Commercial Sex Workers and Social Work Practice

BACKGROUND
Since the beginnings of our profession, social workers have worked with prostitutes and individuals engaged in commercial sex work. Sex work is a term coined within the past two decades that is inclusive of many activities in which resources are exchanged for sexual stimulation, gratification, or other sex acts (World Health Organization, 1994). The term sex work, or commercial sex work, is generally understood to include a wide range of behaviors and venues, such as stripping, street prostitution, brothel prostitution, paid domination, and sexual massage, among others (Network of Sex Work Projects, n.d.). For the purposes of inclusiveness, the term commercial sex work is used here to cover the gamut of people and situations related to this kind of work. Trafficking is another term often used interchangeably with forced prostitution, although trafficking is much broader than sexual trafficking and is defined by the United Nations as the illegal or illicit movement of people through force or coercion (2000). Trafficking is a separate issue that will not be addressed in this policy.

Multiple ideological and theoretical orientations have ruled social workers’ involvement with commercial sex workers, from desires to rescue “fallen women” from the clutches of male sexual aggression to some feminists’ belief that women control their own bodies and sexuality and should exercise these freedoms as they wish. In the 1800s, various charitable and church organizations would send “friendly visitors” to neighborhoods where sex work was alleged to be taking place. These missionaries saw their task as controlling male sexual aggression and protecting women from male sexual aggression because society did not have a place for women who had lost their virtue (Boyer, 1978; Rothman; 1978). These reformers rejected sexual liberalism; they believed such behavior always translated into the sexual exploitation of women.

With the onset of WWI, war propaganda stigmatized the prostitute as diseased and predatory: a woman who “could do more harm than any German fleet of airplanes” (Hobson, 1987, p. 165). Women engaged in settlement work and other types of community service were called upon to help fight the war of disease on the home front by operating “volunteer hostess clubs that offered wholesome entertainment near training camps; they acted as chaperones for servicemen and single women at public dances” (Hobson, p. 166).

During the 1920s, social workers tried to rehabilitate “fallen women” by changing their personalities through casework and therapy. Social workers used interventions that focused on the individual. The thinking, although flawed, was that as long as the causes of prostitution lay with the individual, then it could be eliminated if only all of the fallen women could be redeemed. For 40 years after WWI, the discourse on prostitution was largely shaped by psychiatrists who theorized that the causes of prostitution could be traced back to the individual neurotic, frigid, or masochistic female (Hobson, 1987). Not until the cultural and social protests of the 1960s and 1970s did prostitution again become an issue of sexual politics or social justice. Ever mired in controversy, however, discourse on commercial sex work would continue to stagnate and be dogged by conflicts in class and gender politics (Hobson). A huge gap exists in the social work literature on prostitution from the 1960s to the 1980s. Despite a call for more attention to diverse social issues—women’s rights and prostitution included—social work practice with commercial sex workers has remained focused on individual weaknesses.

In the 1970s, commercial sex workers around the world began organizing for safety and respect. Many commercial sex workers argued that it was their undocumented status that increased their vulnerability to violence, exploitation, and disease. With the rise of the HIV/AIDS epidemic in
the 1980s, commercial sex workers again became scapegoats for the spread of sexually transmitted diseases (Sacks, 1996). Many commercial sex workers are unable to enforce the use of condoms and therefore are at greater risk of HIV/AIDS and other sexual transmitted infections (WHO, 2001). Social workers in almost any setting may encounter commercial sex workers, but those active in needle exchange programs, substance abuse treatment programs, HIV/AIDS outreach programs, safer sex education and public health programs for people with HIV/AIDS have the most frequent contact. Although several of the sex worker-focused HIV/AIDS education programs and “John Schools” (diversion programs that educate men who are arrested for soliciting a prostitute) in the 1990s were organized and run by current and former commercial sex workers, some employ the services of social workers. NASW must adopt a policy that ensures that social workers bring their expertise to this area and continue to provide accessible services for commercial sex workers.

**ISSUE STATEMENT**

The pressing concerns about commercial sex work are nested within a broader cultural context of economic injustice and social inequality. The undocumented status of many commercial sex workers increases their vulnerability to violence, exploitation, and disease. Commercial sex workers, who are predominately female, are arrested ten times more often than their customers, who are predominately male (WHO, 2001). Female commercial sex workers of color are disproportionately targeted by law enforcement for prostitution regulation.

Violence is just one of the major problems for commercial sex workers. Although figures vary, an early study of violence against commercial sex workers indicated that 60 percent of the abuse against street prostitutes is perpetrated by clients, 20 percent by police, and 20 percent by domestic partners (Jaget, 1980). A more recent study of 130 street workers (most homeless) who engaged in prostitution or survival sex found that 80 percent had been physically assaulted (Farley & Barkan, 1998). Among sex workers seeking services to leave prostitution at the Council for Prostitution Alternatives (CPA), a Portland, Oregon, organization, 85 percent of prostitute and clients reported a history of childhood sexual abuse; 70 percent reported incest (CPA, 1991).

Substance abuse is another oft-cited concern for commercial sex workers. Studies in the United States have found prevalence rates of substance use and addiction up to 84 percent, depending on the exact population being studied (Alexander, 1987; Sloan, 1997; Weiner, 1996). In the United States and Canada, substance addiction is relatively common among street prostitutes who may engage in commercial sex work to support their drug habits (Cepeda & Valdez, 2003; Monroe & Sloan, 2004). In addition, some commercial sex work venues provide ready access to alcohol and other substances. Substance abuse is less common, however, among “off-street” and legal commercial sex workers in parts of Nevada and much of Canada.

The rate of HIV/AIDS and sexually transmitted infections (STIs) among commercial sex workers varies based on the rate of infection in the general population, venue, and, the type of sexual behavior in which the commercial sex worker engages. Commercial sex workers who are not able to enforce the use of condoms when engaged in high-risk behavior are placed at increased risk of HIV/AIDS and other STIs (WHO, 2001). The experience in many Asian countries suggests that strong anti-prostitution laws create barriers for commercial sex workers enforcing 100 percent condom usage programs (WHO, 2001). In Thailand, for example, 80 percent of men infected with HIV/AIDS are reported to have contracted the disease from commercial sex workers (WHO, 2001). By contrast, in New South Wales, Australia, where condom use is strongly enforced and the rate of HIV/AIDS is low in the general population, commercial sex workers have low rates of
HIV/AIDS and other STIs.

**POLICY STATEMENT**
Social workers, in our policies and Code of Ethics acknowledge: racism, sexism, and classism intersect in the lives of commercial sex workers violence is perpetrated against many individuals engaged in the commercial sex industry the need for women’s equality still exists commercial sex workers, like all people, have the right to dignity and self-determination. Social workers must hear and validate the voices of adult women and men who work, or have worked, as commercial sex workers. We must acknowledge that there is a continuum of experiences within the commercial sex trade industry, and by doing so we validate the reality of all people engaged in this work rather than circumscribe their experiences within a specific moral code.

**Dignity and Respect**
We believe that commercial sex workers, like all people, have the right to be treated with dignity and respect.

**Prosecute Violence Against Sex Workers**
We support vigorous enforcement of laws designed to protect individuals from violence. We acknowledge that commercial sex workers can be sexually assaulted and that they deserve protection. Commercial sex workers who encounter abuse at the hands of their partners, customers, or police should not be excluded from protection.

**Undocumented Status of Some Commercial Sex Workers**
We acknowledge that the arrest of commercial sex workers has resulted in their isolation, stigmatization, and increased vulnerability to violence and exploitation. Arrest of commercial sex workers reduces their access to education, housing, and health care services; their ability to secure employment; and their access to appropriate victim services and criminal justice response to criminal offenses committed against them.

**Condemnation of Forced Prostitution and Sexual Exploitation**

**Economic Justice, Employment and Education Opportunity, and Health Care**
We strongly believe that all individuals must be afforded economic justice, equal employment and educational opportunities, and access to health care (including mental health and substance abuse treatment). Only in this way would individuals have an array of viable options. We believe that there must be strong laws ensuring equal educational opportunities. We believe that affirmative action and antisexual harassment policies continue to be needed in the workplace and in education. Poverty and illiteracy must be eliminated.

**REFERENCES**
Francisco: Cleis Press.


World Health Organization, Regional Office for the Western Pacific. (2001). *Sex work in*