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Most literature suggests that at least half of those who engage in prostitution have a history of physical or sexual abuse. Individuals who have experienced trauma are constantly re-traumatized during their sex work. Standard procedures used in arrests of people engaging in prostitution can have profoundly triggering effects on individuals with histories of trauma. To reduce re-traumatization and promote rehabilitation, it is critical to create trauma-informed practices within law enforcement and the criminal justice system to better serve individuals arrested for prostitution. Specific trauma-informed training for law enforcement officers and legal counsel staff who work with people charged with prostitution can be created using components from several existing trauma-specific models which this paper will address in detail.

INTRODUCTION

With the creation of websites and apps like Eros, Backpages, The Erotic Review, and Sugar Sugar, prostitution, the type of sex work where one performs sexual acts for compensation (Hutto & Faulk, 2000), has shifted from the streets to indoor locations such as massage parlors, residential brothels, hotels, and strip clubs (Farley, Franzblau, & Kennedy, 2013). Even though there are new websites that help buyers and sellers meet, prostitution is still illegal in all but two states. According to Federal Bureau of Investigation arrest statistics, approximately 57,000 people were arrested for prostitution in 2012 (National Center for Juvenile Justice, 2014).

With the use of new websites and apps, the field of prostitution has become easier to enter; all one needs is a computer and a few photos to begin such work. As a result, only 10 to 20% of all those who engage in prostitution today in the United States meet buyers, or johns, on the street as opposed to online (Weitzer, 2012). Regardless, the constant threat of physical and emotional harm caused by the industry exist no matter where and how prostitution takes place (Hutto & Faulk, 2000; Farley, Cotton, Lynne, Zumbeck, Spiwak, Reyes, Alvarez, & Sezgin, 2008). Most literature suggests that at least half of those who engage in prostitution have a history of physical or sexual abuse (Silbert & Pines, 1982). Trauma-focused programs need to be implemented in the criminal justice system as an effort to prevent the re-traumatization of these individuals.

CASE STUDY

Hailey, a 22-year-old female who describes her childhood as “awful,” experienced events that “no child should ever have to experience.” Hailey grew up with her mother and two siblings in the “projects”. Her mother was an alcoholic and crack cocaine user. Child services were called to the home several times, but Hailey and her siblings lied about their mother’s substance abuse to avoid being taken away. Hailey’s mother was physically and emotionally abusive and neglectful towards her children. Hailey was sexually abused by a relative from the ages of 10 to 12. She ran away from home at 16 and lived on the street where other homeless juveniles introduced her to prostitution. Hailey reports that she has been working as a prostitute for six years. During this time, she has been raped on multiple occasions and stabbed and left for dead. She has been diagnosed with complex posttraumatic stress disorder (PTSD), schizoaffective disorder, and depression.

Hailey has been posting ads on Backpages to find potential johns. One night, Hailey was hired by an anonymous man, and she agreed to meet him at his hotel room. Upon entering the room, the man asked Hailey to undress. While she undressed, the man discussed the sex acts he wanted to engage in, in graphic detail. Immediately after Hailey undressed, several undercover police officers burst through the door and pushed Hailey, only in her underwear, to the ground, causing her to get a bloody lip. They put her in handcuffs and walked her out of the hotel. While putting Hailey in their van, the officers laughed and called her derogatory names. When she asked if the handcuffs could be loosened because they were hurting her wrists, they ignored her requests and said, “Shut up and do not speak until spoken to.”

CLINICAL WORK

I met Hailey while I was working as a counselor for individuals charged with prostitution at an alternative sanctions court program in Midtown Manhattan. Hailey’s story was not unique. Even though the specific circumstances my clients found themselves in varied, most of them experienced a great deal of trauma before and during their time engaging in prostitution. While I had expected to hear stories about neglect, abuse, and childhood sexual assault, I was surprised to learn about the re-traumatization they endured during the process of their arrests and court hearings. During one of my first meetings with my supervisor, I expressed how shocked I was at the number of clients I met who identified their arrests as re-traumatizing. She stated that this was an extremely common occurrence for the people we served (M. Goodman, personal communication, July 12, 2016).

In most states and courts, a prostitution offense comes with fines and/or jail time. However, the court where I worked offered individuals an alternative sanction: an option to meet with a therapist for five counseling sessions. This option was the

1 Client’s name was changed for anonymity. Client was arrested for prostitution and mandated to five counseling sessions with a social worker at Midtown Community Court, an alternative sanctions court, in exchange for a dismissal of her charges.
preferred choice for many people convicted of prostitution. According to the United States Department of Justice's Bureau of Justice Statistics, 43,190 women and 19,480 men were arrested for prostitution in 2010 alone (Snyder, 2012). In an effort to better serve these individuals, it is useful to understand their common life experiences. With a better understanding of these experiences, more tailored criminal justice programs can be put into place to help individuals avoid re-traumatization during the processes of being arrested, detained, and going through court proceedings.

**LIFE EXPECTATIONS AND PROSTITUTION**

**MOTIVATION AND PREDISPOSING FACTORS**

When designing programs to prevent the re-traumatization of survivors of violence, it is imperative to think about the impact of predisposing factors such as abuse. 55 to 90% of those working in prostitution report a history of childhood sexual abuse (Belton, 1992; Farley & Barkan, 1998; Simons & Whitbeck, 1991). Silbert and Pines (1982) found that 62% of a sample of women working as prostitutes had experienced physical child abuse; 60% were survivors of incest and sexual abuse from the ages of three to sixteen, and 70% reported past emotional abuse. In a study of 130 people working as prostitutes in San Francisco, 57% reported that they had been sexually assaulted as children, and 49% reported that they had been physically assaulted as children (Farley & Barkan, 1998). Similarly, Silbert and Pines (1981) noted that 60% of the prostitutes interviewed in their study had experienced childhood sexual abuse, and Bagley and Young (1987) found that 73% of their sample of former prostitutes in Canada encountered sexual assault as children. In addition to physical and sexual abuse, parental neglect, problems in the home, and unsatisfactory filial relationships have all been noted as factors that predispose people to entering the field of sex work (Choisy, 1961; Maerov, 1965; Esselstyn, 1968; Davis, 1971; Gray, 1973).

While studies correlating the sexual abuse and sex work are numerous, contemporary social work scholars should ask the following question: what in particular about childhood abuse leads some people to work in prostitution? To answer this question, one must be able to understand the dynamics of sexual abuse and the feelings that accompany such violence.

**GROOMING**

Most sexual abuse is defined by a gradual process in which perpetrators gain the trust of the person they are targeting and his or her caregivers by “grooming” them. This process begins when an abuser identifies a victim, builds rapport with them, and breaks down their defenses (National Center for Victims of Crime, 2012). After the perpetrator gains access to the person they are targeting by creating a false sense of trust, they initiate sexual contact with the victim. There are several reasons abusers are able to specifically exploit children, the main one being that they hold the power in the relationship based on their adult status, experience, size, and strength (National Center for Victims of Crime, 2012). The process of grooming helps the abuser acquire continuous contact with the victim and develop a relationship grounded in secrecy (McAlinden, 2012). This secret relationship may cause the survivor to feel “dirty,” guilty, or ashamed (Munro, 2012).

Research reveals that the experience of sexual abuse often dominates a person’s identity and significantly informs how they experience and perceive the world (Bass & Davis, 1988). Identity constructions associated with abuse include themes of invisibility, inherent badness, guilt, and shame (Bass & Davis, 1988; Courtois, 1988; Matsakis, 1996). Those who work in prostitution feel a lack of identity and power; this perception of inadequacy often guides an individual into sex work (Silbert & Pines, 1982). Accordingly, engaging in sex work is often how a prostitute forms their identity after experiencing a loss of power due to childhood abuse (Silbert and Pines, 1982). Some children and adolescents run away from home to escape the hands of abusers, and living on the street makes runaways more susceptible to being swept up in the world of sex work (Walker & Quraishi, 2014; Kramer, 2003).

**RE-TRAUMATIZATION**

**RE-TRAUMATIZATION DURING PROSTITUTION**

Individuals who have experienced trauma are constantly re-traumatized during sex work (Hutto & Faulk, 2000). Numerous studies have found that people who work as prostitutes are frequently raped and physically assaulted (Farley, et al., 2003; Hunter, 1994; Miller, 1995; Silbert & Pines, 1982). Silbert and Pines (1982) reported that 70% of women were raped while engaging in prostitution, with 65% having been physically assaulted by customers. Farley and Barkan (1998) found that of 130 people working as prostitutes in San Francisco, 82% had been physically assaulted and 68% had been raped while working. In a study of 854 people working as prostitutes in nine different countries, it was found that 71% were physically assaulted and 63% were raped while engaging in prostitution (Farley, Cotton, Lynne, Zumbeck, Spiwak, Reyes, Alvarez, & Sezgin, 2008). Miller (1985) concluded that 94% of those working in street prostitution have experienced sexual assault and 75% have been raped by one or more johns. Furthermore, Giobbe (1993) found that customers use methods of coercion and control, including minimization and denial of physical violence, verbal abuse, threats and intimidation, physical violence, sexual assault, and captivity.

People who work in prostitution commonly report feeling sadness, shame, anger, worthlessness, and anxiety (Kramer, 2003; Valera, et al., 2001). Sex workers may also experience mental health problems such as depression, a lack of memory, and suicidal ideation (Valera et al., 2001). Farley, Baral, Kiremire, and Sezgin (1998) found that of 475 individuals working in prostitution, 67% met diagnostic criteria for PTSD, and the mean PTSD severity in the sample was even higher than that found in treatment-seeking Vietnam veterans in the United States. Similarly, in an extension study performed ten years later, Farley, et al. (2008) found that of 854 people working in prostitution, 68% met diagnostic criteria for PTSD. In
both studies, high rates of experiencing physical and sexual violence from involvement in prostitution were also reported. The severity of PTSD symptoms has been strongly associated with the number of different types childhood trauma, family instability, and lifetime sexual and physical violence experienced by sex workers (Farley et al., 2008; McKenzie, Marks, & LINESS, 2001), and the intensity of involvement in prostitution (Vanwesenbeeck, 1994).

RE-TRAUMATIZATION DURING CURRENT CRIMINAL JUSTICE PROCEDURES

The standard procedures used in arrests of people found to be engaging in prostitution can have profoundly triggering effects on individuals with histories of abuse, trauma, and mental illness. (Human Rights Watch, 1996). A trigger is something that sets off a memory or a flashback and mentally transports individuals back to the event of their original trauma (Herman, 1992). In addition to setting off triggers, custodial misconduct during arrest and detainment have been documented in many forms, including verbal degradation, rape, sexual assault, unwarranted visual supervision, denial of goods and privileges, and the use or threat of force (Human Rights Watch, 1996). Human Rights Watch (1996) explains that “grievance or investigatory procedures, where they exist, are often ineffectual, and employees continue to engage in abuse because they believe that they will rarely be held accountable, administratively or criminally”.

Many of the individuals I counseled while working at the community court spoke of similar problems with law enforcement. Some of the more commonly mentioned problems were related to their arrest, the processing procedures after they had been arrested, and their interactions with attorneys and judges. While the exact arrest circumstances varied from client to client, most individuals explained how police officers spoke down to and laughed at them, arrested and took them to the precinct while they were only partially clothed, and sexually harassed them. In addition, many of the people I saw spoke of being restrained tightly – to the point of having physical bruising, swelling, and pain.

After arrest, an individual is taken into police custody and “booked,” or “processed.” During booking, police officers ask personal questions, confiscate clothing and personal property, and complete a full body search of the person they have arrested (FindLaw, 2013). The purpose of this full body search is to discover contraband that may be hidden in one’s body, and requires the removal of all clothing and a full visual inspection of all body parts (Drapkin, 2011). After this process, the person is placed in a holding cell to await trial or the posting of bail (FindLaw, 2013). The process of being booked can be very triggering for someone who has a history of abuse or assault. One client spoke of her experience while in the booking area and awaiting trial as feeling “like I was a kid again, being yelled at and beaten by my father. I had to just stand there and do what I was told while I was berated. It was a terrible experience.”

Another possible trigger point could occur when clients interact with their legal counsel. Several clients told me they felt their counselor did not listen to what they said, their questions were never answered, and they were told what they should plead. They often did not even have the contact information or name of their attorney.

IMPORTANCE OF TRAUMA-INFORMED CARE

These issues have implications for service providers, correctional administrators, and court staff. In an effort to reduce re-traumatization and help promote rehabilitation, it is critical to create a trauma-informed practice mandate within law enforcement and the criminal justice system to better serve individuals arrested for prostitution. According to the Substance Abuse and Mental Health Services Administration’s National Center for Trauma-Informed Care (SAMSHA’s Trauma and Justice Strategic Initiative, 2014), this form of care is an approach that recognizes the presence of trauma symptoms in clients and acknowledges the role that trauma has played in their lives. Trauma-informed practice, which is a strengths-based approach, is a treatment framework that responds appropriately to the effects of all types of trauma and examines how services are delivered and the ways in which service systems are organized (SAMSHA’s Trauma and Justice Strategic Initiative, 2014).

Incorporating trauma-informed practice into current law enforcement systems will help clients feel safe and empowered, and doing so will prevent re-traumatization. Trauma-informed practices enable sex workers to begin to regain control of their lives and validate their experiences.

RELATED POLICY RECOMMENDATIONS

The high percentage of those arrested for prostitution who have experienced trauma suggests that the triggering ways in which people are arrested, questioned, booked, and counseled directly impact the experience of perpetuated psychological harm for many individuals. According to Munetz and Griffin (2006), there are several intercept points where trauma-informed practices can be implemented, as explained in Figure 1. With the increase in alternative sanctions court programs that provide different sentencing options to incarceration, the first and second interception points are of the most interest because they happen regardless of whether or not court programs are implemented.

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2 Alternative sanctions, also known as “intermediate sanctions,” “intermediate punishments,” and “sentencing alternatives,” usually include probation, community service, fines, restitution, and rehabilitative programs, with the exact range of alternative sentencing options varying by jurisdiction. These alternative sanction programs may offer interventions that give individuals a chance to understand the impact of trauma in their lives, heal, and learn to thrive despite past wounds. However, although these types of programs have been found to be more helpful than jail time in terms of rehabilitation and lower numbers of recidivism, they do not help with the re-traumatization a person may encounter during the actual arrest, initial detainment, and court hearings (Yan, 2015).
At the first intercept, to create a more trauma-informed process, mental health professionals and law enforcement should work together to meet, evaluate, and refer a person to mental health treatment. After the second intercept, a more trauma-informed process could include screening for trauma, mental health and/or substance use prior to the initial hearing. Questions for those arrested could be formulated in trauma-specific formats, such as “What happened to you?” Deferred prosecution, deferred sentencing, or probation could be used as diversion instead of jail time and/or fines. There are also several ways trauma-informed practices can be utilized during booking processes, or the third intercept. To become more trauma-informed, the officers completing these processes should explain what will happen during the full body search before and while the search is happening. Additionally, if an officer notices that an individual is frightened or not responding, the officer should take extra steps to bring the individual back to the current moment by offering grounding techniques to them. Grounding techniques help a person reorient to the present situation if he or she is intensely anxious or feeling triggered and dissociated from the current environment (Cordes, 2014). Some easy grounding techniques include instructing the person to concentrate on his or her breathing and reminding them to take deep breaths, or asking the person to name things they see in their surroundings (Quayle, 2015). Jails should also avoid the use of restraints and seclusion, which could also be triggering for people with histories of trauma.

Because such a high percentage of those arrested for prostitution have backgrounds rooted in trauma, ways to ensure psychological and physical safety must be provided. Specific trauma-informed training for law enforcement officers and legal counsel staff who work with people charged with prostitution can be created using components from several existing trauma-specific models including Seeking Safety, Risking Connection, and The Forensic Experiential Trauma Interview (FETI). In addition to providing trauma-focused procedures and protocols to staff, these models can also be used to create new specific trauma-focused interventions.

**SEEKING SAFETY**

Seeking Safety is an evidence-based counseling model that was created to help people attain safety from trauma and/or substance abuse (Najavits, 2002). Any provider can conduct it, even without formal training, as it is easily accessible to practitioners. Specific components that may be most useful for working with people arrested for prostitution include getting to know individual clients and building rapport, understanding their case management needs, learning how to look for signs of danger and safety, and understanding PTSD and other long-term associated problems (Najavits, 2002).
RISKING CONNECTION

RISKING CONNECTION is another trauma-informed model aimed at mental health, public health, and substance abuse staff (Saakvitne, Gamble, Pearlman & Lev, 1999). There are several practitioner-specific adaptations of the model available, including ones for people who work in state and local agencies. RISKING Connection emphasizes the concepts of empowerment, connection, and collaboration. This model provides a framework to guide sessions with survivors of traumatic abuse and specific intervention techniques to use. It also includes five separate modules, one of which covers understanding trauma and the effects of traumatic events on human adaptation. RISKING Connection also includes a 10-step program for crisis intervention (Saakvitne, Gamble, Pearlman & Lev, 1999).

THE FORENSIC EXPERIENTIAL TRAUMA INTERVIEW (FETI)

According to Police Commissioner James O’Neill, New York Police Department (NYPD) trafficking investigators are currently being trained in FETI techniques (Tcholakian, 2017). Commissioner O’Neill’s hope is that after learning FETI techniques, NYPD investigators will be able to interview trafficking survivors in ways that will help build and collect evidence for cases without further traumatizing the survivors (Tcholakian, 2017). Aspects of this program can help those who work with people in prostitution. FETI is used to help trauma victims feel safe and understood, to maximize recall, and to an overall enhancement of the investigative process overall by increasing victim cooperation and participation (Strand, n.d.). A portion of FETI training is geared towards helping the listener or interviewer learn skills that can help him or her demonstrate concern and empathy towards the interviewee. These skills are used to help foster a sense of psychological and physical safety during the interview process (Strand, n.d.).

CONCLUSION

It is important to note that more than half of sex workers engaging in prostitution report a history of childhood sexual abuse (Belton, 1992; Farley & Barkan, 1998; Simons & Whitbeck, 1991), and that such individuals who have experienced previous trauma are constantly re-traumatized while working (Hutto & Faulk, 2000). Moreover, numerous studies have found that people who work as prostitutes are frequently raped and physically assaulted (Farley, et al., 2003; Hunter, 1994; Miller, 1995; Silbert & Fines, 1982). Due to the fact that a large percentage of people working in prostitution have experienced sexual and physical abuse, it is important to put measures into place to try to prevent any further traumatization of this population. Trauma-focused programs need to be utilized in the criminal justice system to prevent further re-traumatization of individuals are arrested for prostitution. Elements from Seeking Safety, RISKING Connection, and FETI can be used to create more trauma-informed staff, practices and procedures.

REFERENCES


LEILA OSTAD-HASHEMI  Leila Ostad-Hashemi graduated from Rutgers College with a Bachelor of Arts degree in Psychology and minor in Biological Sciences. While at Rutgers College, she completed a honors research project examining the serotonin transporter gene and its relation to depression following trauma. She earned her Master of Science degree in Biomedical Science at the University of Medicine and Dentistry of New Jersey where she studied brain development following trauma. Currently, Leila is pursuing a Master of Science in Social Work degree at Columbia University School of Social Work with an Advanced Clinical Practice focus. While at CSSSW, Leila’s placements have been at the Federal Defenders of New York, Center for Court Innovation, and New York-Presbyterian/Cornell Medical Center. Throughout her placements, Leila has provided psychoeducation about trauma, case management, community outreach, and counseling. In her spare time, Leila enjoys volunteering with her therapy dog, Rufus, to provide comfort to those in need.