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Torture and its sequelae among prostituted women in the United States

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ABSTRACT

Background: Extreme violence and psychological abuse have been extensively documented and are pervasive in prostitution. Survivors of prostitution report high levels of posttraumatic stress disorder, dissociation, depression, and self-loathing. These are the same sequelae reported by torture survivors.

Objective: Severe forms of violence have been categorized as torture by experts. The authors note that torture is commonly suffered during prostitution and should be appropriately named.

Method: Using standardized measures and including a new measure of torture, we interviewed 45 women in the United States about their torture experiences in prostitution and their symptoms of PTSD, dissociation, childhood trauma, health status and somatic symptoms. The interviewees had exited prostitution and were in supportive programmes.

Results: Formerly prostituted interviewees reported acts of physical, sexual, and psychological torture, including strangulation, rape, beatings, restriction of movement, denial of privacy, sleep, or food, and being forced to witness the torture of others. The 45 women had high levels of PTSD and dissociation. They endorsed needs for individual counselling, substance abuse treatment, and other medical care.

Conclusions: A recognition of the physical, sexual, and psychological torture experienced in prostitution would strengthen the psychological and medical interventions for survivors. Naming specific acts of prostitution as torture will reduce the survivor's shame and self-blame. Holistic treatment includes medical and psychological interventions and peer support, as seen in torture rehabilitation programmes for survivors of state-sponsored torture. This research supports the perspective that private or non-state-sponsored torture against women and marginalized populations should be clinically and legally understood in the same way as state-sponsored torture.

Tortura y su secuela en mujeres prostitutas en los Estados Unidos de Norte América

Antecedentes: La violencia extrema y el abuso psicológico han sido ampliamente documentados y son generalizados en la prostitución. Los sobrevivientes de la prostitución reportan niveles altos de estrés posttraumático, disociación, depresión y autodesprecio. Estas son las mismas secuelas reportadas en los sobrevivientes de la tortura.

Objetivo: Los expertos han catalogado como tortura las formas graves de violencia. Los autores señalan que la tortura es una práctica habitual en la prostitución y que debería recibir un nombre apropiado.

Método: Utilizando medidas estandarizadas e incluyendo una nueva para medir la tortura, entrevistamos a 45 mujeres en los Estados Unidos sobre sus experiencias de tortura en la prostitución y sus síntomas de TEPT, disociación, trauma infantil, estado de salud y síntomas somáticos. Las entrevistadas habían salido de la prostitución y estaban en programas de apoyo.

Resultados: Las entrevistadas que habían abandonado la prostitución reportaron actos de tortura física, sexual y psicológica, incluido estrangulamiento, violación, palizas, restricción de movimiento, negación de privacidad, sueño o comida, y ser obligadas a presenciar la tortura de otras personas. Las 45 mujeres tenían niveles altos de TEPT y disociación. Reconocieron la necesidad de recibir consejería individual, tratamiento para el abuso de sustancias y otras atenciones médicas.

Conclusiones: El reconocimiento de la tortura física, sexual y psicológica que se experimenta en la prostitución fortalecería las intervenciones psicológicas y médicas para las sobrevivientes. Denominar actos específicos de prostitución como tortura reduciría la vergüenza y culpabilización de las sobrevivientes. El tratamiento holístico incluye intervenciones médicas y psicológicas y apoyo de pares, como se observa en los programas de rehabilitación para sobrevivientes de tortura patrocinadas por el estado. Esta investigación respalda que la tortura privada o no patrocinada por el estado en contra de las mujeres y las poblaciones marginadas deben entenderse clínica y legalmente de la misma manera que la tortura patrocinada por el estado.

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Tortura; prostitución; tráfico; violación; violencia; victimización

HIGHLIGHTS

- Using international legal definitions of torture, we assessed the prevalence of acts of torture perpetrated against formerly prostituted women in the United States.
- We found an extremely high prevalence of acts of torture perpetrated against prostituted women, as well as symptoms of traumatic stress common to other torture survivors.
- Two-thirds of the prostituted women in this study were beaten by sex buyers.
- Torture has been well documented when it committed by a state government's military or prison system, but it has not been well documented when perpetrated as a private, non-state act, for example, incest, battering, rape, and prostitution.
- Prostitution's harm is increased when it is perpetrated against economically and ethnically marginalized women.

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1. Introduction

When a pimp says he's going to torture you, what I've seen is girls in dog cages, girls being waterboarded, stripped down naked and put in the rain and cold outside and having to stand there all night, and if you move, you'll get beaten. I've seen girls get hit by cars and stunned with stun guns ... I've seen girls burned and strangled ... If you want to use the restroom, you have to ask. If you want to eat, you ask, and if you don't get permission, you just don't do it. It's more than physical domination. It's emotional and mental, and that's the domination that tends to linger. (prostitution survivor Jessica Midkiff, in Lopez, 2013)

This description of prostitution parallels definitions of torture. According to the Istanbul Protocol Manual on the Effective Investigation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Office of the United Nations High Commissioner for Human Rights, 2004) torture is:

... any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as punishing him ... or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

The United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984) definition of torture is broader in scope:

... any act by which severe pain or suffering, whether physical or ... mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind.

Other human rights conventions define torture similarly, including the Universal Declaration of Human Rights (1949) and the Geneva Convention (1949). The right not to be tortured is based on the right to human dignity and physical integrity as noted in the Universal Declaration of Human Rights (United Nations, 1949; Al-Rodhan, 2023; Pottle, 2021). Torture is enacted by a torturer on behalf of any system that allows the torture (Kira et al., 2013; Kira et al., 2014; Rejali, 2007).

Torture is perpetrated not only by states' militaries or prisons but also at the hands of private individuals or non-state actors (Nowak, 2010, 2021; Sarson et al., 2020). Torture occurs in many contexts and has been documented among displaced persons and asylum seekers (Hooberman et al., 2007; Melzer, 2019; Steel et al., 2009), victims of domestic violence (Bunch, 2018; Copelon, 1994; Markward et al., 2016; Romero,

1985; St Vincent, 2011), rape victims (Aswad, 1996; Blatt, 1991; McGlynn, 2009), and female members of biker gangs (Cooper et al., 2006).

The public-private distinction that exists in archaic definitions of torture effectively erases violence against women when that distinction declares sex-based violence to be a personal, private concern (Schinnerl, 2014). There has been a consistent failure to recognize torture when it is perpetrated against women. Udenka (2024) described the historical trend of seeing torture as only occurring in the context of arrest, interrogation or detention as a 'male' conceptualization of torture. Women refugees who experienced non-state torture at the hands of husbands or pimps have had their asylum applications denied because of the distinction between state and non-state torture (European Legal Network on Asylum, 2000; Hathaway & Storey, 2016).

Concerned about this failure to categorize violence against women as torture, United Nations Special Rapporteur on Torture Manfred Nowak (2010) noted,

Society's indifference to or even support for the subordinate status of women, together with the existence of discriminatory laws and a pattern of State failure to punish perpetrators and protect victims, generate the conditions under which women may be subjected to systematic physical and mental suffering, despite their apparent freedom to resist.

Racism, colonialism, sexism, and poverty increase the risk of experiencing torture and ill-treatment (DeVos et al., 2023). Poverty has been associated with greater maltreatment and violence in prostitution (Vanwesenbeeck, 1994). The United Nations has recognized that the Convention Against Torture imposes a heightened obligation on states parties to protect marginalized persons from risks of torture (Sveaass & Gaer, 2022).

Torture results in profound consequences to mental and physical health. These adverse effects include PTSD (Hoge et al., 2014; Johnson & Thompson, 2008), CPTSD (Barbieri et al., 2019; Hearn et al., 2021; Luban & Newell, 2019), dissociation (Abu Suhailan et al., 2019; Schauer & Elbert, 2015), and somatic symptoms (Amris et al., 2019; Farley et al., 2018; Liddell et al., 2022). Although witness and survivor testimony exist, torture has not been well documented during prostitution. Prostitution is an activity engaged in primarily by women: 80% according to a review by Charpenel (2013). Prostitution is the exchange of sex acts for cash, food, shelter, or other goods and benefits like cellphones, free rent, and career advancement. Specific acts commonly perpetrated against women in prostitution and pornography are the same as acts specified in definitions of torture, for example verbal sexual harassment, forced nudity, rape, sexual mocking, physical sexual harassment such as groping, and not permitting basic hygiene. The psychological consequences of these acts of sexual violence are the same

whether it is named state-sponsored torture or prostitution (Sveaass, 2023).

Prostitution is a process of dehumanization, a dominating transformation of a woman into a commodity which the sex buyer shapes into his own masturbatory fantasy. Pimps and traffickers aim to destroy the self by using the three-pronged strategy of torturers: debilitation, dread, and dependency (Farber et al., 1957). Debilitation includes techniques such as rationing water and protein or sleep deprivation. Dread is a consequence of humiliation and degradation or threats of torture. Dependency is coerced via domination and control, including the unpredictable alternation of extreme violence and kindness. Torture sends the message that the victim is utterly worthless. A goal of torture is to make a person believe that she is a whore or an animal or to 'make a non-person out of you' (Al-Sader, 1997). Sexual torture in particular has been understood as a means of removing a person's identity (Dehghan & Osella, 2022). Prostitution survivors' descriptions of their torture are reminiscent of Patterson's (1982) analysis of the *social death* or removal of identity created by slavery. Giobbe (1991, p. 144) explained that prostitution is 'the absence of an identity: the theft and subsequent abandonment of self. What remains is essential to the 'job:' the mouth, the genitals, anus, breasts.'

Sexual torture results in some of the most devastating and lasting symptoms of traumatic stress (Başoğlu, 2009; Dehghan & Osella, 2022; Kira, 2017). Santos explained, 'the sex that often is found in prostitution and other forms of sexual exploitation is basically torture, except that one is "paid" to endure it' (2001, p. xii).

This research investigated whether specific acts of prostitution can be understood as torture. We interviewed 45 women to better understand their experiences of torture in prostitution. Previous research has often used vaguely defined definitions of torture, which we avoided (Green et al., 2010). We used widely accepted behavioural definitions of torture, and categorized torture as physical, sexual, or psychological (Kira, 2017). We inquired about symptoms of posttraumatic stress disorder and dissociation, known to be sequelae of torture. We included a needs assessment.

2. Method

2.1. Participants and procedures

We interviewed 45 women from United States cities, Baltimore, Chicago, Honolulu, Oakland, Phoenix, Portland, and San Francisco. All had exited prostitution for one year or more and were not using drugs or alcohol. All interviewees were participants in programmes provided by supportive nongovernmental agencies offering services to survivors of prostitution. The agencies posted a notice about the research and interviewees

phoned a research line to inquire about participation. The interviews were conducted in the various agencies by psychologists and social workers who were trained by the first author to conduct standardized administration of the questionnaires used in this research.

To ensure protection of vulnerable interviewees, the research protocol was reviewed and approved by the Ethics Review Committee of Prostitution Research & Education. Prostitution Research & Education is a U.S.A.-based nonprofit research institute that, with global partners, has produced 54 peer-reviewed articles on the topic of prostitution and trafficking during the past 20 years. Their website, www.prostitutionresearch.com, contains many authors' research and analysis regarding prostitution and trafficking. We provided each interviewee with written and verbal informed consent prior to their 2-hour in-person interview. The interviews and all data were anonymous and were not recorded or taped. The Office of Research Integrity – Human Subjects at University of Nevada, Las Vegas also reviewed the proposal according to Federal regulatory statutes 45 CFR 46. This research project was determined by the University of Nevada to be exempt from further review.

2.2. Measures

The following psychological tests were included in these structured interviews. Interviewers' notes included some qualitative data when interviewees offered details.

The Childhood Trauma Questionnaire (Bernstein et al., 1998; Bernstein et al., 2003) is a 28-item questionnaire that measures 5 dimensions of childhood trauma. It has been normed with samples from many countries, and is a well-validated assessment of childhood sexual, physical and emotional abuse and childhood physical and emotional neglect (Zhang et al., 2020). The Cronbach's alpha for four of the five CTQ scales ranged from .80 to .91. The Physical Neglect Scale had a lower alpha of .46 because it had few items (Grassi-Oliveira et al., 2014).

The Prostitution Questionnaire (Farley et al., 2004) has been used previously in 9 countries (Farley et al., 2004; Valera et al., 2001) and in a study of trafficking of Native American women (Farley et al., 2016). It includes questions about age of entry into prostitution, experiences of sexual and physical violence, use of pornography in prostitution, homelessness; physical health problems, use of drugs or alcohol, and a needs survey. The Prostitution Questionnaire was used in this research to document demographic information about respondents (age, age at first prostitution, number of perpetrators of childhood sexual assault, ethnicity) and to assess coerced enactment of pornography.

The PTSD Checklist assesses the symptoms of PTSD (Weathers et al., 1993). It provides measures

of PTSD symptom severity and DSM-5 PTSD diagnostic criteria (Silverstein et al., 2020; Wortman, 2017). The PTSD Checklist is widely used in research on PTSD (Martínez-Levy et al., 2021). Two studies of the measure reported alpha coefficients from .81 to .97 (Forkus et al., 2023; Wilkins et al., 2011)

The Dissociative Experiences Scale (Bernstein & Putnam, 1986; Carlson & Putnam, 1993) measures dissociative experiences such as derealization, depersonalization, and amnesia, with Cronbach's alpha from .89 to .95 (Arzoumanian et al., 2023; Carlson & Putnam, 1993). It is the most widely used measure of dissociation used by researchers (Hamer et al., 2024; Lyssenko et al., 2018).

The Torture Questionnaire is 59-item checklist, scored yes or no, which was developed specifically for this research. It measures incidence but not frequency, severity, or duration of acts of torture. We created a checklist of torture experiences based on documentation from two expert sources. We constructed items derived from all acts described as torture in the classic reference by Metin Başoğlu M.D., Ph.D., *Torture and its Consequences* (1992), which defined a new scientific discipline at the crossroads of medicine, psychiatry, human rights, and social and political sciences. After the first 12 interviews, we received generous permission from David Johnson, M.D. to use questions from a study of the torture of refugee populations which was conducted at the Veterans' Affairs (VA) Medical Center in Minneapolis (Perera et al., 2013; Spring et al., 2003; Westermeyer et al., 2011). All acts of torture described by Başoğlu were included, and when there was a repetition of items by the VA questionnaire, we kept Başoğlu's original items. When the VA questionnaire items were not mentioned by Başoğlu, we added them. The Torture Questionnaire consists of 3 subscales: physical, sexual, and psychological torture. The *physical torture subscale* consisted of 9 items from Başoğlu and 8 items from the Veterans' Administration questionnaire. The *sexual torture subscale* included 5 items from Başoğlu, 1 item from the Veterans' Administration questionnaire, and 1 item from the Prostitution Questionnaire. The *psychological torture subscale* included 17 items from Başoğlu and 18 items from the Veterans' Administration questionnaire. The Cronbach's alpha coefficients for the Torture Questionnaire subscales were $\alpha = .86$ for physical torture, $\alpha = .84$ for psychological torture, and $\alpha = .58$ for sexual torture.

2.3. Data Analysis

Data was analysed using IBM SPSS Statistics (Version 27). We calculated frequencies, means, correlations, and significance levels.

3. Results

3.1. Demographics

The average age of the women was 44. Interviewees had entered prostitution on average at age 22 (median 18, mode 19). Thirty-five percent of our interviewees were prostituted as children. Of these 9% (4) were aged 9–13 and 27% (12) were aged 14–17. Forty-one of the 45 interviewees identified their race/ethnicity. A majority (58%) were women of colour; 37% were African American, 7% were Native American, 2% were Asian, 2% were Latina, and 2% were Pacific Islanders. 42% were White. Seven percent identified as biracial or mixed race.

Eighty-seven percent (40/45) of our interviewees suffered childhood sexual abuse. Their average number of perpetrators of childhood sexual abuse was 4 (median 2, range 1–20). Thirty-three percent (13/40) were younger than age 5 at their first experience of sexual assault, 35% (14/40) were aged 5–10, and 32% (13/40) were aged 10–17. Based on CTQ norms, the percentage of women experiencing abuse in the highest category (severe to extreme) were as follows: emotional abuse 60% (25/42); sexual abuse 57% (24/42); physical abuse 50% (21/42); emotional neglect 39% (16/41); and, physical neglect 29% (12/42).

3.2. Physical torture of women in prostitution

Our torture measure included 17 physical torture items which are presented in Table 1. All of the women had been beaten by sex buyers or pimps/traffickers. Ninety-five percent had been threatened with death. Ninety-three percent had been beaten on the head. Two-thirds of the women were beaten by sex buyers. One-third were beaten by their pimps/

Table 1. Physical torture suffered by 45 women who prostituted.

Acts of torture	Percentage endorsing	<i>n</i> endorsed	<i>n</i> responded
Beaten	100%	44	44
Threatened with death	95%	40	42
Threatened with a weapon	93%	42	45
Beaten on head	93%	38	41
Blows with whips, sticks, rifles	70%	23	33
Strangled	70%	23	33
Lifted by hair	67%	22	33
Strapped or tied down	67%	28	42
Attacked with a sharp object	61%	20	33
Flogged	55%	18	33
Beaten on ears	21%	21	41
Forced to jump or thrown from heights	46%	15	33
Burned with objects	34%	13	38
Burned with cigarettes	32%	12	37
Near-drowning, waterboarded	29%	10	35
Suspended or stretched	26%	11	43
Suffocation	27%	9	33

traffickers. Interviewees described diverse physical assaults. 'I had a number of stab wounds on my chest, arm, leg, and back' and 'I had broken toes, my head was bashed through a car window, I was hit in the head with a hammer.' Seventy percent of the prostituted women described being whipped. 'I have scars from being whipped with hangers and extension cords.' A third of our interviewees were deliberately burned by sex buyers and pimps. Water was used to torture these interviewees by waterboarding or by having water slowly dripped on their head or by being immersed in dirty fluids.

Serious injuries resulted from physical torture in prostitution. 80% (35/44) of our interviewees suffered concussions, which are mild traumatic brain injuries that affect brain function (Farley et al., 2018). Some women reported losing consciousness after assaults. 'I was punched and knocked out by some random passer-by.' Many women reported acute injuries. 'He beat me up and kicked me in the stomach while I was 6 months pregnant. The baby died,' and chronic injuries, 'I have chronic knee pain from my pimp who beat my knees with a baseball bat.' Other injuries from torture included black eyes (91%, 40/44), severe bruises (89%, 39/44), loss of teeth from beatings (50%, 22/44), broken nose, jaw, or cheekbone (46%, 20/44).

3.2.1 Sexual torture of women in prostitution

We asked eight questions about sexual torture. Ninety-eight percent (43/44) of these prostituted women had been raped by sex buyers or pimps. The rapes included 'Lots of head trauma, I was slapped a lot, had throat rapes.' Pimps and sex buyers assaulted the sex organs of 75% (33/44) of our interviewees. 91% (38/42) experienced forced nudity. More than half (61%, 26/43) had unwanted foreign objects inserted into their bodies. One interviewee reported that the following objects had been shoved into her body, 'fruit, broomstick, a ferret, perfume bottle, nightsticks, nunchucks, a sex toy with tape on it, and a hand with bracelets still on.' A quarter (10/42) of our interviewees explained that their basic needs had been denied – as a specific type of sex act that aroused the men who paid for that torment.

Ninety-four percent (31/33) had been coerced into performing a specific sex act they did not want to perform, for example, 'I was made to have sex with multiple men at the same time' and 'made to do sex act on dirty people.' Interviewees reported injuries caused by rape and forced sex acts, for example, 'hemorrhoids from anal sex,' and 'I went to the hospital because of bleeding and was denied medical care because of the lack of insurance. I was probably hemorrhaging.' Coerced sex acts often occurred in the context of the sex buyer or pimp pointing to pornography, demanding, 'See this? Do that.' More than half (59%, 26/44) reported emotional distress when a sex buyer

pressured her to perform an act that he had seen in pornography. Three-quarters (76%, 34/45) of the women we interviewed had pornography made of their prostitution.

3.2.2 Psychological torture of women in prostitution

Psychological torture was assessed with 35 items that are presented in Table 2. Almost all of the women reported having their movement restricted, 'A regular customer, he worked for the city, held me in a city

Table 2. Psychological torture perpetrated by sex buyers and pimps against 45 prostituted women.

Acts of torture	Percentage endorsing	<i>n</i> endorsed	<i>n</i> responded
Threatened with being beaten up	100%	42	42
Prevented from leaving a location	98%	42	43
Movement restricted (captivity)	95%	38	40
Gentle and rough treatment alternated as means of control	93%	38	41
Threats against self, family, friends, colleagues	91%	30	33
Persistent demeaning verbal abuse about self/family	91%	30	33
Death threats against self, family, friends, colleagues	88%	29	33
Denied privacy	88%	36	41
Witnessed abuse of others	85%	35	41
Coerced to perform acts that disturbed or repulsed her	82%	27	33
Deliberately deprived of sleep	76%	31	41
Isolated in solitary place	74%	32	43
Forced to stand up	73%	29	40
Offered impossible choices	72%	31	43
Denied access to medical care	67%	28	42
Kept in prostitution against her will	63%	26	41
Forced to act in a degrading way	61%	20	33
Saw rape of others	58%	19	33
Saw unnatural death of others	58%	19	33
False accusations, forced self-incrimination	58%	19	33
Forced to stand, sit, or kneel for many hours	49%	16	33
Forced to watch/listen to the murder or torture of others	47%	15	33
Denied basic needs as a method of coercion	46%	19	41
Blindfolded	44%	19	43
Exposed to loud noises	43%	17	40
Isolated for more than 3 days	42%	14	33
Severe overcrowding	39%	13	33
Forced to snitch on others	39%	13	33
Deprived of food	39%	13	33
Exposed to bright light	39%	12	31
Deprived of water	33%	11	33
Mock execution	33%	11	33
Saw others murdered	33%	11	33
Degradation via coerced lack of personal hygiene	33%	11	33
Family or friends were present during torture	24%	8	33

utility shed and wouldn't let me go.' The prostituted women were isolated and forced to stand. They and their families were threatened with violence and death, and they were subjected to mock executions. They were forced to witness the torture, rape, and murder of others.

The destabilizing use of unpredictable alternation of gentle and violent treatment was suffered by 93% of the prostituted women. One woman explained, 'when the door is closed a person can be a monster.' Seventy percent of our interviewees had been coerced to make impossible choices. For example, one woman was driven to the edge of a cliff in a sex buyer's car. He threatened to push her out of the car, over the cliff, if she refused to perform the sex act that he demanded. The psychological toll was described by one woman who said, 'I knew anything could happen but so much was unpredictable.'

3.2.3 Sequelae of torture in prostitution

A third (34%, 14/41) of our interviewees were in fair or poor health. Substance use was common among these prostituted women with 77% (34/44) reporting drug use and 68% (30/44) reporting alcohol use. In the month prior to their interview, 65% (28/43) of these prostituted women had difficulty in daily living because of emotional problems, and 61% (26/43) had difficulty due to physical health concerns.

We screened for PTSD diagnosis and severity using the Posttraumatic Stress Disorder Symptom Checklist. 53% (24/45) of the interviewees met diagnostic criteria for PTSD. The women's average PTSD severity was 47 (SD = 16.5). A greater number of torture experiences increased the likelihood of a PTSD diagnosis ($r = .37$, $p = .039$). Having experienced more sexual torture ($r = .44$, $p = .010$) or having experienced more psychological torture ($r = .36$, $p = .042$) were positively correlated with PTSD diagnosis. Having experienced more physical torture was not significantly associated with PTSD diagnosis ($r = .27$, $p = .132$).

These prostituted women had high levels of dissociative symptoms as measured by the Dissociative Experiences Scale. Frischholz and colleagues (1990) suggested that a score of 55 or higher is indicative of a dissociative disorder. The women's average DES score in this research was 68 (SD = 49, median = 48). Explaining her experiences of dissociation during prostitution, an interviewee stated, 'I separate myself from it [prostitution]. It happened to her, not me.' Another interviewee described dissociation this way, 'My mind drifts sometimes – it's a safety mechanism, it keeps me more calm to go in and out of the moment.'

The greater the number of different types of torture experienced, the higher the dissociation scores ($r = .43$, $p = .013$). Dissociation scores also significantly increased with greater numbers of physical torture

Table 3. Resources needed by 45 women who exited prostitution.

Resource	Percentage endorsing
Individual counselling	86%
Drug or alcohol treatment	80%
Medical or health care	80%
Home or safe place	77%
Job training	77%
Support from others who had similar experiences	75%
Legal assistance	53%
Self-defense training	41%
Physical protection from a pimp	36%
Childcare	21%
Legalise prostitution	5%

techniques used by sex buyers and traffickers ($r = .37$, $p = .039$). The greater the number of acts of psychological torture, the greater the dissociation ($r = .44$, $p = .011$). Sexual torture was marginally associated with dissociation ($r = .29$, $p = .107$).

Dissociation was strongly associated with PTSD diagnosis ($r = .41$, $p = .005$).

3.3 Needs of prostituted women

We asked the women what they needed (see Table 3). Individual counselling was their most frequently endorsed need, followed by drug or alcohol treatment and health care. Three-quarters of our interviewees needed a home or safe place, job training, and peer support. They also endorsed a need for legal assistance, self-defense training, and physical protection from a pimp. Some women also needed childcare.

Almost all (93%, 41/44) of the women had been homeless, reflecting their poverty. Their pimps or traffickers allowed them to keep a small percentage of their prostitution earnings. Almost half (46%, 18/39) of the women retained 10% or less of the cash paid by sex buyers for prostitution.

4. Discussion

Forty-five formerly prostituted women suffered severe and frequent acts of physical, sexual, and psychological torture in prostitution. Sex buyers and pimps physically, sexually, and psychologically tortured the women with techniques commonly used by military torturers. These acts of torture resulted in symptoms common to torture survivors in other contexts (Başoğlu, 1992, 2009; Gunas et al., 2024; Koka Yavuz et al., 2023; Luban & Newell, 2019; Rejali, 2007). The acts of non-state torture suffered by 45 prostituted women in this research were indistinguishable from acts of torture perpetrated by states' actors as defined in international law (Amnesty International, 2001; Kelly, 2019; Le Moli, 2021).

Our interviewees had high levels of PTSD and dissociation. Prostituted interviewees in this study had a

prevalence of PTSD (53%) which can be compared to a 51% prevalence of PTSD among combat veterans (Hoge et al., 2014; Wortman et al., 2016). Our sample may also be compared to a 39% rate of PTSD among rape victims (Tiihonen Möller et al., 2014) and a 57% prevalence rate of PTSD among battered women (Nathanson et al., 2012). The PTSD severity of half of our interviewees was comparable to the PTSD symptom severity of combat veterans (Weathers et al., 1993). and to childhood sexual abuse survivors (Farley & Patsalides, 2001; Perry et al., 2022).

A greater number of torture experiences increased the likelihood of a PTSD diagnosis (Johnson & Thompson, 2008; Steel et al., 2009). Experiencing more psychological torture was positively associated with PTSD. Childhood sexual assault may also have increased our interviewees' symptoms of PTSD (Choi et al., 2009).

As in other contexts, women in prostitution described dissociation as a means of surviving the abuse they were experiencing (Ross et al., 2003; Schwartz et al., 2007). The women's average dissociation score exceeded the cutoff score for a probable dissociative disorder. Greater exposure to torture victimization increased dissociation (McDonnell et al., 2013; Schauer & Elbert, 2015). This finding suggests that the prostituted women who experienced torture, used dissociative defenses both during the torture and also after exiting prostitution. Their elevated dissociation scores might also have been a result of defenses developed in response to the severe physical, sexual, and emotional abuse and neglect suffered by our interviewees in childhood (Paetzold & Rholes, 2021) All but one of our interviewees experienced captivity in prostitution, which likely increased their dissociative symptoms. Captivity has been associated with high levels of both dissociative and PTSD symptoms in other torture research (Choi et al., 2009; Zerach et al., 2014).

Reflecting on additional long-term consequences of torture, a third of our interviewees noted fair or poor health at the time of the interview, consistent with the adverse long-term physical consequences of torture reported in other research (Ba & Bhopal, 2017). The women suffered internal injuries from violence, some of which were permanent. Drug and alcohol use were common during and after exiting prostitution.

Sexual torture is a specific torture method that has been associated with PTSD and poorer mental health, especially for women (Abu Suhaiban et al., 2019; Cooper et al., 2004). Almost all of our interviewees reported forced nudity, and all had endured rape, both of which are categorized as torture when experienced at the hands of state militaries. 'Nudity enhances the psychological terror of every aspect of torture, as there is always the background of potential

abuse and rape or sodomy' (Office of the United Nations High Commissioner for Human Rights, 2004).

The physical sequelae of torture may be inadequately assessed and are often dismissed as psychological in origin despite the prevalence of serious injuries such as traumatic brain injury or chronic musculoskeletal pain, which have been noted among prostitution survivors (Amris et al., 2019; Farley et al., 2018). Chronic pain is the most common physical symptom following torture, and it should be treated physically, not exclusively with talk therapies (Kira et al., 2023; Oren et al., 2024).

These exited survivors of prostitution told us they felt emotional distress as a result of myths about prostitution, for example, the notion that prostitution was their choice (Kennedy et al., 2007). The payment of money has been weaponized by prostitution advocates to minimize or deny the harms of prostitution.

Economic coercion is one structural element that determines the experience of forced nudity. The greater a woman's economic and social vulnerability, the less power she had to refuse a sex buyer's or pimp's specific demand, including a demand to film her prostitution, which is a permanent record of her forced nudity. For the three quarters of these women who had pornography made of them, the videos contained forced nudity which was not freely chosen (Abu Suhaiban et al., 2019; Farley et al., 2023).

A majority of prostituted women who participated in this research were women of colour. The ethnicity of our interviewees reflects the ethnicity of those most vulnerable to and most frequently subjected to prostitution in the United States (Butler, 2015; Coy et al., 2019). Indifference to torture was historically created by the racist hierarchy that accompanied colonialism (Koka Yavuz et al., 2023). UN Special Rapporteur on Torture Juan E Mendez has called for special protections for minority groups and marginalized peoples (United Nations, 2014). In her 2024 report describing the violence of prostitution, UN Special Rapporteur on Violence against Women and Girls, Its Causes and Consequences, Reem Alsalem noted the racist fetishization and stereotyping of prostituted women which exacerbates harms to individual women and allows the sexualization of racism to flourish (United Nations, 2024).

This research contributes to the literature that clarifies prostitution's harms and also to the literature on torture. Prostitution's harm is increased when it is perpetrated against ethnically marginalized women. If violence, torture, and its sequelae are not seen or named by clinicians and advocates, then symptoms cannot be effectively treated and perpetrators of sexual and gender-based violence cannot be held accountable for acts of torture (DeVos et al., 2023; McQuigg, 2017).

4.1. Limitations

Our study was limited by our interview data being based on self-report, our relatively small sample size of 45, and our study participants being drawn from agencies offering services to women who had exited prostitution, rather than from women who had exited prostitution but were not seeking help. These factors limit the generalizability of our results. Like others, we see a need for more research into the traumatic harms of prostitution and the resulting symptoms of PTSD, dissociation, depression, and other psychiatric sequela (Tschoeke et al., 2019). The Torture Questionnaire measured 59 acts of torture as present or absent. Additional research is needed on torture in prostitution, including investigation of the validity and reliability of the Torture Questionnaire. Future research on torture sequelae in prostitution should include assessment of Complex PTSD (Zepinic, 2015) and should include men as well as women. This study was a quantitative study to explore whether acts of torture in prostitution met legal definitions of torture. Additional research might compare state-sponsored torture with both non-state sponsored prostitution and state-sponsored prostitution, for example in Germany. We hope to see qualitative as well as quantitative descriptions of torture experiences in prostitution in future research.

5. Conclusion

The World Medical Association (2022) noted the importance of careful documentation of torture and cruel, inhuman, and degrading maltreatment, observing that ‘the absence of documentation and denunciation of these acts may be considered as a form of tolerance thereof.’ Prostitution is here understood as a form of violence against women and not as normalized work. Herman (2004, p. 1) noted the great difficulty people have in recognizing prostitution, which is ‘... the reality of sexual violence as exercised by an organized criminal enterprise that operates freely in every community, hidden in plain sight, and in engaging with victims who have been systematically reduced to the condition of slavery.’

Frank acknowledgment of victimization facilitates the healing process (Baker et al., 2010; Moran & Farley, 2019). The appropriate naming of systematic violence and abuse as torture could reduce the prostitution survivor’s self-blame and self-loathing (Camp, 2022; DeVos et al., 2023; MacGinley et al., 2019). Whether perpetrators pay to commit acts of torture – as in prostitution – or not, the social stigma suffered by the torture survivor is significantly decreased when acts of torture perpetrated against her are accurately named.

We encourage researchers and clinicians who provide services to people exiting prostitution to consider

the holistic or multimodal treatment model currently used in torture rehabilitation centres. These treatment centres focus on state-sponsored torture and use a biopsychosocial approach to treat medical, psychological, and relational damage caused by torture (Hárdi & Kroó, 2011; Jaranson & Quiroga, 2011). Peer support offered by those who have ‘been there, done that’ is essential to torture rehabilitation (Hedin & Månsson, 2004; Hotaling et al., 2004).

This research contributes to the literature that clarifies prostitution’s harms and also to the literature on torture. The documentation of high levels of torture perpetrated against women in prostitution may encourage clinicians to inquire about the specifics of torture experiences and can promote empathy for survivors. Recognizing the human cruelty and degradation caused by torture in prostitution can result in changes to assessment and treatment by clinicians, as well as changes in laws (Luci & Di Rado, 2020; Nilsson et al., 2021; Pottle, 2021; Sveaass & Gaer, 2022). After removing the blinders of sexism, commodification, and privatization, the sex-based non-state violence occurring in prostitution can be understood as torture and as no less serious a crime than torture by the state (Burli, 2022; Sveaass & Gaer, 2022).

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Data availability statement

Data may be available via contact with the first author, Melissa Farley, Ph.D. at mfarley@prostitutionresearch.com

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