti”) have done the most to highlight the harms experienced by women and have talked and written about the inequalities of prostitution within the context of sexuality and gender analysis (Scoular, 2004). The defining characteristic of work in this area, as expressed in the writings of Kate Millet (1975), Kathleen Barry (1981, 1995), Carole Pateman (1988), Catherine MacKinnon (1989), and Andrea Dworkin (1989), is an understanding of prostitution as violence perpetrated against women—violence not only in the practice of prostitution but more fundamentally in the very idea of “buying sex” which is inextricably linked to a system of heterosexuality and male power that it represents “the absolute embodiment of patriarchal male privilege” (Kesler, 2002, p. 19).

Radical feminists disagree that prostitution, no matter how defined, could be accepted as a free choice by any woman (Dworkin, 1987). Dworkin (1987) claims the same lack of freedom for any kind of heterosexual intercourse, even that which takes place within the marital relationship. The prostitute simply demands cash up front (Bullough & Bullough, 1987). Dworkin’s argument, however, had greater truth in the past. Historically, there was often little difference between the sexual obligation of a wife and the selling of services by a prostitute, because, by law, a woman was required to provide sexual services to her husband whether she wanted to or not, and in return for this she received financial support. Radical feminists claim that although legally this is no longer the case, a system of exchange of benefits for sexual services exists in varying degrees in all marriages. Prostitution, from this point of view, represents an extreme case of sexual stratification in which the commodization of female sexuality contributes to the devaluation and objectification of women (Scoular, 2004).
Solutions—Decriminalization, Criminalization, or Legalization

Consequent to viewing prostitutes as either victims or liberated women, the “pro” and “anti” groups differ in their preferred solutions. The “pro” group wants to empower prostitutes through decriminalization. They struggle to organize sex work so that prostitutes are safe, healthy, and prosperous. “Pro” group activists are primarily concerned with inequity caused by laws and law enforcement practices (Simmons, 1998). They stress that imprisonment, court imposed debt, and law enforcement officers are the primary vehicle for the exploitation of prostitutes. The failure of police to arrest men involved in solicitation illustrates exploitation and gender discrimination in the legal system (Jenness, 1993).

The “pro” activists believe that if prostitution is decriminalized, police harassment would decrease and prostitutes would be able to rely on the police for protection rather than be oppressed by them. More protection would mean less violence against prostitutes (Jenness, 1993). Further, decriminalization would allow sex prostitutes to leave prostitution without stigma.

The “anti” group strongly opposes decriminalization as a stand-alone solution to prostitution. This group believes that decriminalization of prostitution will promote more sex trafficking, expand the sex industry, increase child prostitution, and encourage men to buy women for sex in a wider and more permissible range of socially acceptable settings (Farley, 2004; Raymond, 2003). Further, decriminalization will not protect women working in prostitution, nor will it promote their health or increase their choices. The “anti” group believes that the solution has to be much more comprehensive in addressing the societal structures that currently support gender inequalities. For example, this group considers a current Swedish Law as an effective way to decrease prostitution by addressing all levels of institutions involved in perpetuating prostitution, by simultaneously criminalizing the buyers and decriminalizing the sellers.

This Swedish law is based on the recognition that without men’s demand for and use of women and girls for sexual exploitation, the prostitution industry would not flourish (Ekberg, 2004). Thus, prostitution is acknowledged as a form of male sexual violence against women and children. Prostitutes are seen as victims of male violence and do not risk legal penalties. Instead, they have the right to assistance in escaping prostitution. The Swedish model is comprehensive in recognizing that “to succeed in the campaign against sexual exploitation, the political, social, and economic conditions under which women and girls live must be ameliorated by working on, for example, poverty reduction, sustainable development, and social programs focusing specifically on women” (Ekberg, 2004, p. 1189). To address societal stigma, for example, the Swedish Division of Gender Equality together with the National Criminal Police have established education
programs for police personnel to increase their understanding of the conditions that make women vulnerable to becoming prostitutes. Additionally, arrests of Johns have increased to 300% in the year following the initiation of this program, providing strong evidence of its success (Ekberg, 2004).

For both feminist groups, it is clear that criminalization will only intensify female inequality because in addition to the other inequalities, prostitutes will now have to bear the physical, psychological, and economic burdens of being identified as criminals (Jenness, 1993; Kuo, 2002; Schur, 1984; Tong, 1984). In addition, the most convincing argument against criminalization as a way to decrease or eliminate prostitution is that criminalization has never achieved that goal. This is demonstrated by the fact that the practice of prostitution in the U.S. appears to be on the rise even though it is currently illegal in 49 states (Kuo, 2002). Both feminist groups similarly do not view legalization as a policy worth considering as legalization strategies could lead to the expansion of state control in women’s lives. Jolin (1994) explains:

Insofar as most legalized policies enable the state to determine where, when, and how prostitution can be pursued, legalization allows the state—a predominantly male institution—to regulate female sexual conduct, and, as such, represents yet another form of male domination for women. Legalization, therefore, presents an obstacle to both sexual equality and free choice (p. 80).

CHANGES IN POLICIES AND SOCIAL PRACTICES

Every state in the United States has laws against street prostitution (McCaghy & Capron, 1994), including Nevada, where indoor brothel prostitution is permitted in 11 counties (Clark, 1993). Feminists have critiqued policies focusing primarily on the suppliers of sex services (prostitutes) as well as the complete neglect of the buyers (customers or “Johns”). Police responses in the 1980s and 1990s tended to focus on prostitutes, with customers constituting only an estimated 10% of arrests (Monto, 2004). Female prostitutes have been the target of enforcement strategies, while the illegal activities of the sex buyers were minimized or often completely ignored.

Laws designed to punish the sex buyers, therefore, have been the least enforced (Jurgens, 1995), while those designed to punish prostitutes were the most frequently enforced. Feminist explanations for the United States’ persistence in punishing the prostitutes over the Johns have been linked to race, sex, and class differences (Monroe, 2005). The typical John is White, married, and male who has a white collar job or who works in a skilled trade (Clark, 1993). In contrast, the typical adult street prostitute is female, African American, of an immigrant status, poor, and/or a single parent.
K. Kissil and M. Davey

The privilege of being White, male, and middle class has resulted in the customer being given breaks from the law, favoritism and “the benefit of the doubt” (Monroe, 2005).

Several recent shifts in policies have been made in response to this criticism. For example, anti-prostitution statutes in many cities in the United States are now phrased in gender neutral language (Monto, 2004). Consequently, more police departments nationwide appear to be conducting sweeps, using female police officers as decoys, to arrest men seeking prostitutes. Further, some police agencies and local governments have publicized the names and photographs of clients who are either arrested for and/or convicted of prostitution-related offenses. The names and photographs may appear on television, in newspapers, or on internet websites. The goal of this policy is to subject customers not only to the risk of legal sanctions but also to the loss of personal reputation (Monto, 2004).

Another reported change has to do with the increasing number of cities that have begun providing diversion programs for clients, known as the “John Schools” (Monroe, 2005). The “John School” was created in 1995 in San Francisco, as a one day program, designed to discourage arrested men from re-offending. First-time adult male offenders, who were arrested for attempting to patronize a prostitute, can choose to attend the John school as an alternative to having their charges formally processed through the criminal courts. Typically each one-day program provides men with information on morality, health, sexually transmitted diseases, laws for prostitution, the impact prostitution has on communities, sex addiction, and the overall harmfulness of prostitution. Finally, they witness a testimony from a former prostitute about the inherent degradation in prostitution activities (Monroe, 2005).

John Schools have been criticized. First, they were referred to as “a legal loophole for men” (Monroe, 2005, p. 76) because they allow men the opportunity to circumvent criminal processing while female prostitutes are typically processed all the way through the legal system after their arrest (Monroe, 2005). Although there are a few prostitution diversion programs, they still operate under the prevalent view of the prostitute as the criminal and hold the threat of criminal processing for prostitutes that do not complete the program (Wahab, 2006). Second, these programs were criticized by proponents of prostitution for perpetuating the perception of prostitutes as coerced victims (Monto, 2004).

Third, the assumption that a one-day class could change long-established patterns of sexual behavior has been challenged (Monto, 2004). Fourth, and related to the previous point, although these programs have been established all over the country, no formal evaluation of their effectiveness in the United States has been published to date. There is, however, one published evaluation of John Schools in Canada (Fischer, Wortley, Webster, & Kirst, 2002), which was conducted using a pre- and post-program survey of
participants. Although the program did accomplish some of its principal objectives, the researchers reported that “the attitudinal changes did not seem to translate into significant changes in anticipated future behavior” (Fischer et al., 2002, p. 393). They also reported that the program’s greatest weakness was its inability to deter future prostitution related activities (Wahab, 2006), which had been the primary objective of the program.

Another change in social practices is the establishment of support programs for prostitutes (e.g., Dignity House in Arizona, PRIDE in Minnesota, SAGE in California, HIPS in Washington, D.C.). These programs are based on the principals of harm-reduction models that have gained popularity primarily outside of the U.S. as a response to the spread of AIDS among injection drug users (Rabinovitch, 2003). The goals of the harm-reduction approach is to decrease the negative consequences of prostitution, while recognizing that exiting may not be a realistic and/or desirable goal for some, especially on a short-term basis. Available programs do vary from each other in terms of the level of involvement, duration, and extent of services provided, including but not limited to: job training, health care, housing assistance, mental health counseling, substance abuse treatment, education, and legal advocacy. Most programs are local and have begun as a grassroots effort to reach out to prostitutes. There is, however, no government supported national organization currently charged with providing services to prostitutes (Weitzer, 2000).

Feminists’ views about these programs have been divided. Anti-prostitution feminists have criticized harm-reduction programs, as harm-reduction is not harm elimination, and does not ultimately help to eradicate the practice of prostitution which is the ultimate goal of abolitionist groups. Supporters of harm-reduction posit that harm reduction does not contradict the abolitionist ideal as an end point (Cusick, 2006), and should be valued for its humanistic qualities of improving the lives of this marginalized population.

Overall there is much disappointment among feminists in the U.S. regarding the accomplishments in the last century (Jolin, 1994; O’Connell Davidson, 2002). Despite feminists’ advocacy of decriminalization and attempts to change the social structures, the fact that in 2009 prostitution in the U.S. (excluding a few counties in Nevada) continues to be a crime, underscores this point. Further, although the Johns are now receiving more attention by law enforcement agencies, female prostitutes are still the main target of police. According to more recent national statistics, prostitution arrests average around 100,000 per year, and 70% of those arrested for prostitution are females (Weitzer, 1999).

After more than 100 years of public discussion and efforts, prostitution still remains socially constructed as a crime with the prostitute as either a criminal or a victim. Feminists on both sides agree that contempt and stigma are adverse side effects of prostitution (Farley, 2004) that are still prevalent in the 21st century, and will continue as long as prostitution is socially
constructed as a crime. Unfortunately, the legal system in the United States continues to perpetuate inequality, which is evident in the development and maintenance of prostitution laws. “Current prostitution statutes, state legislation on prostitution related offenses, prostitution enforcement strategies, and sentencing practices reflect flagrant racism, classism, and sexism” (Monroe, 2005, p. 81). Equality is far from being accomplished and even sparser are clinical programs designed to help this vulnerable and often invisible population.

CLINICAL IMPLICATIONS

Like other stigmatized groups, prostitutes need culturally sensitive clinical services that best serve their unique characteristics and clinical needs (Brode, 2004; Herman, 2003). It has been argued that prostitutes are not a monolithic group, as some women could be empowered by the work and do not necessarily fit the stereotypical view of the prostitute as the coerced, traumatized, and sexually abused woman (Arnold, Stewart, & McNeese, 2000; Brode, 2004; Carpenter, 2000). Thus, family therapy clinical programs should be designed to recognize both the positive aspects of prostitution, like the economic gain and flexible scheduling and the negative aspects such as the possible loss of self as well as juggling multiple roles as prostitutes and mothers.

Prostitutes, however, may experience a range of clinical and family problems related to sex working and could have complex needs. Prior studies with this population have suggested that they can experience feelings of suicidality (Ling, Wong, Holroyd, & Gray, 2007), are at higher risk of sexually transmitted infections including HIV (Farley, 2004), have mental health issues due to conditions in their environment and/or due to prior mental health vulnerabilities (Stevenson & Petrak, 2007), personality disorders (Herman, 2003), can struggle with substance use and abuse (Smith & Marshall, 2007), anxiety, and could have poor coping skills (Herman, 2003).

The most prevalent mental health issue that prostitutes tend to struggle with is chronic trauma. For example, Farley, Baral, Kiremire, and Sezgin (1998) found a Post Traumatic Stress Disorder (PTSD) prevalence rate of 68% among those in prostitution in nine countries. This rate was comparable to the rates of PTSD among battered women seeking shelter, rape survivors, and survivors of state-sponsored torture (Farley, 2004). Dissociation, depression, and other mood disorders are also common among prostitutes in street, escort, and strip club prostitution (Ross, Anderson, Heber, & Norton, 1990; Ross, Farley, & Schwartz, 2003). In fact, Ross et al. (2003) posit that dissociation is a “job requirement” for surviving prostitution because its primary function is to endure and manage the overwhelming fear, pain, and systematized cruelty that is often experienced in prostitution,
in addition to possibly triggering earlier abuse, by separating these unbearable experiences from the rest of the self.

In addition to these individual clinical issues, many of these women may be struggling with being mothers and their work on the streets (Dalla, 2004; Sloss & Harper, 2004). Studies reported that prostitutes have an average of 2.25 to 3.4 children each, with some having as many as 7 children (Dalla, 2000; Weiner, 1996). Although statistics show that many of these women give up or lose custody of their children, some prostitutes struggle with the dual role of being prostitutes and mothers (Sloss & Harper, 2004).

“…women engaged in street sex work are not sex workers alone. Like all women, they hold multiple roles...one of the roles on which these women place considerable importance is that of being a mother” (p. 34).

Feelings of guilt and shame about the social stigma and the way their children are being affected by their work are prevalent, along with feelings of sadness and mourning due to the separation from those children who were placed elsewhere (Dalla, 2004). Although prostitutes are a vulnerable population who need access to clinical treatment, there are many obstacles to first overcome, in order to engage and retain them in treatment.

Obstacles to engaging prostitutes and their families in clinical treatment have been identified, including both individual and structural factors. One of the main structural obstacles for treating prostitutes is access to services (Yahne, Miller, Irvin-Vitela, & Tonigan, 2002). Studies that have explored accessibility to health care services highlight numerous barriers including the current structure of care systems, provider resistance, women’s prioritization of acute over preventive care, learned helplessness, depression and low self esteem, cost of treatment, long waiting lists (Kurtz, Surratt, Kiley, & Inciardi, 2005), and frequent incarcerations (Arnold et al., 2000).

Further, the very nature of female prostitutes’ income-generating activities can keep them from seeking the protections and services offered by mainstream charitable and governmental organizations or hinder their ability to engage in treatment. Many prostitutes hide or minimize their work due to feelings of shame and stigma that society has attached to their work and a fear that their children will be taken away. During intakes with all clients, in particular those women who are being treated for trauma, clinicians should always ask about prostitution in routine clinical screenings (Herman, 2003). Fear of discrimination and arrest has also been cited as a reason why these women do not always seek out care when they need it (Weiner, 1996).

Additionally, outreach programs are scarce (Arnold et al., 2000) and those available tend to focus on the more urgent needs of street-level prostitutes such as shelter, food, and medical treatment, even though prostitutes have cited mental health care and drug treatment as highly important and
needed (Yahne et al., 2002). In addition, shelters that are available rarely accept prostitutes and their children (Dalla, 2004).

“The promotion of effective mothering requires shelter, financial security and transportation. Residential programs that offer short-term, transitional, and long-term housing and that are accepting of women with children are essential.” (Dalla, 2004, p. 199)

Street-based outreach mental health programs have been suggested as a possibly effective way to link prostitutes to clinical treatment (Nuttbrock, Rosenblum, Magura, Villano, & Wallace, 2004). Finally, having a more flexible clinical model (e.g., walk-ins, mobile therapy) is another way to improve access to mental health care services (Stevenson & Petrak, 2007). Once prostitutes are able to access clinical services, however, it is equally important to provide culturally sensitive services that meet their and their families’ needs.

Some researchers have stated that prostitutes are a unique population with needs that should be carefully considered in clinical contexts. For example, Brode (2004) conducted a focus group study with 13 female prostitutes to explore their experiences and needs in psychotherapy. Brode (2004) uncovered several unique themes to consider when delivering culturally sensitive clinical services to prostitutes. These women reported a desire to be seen as a person with a more complex life (such as being a mother), rather than just being labeled as a prostitute. Unlike the prevailing negative stereotypes of them in society, they wanted to be seen as individuals. Finally, they compared their work to women’s work in other professions and in many ways did not see their sex work as different from how they viewed the work of other women in society.

In terms of qualities that they would want to experience in a clinician, three main themes emerged (Brode, 2004). They would like the therapist to not judge them regarding their work, to be open to them seeking therapy for reasons other than their chosen profession as prostitutes, and the therapist should be culturally competent about their sex work so they do not have to spend most of the therapy sessions educating the therapist, and can instead focus on the issues that they would like to resolve in therapy.

Finally, a major obstacle to successful therapy can be the therapist’s potentially negative attitudes toward prostitutes. The feminist debate has been successful in bringing to the fore the importance of social discourse in understanding prostitution. Therefore, therapy with prostitutes cannot be conducted in a void and has to address contextual variables and the negative messages created by the dominant discourse and possibly internalized by prostitutes. Family therapists, trained in systemic thinking, are most suitable for this work. As therapists themselves are embedded and influenced by their social contexts, they should be aware of their own values, biases, and beliefs regarding prostitutes.
Therapist’s biases, therefore, need to be overcome in order to provide culturally competent treatment to this population.

“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” (Herman, 2003, p. 2).

Herman (2003) describes the ability to create an accepting and warm therapeutic milieu while also confronting the client’s unhealthy behavior as one of the most difficult and challenging tasks for clinicians. Since in their positions as therapists, they have more privilege and power than this oppressed group of women, it is essential to not use that power to convince the client that her profession is pathological, even if the therapist thinks this is true. Therapists who can remain curious and open will be able to respect the client’s own voice and collaboratively work with her and support her goals in treatment.

As previously discussed, feminists have historically had one of two opposing views of prostitutes, that of “victims” and that of prostitutes as their “own free agents” (Carpenter, 2000). Yet Brode (2004) noted that prostitutes are a diverse group and therapists should not assume that they all want to leave their work and only focus on this aspect of their lives, as the client may find this uncomfortable or even offensive. Making sure preconceived ideas about prostitutes are kept in check is important work that the therapist needs to do, so that when the sex work is discussed in sessions, the therapist is able to convey care and concern without negative judgment. Clinicians need to work on finding this delicate balance in session, in order to listen to what the clients want to work on in therapy while at the same time not being afraid to talk about other issues related and unrelated to prostitution in order to provide their clients with culturally competent clinical care that best serves their needs (Brode, 2004; Hedin & Mansson, 2003; Herman, 2003; Stevenson & Petrak, 2007).

In terms of clinical recommendations for family therapy, it has been suggested that in order to promote emotional health and effective mothering for prostitutes, two important issues have to be addressed (Dalla, 2004). The first is addressing intergenerational familial patterns. Family therapists are best trained to address family of origin and family of procreation issues. For example, exploring childhood abuse and neglect may help to reduce feelings of guilt and blame, enhancing emotional healing which in turn, can help to free her up to be more emotionally available as a parent and better make proactive decisions about the type of parent she would like to be that is different than the type of parenting she experienced as a child.

The second is addressing the relationship between the prostitute and her male partner. It has been documented that these intimate relationships tend to be emotionally, psychologically, and physically unhealthy (Dalla, 2001;
Williamson & Cluse-Tolar, 2002). It is first important to assess for any domestic violence at home, in order to ensure safety of the prostitute and her children. Then clinical interventions should be tailored to address the irrational beliefs perpetuating the cycle of violence, power, and control (Dalla, 2004).

“Prostituted women display many symptoms of ‘battered woman syndrome’, which include beliefs of personal responsibility for victimization, inability to place the responsibility for the violence elsewhere, fear for one’s own life and those of one’s children, and an irrational belief that the abuser is omnipresent and omniscient” (Dalla, 2004, p. 1999).

CRITIQUE AND DISCUSSION

Prostitution seems to engender some of the most difficult issues in feminism. Prostitutes are considered by feminists to be on the front line of patriarchal oppression. They exemplify the position of all women in patriarchal and capitalistic societies. They also carry the dual burden of a criminal record and the loss of respectability that their clients do not. For feminists, prostitution epitomizes everything that is wrong in patriarchal societies (Carpenter, 2000). Is support for prostitutes more important than a critique of prostitution? Are prostitutes victims or agents? Do feminists who are not prostitutes have the right to speak on behalf of prostitutes or by doing so are they perpetuating the perception of prostitutes as the victims? These issues have been debated for decades and are still relevant today, simply because not much has changed (Jolin, 1994; Stetson, 2004). In the 21st century, prostitution is still a crime in the U.S. Feminists are at an impasse because of their conceptual dualism; victim or agent, for or against, classist or sexist oppression. Dichotomous conceptualizations put feminists in a bind, as they cannot both support and critique prostitutes simultaneously (Carpenter, 2000; Jolin, 1994; O’Connell Davidson, 2002).

The either/or stance ignores the possibility that these options are not mutually exclusive and the fact that prostitutes are not a homogenous group. The only resolution is through a new conceptualization that is not based on mutually exclusive choices, but instead incorporates the complexity of the prostitute phenomenon, and allows for the various voices of prostitutes to be heard and validated (Carpenter, 2000). Feminists will have to find a way to separate prostitutes from prostitution as a social institution, as it makes more sense to defend prostitutes’ entitlement to do their work but to not defend prostitution itself as a practice under patriarchy (Overall, 1992). Feminists need to create a synthesis in the dialectic of the right to choose and the right to protection, within a new framework that can include both.

Race is generally absent from the feminist discussion of prostitution (Kramer & Berg, 2003; Raphael, 2004). The feminist polarization is primarily
focused on sex vs. class inequalities, ignoring the part race has in understanding inequality and prostitution. This is surprising given the fact that women of color tend to enter prostitution earlier and stay longer as compared to White women (McClanahan, McClelland, Abram, & Teplin, 1999; Nixon, Tutty, Downe, Gorkoff, & Ursel, 2002) and that numerous studies report a disproportionate percentage of African-American women arrested and incarcerated for prostitution (Nelson, 1993). Both radical and socialist feminists have been criticized by Africana women for failing to incorporate the concerns and issues of women of color because they primarily focus on sexism (radical) and class inequality (socialist). Africana women suggest that race should take precedence over the other “isms” in explaining prostitution, especially street-level prostitution, although they view race as always being classed and gendered (Ntiri, 2001). Thus, Africana women view prostitution as resulting from the intersectionality of structural racism, classism, and sexism and suggest that all are pivotal in understanding prostitution (Monroe, 2005).

The feminist critique has created a shift in the current prostitution scholarly discussions, from focusing on individual deficits (pathologizing prostitutes) to considering social discourses as constructing the institute of prostitution. Consequently, efforts have been re-directed to the facilitation of more structural changes. What is missing, though, is attention to the individual prostitute and her children. In the struggle to protect prostitutes as a marginalized and vulnerable group, the prostitutes as individuals have been forgotten. The prominent evidence for this is the current dearth of family therapy literature specifically addressing the mental health needs of prostitutes and their children as well as any clinical considerations for reaching out and treating this at risk population.

Despite feminists’ advocacy of decriminalization, the prevailing policy in the U.S. is still criminalization (Stetson, 2004; Weitzer, 1999, 2000). The negative view of prostitutes is still prevalent. It is possible that the long-standing cultural values regarding morals and promiscuity present greater obstacles to change than feminists anticipated.

“Until such time as a woman’s sexual conduct is of her choice (equality), and neither detracts from (promiscuity) nor enhances (chastity) her worth, prostitution will continue to exist and it will continue to be fraught with controversy” (Jolin, 1994, p. 81).

REFERENCES


Monroe, J. (2005). Women in street prostitution: The result of poverty and brunt of
Women, 10, 160–188.
Journal of Gender & Law, 1, 81–89.
Nixon, K., Tutty, L., Downe, P., Gorkoff, K., & Ursel, J. (2002). The everyday occu-
rence: Violence in the lives of girls exploited through prostitution. Violence
Against Women, 8, 1016–1043.
ing female sex workers with substance abuse treatment. Journal of Substance
Abuse Treatment, 27, 233–239.
O’Connell Davidson, J. (2002). The rights and wrongs of prostitution. Hypatia, 17,
84–98.
705–725.
prevalence and career longevity of prostitute women. The Journal of Sex
Research, 27, 233–243.
Rabinovitch, J. (2003). PEERS: The prostitutes empowerment, education and
resource society. In M. Farley (Ed.), Prostitution, trafficking, and traumatic
Northeastern University Press.
response to the demand for prostitution. In M. Farley (Ed.), Prostitution, traf-
among multiple personality patients, prostitutes, and exotic dancers. Hospital
and Community Psychiatry, 41, 328–330.
Ross, C. A., Farley, M., & Schwartz, H. L. (2003). Dissociation among women in
prostitution. In M. Farley (Ed.), Prostitution, trafficking, and traumatic stress
Scoular, J. (2004). The “subject” of prostitution. Interpreting the discursive, symbolic


