

PSYCHOLOGICAL PROBLEMS OF WOMEN WORKING IN THE SEX BUSINESS

Stanislav Ondrášek, Ingrid Baloun, Alena Kajanová

University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences, Institute of Social and Special-paedagogical Sciences, České Budějovice, Czech Republic

Submitted: 2016-10-14

Accepted: 2017-03-24

Published online: 2014-06-24

Abstract

The study deals with the psychological problems of women working in the sex business. The most frequent mentioned psychological problems of these women are depression, then emotional exhaustion and posttraumatic stress disorder (PTSD). Posttraumatic stress disorder in women working in the sex business is connected with sex violence, mostly from a client, but also with sexual abuse in childhood or physical and psychological abuse. Posttraumatic stress disorder may be accompanied by dissociative disorder when a person experiences unbearable emotion, memories or thoughts that form the basis for other mental and physical symptoms. Psychological problems, however, are not only connected with women working in the sex business but also with women who have already left this business; as it resulted from the research, the so-called “ex-prostitutes” have significantly higher problems with alcohol and smoking, and more frequent PTSD symptoms than other women. The study is an output of the GAJU project No. 029/2016/S – Lifestyle of women in the private sex business and their (self) reflection.

Key words: *psychological problem; sex business; helplessness; posttraumatic stress disorder*

INTRODUCTION

Currently many authors and publications dealing with the sex business primarily concentrate on the health risks connected with this phenomenon and they forget the mental burden and the psychological problems that this work brings to working individuals. However, publications also exist that deal with the social aspects of the sex business, the prevention of violence, legislation, or problems of leaving the sex business. These are especially publications published by the organisation Rozkoš bez rizika. The target of this study is to map the studies and researches dealing with psychological problems of women working in the sex business and the main problems identified by their authors. The source data were published researches and studies available in the databases Scopus, Web of

Science and JSTOR. The study includes 26 studies on the whole, most of them are foreign. We will use the definition “woman working in the sex business”, in order to avoid the (in our opinion) pejorative term “prostitute” or “prostitution”, because we are aware of its stigma for women. It is not only women but also men who work in sex business. However, this study focuses only on women working in the sex business and their psychological problems.

Theoretical basis of the sex business

There are many definitions of the sex business, but it can be defined as “*gainfully providing services directly aimed at satisfying sexual needs, if there is physical contact between a person providing services and a person using these services*” (Tomeš et al. 2016,

p. 266). The organization “Rozkoš bez rizika” perceives the sex business or sexual work more complex and divide it into forms with contact such as prostitution or acting in porn films and contactless forms such as sex on the phone, erotic chat etc. (Kutálková et al. 2016). The sex business is considered to be a job by those such as Truong (1990), Kempadoo and Doezema (1998), Nussbaum (1999), etc. On the other hand, some authors mention so-called sexual dominance and perceive the sex business as a form of violence against women (Barry 1984, MacKinnon 1993). The sex business has occurred in society since ancient times and has occurred almost in all societies. The sex business already had a fundamental role in ancient Greece and it was very popular (Chmelík et al. 2004). Some societies perceived the sex business as a sacred mission, others saw it as a sin (Tomeš et al. 2016).

The sex business can be divided according to the place where sexual services for consideration take place. We differentiate between street, club, hotel, private sex business and escort services (Chmelík et al. 2004). For example, private sex business (which we focus on in our project) is concerned with private or rented flats and the offering of sexual services takes place in the form of advertisements in the press or online (Šídová et al. 2014). Trávníčková (1995) characterizes private sex business as a “luxury” form in which persons belong to the highest privileged section with their own limited number of clients, or who let only one client keep them for a certain time. Within the hierarchic arrangement of the sex business we can therefore speak about the so-called “sex business of scum,” which is street sex business, and about the “elite sex business” which is the private sex business or an escort service (Kajanová and Mutlová 2012).

Each kind of sex business is connected with many “advantages” and “disadvantages” for a person working in it, and simultaneously impacts their financial, social and health sphere. Scott and Dedel (2006) mention that those women working in the street sex business have a distinctly lower social status than women providing sexual services somewhere inside, and they also mention that women earning their living in this way are often personally bankrupt. Such personal bankruptcy can be drug addiction, smaller sex

appeal or a worse mental condition. Teryngel (1991) states that in the first phase only a few women were brought to their actions through social indigence, and they started in the sex business primarily with visions of enormously high and relatively easy earnings. According to Kutálková et al. (2016), 70% of the women working in the sex business responded in the research that they had decided themselves, 20.8% stated that a female friend had helped them get into the sex business and “only” 4.2% started under the pressure of their partner. The remaining 4.2% responded that they started differently and it was most often connected with a problem with debts or financial distress.

Risks connected with the sex business

In this part we would like to state some of the risks connected with working in the sex business. Generally the sex business accompanied by many phenomena which are negatively perceived by society, in particular criminal activity such as drugs and drug trading, human trafficking, the sexual abuse of children, and also certain health risks (Ministry of Internal Affairs of the Czech Republic 2016). Tomeš et al. (2016) add that the sex business is also connected with such problems like endangering public order, endangering the moral development of children or property criminal activity and violent criminal activity.

The sex business not only brings risks to a society, but also to the people working in it. Compared to women working in the street sex business, women working in the club, hotel or private sex business are less chronically or acutely ill and they also more often take tests for the presence of sexually transmitted diseases (Jeal and Salisbury 2007). Baral et al. (2012) carried out a systematic meta-analysis of studies focused on the prevalence of HIV disease in women working in the sex business and concluded that sexually transmitted diseases, and especially HIV, are too frequent in these women. Although, for example, according to statistical data of the Rozkoš bez rizika there is a small number of infected persons in the sex business in the Czech Republic over the last few years and it is even stable compared to the majority (Rozkoš bez rizika 2015). Sexually transmitted diseases may be related to criminality within

the sex business when persons working in the sex business do not derive such benefit from health and social services (focused in particular on prevention of HIV) to decrease the probability of HIV disease because of fear of criminal prosecution that is eight times higher in them than in others (Šídová 2014). Abel et al. (2007) compared risk behaviour in persons in the sex business in New Zealand and found that persons working in the private sex business more frequently practise unprotected oral sex with clients, and persons working in the street sex business mention that they more often practise not only unprotected oral sex but also vaginal and anal sex. According to Kutálková et al. (2016), women entering the sex business are aware of the risks of sexually transmitted diseases. However, they face a big pressure from their clients to provide unprotected sexual services.

A significant risk connected with the sex business is also violence committed primarily by clients against female sex workers (Střelková and Poláková 2015). Chudakov et al. (2002), Farley et al. (2003), Kramer (2004) and Rössler et al. (2010) mention that women suffer many psychological problems and mental disorders resulting from the violence and mental stress connected with sexual work. We have found just one study, by the authors Roman et al. (2001), which did not find any evidence of the fact that working in the sex business increases mental diseases in adults, but there can exist some groups of female workers with certain psychological problems that are not specified in detail.

Psychological problems of women working in the sex business

There are many studies dealing with the psychological problems of women working in the private sex business. There are differences in the mental stress and mental conditions of women working in all forms of the sex business (Weitzer 2009). Seib et al. (2009) divided the mental condition of women working in the sex business into some groups in their research carried out in Australia: women working in licensed night clubs as entrepreneurs and women working illegally. Mental health in illegally working women was four times worse, which is in the author's opinion connected with the specific social background of this group.

Women working in the sex business suffer many psychological problems. The first problem is emotional exhaustion. Vanwesenbeeck (2005) mentions that more than half of the questioned women working in the sex business ($n = 96$), i.e. 53%, were emotionally exhausted, and he saw the explanation in lack of support, negative social reactions and negative work motivation. Young et al. (2000) and Kramer (2004) mention that women working in the sex business ($n = 199$) use narcotics with the aim to cope with privation and emotional tension due to the character of their work.

The second mental problem is frequent helplessness and depression. Flower (1998) writes about women feeling worthlessness and helplessness, low self-confidence and especially depression. These feelings have brought them to a life full of despair and emptiness because they are alone, unwanted or unloved. As stated in the research by Chudakov et al. (2002), 19% ($n = 55$) of the interviewed women working in the sex business may have had clinical depression. Depression is a state of mind characterized by excessive sadness (Vokurka et al. 2004). Goetz (2005) characterizes depression as the deterioration of the emotional condition of steady character connected with the negative influence of other mental functions (thinking, concentration, memory, motivation, etc.) and somatic functions (fatigue resistance, nutrition, sleep, etc.). Depression closely relates to suicidal tendencies because, for example, research carried out by Flower (1998) showed that more than half of the questioned women working in the sex business had tried to commit a suicide.

Another mental problem that most often occurs in women working in the sex business is posttraumatic stress disorder (PTSD). Posttraumatic stress disorder relates not only to the above-mentioned sexual violence but also to sexual abuse in childhood or physical and mental abuse (Epstein et al. 1997, Roman et al. 2001, Hrabětová 2009). According to the study carried out by the authors Choi et al. (2009) with a research sample of 46 women in South Korea, women working in the sex business show a higher predisposition to PTSD than the control group. A study ($n = 100$) carried out in Canada by Farley et al. (2005) shows that 82% of the respondents (women

working in the sex business) experienced sexual abuse in their childhood, 72% stated that they were physically abused in their childhood, 90% were attacked while working in the sex business and 78% were raped. 72% of the respondents fulfilled the criteria for posttraumatic stress disorder according to the Diagnostic and statistical manual of mental disorders (DSM-IV). Similar results, especially regarding fulfilment of the PTSD criteria, can be found in the early study carried out in California, USA ($n = 130$) by Farley and Barkan (1998) and in the study ($n = 100$) of Valera et al. (2001) in which the authors even involved men and transgender men working in the sex business in the study. Compared to that, Chudakov et al. (2002) stated that “only” 17% of 55 women working in sex business fulfilled the PTSD criteria. MacKinnon (2007) states that the prevalence of posttraumatic stress disorder in women working in the sex business moves between 78–80%, so there is a much higher occurrence of this disorder than in veterans who participated in the Vietnamese war.

An associated disorder that often accompanies posttraumatic stress disorder is a dissociative disorder (Ross et al. 2004). A dissociative disorder is a disease in which a person experiences unbearable emotion, memories or thoughts that are dissociated from the conscious part of psyche and form the basis for other mental and physical symptoms (Herman et al. 2008). According to the case study by Napoli et al. (2001) we can assume that a dissociative disorder in persons working in the sex business is a result of sexual abuse in childhood or a defensive reaction to their job. Dissociative disorders in persons working in the sex business were also examined by Yargic et al. (2000), Cooper et al. (2001) and Gajic-Veljanoski and Stewart (2007).

Psychological problems are connected not only with women working in the sex business but also women who have already

left it. We can read in a study by the authors McClanahan et al. (1999) that there exists a certain connection between the journey on which the women entered the sex business and their state of mind when they left it. Jung et al. (2008) mention that the “ex-prostitutes” have significantly higher problems with stress reactions, somatisation, depression, fatigue, frustration and problems with alcohol and smoking, and more frequent PTSD symptoms than other women. The mental condition of a woman even relates to whether she entered the sex business voluntarily or by force, because for example Tomeš et al. (2016) state that women working under force have restrained individual freedom, they can be threatened in various ways and their mental health is endangered in all cases. Therefore these women should be professionally treated even after leaving the sex business, because they often have the above mentioned deeply disturbed relationships to their surroundings or social network (Hedin and Mansson 2004).

CONCLUSION

In the study we tried to summarize the available professional information on the psychological condition or psychological problems of women working in the sex business. Women earning money in this way face many problems – from depression to posttraumatic stress disorder. It is not only during performance of this work; mental problems often persist after leaving the job. Therefore it is very important that organizations focused on this target group deal not only with the health but also the psychological problems of these women. This would guarantee the complexity and effectiveness of their work.

CONFLICT OF INTERESTS

The authors have no conflict of interest to disclose.

REFERENCES

1. Abel G, Fitzgerald L, Brunton Ch (2007). The impact of the prostitution reform act on the health and safety practices of sex workers. Christchurch: University of Otago.
2. Baral S, Beyrer C, Muessig K, Poteat T, Wirtz AL, Decker MR et al. (2012). Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. *The Lancet Infectious Diseases*. 12/7: 538–549.

3. Barry K (1984). *Female sexual slavery*. New York: University Press.
4. Chmelík J et al. (2004). Mravnost, pornografie a mravnostní kriminalita [Morality, pornography and moral criminality]. Praha: Portál (Czech).
5. Choi H, Klein C, Shin MS, Lee HJ (2009). Posttraumatic Stress Disorder (PTSD) and Disorders of Extreme Stress (DESNOS) symptoms following prostitution and childhood abuse. *Violence Against Women*. 15/8: 933–951.
6. Chudakov B, Ilan K, Belmaker RH, Cwikel J (2002). The motivation and mental health of sex workers. *Journal of Sex and Marital Therapy*. 28/4: 305–315.
7. Cooper BS, Kennedy MA, Yuille JC (2001). Dissociation and sexual trauma in prostitutes: Variability of responses. *Journal of Trauma and Dissociation*. 2/2: 27–36.
8. Epstein JN, Saunders BE, Kilpatrick DF (1997). Predicting PTSD in women with a history of childhood rape. *Journal of Traumatic Stress*. 10/4: 573–588.
9. Farley M, Barkan H (1998). Prostitution, violence and posttraumatic stress disorder. *Women and Health*. 27/3: 37–49.
10. Farley M, Cotton A, Lynne J, Zumbek S, Spiwak F, Reyes ME et al. (2003). Prostitution and trafficking in 9 countries: update on violence and posttraumatic stress disorder. *Journal of Trauma Practice*. 2/3–4: 33–74.
11. Farley M, Lynne J, Cotton AJ (2005). Prostitution in Vancouver: violence and the colonization of First Nations women. *Transcultural Psychiatry*. 42/2: 242–271.
12. Flowers RB (1998). *The prostitution of women and girls*. Jefferson: McFarland.
13. Gajic-Veljanoski O, Stewart DE (2007). Women trafficked into prostitution: determinants, human rights and health needs. *Transcultural Psychiatry*. 44/3: 338–358.
14. Goetz M (2005). Deprese u dětí a adolescentů [Depression in children and adolescents]. *Pediatric pro praxi*. 6: 271–274 (Czech).
15. Hedin UC, Månsson SA (2004). The importance of supportive relationships among women leaving prostitution. *Journal of Trauma Practice*. 2/3–4: 223–237.
16. Herman E, Hovorka J, Praško J, Nežádal T, Bajaček M, Doubek P (2008). Disociativní poruchy v praxi [Dissociative disorders in praxis]. *Psychiatrie pro praxi*. 9/6: 277–282 (Czech).
17. Hrabětová J (2009). Psychologie oběti [Psychology of a victim]. *Littera Scripta*. 2/1: 141–149 (Czech).
18. Jeal N, Salisbury C (2007). Health needs and service use of parlour-based prostitutes compared with street-based prostitutes: a cross-sectional survey. *An International Journal of Obstetrics & Gynaecology*. 114/7: 875–881.
19. Jung Y-E, Song J-M, Chong J, Seo H-J, Chae J-H (2008). Symptoms of posttraumatic stress disorder and mental health in women who escaped prostitution and helping activists in shelters. *Yonsei Medical Journal* 49/3: 372–382.
20. Kajanová A, Mutlová M (2012). Prostituce jako profese (pohled žen pracujících v sex businessu) [Prostitution as a profession (view of women working in sex business)]. *Kontakt*. 14/2: 171–176 (Czech).
21. Kempadoo K, Doezema J (1998). *Global sex workers: rights, resistance, and redefinition*. New York: Routledge.
22. Kramer LA (2004). Emotional experiences of performing prostitution. *Journal of Trauma Practice*. 2/3–4: 186–197.
23. Kutálková P et al. (2016). Tak tohle ne! Analýza násilí v sex businessu a jeho řešení [So this not! Analysis of violence in sex business and its solution]. Brno: Rozkoš bez rizika (Czech).
24. MacKinnon CA (1993). Prostitution and civil rights. *Michigan Journal of Gender and Law*. 13/1: 13–31.
25. MacKinnon CA (2007). *Sex equality*. New York: Foundation Press.
26. McClanahan SF, McClelland GM, Abram KM, Teplin LA (1999). Pathways into prostitution among jail detainees and their implications for mental health services. *Psychiatric Services*. 50/12: 1606–1613.
27. Ministerstvo vnitra České republiky [Ministry of Interior of the Czech Republic] (2016). Prostituce – Prostituční scéna [Prostitution – prostitution scene]. [online] [cit. 2016-09-25]. Available from: <http://www.mvcr.cz/clanek/prostituce-prostitutcni-scena.aspx> (Czech).
28. Napoli M, Gerdes K, DeSouza-Rowland S (2001). Treatment of prostitution using integrative therapy techniques: a case study. *Journal of Contemporary Psychotherapy*. 31/2: 71–87.
29. Nussbaum M (1999). *Sex and social justice*. Oxford: Oxford University.

30. Romans SE, Potter K, Martin J, Herbinson P (2001). The mental and physical health of female sex workers: a comparative study. *Australian and New Zealand Journal of Psychiatry*. 35/1: 75–80.
31. Ross CA, Farley M, Schwartz HL (2004). Dissociation among women in prostitution. *Journal of Trauma Practice*. 2/3–4: 199–212.
32. Rössler W, Koch U, Lauber C, Hass AK, Altwegg M, Ajdacic-Gross V, Landolt K (2010). The mental health of female sex workers. *Acta Psychiatrica Scandinavica*. 122/2: 143–152.
33. Rozkoš bez rizika [Passion without a risk] (2015). Výroční zpráva 2015 [Annual report]. [online] [cit. 2017-02-27]. Available from: <http://www.rozkosbezrizika.cz/ke-stazeni/vyrocní-zpravy/soubory/vyrocní-zpravy/vyrocka-rr15-web-pdf/detail> (Czech).
34. Scott SM, Dedel K (2006). Street prostitution. Other problem-oriented guides for police. Office of Community Oriented Policing Services, U. S: Department of Justice.
35. Seib Ch, Fischer J, Najman JM (2009). The health of female sex workers from three industry sectors in Queensland, Australia. *Social Science and Medicine*. 68/3: 473–478.
36. Šídová L (2014). Sex business nerovná se násilí. Přítomnost násilí v sex businessu a možnosti jeho eliminace [Sex business does not equal violence. Presence of violence in sex business and possibilities of its elimination]. In: Kutálková P, Kobocová L (Eds). *Sexuální násilí. Proč se nikdo neptá? [Sexual violence. Why nobody asks?]* Praha: In IUSTITIA, o. p. s., pp. 181–197 (Czech).
37. Šídová L, Poláková J, Malinová H (2014). Ze sex businessu na trh práce? Přenos znalostí v oblasti legálního uchopení prostituce a jeho dopad na trh práce [From sex business to labour market? Transfer of knowledge in the sphere of legal understanding of prostitution and its impact on labour market]. Praha: Rozkoš bez rizika (Czech).
38. Střelková M, Poláková J (2015). Reflexe násilí v sex businessu a možnosti řešení [Violence in sex business and possible solution]. [online] [cit. 2016-08-16]. Available from: <http://socialniprace.cz/zpravy.php?oblast=1&clanek=763> (Czech).
39. Teryngel J (1991). Podnikání, právo, sex a erotika [Business, law, sex and erotics]. Praha: Nuga (Czech).
40. Tomeš I et al. (2016). Sociální právo České republiky [Social law of the Czech Republic]. Praha: Wolters Kluwer (Czech).
41. Trávníčková I (1995). Prostituce jako jedna z možných aktivit organizovaného zločinu [Prostitution as one of possible activities of organised crime]. Praha: Institut pro kriminologii a sociální prevenci (Czech).
42. Truong TD (1990). Sex, money and morality: The political economy of prostitution and tourism in South East Asia. London: Zed Books.
43. Valera RJ, Sawyer RG, Schiraldi GR (2001). Perceived health needs of inner-city street prostitutes: a preliminary study. *American Journal of Health Behavior*. 25/1: 50–59.
44. Vanwesenbeeck I (2005). Burnout among female indoor sex workers. *Archives of Sexual Behavior*. 34/6: 627–639.
45. Vokurka M, Hugo J et al. (2004). Velký lékařský slovník [Big medicine dictionary]. Praha: Maxdorf (Czech).
46. Weitzer R (2009). Sociology of sex work. *Annual Review of Sociology*. 35: 213–234.
47. Yargic LI, Sevim M, Arabul G, Ozden SY (2000). Childhood trauma histories and dissociative disorders among prostitutes in Turkey. In: *Proceeding of the Annual Conference of the International Society for the Study of Dissociation*. San Antonio, Texas, USA.
48. Young MA, Boyd C, Hubbell A (2000). Prostitution, drug use, and coping with psychological distress. *Journal of Drug Issues*. 30/4: 789–800.

Contact:

doc. PhDr. Alena Kajanová, Ph.D., University of South Bohemia in České Budějovice,
Faculty of Health and Social Sciences, Institute of Social and Special-paedagogical Sciences,
Jírovcova 1347/24, 370 04 České Budějovice, Czech Republic
Email: kajanova@zsf.jcu.cz