

Over the years, Dr Farley has published a number of papers and documents about sex work, making claims that all sex work is a form of violence against women. She has used several of her studies to back this up. In 2008 Dr Farley published the paper *What **Really** Happened in New Zealand after Prostitution was Decriminalized in 2003?* on her website critiquing the Report of the Prostitution Law Review Committee. This critique contains several errors of fact that appear to be deliberately designed to mislead people. Many of the false allegations made by Dr Farley in this paper have been repeated by her in her efforts to stigmatise sex workers and keep them criminal. Dr Farley appears to have read the complete report, but has only reported or critiqued those parts that match her ideology. In investigating her comments on this paper further, it was discovered that Dr Farley had completed research in New Zealand in 2003 without seeking ethical approval from the New Zealand Psychological Society (NZPS). It was also discovered that during the course of this research, she claimed to be able to diagnose sex workers as having post traumatic stress disorder, despite using a flawed questionnaire, and not doing in depth interviews. It is noted that Dr Farley has also completed other studies overseas, and investigations this year indicate that she never sought ethical approval, and sought to deliberately deceive the groups who facilitated the research for her. She has also been cited as an expert witness, yet the testimony given is false or misleading. Finally, the Canadian courts have found Dr Farley to be a less than reliable witness, finding her evidence “to be problematic”. For the reasons in the text below, I believe her work is unethical, unbecoming of a psychologist, and is in breach of at least sections 5.01 and 8.10 of the APA’s *Code of Ethics*, perhaps more. I believe that because of these breaches, Dr Farley should be removed from the membership of the APA.

Calum Bennachie

## Full basis of complaint

I would like to lay a complaint about an APA member, Melissa Dr Farley. Her CV, downloaded from her website (<http://www.prostitutionresearch.com/MDrFarley%20CV.pdf>) is provided as attachment 1.

In her (2008) paper *What **Really** Happened in New Zealand after Prostitution was Decriminalized in 2003?* (attachment 2), Dr Farley makes several claims, of which many are in error.

She is highly critical of the Prostitution Law Review Committee Report. To such an extent, she must have read it completely, and be familiar with all its contents. Nevertheless, in her paper given above, she clearly states

“Decriminalization can’t stop the violence, abuse, and stigma that are built-in to prostitution. Prostitution has increased dramatically in New Zealand since decriminalization in 2003, with a 200-400% increase in street prostitution in Auckland”.

She also quotes “Mama” Tere Strickland:

Mama Tere Strickland, a Maori street outreach worker (who came to Berkeley to speak out against Measure Q in 2004) stated that in 2005, **the numbers of those prostituting on the street in Auckland have increased by 400% since decriminalization** (emphasis in the original).

However, on page 40 of the Prostitution Law Review Committee’s report (attachment 3), it clearly states:

**In the Committee’s first report, the number of street-based sex workers in Auckland was estimated to be 360 (PLRC, 2005). An increase of 400% would mean there would now be 1,440 sex workers on Auckland’s streets. The Committee considers that the research undertaken by the CSOM conclusively refutes an increase of this magnitude, with the 2007 figures estimating the number of Auckland street-based sex workers at 230** (emphasis added).

It can thus be seen that Dr Farley is repeating unsubstantiated rumour as fact. Furthermore, having critiqued the Prostitution Law Review Committee Report in detail, and thus being aware of the contents of the report, there is a high degree of probability that Dr Farley would have known that the claimed increase of 400% was incorrect. Because of her familiarity with other material in the report, Dr Farley would be foolish to claim she did not see this section of that report. I therefore

believe she is deliberately misleading people and therefore believe that this is a breach of the APA code of ethics. This falsehood has been repeated by other groups seeking to stigmatise sex work and keep it criminal. Furthermore, in a debate in the Economist online, Dr Farley stated “Since decriminalisation, street prostitution has spiralled out of control, especially in New Zealand's largest city, Auckland. A 200-400% increase in street prostitution has been reported” (from: <http://www.economist.com/debate/days/view/577>). This claim is false.

In addition, Dr Farley states:

The New Zealand Prostitution Review Committee states that street prostitution in Auckland more than doubled in just one year, 2006-7. (page 118).

On that page of the report (attachment 5), it explains why there was an apparent increase in the number of street based sex workers in Auckland. Nevertheless, the salient point is:

In 2006 (and again in 2007) in Wellington and Christchurch sex workers known to be currently working, but not observed on the nights counting took place, were included in the final estimates. Some of the sex workers included were very rarely seen on the street. Wellington and Christchurch adapted the method suggested by the CSOM to include known sex workers. The same method was not employed in Auckland; therefore the 2006 figures must be treated as an under-estimation of the number of street-based workers in this region (PLRC, 2008: 118).

It should also be noted that the Prostitution Law Review Committee continually requested Streetreach to provide their evidence that “there has been an overall increase in the number of street-based sex workers in the Auckland region since decriminalisation”, but Streetreach failed to comply with these requests, being unable, or unwilling, to provide it (Personal communication, PLRC May 2008). The claim, therefore, can only be treated as anecdotal.

It is quite clear that Dr Farley has deliberately omitted the information that clearly states the initial figure obtained by the Christchurch School of Medicine (CSOM in the above extract) for Auckland street based sex workers was an underestimate. She is therefore, once again, seeking to deliberately misinform people. I believe that this is a breach of the APA code of ethics.

In completing the document, Dr Farley ends with:

**6. The NZ Prostitution Law Review Committee was biased and blatantly favored the sex industry:**

“For people whose employment options may be limited, sex work, and particularly street-based sex work, can offer a quick means of achieving financial gains...” (page 121)

This truncates the paragraph, which puts the above comment into context. Before making such a claim, Dr Farley should have put it in context. The entire section to which the comment relates reads, the small section quoted by Dr Farley is in italics:

### **8.3 Reasons for Working on the Streets**

Street workers are a heterogeneous population, with multiple reasons for working from the street. The popular perception that street-based sex workers are all drug dependant 'lost souls' denies them their individuality and agency. It is true that some street workers have drug and alcohol dependencies and lives that are in a state of crisis. However, there are other sex workers who choose to work from the streets for reasons other than desperation or a lack of alternatives.

The literature review undertaken by CJRC identified a combination of 'push' and 'pull' factors influencing people's entry into sex work in general. Push factors include abuse, family dysfunction and breakdown in care giving, exclusion from school, homelessness and a lack of money. 'Pull factors' include perceptions of excitement and glamour, encouragement from others, flexible work hours and significantly more money than other jobs available to the worker (CJRC, 2007).

#### **8.3.1 A Matter of Choice or Circumstance**

The Salvation Army identifies the main reasons for involvement in prostitution (street or otherwise) as poverty and social disadvantage, including unemployment, homelessness, drug and alcohol misuse, and a history of family dysfunction and/or sexual abuse. It also cites the pressure exerted by those who rely on the sex workers' earnings, whether they are a 'pimp', or the worker's own dependent child. The Salvation Army rejects the suggestion that a person would freely choose sex work (Salvation Army, 2007).

The CSOM study found that, for street workers, the main reason for starting sex work was financial, but this was by no means the only reason. Some sex workers choose to work on the streets because they can charge more for their services and retain more of their earnings than brothel-based workers. Sex workers who are street-based can set their own hours, and work only when and if they need to.

I'd just, if I remember correctly, it was, like, coming up towards Christmas and I lost my job. And I'd just been and got a personal loan for a car and blah-de-blah-de-blah, and it was just, yeah, right on Christmas, and yeah, it just, I needed a lot of money fast and this was the only way to do it. Simple.

(Maureen, Street, Female, Auckland, CSOM, 2007)

Street-based workers have independence in the same way that private workers do, but also receive the type of social contact and peer support available in a brothel environment. The CSOM study found that street-based sex workers reported that 'all of their friends were in the industry' as one reason for continuing to work in the sex industry.

Um, I think it's the, um, independence. Like you know your ability. Well, I'm talking from a street perspective, it's your ability to choose. I mean you don't have to hop in a car with a guy. You don't have to do a job. You can tell him to piss off, you know. Um, it's the, um, adventure, I suppose, the excitement of not knowing what's going to happen that night. It's a bit of that. Um, there's the money, which, um, can be good... I mean you work how long you want to work. I mean you can go out do a job, pop around to the bar, have a dance, you know, um, go and see someone, have a chat and go back to work or something, you know. I mean it's just lots of freedom, yeah.

(Dora, Street, Transgender, Auckland, CSOM, 2007)

The CSOM study also found that street workers report they thought sex workers 'looked like they were fun to be with' and that 'the work looked exciting and glamorous' as reasons for entry into the industry. This was particularly true for male and transgender sex workers who also reported the influence of friends, and exploring their sexuality, as other reasons for starting working. The CSOM study also found that 50.8% of street-based workers reported they enjoyed the sex as a reason for continuing to work in the sex industry.

The CJRC literature review (2007) identified the economic advantage of sex work to be a significant reason for staying in the industry. The review states 'the conclusion drawn is that sex work can be seen as a positive choice for some sex workers, preferable to other alternatives and offering a conduit to social mobility, such as home ownership'.

The flexible hours of street-based sex work may be attractive to people whose lives are in a state of chaos and who find it difficult to cope with regular working hours. CSOM found that 45.1% of street-based workers cited support for drug or alcohol use as a reason for staying in the sex industry, as opposed to just 10.7% of managed and 13.5% of private workers.

### **8.3.2 Demographic Factors**

The CSOM study found that street-based sex workers are more likely than other sex workers to be Māori or Pasifika. Sex workers who are transgender are more likely to work on the streets. Street-based workers are also more likely than sex workers in other sectors to have started sex work under the age of 16 years. They are less likely to be in any other paid employment, to have attained a tertiary education or to be currently studying. The socio-economic and background characteristics of street-based workers tend to be less advantaged than others in the sex industry.

The CSOM study also found that street-based workers were significantly more likely than other workers to report not knowing what else to do (other than sex work), not knowing how to leave the industry, and not knowing who to ask for help to leave.

While the majority of street workers are female, a significant proportion are transgender. The CSOM interviews found that, for transgender people, the camaraderie and support offered by other sex workers was a significant reason to remain working. Sex work also provided some transgender people with validation of their gender. Transgender people find it almost impossible to be employed in the brothel sector and report fewer employment alternatives to sex work. The Human Rights Commission's *Inquiry into Discrimination Experienced by Transgender People* (2008) notes that 'the career options of some trans people are limited by discrimination.' Submitters to the Inquiry also noted that stereotypes about transgender peoples' engagement in sex work can also be a barrier to their obtaining other employment.

### **Comment**

*For people whose employment options may be limited, sex work, and particularly street-based sex work, can offer a quick means of achieving financial gains beyond what they would otherwise be able to achieve in the 'straight' workforce. Sex work does not require*

education or qualifications or references. Street-based sex work is an industry in which workers are 'hired' on the basis of their personal marketing skills and availability alone.

When taken in context, it is clear that what the Committee means, and what Dr Farley implies are not the same thing.

Dr Farley also claims the “Law Review Committee was biased and blatantly favored the sex industry”. It should be noted that, according to the statute, the Prostitution Law Review Committee comprised of:

**43 Prostitution Law Review Committee**

- (1) The Prostitution Law Review Committee must consist of 11 members appointed by the Minister of Justice.
- (2) The Minister of Justice must appoint—
  - (a) 2 persons nominated by the Minister of Justice; and
  - (b) 1 person nominated by the Minister of Women’s Affairs after consultation with the Minister of Youth Affairs; and
  - (c) 1 person nominated by the Minister of Health; and
  - (d) 1 person nominated by the Minister of Police; and
  - (e) 2 persons nominated by the Minister of Commerce to represent operators of businesses of prostitution; and
  - (f) 1 person nominated by the Minister of Local Government; and
- (g) 3 persons nominated by the New Zealand Prostitutes Collective (or, if there is no New Zealand Prostitutes Collective, by any other body that the Minister of Justice considers represents the interests of sex workers).
- (3) The Minister of Justice may, on the recommendation of a member’s nominator, remove a member from office for inability to perform the members’ duties, misconduct by the member, or any other just cause proved to the satisfaction of the nominator.
- (4) The member is not entitled to compensation or other payment relating to removal from office.
- (5) The Prostitution Law Review Committee ceases to exist on a date appointed by the Minister of Justice, by notice in the *Gazette*, that is after the date of its report to the Minister under section 42(1)(b)(vii).

The members of the Committee consisted of a former police commissioner, a Catholic nun, and the co-ordinator of Streetreach, as well as the National Co-ordinator of the New Zealand Prostitutes Collective, and a regional co-ordinator of that organisation. NZPC also nominated Dr Jan Jordan, a criminologist from Victoria university of Wellington. The information about the Committee members, contained in the report is also attached (attachment 4). Given that the Committee included a wide range of people from the community, including people who submitted against the Prostitution Reform Act as it was being debated in Parliament, it is not possible to claim it is biased to any degree of accuracy.

The paper contains many other errors, omissions and points deliberately taken out of context. I have attached a paper I have completed showing these errors (attachment 6).

Furthermore, it has been discovered in the course of researching the claims by Dr Farley in this paper (2008), that prior to the PRA passing, Dr Farley visited New Zealand to conduct some research. This research was completed without ethical approval from the New Zealand Psychological Society, or consultation with Maori groups. The NZPS has stated they never gave her ethical approval (personal communication, 2010). As a matter of course, this should have been sought prior to the research being completed. Again, as revealed through a search of Parliament's *Hansard* record, other, more serious, errors were compounded:

I was visited by a lady by the name of Colleen Winn, who was briefly employed by Dr Melissa Dr Farley while she was in New Zealand doing this research. Her employment ceased very quickly, because she suddenly discovered that she had a number of concerns that she could not possibly continue working with. I would like to enlighten the Committee about that, because I know some members have been using Dr Farley's research in their speeches against this bill. I would like to read extracts from a letter Ms Winn has written to me, subsequent to a meeting I had with her last week in my constituency office. I quote: "I believe Melissa did state that Māori women were entering prostitution as young as 9 years old. Part of my position as researcher on this study was to help to collate data as I viewed all the questionnaires. I did not see these figures in the study at all. However, there were two women who stated that their first sexual experience was at age 9." Question 13 of the questionnaire reads: "How old were you when you had your first sexual experience of any kind?" I refer members to page 3 of the research I have here, where it states: "An adolescent told us that if she were out of prostitution, she would just like to be at home. She had been in prostitution since age of 9. A Māori girl, New Zealand street prostitution, 2003." Clearly,



the answer to question 13 was put across as though it were the answer to question 1. Question 1 in the questionnaire asks: “What age were you when you first started prostitution?”

I will carry on with extracts from that letter: “On the second day of my employment with Melissa Dr Farley, I discovered that her research project had not been seen or passed by any ethics committee in New Zealand. It was at this point that I withdrew my services as researcher and terminated my employment agreement. I have read and am aware of the ethics of psychologists working in New Zealand. I know these were not adhered to.” That is of concern in relation to this research. It is interesting to note that after Colleen Winn had raised concerns that the questionnaire had not been passed by an ethics committee in New Zealand, she told me orally that on occasions some of the prostitutes were in receipt of about \$20 for answering the questionnaire. That seems a little unethical to me, but the explanation was that prostitutes charge for their time.

I continue to quote from the letter: “I am aware that Melissa gave a TV interview with the *Breakfast* show, and quoted a statistic as being 86 percent in New Zealand.” From what I can gather, she was referring to the second paragraph on page 2 of Dr Farley’s preliminary report: “We found significant race/ethnic differences in age of entry into prostitution: 68 percent of Māori respondents entered prostitution at the age of 17 or younger.” I make that point because television is nationwide and viewed by many people, and an incorrect impression might have been given—there is a difference between 86 percent and 68 percent.

Finally, it is the opinion of Ms Winn that this study “was not ethical, and the impact has done harm to those women and men who took part in it. It is for that reason that I am writing to the psychologists board of registration in California to lay a formal complaint regarding Melissa. I also believe that Melissa has committed an act of intentional misrepresentation of fact.” That last point was the reason Ms Winn contacted me. She also offers to talk to anybody else who wishes to clarify further some of the matters she has raised, but she just has not had the opportunity to contact members of Parliament. She also told me that Ms Dr Farley’s research was funded by the Maxim Institute. I would have thought that such an august group might have been a little more considered in employing someone. At least, it

should have passed questionnaires through the New Zealand ethics committee to make sure that the research adhered to all of that (Hansard, 2003: 6159).

Thus it appears that Dr Farley has used deceptive practices in the past, practices which would also see her in breach of the APA Code of Ethics, to which she, as a clinical psychologist, must adhere. The NZPSS has stated that any researcher completing research in New Zealand must have approval from a New Zealand Ethics Committee (Personal communication, 2010). Dr Farley failed to do so, thus her research is unethical.

Contact with other sex worker organisations that Dr Farley has “worked” with, such as those in South Africa when conducting her research there as part of her 2003 study of sex work and trafficking in nine countries, has indicated that she misled them about what the research was about. Shane Petzer, in regard to this work stated:

Melissa Farley in my opinion misrepresented her studies intentions to me in the early years of my activism around sex worker rights. To my knowledge there was no approval by any board, council or ethics committee of her study on sex workers in South Africa at the time. Not to compare levels of violence and or post traumatic stress disorder of sex workers with other groups of marginalised, criminalised or highly stigmatised people shows that the intentions of the study needs to be assessed against what is considered a reasonable standard of research by the University or Research body supervising her work at the time. I don't think Melissas study shows us anything valuable other than what we already all agree on - sex workers are subject to violence and have no recourse to any legal remedy due to criminality.

She seemed affable and supportive of my efforts and work and appeared a kindly person. She told me she was an activist for sex workers and gave me the impression that she was a well known and respected advocate and academic in this arena. There was nothing about her that made me think I should check her credentials out. The outcomes of the research were to be used to advance public understanding and sympathy of sex work.

I am saddened that Melissa continues to use her data to attack us. I never felt traumatised by sex work - however I am traumatised by the abuse, lies and deceit of academics who invade the world of sex workers through personal misrepresentation of themselves and then

use the data to achieve their own personal academic goals at the expense of the marginalised (personal communication, Shane Petzer, 11 September 2010).

In her research, between 1998 and at least 2003, Dr Farley claims to be able to diagnose sex workers with Post Traumatic Stress Disorder after the completion of a 15 minute self administered questionnaire. Yet the National Center for PTSD states:

For making a diagnosis of PTSD rather than simply assessing symptoms, structured interviews will generally yield more valid results than other types of measures. An exception is that structured interviews that begin with a single gate-keeping item have poor validity for particular types of traumatic experiences. Also, structured interviews with brief, single-item, closed-ended questions for each PTSD symptom are likely to be no more valid for making a diagnosis than self-report measures.

<http://www.ptsd.va.gov/professional/pages/faq-ptsd-professionals.asp>

It should also be noted that the Centre also states:

Proper assessment of PTSD is complex, and in a forensic setting, it should include substantial attention to corroboration of self-reports through a records review and collateral information. The ability to evaluate these assessments can be very helpful for those involved in the legal system. PTSD evaluation will be particularly practical for those who want to conclusively and convincingly establish a PTSD diagnosis and for those who need to appraise the accuracy or veracity of a PTSD claim that seems dubious. By paying attention to the five areas mentioned above, one can make an initial assessment of the accuracy of a PTSD diagnosis. In addition, if all five of the above elements are attended to, counsel can convincingly present evidence that an individual indeed suffers from the disorder.

Therefore it would not be possible for Dr Farley to competently state that “67 percent [of sex workers] met criteria for a diagnosis of PTSD” as she does in her paper *Prostitution in 5 Countries: Violence and Post-Traumatic Stress Disorder* (1998, attachment 6).

It should also be noted that the Standing Committee on Justice and Human Rights received evidence from Dr Farley regarding the report *The Challenge of Change: A study of Canada’s criminal prostitution laws* (2006). In that report it states: “In addition, witnesses such as Melissa Farley of Prostitution Research and Education and Janice Raymond indicated that organized crime had increased dramatically in New Zealand, while trafficking in persons had not declined”. At the time

this report was completed, there was no evidence of these claims, the only report on sex work post decriminalisation in New Zealand being the *Nature and Extent of the Sex Industry in New Zealand: An Estimation* by the Prostitution Law Review Committee (2005). This makes a few references to organised crime, but does not say that it “had increased dramatically in New Zealand”. There is no reference to trafficking in that report. It would therefore appear that the evidence given by Dr Farley to this Canadian Parliamentary Committee is false. It should be noted that the Prostitution Law Review Committee stated in its report to the New Zealand Parliament (2008): “Information received from Immigration Service NZ indicates that no situations involving trafficking in the sex industry have been identified (Department of Labour, 2007).”

In the paper *Myths and Facts about Trafficking for Legal and Illegal Prostitution* (2009), Dr Farley states:

**There has been inadequate protection for children against prostitution in New Zealand since decriminalization of prostitution in 2003. According to the New Zealand decriminalized prostitution law, the police have no right of entry into brothels, and have no right to ask for age-identification papers of those in prostitution – thus investigation of suspected youth prostitution is extremely difficult, according to police officers, who asked that the law be revised** (emphasis in the original).

This is false. The law, which is available on-line, and which Dr Farley seems to so familiar with, having critiqued it several times, states at section 30:

**30 Warrant for police to enter**

- (1) A District Court Judge, Justice, Community Magistrate, or Registrar of a District Court (who is not a member of the police) may issue a warrant to enter a place if he or she is satisfied that—
  - (a) there is good cause to suspect that an offence under either of the following provisions is being, has been, or is likely to be committed in the place:
    - (i) section 23 (which concerns using persons under 18 years in prostitution);
    - (ii) section 34 (which concerns being an operator while not holding a certificate); and
  - (b) there are reasonable grounds to believe that it is necessary for a member of the police to enter the place for the purpose of preventing the commission or repetition of that offence or investigating that offence.
- (2) An application for a warrant must be made in writing and on oath.

(3) The Judge, Justice, Community Magistrate, or Registrar may impose any reasonable conditions on the exercise of the warrant that he or she thinks fit.

It can therefore be seen quite clearly that the police do have the right to enter a brothel to search for people suspected to be under 18 so long as they obtain a search warrant, the same as they would for almost any other business. However, police do not need a search warrant if they are entering the brothel under the Sale of Liquor Act 1989 or the Misuse of Drugs Act 1975. For good reason, it is a breach of the New Zealand Bill of Rights Act 1990 to require any person to provide information to the police. To require this information to be given may result in people incriminating themselves. This does not, however, stop the police from requesting that the operator of the brothel provide proof of age. Under the Prostitution Reform Act 2003, it is not the young person committing a crime by working in a brothel, but the brothel operator has committed a crime for hiring them. It is therefore the responsibility of the brothel operator to provide the police with proof the person is over 18, not the young person themselves.

As noted above, Dr Farley is familiar with the Prostitution Reform Act 2003, having done so many critiques of it. It would be unbelievable that she has not examined the Act in any way. Therefore I can only conclude that the statement she made in 2009 is knowingly false, and thus forms a breach of the Code of Ethics. If, however, Dr Farley claims that she has not read the Act, then she is not in a position to make false claims about it, and she is therefore irresponsible in making false claims, which I believe may also be a breach of the Code of Ethics.

Dr Farley was one of the expert witnesses called in *Bedford v. Canada*, 2010 ONSC 4264. The presiding judge in the case, Himel J, summarised Dr Farley's evidence as "According to Dr. Farley, prostitution is better understood as domestic violence, rather than as a job" (at para 132) and "Dr. Farley, who has arguably conducted more research on prostitution than the respondent's other experts, found in one of her major studies 'significantly' more physical violence in street prostitution, as compared to prostitution in brothels. In Dr. Farley's opinion, however, there is little difference in the level of psychological violence as between indoor and outdoor venues" (at para 133), as well as "She concluded that legal indoor prostitution in Nevada has not succeeded in ameliorating violence and forced prostitution" (at para 181 A (e)). In discussing Brents, B., and Hausbeck, K., (2005) *Violence and Legalized Brothel Prostitution in Nevada: Examining Safety, Risk and Prostitution Policy*, 20 *Journal of Interpersonal Violence* 270, Himel J noted that:

“Dr. Farley suggested that the intercom system is in place to prevent prostitutes from denying a share of their earnings to their pimp. Dr. Farley also suggested that panic buttons may not be enough to prevent violence which can occur very quickly. At p. 21, Dr. Farley commented upon the conclusions of Brents and Hausbeck:

In another study, women were asked if they felt safe in legal prostitution and many responded affirmatively. Usually, however, women mean safe in comparison to other prostitution. Thus the concept of safety is relative, given that prostitution is associated with a high likelihood of violence. One woman described a near-lethal assault by a john in a brothel where he cornered and choked her, fracturing her larynx. She stated that she would probably be dead if another woman hadn't heard the scuffle and broken into her room.

While Brents and Hausbeck cited numerous problems with brothel prostitution in the state, with respect to the issue of violence, the study found that only two and a half per cent of prostitutes surveyed had experienced violence while working lawfully indoors and 84 per cent of licensed prostitutes agreed that their job was safe. The authors concluded at p. 293 that, ‘Legal brothels generally offer a safer working environment than their illegal counterparts’” (paras 212-213).

It therefore appears that Dr Farley deliberately misinterpreted the original authors’ conclusions.

At para 298(d) of the Judgement, Himel J noted:

In 2003, Dr. Melissa Farley and seven other researchers published the results of their nine-country study (which included Canada) on the harms of prostitution. Interviews were conducted with 854 people currently or recently working in prostitution; interviewees were asked about their current and lifetime history of sexual and physical violence. As well, participants were given a self-report inventory for assessing the symptoms of post-traumatic stress disorder (PTSD). The authors found that physical and emotional violence among the interviewees was “overwhelming.” They found that 71 per cent of respondents had been assaulted; 63 per cent had been raped; and 68 per cent met the criteria for post-traumatic stress disorder (Melissa Farley et. al., “Prostitution and Trafficking in Nine Countries: An Update on Violence and Posttraumatic Stress Disorder” (2003) The Haworth Press 33.)

Himel J further summed Dr Farley’s evidence as:

Dr. Melissa Farley asserts that there is little difference in prostitution's link with violence, whether it occurs indoors or outdoors. Dr. Farley includes psychological violence in her definition of violence.

In a 1998 five country study on prostitution, Dr. Farley and her co-authors found "significantly more physical violence in street as opposed to brothel prostitution." Furthermore, in a 2005 article Dr. Farley wrote that "some types of prostitution are associated with more severe harm than others" and that "[t]here is some research evidence suggesting that outdoor prostitution may subject women in prostitution to higher rates of physical violence [than indoor prostitution]": "Prostitution Harms Women Even if Indoors: Reply to Weitzer" (2005) 11 Violence Against Women 950 at pp. 954-955. In cross-examination Dr. Farley stated that she is not aware of any study that shows that indoor prostitution is as risky, or riskier, than street prostitution.

With respect to psychological violence, Dr. Farley deposed that there is no difference between extreme emotional distress or post-traumatic stress disorder ("PTSD") in indoor and outdoor prostitution. However, on cross-examination, she acknowledged the difficulty in directly linking PTSD with prostitution, as opposed to events unrelated to prostitution, such as childhood abuse (para 319-321).

A further summation occurred at para 345-346:

According to Dr. Melissa Farley, prostitution is violent regardless of the legal regime in place. She deposed that the definition of the "job" of prostitution is sexual harassment and sexual exploitation. In her Nevada study of legal brothels, Dr. Farley reported that 27 per cent of legal brothel workers interviewed had been pressured or coerced into an act of prostitution, 25 per cent had been physically assaulted, and 15 per cent had been threatened with a weapon. Dr. Farley adds that legalization of prostitution does not reduce the stigma of prostitution as legal brothel workers in Nevada are treated as social outcasts.

It is Dr. Farley's view that prostitution in general damages women's sexuality as it treats the female prostitute as a "receptacle."

As a result of this, Himel J concluded:

I find that some of the evidence tendered on this application did not meet the standards set by Canadian courts for the admission of expert evidence. The parties did not challenge the admissibility of evidence tendered but asked the court to afford little weight to the evidence of the other party.

I found the evidence of Dr. Melissa Farley to be problematic. Although Dr. Farley has conducted a great deal of research on prostitution, her advocacy appears to have permeated her opinions. For example, Dr. Farley's unqualified assertion in her affidavit that prostitution is inherently violent appears to contradict her own findings that prostitutes who work from indoor locations generally experience less violence. Furthermore, in her affidavit, she failed to qualify her opinion regarding the causal relationship between post-traumatic stress disorder and prostitution, namely that it could be caused by events unrelated to prostitution.

Dr. Farley's choice of language is at times inflammatory and detracts from her conclusions. For example, comments such as, "prostitution is to the community what incest is to the family," and "just as pedophiles justify sexual assault of children....men who use prostitutes develop elaborate cognitive schemes to justify purchase and use of women" make her opinions less persuasive.

Dr. Farley stated during cross-examination that some of her opinions on prostitution were formed prior to her research, including, "that prostitution is a terrible harm to women, that prostitution is abusive in its very nature, and that prostitution amounts to men paying a woman for the right to rape her."

Accordingly, for these reasons, I assign less weight to Dr. Farley's evidence (paras.

It would therefore appear that that rather than evidenced based research, Dr Farley is producing material that is specifically designed to reinforce her own bias. This is therefore misleading, and, I believe, unethical.

I believe, therefore, that it is quite clear that Dr Farley has breached the APA code of ethics sections 5.01 and 8.10, as well as any other relevant section of the Code of Ethics. Her methods of reporting are clearly very similar to those of Dr Paul Cameron, removed from membership of the APA and the



ASA in the 1980s. She uses broad statements of pre-scientific reasoning that have little or no evidence to support them, other than her own bias (See Weitzer, attachment 9). She has deliberately misled people by intentionally omitting information within the same paragraph or the same report that contradicted her claims. She has deliberately conducted research in other countries without first obtaining ethical approval from the relevant authorities in that country, which, in itself should be enough to raise concerns with the APA.

I would ask that the APA censure Dr Farley, and remove her from their register of members.

Yours sincerely

Calum Bennachie PhD

Attachments:

1. CV of Dr Melissa Farley, downloaded from her website
2. Farley, M., (2008). What *Really* Happened in New Zealand After Prostitution was Decriminalized in 2003? Downloaded 28 Jul 2010, from <http://www.prostitutionresearch.com>
3. *Prostitution Law Review Committee Report*, (2008), p40, section 2.6.4 – re claims that the numbers have increased
4. *Prostitution Law Review Committee Report*, (2008), pp174-176, Prostitution Law Review Committee Members
5. *Prostitution Law Review Committee Report*, (2008), pp118-119, re claims of increase in the numbers of street based sex workers in Auckland in one year.
6. Bennachie, C., (2010). Comment on Farley's "What *really* happened in New Zealand after prostitution was decriminalized in 2003?"
7. Dr Farley's PTSD assessment questionnaire as used in New Zealand.
8. Farley, M., Baral, I., Kiremire, M., & Sezgin, U., (1998). Prostitution in 5 countries: Violence, and Post-Traumatic Stress Disorder. *Feminism and Psychology*, vol 8(4): 405-426.
9. Weitzer, R., (2010). The mythology of prostitution: Advocacy research and public policy. *Sexuality research and social policy*, 7: 15-29

# Attachment 1

CV of Dr Melissa Farley, downloaded from her website

## Melissa Farley, Ph.D.

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Box 16254, San Francisco CA 94116-0254  
(415) 922-4555 mfarley@prostitutionresearch.com

### **DEGREES, LICENSES, INTERNSHIPS**

Ph.D., 1973, University of Iowa, Counseling Psychology  
Clinical Psychology Internship approved by American Psychological Association, 1973  
M.S., 1966, San Francisco State University, Clinical Psychology  
B.A., 1964, Mills College, Oakland, California  
Licensed to practice psychology in California  
Member, American Psychological Association  
Member, Psychologists for Social Justice

Dr. Farley has practiced as a clinical psychologist for 45 years. She brings that experience to her consultations with agencies, governments, and advocates for prostituted and trafficked women. She has articulated the harms of prostitution, pornography, and trafficking as an expert witness in forensic evaluations. She has been categorized as a legal expert on the effects of sexual violence against women and children, posttraumatic stress disorder, dissociation, prostitution and trafficking.

Dr. Farley has spoken at and keynoted a number of conferences on the topic of prostitution and trafficking. In her work, she has consistently addressed the connections between prostitution, racism, poverty, and both domestic and international trafficking.

She has a wide range of experience in teaching and consultation. Dr. Farley has provided consultation as an expert on the harm of prostitution to the Medical Examining Board of the State of California, in 2002. She has provided psychological evaluations of prostituted young women for Contra Costa County and for San Francisco County and has testified in the former which went to trial. She has conducted a forensic evaluation of a woman trafficked into the United States from Asia. Dr. Farley is an associate scholar with the Center for World Indigenous Studies, and has taught seminars on research for social activism at CWIS in Yelapa, Mexico.

With other staff at Prostitution Research & Education, a nonprofit organization that she founded 15 years ago, Dr. Farley manages the Prostitution Research & Education website (<http://www.prostitutionresearch.com>) which provides information about trafficking and prostitution, including a list of agencies offering services to women who have been in prostitution. PRE is formally affiliated with the Pacific Graduate School of Psychology in Palo Alto, California. The PRE website receives approximately 70,000 page views per month. Advocates across the globe have used materials on the website on behalf of women and children in prostitution. The site is contacted by survivors of prostitution, students, teachers, government officials, criminal justice personnel, social workers, legal advocates and nongovernmental agencies that are developing services to women who have been prostituted or trafficked.

Dr. Farley has collaborated with a team of researchers in northern California at Kaiser Permanente who are studying the long term effects of violence against women on their health and how that violence impacts preventive health care for women. Several peer-reviewed publications have resulted from this work.

Melissa Farley edited *Prostitution, Trafficking & Traumatic Stress*, 2004, a collection of 16 articles on these topics, published by Haworth Press. Farley is the senior author of the chapter, *Prostitution and Trafficking in 9 Countries: Update on Violence and Posttraumatic Stress*

*Disorder*. This article is currently being distributed by the Trafficking in Persons Office of the U.S. State Dept. She also contributed to two chapters in the book, *Dissociation among Women in Prostitution* by Colin Ross, Melissa Farley, and Harvey Schwartz; and the chapter *Prostitution and Trafficking of Women and Children from Mexico to the United States* by Marisa B. Ugarte, Laura Zarate, and Melissa Farley.

Dr. Farley wrote Prostitution and Trafficking in Nevada: Making the Connections, 2007 following a 2-year research study in Nevada, sponsored by the Trafficking in Persons Office of the U.S. Department of State. In addition to describing empirical findings resulting from interviews with 45 women in the legal brothels, the book connects legal and illegal prostitution, domestic and international trafficking, political corruption, and organized crime in Nevada.

## **PUBLICATIONS**

Farley, M., Macleod, J., Anderson, L., and Golding, J. (In Press) Attitudes and Social Characteristics of Men Who Buy Sex in Scotland. Psychological Trauma: Theory, Research, Practice, and Policy.

Farley, M. (in press) Prostitution: An Extreme Form of Girls' Sexualization. In Eileen Zurbriggen and Tori-Ann Roberts (eds.) *The Sexualization of Girls*. Oxford University Press.

Farley, M. (2009) Theory versus reality: Commentary on four articles about trafficking for prostitution. Women's Studies International Forum 32(4):311-315.

Farley, M., Bindel, J. and Golding, J.M. (2009) Men who buy sex: who they buy and what they know. Eaves: London and Prostitution Research & Education: San Francisco.  
<http://www.prostitutionresearch.com/c-prostitution-research.html>

Farley, M. (2009) Media Glamourising of Prostitution and Other Sexually Exploitive Practices that Harm Children. In M.T. Reist (ed.) Getting Real: Challenging the Sexualisation of Girls. North Melbourne: Spinifex.

Farley, M. (2009) Prostitution and the Sexualization of Children. In S. Olfman (ed.) The Sexualization of Childhood. Westport: Greenwood.

Farley, M. (2007) Prostitution and Trafficking in Nevada: Making the Connections. San Francisco: Prostitution Research and Education.

Farley, M. (2007) 'Renting an Organ for 10 Minutes:' What Tricks Tell Us About Prostitution, Pornography, and Trafficking. In D. Guinn and J. DeCaro (eds.) Pornography: Driving the Demand for International Sex Trafficking Pp 144-152. Los Angeles: Captive Daughters Media.

Farley, M. (2006) Prostitution, Trafficking, and Cultural Amnesia: What We Must *Not* Know in Order To Keep the Business of Sexual Exploitation Running Smoothly. Yale Journal of Law and Feminism 18:109-144.

Farley, M. and Seo, S. (2006) Prostitution and Trafficking in Asia. Harvard Asia Pacific Review 8(2): 9-12.

Farley, M., Lynne, J., and Cotton, A. (2005) Prostitution in Vancouver: Violence and the Colonization of First Nations Women. Transcultural Psychiatry 42: 242-271.

Farley, M. And Lynne, J. (2005) Prostitution of Indigenous Women: Sex Inequality and the Colonization of Canada's First Nations Women. Fourth World Journal 6 1-29. Available at [http://www.cwis.org/fwj/61/prostitution\\_of\\_indigenous\\_women.htm](http://www.cwis.org/fwj/61/prostitution_of_indigenous_women.htm).

Farley, M. (2005) Prostitution Harms Women Even if Indoors: Reply to Weitzer. Violence Against Women 11 (7): 950-964.

Farley, M., Golding, J.M., Young, G., Muliigan, M., and Minkoff, J.R. (2004) Trauma History and Relapse Probability among Patients Seeking Substance Abuse Treatment. Journal of Substance Abuse Treatment 27:161-167.

Farley, M. (2004) Prostitution is Sexual Violence. Psychiatric Times October 2004 Special Edition. Pages 7-10.

Farley, M.(2004) "Bad for the Body, Bad for the Heart:" Prostitution Harms Women Even If Legalized or Decriminalized. Violence Against Women 10: 1087-1125.

Farley, M. (2004) Who are Johns? Conference Report: Demand Dynamics, the Forces of Demand in Global Sex Trafficking. October 18, 2003. Captive Daughters and International Human Rights Law Institute of DePaul University College of Law.

Farley, M., Cotton, A., Lynne, J., Zumbeck, S., Spiwak, F., Reyes, M.E., Alvarez, D., Sezgin, U. (2003) Prostitution and Trafficking in 9 Countries: Update on Violence and Posttraumatic Stress Disorder. Journal of Trauma Practice 2 (3/4): 33-74.

Farley, M. and Ugarte, M B. (2003) Prostitution and Trafficking are Migrant Health Concerns. Streamline: Migrant Health News Source 9(4): 1-3. Migrant Clinicians' Network Post Office Box 164285, Austin, Texas 78716.

Farley, M. (2003) (Ed.) Prostitution, Trafficking, and Traumatic Stress. New York: Routledge.

Farley, M. (2003) Prostitution and the Invisibility of Harm. Women & Therapy 26(3/4): 247-280.

Farley, M, Minkoff, J R., & Golding, J M. (2002) Is a History of Trauma Associated with a Reduced Likelihood of Cervical Cancer Screening? Journal of Family Practice 51 (10): 827-831.

Farley, M. (2001) Prostitution: The Business of Sexual Exploitation. J. Worell (ed.) Encyclopedia of Women & Gender, Volume II: 879-891. New York: Academic Press.

Farley, M. and Patsalides, B. (2001) Physical symptoms, Posttraumatic Stress Disorder, and Healthcare Utilization of Women with and without Childhood Physical and Sexual Abuse. Psychological Reports 89:595-606.

Farley, M., Minkoff, J. R., Barkan, H. (2001) Breast Cancer Screening and Trauma History. Women & Health 34 (2): 15-27.

Farley, M. And Kelly, V. (2000) Prostitution: A Critical Review of the Medical and Social Sciences Literature Women & Criminal Justice 11 (4): 29-64.

Farley, M. (1999) Women in Prostitution. Support for Survivors: Training for Sexual Assault Counselors. Oakland: California Coalition Against Sexual Assault.

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- Farley, M. and Barkan, H. (1997) Posttraumatic Stress Disorder, Dissociation, and Pathological Tension-Reducing Behaviors. Psychotherapy and Psychosomatics 66:133-140.
- Farley, M. and Keaney, J. (1997) Physical Symptoms, Somatization, and Dissociation in Adult Women Survivors of Childhood Sexual Assault. Women and Health 25 (3): 33-45.
- Farley, M. and Keaney, J. (1994) Development of a Scale to Measure Physical Symptoms in Adults who Report Childhood Trauma: a Pilot Study. Family Violence and Sexual Assault Bulletin, 10 (1-2): 23-27.
- Baral, I., Sezgin, U. and Farley, M. (1998) The Traumatic Consequences of Prostitution in Turkey. Archives of Neuropsychiatry (Turkey) 35: 1, 23-28.
- Cotton, A., Farley, M. and Baron, R. (2002) Attitudes toward Prostitution and Acceptance of Rape Myths. Journal of Applied Social Psychology 32 (9): 1790-1796.
- Green, E.C., Farley, M., Herling-Ruark, A. (2009) Book Review: The Wisdom of Whores: Bureaucracies, Brothels and the Business of AIDS. Journal of the American Medical Association 301 (23): 2502-4. June 17, 2009.
- Keaney, J. and Farley, M. (1996) Dissociation in an Outpatient Sample of Women Reporting Childhood Sexual Abuse. Psychological Reports, 78: 59-65.
- Macleod, J., Farley, M., Anderson, L, and Golding, Jacqueline (2008) Challenging Men's Demand for Prostitution in Scotland: A Research Report Based on Interviews with 110 Men Who Bought Women in Prostitution. Glasgow: Women's Support Project.
- McCaw, B., Golding, J.M., Farley, M., and Minkoff, J.P. (2007) Domestic Violence and Abuse, Health Status, and Social Functioning. Women & Health 24(2): 1-23.
- Ross, C., Farley, M., & Schwartz, H.L. (2003) Dissociation among women in prostitution. Journal of Trauma Practice 2(3/4): 199-212.
- Schwartz, H., Williams, J., and Farley, M. (2007) Pimp Subjugation of Women by Mind Control. In M. Farley (ed.) Prostitution and Trafficking in Nevada: Making the Connections. San Francisco: Prostitution Research & Education. Pages 49-84.
- Ugarte, M.B., Zarate, L., and Farley, M. (2003) Prostitution and Trafficking of Women and Children from Mexico to the United States. Journal of Trauma Practice 2(3/4): 147-166.
- Zumbeck, S., Teegen, F., Dahme, B and Farley, M. (2003) Posttraumatische Belastungsstörung bei Prostituierten-Ergebnisse einer Hamburger Studie im Rahmen eines internationalen Projektes. Zeitschrift für Klinische Psychologie Psychiatrie und Psychotherapie 51(2): 121-136.

## **SELECTED PRESENTATIONS**

Farley, Melissa (2010) Prostitution in South Africa: Racialized Colonization of Women. Presented at Prostitution in South Africa: Developing a Research Agenda Sponsored by Coalition Against Trafficking in Women and Sexual Violence Research Institute. Pretoria, South Africa, April 14.

Farley, Melissa (2009) Critical Issues: Trafficking for Prostitution. University of Pennsylvania Law School. Philadelphia, November 14.

Farley, Melissa (2009) Prostitution: The victim, the harms, the criminal, the crime. National Prostitute Diversion Conference. Dallas, Texas. Nov 4.

Farley, Melissa (2009) The Social Injustices of Trafficking and Prostitution: Racism, Poverty, and Sexism. Western Dominican Justice Promoters. Berkeley, California. October 24.

Farley, Melissa (2009) Prostitution, Trafficking, and Traumatic Stress. Emergency Medicine Grand Rounds, University Medical Center, Las Vegas, Nevada. June 10.

Farley, M. (2009) Cultural Connections between Prostitution, Trafficking, and Pornography. Fuller Theological Seminary, Pasadena, California. May 2.

Farley, M. (2009) Intelligence Squared Debate "It's wrong to pay for sex." Rosenkranz Foundation, New York. April 21. [http://www.intelligencesquaredus.org/Audio\\_Image\\_past.aspx](http://www.intelligencesquaredus.org/Audio_Image_past.aspx)

Farley, M. (2009) Prostitution, Pornography, and Human Trafficking (Keynote) Freedom Day, Life Pacific University, San Dimas, California. April 19.

Farley, M. (2009) Myths & Facts About Prostitution & Trafficking. Gender & Justice Conference. Vanguard University, Costa Mesa, California. March 6.

Farley, M. (2008) Talk to Montavilla Neighborhood Association, Portland Oregon. October 7.

Farley, M. (2008) Economic Impact of Trafficking for Prostitution. Economic Roundtable on Human Trafficking. William Jessup University. September 26.

Farley, M. (2008) Health Service Provision to Victims and Survivors. National Symposium on the Health Needs of Human Trafficking Victims. U.S. Department of Health and Human Services. Washington, D.C. September 23.

Farley, M. (2008) Prostitution and Trafficking in Nevada. Sierra Nevada Region of Soroptimist International of the Americas. Reno, Nevada April 25.

Farley, M. (2008) Prostitution and the Myth of Friendly Subordination. Mythology of Violence Conference. Pacifica Graduate Institute, Santa Barbara, California. April 6.

Farley, M. (2008) Severing Prostitution from Trafficking: Who Benefits? Sex Trafficking Conference. South Texas College, McAllen Texas. April 2.

Farley, M. (2008) The Economics of the Sex Industry: Financing Inequality (2008) Commission on the Status of Women. New York: United Nations. Feb. 28.

Farley, M. (2007) The effects of a prostitution culture on men and women in Nevada. Conference on Prostitution, Trafficking, and Demand: Making the Links. Glasgow Inter Agency Working Group on Trafficking. Glasgow, Scotland. Dec. 5.

Farley, M. (2007) Trafficking for Prostitution: Making the Connections. Invited Symposium. American Psychological Association 115<sup>th</sup> Annual Convention. San Francisco California August 17.

Farley, M. (2007) "What do we know about men who buy sex?" Conference on Child Trafficking. Fuller Theological Seminary, Pasadena California. April 28, 2007

Farley, M. (2007) Pornography, Prostitution, and Sex Trafficking: Same Industry, False Distinctions. Pornography and Pop Culture: Reframing Theory, Rethinking Activism. Wheelock College, Boston, March 24, 2007.

Farley, M. (2007) Psychological Trauma Caused by Being Trafficked into Prostitution. Human Sex Trafficking Conference: Raising Awareness in Social Service Communities. San Francisco State University Department of Social Work March 12, 2007.

Farley, M. (2006) Trafficking and Prostitution: Invading Women's Human Rights. International Conference on the Links between Prostitution and Trafficking: Focusing on Women's Human Rights and the Issue of Demand. Seoul, Korea. September 6, 2006.

Farley, M. (2006) Harm Reduction or Harm Elimination? Global Technical Consultation on HIV and Sex Work. Rio de Janeiro, Brazil. July 13.

Farley, M. (2006) What We Know about the Effects of Legalized Prostitution. Legalization Dialogue, Kolkata India. June 3.

Farley, M. (2006) 'Renting an Organ for 10 Minutes: Spanish and US Men's Attitudes Toward Prostitution. Challenging Demand Conference. Glasgow, Scotland. May 18.

Farley, M. (2006) What Must We Not Know in Order to Keep the Business of Sexual Exploitation Running Smoothly? Sexual Trafficking: Breaking the Crisis of Silence: An International Conference. Chapel Hill, North Carolina. April 7.

Farley, M. (2005) Presentation to New York State Judges. Prostitution, Trafficking, and Domestic Violence: understanding and innovation. Sponsored by New York State Judicial Committee on Women in the Courts. White Plains, N.Y. November 18.

Farley, M. (2005) Prostitution and Family Violence. World Conference on Prevention of Family Violence. Banff, Canada, October 24.

Farley, M. (2005) Prostitution, Trafficking, and Traumatic Stress. International Congress on Trafficking for Sexual Exploitation. Madrid, Spain. October 27.

Farley, M. (2005) Intimate connection between prostitution and trafficking. Western Regional Task Force Training Seminar on Human Trafficking. San Diego Sept 30.

Farley, M. (2005) Prostitution, Trafficking, and Traumatic Stress. Grand Rounds, San Francisco General Hospital. August 26.

Farley, M. (2005) Prostitution, Trafficking and Traumatic Stress. 6<sup>th</sup> Annual Conference on Race and Diversity Issues. Kern County Mental Health System. Bakersfield, CA. April 8, 2005.



Farley, M. (2004) Domestic Violence, Trafficking, and Prostitution: Common Themes, Common Challenges. Speech at Fordham University School of Law. Lawyers Committee Against Domestic Violence and New York State Judicial Committee on Women in the Courts. New York, NY. March 1.

Farley, M. (2003) The Health of Incarcerated Women: Prostitution, HIV and Violence. Presentation at American Public Health Association. San Francisco. Nov 19.

Farley, M. (2003) Emerging from Invisibility: The Complex Challenges of Recovery for Women Victimized by Prostitution. Invited Symposium at International Society for Traumatic Stress Studies. 19<sup>th</sup> Annual Meeting, Chicago Illinois. October 31.

Farley, M. (2003) Prostitution, Trafficking and Public Health. Panel presentation at Parallel Worlds: San Diego and Tijuana. Third Annual Bilateral Safety Corridor Coalition Conference. August 27.

Farley, M. (2003) Johns: Prostituted Women's Accounts, Social Science Anecdotes, but Little Research: Prostitution: a Perspective on the Customer's Domination of Women. 111<sup>th</sup> Annual Meeting of the American Psychological Association. Toronto, Canada. August 28.

Farley, M. (2003) Prostitution, Sexual Assault, and Trafficking of Women and Children (Keynote). Arte Sana Training Institute: Reaching las Familias: Empowering Our Communities. Austin Texas April 3.

Farley, M. (2003) Prostitution and Trafficking: Working with Victims of Trafficking Stress Syndrome. Speech at Arizona's Tri-County Battered Immigrant Women Project. Tucson, Arizona. March 28.

Farley, M., Ackerman, R., and Banks, M. (2003) Traumatic Brain Injury: Assessment of a Little-Known Sequela of Prostitution. The 9<sup>th</sup> National Conference on Abuse of Children and Adults with Disabilities. Riverside, CA. March 12.

Farley, M. (2003) Prostitution: Male Violence Against Women. United Nations Commission on the Status of Women. Coalition Against Trafficking in Women. New York, NY. March 4.

Farley, M. (2002) The Origins of Trafficking in Colonization and Prostitution Presentation. The Human Rights Challenge of Globalization in Asia-Pacific-USA: Trafficking in Persons, Especially Women and Children. Honolulu, Hawaii. November 14.

Farley, M. (2002) Trauma and Substance Abuse: What's the Connection? (Keynote) Illinois Coalition Against Sexual Assault. Lisle, Illinois. November 8.

Farley, M. (2002) Witnessing Prostitution. Speech at International Day of No Prostitution, Berkeley, California. October 5.

Farley, M. (2002) Prostitution and Sexual Violence (Keynote) Nebraska Sexual Abuse/Domestic Violence Coalition. Lincoln, Nebraska. September 25.

Farley, M. (2002) Escort Prostitution for Teenage Girls: Job Opportunity or Sexual Abuse? (keynote speech) Iowa Gender-Specific Services Task Force. Ames, Iowa. May 17, 2002.

Farley, M. (2001) Prostitution and Homelessness: the Traumatic Effects of Violence against Women (Keynote). Prostitution: A Violent Reality of Homelessness. Chicago Coalition for the Homeless. Chicago, Illinois, May 23.

Farley, M. (2001) Racism, Gender, and the Global Sex Trade in Women. 45<sup>th</sup> Session of Commission on the Status of Women, United Nations, New York. March 7.

Farley, M. (2001) Consent and Coercion in Prostitution. New York University Law School Symposium on Prostitution, Trafficking, and the Global Sex Trade in Women. March 2.

Farley, M. (2001) The Prostitution Paradigm and Campus Sexual Violence. (Keynote) Technical Assistance Institute for Grants to Combat Violent Crimes against Women on Campuses Program. Tucson: University of Arizona.

Cotton, A., Farley, M., And Schmidt, M. (2001) Prostitution Myth Acceptance, Sexual Violence, and Pornography Use. 109<sup>th</sup> Annual Meeting of the American Psychological Association, San Francisco. August 27.

Golding, J. M., Farley, M., & Minkoff, J. R. (2001) Childhood Abuse and Cervical Cancer Screening. 109<sup>th</sup> Annual Meeting of the American Psychological Association, San Francisco. August 29.

Schmidt, M., Cotton, A & Farley, M. (2000) Attitudes Toward Prostitution and Self-Reported Sexual Violence. 16<sup>th</sup> Annual Meeting of the International Society for Traumatic Stress Studies. San Antonio, Texas. November 18.

Farley, M. (2000) Trafficking in Women and Children: a Global Mental Rights Work Issue. World Mental Health Day. NGO Committee on Mental Health and International Labor Organization, United Nations, New York, N.Y. October 10.

Farley, M. (2000) Homelessness and Sexual Exploitation (Keynote) Fourth Annual San Francisco Bay Area Regional Homeless Perinatal Conference. Oakland California. April 7.

Farley, M. (1999) Prostitution, Torture, and Human Rights Violations. Sixth European Conference on Traumatic Stress. European Society for Traumatic Stress Studies. Istanbul, Turkey. June 7.

Farley, M. (1999) The Price Women Pay: Mental and Physical Health Effects of Sexual Exploitation. United Nations Commission on Status of Women. United Nations, New York, N.Y. March 8.

Farley, M., Becker, T., Cotton, A., Sawyer, S., Fitzgerald, L., Jensen, R. (1998) The Attitudes Toward Prostitution Scale: College Students' Responses Compared to Responses of Arrested Johns. 14<sup>th</sup> Annual Meeting of the International Society for Traumatic Stress Studies, Washington, D.C., November 21.

Farley, M. (1997) Prostitution, Slavery, and Complex PTSD. 13<sup>th</sup> Annual Meeting of International Society for Traumatic Stress Studies. Montreal, Canada, November 8.

Farley, M. (1997) A Feminist Perspective on Prostitution and Sex Tourism. Proceedings, Gender & Tourism Conference. University of California, Davis. October.

Farley, M. (1996) Prostitution and Posttraumatic Stress Disorder: Data from United States, Thailand, and Zambia. Psychosocial and Behavioral Factors in Women's Health: Research,

Prevention, Treatment and Service Delivery in Clinical and Community Settings. American Psychological Association, Washington, D.C. September 19.

Farley, M. and Felitti, V. (1996) The Significance of Physical, Sexual and Psychological Abuse to Delayed Recovery and Somatization: Practical Strategies for Primary Care. First Interregional Conference on Primary Care, Occupational Health, Physical Therapy, and Musculoskeletal Medicine. Oakland, California.

Farley, M. (1996) Trauma History, Somatization, and Healthcare Utilization. Behavioral Medicine Update, Kaiser Regional Psychological Society. Oakland, March 30.

Farley, M., Felitti, V. and Minkoff, J. (1996) Sexual Abuse and Medical Disorder. Research Grand Rounds, Regional Videoconference Series. Oakland, April 18, 1996

Farley, Melissa (1995) Impact Of Two Types Of Early Trauma On Somatization And Healthcare Utilization. 11<sup>th</sup> Annual Meeting Of International Society For Traumatic Stress Studies. Boston, Massachusetts. November.

## Attachment 2

Farley, M., (2008). What *Really* Happened in New Zealand After Prostitution was Decriminalized in 2003? Downloaded 28 Jul 2010, from <http://www.prostitutionresearch.com>

# What really happened in New Zealand after prostitution was decriminalized in 2003?

## **1. Violence in prostitution continued after prostitution was decriminalized in New Zealand, according to the New Zealand Law Review Committee.**

The Report is available at <http://www.justice.govt.nz/prostitution-law-review-committee/publications/plrcreport/index.html>.

## **2. Stigma and prejudice against prostitution, and the shame associated with prostitution, continued since decriminalization of prostitution in NZ.**

## **3. Street prostitution in New Zealand's cities increased dramatically after prostitution was decriminalized in 2003.**

## **4. There is inadequate protection for children against prostitution in New Zealand since decriminalization.**

## **5. The US State Department has noted trafficking of women and children since prostitution was decriminalized in New Zealand.**

Decriminalization can't stop the violence, abuse, and stigma that are built-in to prostitution. Prostitution has increased dramatically in New Zealand since decriminalization in 2003, with a 200-400% increase in street prostitution in Auckland.

Prostitution of children and youth has increased, with humanitarian agencies declaring that indigenous Maori children are at highest risk for prostitution.

When prostitution is decriminalized, neighborhoods mount legal battles over whose back yard the next brothel will be zoned into. **In October 2008, frightened parents discovered that a New Zealand brothel was in the same building as a child care center. Yet under decriminalized prostitution "We don't believe we have any legal avenues to stop them," said the director of the child care center.** ("Brothel Shares Childcare Building" OneNews NZ, Oct 14, 2008, <http://tvnz.co.nz/view/page/411365/2199590>)

"For the most part the women in prostitution who I talk to don't really seem to care about their human rights. The stigma and shame of prostitution is still very strong even after decriminalization. The women I see feel that prejudice intensely. One of the women we work with was raped in prostitution since decriminalization. She told us, however, that she felt that 'it was part of the job' of prostitution. Of all the women I've worked with, none of them told me that when they were little girls they dreamed of growing up to be prostitutes."  
- Director of an Auckland agency providing services to women in prostitution, 2008.

The New Zealand Prostitution Law Review Committee issued a report on the Operation of the PROSTITUTION REFORM ACT ('PRA') 2003.

## **1. Violence in prostitution continued after prostitution was decriminalized in New Zealand, according to the New Zealand Law Review Committee.**

"The majority of sex workers felt that the law could do little about violence that occurred." (page 14)

35% reported in 2007 that they had been coerced to prostitute with a given john in the past 12 months. (page 46)

A majority of respondents felt that decriminalization made no difference with respect to the violence of johns in prostitution – they felt that it was inevitably a part of the sex industry. (page 57)

The Report notes that “few” sex workers, regardless of whether they were prostituting indoors or outdoors, reported any of the incidents of violence or crimes against them to the police. (page 122)

Many owners of brothels have the same exploitive contract arrangements that existed before prostitution was decriminalized. Often no written contracts or their questionable quality. (page 157)

## **2. Stigma and prejudice against prostitution, and the shame associated with that, continued after decriminalization of prostitution.**

The New Zealand Prostitution Review Committee stated, “Despite decriminalization, the social stigma surrounding involvement in the sex industry continues.” (page 154)

## **3. Street prostitution in New Zealand’s cities increased dramatically after prostitution was decriminalized in 2003, according to many news reports, and according to one report from the New Zealand Prostitution Review Committee itself.**

In 2006, an Auckland lawyer declared decriminalization a “disaster” which had resulted in an “explosion” of children in prostitution in Auckland and Christchurch, three murders of people in prostitution, and local businesses complaining of prostitution occurring on their premises and used condoms littering streets and doorways. (“Barrister labels prostitution law ‘a disaster’” (<http://www.stuff.co.nz/stuff/0,2106,3640007a11,00.html>) April 17, 2006)

Mama Tere Strickland, a Maori street outreach worker (who came to Berkeley to speak out against Measure Q in 2004) stated that in 2005, **the numbers of those prostituting on the street in Auckland have increased by 400% since decriminalization.**

The New Zealand Prostitution Review Committee states that street prostitution in Auckland more than doubled in just one year, 2006-7. (page 118).

‘Estimates indicate that the number of street workers in Manukau City may have quadrupled since June 2003.’

Manukau City Council, *Report of Manukau City Council on Street Prostitution Control* available at <http://www.manukau.govt.nz/uploadedFiles/manukau.govt.nz/Publications/Plans & Policies/mcc-report-on-streetprostitution-aug-2005.pdf>.

The New Zealand Prostitution Review Committee comments on citizens’ complaints of increased street prostitution in two large communities in New Zealand: Christchurch and Manukau. (page 16). **In these same two communities, Christchurch and Manukau, street prostitution has shifted into traditionally residential areas where community residents harassed those in prostitution and people in street-based prostitution “propositioned members of the public, were aggressive, disruptive, and noisy.”** Complaints from residents included “condoms, excrement, and other bodily waste” left in the street, shops, car parks, and on private property. P (124)

## **4. There is inadequate protection for children against prostitution in New Zealand since decriminalization.**

According to the New Zealand decriminalized prostitution law, the police have no right of entry into brothels, and have no right to ask for age-identification papers of those in prostitution – thus investigation of suspected youth prostitution is extremely difficult, according to police officers, who asked that the law be revised. (page 109)

## **5. The US State Department has noted trafficking of women and children since prostitution was decriminalized in New Zealand.**

The Trafficking in Persons Report of the US State Dept notes that New Zealand has internal trafficking of women and children for commercial sexual exploitation, and that there are instances of debt bondage and document confiscation, and women from Asia, the Czech Republic, and Brazil 'working illegally' as prostitutes. OneNews (NZ) 2008 NZ a sex trafficking destination. Accessed Jun 5, 2008 <http://tvnz.co.nz/view/page/1316907/1831498>

**6. The NZ Prostitution Law Review Committee was biased and blatantly favored the sex industry:**

'For people whose employment options may be limited, sex work, and particularly street-based sex work, can offer a quick means of achieving financial gains'' (page 121)

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## Attachment 3

*Prostitution Law Review Committee Report*, p40, section 2.6.4 – re  
claims that the numbers have increased



#### **2.6.4 Claims that Numbers Have Increased**

The Committee is aware of reports claiming the numbers of sex workers, and in particular street-based sex workers, have increased as a result of decriminalisation. Addressing these claims

forms a substantial part of this chapter. Often, the increases have been reported in general terms, based on impressions, rather than citing actual numbers. One exception is the claim that the numbers of street-based sex workers in Auckland increased by 400% as a result of decriminalisation. This claim cannot be substantiated, and was not based on systematic or robust research.

The figure of a 400% increase has been re-reported several times, demonstrating the ease with which opinion can be perceived as 'fact'. In his speech to the House during the second reading of the Manukau City Council (Control of Street Prostitution) Bill, Gordon Copeland MP attributed the report of a 400% increase to the Maori Wardens' submission on the Bill in 2006. The Maori Wardens may have been influenced by an article in the NZ Herald in 2005 in which Mama Tere Strickland was reported to say, 'Numbers have quadrupled since that Bill [Prostitution Reform Act]' (New Zealand Herald, 2005).

A 400% increase in the numbers of sex workers was predicted prior to the passage of the PRA, and was also claimed in relation to the law reform in New South Wales. This may be the original source of the idea that numbers of sex workers will, or have, increased by such a margin as a result of law reform. Officials advising the Select Committee were unable to find any statistical evidence to support the claim. In addition, the Select Committee noted that 'there may appear to be a growth in the industry because it becomes less hidden in nature' (Select Committee, 2002).

In the Committee's first report, the number of street-based sex workers in Auckland was estimated to be 360 (PLRC, 2005). An increase of 400% would mean there would now be 1,440 sex workers on Auckland's streets. The Committee considers that the research undertaken by the CSOM conclusively refutes an increase of this magnitude, with the 2007 figures estimating the number of Auckland street-based sex workers at 230.

# Attachment 4

Prostitution Law Review Committee Members

# Appendix 1 Prostitution Law Review Committee

## Members

### **Paul Fitzharris O.N.Z.M. – nominated by the Minister of Police (Chairperson)**

Paul Fitzharris retired from the NZ Police in 2001 as an Assistant Commissioner. During the latter part of his career he was Acting Deputy Commissioner. He has been a member of the Legal Aid Review Panel, and conducted a number of reviews for government agencies in respect of emergency management, search and rescue and a review of the Cook Islands Police. He is a board member of Orana Wildlife Park, Christchurch. He is currently the Acting Chair of Land Transport New Zealand and Patron of New Zealand Neighbourhood Support.

### **Catherine Hannan – nominated by the Minister of Justice**

Catherine Hannan, DOLC, is a Sister of Compassion. She has a background in education, development and the social sciences and is currently on the team at the Suzanne Aubert Compassion Centre, popularly known as the Wellington Soup Kitchen. Sister Catherine is Chair of the Board of Caritas Aotearoa New Zealand, an agency for development, justice and peace. Her particular interest is human rights.

### **Debbie Baker – nominated by the Minister of Justice**

Debbie Baker is the manager of Streetreach, a confidential support service for those involved in prostitution. She has a wide knowledge of the sex industry through working with those in the industry both in England and in New Zealand. Streetreach has been in operation in New Zealand since 2000 and is an initiative of The Life Centre Trust, a charitable trust based in Auckland that exists to make life better for those in the community. Ms Baker joined the Committee in June 2007, filling a vacancy held since May 2006.

### **Matt Soeberg – nominated by the Minister of Health**

Matt Soeberg has a strong background in public health policy. He is currently a PhD candidate at the Health Inequalities Research Programme, Wellington School of Medicine and Health Sciences, examining ethnic and socioeconomic trends in cancer survival rates. He is also a senior analyst at the Cancer Control Council of New Zealand. He has worked for the Special Programme on Environment and Health, World Health Organisation Regional Office for Europe. Mr Soeberg has also worked at the Auckland Regional Public Health Service, the New Zealand AIDS Foundation and the Ministry of Health. His interests are in social epidemiology, public health policy and law, health inequalities and health impact assessment.

### **Sue Piper – nominated by the Minister of Local Government**

Sue Piper was a Wellington City councillor for nine years and a member of Local Government New Zealand's National Council for three years. In 1995, she was a member of the NGO Co-ordinating

group preparing New Zealand's NGO presentation at the 1995 Conference on Women. Ms Piper is currently the Executive Director of the Wellington Region Foundation. She is also the Chair of the Local Government Commission and a board member for Quotable Value.

**Karen Ritchie – nominated by the Minister of Commerce**

Karen Ritchie has been working for the NZ Aids Foundation for the past four years. Her experience in the sex industry spans many years as a tax paying worker and small business owner. In May 2006, Ms Ritchie spoke at the Harm Reduction Conference in Vancouver about her personal experience of criminalisation and decriminalisation whilst in the industry. She is the founder of the Cartier Bereavement Charitable Trust in Auckland, which assists with funeral costs for those who have passed on from an HIV/AIDS related illness.

**Mary Brennan – nominated by the Minister of Commerce**

Mary Brennan has over 20 years experience in people management, including ten years in restaurant management in both New Zealand and the UK. For the past ten years Ms Brennan has managed brothels. She has developed and written a user friendly job description and interview booklet for sex workers. Her main areas of interest are training, communication and human rights. Ms Brennan now works as a private sexuality consultant.

**Sue Crengle – nominated by the Minister of Women's Affairs**

Dr Sue Crengle has a Bachelor of Human Biology, Bachelor of Medicine and Bachelor of Surgery, and Master of Public Health from Auckland University. She has medical specialty qualifications in General Practice and in Public Health Medicine. Dr Crengle has previously worked as a Medical Officer Special Scale in Auckland Sexual Health Services. She is currently employed as a Senior Lecturer in Te Kupenga Hauora Māori, Faculty of Medicine and Health Sciences, University of Auckland. She is also the Director of Tōmaiora Māori Health Research Centre.

**Catherine Healy – nominated by the New Zealand Prostitutes' Collective**

Catherine Healy B.A., Dip Tch. is National Co-ordinator of the New Zealand Prostitutes' Collective. She has sat on a wide range of expert committees, and is frequently sought by national and international groups for advice on issues affecting sex workers.

**Lisa Waimarie – nominated by the New Zealand Prostitutes' Collective**

Lisa Waimarie has worked for the New Zealand Prostitutes' Collective for 10 years, initially joining the organisation as a volunteer, and then becoming the Regional Coordinator of the group's Dunedin branch. She has also been the Coordinator for a local HIV/AIDS support group. Both of these organisations are part of a larger collective called the Working Together Group, a collective of Dunedin HIV/AIDS education, prevention and support groups that work together to organise annual events aimed at promoting community awareness of this issue. Ms Waimarie was the Event Coordinator for the Working Together Group for seven years.

**Jan Jordan – nominated by the New Zealand Prostitutes' Collective**

Dr Jan Jordan is currently Senior Lecturer in the Institute of Criminology, Victoria University of Wellington. She became interested in researching prostitution over 20 years ago while studying women's involvement in crime in nineteenth century New Zealand. Dr Jordan later compiled a book of interviews with women working in the contemporary sex industry (*Working Girls*, Penguin Books, 1991). Since then she has conducted a small research project with the clients of sex workers and compiled a literature review on the New Zealand sex industry for the Ministry of Justice (2005).

#### **Former Committee Members**

The position currently filled by Debbie Baker was previously occupied by Alan Bell, the then Director of ECPAT NZ Inc, and prior to that by Susan Martin of ECPAT who sadly died soon after resigning in 2004.

## Attachment 5

*Prostitution Law Review Committee Report*, pp118-119, re claims of increase in the numbers of street based sex workers in Auckland in one year.

### 8.2.1 Numbers

Any estimate of the size of any sector of the sex industry must be viewed with caution due to the often temporary and sporadic nature of people's involvement. In addition, street-based workers who are with a client, or not working, while head counts are conducted may not be included, making accurate assessment of numbers of workers difficult.

In the Committee's first report, the number of sex workers in New Zealand was estimated to be 5,932 of which 11% (roughly 652) were street-based. Although the data collection methods had many limitations, this represented the best estimate of numbers immediately prior to decriminalisation (PLRC, 2005). Two further counts of street-based sex workers were undertaken in 2006 and 2007 by researchers from the CSOM. Difficulty arises when trying to compare data collected in relation to illegal activity (soliciting) and data collected when such offences no longer exist.

*In 2006 (and again in 2007) in Wellington and Christchurch sex workers known to be currently working, but not observed on the nights counting took place, were included in the final estimates. Some of the sex workers included were very rarely seen on the street. Wellington and Christchurch adapted the method suggested by the CSOM to include known sex workers. The same method was not employed in Auckland; therefore the 2006 figures must be treated as an under-estimation of the number of street-based workers in this region.*

Research undertaken by the CSOM in February and March 2006 found 253 street-based sex workers in New Zealand, representing 11% of the sex industry as a whole. In Auckland 106<sup>51</sup> street workers were counted, (making up 7% of the industry in Auckland) in Wellington 47 street workers were counted (representing 13% of the Wellington sex industry) and in Christchurch 100 were recorded (representing 26% of sex workers in Christchurch). The CSOM found no street-based workers in the other two centres included in the research (Hawke's Bay and Nelson).

Between June and October 2007, CSOM carried out another estimation of street-based sex workers in the five centres. Again, none were found to be working in the Hawke's Bay or Nelson regions. *For this estimate, outreach workers in Auckland developed a list of street workers known to be working, similar to the lists used in Wellington and Christchurch, to estimate the numbers of street-based workers. In Christchurch 121 street-based workers*

were counted and in Wellington 44 street-based sex workers were counted. In Auckland, 230 street workers were known to be working. Not all workers on the lists are seen on the streets every week. For example, in Christchurch, during a two week period of observation in June 2007, between 70 and 77 workers were noted as working (CSOM, 2007).

The different methods used to estimate numbers of sex workers in Auckland in 2006 and 2007 may explain the large increase in the Auckland figures. However, Auckland outreach workers also reported an 'influx of sex workers on the streets in the six to eight months prior to June 2007'. Of the 230 workers, 20 were very rarely seen on the street (CSOM, 2007).

Streetreach is a non-governmental organisation that provides support for street-based sex workers in Auckland and Manukau cities. Streetreach believes there has been an overall increase in the number of street-based sex workers in the Auckland region since decriminalisation (Streetreach, 2007)

In Christchurch, some residents in and around the street prostitution area report an increase in the number of sex workers since the passage of the PRA (St Lukes Body Corporate, 2007). Information received from other residents from the same area indicates that sex workers are now seen working during daylight hours, as well as at night (Residents of Manchester, Peterborough and Salisbury Street corners, 2007). NZPC outreach workers in Christchurch confirm some sex workers now prefer to work during the day because it is safer. NZPC and YCD in Christchurch considered that the number of street-based workers has remained stable since the enactment of the PRA. However, there are slight seasonal variations with more sex workers presenting on the streets as the weather improves (PLRC, 2006).

The Salvation Army operates street vans and community services for street-based sex workers in Auckland, Manukau and Christchurch cities. The Salvation Army noted that the PRA has not reduced the number of people working on the street. The Salvation Army argues the number of sex workers on the streets has not reduced because the PRA has not improved or addressed the causal factors underlying prostitution (Salvation Army, 2007).

(Prostitution Law Review Committee Report, 2008: 118-119, emphasis added)

Note 51 states:

51. This figure is known to be an under-estimation.



## Attachment 6

Bennachie, C., (2010). *Comment on Farley's "What really happened in New Zealand after prostitution was decriminalized in 2003?"*.

Wellington: Author.

# **Comment on Farley's "What *really* happened in New Zealand after prostitution was decriminalized in 2003?"**

Calum Bennachie, PhD

The article is written in a manner to appeal to the popular reader rather than the academic reader. It is emotive and filled with inaccuracies and errors in context. It typifies Farley's writings regarding sex work. Consisting of three pages, it has five points on the first page and a further six points over the next two pages, these pages and points covering a criticism of the Prostitution Law Review Committee's (PLRC) Report (2008). The points on the first page are explained on the 2<sup>nd</sup> and 3<sup>rd</sup> pages. It is clear from her writing that Farley was familiar with the entire Report.

I shall examine each point she makes for accuracy and context.

## **1. Violence in prostitution continued after prostitution was decriminalized in New Zealand, according to the New Zealand Law Review Committee.**

The Act did not decriminalise violence, which has been, and remains, a crime. This is Farley's first error. Prior to the Prostitution Reform Act 2003 (PRA) being passed, sex workers reported to NZPC a lack of willingness to report crime against them for fear of the police using information regarding their sex work against them. Furthermore, Abel, Fitzgerald and Brunton (2007: 21, citing Pyett & Warr, 1997; Pyett & Warr, 1999), noted:

Pyett and Warr were disturbed by the number of women in their study who were reluctant to report violent crimes, such as rape and assault, to the police due to perceptions of disconnection from the justice system through their illegal status. They have advocated for decriminalisation of all forms of sex work in Victoria, which would improve the safety and autonomy of all sex workers and reduce the stigma which contributes to their low self-esteem.

Mossman and Mayhew, (2007: 39) indicate that with the change in law, sex workers are more likely to report adverse events:

It appears the PRA has been limited in its ability to prevent incidents of violence from occurring. However, informants indicated that the Act had assisted in violence being reported to Police, with some indication that the Police response may assist in resolving a situation. There was a sense that the PRA meant incidents of violence against sex workers would now be taken seriously. Of those feeling in a position to comment, the majority (70%, n=22) felt sex workers were now more likely to report incidents of violence to the Police. It appeared that this was particularly true for the street workers:

*Since the Act ... I'd say the incidence of violence has been lessened a little, because the girls can stop a Police car now and make a legitimate claim. One night I was in a Police car with a Senior Sergeant and this girl had just phoned 111 and waved us down. She was traumatised – but perhaps because I was in the car and she knew me we were able to encourage her to report the assault. (NGO).*

*If it is serious I'd make a complaint now – over violence against me or someone I know. (SOOB)*

The Prostitution Law Review Committee (2008: 14, 57) also indicates that sex workers are now more likely to report violence against them than before sex work was decriminalised in 2003. Without taking this into consideration, clearly stated in the Report, Farley compounds this error.

Furthermore, despite being murder, rape and assault being criminal, men are still murdered, women still raped, and children still assaulted. To imply that decriminalising one action (prostitution) should have stopped a different action (murder or assault) is effectively comparing apples with oranges, and is a leap of faith not supported by evidence. Evidence (Abel, Fitzgerald & Brunton, 2007: 21) suggests that criminalising sex workers does not reduce violence against sex workers. This is Farley's second error.

Farley also claimed:

*"The majority of sex workers felt that the law could do little about violence that occurred."  
(page 14)*

However, examining that paragraph reveals:

The majority of sex workers interviewed felt that the PRA could do little about violence that occurred, though a significant minority thought that there had been an improvement since

the enactment of the PRA. Of those feeling in a position to comment, the majority felt sex workers were now more likely to report incidents of violence to the Police, though willingness to carry the process through to court is less common (PLRC Report, 2008: 14).

This paragraph, although appearing to support Farley’s claim, also shows she has made an error in context and a deliberate omission. Although violence against sex workers continues (just as violence against women continues despite laws against it), sex workers now feel more capable of reporting that violence. This is Farley’s third error. Furthermore, in her next claim,

35% reported in 2007 that they had been coerced to prostitute with a given john in the past 12 months. (page 46)

Dr Farley omits a comparison with an earlier study, *A “segmented” sex industry in New Zealand: sexual and personal safety of female sex workers* by Libby Plumridge and Gillian Abel (2001).

The table the above claim is taken from shows:

**Table 10 Ability to Refuse Clients in Last 12 Months by Sector**

	<b>Total</b>	<b>Street Workers</b>	<b>Managed Indoor</b>	<b>Private Indoor</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Felt they had to accept a client when they didn’t want to in last 12 months (N=768)</b>	35.3	41.7	37.5	29.1
<b>Refused to do a client within the last 12 months (N=768)</b>	69.8	85.5	61.3	77.1
<b>Participants who had refused to do a client in last 12 months and who were penalised (N=540)</b>	10.5	9.5	12.4	8.3
<b>More able to refuse to do a client since law change (N=493)*</b>	64.8	61.9	67.3	62.7

When compared to the earlier study (Plumridge & Abel, 2001), the 35% reported by Farley is actually a decrease from 57% who, in 1999, felt they had to accept a client they didn’t want to in the previous 12 months:

More than half the women (57%) in the study reported that they had felt pressure to accept a client when they did not want to (53% street workers and 59% indoor workers), but

significantly more street workers (85%) than indoor workers (55%) reported that they had refused a client in the past 12 months (Plumridge & Abel, 2001).

The table 10 in the Prostitution Law Review Committee Report is taken from table 6.2 in Abel, Fitzgerald & Brunton, (2007). Table 6.2 appears at the bottom of page 116. At the top of page 117, table 6.3 appears, and it then becomes clear that Dr Farley's claim is deliberately taken out of context:

**Table 6.3 Ability to refuse clients in last 12 months for Christchurch female 1999 and 2006 samples**

	Christchurch 1999 %	Christchurch 2006 %	Comparison across samples (df=2)	
			$\chi^2$	p
<b>Felt that they had to accept a client when they didn't want to in last 12 months</b>				
Street Workers	53	44	1.3	0.3
Managed Workers	58	45	<b>4.0</b>	<b>0.05</b>
Private Workers	63	38	<b>6.0</b>	<b>0.01</b>
<b>Refused to do a client within the last 12 months</b>				
Street Workers	85	82	0.3	0.6
Managed Workers	47	68	<b>11.1</b>	<b>0.0009</b>
Private Workers	77	77	0.01	0.9

Significantly fewer private and managed female Christchurch workers reported having to accept a client when they didn't want to in 2006 than in 1999 (see Table 6.3). Managed workers were also significantly more likely to have reported refusing to do a client in the last 12 months in 2006 than in 1999 (Abel, Fitzgerald & Brunton, 2007: 117).

This again shows that Farley has made an error of context, and, by not making the relevant comparison, an error of fact. Farley is familiar with the earlier (Plumridge & Abel, 2001) study, and has cited it in her work several times, therefore, this can be nothing but a deliberate omission designed to mislead readers. These are Farley's fourth and fifth errors. In the next claim she states:

A majority of respondents felt that decriminalization made no difference with respect to the violence of johns in prostitution – they felt that it was inevitably a part of the sex industry. (page 57).

When taken in its proper context, and understanding that the comments are not from sex workers, but from NGOs, who were interviewed by the Crime and Justice Research Centre of Victoria University, it can be seen that Farley is making an error of context, apparently deliberately so:

Opinion among CJRC informants differed on the impact of the PRA on adverse incidents, including violence, being experienced in the sex industry. The majority felt that the PRA could do little about the violence that occurred.

Clients getting stropopy will always happen. This was the case before the Act and after it. (Brothel operator, CJRC, 2007)

There has been no impact. There will always be ugly mugs. (NGO – health, CJRC, 2007)  
Others – but less than a quarter – felt there had been an improvement.

It's better now... I've heard workers say "don't have to take that crap anymore". They know they have a right to report stuff. (NGO, CJRC, 2007)

The CJRC informants indicated that the PRA had encouraged the reporting of violence to Police, with some indication that the Police response may assist in resolving a situation. There was a sense that the PRA meant incidents of violence against sex workers would now be taken seriously. Of those feeling in a position to comment, the majority (70%) felt sex workers were now more likely to report incidents of violence to the Police. It appeared that this was particularly true for the street workers.

Since the Act ... I'd say the incidence of violence has been lessened a little, because the girls can stop a Police car now and make a legitimate claim. One night I was in a Police car with a Senior Sergeant and this girl had just phoned 111 and waved us down. She was traumatised – but perhaps because I was in the car and she knew me we were able to encourage her to report the assault. (NGO, CJRC, 2007)

If it is serious I'd make a complaint now – over violence against me or someone I know. (SOOB, CJRC, 2007)

The PRA did not decriminalise violence. Violence against women continues, despite it being illegal. However, as noted above,

The CJRC informants indicated that the PRA had encouraged the reporting of violence to Police, placing a different context on the situation than that expressed by Farley. This deliberate omission is a further error and is Farley's sixth error.

The next comment Farley makes:

The Report notes that "few" sex workers, regardless of whether they were prostituting indoors or outdoors, reported any of the incidents of violence or crimes against them to the police. (page 122)

is in the middle of a section called "Role of the Police" in the chapter on street based sex work. When the entire paragraph (PLRC, 2007: 122, emphasis added) is seen:

Street-based participants in the CSOM survey were more likely to report getting information about bad clients from Police (26.2%) than either managed (6.8%), or private indoor workers (9.4%). Few of the sex workers who CSOM interviewed, regardless of the sector they worked in, said they had reported any of the incidents of violence or crimes against them to the Police. Street-based workers were generally less likely to do so than either managed or private indoor workers. ***Participants in the CJRC key informant interviews cited the reaction of some officers as a barrier to reporting offences committed against sex workers;*** although there was also a sense that reports of violence against sex workers would now be taken seriously. Christchurch Police also acknowledge some sex workers may still be reluctant to lay complaints, making it difficult to prosecute offenders (PLRC, 2006).

it is clear from the context that it is due to attitudes about the police rather than anything else that causes "few" sex workers to report violence to the police. It is therefore not the fault of the PRA, or of sex workers, but an attitudinal change that is required from the police. By taking this out of context, Farley makes another error, her seventh.

In the following point, Farley makes it appear as if exploitative contracts are common:

Many owners of brothels have the same exploitive contract arrangements that existed before prostitution was decriminalized. Often no written contracts or their questionable quality. (page 157)

The first paragraph in that subsection in chapter 10 states:

Prior to 2003, written employment contracts for sex workers were rare, as they could be used against both the operator and worker as evidence of prohibited activity. However, the enactment of the PRA has opened the industry up to employment practices that are commonplace in other industries, including written contracts for services and, less commonly, contracts of service.

It is therefore clear that there were few employment contracts prior to the enactment of the PRA as these could be used to charge people with prostitution related offences. The PLRC report states that written contracts are becoming more common, and although verbal contracts exist, they are not invalid, though they may be difficult to enforce or challenge:

While written contracts are becoming increasingly common, they are by no means found in all brothels in New Zealand. Verbal contracts are binding at law and, even though the ERA provides that all employment contracts must be written, the Court of Appeal has held that this does not render oral employment contracts invalid. The difficulty with unwritten contracts is that terms, conditions and rights are not clearly established. This makes enforcement of a contract, and the resolution of disputes, very difficult.

This is Farley's eighth error. Furthermore, Farley states "**Many owners** of brothels have the same exploitive contract arrangements that existed before prostitution was decriminalized" (emphasis added). However, the PLRC states:

Even when the employment relationship between a sex worker and a brothel operator is governed by a written contract, it appears that such contracts do not necessarily meet standards of best practice. The Committee has viewed **a contract** for services used in a currently operating brothel that retains many of the exploitive practices of the pre-decriminalisation era, and would be surprised if there were not more such contracts throughout the industry (emphasis added).

It therefore appears that Farley has taken "a contract", and the assumption of the Committee, to be "many owners". Alternatively, it may be an invention of her own. This is a deliberate error of fact, her ninth error.

## **2. Stigma and prejudice against prostitution, and the shame associated with prostitution, continued since decriminalization of prostitution in NZ.**



Farley's point to support this is:

The New Zealand Prostitution Review Committee stated, "Despite decriminalization, the social stigma surrounding involvement in the sex industry continues." (page 154)

The entire paragraph reads:

Despite decriminalisation, the social stigma surrounding involvement in the sex industry continues. Sex workers continue to be exploited in some brothels. The sex industry does not enjoy the same degree of social legitimacy as other industries, and is different to them to that extent.

In my opinion, making deliberate errors, misrepresenting reports and research regarding the PRA, and sex workers in the way that Farley has done here, contributes to this continued stigma and prejudice that Farley decries. Her actions by making these errors, and by misrepresenting reports, etc., reinforces stigma against sex workers. This continuation of stigma is seen in her further points where she makes errors of fact and context. Seeking to continue stigma and discrimination against sex workers while, at the same time decrying such stigma and discrimination, is, I believe, hypocritical. If Farley was truly concerned about stigma and discrimination, she would not manufacture data, would not deliberately misquote reports, would not deliberately continue to quote material that has been proven to be false, and would not deliberately mislead people. She would not deliberately use prescientific reasoning.

### **3. Street prostitution in New Zealand's cities increased dramatically after prostitution was decriminalized in 2003.**

In support of this point Farley repeats the claims of an Auckland barrister in a newspaper blog, rather than an article. Furthermore, this blog is written two years prior to the PLRC report, and was already out of date at the time it was written. The blog is written without any reference to evidence based research, consisting, at best, of rhetorical anecdotal beliefs. Garrett is now an MP for the ACT party, and is that party's spokesperson on law and order. A blog such as this is not proof that something is working, or, as Farley claims, not

working. In using this, she seeks to confound readers, thus making a further error, her tenth. More errors appear in her next comment, made to support the above point:

Mama Tere Strickland, a Maori street outreach worker (who came to Berkeley to speak out against Measure Q in 2004) stated that in 2005, **the numbers of those prostituting on the street in Auckland have increased by 400% since decriminalisation** (emphasis in the original).

There is no proof of this in the report. There were anecdotal reports and claims that street based sex work had increased, but these are not founded in fact. The PLRC reports that this claim made by Mama Tere Strickland is false:

The Committee is aware of reports claiming the numbers of sex workers, and in particular street-based sex workers, have increased as a result of decriminalisation. Addressing these claims forms a substantial part of this chapter. Often, the increases have been reported in general terms, based on impressions, rather than citing actual numbers. One exception is the claim that the numbers of street-based sex workers in Auckland increased by 400% as a result of decriminalisation. This claim cannot be substantiated, and was not based on systematic or robust research.

The figure of a 400% increase has been re-reported several times, demonstrating the ease with which opinion can be perceived as 'fact'. In his speech to the House during the second reading of the Manukau City Council (Control of Street Prostitution) Bill, Gordon Copeland MP attributed the report of a 400% increase to the Maori Wardens' submission on the Bill in 2006. The Maori Wardens may have been influenced by an article in the NZ Herald in 2005 in which Mama Tere Strickland was reported to say, 'Numbers have quadrupled since that Bill [Prostitution Reform Act]' (New Zealand Herald, 2005).

A 400% increase in the numbers of sex workers was predicted prior to the passage of the PRA, and was also claimed in relation to the law reform in New South Wales. This may be the original source of the idea that numbers of sex workers will, or have, increased by such a margin as a result of law reform. Officials advising the Select Committee were unable to find any statistical evidence to support the claim. In addition, the Select Committee noted that 'there may appear to be a growth in the industry because it becomes less hidden in nature' (Select Committee, 2002).

*In the Committee's first report, the number of street-based sex workers in Auckland was estimated to be 360 (PLRC, 2005). An increase of 400% would mean there would now be 1,440 sex workers on Auckland's streets. The Committee considers that the research undertaken by the CSOM conclusively refutes an increase of this magnitude, with the 2007 figures estimating the number of Auckland street-based sex workers at 230 (PLRC Report, 2008: 40, emphasis added).*

In repeating the falsehood of Mama Tere, Farley makes yet another error, her eleventh, which continues the stigmatisation, etc., against sex workers that Farley complains about at her second point. By providing the pages referenced in the report, it appears that Farley has read the report, and therefore could not help but be aware of these paragraphs above. Thus it appears she has deliberately falsified information, attempting to pass off this falsehood as truth. This is unethical, and in breach of the APA code of ethics that, as a psychologist, she must abide by. At Principle 5.01, these state:

#### **5.01 Avoidance of False or Deceptive Statements**

- (a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.**
- (b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.
- (c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

And at Principle 8.10, these state:

#### **8.10 Reporting Research Results**

- (a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

It is clear that true and nondeceptive procedures are available: Farley could have cited the relevant paragraphs in the Report that disproved Mama Tere's claims. She did not do so. Nor has she sought to "correct such errors in a correction, retraction, erratum, or other appropriate publication means" as required by Principle 8.10(b) of the APA Code of Ethics. This deception continues the stigma against sex workers, stigma which causes them considerable emotional pain and distress through continued attempts to restrict their freedom and their rights.

This deception continues at the next point she makes:

The New Zealand Prostitution Review Committee states that street prostitution in Auckland more than doubled in just one year, 2006-7. (page 118).

This is taken from chapter 8, dealing with street based sex work. The relevant paragraphs are:

Research undertaken by the CSOM in February and March 2006 found 253 street-based sex workers in New Zealand, representing 11% of the sex industry as a whole. In Auckland 106<sup>[51]</sup> street workers were counted, (making up 7% of the industry in Auckland) in Wellington 47 street workers were counted (representing 13% of the Wellington sex industry) and in Christchurch 100 were recorded (representing 26% of sex workers in Christchurch). The CSOM found no street-based workers in the other two centres included in the research (Hawke's Bay and Nelson).

Note 51 specifically states: "This figure is known to be an under-estimation". The methodology used in the 2006 collation of figures was a snapshot taken over a month, while the 2007 figures included all those who had been working on the streets during the previous twelve months. The following paragraphs state:

Between June and October 2007, CSOM carried out another estimation of street-based sex workers in the five centres. Again, none were found to be working in the Hawke's Bay or Nelson regions. For this estimate, outreach workers in Auckland developed a list of street workers

known to be working, similar to the lists used in Wellington and Christchurch, to estimate the numbers of street-based workers. In Christchurch 121 street-based workers were counted and in Wellington 44 street-based sex workers were counted. In Auckland, 230 street workers were known to be working. Not all workers on the lists are seen on the streets every week. For example, in Christchurch, during a two week period of observation in June 2007, between 70 and 77 workers were noted as working (CSOM, 2007).

The different methods used to estimate numbers of sex workers in Auckland in 2006 and 2007 may explain the large increase in the Auckland figures. However, Auckland outreach workers also reported an 'influx of sex workers on the streets in the six to eight months prior to June 2007'. Of the 230 workers, 20 were very rarely seen on the street (CSOM, 2007).

This is further made clear in the study by the Christchurch School of Medicine (Abel, Fitzgerald & Brunton, 2007: 37):

[T]he original count done in Auckland is an under-estimation of the number of street-based workers in that city. The outreach workers involved in the count did not conduct the count in the same manner as the Wellington and Christchurch workers. They failed to draw up a list of all known street-based workers, including the workers who were not seen, but known to be working, in the final count for the estimation period of February/March 2006. Following this estimation, outreach workers began compiling a list of all street-based workers. In June 2007, this list comprised 230 street-based workers, a considerable increase from the 106 identified in the 2006 estimation period. Twenty one of the 230 workers on the Auckland list were seen very rarely on the street. Much of this discrepancy can be attributed to the non-inclusion of the street-based workers not seen on the street in the 2006 estimate. The outreach workers, however, noted that they had seen an influx of sex workers on the street in the six to eight months prior to June 2007. Of the 230 street-based workers on the Auckland database, 86 had begun work within the last 12 months and 144 had been working for longer than a year.

Omitting mention of this change in method in the collection of figures, which resulted in a higher figure for 2007, Farley makes her twelfth error, which, given her familiarity with the material, I believe can only be a deliberate error.

In making the following claim to support her point, Farley repeats an error already made:

“Estimates indicate that the number of street workers in Manukau City may have quadrupled since June 2003....”

Manukau City Council, *Report of Manukau City Council on Street Prostitution Control*

This claim has already been shown to be false, above at pages 6-7, and at page 40 of the PLRC report. Again, it appears this can be nothing less than a deliberate error.

The New Zealand Prostitution Review Committee comments on citizens’ complaints of increased street prostitution in two large communities in New Zealand: Christchurch and Manukau. (page 16). **In these same two communities, Christchurch and Manukau, street prostitution has shifted into traditionally residential areas where community residents harassed those in prostitution and people in street-based prostitution “propositioned members of the public, were aggressive, disruptive, and noisy.”**

Complaints from residents included “condoms, excrement, and other bodily waste” left in the street, shops, car parks, and on private property. **P (124)**

The full paragraph on page 16 of the PLRC report, omitted by Farley, states:

Complaints about street-based sex workers have predominantly been made about the Christchurch and Manukau street prostitution areas. The Committee concludes the effects of street-based prostitution can be managed through proactive measures taken by local councils (the provision of lighting and street cleaning), Police (Police presence to discourage disorderly or anti-social behaviour), and NGOs (providing support services). Further, because under age people are more likely to work in the street sector, a Police presence is necessary to discourage clients seeking contact with under age people. Such Police action should be used in conjunction with other child protection measures.

Furthermore, the complete paragraph on p124 (emphasis added) of the report states:

Objections levelled at street-based prostitution often focus on offensive litter purportedly left by the sex workers. A common complaint is that used condoms, excrement and other bodily waste is left in the street, in shop doorways and car parks, or on private property.

***Police in Manukau and Christchurch told the Committee that the local liquor licensing arrangements and alcohol consumption are significant contributors to offensive litter.***

It should also be noted that Manukau City Council began closing their public toilets overnight, leaving bar patrons little option in regard to human waste, and it is therefore

naive of Dr Farley, and the Manukau City Council, to try to place the blame entirely and solely on street based sex workers. Dr Farley, in making this incorrect assumption, appears therefore to continue to seek further stigmatisation of sex workers, something she has already condemned.

The PLRC also noted the following, which is also omitted by Farley:

The Committee received information from residents of the Christchurch area used by street-based sex workers indicating that it is not the sex workers per se that are the cause of the disruptive behaviour witnessed. **Often, it is the negative attention from members of the public, some of whom drive by specifically to shout at and harass the workers standing on the street that is the focus of complaints by residents and other members of the community (St Lukes Close Body Corporate, 2007). Residents and NZPC outreach workers also report ‘hoons’ throwing eggs at sex workers. In addition, where street workers come into direct contact with late night bar patrons there is often conflict. Abuse and harassment of street-based sex workers by drunken members of the public is common.**

Submitters to the Manukau City Council (Control of Street Prostitution) Bill tended to make generalised statements about the ‘negative image’ of street prostitution, rather than specific complaints about the behaviour of the sex workers (Manukau City Council, 2007). However, there are reports of some street-based sex workers propositioning members of the public, and being aggressive, disruptive and noisy.

**The issues in Manukau City are not limited to prostitution. The Committee heard from Police that family violence and issues stemming from abuse of alcohol are major problems in the area, as well as other impacts of urban decay and lack of investment (PLRC 2008: 124, emphasis added).**

This indicates that the problems are not solely caused by sex workers, although that perception is there. By omitting the fact that bar patrons are often the cause of such noise, etc., it appears Farley deliberately seeks to place the blame solely on street based sex workers. This is her thirteenth error, and further contributes to the stigma she claims she deplores.

Farley also omitted the words “some street-based sex workers”, instead using the phrase “people in street-based prostitution”. The latter implies that many, if not all street based sex workers are “propositioning members of the public, being aggressive, disruptive and noisy”. The former indicates that it is a minority of street based sex workers. Farley’s deliberate omission magnifies the problem, and is a deliberate attempt to make it seem worse than it really is. This is yet another deliberate error, her fourteenth error in total, again contributing to the stigma she apparently condemns, yet so openly contributes to.

As the PLRC states, there is already sufficient current law, (Summary Offences Act, etc.), which deals with these complaints:

Several legislative means exist to deal with social nuisance. The Summary Offences Act 1981 contains provisions prohibiting disorderly and offensive behaviour, including intimidation and obstructing public streets. Under the Litter Act 1979, fines can be imposed of up to \$7,500 for persons depositing potentially dangerous or infectious materials, which could include used condoms. Also, as discussed in chapter nine, territorial authorities have bylaw making powers enabling the regulation of ‘trading in public places’ (PLRC, 2008: 125).

The problems are not caused by, or related to the PRA. As noted in bold above, in each of the areas concerned, there are bars and night clubs which cause a considerable noise, and their patrons cause many of the problems that sex workers are incorrectly blamed for. Rather than look at the issue in its entirety, and examine the causes behind the perceived problems, Farley puts the blame solely on sex workers. This is unethical of her, and seeks to continue stigmatisation against sex workers, a stigmatisation that Farley herself states is a problem at point two of her paper. This indicates a degree of hypocrisy on her behalf.

Furthermore, it should be remembered that many of the problems are long standing, having existed before the entry of the Prostitution Reform Bill into Parliament in 2001. As comment in regard to this issue, the PLRC states:

Decriminalisation did not create the problems experienced by communities in which street prostitution takes place, nor the harm experienced by sex workers. Similarly, decriminalisation has not solved all the problems associated with street-based sex work, nor can it be expected to.



By making it appear as though the PRA is therefore responsible for these behaviours, Farley is being disingenuous.

#### **4. There is inadequate protection for children against prostitution in New Zealand since decriminalization.**

In support of this point, Farley makes the following claim:

According to the New Zealand decriminalized prostitution law, the police have no right of entry into brothels, and have no right to ask for age-identification papers of those in prostitution – thus investigation of suspected youth prostitution is extremely difficult, according to police officers, who asked that the law be revised. (page 109)

The paragraphs this refers to state, including the footnote that accompanies them:

Police officers may request, but have no powers to require, age identification documentation from a person they suspect to be an under age person providing commercial sexual services. Police reported that this makes it difficult to proactively protect young people who are involved, or at risk of being involved, in under age prostitution (NZ Police, 2007).

Police also reported that investigation into suspected employment of under age workers in brothels or small owner-operated brothels has been more limited since the enactment of the PRA. This is because:

- Police now have no right of entry into brothels or other premises,<sup>[43]</sup>
- Brothel owners are not required to maintain a record of the age identification of sex workers or provide it to Police.

Police officers are therefore reliant on information from informants or complaints being laid, and assign priority to their response according to the nature of the information received and other demands facing frontline staff at the time.

[43] Under section 30 of the PRA, Police may obtain a warrant to enter any premises if they have good cause to suspect that an offence under sections 23 or 34 has or is likely to be committed, or to prevent an offence occurring.

The footnote [43] indicates that the police appear to be unaware of their rights under the PRA. Farley omits this from her summary, but instead falsely claims “the police have no right of entry into brothels”. This deliberate omission is her fifteenth error. Furthermore, a later paragraph states:

Police reported that if officers believe that an under age person is being used in prostitution, they can use section 48 of the Children, Young Persons and Their Families (CYPF) Act 1989 to remove the young person from the situation. However, under the CYPF Act, a young person is defined as being aged between 14 and 16 years. This means that Police cannot remove 17 year olds, as they fall outside the scope of the CYPF Act (PLRC, 2008: 109).

This indicates that the problem is not with the PRA, as claimed by Farley, but with the CYPF Act, ignored by Farley despite being mentioned in the Report, and which was, at that time, being reviewed (PLRC, 2008: 110). This deliberate omission is Farley’s sixteenth error. It is unfortunate that the Children, Young Persons, and Their Families Amendment Bill (No 6) 183-2 (2007) has not yet been enacted following the change in Government in 2008.

There are many reasons why people under 18 become involved in commercial sexual activity. Tschirren, Hammet and Saunders (1996: 8, cited in ECPAT Australia, 1998: 20) report that these include:

- Homelessness (91.5% of the sample were not living with their families).
- Abuse (64% reported being physically abused at home).
- Self harm (73.5% had thought of harming themselves)

Other reasons that ECPAT Australia (1998: 16, 18) reported as reasons why people under 18 became involved in commercial sexual activity are:

- children’s lack of personal power;
- children’s lack of socialisation or living skills;
- economic difficulties and lack of food and accommodation
- lack of support persons
- previous involvement in criminal
- low self esteem;
- drug and alcohol addictions;
- surviving sexual abuse;
- inappropriate employment and training;
- family dysfunction;
- emotional and sexual difficulties

activities;

Adult prostitution is not mentioned by ECPAT Australia or the International Save the Children Alliance as being a factor in people under 18 becoming involved in commercial sexual activity. Farley omits all of this in her analysis, seeking to blame only the PRA for young people becoming engaged in sex work. This therefore appears to be unethical and deliberately false, constituting her seventeenth error. Rather than seeking to blame the PRA, or sex work in general, Farley should be examining ways in which the issues raised by ECPAT Australia can be addressed.

It should also be noted that there have been several successful prosecution of brothel operators who have hired sex workers under 18, and there are several cases currently before the courts. Farley omits this fact.

### **5. The US State Department has noted trafficking of women and children since prostitution was decriminalized in New Zealand.**

As proof of this, Farley provides the following paragraph:

The Trafficking in Persons Report of the US State Dept notes that New Zealand has internal trafficking of women and children for commercial sexual exploitation, and that there are instances of debt bondage and document confiscation, and women from Asia, the Czech Republic, and Brazil “working illegally” as prostitutes. OneNews (NZ) 2008 NZ a sex trafficking destination. Accessed Jun 5, 2008 <http://tvnz.co.nz/view/page/1316907/1831498>

The TVNZ report in question reads:

The US State Department's Human Traffic Report for 2008 has named New Zealand as a destination country for women being trafficked for the sex trade.

It says women from Malaysia, Hong Kong, China and other countries are being exploited in the sex industry in NZ.

The report though estimates that human trafficking in New Zealand are modest, with some reports of debt bondage and confiscation of document among women in prostitution.

The report says that while there have been no reports of foreign trafficking victims since 2001, there is evidence of women from Asia, the Czech Republic, and Brazil working in the country illegally as prostitutes.

New Zealand also has internal trafficking of women and children for commercial sexual exploitation.

The report says there have been no prosecutions here under anti-trafficking laws, which require movement across an international border.

The US Department of State has recommended that the New Zealand Government increase efforts to measure the extent to which foreign women and children under the age of 18 may fall victim to sex trafficking and aggressively prosecute cases.

There have been prosecutions in New Zealand for internal trafficking under the Prostitution Reform Act.

It should be noted that despite the claims in the TVNZ report, the Trafficking in Persons Report (2008) does not state “there is evidence of women from Asia, the Czech Republic, and Brazil working in the country illegally as prostitutes.” In respect to people working “illegally” in the sex industry, it states:

During the year, police increased investigations by raiding several red light areas and massage parlors suspected of exploiting migrants illegally participating in the legal commercial sex trade and minors (US State Department, 2008: 193).

The Trafficking in Persons Report for 2008 does not indicate where these migrants are from, and does not state that people from Brazil or the Czech Republic were trafficked to New Zealand for the purposes of working in the sex industry. Relying solely on the television report, rather than checking with the primary source, which is readily available on line, is her eighteenth error. If Farley did not have access to the Internet, it may be excusable that she did not check the primary source. However, Farley does have access to the Internet,

and runs her own website, prostitutionresearch.com, indicating that she does indeed have access to the Internet, which only compounds this error. It should be noted, the Trafficking in Persons report was published in June, and Farley's report appears to have been published in October 2008. There was therefore adequate time to ensure she had the correct Trafficking in Persons report to include factual material.

It should be noted that section 19 of the PRA makes it illegal for people on a temporary permit to work in the sex industry – they can have, and have had, their permit revoked and can be, and have been, deported from New Zealand if found to be working as sex workers, brothel operators or owners, or receptionists. This places migrant sex workers in this category at considerable risk of extortion and other malpractices. This section was added to the Bill as it progressed through the House without any discussion with sex worker groups. As a result of this section 19, any person who holds a temporary permit and works as a sex worker is working illegally. This does not equate with trafficking. It should also be noted that any person working in an industry contrary to the requirements of their temporary visa are “working illegally” in New Zealand or any other country they have migrated to. This context must also be applied.

It should also be noted that the US Trafficking in Persons Report 2009 states:

A number of Asian women migrate voluntarily to New Zealand to work in the legal sex trade, although it is illegal for them to do so (US State Department, 2009: 221).

This reflects the intention of s19 of the Prostitution Reform Act better than the 2008 Trafficking in Persons Report.

This is an error Farley makes by relying solely on a media report, and taking the “working illegally” phrase out of context. This is her nineteenth error.

Furthermore:

Under US law, prostitution is illegal in most states and the transportation of people across state lines for the purpose of prostitution is considered human trafficking. In addition, any under age person used in prostitution is considered a victim of trafficking (PLRC, 2008: 167).

This is not the case in New Zealand. By assuming, or implying, that American legal definitions are also current in New Zealand, Farley makes her twentieth error. This is also an error made in the US Trafficking in Persons Report, where they seek to enforce US norms on other countries.

It should also be noted that the US State Department included the following in the 2009 report:

Unskilled Asians and Pacific Islanders migrate to New Zealand voluntarily to work legally or illegally in the agricultural sector, and women from the Philippines migrate legally to work as nurses. Some of these workers report that manpower agencies placed them in positions of involuntary servitude or debt bondage by charging them escalating and unlimited recruiting fees, imposing unjustified salary deductions on them, restricting their travel by confiscating their passports, and significantly altering contracts or working conditions without their agreement (US State Department, 2009: 221).

Farley omits all reference to this group, as did the Trafficking in Person Report 2008.

Trafficking of people in the sex industry in New Zealand has been examined extensively by the Immigration Service New Zealand. The PLRC received a report from them, and noted:

Information received from *Immigration Service NZ indicates that no situations involving trafficking in the sex industry have been identified* (Department of Labour, 2007). In addition, there have been no prosecutions for trafficking under section 98D of the Crimes Act 1961 (PLRC, 2008: 167, emphasis added).

This indicates that Farley's assertions are incorrect. As Farley had access to the PLRC report, and has quoted extensively from it, she could not have been unaware of this chapter dealing with trafficking, an area in which she claim expertise. It therefore appears she deliberately omitted it, thus constituting her twenty first error.

#### **6. The NZ Prostitution Law Review Committee was biased and blatantly favored the sex industry:**

In support of this claim, Farley states:

“For people whose employment options may be limited, sex work, and particularly streetbased sex work, can offer a quick means of achieving financial gains...” (page 121 )

The entire paragraph states:

For people whose employment options may be limited, sex work, and particularly street-based sex work, can offer a quick means of achieving financial gains beyond what they would otherwise be able to achieve in the 'straight' workforce. Sex work does not require education or qualifications or references. Street-based sex work is an industry in which workers are 'hired' on the basis of their personal marketing skills and availability alone.

However, it is not enough to just cite the paragraph, but to examine the context in which the paragraph was written. This is not done, or was ignored, by Farley. Having cited part of the paragraph, and therefore having had access to the entire chapter, this can only be a deliberate omission. This is her twenty second error.

When the context is taken into account, the paragraph is written as a comment on the preceding section (8.3) of the Report dealing with why people start street based sex work. In examining this section, it is clear that the paragraph cited above is a summation of what street based sex workers have said in relation to their sex work, why they started, and why they continue. It does not indicate bias on behalf of the PLRC. To claim that this represents bias towards sex work is a fiction not evident in the original. This is therefore Farley's twenty third error.

In reply to her claim that "The NZ Prostitution Law Review Committee was biased and blatantly favored the sex industry" it should be noted that the members of the PLRC included a former police commissioner, who had at one time worked in the vice squad, nominated by the Minister of Police; a Catholic nun, nominated by the Minister of Justice; the head of ECPAT New Zealand, who was replaced by the organiser of Streetreach, a Christian based organisation which seeks to encourage sex workers to "exit from prostitution", nominated by the Minister of Justice; a senior analyst at the Cancer Control Council of New Zealand, nominated by the Minister of Health; a former Wellington City Councillor, currently the Chair of the Local Government Commission nominated by the Minister of Local Government; two former brothel operators, nominated by the Minister of Commerce; a Senior Lecturer in Te Kupenga Hauora Māori, Faculty of Medicine and Health

Sciences, University of Auckland, nominated by the Minister of Women's Affairs; and three people nominated by NZPC, including the National Co-ordinator, a regional co-ordinator, and a Senior Lecturer in the Institute of Criminology, Victoria University of Wellington (PLRC, 2008: 174-176).

Covering all points of view about the sex industry in New Zealand, it would be difficult to call the Committee biased. All appointments had to be confirmed by the Minister of Justice.

### **Previous errors in research by Farley**

Prior to the PRA passing, Farley visited New Zealand to conduct some research. This research was completed without ethical approval from the New Zealand Psychological Society, or consultation with Maori groups. The NZPS has stated they never gave her ethical approval (Personal communication, 2010). As a matter of course, this should have been sought prior to the research being completed. Furthermore, as revealed in Parliament, other, more serious, errors were compounded:

I was visited by a lady by the name of Colleen Winn, who was briefly employed by Dr Melissa Farley while she was in New Zealand doing this research. Her employment ceased very quickly, because she suddenly discovered that she had a number of concerns that she could not possibly continue working with. I would like to enlighten the Committee about that, because I know some members have been using Dr Farley's research in their speeches against this bill. I would like to read extracts from a letter Ms Winn has written to me, subsequent to a meeting I had with her last week in my constituency office. I quote: "I believe Melissa did state that Māori women were entering prostitution as young as 9 years old. Part of my position as researcher on this study was to help to collate data as I viewed all the questionnaires. I did not see these figures in the study at all. However, there were two women who stated that their first sexual experience was at age 9." Question 13 of the questionnaire reads: "How old were you when you had your first sexual experience of any kind?" I refer members to page 3 of the research I have here, where it states: "An adolescent told us that if she were out of prostitution, she would just like to be at home. She had been in prostitution since age of 9. A Māori girl, New Zealand street prostitution, 2003." Clearly, the answer to question 13 was put across as though it were the answer to question 1.



Question 1 in the questionnaire asks: “What age were you when you first started prostitution?”

I will carry on with extracts from that letter: “On the second day of my employment with Melissa Farley, I discovered that her research project had not been seen or passed by any ethics committee in New Zealand. It was at this point that I withdrew my services as researcher and terminated my employment agreement. I have read and am aware of the ethics of psychologists working in New Zealand. I know these were not adhered to.” That is of concern in relation to this research. It is interesting to note that after Colleen Winn had raised concerns that the questionnaire had not been passed by an ethics committee in New Zealand, she told me orally that on occasions some of the prostitutes were in receipt of about \$20 for answering the questionnaire. That seems a little unethical to me, but the explanation was that prostitutes charge for their time.

I continue to quote from the letter: “I am aware that Melissa gave a TV interview with the *Breakfast* show, and quoted a statistic as being 86 percent in New Zealand.” From what I can gather, she was referring to the second paragraph on page 2 of Dr Farley’s preliminary report: “We found significant race/ethnic differences in age of entry into prostitution: 68 percent of Māori respondents entered prostitution at the age of 17 or younger.” I make that point because television is nationwide and viewed by many people, and an incorrect impression might have been given—there is a difference between 86 percent and 68 percent.

Finally, it is the opinion of Ms Winn that this study “was not ethical, and the impact has done harm to those women and men who took part in it. It is for that reason that I am writing to the psychologists board of registration in California to lay a formal complaint regarding Melissa. I also believe that Melissa has committed an act of intentional misrepresentation of fact.” That last point was the reason Ms Winn contacted me. She also offers to talk to anybody else who wishes to clarify further some of the matters she has raised, but she just has not had the opportunity to contact members of Parliament. She also told me that Ms Farley’s research was funded by the Maxim Institute. I would have thought that such an august group might have been a little more considered in employing someone. At least, it should have passed questionnaires through the New Zealand ethics committee to make sure that the research adhered to all of that (Hansard, 2003: 6159).

Thus it appears that Farley has used deceptive practices in the past, practices which would also see her in breach of the APA Code of Ethics, to which she, as a clinical psychologist, must adhere.

## **Conclusion**

Farley has made various errors in writing the paper, although these may not be obvious to the lay person, to one who takes a cursory glance at the material, or to one who agrees with Farley's stance. These errors are significant when examined for fact and context. Given her apparent dishonesty in the past, and the errors highlighted above, it would therefore appear that Farley's material is of dubious worth, being a mix of deliberate misinformation, fiction and out of context comments. She therefore appears to be to sex work what Paul Cameron is to homosexuality, and her work cannot be trusted.

Dr Calum Bennachie

June 2010

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## Attachment 7

Dr Farley's PTSD assessment questionnaire as used in New Zealand.

Age\_\_\_\_\_

Gender: female\_\_\_ male\_\_\_\_\_ transgender\_\_\_\_\_

Race/Ethnic group (please check all that apply to you):

Maori\_\_\_\_\_

Samoan\_\_\_\_\_

Tongan\_\_\_\_\_

Hawaiian\_\_\_\_\_

Other Pacific peoples.

Other Asian peoples\_

Thai\_\_\_\_\_

Chinese\_\_\_\_\_

Indian\_\_\_\_\_

NZ European/Pakeha

Other European

Other, please state

1. What age were you when you first started prostitution? \_\_\_\_\_

1a. Please check the different kinds of prostitution you have worked in:

escort \_\_\_\_\_

massage \_\_\_\_\_

phone sex

street \_\_

internet\_

brothel

prostitution when you were a child (under age 18)\_

strip club\_\_\_\_\_

table dance club\_\_\_\_\_

peep show\_\_\_\_\_

prostitution associated with military base\_\_\_\_\_

trafficked (moved) from another country to New Zealand for prostitution\_\_\_\_\_

trafficked (moved) from one part of New Zealand to another for prostitution\_\_\_\_\_

other (please describe it)\_\_\_\_\_

2. Since you've been in prostitution, have you been physically assaulted? yes \_\_ no\_\_

3. When was the last time you were assaulted? (please check one):

last week\_\_\_ last month\_\_\_ last year\_\_\_\_\_

4. Who assaulted you? pimp\_\_\_ customer \_\_\_ someone else\_\_\_\_\_

5. When was the last time you were physically threatened?

last week\_\_\_ last month\_\_\_ last year\_\_\_\_\_

6. Have you been threatened with a gun, knife, or other weapon? yes \_\_\_ no\_

7. When was the last time you were threatened with a weapon?

last week\_\_\_ last month\_\_\_ last year\_\_\_\_\_

8. Have you been raped? yes\_\_\_ no\_\_\_

9. Who raped you? pimp\_\_\_ customer\_\_\_\_\_ someone else (please specify)

10. How many times have you been raped since you were in prostitution?

once \_\_\_ 2- 5 times \_\_\_ 6- 10 times \_\_\_ 11 or more times

11. Before you were 18 years old, did you experience any unwanted sexual touching or any sexual contact between you and a grownup? yes \_\_\_ no\_\_\_

12. If you answered yes to #11, how many people in all ? \_\_\_\_\_

13. How old were you when you had your first sexual experience of any kind?

0-5 years\_\_\_ 5-10 years\_\_\_ 10-15 years\_\_\_\_\_

15-18 years\_\_\_ over 18\_\_\_\_\_

14. Who was your first sexual experience with? Relative.

adult friend of family\_\_\_\_\_ another kid my age\_\_\_\_\_

someone 5 or more years older than me\_\_\_\_\_

14A. When you were a child, were you ever hit or beaten by a parent or caregiver until you had bruises on your body or were injured in some other way by them?

yes\_\_\_ no\_\_\_

15. Have you ever been upset by anyone trying to get you to do what they'd seen in pornographic videos or magazines? yes\_\_\_ no\_\_\_

16. Did you ever have pictures taken of you while you were working in prostitution?

yes\_\_\_ no\_\_\_

16a. While you were in prostitution, were you hurt with words (verbal abuse)?

yes \_\_\_ no\_\_\_

17. Do you want to get out of prostitution? yes \_\_\_ no\_\_\_

18. What do you need ?

Please check all that apply to you:

home or safe place\_\_\_

physical protection from a pimp\_\_\_

drug or alcohol treatment\_\_\_

medical or health care\_\_\_\_\_

self-defense training\_\_\_

legal assistance\_\_\_

legalized prostitution\_\_\_\_\_

job training\_\_\_

Childcare\_\_\_

support from others who have been through what I've been through

individual counseling or support\_\_\_

other\_\_\_\_\_

19. Have you ever been homeless? yes\_\_\_ no\_\_\_

20. Do you have any physical health problems? Please describe in detail:

21. a Do you use drugs? yes\_\_\_ no\_\_\_

21 b. if yes, how often do you use? 4-7 times a week\_\_\_\_ 1-3 times a week  
once a week\_\_\_\_ every few weeks\_\_\_\_ once a month or less\_\_\_\_

21. c. If yes, what type of drugs\_\_\_\_\_

21. d. do you use alcohol? yes\_\_ no\_\_

21. e if yes, how often do you use? 4-7 times a week\_\_\_\_ 1-3 times a week  
once a week\_\_\_\_ every few weeks\_\_\_\_ once a month or less\_\_\_\_

21f. How long have you used drugs or alcohol?\_\_\_\_\_

21g. Have you ever felt you ought to cut down on your drinking? yes\_\_ no\_

21h. Have you ever felt you ought to cut down on your drug use? yes\_\_ no\_

22 What would you like to be doing if you were out of prostitution?

29. Do you think that if prostitution were legal, sex workers would be any safer?  
(for example, from rape and assault) yes \_\_\_\_ no\_\_\_\_

30. Where were you born? (please give city and state and country)\_\_\_\_\_

31. Where were your parents born?

(mother)\_\_\_\_\_

(father)\_\_\_\_\_

32. Where were your grandparents born?

(mother's parents)\_\_\_\_\_

(father's parents)\_\_\_\_\_

33) What is your estimate of the number of customers you are seeing PER DAY?  
(or how many you were seeing the last week you were in prostitution)

Less than 5 \_\_\_\_

6-10

11-20



- 21-30
- 31-40
- 41-50
- more than 50
- more than 75

34) What is your estimate regarding the TOTAL number of customers that you have ever seen in prostitution?

- 1- 25 \_\_\_\_\_
- 26-100 \_\_\_\_\_
- 101-200 \_\_\_\_\_
- 201-300 \_\_\_\_\_
- 301-400 \_\_\_\_\_
- 401-500 \_\_\_\_\_
- 501-600 \_\_\_\_\_
- 601-700 \_\_\_\_\_
- 701-800 \_\_\_\_\_
- 801-900 \_\_\_\_\_
- 901-1000 \_\_\_\_\_
- more than 1000 \_\_\_\_\_

*Thank you for answering these questions.*

Please add any other comments that would help us to understand your experience in prostitution and what you need in order to get out.

## PCL-C

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	<b>Not Extremely at all</b>	<b>A little bit</b>	<b>Moderately</b>	<b>Quite a bit</b>	
1. Repeated, disturbing <i>memories, thoughts</i> , or <i>images</i> of a stressful experience from the past?	1	2	3	4	5
2. Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	3	4	5
3. Suddenly <i>acting</i> or <i>feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
4. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
6. Avoiding <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7. Avoiding <i>activities</i> or <i>situations</i> because <i>they reminded you</i> of a stressful experience from the past?	1	2	3	4	5
8. Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5

9. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10. Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13. Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

**PCL-C for DSM-IV (11/1/94)** Weathers, Litz, Huska, & Keane, National Center for PTSD

Chronic Health Problem Questionnaire NZ © 5-2002 Melissa Parley

Please circle yes or no to the following questions.

Answer yes only if it is a chronic problem.

A chronic problem comes and goes but never really disappears or you have it all the time

<b>1. headaches or migraine</b>	yes	no
---------------------------------	-----	----

<b>2. Stomach ache or upset stomach or bloating</b>	yes	no
---	-----	----

<b>3. Nausea</b>	yes	no
------------------	-----	----

<b>4. Constipation or diarrhea</b>	yes	no
------------------------------------	-----	----

<b>5. Vomiting</b>	yes	no
--------------------	-----	----

<b>6. Muscle aches or pain</b>	yes	no
--------------------------------	-----	----

<b>6a. Muscle weakness or paralysis</b>	yes	no
---	-----	----

<b>7. Joint pain</b>	yes	no
----------------------	-----	----

<b>7a. Carpal tunnel</b>	yes	no
--------------------------	-----	----

<b>7b . Neck pain</b>	yes	no
-----------------------	-----	----

<b>8. Jaw or throat pain</b>	yes	no
------------------------------	-----	----

<b>9. Asthma</b>	yes	no
------------------	-----	----

<b>10. Shortness of breath</b>	yes	no
--------------------------------	-----	----

<b>11. Chest pain</b>	yes	no
-----------------------	-----	----

12. Pain in breasts      yes      no

13. Colds or flu-like symptoms      yes      no

14. Trembling      yes      no

15. Skin problems (rashes or itching)      yes      no

16. Sweaty hands      yes      no

17. Rapid or irregular heart beat      yes      no

18. Dizziness      yes      no

19. Pain or numbness in hands or feet      yes      no

20. Pelvic pain      yes      no

21. Painful menstruation      yes      no

22. Vaginal pain      yes      no

23. Memory problems      yes      no

24. Trouble concentrating      yes      no

25. Swelling of arms, hands, legs or feet      yes      no

26. Loss of feeling on skin      yes      no

27. Vision problems      yes      no

28. Hearing problems      yes      no

**29. Trouble with balance or walking**    yes    no

**30. Allergies**    yes    no

**31. Difficulty swallowing**                      yes    no

**32. In general, would you say your health is (circle one number):**

**Excellent 5**

**very good 4**

**good 3**

**fair 2**

**poor 1**

**33. Have you ever been hit in the head or had a head injury?**    yes    no

**34. Have you had an injury caused by violence?** yes    no  
If yes, please describe:

**35. Has a doctor diagnosed you with any illness** yes no  
If yes, please list:

Thank you for answering these questions. Any comments or suggestions for something we have left out?

## Attachment 8

Farley, M., Baral, I., Kiremire, M., & Sezgin, U., (1998). Prostitution in 5 countries: Violence, and Post-Traumatic Stress Disorder. *Feminism and Psychology*, vol 8(4): 405-426.

# Prostitution in Five Countries: Violence and Post-Traumatic Stress Disorder

by **Melissa Farley, Isin Baral, Merab Kiremire** and **Ufuk Sezgin**

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This article is in three parts.

Part  
One: **Abstract, Introduction, Method**

Part  
Two: **Results**

Part  
Three: **Discussion, Acknowledgments, Notes, References**

Part One of Three  
**ABSTRACT, INTRODUCTION, METHOD**

## ABSTRACT

We initiated this research in order to address some of the issues that have arisen in discussions about the nature of prostitution. In particular: is prostitution just a job or is it a violation of human rights? From the authors' perspective, prostitution is an act of violence against women; it is an act which is intrinsically traumatizing to the person being prostituted. We interviewed 475 people (including women, men and the transgendered) currently and recently prostituted in five countries (South Africa, Thailand, Turkey, USA, Zambia). In response to questionnaires which inquired about current and lifetime history of physical and sexual violence, what was needed in order to leave prostitution and current symptoms of post-traumatic stress disorder (PTSD) we found that violence marked the lives of these prostituted people. Across countries, 73 percent reported physical assault in prostitution, 62 percent reported having been raped since entering prostitution, 67 percent met criteria for a diagnosis of PTSD. On average, 92 percent stated that they wanted to leave prostitution. We investigated effects of race, and whether the person was prostituted on the street or in a brothel. Despite limitations of sample selection, these findings suggest that the harm of prostitution is not culture-bound. Prostitution is discussed as violence and human rights violation.

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## INTRODUCTION

In an effort to document the experiences of women in prostitution, we interviewed and administered psychological tests to 475 people currently and recently prostituted in five countries (South Africa, Thailand, Turkey, USA, Zambia). These people live in social and legal contexts defining them variously as hated and filthy women, criminals and 'sex workers'. We inquired about respondents' histories of violence in childhood, and in adult prostitution. For many, these two historical periods overlapped. Since violence is associated with psychological trauma, we also inquired about the severity of current symptoms of posttraumatic stress disorder (PTSD).

We began this work from the perspective that prostitution itself is violence against women. The authors understand prostitution to be a sequela of childhood sexual abuse; understand that racism is inextricably connected to sexism in prostitution; understand that prostitution is domestic violence, and in many instances -- slavery or debt bondage; and we also understand the need for asylum and culturally relevant treatment when considering escape or treatment options for those in prostitution. The perspective that prostitution is violence against women and other political perspectives on prostitution have been described and critiqued by Jeffreys (1997).

Another viewpoint considers prostitution to be an issue which primarily involves economic and sexual



determination (Bell, 1994). Prostitutes' rights advocates understand prostitution as just another job, a vocation that they should have a choice to make, and as sexual liberation. Alexander (1996) commented on the advantage to the prostitutes' rights movement brought about by the AIDS epidemic. HIV has indirectly facilitated the growth of the commercial sex industry by funding outreach programs which provide sex workers with a safesex education, condoms, union-style organizing and by legitimizing prostitution as commercial sex work. Customers' anxieties about contracting HIV from those in prostitution has further created a vast pool of research and education monies. The contribution of this study to these differing perspectives will be discussed later.

Sexual and other physical violence is the normative experience for women in prostitution. This has been clinically noted by all four authors, and reported by others (Baldwin, 1992; Farley and Barkan, 1998; Hunter, 1994; McKeganey and Barnard, 1996; Silbert and Pines, 1982; Vanwesenbeeck, 1994). Noting 'everpresent' violence against 361 prostituted women in Glasgow, UK, McKeganey and Barnard (1996) described a range of violent behaviors against women in prostitution ranging from name-calling to physical assault, rape and murder. Of the prostituted women interviewed by Hoigard and Finstad (1992) in Norway, 73 percent were exposed to acts of violence -- physical assaults, rapes, confinement and threats of murder. The remaining 27 percent spoke of the extreme violence which had victimized their friends. The Council for Prostitution Alternatives in Portland, Oregon, USA, reported that prostituted women were raped about once a week (Hunter, 1994). A Canadian report on prostitution and pornography found that women and girls in prostitution had a mortality rate 40 times higher than the national average (Baldwin, 1992).

The diagnosis of PTSD describes psychological symptoms which result from violent trauma. In the language of the American Psychiatric Association (1994), PTSD can result when people have experienced:

. . . extreme traumatic stressors involving direct personal experience of an event that involves actual or threatened death or serious injury; or other threat to one's personal integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

In response to these events, the person with PTSD experiences fear and helplessness.

Exposure to any of these events may lead to the formation of symptoms of PTSD. These symptoms are grouped into three categories: symptoms of traumatic re-experiencing (items 1-4 in Table 1); efforts to avoid stimuli which are similar to the trauma as well as a general numbing of responsiveness (items 5-11); and symptoms of autonomic nervous system hyperarousal (items 12-17).

<b>TABLE I</b>	
<b>Symptoms of post-traumatic stress disorder (PTSD)</b>	
1.	Repeated, disturbing memories, thoughts or images of past trauma
2.	Repeated, disturbing dreams of past trauma
3.	Suddenly acting or feeling as if trauma from the past were happening again (as if you were reliving it)
4.	Feeling very upset when something reminds you of past trauma
5.	Avoiding thinking or talking about past trauma or avoiding having feelings related to it
6.	Avoiding activities or situations because they remind you of past trauma
7.	Trouble remembering important parts of past trauma
8.	Loss of interest in activities which you previously enjoyed
9.	Feeling distant or cut off from people
10.	Feeling emotionally numb or unable to have loving feelings for those close to you
11.	Feeling as if your future will be cut short
12.	Having physical reactions (such as heart pounding, trouble breathing, sweating) when something reminds you of past trauma
13.	Trouble falling or staying asleep
14.	Feeling irritable or having angry outbursts
15.	Difficulty concentrating
15.	Difficulty concentrating
16.	Being 'superalert' or watchful or on guard
17.	Feeling <u>jumpy</u> or easily startled
17.	Feeling jumpy or easily startled

Authors of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994) comment that PTSD may be especially severe or long-lasting when the stressor is of human design (e.g. torture, rape).

The following are two examples of symptoms of PTSD: many years after escaping from prostitution, an Okinawan woman who was purchased by US military personnel during the Vietnam War became extremely agitated and had flashbacks of sexual assaults on the 15th and 30th of each month -- those days which were US military payday (Sturdevant and Stoltzfus, 1992). Describing symptoms which were ignored by her counselor, a survivor of prostitution from the USA stated:

I wonder why I keep going to therapists and telling them I can't sleep, and I have nightmares. They pass right over the fact that I was a prostitute and I was beaten with 2 x 4 boards, I had my fingers and toes broken by a pimp, and I was raped more than 30 times. Why do they ignore that? (Farley and Barkan, 1998).

The symptoms of PTSD may be cumulative over one's lifetime. Several studies report a positive correlation between a history of childhood sexual assault and symptoms of PTSD in adult women (Farley and Keaney, 1994, 1997; Rodriguez et al., 1997). Since almost all prostituted women have histories of childhood sexual abuse, this undoubtedly contributes to their current symptoms of post-traumatic stress.

Prolonged and repeated trauma usually precedes entry into prostitution. From 55 to 90 percent of those in prostitution report a childhood sexual abuse history (Bagley and Young, 1987; Belton, 1992; Farley and Barkan, 1998; Harlan et al., 1981; James and Meyerding, 1977; Silbert and Pines, 1981, 1983; Simons and Whitbeck, 1991). Silbert and Pines (1981, 1983) noted that 70 percent of their sample told them that the earlier sexual abuse had an influence on the later 'choice' to become a prostitute. A conservative estimate of the average age of recruitment into prostitution in the USA is 13-14 years (Silbert and Pines, 1982; Weisberg, 1985). Any distinction between prostitution of children and prostitution of adults is arbitrary, and obscures this lengthy history of trauma. The 15-year-old in prostitution eventually turns 18, but she has not suddenly made a new vocational choice. She simply continues to be exploited by customers and pimps.

A number of authors (e.g. Barry, 1995; Hoigard and Finstad, 1992; Leidholdt, 1993; Ross et al., 1990; Vanwesenbeeck, 1994) have described the psychological defenses which are necessitated by the experience of prostitution, and which frequently persist: splitting off certain kinds of awareness and memories, disembodiment, dissociation, amnesia, hiding one's real self (often until the nonprostituted self begins to blur), depersonalization, denial. One woman said, 'Only my head belongs to me now. I've left my body on the street' (Hoigard and Finstad, 1992).

Some have criticized the application of any psychiatric terminology to women who have been harmed by the sexism, racism or class prejudice which comprises male supremacy. There is an assumption that the oppression is dismissed once a psychiatric diagnosis is applied. Pejorative terms such as 'masochistic', 'deviant' or 'borderline' have certainly caused pain and sometimes additional harm to women in prostitution.

On the other hand, the concept of PTSD has been important in describing the psychological symptoms suffered by combat veterans, sexual abuse survivors, concentration camp survivors -- and it may also be useful in describing the psychological harm of prostitution. The authors' experience is that when the trauma-related symptoms of PTSD are discussed, survivors of prostitution feel less stigmatized, less 'crazy' and may experience relief at having their symptoms named. Attaching a name to symptoms associated with severe trauma makes it possible for survivors of prostitution to learn about their own and others' experiences. Further, it becomes possible for survivors to organize politically around their own health needs, just as gay men have organized around HIV.

The diagnosis of PTSD is a departure both from the biological viewpoint that psychological symptoms are essentially biochemical in origin and from the psychoanalytic notion that psychological symptoms result from intrapsychic turmoil. The diagnosis of PTSD requires an external stressor, clearly implying that psychological symptoms result from material conditions that oppress women.

The diagnosis of PTSD alone, however, does not completely articulate the extent of the psychological harm caused by prostitution. Over time, the constant violence of prostitution, the constant humiliation, and the social indignity and misogyny, result in personality changes. Herman (1992) described long-term changes in trauma survivors' emotional regulation, changes in consciousness, changes in self-perception, changes in perception of perpetrator(s), changes in relations with others, and changes in systems of meaning. These personality changes have been called complex PTSD by Herman and others. Describing prostitution, one woman said:

It's a process. The first year was like a big party, but eventually progressed downward to the emptiest void of hopelessness. I ended up desensitized, completely deadened, not able to have good feelings because I was on 'void' all the time.

Herman saw these symptoms as resulting from a history of subjection to totalitarian control over a prolonged period, and noted that organized sexual exploitation may be one cause of complex PTSD. The violence of pimps is aimed not only at punishment and control of women in prostitution, but at establishing their worthlessness and invisibility (Dworkin, 1997; Patterson, 1982). The hatred and contempt aimed at those in prostitution is ultimately internalized. The resulting self-hatred and lack of self-respect are extremely long-lasting.

Graham et al. (1994) have also described the psychological consequences of being in prostitution. The Stockholm syndrome -- a psychological strategy for survival in captivity -- is useful in explaining the traumatic bonding which occurs between women in prostitution and their pimps/captors. When a person holds life-or-death power over another, small kindnesses are perceived with immense gratitude. In order to survive on a day-to-day basis, it is necessary to deny the extent of harm which pimps and customers are capable of inflicting. Survival of the person in prostitution depends on her ability to predict others' behavior. So she develops a vigilant attention to the pimp's needs and may ultimately identify with his view of the world. This increases her chances for survival, as did Patty Hearst's identification with her captors' ideology. Graham described other behaviors which are typical of the Stockholm syndrome: extreme difficulty leaving one's captor and a long-term fear of retaliation.

Barry (1995) and Giobbe et al. (1990) estimate that at least 90 percent of prostitution is pimp-controlled. Sexual and physical abuse and torture are used by pimps to keep women from escaping prostitution (Barry, 1995; Dworkin, 1997; Hunter, 1994; MacKinnon, 1993). Pimps in Washington, DC, USA, employ 'catchers' -- thugs who stand guard at the borders of their turf and 'catch' girls trying to escape from prostitution (Michelle J. Anderson, personal communication, 1996).

Houskamp and Foy (1991) suggested that a primary etiological variable for the development of PTSD in battered women is the extent of violence to which they have been subjected. Giobbe et al. (1990) compared prostitution to other forms of domestic violence. They described methods of coercive control exercised by pimps and customers over women in prostitution which are identical to the methods used by battering men to control women: isolation, verbal abuse, economic control, threats and physical intimidation, denial of harm and sexual assault used as a means of control.

Although the incidence of PTSD has been investigated among battered women, and ranges from 45 percent to as high as 84 percent (Houskamp and Foy, 1991; Kemp et al., 1991; Saunders, 1994) -- the frequency of the diagnosis has not been investigated among prostituted women, who are exposed to the same violence as battered women.

PTSD has been assessed in people from non-Western cultures, such as Southeast Asian refugees, Latin American disaster survivors, Navajo and Sioux Vietnam veterans (Marsella et al., 1996). A recent review of the PTSD literature noted that its major limitation is that many of the most traumatized populations have not been studied (de Girolamo and McFarlane, 1996; Keane et al., 1996). Our study documents, across several cultures, some of the violence and traumatic stress which result from being prostituted.

## **METHOD**

Brief structured interviews of people in prostitution were conducted in San Francisco, CA, USA; in two cities in Thailand; in Lusaka, Zambia; in Istanbul, Turkey; and in two cities in South Africa. These countries were included in the study in part because of the first author's wish to include a majority of women of color, since globally prostitution exploits vast numbers of women of color. Second, all four authors shared a commitment to the project of documenting the experiences of women in prostitution, and to providing options for escape.

If respondents indicated that they were working as prostitutes, they were asked to respond to a 23-item questionnaire which asked about the following: physical and sexual assault in prostitution; lifetime history of physical and sexual violence; and the use of or making of pornography during prostitution. The questionnaire asked whether respondents wished to leave prostitution and what they needed in order to leave. We asked if they had been homeless; if they had physical health problems; and if they had a problem with drugs or alcohol or both.

Respondents also completed the PCL, a 17-item scale which assesses DSM-IV symptoms of PTSD (Weathers et al., 1993). Respondents were asked to rate the 17 symptoms of PTSD (see Table 1) on a scale where: 1 = not at all; 2 = a little bit; 3 = moderately; 4 = quite a bit; and 5 = extremely. Weathers et al. (1993) report PCL test-retest reliability of .96; internal consistency, as measured by an alpha coefficient, was .97 for all 17 items. Validity of the scale is reflected in its strong correlations with the Mississippi Scale (.93); the PK scale of the MMPI-2 (.77); and

the Impact of Event Scale (.90). The PCL has functioned comparably across ethnic subcultures in the USA (Keane et al., 1996).

We measured symptoms of PTSD in three ways. First, using a procedure established by the authors of the scale, we generated a measure of *overall PTSD symptom severity* by summing respondents' ratings across all 17 items.

Second, using Weathers et al.'s (1993) scoring suggestion, we considered a score of 3 or above on a given PCL item to be a symptom of PTSD. Using those scores of 3 or above, we then noted whether each respondent *met criteria for a diagnosis of PTSD*. PTSD consists of three kinds of symptoms: persistent, intrusive re-experiencing of trauma (B symptoms); numbing of responsiveness and persistent avoidance of stimuli associated with trauma (C symptoms); and persistent autonomic hyperarousal (D symptoms). A diagnosis of PTSD requires at least one B symptom, three C symptoms, and two D symptoms. We report the numbers and percentages of respondents who qualified for a diagnosis of PTSD in each country.

Third, we measured partial PTSD, following Houskamp and Foy (1991) who investigated PTSD among battered women. These authors suggested that if a person meets at least two of the three foregoing criteria for PTSD, a significant degree of psychological impairment exists. We report the numbers and percentages of respondents who *qualified for a diagnosis of partial PTSD* in each country.

The two questionnaires were translated into Thai and Turkish. In Zambia, interviewers translated verbally as needed -most participants spoke some English. The authors either administered or directly supervised the administration of all questionnaires.

In San Francisco, we interviewed 130 respondents on the street who verbally confirmed that they were prostituting. We interviewed respondents in four different areas in San Francisco where people worked as prostitutes.

In Thailand, we interviewed several of the 10 respondents on the street, but found that pimps did not allow those they controlled to answer our questions. We interviewed some respondents at a beauty parlor which offered a supportive atmosphere. The majority of the Thai respondents were interviewed at an agency in northern Thailand that offered nonjudgmental support and job training.

We interviewed 68 prostituted people in Johannesburg and Capetown, South Africa, in brothels, on the street and at a drop-in center.

We interviewed 117 women currently and formerly prostituted at TASINTHA in Lusaka, Zambia. TASINTHA is a nongovernmental organization which offers food, vocational training and community to approximately 600 prostituted women a week.

In Turkey, some women work legally in brothels which are privately owned and controlled by local commissions composed of physicians, police and others who are 'in charge of public morality'. We were not permitted to interview women in brothels, so we interviewed 50 prostituted women who were brought to a hospital in Istanbul by police for the purpose of venereal disease control.

In two of the five countries, respondents were racially diverse. In the USA, 39 percent (51) of the 130 interviewees were white European/American, 33 percent (43) were African American, 18 percent (24) were Latina, 6 percent (8) were Asian or Pacific Islander and 5 percent (4) described themselves as of mixed race or left the question blank. In South Africa, 50 percent (34) were white European; 29 percent (20) were African or Black; 12 percent (8) described themselves as Colored or Brown or of mixed race; 3 percent (2) were Indian; 6 percent (4) left the question blank.

We included transgendered people in this study because they represent a significant minority of those in prostitution. A previous study (Farley and Barkan, 1998) found that transgendered persons experienced the same degree of physical assaults and rapes as did women in prostitution. These authors concluded that to be female, or to appear female, was to be targeted for violence in prostitution. In Turkey and Zambia, all respondents were women. Table 2 below describes gender of respondents in South Africa, Thailand, and the USA.

**TABLE 2**  
**Gender**

	Women	Men	Transgendered
South Africa	84% (57)	14% (10)	2% (1)
Thailand	75% (82)		25% (28)
USA	75% (97)	13% (18)	12% (15)

Across the five countries, the average age was 28 years, ranging from 12 to 61 years. See Table 3.

**TABLE 3**  
**Age**

	South Africa	Thailand	Turkey	USA	Zambia
Mean age	24	26	29	31	28
Age range	17-38	15-46	16-55	14-61	12-53

*Sample Selection Differences and Limitations to Generalizability*

The most daunting challenge in cross-cultural research is sample selection. Were the 475 people we interviewed representative of all women in prostitution? We attempted, as McKeganey and Barnard (1996) did in Glasgow, UK, to contact as broad as possible a range of those in prostitution: women of diverse races, cultures, ages, location where working, and including gender differences. However, 'there is quite simply no such thing as a representative sample of women selling sex' (McKeganey and Barnard, 1996). Given the illegality of prostitution in most places, it was necessary to interview those people to whom we had access. In most cases, researchers have access only to people prostituting on the street. We were fortunate that, in South Africa, we were able to interview 25 people in brothel prostitution. Should it become possible to interview those in massage parlors, escort services, stripping, or others who are in brothel prostitution -- the authors would immediately include these people in a future expansion of this work. We will also share our questionnaires with researchers who have access to these groups of people.

There were differences in the ways the samples were selected. In all cases, we interviewed people who were either currently in prostitution or had recently been prostituted. In the USA and South Africa, all were *currently* prostituting, whereas a higher proportion of respondents in Thailand and Zambia were actively attempting to leave prostitution and find other employment. Respondents in Turkey were interviewed after they were brought to a clinic by police for STD testing. In Istanbul, as elsewhere in this study, women in prostitution were freely offered STD testing, but other acute and chronic health problems were rarely addressed.

Part Two of Three  
**RESULTS**

In most countries, regardless of the legal status of prostitution, interviewing of people in this study was periodically obstructed by others who controlled their lives, whether brothel operators (Turkey) or pimps/boyfriends (USA), or older women hired to guard those in prostitution (Thailand). Thus recruitment was necessarily opportunistic, relying on the discovery and utilization of sites where these prostituted people were away from the supervision of those who pimped them. This opportunistic sampling means that these samples may or may not be representative of the actual populations of those prostituted in each country. Nevertheless, comparisons of the results from the different countries suggest some noteworthy similarities, as well as differences.

Violence marked the lives of these prostituted people from five countries (see Tables 4 and 5). Since not everyone answered every question, the numbers of responses to a given item varied. Averaging across countries, 81 percent reported being physically threatened in prostitution; 73 percent had been physically assaulted in prostitution; and 68 percent had been threatened with a weapon. In Istanbul, 46 percent of these respondents reported physical assaults by police e.g. being kicked, beaten, or hit with a nightstick.

**TABLE 4**  
**Violence in prostitution**

	South Africa	Thailand	Turkey	USA	Zambia
Physically threatened in prostitution	75% (48)	47% (36)	90% (45)	100% (114)	93% (102)
Threatened with a weapon in prostitution	68% (45)	39% (32)	68% (34)	78% (100)	86% (94)
Physically assaulted in prostitution	66% (45)	55% (47)	80% (40)	82% (106)	82% (91)
Raped in prostitution	57% (39)	57% (47)	50% (25)	68% (88)	78% (88)
(Of those raped) raped more than five times in prostitution	58% (23)	35% (17)	36% (9)	48% (42)	55% (48)
(Of those raped) raped by customers	75% (17)	17% (3)	44% (4)	46% (19)	38% (18)
(Of those raped) raped by noncustomers	64% (11)	44%(1)	NA	36% (7)	40% (7)
Upset by attempt to make them do what had been seen in pornographic videos or magazines	56% (37)	48% (41)	20% (10)	32% (41)	47% (51)
Had pornography made of them in prostitution	40% (26)	47% (39)	NA	49% (63)	47% (52)

**TABLE 5**  
**Violence in the lives of people in prostitution**

	South Africa	Thailand	Turkey	USA	Zambia
Current or past homelessness	73% (49)	56% (50)	58% (29)	84% (108)	89% (99)
As a child, was hit or beaten by caregiver until injured or bruised	56% (38)	40% (34)	56% (28)	49% (37)	71% (80)
Sexual abuse as a child	66% (45)	48% (39)	34% (17)	57% (73)	84% (93)
Mean no. of sexual abuse perpetrators	3	3	2	3	8
Current physical health problem	46% (31)	71% (78)	60% (30)	50% (65)	76% (89)
Current alcohol problem	43% (29)	56% (62)	64% (32)	27% (35)	72% (84)
Current drug problem	49% (33)	39% (43)	46% (23)	75% (98)	16% (19)

An average of 62 percent of the respondents from five countries told us that they had been raped since entering prostitution. Of those who were raped, 46 percent had been raped more than five times. Of these 475 respondents, 41 percent reported that they had been upset by attempts to coerce them into imitating pornography and 46 percent had pornography made of them while in prostitution.

An average of 54 percent of these interviewees reported that as children they were beaten by a caregiver to the point of injury. And 58 percent reported sexual abuse as children, with an average of four perpetrators.

Of these respondents, 72 percent reported current or past homelessness, with 61 percent reporting a current physical health problem; 52 percent reported a problem with alcohol addiction; and 45 percent reported a problem with drug addiction. In some of the countries, these percentages were much higher (see Table 5).

We found differences in lifetime and current experiences of violence, based on country. There were statistically significant differences in the experience of physical threat in prostitution (chi square = 105.37; d.f. = 4; p = .000); also in the experience of physical assault in prostitution (chi square = 27.30; d.f. = 4; p = .000); and in rape in prostitution (chi square = 17.79; d.f. = 4; p = .001). Similarly, there were significant differences, by country, in report of childhood physical abuse (chi square = 20.73; d.f. = 4; p = .000) and childhood sexual abuse (chi square = 47.43; d.f. = 4; p = .000).

The mean PTSD severities fell in a narrow range from 51 (Thailand) to 56 (South Africa) (see Table 6). Differences between the five countries' mean PTSD severities were not statistically significant ( $F = 1.33$ ;  $d.f. = 4, 397$ ;  $p = .41$ ). Average PTSD severities across the five countries were slightly higher than treatment-seeking US Vietnam veterans (Weathers et al., 1993).

A person must have at least one of the four B symptoms of intrusive reexperiencing of trauma symptoms, at least three of the seven C symptoms of numbing and avoidance of trauma, and at least two D symptoms of physiologic hyperarousal in order to meet criteria for a diagnosis of PTSD (see Table 1). Across the five countries, an average of 67 percent of these 475 respondents met criteria for a diagnosis of PTSD. Of people currently or recently in prostitution, 75 percent in South Africa, 50 percent in Thailand, 66 percent in Turkey, 68 percent in the USA and 76 percent in Zambia met criteria for a diagnosis of PTSD. The differences between these percentages of people in each country with PTSD were statistically significant (chi square = 19.8;  $d.f. = 4$ ;  $p = .001$ ). When the Thai respondents, who were administered the questionnaires in a large group, were excluded from the analysis, the differences between the remaining four countries were not significantly different (chi square = 2.66;  $d.f. = 3$ ;  $p = .45$ ).

In order to qualify for a diagnosis of partial PTSD, respondents must meet two of the three foregoing criteria for B, C, and D symptoms. Across the five countries, 85 percent of our respondents met criteria for partial PTSD, which suggests a significant degree of psychological distress. Of people currently or recently in prostitution, 87 percent in South Africa, 72 percent in Thailand, 86 percent in Turkey, 83 percent in the USA and 96 percent in Zambia met criteria for a diagnosis of partial PTSD. The differences between these percentages of people in each country with partial PTSD were statistically significant (chi square = 25.7;  $d.f. = 4$ ;  $p = .000$ ). When the Thai respondents, who were administered the questionnaires in a large group, were excluded from the analysis, the differences between the remaining four countries were not significant (chi square 4.24;  $d.f. = 3$ ;  $p = .24$ ).

**TABLE 6**  
**PTSD Checklist (PCL) means from three studies**

	PCL Mean (reflects PTSD severity)	SD*
<b>1 Current study</b>		
68 people in prostitution (South Africa)	55.8	16.7
110 people in prostitution (Thailand)	51.1	17.3
50 women in prostitution (Turkey)	52.7	15.1
130 people in prostitution (USA)	54.9	17.8
110 women in prostitution (Zambia)	56.0	12.3
<b>2 Weathers et al. (1993)</b>		
123 Vietnam veterans requesting treatment	50.6	20.2
1006 Persian Gulf War veterans	34.8	16.3
<b>3 Farley, unpublished data (1994)</b> (Random sample of women members of health maintenance organization)		
26 control respondents	24.4	7.1
25 adult women with childhood physical abuse history	30.6	10.4
27 adult women with physical and sexual abuse history	36.8	15.0
<b>*SD = Standard deviation: a measure of variability around the mean.</b>		

We investigated differences in PTSD associated with race in South Africa and the USA. There were no differences between racial groups in South Africa (chi square = 1.56;  $d.f. = 3$ ;  $p = .67$ ) or in the USA (chi square = 3.98;  $d.f. = 4$ ;  $P = .41$ ).

We also investigated differences in PTSD associated with gender. In the USA, differences in PTSD incidence among women, men and the transgendered were not statistically significant (chi square = 2.48;  $d.f. = 2$ ;  $p = .29$ ). In Thailand, differences between women and the transgendered were not statistically significant (chi square = 1.31;  $d.f. = 1$ ;  $p = .25$ ). In South Africa, differences between women and men were not significant (chi square = .2;  $d.f. = 1$ ;  $p = .65$ ).

In South Africa, 25 of our respondents prostituted in brothels and 43 prostituted on the street. There was more violence in the lives of those in street prostitution than brothel prostitution. We found significant differences in the incidence of physical assault in brothels as compared with street prostitution (Fisher's Exact Test,  $p = .000$ ) and rapes in brothels as compared with street prostitution (Fisher's Exact Test,  $p = .000$ ). There were no differences in histories of childhood physical and sexual abuse, based on whether the person was prostituted in a brothel or on the street. We investigated the relation between PTSD and whether the person was prostituted in a brothel or on the street. There was no statistically significant difference in incidence of PTSD between brothel and street prostitution (Fisher's Exact Test,  $p = .25$ ).

There were differences in the availability of support services. All of the women at TASINTHA, in Lusaka, Zambia, and most of the women in northern Thailand, were interviewed at agencies which offered support and job training. These agencies not only advocated but actually provided alternatives to prostitution. This level of support and vocational training was not available in San Francisco at the time of this study. Little governmental or nongovernmental funding in the USA is dedicated to services for those escaping prostitution. In the USA, there is widespread acceptance of the notion that prostitution is a reasonable job choice for women, and there is denial of the extent of prostitution in that country. On the other hand, European NGOs are more actively involved in providing support services for prostituted women in Asia and Africa.

There were also very few services for those in prostitution in South Africa. A drop-in center in Johannesburg, the House, advocated escape from prostitution for drug-addicted teenagers, and provided emergency services. SWEAT was a peer support agency in Capetown which promoted both safe sex and the sex industry.

We asked respondents what they needed (see Table 7). On average, 92 percent stated that they wanted to leave prostitution; 73 percent needed a physical place of asylum; 70 percent needed job training; 59 percent needed health care; 55 percent wanted individual counseling; and 49 percent wanted peer support; 47 percent needed child care; 45 percent wanted self-defense training; 38 percent needed drug or alcohol addiction treatment; 24 percent thought that prostitution should be legalized.

In South Africa and Zambia, we asked whether respondents believed that legalizing prostitution would decrease violence in prostitution.' In reply 62 percent of respondents in South Africa and 73 percent in Zambia stated that they did not believe that legalization of prostitution would decrease violence in prostitution. It should be noted that at the time the question was asked in South Africa (1996), there was a national political movement promoting legalization of prostitution.

<b>TABLE 7</b>					
<b>Responses to 'What do You Need?' Asked of 475 people in prostitution</b>					
	South Africa	Thailand	Turkey	USA	Zambia
Leave prostitution	89% (61)	94% (103)	90% (45)	88% (114)	99% (116)
Home or safe place	72% (49)	60% (66)	60% (30)	78% (101)	94% (110)
Job training	75% (51)	57% (63)	46% (23)	73% (95)	97% (114)
Drug/alcohol treatment	46% (31)	32% (35)	6% (3)	67% (87)	37% (43)
Health care	69% (47)	43% (47)	38% (19)	58% (75)	88% (103)
Peer support	58% (39)	49% (54)	24% (12)	50% (65)	63% (74)
Personal counseling	61% (42)	68% (75)	46% (23)	48% (62)	53% (62)
Self-defense training	61% (42)	60% (66)	12% (6)	49% (64)	41% (48)
Legal assistance	58% (39)	58% (64)	NA	43% (56)	54% (63)
Legalize prostitution	38% (26)	28% (31)	4% (2)	44% (57)	8% (9)
Child care	48% (33)	45% (50)	20% (10)	34% (44)	87% (102)
Physical protection from pimp	33% (22)	21% (23)	NA	28% (36)	41% (48)



Part Three of Three  
**DISCUSSION, ACKNOWLEDGMENTS, NOTES, REFERENCES**

## **DISCUSSION**

Our data indicate that violence and PTSD are widely prevalent among 475 prostituted people in five countries. Physical assault, rape and homelessness were common. Despite differences in sample selection, and despite major cultural differences, we found no differences in overall PTSD severity in five countries. There was no difference in the incidence of PTSD in four of the five countries. The traumatic experience of prostitution is a more potent variable than race, gender or state where one was born. These findings suggest that the harm of prostitution is not a culture-bound phenomenon.

We found differences in reports of childhood sexual and physical abuse, and also in physical assault and rape in prostitution. In spite of these differences in current and past violence, the experience of prostitution itself caused acute psychological distress and symptoms of PTSD. Our respondents reported a history of childhood sexual abuse on average 58 percent of the time. Based on previous research, we believe that our figure is lower than the actual incidence of childhood sexual abuse. This may be a result of several factors. First, in the midst of ongoing trauma, reviewing childhood abuse was probably too painful. Second, we did not have the time to establish rapport with interviewees. In Zambia, where 83 percent of respondents indicated a history of childhood sexual abuse, interviewers had previously established relationships with interviewees. Thus the Zambian data on child abuse may be more indicative of its actual occurrence than data from other countries.

In figures comparable to those discussed here, Vanwesenbeeck (1994) found that 40 percent of her respondents reported physical or sexual abuse in childhood; 40 percent had been forced into prostitution or had experienced sexual abuse by an acquaintance; 70 percent had been verbally threatened in prostitution; 60 percent had been physically assaulted; and 40 percent had been sexually assaulted in prostitution in the Netherlands. Vanwesenbeeck reported that 90 percent of prostituted respondents in the Netherlands reported 'nervousness', with a slightly lower 75-80 percent reporting depression, aggression, distrust and guilt. Multiple physical complaints were also common.

It is often assumed that street prostitution is qualitatively different from escort or brothel prostitution. Our data shed some light on this assumption. We found significantly more physical violence in street, as opposed to brothel, prostitution. However, there was no difference in the incidence of PTSD in these two types of prostitution. This suggests that psychological trauma is intrinsic to the act of prostitution. Whether the person was being prostituted in a brothel or on the street seemed to make as little difference in incidence of PTSD as the distinction based on the country in which the person lived.

When we asked those interviewed in South Africa and Zambia if they thought that legalizing prostitution would make them physically safer, a significant majority (62 percent in South Africa and 73 percent in Zambia) told us 'no'. They viewed prostitution as an activity which always involved physical and sexual assault -- legal or not.

In addition to prostitution, other factors may have contributed to the incidence and severity of PTSD seen here. The unemployment rate in Zambia was 90 per cent at the time of this study. Many of the women we interviewed, and their children, were hungry.'

It is likely that the PTSD score elevations from South Africa and the USA are a result of culture-wide violence, as well as from the harm of prostitution. We are in the process of obtaining a nonprostituted sample of people matched for age, race and class in order to compare their

responses to those described here.

Some of the lower Thai scores may have resulted from the fact that most of the Thai respondents answered these questions in a large group. (In all countries except Thailand, questionnaires were administered individually.) Although the measures had been translated into Thai, our assistants, who roamed the large room and offered to help read or write, were not able to provide the personal attention offered in the other countries.

There was no difference in the severity of PTSD symptoms across countries, despite sample selection and cultural differences. The 67 percent incidence of 475 respondents meeting criteria for a diagnosis of PTSD may be compared to battered women seeking shelter (45 percent, Houskamp and Foy, 1991; 84 percent, Kemp et al., 1991); rape victims from Northern Ireland (70 percent, Bownes et al., 1991); and refugees surviving state-organized violence who attended a torture treatment center (51 percent, Ramsay et al., 1993).

Respondents in this study endorsed similar statements when asked what they needed, regardless of country. A vast majority desired to leave prostitution (92 percent), and in order to do that needed asylum (73 percent), job training (70 percent) and health care (59 percent). Like others who have looked at this question, we found that those in prostitution want what everyone else does -- a home, an education, a job, health care, a partner and a community (Hoigard and Finstad, 1992; El-Bassel et al., 1997). The question raised by this study is not 'Should one have the choice to be a prostitute?' rather: 'Does one have the right *not* to be a prostitute?'

Much of the current medical and psychological literature fails to address the physical and emotional harm which is intrinsic to prostitution. In a 1994 literature review, Vanwesenbeeck commented: 'Researchers seem to identify more easily with clients than with prostitutes.' A recent editorial (*Lancet*, 1996) concluded that 'the health risks of street prostitution are likely to remain small'. HIV transmission is the sole 'health risk' discussed in much of the current literature. Pedersen (1994) suggested that an interest in controlling the spread of HIV has motivated a trend toward legitimizing prostitution as just another job.

Legalization or decriminalization of prostitution would normalize prostitution. We do not think that legalization of prostitution -would improve the lives of women in prostitution -- in fact, according to some of our interviewees, legalization makes their lives worse. Legalization of prostitution puts the state in the role of the pimp, and in the role of ensuring that customers are provided with people who are HIV- and STD-free.

Although we advocate depenalization of prostitution for the person being prostituted, we support vigorous prosecution of customers of prostitutes, and pimps, brothel owners and traffickers. Decriminalization of prostitution primarily benefits customers and pimps, not those in prostitution.

Three of the women in the USA had worked in a locale where prostitution is legal. Preferring to work on the streets of San Francisco, they all stated that their lives in legal brothels were unbearable. Hoigard and Finstad (1992) noted that the systematized degradation inflicted on women in brothels is in many ways worse than street prostitution. The women we interviewed who had left brothels stated that they were completely under the control of the brothel's pimp/owners: they were not permitted to refuse customers; they were usually not allowed to leave the brothel for eight consecutive days; they were not permitted to choose their own physicians -- and were regularly sexually assaulted by physicians who practiced in brothels.

Apologists for prostitution legitimize it as a freely made and glamorous career choice. We are told that people in prostitution choose their customers as well as the type of sex acts in which they engage. Bell (1994) suggested that prostitution is a form of sexual liberation for women. We are

also told that 'high-class' prostitution is different, and much safer than street prostitution. Referring to prostitutes in general, Leigh said 'most of us are middle class' (in Bell, 1994).

None of these assertions was supported by this study. Our data show that almost all of those in prostitution are poor. The incidence of homelessness (72 percent) among our respondents, and their desire to get out of prostitution (92 percent) reflects their poverty and lack of options for escape. Globally, very few of those in prostitution are middle class. Prostitution is considered a reasonable job choice for poor women, indigenous women and women of color, instead of being seen as exploitation and human rights violation. Indigenous women are at the bottom of a brutal gender and race hierarchy. They have the fewest options, and are least able to escape the sex industry once in it. For example, it has been estimated that 80 percent of the street prostituted women in Vancouver, Canada, are indigenous women (Lynne, 1998).

The appearance of choice to work as a prostitute is profoundly deceptive. 'If prostitution is a free choice, why are the women with the fewest choices the ones most often found doing it?' (MacKinnon, 1993). In Amsterdam, a woman described prostitution as 'volunteer slavery', clearly articulating both the appearance of choice and the overwhelming coercion behind that choice (Vanwesenbeeck, 1994).

In prostitution, male dominance is disguised as sexuality (Dworkin, 1997). For the vast majority of the world's women, prostitution is the experience of being hunted, being dominated, being sexually assaulted, and being physically and verbally battered. Intrinsic to prostitution are numerous violations of human rights: sexual harassment, economic servitude, educational deprivation, job discrimination, domestic violence, racism, classism (being treated as if you are worthless because you are poor), vulnerability to frequent physical and sexual assault, and being subjected to body invasions which are equivalent to torture. From the perspective of those we interviewed in five countries, prostitution might at best be called a means of survival: if one wants a place to sleep, food to eat and a way to briefly get off the street, one allows oneself to be sexually assaulted. At its worst, prostitution is kidnapping, torture and sale of parts of the person for sex by third parties.

What is needed is public education regarding the intrinsic violence of prostitution to those in it, and programs which offer options for escape to those in prostitution. In order to offer genuine choices, programs must offer more than condoms, unions and safe-sex training. It is necessary to scrutinize the vast array of social conditions in women's lives which eliminate meaningful choices. Psychological treatment is necessary for both acute PTSD resulting from sexual violence and captivity in prostitution, as well as for the long-term harm resulting from childhood abuse and neglect. Drug and alcohol addiction treatment and health care must be integral to programs offered to people escaping prostitution. We must offer asylum and job training to women who are prostituted and who wish to escape prostitution.

We urge feminist researchers to continue to report -- and protest -- the experiences of women in prostitution.

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## NOTES

1. The item from the prostitution questionnaire: 'Do you think that if prostitution were legal, sex workers would be any safer? (for example, from rape and assault)' was contributed by Tracy Cohen, Johannesburg, South Africa.

2. A discussion of the ways in which different cultures promote prostitution is extremely important but is beyond the scope of this article. Muecke (1992), for example, has written about the complicity of Buddhist ideology with sexist practices which devalue women. In Thailand, it is possible for prostitutes to gain respect (that is, to gain merit with respect to their karmic debts) only if they contribute large sums of money to organized religion. If they do not contribute generously to their families and temples, they are treated with extreme contempt.

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## Attachment 9

Weitzer, R., (2010). The mythology of prostitution: Advocacy research and public policy. *Sexuality research and social policy*, 7:

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# The Mythology of Prostitution: Advocacy Research and Public Policy

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**Abstract** Over the past decade, public policies on prostitution and other types of sex work have been increasingly contested, both in academia and in popular debates. One perspective, the oppression paradigm, is increasingly reflected in media reporting on the sex industry and is steadily being articulated by government officials in the USA, Europe, and elsewhere. The proliferation of myths based on the oppression paradigm is responsible for the rise of a resurgent mythology of prostitution. This article examines the claims made by organizations, activists, and scholars who embrace the oppression paradigm, evaluates the reasoning and evidence used in support of their claims, and highlights some of the ways in which this perspective has influenced recent legislation and public policy in selected nations. The author presents an alternative perspective, the polymorphous paradigm, and suggests that public policy on prostitution would be better informed by this evidence-based perspective.

**Keywords** Sex industry. Sex work. Sexuality policy. Prostitution myths. Legalization

Knowledge regarding sex work is increasingly being distorted by a group of influential activists, organizations, and some academics who regard the sex industry as a universally harmful institution. The ultimate objective of these individuals (whom I refer to here as prohibitionists)<sup>1</sup> is to abolish the entire sex industry—namely prostitution, pornography, strip clubs, and other commercial sex. Their campaign has had two major outcomes: Firstly, it has resulted in the ascendancy of what I call the oppression paradigm, which in turn is contributing to a newly resurgent mythology of prostitution. Secondly, this mythology has important real-world consequences: Public policies increasingly are based on the contentions of prohibitionist activists and scholars. This article critically evaluates the main claims of this body of work and then documents their growing incorporation into government policies.

## Prescientific Reasoning

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<sup>1</sup> Prohibitionists also are sometimes referred to as abolitionists or radical feminists.

Renowned philosopher of science Karl Popper (1959) has described prescientific reasoning as conclusions formed in the absence of evidence or lacking in the critical ingredient of falsifiability. Prescientific claims are especially apparent among ideologues and political actors, whose passionate commitment to a cause can undermine their objectivity, but prescientific reasoning also has been documented in some empirical research in various areas of knowledge production (Best 1999; Buchanan et al. 2003; di Mauro and Joffe 2007; Epstein 2006). Such so-called knowledge can have profound policy implications.

The prohibitionist stance toward sex work is based on a perspective that regards paid sexual services and performances as inherently oppressive and exploitative.

Research deriving from this central, ontological pillar typically contains one or more prescientific dimensions. The net effect of this body of writing is twofold: a serious distortion of the reality of prostitution and resultant public policies that are not evidence based. This article focuses on prostitution, but my critique can also be applied to prohibitionist writings on other sectors of the sex industry (e.g., stripping, pornography) because they are construed in an identical way.

### Claims Advanced by Fiat

Prohibitionist writers adopt what I call the oppression paradigm, which depicts prostitution as the epitome of male domination and exploitation of women regardless of historical period, societal context, or type of prostitution (Weitzer 2009b). The boldest claims are articles of faith. A good scientific theory is one whose propositions can be verified and falsified through empirical testing; however, only some tenets of the oppression paradigm are amenable to verification (discussed subsequently). Oppression theorists present their central claims by fiat—as self-evident, absolute principles. Farley (one of the leading advocates of the oppression paradigm) and coauthors (1998) have described the oppression paradigm as a “political perspective” (p. 406), an approach that may be contrasted with a scientific one.

The oppression paradigm defines prostitution in a one-dimensional manner—as inherently exploitative and harmful to workers. Prostitution is “a particularly vicious institution of inequality of the sexes” (Farley 2004, p.1117) and “an institution that doles out death and disease” (Raymond 2004, p. 1182) to women. Oppression theorists insist that prostitution is by definition a form of violence against women, irrespective of whether outright physical violence is involved: “Prostitution must be exposed for what it really is: a particularly lethal form of male violence against women” (Farley and Kelly 2000, p. 54). The distinction between coerced and voluntary prostitution is regarded as a fallacy—according to prohibitionists, some type of coercion and domination is always involved: “Pimps bait us with the myth that there is a vast gulf between what they call ‘freely chosen’ prostitution and physically coerced” prostitution (Farley 2007, p. 97). In contrast to the prostitution-as-violence notion, an alternative, evidence-based perspective would characterize victimization differently—that is, as a factor that varies across time, place, and echelon. Violence is by no means endemic throughout the sex trade (see Shaver 2005; Vanwesenbeeck 2001; Weitzer 2009b).

The oppression paradigm is increasingly articulated in public debates about prostitution policy and has been championed by some influential academics who are also active antiprostitution campaigners (e.g., Donna Hughes, Sheila Jeffreys, Catherine MacKinnon, Jody Raphael, Janice Raymond). Many prominent advocacy groups throughout the world also embrace this paradigm. The following statements from some of these organizations illustrate the ways in which prostitution is constructed in the oppression paradigm:

- The Poppy Project's (2008) report on indoor prostitution in London states: “On a fundamental level, prostitution is an absolute expression of men’s power against women’s subordination and lack of choices. Paying for prostitution services enables men to assert power and control over women in a way which would be deemed unacceptable in any other sphere” (p. 8).
- Scotland's Women's Support Project (2003) has proclaimed, “We believe that prostitution and other forms of commercial sexual exploitation are part of the spectrum of men’s violence against women and children” (¶ 1). It is thus no surprise that the project's recent report on clients of prostitutes (Macleod et al. 2008) states, “Once viewed as a form of violence against

women stemming from sex inequality, prostitution is best understood as a transaction in which there are two roles: exploiter/ predator and victim/prey” (p. 30).

- One of the most prominent prohibitionist organizations is Prostitution Research and Education (PRE), whose central goal is “to abolish the institution of prostitution” (Prostitution Research & Education 1998–2008, ¶ 1). PRE director Melissa Farley has stated, “Prostitution not only harms the women in it, it also promotes sexist attitudes and sexually aggressive male behavior toward all women in the community....Assuming the right to treat women as prostitutes means that they are treated as if they are not human, thus harming both prostitute and nonprostitute women” (Farley 2007, p. 181). This organization has been extremely successful in propagating the oppression paradigm in the mass media and in gaining acceptance for this perspective in official government circles in the USA and elsewhere.
- The Coalition Against Trafficking in Women (CATW 2009) declares on its website: “All prostitution exploits women, regardless of women’s consent. Prostitution affects all women, justifies the sale of any woman, and reduces all women to sex” (Philosophy, ¶ 3). CATW has branches throughout the world and claims that it “has changed the terms of the debate over prostitution and trafficking in many regions of the globe and at the United Nations level” (History, ¶ 1). CATW was founded by Janice Raymond.
- The Chicago Alliance Against Sexual Exploitation (2009) states on its website (<http://www.caase.org>) that the organization “is committed to building a global community free from sexual exploitation. We know that...the commercial sex trade [is] detrimental to a healthy society and undermine[s] the dignity of all people.” In association with Melissa Farley, the organization sponsored a recent study of customers in Chicago (Durchslag and Goswami 2008).

The way something it is defined can make a huge difference in how it is perceived. In the oppression paradigm, prostitution is conflated with other practices that are widely condemned: domestic violence, rape, sexual slavery, and commercial sexual exploitation. According to this view, customers buy women<sup>2</sup> rather than use sexual services, and are labeled prostitute users and sexual predators. Prohibitionists impose such labels by fiat:

- “When men use women in prostitution, they are expressing a pure hatred for the female body” (Dworkin 1997, p. 145).
- “Prostitution is better understood as domestic violence than as a job” (Farley 2008, p. 16).
- “Prostitution is rape that’s paid for” (Raymond 1995).
- “These men must be viewed as batterers rather than customers” (Raphael and Shapiro 2004, p. 137).
- “Men who purchase sex acts do not respect women, nor do they want to respect women” (Hughes 2005, p. 7).
- “These [clients] are not just naughty boys who need their wrists slapped. They could be more accurately described as predators” (Melissa Farley, as quoted in Brown 2008). Farley (2004) has stated elsewhere that “johns are regularly murderous toward women” (p. 1102).<sup>3</sup>
- “The difference between pimps who terrorize women on the street and pimps in business suits who terrorize women in gentlemen’s clubs is a difference in class only, not a difference in woman hating” (Farley 2004, p. 1101).

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<sup>2</sup> One could argue that the term *buy women* objectifies women who work in prostitution by treating them as commodities rather than as people supplying a sexual service.

<sup>3</sup> In addition to the lack of documentation for this statement, it is problematic because the terms *regularly* and *murderous* (which sounds like an innate tendency) are opaque.

- According to Macleod et al. (2008), customers should be branded as sex offenders and listed on a sex offender registry: “This naming is important since it places men who buy sex in the same category as rapists, pedophiles and other social undesirables” (p. 27).

As they have done for customers of sex workers, prohibitionists have also applied dramatic labels to the workers themselves. Antiprostitution agencies, activists, and scholars have argued that prostitutes should be called prostituted women, victims, or survivors. These labels clearly indicate that “prostitution is something that is done to women” (Raymond 2004, p. 1183), not a voluntary practice. Jeffreys (1997) has written, “Antiprostitution campaigners use the term prostituted women instead of prostitutes. This is a deliberate political decision and is meant to symbolize the lack of choice women have over being used in prostitution” (p. 330). In the oppression paradigm, individual agency is deemed impossible. The logic for this argument is sometimes stated in a dubious manner: “To the extent that any woman is assumed to have freely chosen prostitution, then it follows that enjoyment of domination and rape are in her nature” (Farley and Kelly 2000, p. 54).

Sensationalism is abundant in this body of literature. Anecdotal horror stories are a staple of these writings, and clearly are designed to arouse readers' indignation. Reports, websites, and journal articles in the prohibitionist vein feature quotes from women who have had horrible experiences, which are presented as typical. Moreover, the authors themselves frequently write in an alarming manner. For instance, Farley (2006) has written, “When women are turned into objects that men masturbate into, profound psychological harm results for the person who is acting as receptacle” (p. 107). With this kind of language, Farley herself appears to objectify the women.<sup>4</sup> Another example of such sensationalism is Farley's declaration that “prostitution, pornography, and trafficking meet or exceed legal definitions of torture” (p. 114). The tone of such writings is a radical departure from that of conventional scholarly writings.

Labeling prostitution as paid rape, workers as prostituted women or survivors, and customers as predators and sex offenders has shock value. The oppression paradigm superimposes these emotionally laden constructs on the actors in a universalistic manner. Such categorical terminology obscures the empirically documented relationships between workers and customers, which are complex and varied. Moreover, many customers and workers themselves reject these derogatory labels. In a study of 294 street prostitutes in Miami, for instance, almost all of them “prefer the terms sex worker and working woman and refer to themselves as such” (Kurtz et al. 2004, p. 359). Others call themselves escorts or providers. In contrast to the demonization of clients prevalent in oppression literature, a unique comparative study (Monto and McRee 2005) found few differences between prostitutes' customers and a nationally representative sample of American men.

Besides grand ontological characterizations, the mythology of prostitution also features a set of specific claims regarding the sex trade: that the vast majority of prostitutes enter the trade when they are 13 to 14 years old, were physically or sexually abused as children, were tricked or forced into the trade by pimps or traffickers, use or are addicted to drugs, and desperately want to exit the sex trade. When generalized to sex workers, these claims are fallacies; they apply best to one sector within the street population (those engaged in survival sex), less to other street workers, and even less to indoor sex workers (Weitzer 2009b).<sup>5</sup>

Young age of entry, for example, was identified as an age-old myth by Winick and Kinsie (1971) in their classic book on prostitution. Contemporary studies have reported varying percentages of individuals who started selling sex when they were minors. These studies (e.g., Hester and Westmarland 2004) have documented that only a minority began to prostitute before age 18 and an even smaller percentage before 14. Workers' desire to leave the sex trade is by no means as universal as the prohibitionists have claimed. A study of Thai sex workers, for example (Steinfatt 2002), found that only 15% wanted to quit selling sex, whereas the remainder wanted to keep working in the sex trade, and 69% said they thought sex work was a good job. Other evidence challenging the aforementioned myths can be found in major literature reviews (Shaver 2005; Vanwesenbeeck 2001; Weitzer 2009b).

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<sup>4</sup> Similarly objectifying is Farley's (2006) blanket assertion, “Her self and those qualities that define her as an individual are removed in prostitution and she acts the part of the thing he wants her to be” (p. 122).

<sup>5</sup> Indoor sex workers are those who do any type of sex work behind closed doors, rather than on the street.

## Claims Based on Flawed Research

Some oppression writers have conducted advocacy research in order to further their policy objectives. Their studies often take the form of nonpeer-reviewed reports for sponsoring organizations, many of which adopt the oppression paradigm,<sup>6</sup> but others have published articles in academic journals, notably *Violence Against Women* and some law reviews (the latter typically lack peer review).<sup>7</sup> For example, Raymond edited a special issue of *Violence Against Women* in October 2004, titling the collection “The Case Against the Legalization of Prostitution.” These writings can be faulted on several grounds, which I discuss subsequently.

### Sweeping Generalizations

The writings of those who adopt the oppression paradigm are striking not only for their grand a priori assumptions and articles of faith (described previously) but also for the generalizations they draw from their empirical studies. In a book on prostitution in Norway (Hoigard and Finstad 1992), for example, the authors wrote that prostitution is an “abomination” (p. 76) and a “brutal oppression” (p. 183)—despite the fact that the authors' empirical findings do not support such grand indictments.

Writers who adopt the oppression paradigm tend to select or accent the most disturbing instances of abuse and present them as representative and indicative of intrinsic problems. Gayle Rubin (1984) has criticized an earlier generation of prohibitionist writing for selecting the “worst available examples” (p. 301) in the sex trade and casting them as the norm. The generalizations are often demonstrably false, empirically dubious, or unsubstantiated (i.e., the evidence is inconclusive). Overarching terms and phrases, such as prostitution is linked to, prostitution causes, women told us, johns say, or prostitution damages, are standard fare. Such deterministic constructions should give pause to social scientists, who use probabilistic language to describe research findings—for example, such phrases as increases the likelihood of, heightens the probability of, or is more likely than.

Prohibitionist writers consistently generalize about prostitution, claiming that there is no difference between different sectors of sex work.<sup>8</sup> Other analysts (Vanwesenbeeck 2001) have criticized these writers' “failure to adequately differentiate between sex workers” (p. 279). Instead of grouping all workers into an undifferentiated prostitution category, the evidence points to significant differences among those who sell sex. Plumridge and Abel (2001) have called prostitution a “segmented market,” and Harcourt and Donovan (2005) have described what they call “the many faces of sex work.” In fact, “empirical analyses demonstrate a remarkable diversity of activities that fall under the term prostitution and a remarkable diversity of experiences among participants” (Monto 2004, p. 164).

Victimization is one area in which unwarranted generalizations are frequently made. Oppression writers often claim that extremely high percentages (80–100%) of prostitutes are assaulted, robbed, raped, and otherwise victimized (Farley et al. 2003; Raphael and Shapiro 2004). These victimization figures are typically much higher than those reported by mainstream researchers (e.g., Church et al. 2001; Kurtz et al. 2004; Lowman and Fraser 1995; Perkins and Lovejoy 2007; Prostitution Law Review Committee 2008; Seib et al. 2009; Whittaker and Hart 1996).

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<sup>6</sup> These include the two most prominent organizations—the Coalition Against Trafficking in Women (headed by Janice Raymond) and Prostitution Research and Education (headed by Melissa Farley)—as well as lesser-known groups such as the Chicago Alliance Against Sexual Exploitation and Standing Against Global Exploitation. For a study of the ideology of one prohibitionist organization (Council on Prostitution Alternatives in Portland, Oregon), see Davis (2000).

<sup>7</sup> One example is Yen's (2008) law review article on the customers of prostitutes, which is filled with unsubstantiated claims and relies almost exclusively on the prohibitionist literature. Yen has conflated prostitution and sex trafficking, has referred to the “ugly truth of the commercial sex industry” (p. 676), has written that prostitution is the “oppression of women” (p. 678), and has described nations where prostitution is legal as having “legitimized the oppression of women” (p. 680).

<sup>8</sup> For example, according to Farley (2004), violence is “the norm for women in all types of prostitution” (p. 1,094). A Chicago study (Raphael and Shapiro, 2004) has claimed that “violence was prevalent across both outdoor and indoor prostitution venues” (p. 133)—yet the authors collapsed figures on victimization at work and outside of work (by their domestic partners and others), thus artificially inflating victimization rates at work and allowing the authors to falsely claim that violence was prevalent in indoor prostitution venues. A high percentage of the violence was meted out by domestic partners.



In fact, it is impossible to definitively document the frequency or seriousness of victimization in such hidden populations. Random sampling of sex workers is impossible because a full listing of workers (in any jurisdiction) is not available, and there is no way of knowing the parameters of either the prostitute or customer population. Coupled with this difficulty is the problem of gaining access to and cooperation from those involved in sexual commerce. All reported victimization rates are vulnerable to selection bias: The most desperate segment of the prostitute population or those who are most frequently or seriously victimized may be especially likely to contact service providers or agree to interviews. Generalizing from prostitutes in custody to the population of prostitutes in general is inherently flawed, just as is drawing general conclusions from other types of incarcerated offenders.

Absent a random sample, the best that can be hoped for is a strategy of interviewing people in various geographical locations and in different types of prostitution, in a rigorous and impartial manner. Researchers must strive to create samples that draw from multiple locations and types of workers and that are not skewed toward any particular subgroup. This procedure is known as purposive sampling. Well-constructed comparative studies (e.g., Lever and Dolnick 2010; Lowman and Fraser 1995; PLRC 2008; Seib et al. 2009; Shaver 2005; Vanwesenbeeck 2001; Weitzer 2009b) have tended to find significant, and sometimes huge, differences between street and indoor prostitutes in occupational practices, job satisfaction, self-esteem, physical and psychological health, and several types of victimization. As Cusick (2006) has concluded, "When sex markets are directly compared, the harms introduced by sex work are overwhelmingly concentrated in street sex markets" (p. 4). Many indoor sex workers report little or no victimization (Lucas 2005; Perkins and Lovejoy 2007; Sanders and Campbell 2007; Whittaker and Hart 1996).

Given the impossibility of random sampling, it is imperative that researchers qualify their conclusions properly and avoid drawing generalizations about prostitution: Workers vary tremendously, and prostitution takes rather different forms. Conclusions should be limited to the discrete sample studied, which may or may not reflect the larger population from which the sample is drawn. Prohibitionist writers, however, often fail to mention the sampling limitations of their studies and frequently generalize from small convenience samples. Their conclusions typically go well beyond their data.

Writers who adopt the oppression paradigm also tend to distort or selectively present their own findings. The following example is illustrative of a problem that pervades the oppression literature: The Poppy Project's (2008) report on indoor prostitution in London, Big Brothel, contains a page of sound-bite headlines, such as the following:

- "Full sex available for fifteen quid [£ ]."
- "Kissing, oral, or anal sex without a condom for an extra tenner [£10]."

Elsewhere, the Poppy Project's report refers to "the ubiquity of dangerous and discounted services" (p. 29). Yet, only one of the 921 brothels offered full sex for 15, and only 19 brothels offered "full sex or anal sex" without a condom (Poppy Project, pp. 33, 34), and although the authors claimed to have identified 921 brothels in the Greater London area, the average number of workers per brothel was two, indicating that many of these supposed brothels were actually single providers working in private premises rather than brothels (Poppy Project, p. 5). Distortion is also illustrated in the claim that brothels have invaded otherwise tranquil areas: "85 percent of London's brothels operate in residential areas" (Poppy Project, p. 4), and a September 4, 2008 press release<sup>9</sup> by the Poppy Project declared, "It has been said that we are never more than six feet away from a rat in London. Apparently, something similar applies to brothels.... This research shows the disturbing prevalence of the sex industry in every corner of London." In these and other ways, findings are skewed for dramatic effect. Ubiquitous so-called brothels in residential areas may be more disturbing to the public than independent operators.

The report received sensationalized publicity in the British media, with such headlines as "Brothel industry is 'spreading'" (BBC World News 2008) and "Sex can be bought for just £15, new survey reveals" (Daily Mail 2008). The report was criticized by 27 university researchers, including the present author, whose critique was reported in the press (Lipsett 2008).

#### Opaque and Biased Data Collection

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<sup>9</sup> Hard copy in possession of the author.

Some studies are remarkably frank about their biases. A Chicago study (Raphael and Shapiro 2004) began from the premise that prostitution is harmful: "This research project was designed within a framework of prostitution as a form of violence against women and not prostitution as a legitimate industry" (p. 132). The 12 interviewers were former prostitutes who shared that view: They were "survivors of prostitution who did not see their own [prior prostitution] experiences as 'work' or a choice" (Raphael and Shapiro 2002, p. 9; 2004, p. 129), and the authors acknowledged the "bias of the surveyors" (Raphael and Shapiro 2002, p. 33). If the interviewers were biased, it appears that the respondents were far from representative. The authors gave little indication of how the respondents were located, except to say that they were already known to the interviewers: They were "women with whom they worked while previously in prostitution, and women referred by those interviewed" (Raphael and Shapiro 2004, p. 132).

The authors acknowledged that, because of these procedures, "it is likely that this sample is more representative of women who do want to leave prostitution" (Raphael and Shapiro 2004, p. 132). Furthermore, "The survey questions and administration were likely biased to some degree by working within this [oppression] framework and by employing surveyors who had left prostitution" (Raphael and Shapiro, p. 132) and who interviewed prior associates who may have been like minded. This study is a good example of a prescientific research design. As Vanwesenbeeck (2001) has pointed out:

When researchers have difficulty understanding rational, not to mention positive, reasons for choosing sex work and find it easier to think of prostitutes as victims, it is understandable that the sex workers [interviewed] will stress their victim status and negative motivations for working. (p. 259)

Biased procedures yield warped conclusions.

Data collection procedures in studies based on the oppression paradigm are often either invisible or problematic. Common problems include a failure to provide sufficient detail about the sampling methods or to disclose the questions asked of respondents. As anyone involved in survey research knows, question-wording can make a huge difference in the responses obtained, and standard practice is to provide the reader with the most important items verbatim, especially on sensitive topics. This procedure is seldom used in prohibitionist-driven research. For example, Farley (2008), who has authored several studies based on her surveys, has stated that "only qualified individuals" (p. 48) would be allowed to see the questions, and they would have to contact her directly. This baffling statement might be interpreted as an attempt to resist full disclosure of research procedures, violating the scientific canon of transparency.

Some of these studies rely on deception of the subjects and thus raise ethical questions. In the Poppy Project's (2008) examination of brothels in London, male researchers made cold calls to phone numbers listed in newspaper advertisements and asked a series of questions of the person who answered the phone, usually a receptionist. The men posed as prospective customers inquiring about the age, ethnicity, and number of workers employed, sexual services and fees, condom policy, and so forth.

This procedure is fraught with problems, for two reasons: Firstly, because the callers did not make an effort to build rapport with the receptionists (something that takes time and arguably depends on face-to-face conversation), it is likely that at least some of the receptionists became suspicious of the caller. Secondly, because receptionists had an interest in enticing the caller to visit the establishment, they may have told the men what they wanted to hear, including citing services that were not available, to get them in the door. The Poppy Project's (2008) report revealed, "In some cases, potential participants were unwilling to disclose information, through lack of inclination, lack of time, or suspicion" (p. 15). Yet, the report does not disclose how often this scenario occurred, and it treats the information gathered as factual.

Sampling procedures are sometimes entirely invisible. For example, Farley et al. (1998) interviewed workers in some unusual situations: In Turkey, they interviewed women whom police brought to a hospital for the purpose of venereal disease checks; in Thailand, respondents were interviewed on the street, in a beauty parlor, and in an organization offering support services; in Zambia, the researchers interviewed women at an organization that offers support services to prostitutes; in South Africa, people were interviewed on the street, in brothels, and at a drop-in center. The authors

provided no information about how these locations were selected, nor did they comment on the distortion that may result from such convenience sampling. People contacted at service-providing agencies, as well as those who have been apprehended by the police, are likely to be unrepresentative of the larger population of sex workers.

A major deficiency in most studies of prostitution, including those by oppression theorists, is the absence of a control group. Samples of prostitutes are not compared with carefully matched samples of nonprostitutes, and samples of customers are not compared with men who have not paid for sex. Hence, it is impossible to tell whether the views and experiences of those sampled differ significantly from those of individuals not involved in the sex trade. The writers typically attribute their results to the effects of prostitution, with no consideration of whether victimization rates (e.g., of assault, robbery, rape) differ significantly from those of the wider population. As Shaver (2005) has pointed out, such comparative research is necessary to identify the problems that are “unique to sex work and [those] which are features of more general conditions, such as gender, ethnicity, educational opportunities, health status, and poverty.... Comparisons of sex workers with appropriate comparison groups often serve to falsify popular perceptions” (pp. 306, 307) insofar as they document similarities between prostitute and similarly situated nonprostitute populations (e.g., Nadon et al. 1998). The same conclusion appears to hold true for customers, who have been found to differ little from representative samples of other men, at least in the USA (Monto and McRee 2005).

Two recent and widely publicized studies of customers—reports by the Chicago Alliance Against Sexual Exploitation (Durchslag and Goswami 2008) and by Scotland's Women's Support Project (Macleod et al. 2008)—illustrate many of the methodological problems in this body of literature. (Farley was involved in both projects.) Despite their biased orientation toward the sex industry (documented previously), the groups present their research and findings as sound. Both reports are structured around a particular story line describing the myriad ways in which customers are deviant, with alarming quotations selected to fit the story line. Each report ends with recommendations for measures to suppress demand—john schools and increased punishment for customers—and each report received publicity in the local media.

The two studies are textbook examples of flawed and opaque data collection procedures. Firstly, there is no indication of whether the customers interviewed were informed about the objectives of the study or the orientation of the researchers and their sponsoring agency, if participants were given informed consent forms to sign, or whether the researchers followed other ethical protocols.<sup>10</sup> Secondly, because the reports do not provide the interview questions, it is difficult to know what the men were responding to, and whether any of the questions were loaded. It is noteworthy that the authors provided only one quotation (invariably a disturbing one) to illustrate each so-called finding. Thirdly, both reports mentioned that the interviewers often felt contempt for the men interviewed. For example, the Chicago report stated:

Many of the interviewers felt the cruelty of the men's sexism not only against women bought by the men but against ourselves as well....The interviewers reported feeling skeptical about the men's professed ignorance about prostituted women, fearful about the possibility of being stalked by the interviewees, physically revolted, had flashbacks to their own previous experiences of sexual violence, questioned some aspects of their own relationships with the men in their lives, and at times felt the inclination to dissociate or drink alcohol in order to numb painful emotional reactions to the interviews (Durchslag and Goswami 2008, p. 7).

Given these reactions during the interviews, one wonders how the interviewers were able to maintain a “nonjudgmental and friendly rapport” (Durchslag and Goswami, p. 7) with the men, as the report claimed.

### Inconvenient Findings

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<sup>10</sup> In the Scottish study (Macleod et al. 2008), interviewees were recruited with a newspaper ad asking, “Ever been a client of a prostitute? International research team would like to hear your views.” In the Chicago study (Durchslag and Goswami 2008), the ad read, “Chicago based research organization is looking to interview men who have paid for commercial sex.” The advertisement did not reveal that the research organization in question was the Chicago Alliance Against Sexual Exploitation, information that might have reduced the response rate.



In such studies, bias is also evident in a neglect of the scientific canon of falsifiability. If they comment at all on results that they did not expect, prohibitionist writers go to great lengths to discredit such findings. This discrediting includes downplaying or questioning the voices of sex workers themselves when they disagree with the author's opinions. For example, Raymond (2003) has written: "There is no doubt that a small number of women say they choose to be in prostitution, especially in public contexts orchestrated by the sex industry" (p. 325). By claiming that the number is small and by using the words say and orchestrated, Raymond clearly sought to cast doubt on the veracity of the women's testimony.

In Farley's (2007) interviews with some workers at eight of Nevada's 30 legal brothels, she stated, "I knew that they would minimize how bad it was" (p. 22). Respondents who did not acknowledge that working in a brothel was bad were considered to be in denial, and Farley sought to penetrate this barrier: "We were asking the women to briefly remove a mask that was crucial to their psychological survival" (p. 22). Farley also has asserted that most of the women working in the legal brothels had pimps, despite the fact that the women were "reluctant to admit that their boyfriends and husbands were pimping them" (p. 31). Farley found that "a surprisingly low percentage—33%—of our interviewees in the legal brothels reported sexual abuse in childhood" (p. 33), a percentage that "is lower than the likely actual incidence of sexual abuse because of symptoms of numbing, avoidance, and dissociation among these women" (p. 33), or discomfort discussing such experiences.

In their study of six countries, Farley et al. (2003) found substantial support for legalization among sex workers: A majority (54%) of the prostitutes interviewed across the countries (and 56% in Colombia, 74% in Canada, 85% in Mexico) said that legalizing prostitution would make it safer. The authors presented these inconvenient figures in a table but made no mention of them in the text (where they simply stated that 46% of the total did not believe legalization would make prostitution safer). In a subsequent article, Farley (2005) discounted those workers who favored legalization: "Like everyone else, our interviewees minimized the harms of prostitution and they sometimes believed industry claims that legalization or decriminalization will somehow make them safer. Sadly, there is no evidence for their belief" (p. 954). If the workers favoured legalization, Farley contends, they did not form this opinion on their own but must have been deceived by advocates. (In fact, as indicated subsequently, evidence exists that some systems of legalization provide a relatively safe working environment for sex workers.) In case after case, findings that are inconsistent with the oppression paradigm are discounted and reinterpreted in order to fit with the writer's presumptions—a clear example of prescientific reasoning.

Besides the presentation of new findings, scientific advancement also depends on researchers' due diligence in citing and grappling with other studies whose findings differ from their own. Standard practice is to situate a study within the related scholarly literature. However, those operating within the oppression paradigm often restrict their citations to writings of like-minded authors and ignore studies that reach conclusions inconsistent with their own—of which there are many, as reflected in several comprehensive literature reviews (Shaver 2005; Vanwesenbeeck 2001; Weitzer 2009b). In some writings, oppression theorists fail to cite any academic research whatsoever. This pattern is found, for example, in Sullivan and Jeffreys' (2002) attempt to build a case against legal prostitution, Raymond's (2004) report on customers, and Farley's (2006) article claiming that violence in prostitution is "normative" (pp. 104, 105).

When prohibitionists do cite other researchers' findings, they sometimes distort the results and assert the exact opposite of what the cited researchers found. For example, Farley (2008) claimed that regular customers "strongly endorsed rape myths" (p. 43), and she cited a study by Monto and Hotaling (2001) to support this statement. Monto and Hotaling reported only that repeat customers were more likely than other customers to accept rape myths, not that they strongly endorsed them, and Farley failed to mention the most important finding of this study—that clients as a whole were not inclined to endorse rape myths: Monto and Hotaling found "low levels of rape myth acceptance" (p. 275) among the large sample of clients studied.

In trying to make the case that indoor prostitution victimizes women to the same extent as street prostitution, Farley (2006) reported that a British study by Church et al. (2001) found that workers in indoor venues (private residences, saunas) reported more attempted rapes than street workers. In fact, the Church study reported the opposite: that 28% of street workers said they had ever experienced an attempted rape, compared with 17% of indoor workers. Moreover, Farley failed to

mention that street prostitutes were 11 times more likely to have actually been raped: According to Church et al., 22% of the street sample compared with only 2% of the indoor sample had ever been raped while at work. This example is a clear case of both inverting and ignoring findings that contradict one's arguments.

Prohibitionists also tend to downplay other researchers' results. When asked about studies of the clients of prostitutes, Raymond (2008b) remarked that "what we've seen in some of the studies, Monto's studies, for example, where he has interviewed buyers, is that a lot of guys fake the truth" (pp. 60–61). Monto has made no such suggestion in his publications (see Monto 2004, 2010). Moreover, Raymond's claim assumes not only that she knows what the truth is but also that she has evidence that the men are making false statements. Farley (2007) cited findings by Brents and Hausbeck (2005) that women working in Nevada's legal brothels feel safe at work, but she casts doubt on this finding by arguing that "safety is relative, given that all prostitution is associated with a high likelihood of violence" (Farley, p. 20). This move, again, is reflective of a tendency throughout the oppression literature to discount evidence that contradicts its central tenets.

I now turn to a final issue that has received much attention from those who work within the oppression paradigm—the effects of legalization.

### **The Question of Legalization**

Committed to a strict prohibitionist policy, oppression theorists have been very critical of nations that have decriminalized sex work (removing it from the criminal law) or have adopted some type of legalization (e.g., government vetting and registration of business owners, licensing of workers, health requirements such as mandatory condom use, periodic brothel site visits by officials, zoning restrictions). The argument is that decriminalization and legalization will only make the situation worse than it is under a regime of criminalization. As Raymond (2003) has declared, "Instead of abandoning women in the sex industry to state-sponsored prostitution, laws should address the predation of men who buy women" (p. 326). For prohibitionists, legalization symbolically gives an official stamp of approval to a vile institution and creates what they call a prostitution culture, in which commercial sexual transactions are rendered acceptable:

When legal barriers disappear, so too do the social and ethical barriers to treating women as sexual merchandise. Legalization of prostitution sends the message to new generations of men and boys that women are sexual commodities and that prostitution is harmless fun. (Raymond, p. 322)

These moral objections to prostitution could easily be applied to commercial advertisements and to the entertainment industry more broadly, where sexual objectification of women is pervasive.

In addition to the growth of a prostitution culture that devalues women, prohibitionist authors identify a litany of specific problems that they associate with legal prostitution. I will review each of these claims below.

*Claim 1* Levels of violence and exploitation inevitably increase in jurisdictions where prostitution has been legalized and regulated:

Legitimizing prostitution as work has simply worked to normalize the violence and sexual abuse that [workers] experience on a daily basis....Legalized prostitution is government-sanctioned abuse of women (Sullivan 2005, p. 23).

Sullivan has gone so far as to assert that "prostitution can never be made safe" (p. 18).

Such inevitabilism is an article of faith, not a conclusion from empirical evidence. In fact, there is evidence challenging this claim. A decade of research on legal brothels in Nevada (Brents and Hausbeck 2005) has concluded that the brothels "offer the safest environment available for women to sell consensual sex acts for money" (p. 289). An investigation by the Ministry of Justice in the Netherlands (Daalder 2004) found that the "vast majority" (p. 30) of workers in Dutch brothels and window units reported that they "often or always feel safe" (p. 30). Likewise, in Queensland, Australia, "There is no doubt that licensed brothels provide the safest working environment for sex

workers....Legal brothels now operating in Queensland provide a sustainable paradigm for a healthy, crime-free, and safe legal licensed brothel industry” (Crime and Misconduct Commission 2004, p. 75; also see Sullivan 2008). Of the 101 Queensland brothel workers interviewed, 97% felt that an advantage of working in a legal brothel was its safety and security (Woodward et al. 2004). In each of these contexts, the brothels employ safety precautions (e.g., screening, surveillance, alarm systems, listening devices) that reduce the likelihood of abuse by customers, and legal status is intended to shift the role of the police to that of protective intervention in the event of trouble.

None of this evidence is meant to romanticize legal prostitution systems. Working in such a system does not affect the participants monolithically: Individuals differ in their feelings about the work, in the ratio of negative to positive experiences with customers and relations with managers, and in satisfaction with rules and regulations. Moreover, legal systems vary by national context, with brothels in developed countries diverging from those in the Third World. In the latter, legal establishments may have fewer amenities and safety precautions than those in more developed countries. Even in the Third World, legal workers can experience enhanced self-esteem due to increased earnings, lack of police harassment, or other improvements relative to their prior life experiences. This effect has been documented in research in Mexico and the Caribbean (Kelly 2008; Martis 1999).

*Claim 2* Legalization leads to a proliferation of prostitution. According to Raymond (2003), legalization “encourages men to buy women for sex” (p. 322) because it makes paid sex more socially acceptable. Such a claim is hard to substantiate, given the absence of solid data on patronage before and after legalization. However, an assessment of the amount of prostitution before and after legalization in New Zealand in 2003 found that “the number of sex workers in New Zealand has not increased as a result of passage of the PRA [Prostitution Reform Act, 2003]” (PLRC 2008, p. 29; see also Abel et al. 2009). Recognizing the difficulty of counting individuals involved in this trade, this official study nevertheless reported that the number of workers appears to have decreased since legalization—from approximately 5,932 in 2003 to 2,232 in 2007 (PLRC 2008). The central conclusion was that legalization does not inevitably lead to proliferation, as oppression theorists claim.

Raymond (2008b) has gone further, however, in claiming that legal prostitution increases the demand for illegal prostitution and for perverse sexual experiences:

A decriminalized system gives men more entitlement to go outside the country because they don't want the regular garden variety legal sex that's offered; they want the more transgressive sexual activities, sex with children, sex with others who they couldn't get in the legal brothels....It promotes an entitlement for nonlegal sex. (pp. 74–75)

There is no evidence to support this claim.

Raymond (2003) has argued that legalization necessarily increases underage prostitution, but well-monitored systems offer counterevidence. In New Zealand, for example, a government evaluation (PLRC 2008) concluded that it “does not consider that the PRA [Prostitution Reform Act] has increased underage involvement in prostitution” (p. 102). Other legal systems (e.g., Holland, Australia) have both a minimum age requirement and a ban on having minors present in a venue where sex work is being performed. A recent government report on the Netherlands (Daalder 2007) concluded that “there seems to be hardly any prostitution by minors in the licensed sector” and “inspectors encounter underage prostitutes only very incidentally” (p. 86). Moreover, few of the current workers began selling sex as minors: Only 5% (out of a sample of 354 prostitutes) had done so when they were under 18 years of age.

*Claim 3* Legalization facilitates and increases sex trafficking into the jurisdiction where prostitution is legal. Legalized prostitution is “one of the root causes of sex trafficking” (Raymond 2003, p. 317), and “wherever prostitution is legal, sex trafficking from other countries is significantly increased into both legal and illegal sex businesses in the region” (Farley 2007, p. 118). Farley's (2007) report on legal prostitution in Nevada relies on hearsay to support this claim:

Women are trafficked from other countries into Nevada's legal brothels....In Nevada, 27 percent of our 45 interviewees in the Nevada legal brothels *believed* that there were *undocumented immigrants* in the legal brothels. Another 11 percent said they were uncertain, thus as many as 38 percent of the women we interviewed *may have known* of internationally trafficked women in Nevada legal brothel prostitution. (pp. 118, 119, emphasis added)

Another way of reporting this so-called finding is that as many as 62% believed that women were not trafficked into the brothels, whereas the remainder either did not have an opinion or believed that brothels had undocumented immigrants, women who were not necessarily trafficked. Elsewhere in the report, Farley (2007) stated that some women in one brothel told her that women in another brothel had been trafficked from China. Instead of treating this information as hearsay, Farley presented it as factual and called the women who told her this story “witnesses,” lending their statements an aura of credibility.

Prostitution has been legal in Victoria, Australia since 1984. In their critique of the Victorian situation, Sullivan and Jeffreys (2002) have asserted that trafficking “appears to have exploded” (p. 1145), but then stated that this is purely anecdotal. There is no evidence to support the claim that legalization increases trafficking in Victoria or elsewhere in Australia. Furthermore, recent assessments by the Australian government (Parliamentary Joint Committee 2004) and by independent organizations have concluded that trafficking was not a significant problem in Australia. As one assessment reported,

Trafficking numbers are low primarily due to the geographical isolation of the country, combined with a very strict immigration and border control. There are legal channels for migration into the sex industry, which reduces the need for migrants to depend on organized crime syndicates or traffickers (Global Alliance Against Traffic in Women 2007, p. 29).

For those who do migrate to Australia in search of work,

the majority of women know they will be working in the sex industry and often decide to come to Australia in the belief that they will be able to make a substantial amount of money....Few of the women would ever consider themselves sex slaves (Meaker 2002, pp. 61, 63).

Similarly, the New Zealand government's recent investigation (PLRC 2008) has reported that “no situations involving trafficking in the sex industry have been identified” (p. 167) by the immigration service, and that “there is no link between the sex industry and human trafficking” (p. 167) in the country. Prostitution is legal in New Zealand.

In fact, increased government regulation can diminish trafficking due to enhanced oversight of and transparency of the legal sex industry. In the Netherlands, a Ministry of Justice report (Daalder 2007) concluded that, since legalization in 2000, “it is likely trafficking in human beings has become more difficult, because the enforcement of the regulations has increased” (p. 84). Where prostitution is illegal, the obverse appears to be true:

Traffickers take advantage of the illegality of commercial sex work and migration, and are able to exert an undue amount of power and control over [migrants]....In such cases, it is the laws that prevent legal commercial sex work and immigration that form the major obstacles (Kempadoo 1998, p. 17).

Related to the trafficking claim is the argument that legalization increases organized crime involvement: “Organized crime is inherent across the industry” (Sullivan 2005, p. 4). Although organized crime can be a problem in any industry, the chances that organized crime will be screened out increases as a result of enhanced governmental oversight, such as criminal record checks of owners, periodic certification of businesses, and regular site visits by officials. In Queensland, Australia, a government evaluation (CMC 2004) concluded that organized crime had been largely eliminated in the legal brothels; in New Zealand, a government study (PLRC 2008) found no evidence of criminal involvement in prostitution. As Murray (1998) has pointed out, “It is the prohibition of prostitution and restrictions on travel which attract organized crime and create the possibilities for large profits, as well as creating the prostitutes’ need for protection and assistance” (p. 60). Organized crime thrives (and other harms are amplified) under conditions where vice is illegal and unregulated, such as drug and alcohol prohibition, gambling, and so forth.

*Claim 4* Women who sell sex do not want prostitution to be decriminalized or legalized. Raymond (2003) has claimed that the workers do not want prostitution to be “considered legitimate work” (p. 325) and believe that “legalization would create more risks and harm for women from already violent customers and pimps” (p. 325). These claims are counterintuitive; why would workers not prefer their



work to be legitimized and why would they believe that legalization would increase the risk of harm? Moreover, the few studies that have asked sex workers about decriminalization or legalization (e.g., Farley et al. 2003) have found significant percentages supporting legal changes. As indicated earlier in this article, many of the sex workers in the study of Farley et al. favored legalization—results directly contradicting Raymond's aforementioned assertion.

Some sex workers do oppose certain types of legal controls, especially if they perceive those controls as interfering with their freedom (Weitzer 1999). However, others clearly view at least some types of regulation as serving their interests, including labor rights and empowerment to report crimes or code violations to the authorities. In New Zealand, the 2003 decriminalization law accorded workers numerous rights, increased their willingness to report problems to the police, and “increased confidence, well-being, and a sense of validation” (PLRC 2008, p. 50) because sex work was no longer illegal. A government study concluded that “decriminalizing prostitution made sex workers feel better about themselves and what they did” (PLRC, p. 49). Research in other contexts with legal prostitution, cited under Claim 1, provides evidence of sex workers' positive views of at least certain aspects of these legal regimes.

Apart from claiming that specific harms are inherent in legal prostitution, prohibitionists also reject legalization because of alleged fundamental flaws. Problems cannot be ameliorated, according to these writers, because they are inherent in prostitution. Sweeping indictments have been offered: “The experience of Victoria dispels the claim that legalization empowers women” (Sullivan and Jeffreys 2002, p. 1144). Raymond (2008a) has argued that “decriminalization of the prostitution sector is a failed policy” (p. 20), and seeks to challenge what she has described as a “popular fiction that all will be well in the world of prostitution once the sex industry is legalized” (Raymond 2003, p. 326). No serious scholar has claimed that all will be well under decriminalization, but studies cited previously have shown that decriminalization can foster harm reduction.

## Policy Implications

Together, the problems identified in this article underscore many weaknesses in the oppression paradigm. Yet, despite these myriad problems, this paradigm has been surprisingly influential over the past decade in shaping public policies in the USA and elsewhere—a textbook example of an empirically unsupported framework successfully affecting state policy. In the following sections, I will provide a few examples of how the oppression paradigm has permeated popular discourse and shaped recent public policy debates and outcomes (see also Agustin 2007; Stolz 2005; Weitzer 2007).

The media often report the results of studies by prohibitionists, usually uncritically and sometimes with sensational banner headlines. Farley's (2007) report on Nevada's legal brothels, for example, received widespread attention after New York Times columnist Bob Herbert (2007a, b) wrote op-eds praising her work. One of his articles (2007b) referred to prostitution as a “horror show” declared that “legalized prostitution is about degradation,” and embraced many other myths about the sex trade. The Scottish study described previously (Macleod et al. 2008) garnered a headline in the Daily Record (Brown 2008) that read “Sex industry in Scotland: Inside the deluded minds of the punters,” as well as an alarmist article that stated, “The Record yesterday revealed a shocking survey which showed men were unaware of the harm they caused by buying sex....Labour [Party] justice spokeswoman Pauline McNeill urged the government not to rule out proposals to treat men caught using prostitutes as sex criminals” (Gardham 2008). These are just two examples of the favorable and sensationalized coverage given to studies highlighting the harms of prostitution.

Due to media reporting and intense lobbying by advocacy groups, prohibitionist claims often get a favourable hearing in government circles. The British government, for example, embraced the Poppy Project's (2008) Big Brothel report. The Minister for Women and Equality, Harriet Harman, stated: “Prostitution is the abuse and exploitation of women by men, and this important research highlights the sad realities of the so-called ‘off-street’ trade in the capital” (September 4, 2008, Poppy Project press release, in possession of the author). Prohibitionists have successfully lobbied legislators and other government officials throughout the world. For example, they were involved in passage of the 1999 Swedish law that unilaterally criminalized the customers of prostitutes, and they have pressed other governments to adopt the Swedish legislation (Scoular 2004), which is being seriously considered in the UK and elsewhere (Dodillet 2004; Kantola and Squires 2004; Outshoorn 2001).

Proposals for decriminalizing prostitution have been met with stiff opposition. One recent example is Bulgaria, where the government's plan to legalize prostitution in 2007 was reversed after intense lobbying by antiprostitution forces (Kulich 2007). San Francisco's 2008 ballot measure (Proposition K), which would have decriminalized prostitution, encountered similar resistance and failed to win support. Such opposition is not always successful, as evidenced in New Zealand and Western Australia. In the parliamentary debates on these legalization bills, the opposition articulated key tenets of the oppression paradigm, with some members of parliament citing the writings of leading prohibitionists by name, including Janice Raymond, Mary Sullivan, and Sheila Jeffreys (see Weitzer 2009a).

Legalization has been a polarizing issue not only in individual nation states but also for international political bodies. An example is a recent report submitted to the European Parliament by the parliamentary Committee on Women's Rights and Gender Equality, a product of lobbying by prohibitionist groups. The report reads:

For those who want to view prostitution as any other profession—how will you deal with these devastating health consequences? For those who want to see legalization as a way to protect the women selling sex, how are we to control the influx of victims of trafficking which is an immediate consequence of legalizing the demand? But most importantly how are we to deal with the biggest problem—that regardless of the legal status of the sex industry, the devastating health consequences for the women selling sex is inherent in the business as such....The sex industry, whether legalized or regulated, is in itself a systematic form of violence towards women—the violence is an integral part of the things prostituted women are expected to do in their everyday practice....To legalize prostitution is to legalize this systematic violence, and those countries that have legalized prostitution have thereby stimulated the demand and increased the market for trafficking (Carlshamre 2008).

During the Bush administration (2001–2008), the US government fully embraced the oppression paradigm (Soderlund 2005; Stolz 2005; Weitzer 2007). During those years, official publications and websites (of the US Department of State, of the US Department of Health and Human Services, etc.) cited and provided links to the writings of prohibitionist activists. Even the terminology was vetted by government agencies: The National Institutes of Health instructed officials and grant applicants not to use the term sex work (Epstein 2006), as did the US Department of State, which advised personnel to use the phrase “women used in prostitution” instead (Parameswaran 2006).

The Bush administration also dispersed generous grants to prohibitionist organizations and individuals to write reports and conduct research—including CATW, Janice Raymond, Donna Hughes, and Melissa Farley (Attorney General 2004, 2005). A US Government Accountability Office (2006) report raised questions about this funding, citing the State Department Inspector General's concern with “the credentials of the organizations and findings of the research that the Trafficking Office funded” (p. 25). At the same time, the government denied funding to organizations that refused to sign an antiprostitution pledge (Fisher 2005). A recent Request for Proposals by the US Department of Justice stipulated that all applicants for funding to research trafficking must certify that they do “not promote, support, or advocate the legalization or practice of prostitution” (National Institute of Justice 2007, p. 4).

The aforementioned examples are just a few of the ways in which the proponents of the oppression paradigm have successfully shaped public policy in recent years. The result is that prostitution policies are becoming increasingly divorced from sound research based on standard canons of scientific research. Prostitution policy is by no means unique in this regard; morality and dogma have also trumped science in recent policies on stem cells, HIV prevention, and needle-exchange programs (Buchanan et al. 2003; di Mauro and Joffe 2007; Epstein 2006). In the case of prostitution, however, policy has changed dramatically and in a short span of time, as a direct result of the lobbying efforts of activists and scholars who have adopted the oppression paradigm (Weitzer 2007).

## Conclusion

The oppression paradigm is one-dimensional and essentialist. Although exploitation and other harms are certainly present in sex work, sufficient variation exists across time, place, and sector to

demonstrate the fatal flaws of this paradigm. An alternative perspective, what I call the polymorphous paradigm, holds that a constellation of occupational arrangements, power relations, and worker experiences exists within the arena of paid sexual services and performances. This paradigm is sensitive to complexities and to the structural conditions resulting in the uneven distribution of agency and subordination (Cusick 2006; O'Connell Davidson 1998; Shaver 2005; Weitzer 2009b).

Within academia, a growing number of scholars are researching various dimensions of sex work, in different contexts, and their studies have documented substantial variation in how sex work is organized and experienced by workers, clients, and managers (see Weitzer 2009b, for a review). Such differences also are apparent in the writings of sex workers themselves, who contribute to online discussion forums. Together, these studies and supplementary writings help to undermine popular myths about prostitution and challenge those writers who embrace the monolithic oppression paradigm. Victimization, exploitation, choice, job satisfaction, self-esteem, and other dimensions should be treated as variables (not constants) that differ depending on type of sex work, geographical location, and other structural and organizational conditions.

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