

Breaking down the barriers: A study of how women exit prostitution

Executive Summary

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Breaking down the barriers: A study of how women exit prostitution

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Key findings:

1. The vast majority of women in the sample who wanted to exit were able to leave prostitution relatively quickly when they received appropriate support.
2. Having a criminal conviction was identified as a major barrier to exiting. 49% of the women had criminal convictions for prostitution related offences.
3. Women involved in indoor prostitution faced a range of barriers to exiting including, problematic alcohol and drug use (61%), housing (55%), childhood violence (67%).
4. Violence from buyers was frequently reported as a motivating factor for women to exit from prostitution. 61% of women in the sample reported experiences of violence from buyers of sexual services.
5. Providing dedicated support to help women who want to exit was found to be an extremely cost-effective way of preventing further physical or emotional harm associated with their continued involvement in prostitution.
6. Services that provide support to women in prostitution should ensure that the support they offer doesn't just help to maintain women in prostitution but proactively seeks to assist them to exit and rebuild their lives.

Executive summary

This research demonstrates that women can and do wish to leave prostitution. This is the case for women involved in on-street and off-street locations. There are striking similarities between the circumstances of women in both groups.

This report is the result of a joint Eaves and London South Bank University (LSBU) two-year research project to assess the effectiveness of different interventions designed to support women who want to leave prostitution, including those involved on-street, off-street and those trafficked into prostitution¹. Its goal is to understand the nature, scope and efficacy of existing approaches to exiting prostitution with the aim of promoting a sustainable, nationwide framework of good practice. An additional outcome of the research has been to develop a better understanding of the complex realities of these women's lives, their needs, the context in which choices are made, and their motivations to exit. The research aimed to investigate:

1. Which initiatives and interventions work best for which groups of women involved in prostitution?
2. What specific conditions and motivations affect women's capacity to benefit from exiting interventions and what is the process of change in this respect?
3. What role does peer involvement play in supporting women to exit², and how effective is it?

¹ This sample, although sizeable in terms of qualitative research, cannot be considered to be representative of all women involved in on or off-street prostitution in the UK. Thus, all percentages used within this report are for illustrative purposes only, should be treated with caution and not quoted or used out of context

² The emphasis on peer support evolved during the course of this project. The issue of informal support during research will be further explored in subsequent publications.

Exiting: the need for services

This research has found that there is a need for formal exiting services to help women out of prostitution and that exit is achievable. Women can and do wish to leave prostitution and express the need for both formal and informal forms of support to do so. This is the case for women involved both on and off-street.

The similarities between the on-street and off-street sample in terms of life histories and routes into prostitution; violence, abuse and coercion during prostitution; and the barriers to exiting are notable within the sample. Concern has long been focused on on-street (as opposed to off-street) prostitution, which perpetuates the entrenched view that those selling sex from brothels, including private flats, saunas and massage parlours are largely unharmed or not in need of support to exit.

Concerns from support projects and other stakeholders regarding the relative lack of specialist knowledge and dedicated services focused on exiting, call into question the commitment from government and policy makers to support women out of the sex trade.

Findings from this research suggest that much can be done to improve the lives of women and assist their exit from prostitution despite the lack of available resources at local and central governmental level. Policy makers, practitioners and activists are urged to listen to the voices of the women who gave their time and commitment to this project and to respond accordingly.

Methodology

The research took a mixed methodological approach incorporating a wide range of quantitative and qualitative methods. The research involved in-depth interviews with adult women involved in or exiting prostitution and formerly trafficked women; interviews with practitioners and other professionals with a remit for working with women involved in prostitution; and a short survey of communities affected by prostitution. A review of key international, academic and policy literature relating to prostitution exiting was also undertaken. A key component of the study was an innovative, qualitative, longitudinal approach involving repeat interviews and ongoing contact with women involved in, or exiting, prostitution and formerly trafficked women.

In total 114 complete first round interviews³ were undertaken with women of a range of ages, nationalities and ethnic backgrounds. Around two-thirds were involved in on-street and one third in off-street prostitution. The sample included seven cases of women who had been trafficked into prostitution.

Informed consent was ensured, including informing the participants of the research aims, how data would be stored, who would have access, and the voluntary nature of participation. There was ongoing negotiation of consent depending upon the information disclosed and the circumstances surrounding the interview. To prevent harm to participants, all women were offered ongoing support and harm reduction, onward referrals, advice and signposting. A number of measures were put in place by the research team to protect the anonymity of research participants, such as use of pseudonyms and paying careful attention to data storage. The location of interviews was selected with a view to maintaining anonymity and the safety of both the women and interviewers involved in the research. Participatory approaches were used, including seeking feedback from women with prior involvement in prostitution during the development of the research tools.

³ In total 117 interviews were commenced, however five women did not complete the semi-structured interview and these participants have not been included in the analysis. These interviews were only partially completed due either to time constraints or a participant's withdrawal from the research. Two participants completed the needs assessment and self-assessment but not the semi-structured interviews, resulting in the collection of quantitative data only for 114 women. This is reflected in the analysis and presentation of findings.

Findings: barriers to exit

Nine barriers to exiting were identified within this study: 1) problematic drug use; 2) problems with housing; 3) physical and mental health problems; 4) having had experiences of violence as a child; 5) criminalisation; 6) the role of money – managing debts or high levels of disposable income; 7) experiencing coercion from others to remain in prostitution; 8) a lack of qualifications or training; and 9) entering prostitution at a young age. Many women experienced particular obstacles or patterns of obstacles that required a coordinated, individualised and tailored package of support to unravel.

These barriers combine and interact, sometimes reinforcing each other, so that it is necessary to unravel the complex relationships between these obstacles and address them from a coordinated and holistic perspective.

Problematic drug use⁴

Ninety five (83%) interviewees disclosed current or former problematic drug or alcohol use at the time of interview. Thirty four women became involved in prostitution *prior* to commencing drug or alcohol use. For others, their drug use increased after entry into prostitution. A number of interviewees with problematic drug or alcohol use spoke of using substances as coping mechanisms whilst in prostitution. Many women attempting to exit prostitution found themselves 'shoehorned' into drug treatment rather than being able to access the holistic support needed to exit effectively. Such an approach fails to address the complex interaction of drug use, involvement in prostitution and other underlying issues that the women in this study reported. Problematic drug use was also found to be strongly linked with other barriers, such as mental and physical health problems, problems with accommodation and debt, and with involvement with the criminal justice system.

Housing

As previous research⁵ has highlighted, housing can act as a reason for entry into prostitution as well as a barrier to exiting. Lack of access to affordable and safe housing was the second most prevalent barrier faced by the women in the sample. Eighty seven (77%) women experienced housing problems and homelessness during their involvement in prostitution. Problems with accommodation and housing acted as a barrier for women in this study in several ways, for example being compelled to seek accommodation with pimps or abusive partners in order to prevent homelessness, involvement in prostitution in order to pay the rent or mortgage, losing

⁴ Where a woman self reported, or her detailed interview showed, that her drug or alcohol use was causing her problems (physically, mentally or socially) for example with dependency issues, or spending too much money, criminal justice involvement or causing issues with mood or behaviour, this was classified as problematic drug use.

⁵ Cusick, L., Martin, A. and May, T. (2003) Vulnerability and involvement in drug use and sex work, 2nd edition. Home Office Research Study 268. London: Home Office.

accommodation due to imprisonment, and problems with location resulting in feeling isolated and living away from support networks or alternatively living in 'red light' districts near other women involved in prostitution.

Physical and mental health

Eighty nine (79%) interviewees suffered physical and/or mental health problems. Previous research⁶ with women in prostitution identified common symptoms amongst this group including an inability to imagine an alternative future as well as depression and anxiety. Such issues were particularly common among women who had experienced childhood violence who also reported being unable to form trusting relationships. Research also suggests that Post Traumatic Stress Disorder (PTSD) can be a consequence of prostitution. For many women, patterns of dissociation limited their engagement with their involvement in prostitution, and this in turn prevented them from engaging with the idea of exiting as a result.

Experiences of violence as children

Eighty one (72%) of women in the sample had experienced some form of childhood violence, including emotional, physical, verbal and sexual violence. Some women made links between the abuse they experienced as children and their involvement in prostitution. For adult women involved in prostitution, the abuse encountered can compound the feelings of worthlessness that negative childhood experiences have underpinned.

Criminalisation

Fifty six (49%) of women in the sample had a criminal record directly relating to prostitution (specific prostitution offences) and 76 (67%) for non-prostitution related offences. Involvement in the criminal justice system is a significant barrier for women in prostitution in terms of both seeking help and exiting – criminalisation stigmatises the women, acts as a barrier to finding employment, disrupts their lives and families, and creates debt. It is also argued that the use of Anti-Social Behaviour Orders (ASBOs) to manage women's involvement in prostitution can often mean that women are excluded from the very support services that they require, as these are often located within 'red light' districts.

Money – debts and disposable cash

The role of money was an important barrier for many women involved in prostitution. Fifty nine women (52%) reported debts they had incurred which prevented them from exiting.

In addition, there were debts run up by coercive partners or associates under the women's names. Others (33 women) described having a disposable income and related 'lifestyle'⁷ that

had become difficult to give up. Many described their involvement in prostitution as 'not worth the money', and the impact on their emotional state and self-esteem and their dependence on a heightened income created a barrier that was difficult to overcome.

Coercion from others to enter or remain in prostitution (including pimping and trafficking)

Fifty four women in this sample (50%) experienced coercion, defined as 'controlling behaviours to deprive women of rights and resources essential to freedom in everyday life'. This number includes women who had been trafficked and women who experienced coercion either from a partner, pimp, relative or another person. Interviews with both women in prostitution and professionals explored the complex issue of coercion and how it acts as a barrier to exiting. Many relationships between women in prostitution and 'coercive' men are characterised by the 'classic' indicators of domestic violence, such as the use of threats and of violence, including physical, sexual, emotional and financial abuse, as a way to exert and maintain power and control over the woman. Coercion is often closely linked with drug use, and accommodation problems.

Lack of qualifications/training

Lack of formal education and training is implicated both as a reason women enter prostitution and as a significant barrier to exiting. Forty four women in the sample (39%) had no training or formal qualifications. Interviewees involved with exiting services felt that access to education and training were crucial factors in successfully leaving prostitution in the longer term. For some, the boredom faced through lack of alternatives was so great that they felt drawn to return to prostitution.

Age of entry

In the sample, 35 women (32%) had entered prostitution before the age of 18. Women in this study reported entering prostitution at a young age either as the result of coercion, drug use, or experiences of childhood violence. Even those who had entered and sought help before turning 18, faced barriers to accessing services. The interviewees in this research sample who entered prostitution at a very young age (early teens or younger) were often unable to remember life before prostitution; as such these women were likely to find it more difficult to form a new role and way of life.

⁶ Farley, M. (ed.) (2003). Prostitution, Trafficking and Traumatic Stress. New York: Howarth Press.

⁷ In this context 'lifestyle' means the day to day aspects of women's lives in relation to prostitution.

Overview

It is clear that women involved in prostitution experience a number of formidable obstacles to exiting. In some cases these obstacles work in combination and create a series of barriers that need to be overcome through the development of a coordinated response. Some barriers can be overcome with a relatively low level of support, but women who face either a significant number or particular combinations of such barriers will almost certainly require more intensive support.

Exiting services: what is needed

On-street, off-street, and trafficked women

What is striking about these findings is the similarity in experiences of on-street, off-street and trafficked women. Women involved in off-street prostitution had physical and mental health problems, experienced childhood violence, were facing debt as a barrier, and had problematic drug and alcohol use. This contradicts previous research which suggested that women involved in off-street prostitution have fewer problems than those involved in on-street prostitution. However, the meaning of 'exiting' in relation to leaving prostitution can vary depending on which aspect of the sex trade women are involved in. For example, for trafficked women, it can mean 'escape' or disentanglement from immediate danger, whereas for those who identify as escorts, it is often about planning for the future and making gradual change.

Stages of change

One of the key aims of this study was to assess the process of change for women who have exited or are exiting from prostitution. There is a wealth of literature⁸ in existence which looks at the topic of desistance and behaviour change in both a criminological sense and also in terms of health and drug use. This study aims to contribute to the understanding of the process of change in relation to the topic of exiting from prostitution. In order to do this the research team examined the behavioural, cognitive and emotional shifts which take place when women exit from prostitution. By conducting a review of the current literature and through a detailed analysis of the interviews with women who had exited it was possible to identify a series of stages that provided the 'best fit' for women exiting prostitution. The staged model developed, based on this research, is not designed to be a rigid or strictly linear series of stages. Rather, it is recognised that the distinctions between the various stages are often blurred and may overlap, while stages can be missed and lapses and relapses are common. Not all women go through all five stages, some may exit earlier. Given these caveats, a five-stage model has been developed that begins at the point at which women begin to express an interest and take steps, however tentative, towards exiting through to a final stage in which women come to adopt a non-prostitution related identity and develop a new sense of self.

Stage one: Readiness and engagement

At stage one, women may feel unsure about exiting but typically begin to express the idea that they would not like to continue their involvement indefinitely and that the perceived benefits of their involvement in prostitution are becoming outweighed by disadvantages. Women at this

⁸ Maruna, S. (2000/ 2001) Making good: how ex-convicts reform and rebuild their lives. Washington DC: American Sociological Association. Prochaska, J., DiClemente, C. and Norcross, J. (1992) In search of how people change: applications to addictive behaviour, *American Psychologist*, 47 (9), pp.1102-1114. Ebaugh, H.R.F (1988) *On Becoming an ex - the process of role exit*. Chicago: Chicago University Press.

stage typically begin to acknowledge and discuss having experiences of emotional stress, fatigue, ill health, worries about the future and negative experiences with buyers or the police.

Stage two: Treatment and support

This stage involves more active engagement with relevant agencies or gaining more informal modes of support. This group is distinguished from the stage one group by the fact that they have made a conscious decision to access support and realise that the interventions received or any attempts they have made so far are not enough for them to exit and that they may need to engage with services in a different or more intensive way.

Stage three: Transition and stabilisation

This stage involves a period of transition in which women typically begin to address a range of personal, psychological and social issues, normally with the help of specialist agencies and support groups. In this period women can begin to stabilise their lives, which might include being stable in drug treatment, stepping back from hectic lives, slowing down and finding somewhere safe and secure to live. Stabilisation allows greater reflection of past circumstances so that previous experiences can be better understood and reconciled. At this stage women may need more intensive treatment such as counselling, therapy, detox or rehabilitation.

Stage four: Reconstructing and rebuilding

Once the lives of women have become more stable and the pressures to engage in prostitution have been reduced, they can continue to reconstruct and rebuild their lives. Rebuilding and reconstructing are two distinct processes. Rebuilding involves repairing and reassessing the past, while reconstructing refers to the construction of a new identity and is more forward-looking. For some women at this stage it is a matter of coming to terms or making sense of their past while for others it is about self-development and the formation of a new identity. In some cases it can involve both processes occurring simultaneously.

Stage five: New roles and identities

What is particularly noteworthy at stage five is the firm personal commitment to exiting permanently and the construction and maintenance of a new identity and role. Women who exited at this stage had made significant strides in terms of building a new lifestyle and identity and felt that they were very unlikely to ever return to prostitution. The women at this stage reported feeling more positive about their lives and often have a heightened confidence in their own abilities. They had 'broken away' from damaging peer groups and coercive relationships; formed new relationships with friends, partners and colleagues; engaged in new forms of employment, training or education, established effective coping strategies to deal with stressful times; and had hopes and plans for their future.

Life after exiting

The majority of women in the exited sample went on to develop new life roles upon leaving prostitution, and some took on multiple roles, such as mother/carer, taking up volunteer or support work and returning to education or training. It is significant that in the course of these five stages there is an identifiable development from the personal to the social. Women often develop new relationships, reconnect with friends and family and, in some cases, enter a wider world of employment. At the same time, there is a corresponding change of vision and perspective. As women overcome their various dependencies, address their needs and deal with the barriers to exiting they tend to develop a broader perspective as they move beyond the immediacies of survival and a chaotic 'lifestyle' and come to see both prostitution and themselves from a broader vantage point that allows them more clearly to re-evaluate their previous identity and create a new sense of self.

Conclusions

Part of the process of exiting involves helping women to conceive of alternatives and helping to change the context in which their choices are made; an approach that is resisted by advocates of the alternative perspective that views prostitution as a 'job like any other'. However, facilitating exit is an aim that is perfectly compatible with both sides of the prostitution debate.

Women in prostitution, or seeking to exit, express their own needs and desires, they are not motivated by any ideological perspective but out of concern for their own lives and choices. Exit can only be facilitated, not forced. However, one aspect of facilitating exit must be to open up discussion about exit as a realistic and achievable option. It is important to recognise the need and demand for services to be in place and provide a safe space for exploring the possibility of exiting and the subsequent transitioning into a different lifestyle.

Facilitating exit will also involve a significant amount of awareness raising. It must be ensured that the public, generic services, and specialist services working with women involved in prostitution all understand the realities and complexities of prostitution. Generic services must be supported to identify and channel women into appropriate support. Practitioners working with women involved in prostitution need to be supported in developing knowledge and understanding of this research and the stages of exiting.

Recommendations

The need for services

- Exiting should be openly discussed by all of those providing support to women involved in prostitution, rather than waiting for it to be requested. Strong links should be developed between projects delivering harm minimisation support and those offering exiting services.
- Training and awareness raising should be undertaken to assist support services in identifying women who are ready to make change and embedding this into policy and practice.
- Links should be built between services that can provide exiting support or specialist interventions, to enable services to provide a coordinated, integrated approach for all women.
- Exiting services should actively promote their work and what it offers to both women involved in prostitution and other local support services and agencies.
- Good practice guidance and training about exiting should be provided to all services that may have contact with women involved in prostitution.

Barriers to exiting prostitution

- Policies about prostitution and services to support women in prostitution should take a multi-agency focus engaging with support that can meet a wide range of needs including experiences of domestic violence, accommodation, debt, education and training and employability.
- It is further recommended that outreach and support designed to assist women to exit also meet the needs and expectations of women involved in locations other than on-street prostitution.

Problematic drug use

- It is recommended that service providers develop a wider understanding and awareness of the complex links between drugs and prostitution.
- Women involved in prostitution should not be 'shoehorned' into drug treatment with the expectation that this will result in an exit from prostitution. Rather, holistic, tailored support needs to be made available that deals with problematic drug use as one of a combination of barriers which act together to tie women into prostitution.

Housing and accommodation

- Women wanting to exit prostitution would benefit from the provision of safe and supported accommodation away from sex markets alongside help with managing their own tenancies.
- Women facing prison sentences for their involvement in prostitution, who lose their tenancies or have been living with pimps or partners, should be offered support with storing their belongings and finding alternative accommodation upon release.

Physical and mental health problems/experiences of violence as children

- Support for women involved in all forms of prostitution must be proactive in supporting women with their mental health problems.
- Specific specialist support around sexual violence and trauma should be made available for women seeking to leave or who have exited prostitution.
- As healthcare professionals act as gatekeepers to care pathways and treatment, it is vital that appropriate training be provided about prostitution and the prevalence, nature and patterns of physical and mental health problems amongst women involved in prostitution, including PTSD.
- GPs, A&E staff, and mental health professionals should be informed about referral pathways

and specialist exiting support services.

- Consideration should be given to funding for the creation of specialist independent mental health care appropriate to this group of women.

Criminalisation

- It is recommended that the selling of sex is decriminalised and that the focus of any enforcement activity is shifted to those who coerce others to sell sex or who purchase sex.
- It is also recommended that women's current convictions for prostitution are deleted from their criminal records in order to allow this group of women to gain alternative employment and move on with their lives.
- If it is not immediately possible to decriminalise women involved in prostitution, then consideration should also be given to the possibility of diverting women from the criminal justice system into specialist support services, although care should be taken as this approach is still punitive.
- It is also recommended that the use of ASBOs / CRASBOs should be avoided where possible for women involved in prostitution as they may have the effect of preventing women from accessing support. Women for whom ASBOs become a possibility, should first be referred for specialist support to address some of the underlying issues that they face.
- It is also recommended that the purchasers of sex become the target of attempts to manage the disorder connected with on-street prostitution and that ASBOs be used to deter kerb-crawling.

Money – debts and disposable income

- It is recommended that women involved in prostitution be provided with support in examining their financial expectations, money management and debts. Such support should also encourage women to consider the possible emotional and social costs that they may experience over time through earning money through prostitution.

Experiencing coercion to remain in prostitution

- Strategies aimed at enforcement and control of prostitution should focus on those who coerce women into prostitution and those who control women involved in prostitution for gain rather than punishing women themselves.
- It is also recommended that the link between domestic violence and prostitution through

coercive and abusive relationships be more widely recognised and that the provision of appropriate support for women involved in prostitution, who face these issues, be made widely available.

- It is recommended that services providing support for women experiencing domestic violence be trained to understand the issues and realities faced by women involved in prostitution in order that they can meet their needs.

Lack of education and training

- Organisations providing training and education to women exiting prostitution need to understand the needs and concerns of this group. They may be new, or returning, to learning and face challenges around identity, legitimacy and self-esteem.
- Exiting support services should engage with adult learning organisations to forge constructive relationships and widen the opportunities available.

Age of entry into prostitution

- It is recommended that education and awareness campaigns around the risks of sexual exploitation and prostitution be developed including guidance for young people about where to go to access confidential support.
- Services connected with young people who could be at risk need to be provided with the skills and knowledge to identify, and deal with, sexual exploitation.

Exiting: what is needed

On-street, off-street and trafficked women

- Exiting policy and support should include women involved in both on and off-street locations.
- Support should be responsive to the differing needs and circumstances of women involved in on and off-street and trafficked women. Trafficked women, in particular, need specialist support due to the increased levels of trauma and their need to escape.

Stages of change

- In light of the role of both formal and informal support in exit, it is recommended that consideration be given to the development of training schemes that can enable exited women to offer befriending and peer-support to other women, particularly in areas where prostitution is prevalent.
- As many women interviewed indicated a desire to offer their support to others in a similar situation, it is recommended that a range of opportunities for women to work in a voluntary capacity, to be retrained, to be involved in campaigning and so on, be identified and available as part of any programme of exiting.
- Provision for women in prostitution needs to be holistic, integrated and targeted in order to meet the complex needs of women seeking support at the right stage.
- Service providers and professionals must offer support and interventions that are tailored to the needs of individual women and that are appropriate to their needs and stage of exiting.

Other recommendations

- Awareness-raising campaigns should be developed to educate the public about the abuse of women involved in prostitution and about the role of demand in driving prostitution.
- Further research on exiting is needed. This should include an examination of women's life post-prostitution, the relationship between the process of exit and its duration, independent evaluations of exiting projects, an exploration of lapses, relapses and reversals among women who have exited, the interaction of barriers to exiting, and a closer examination of women who exit prostitution without additional support.

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