Sex trade workers: Special considerations in providing sexual assault care

By Elizabeth A. Scoffield, RN

Introduction

While certain areas of sexual offences in North America have been fairly well researched through victim surveys and police agency reporting, there remains a dearth of information about sex trade workers (STWs) who have been sexually assaulted. For instance, one study commissioned by the Canadian Centre for Justice Statistics examined 24,350 sexual assaults reported to Canadian police in 2002, classifying the victims according to a multitude of characteristics such as sex and race. However, it failed to delineate STWs who had been sexually assaulted, as "sex trade" was not recognized in the area of "occupation" (Kong, Johnson, Beattie, & Cardillo, 2003).

Similarly, a study of 1,488 sexual assaults reported to police in British Columbia between 1993 and 1994 failed to illustrate STW proportions because it did not include occupation as a qualifying characteristic (Ministry of Attorney General, 1997). Lowman and Fraser conducted a retrospective examination of Vancouver-based news media from 1964 to 1993 in order to understand this particular issue, but were unable to find any mention of violence toward prostitutes until 1975 (1995, p. 14), despite the fact that, during this time period, B.C.'s RCMP reported 47 cases of sexual assault on STWs, and the Vancouver Police Department recorded 22 similar assaults during a two-year period alone (Lowman & Fraser, 1995, p. 14).

While researchers have repeatedly identified common barriers to gathering information regarding STWs and sexual assault, such as failure to report and substance abuse, all too often sexual assault service providers fail to recognize and incorporate these circumstances when dealing with this unique population. What follows is an examination of why, in particular, STWs are more vulnerable to sexual assault than other groups, and how sexual assault service providers such as health care and legal professionals can integrate this information into providing a more tailored approach when dealing with this challenging subset.

Risk factors and failure to report

A study by the United States National Task Force on Prostitution showed that 32% of female STWs have had a customer attempt to rape them and 26% have been a victim of a completed rape (as cited in Rape Crisis Services, n.d.). The fact that STWs are at an increased risk for sexual violence is even more disconcerting given the link between sexual assault of STWs and murder. For example, the Homicide Survey conducted by Statistics Canada found that 184 out of a total of 6,714 homicides occurring between 1991 and 2001 in Canada were preceded by a sexual assault toward the victim, and that 27% of these victims were STWs (as cited in Kong et al., 2003, p. 5). Street prostitutes are at an even greater risk for violence because they are more likely to be targeted by men with the intention of violence or a combination of sex and violence, because they are easily visible, and because the offender knows that they are unlikely to be caught or prosecuted. In fact, 80% of the prostitutes murdered in British Columbia between 1975 and 1994 worked on the streets Canadian Medical Association, (2004), and according to a Colorado study of 1,969 women who were deceased from 1967 to 1999, prostitutes were nearly 18 times more likely to be murdered than women of similar age and race (Potterat et al., 2004).

Compared to other subgroups, STWs are much less likely to report a sexual assault to either health care or law enforcement groups. One contributing factor is that reported sexual assaults are cleared by police at a much lower rate than other violent offences. Kong et al. examined 27,094 sexual offences declared "founded" by police in 2002 and found that the clearance rate was only 44%, compared to 50% for other violent crimes (2003, p. 9). STWs are also less likely to report sexual assaults to police because they feel that they are not taken seriously; that many people in society have the attitude that STWs cannot really be victimized because they sell sex, or that the sexual assault of an STW is merely an "occupational hazard" (Substance Abuse). In one study, researchers found that 33% of STWs who were sexually assaulted did not report their victimization to police because they believed that the police would not be able to help them, and a further 18% felt that the police would not choose to help them even if they could (Kong et al., 2003, p. 6). Compounding the situation is the fact that "communicating" laws force STWs to conduct business hastily and in remote locations (Canadian Medical Association, 2004), and make it even less likely that STWs, particularly youths, will report a sexual assault for fear of going to jail (Lowman & Fraser, 1995, p. 14).

Many researchers have identified co-morbid diagnoses commonly found in STWs, such as acute and chronic post-traumatic stress disorder (PTSD), substance abuse, generalized anxiety disorder, mood disorders, and acute suicidality, which can impact their ability to seek out and complete sexual assault care (Farley, 2004; Campbell, Ahrens, Sefl, & Clark, 2003; Kurtz, Surratt, Inciardi, & Kiley, 2004, p. 357). For instance, one study by Farley et al. found that two-thirds of 854 female STWs in nine countries had symptoms of PTSD at a severity comparable to treatment-seeking combat veterans (as cited in Farley, 2004), and in a 1999 study, Norton-Hawk reported that between 68% and 80% of women prostituted in order to support their drug habit (as cited in Rape Crisis Services of Greater Lowell, n.d.).

Being "high" further compounds the risk of sexual assault because it impairs an STW's judgment (Lowman, 2000; Rape Crisis Services), as well as reduces their ability to maintain control of a situation (Kurtz et al., 2004, p. 376). Furthermore, substance use makes reporting and prosecuting sexual assaults more difficult because of problems with memory and fear of criminalization for using illegal substances (Rape Crisis Services of Greater Lowell).

Recommendations for care

By far, the most important point that providers of sexual assault services need to remember when dealing with STWs is that working in the sex trade is not a choice. The word "choice" implies that there are options from which one can choose and, as Farley (2004) points out, "The conditions that make genuine consent possible are absent from prostitution: physical safety, equal power with customers and real alternatives". The only difference between prostitution and other types of personal violence is the exchange of money for the abuse (Farley). Having said this, once a therapeutic relationship has been established, all victims of sexual assault should be asked about sex trade activity, especially more than once, since, according to Schwartz, an initial denial of prostitution is not unusual (as cited in Farley). Farley recommends asking questions such as "Have you ever exchanged sex for money, drugs, housing, food or clothes?" or "Have you ever worked in the sex industry: for example, dancing, escort, massage, prostitution, pornography or phone sex?". Once identified as an STW, sexual assault service providers can then move on to screening for co-morbid issues such as substance abuse, homelessness, and mental health issues, as well as provide tips for reducing victimization. Kurtz et al. (2004, p. 380) have identified strategies for reducing risk that sexual assault service providers can relay to STWs such as conducting the sexual act in the most public place possible, sharing information about "bad dates", carrying weapons, not carrying money or drugs on them while working, and delaying drug use until after work in order to increase their judgment and ability to maintain control. Unfortunately, the latter may be difficult for the STW, since many require intoxication in order to perform the sexual act (Kurtz et al., 2004, p. 381).

Meanwhile, participants in Lowman and Fraser's 1995 (p. 14) survey of Vancouver STWs further suggested that the best way to minimize violence against street STWs would be to provide safe and affordable housing, food, money, and daycare, and 85% of the STWs identified the need for increased detox units. As front-line care providers, sexual assault nurse examiners, emergency room nurse, social workers, and victim's services organizations can be instrumental in providing assistance in these areas. Another study conducted by Zweig, Schlichter, and Burt (2002, February, p. 168) found that the most commonly cited barrier to care for STWs was the fact that STWs felt that the "system" tends to blame them for their victimization and, thus, takes them less seriously than others. Again, interacting with the STW with an attitude of acceptance and non-judgment is one of the greatest tools for empowerment that the sexual assault care provider can utilize.

Summary

It is clear that sexual assault and violence toward STWs is a complex social and criminal issue whose solution is way beyond the scope of this discussion. Yet, one cannot ignore that there are special considerations for STWs who are sexually assaulted, such as concomitant social problems, as well as societal views about their "occupation" that affect their likelihood to initiate and follow through with investigation and treatment. It is especially important that sexual assault care providers provide appropriate after-care for STWs because, as Kurtz et al. (2004, p. 379) point out, "they are a loosely knit collection of people" who, unfortunately, do not belong to any community that can provide them with support. Therefore, it is critical that sexual assault care providers be aware of these particular challenges and incorporate them into their interactions with members of this special population. It is only through non-judgmental and empathic care by the health and legal systems that STWs can develop strategies to minimize the impact of victimization and the risk for re-victimization.

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About the author

The author, Elizabeth A. Scoffield, RN, has been a critical care nurse for 23 years, working in emergency for the past 17 years. She is currently employed as a sexual assault nurse examiner at Surrey Memorial Hospital and is a staff nurse in the Emergency Department and a Site Leader at Royal Columbian Hospital. Elizabeth is pursuing her BSc in criminology at Simon Fraser University.