GENDER, SEX WORK, AND SOCIAL JUSTICE
Sociologists for Women in Society Fact Sheet
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SEX WORK VS. PROSTITUTION: FEMINISM AND SOCIAL JUSTICE

- Sex work activists, sex positive feminists, and radical feminists have long been engaged in a debate over naming, costs, and policies regarding sex work/prostitution. Although all sexual exchange could be thought of in terms of a continuum of exploitation and empowerment (Katsulis 2009), debates over “what to call it” (sex work or prostitution) are hotly contested and reveal tensions about the role of women in fostering gender equity. For more on the complexities of this debate, including the so-called “Sex Wars” of the 1980’s, and its relationship to feminist theory more generally, see Siegel (2007).
- Sex work activists emphasize the need to treat sex work as a legitimate form of work, and favor legal reforms including de-criminalization or regulation, improved working conditions, sexual citizenship, and sovereignty (Kempadoo & Doezema 1998; Nagle 1997; O’Connell Davidson 1999).
- Radical feminists and (some) human rights activists argue that prostitution is a form of sexual slavery, highlight the victimization and exploitation of the prostitute at the hands of more powerful others, and emphasize the dangers of legalization (see, for example, Barry 1996; Jeffreys 1997; Whisnant and Stark 2005).
- The sex work vs. prostitution debate parallels the division between those who frame the movement of sex workers across borders as either human trafficking/slavery or labor migration. Understanding the extent of human trafficking and sexual slavery is necessary to fight exploitation; however, the protection, support, and sexual agency of migrant sex workers must also be considered. As noted by Kempadoo (2005) and Agustin (2007) the moral panic that surrounds the trafficking issue obscures the conditions that make individuals vulnerable to exploitation (e.g. social inequity based on race, gender, and class), as well as those strategies utilized to overcome those vulnerabilities (like sex work).

HEALTH AND QUALITY OF LIFE

- The vulnerability of sex workers/prostitutes to negative health outcomes depends upon their social location in the sex work hierarchy, the settings in which they work, available social supports, and relationships with police.
- In some settings, the daily threat of client violence and sexual assault (Farley, Lynne & Cotton 2005) affects mental health outcomes among sex workers, increasing risk of stress and anxiety, depression, and post-traumatic stress disorder, and the use of alcohol or drugs as a coping strategy (Carter & Dala 2006). Constant police surveillance, harassment, extortion, and gender-based violence at the hands of police exacerbate these issues (Wolffers 2001; Katsulis 2009).
- Protective behaviors, such as condom use, vary according to economic need (clients often offer more money for unprotected sex), sex worker age and level of experience, gender dynamics, relationship context, alcohol and/or drug use, and setting-specific social norms (Katsulis 2009).
- Condoms are less likely to be used with regular, or long-term, clients and boyfriends or husbands – for the same reasons that non-sex workers are reluctant to use them (Castañeda, et al. 1996).
- Consistent condom use reduces the chance of slippage and breakage; condom failure rates among sex workers have been found to be lower than that of the general population (Albert, et al. 1995).
- Sex worker-led interventions have helped increase sex worker’s self-efficacy with condom use and negotiation, increased rates of condom usage among clients, established social and legal sanctions against brothel owners to enforce 100% condom use policies, and even provided safer sex education to non-sex workers living in local communities (Jana, et al. 2004).
• Preventing sexually transmitted infections from occurring is important, but requires more than educational interventions and condom distribution. Understanding the social context of condom use among sex workers and their clients is absolutely necessary, and addressing barriers to condom use means we must also shape more general social norms shaping sexual behavior, target clients with preventive educational messages, provide social supports to meet sex worker’s basic needs, and provide accessible substance abuse and mental health treatment.

LEGALIZATION, CRIMINALIZATION, AND POLICING

• Protection from violence, civil rights protections more generally, and the provision of mental health and/or substance abuse treatment services should be top priorities for health policy advocates in order to enable risk reduction behaviors among sex workers.
• Sex workers who are able to work legally (or at least without police interference) are generally safer and have better health outcomes than those who are not (Albert 2002; Katsulis 2009).
• When sex workers fear being prosecuted for their work, this makes outreach and health provision more difficult. If carrying condoms makes it more likely that you will face police harassment or be put in jail, then the courts are not active partners in harm reduction, period (Stephenson 2006).

SPECIAL POPULATIONS

• De Graaf & Van Zessen (1996) note that condoms are used most frequently in clubs, brothels and window prostitution, but less frequently in street, home and escort prostitution.
• Some studies suggest that brothel-based (indoor) sex work is generally safer in terms of physical and sexual assault, robbery, and murder than is street-based sex work (Deren, et al. 1996).
• Velera, et al. (2000) note that although the experience of rape while engaged in sex work activities is more common among female (73.8%) and male-to-female transgender (34.6%) sex workers than among males (12.5%); male sex workers (59.4%) have significantly higher rates of DSM-IV post-traumatic stress disorder than female (40.5%) or transgender (23.1%) workers.
• In addition to the deleterious effects of social stigma related to their transgender status, and a lower level of social supports and economic opportunities, more generally, transgender sex workers may be at heightened risk of HIV/AIDS infection due to receptive anal intercourse and drug, hormone, and silicone injection practices (Bockting 1998).
• Street-based sex workers are at very high risk of HIV/AIDS infection due to concurrent drug use patterns that include smoking crack cocaine, sniffing and injecting powdered cocaine and/or methamphetamine, and injecting heroin. As noted by Timpson, et al. (2007), trading sex for drugs, soliciting while high, and getting high with customers is common among male sex workers on the street, resulting in a reported HIV infection rate of 26%.
• Among drug-using, street-involved youth, early childhood sexual abuse, emotional abuse, and neglect are significant predictors of early involvement in sex work activities (Stoltz, et al. 2007).

MIGRATION AND HUMAN TRAFFICKING

• For sex workers who are migrants, social isolation, language barriers, the threat of violence, and fear of immigration authorities and police increase the risk of exploitation, including restricted or forced mobility, debt bondage, forced or coerced use of drugs, sexual assault, and abusive living conditions (Miller, et al. 2007).
• The Victims of Trafficking and Violence Protection Act of 2000 (TVPA) defines “severe forms of trafficking” as: 1) “Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age”; or 2) “The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjecting to involuntary servitude, peonage, debt
bondage, or slavery.” Using this definition, the U.S. Department of State (2007) estimates that several hundred thousand women and girls are victims of sex trafficking across international borders, and millions more within those borders.

- The “mail-order bride” industry, the tourism industry, and sex tourism, more specifically, pair affluent citizens from Western countries with impoverished residents from non-Western countries. Sexual exchange in these settings is not necessarily viewed as sex work/prostitution by either party, and often blurs the lines between more commercialized forms of exchange and normative relationships (Padilla, et al. 2008). Because of the power dynamics created by differences in class and citizenship, these sexual relationships can be particularly difficult to negotiate. The more vulnerable person may be so dependent or hopeful on the more affluent one that they may be reluctant to set sexual boundaries, avoid exploitation/coercion, and/or report violence.

RESOURCES FOR U.S.-BASED SEX WORKER ACTIVISM

COYOTE (www.walnet.org/csis/groups/coyote.html)
Desiree Alliance (www.desireealliance.org)
International Sex Worker Foundation for Art, Culture, and Education (www.iswface.org)
Network of Sex Work Projects (www.nswp.org)
Prostitutes Education Network / Bayswan (www.bayswan.org/penet.html)
Sex in the Public Square (http://sexinthepublicsquare.org)
Sex Workers Outreach Project (www.swopusa.org)
Sex Workers Internet Radio Lounge (SWIRL) (http://emedia.art.sunysb.edu/swirl/home.html)
Spread Magazine (www.spreadmagazine.org)

ANTI-TRAFFICKING RESOURCES

Captive Daughters (www.captivedaughters.org)
Global Alliance Against Trafficking in Women (www.gaatw.net)
HumanTrafficking.org (www.humantrafficking.org)
Pan-American Health Organization (PAHO): Trafficking of Women and Children for the Purposes of Sexual Exploitation in the Americas (www.paho.org)
The Protection Project (www.protectionproject.org)
UNICEF – IRC: Trafficking for Sexual Exploitation and other Exploitative Purposes (www.unicef.org)
United Nations Global Initiative to Fight Human Trafficking (UNGIFT) (www.ungift.org)

BOOKS

Ditmore, Melissa Hope. 2006. Sex Work: Writings by Women in the Sex Industry. [Two Volumes]
VIDEOS

Alvin, Rebecca M. 2001. Our Bodies, Our Minds. 68 minutes.
Chasnoﬀ, Salome, director. 2006. Turning a Corner. 60 minutes.
Feingold, David, director. 2003. Trading Women. 60 minutes.
Ferraro, Gayle, director. 2002. Anonymously Yours. 90 minutes.
Piccillo, Juliana, director. 2001. I was a Teenage Prostitute. 21 minutes.

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Culture, Medicine, and Psychiatry 20(2):229-247.
Deren S., et al. 1996. HIV risk behavior among Dominican brothel and street prostitutes in New York City. AIDS 
Katsulis, Y. 2009. Sex Work and the City: The Social Geography of Health and Safety in Tijuana, Mexico. Austin: 
University of Texas Press.
Kempadoo, Kamala. 2005. Trafficking and Prostitution Reconsidered: New Perspectives on Migration, Sex Work, 
York: Routledge.
Nashville: Vanderbilt University Press.


