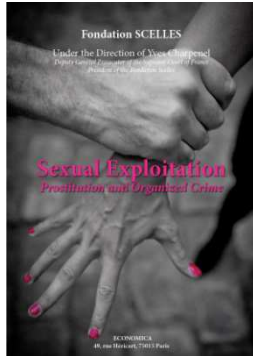




Fondation Scelles

Connaître, Comprendre, Combattre
l'Exploitation Sexuelle

Health and Prostitution



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Since the 90's, which were characterized by the spread of HIV, no significant epidemiological investigation has been carried out. Not a single clear statistics report was produced regarding the health issues within the prostitution environment. The main sources of information come from occasional studies, forensic reports produced in the frame of law-suits against procurers, and the testimonies of specialized associations. These elements have led to the conclusion that the violence (in its multiple forms) to which the large majority of prostitutes is exposed, is not a fiction but a terrible reality.

Violence against prostitutes

Vulnerable populations are the most at risk of getting caught in the nets of prostitution. First of all, national or foreign minorities, inarticulate in the local language, are socially isolated and far away from their families. They also are most likely to have their human rights infringed upon. For similar reasons, teenagers in conflict with their families and psychotically or mentally disabled persons are targeted by pimps.

Conditions of great precariousness

The harm caused by an instable life can be found in the majority of prostitutes:

malnutrition, damaged teeth, untreated infectious diseases. Additional risks may also include STDs and health consequences related to smoking, alcohol, and drugs addictions. Consumption is frequently imposed by procurers; it also may be voluntary and appears to be an automatic consequence of prostitution: "It helps to hang on". Concerning transsexual prostitutes, the health risks are made worse by the use of hormones. The side effects are all the more devastating when the medical monitoring is often missing. Studies carried out in the 90's, which are still the major source of information for recent publications¹, highlighted the close link between prostitution practices, suicide rates (75% of escort girls try to kill themselves), and death rates (40 times higher than normal). This trend is confirmed by several recent studies². According to a 2008 report produced by the European deputy Maria Carlshamre, a prostitute has 60 to 120 times more risks of being attacked or murdered than the general population. Homicide is the main cause of death among prostitutes (17% of the total number of deaths). The same proportions of homicide were observed in Canada while procuring was criminalized³, and in the Netherlands where prostitution is legal. Consequently there is probably no meaningful difference in terms of risks between street prostitution and "protected" prostitution in legal venues.

Physical violence

In this world, managed for more than 80% by procurers looking for maximum profits, violence is considered a means of management. Reducing the "exploitation costs" causes a drastic reduction of "operating and maintenance expenses" such as housing, food, clothes, medical care and monitoring. Living conditions of most prostitutes are extremely dangerous. This danger is aggravated in the emerging countries and/or within the best organized criminal networks.

Increasing revenue also means "increasing the market shares", which in turn improves the customers' improved satisfaction. With this goal, prostitutes are professionally trained, whether at an almost industrial scale, or at a hands on level. While the degree of brutality may vary, the means implemented are always the same: repeated beating, injuries, rapes, sometimes gang rapes. In addition, coercion, confinement, blackmailing of families, debt reimbursement, forced addictive practices, insults...

Once conditioned, the victims are in no state to oppose to their pimps' requirements anymore. A comparison of the global average number of intercourse per day is interesting: between the independent escort girl who decides to turn 2 or 3 tricks a day and the prostitutes controlled by tough networks, whose testimonies mention insane rhythms, sometimes exceeding 50 tricks a day. Additionally, in order to "diversify the offer", procurers offer a wide range of extreme "sexual services": sadomasochistic practices, zoophilia, coprophilia... The lack of discipline incites punishments for "rebel slaves" or for their families and can lead as far as the murder of the victim. This is a phenomenon more common than the media's silence depicts. For instance, in Marseilles in 2009, a young Bulgarian prostitute was tortured with an electric truncheon by her pimps and suffocated to death by a plastic bag on her head⁴.

Customers are also responsible for this display of violence, either by directly using it, or by contributing to the perpetuation of the system. Stories of abuse, theft, and rape perpetrated by the clients are often described in the testimonies of prostitutes, whether controlled by a pimp, a trafficker or not. According to a study carried out in Minneapolis, 78% of the prostitutes have been victims of rape (on an average of 49 times a year)⁵. In the US, 53% have been victims of sexual abuse or torture⁶.

The prostitutes on the two extremes of the prostitution chain are least likely to escape from their customers' requirements. Several reasons may explain this, from the pressure of the offer and demand on destitute persons, to the exorbitant amounts paid to the pimps for the luxury escorts. This was the case of two young prostitutes from Venezuela, rented for €25,000 for one night by a son of the former dictator Mouammar Khadafi and his friends⁷. Another form of violence, presenting a particularly elevated sanitary risk, arises from the unprotected sexual relations more and more often required by the customers.

Police forces constitute, in certain situations, a source of violence against prostitutes: harassment, rape, beatings and humiliation are not uncommon. The seriousness of such facts varies greatly from one country to another and even from one region to another. This phenomenon is specifically amplified when a national policy of protection of human trafficking victims does not exist and/or when the police are not properly trained.

These repetitively violent methods, endured for many years, leave physical and psychological effects on bodies all the more fragile as the average age of "entrance into prostitution" occurs in the teenage years.

Regarding minors, UNICEF reports the arbitrary nature of imprisonment measures, the detention durations, and the abuses during

confinement they suffer from in several countries. Police forces appear to forget they are minors. When the law takes such element into account, they must be protected before being punished and treated as mere criminals.

Moral violence

Reduced to the status of objects, sometimes seen as waste, many prostitutes have difficulty taking care of themselves when they leave prostitution. This problem can be first explained by the precariousness of these persons who succeeded in getting out of prostitution. While the famous former escort Zahia has become the new fashion star inescapable in the media, the majority of former prostitutes have a hard time finding a stable and decently paid job. Many of them do not have any professional qualification. They are uprooted people, with no proficiency in the language of the country they live in. It is also difficult for them to admit to their past which the public judges severely.

These social factors combine with psychological factors. The denial of what happened in the past, and the denial of the resulting physical or psychological suffering, constitute the only ways of enduring the unbearable. Forgetting and forgetting oneself go together.

In addition to the physiological results of the frequency and the nature of the sexual relations, prostitutes are often handicapped by somatic disorders not linked to the physical wounds.

Some authors, such as Melissa Farley call those somatic problems post-traumatic disorders equating their relation with the syndrome presented by soldiers and war veterans. The principle, which consists of connecting symptoms to illnesses, is questionable. During the psychological treatment of former prostitutes, their different symptoms need to be considered an alarm signaling a very deep suffering.

Among the most common symptoms encountered, we must mention disruption of tactile sensitivity and pain tolerance, which can result in generalized numbness. According to Muriel Salmona, the dissociation of the body from the mind, a self-defense mechanism that protects prostitutes in their activity, goes on and leads, in a paradoxically perverse effect, to a higher pain tolerance, violence, and aggressiveness.

How to live with possible self-disgust and social stigmatization? How to restore the loss of confidence in other people, who are too often perceived as potential threats? How to recover or invent the terms of a possible social or romantic relationship when relations were not based on the enigma of desire, but always on the obligation of forced or accepted consent and to the pleasure of the other in a powerful position?

In many cases, serious devastation cannot be handled and relieved without a personalized and multidisciplinary treatment. It is a long, complex and expensive process; therefore it is difficult to have it accepted by institutions subject to profitability constraints.

On an economic level, to combat prostitution, one must look at the causes and effects. However, without the means necessary, or a professional future, former prostitutes reintegration into society may remain only a dream..

The concept of sexual assistantship and prostitution

A few countries (Germany, Denmark, the Netherlands, and Switzerland) have created a status of "sexual assistant for disabled persons". In France, this issue consumed the attention of the media in 2011. In December 2011, after several media statements, the former Deputy of the UMP political party, Jean-François Chossy, submitted to the government a report describing a general view on disability and calling for the creation of the

profession of "sexual assistant for disabled persons". As early as January 2011, the Minister for Solidarity and Social Cohesion Roselyne Bachelot-Narquin declared she was totally opposed to that initiative arguing that this sexual assistance was a kind of prostitution. The debate continues today.

Our society hardly tolerates the misfortunes of those who do not correspond to the model of the young person, dynamic, attractive, and satisfied with his/her social and emotional life. This normative totalitarianism of perfection affects all fields, including the sex trade. This ideal feeds the fantasies with which every one of us invents his/her own sexual "solution". In a word, being modern amounts to being cool and ready to test everything.

The great difficulty in admitting to the sexuality of those excluded from that norm is a symptom of this intolerance. The sexual life of the elderly, of the disabled, of the incarcerated is taboo, except in some cases⁸. However, nobody can deny the aspiration of each individual to an emotional and sexual well-being. If medical tools and treatments could allow persons deprived of their sexual functions to recover those faculties, if clear information on the means of a possible sexuality for the disabled could be produced instead of abandoning those persons to their despair and isolation, we would be delighted...Nonetheless, is it absolutely necessary to implement systems of professionalized assistantship and to legislate the matter? A standardized answer cannot be a solution to that question: fantasies and physical pleasures cannot be dissociated from the action of human sexuality.

Legislating this issue would mean defining a right to sexuality, which in turn would logically implicate allowing everybody to have access to pleasure and sexual happiness.

Thus, either the law provides the criteria in the terms of the assistantship, which would introduce a concept of "sexual normality" and a communitarian character to the law or, it becomes a universal right. On that assumption, experts warn against the misinterpretations that would inescapably follow: procurers would know how to find out juridical biased solutions in order to give a legal legitimacy to their activities under the cover of assistantship.

There should be a debate on that matter now, paying attention to all direct and indirect consequences of the authorization of commercial use of the body, beside the specific field of the disabled persons' sexuality.

Is sexual dependence a specific pathology?

The notion of sexual addiction which appeared in the medical and psychological fields⁹ towards the end of the 70's, recently drew the media's attention due to the troubles of Dominique Strauss-Kahn with the law in the United States and in France. In November 2011, the former IMF director allegedly "admitted being sick" and in need of a medical treatment. A few days later, *Le Figaro* dated November 21st, 2011 published a set of articles about that topic in its health section.

This article tells that sex addicts are men in most cases. The newspaper describes the addictive character as "the favoring of sexual activity over any other form of social activity because the dependent addict cannot stop. In the same way as for alcohol or tobacco". Currently it's suggested that nothing indicates that sexual addiction has a physiological cause and may originate in childhood trauma.

Psychoanalysis teaches us that it is "natural" for human beings to have traumas; each of us structures himself/herself despite and thanks to what was traumatic. Trauma can be real, an act or a word presenting an aggressive character, but it can also be the traumatic interpretation of a trivial fact or seemingly innocent words. This interpretation

reveals how an individual constructs his fantasized conception, which is specific to him out of what the others expect of him. Starting from the enigma "What do you want from me?" the neurotic structures himself: he invents his own personal way of "doing" in the absence of a standardized answer. From that question arises the difficulty of tackling the sexual field for the human being who has to struggle with the other's desire, in a transitive and intransitive manner. The desire is thus never satisfied and the individual has to cope with that embarrassment.

To exert his power on the other is the same as reducing the other's desire to nothing and evading the insolvable question of the other's alleged desire. Buying sexual services amounts to offering oneself a total control, which has a real physical and financial aspect but also an illusory symbolic aspect. It allows avoidance of everything that brings to question one's capacity to satisfy the other and ability to fulfill his or her presumed expectations.

This is the reason why resorting to prostitution is not characteristic to only the most sexually and socially needy people. For certain "powerful" persons, used to exert power, it is the favorite and paradigmatic form of the manifestation of the full power they imagine themselves to have, and enables an escape from the enigma of desire. During orgasm, when the individual escapes from a conscious state, the problem is swept aside.

Many people search for this loophole in sex. Others find it in alcohol or drugs. It is comfortable, they believe they are in control of the process; "It is when I want, as I want". Nevertheless, nothing is solved and a dead end is revealed through the most extreme forms of sexual addiction.

Masturbation allows, during the sexual act, to remove the other; leaving only a place in the fantasy which fuels the sexual act. Compulsive masturbation shows that, while the sexual act provides pleasure, it does not satisfy

the individual and actually imposes him ("This is stronger than me") a new research for the autarkic satisfaction of an ephemeral self-oblivion.

Studies of prostitution customers show that any sexual relation is a fool's bargain in terms of desire-pleasure. Indeed, even in the frame of the paid sex which theoretically define the service and when the satisfaction of the explicit demand is achieved through orgasm, customers experience a feeling of frustration. Their latent desire is unconscious and persistent. There appears to be something necessary to make the act bearable or pleasant. This is why, although they are aware of the forced nature of the sexual act of prostitution, many clients do not seek "abnormal" relations. They wait and hope for something that would make them unique and special to the prostitute who, paradoxically and in contradiction with the human psychological structure will, given in most cases, remain a stranger.

Sexual addiction is often given as the cause of a "deviant" behavior with respect to effective sexual norms. Instead of seeing it as a cause, it should be considered an effect among others, an answer to "not knowing how to handle "the enigma of sex which has obsessed many since childhood.

Pleasure versus desire, certainty versus enigma, modernist ideology favors the former at the expense of the latter. It is why the addiction to sexual pleasure has a promising future as an obscure answer to the question; it is a symptom of the modern forms of the "ill-being in the midst of civilization" that Freud and Lacan described.

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³ Since then the Supreme Court of Ontario invalidated laws criminalizing the prostitution activities.

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⁷ The association *Les Équipes d'Action Contre le Proxénétisme* constituted itself plaintiff in the "Carlton de Cannes" affair to be judged in Marseilles at the end of October 2012.

⁸ The film *Si on vivait tous ensemble* (If we lived all together) tackles the issue of the 3rd age's sexuality. *Mare a dentro* focuses on the difficult question of the choice of putting an end to one's life. Regarding the sexuality of imprisoned persons, very little is known; we can only mention some TV series such as *Oz* that insist on sexual abuses occurring in detention centers.

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