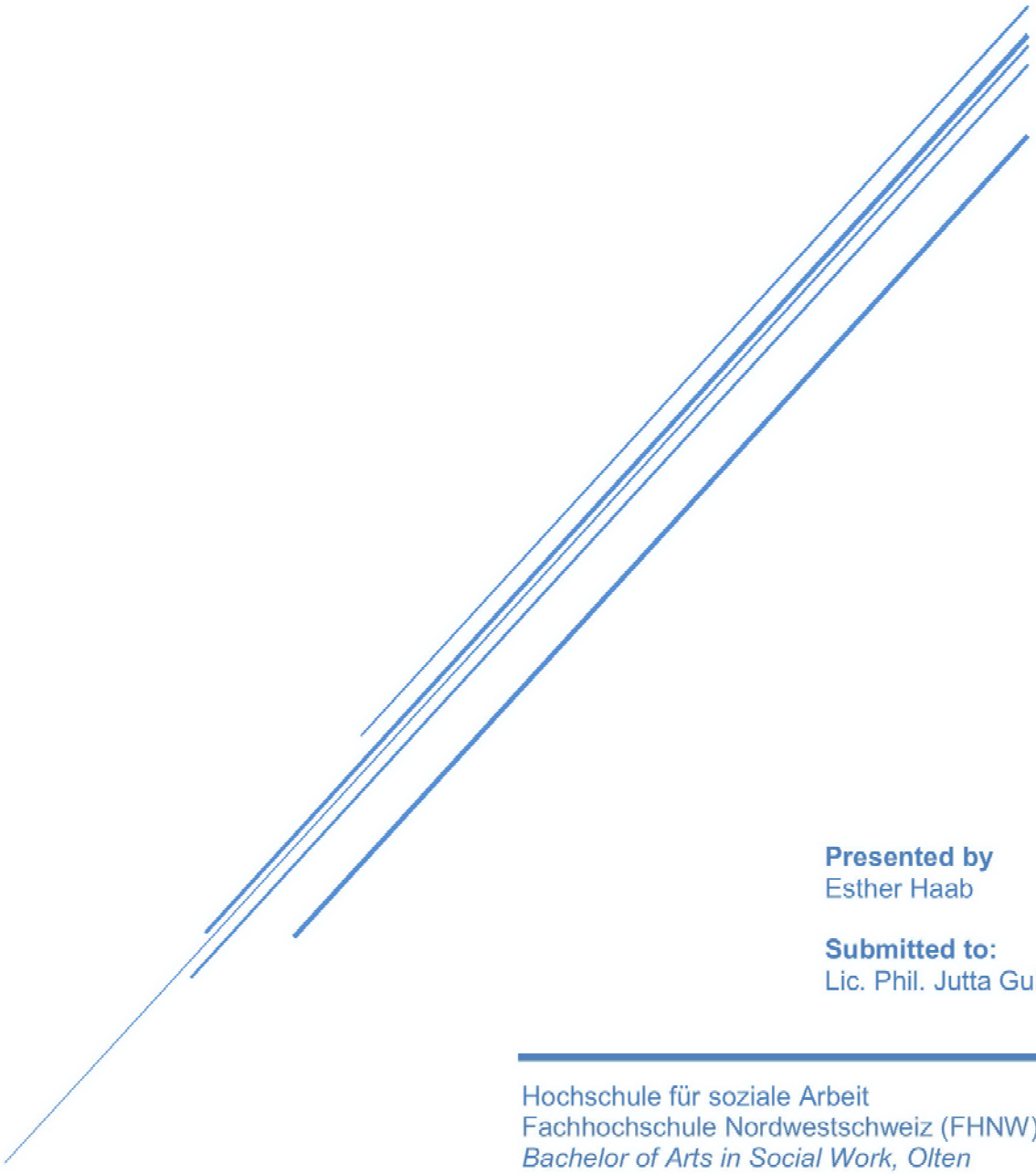
TRAUMA, SELF-ESTEEM AND PROSTITUTION

The Effect of Self-Esteem on Women working Prostitution



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Abstract

The thesis investigates the role of trauma and self-esteem in prostitution, explores their relationship in the decision taken by women to enter or remain in the sex industry or to seek rehabilitation and explores the effects of trauma and self-esteem on these choices among street-based prostitutes with following question:

What is the impact of a woman's self-esteem on her involvement in prostitution and what support can social work offer her?

Self-esteem can affect the decision of a woman to enter, maintain, and exit prostitution. For this reason, it is necessary to look at the ways in which social work can help build self-esteem among these women. A relationship built on trust and acceptance is crucial. There is a special focus on the concept of empowerment. The thesis concludes by offering a case study of a specific social organization whose activities can help shed light on the findings presented in the thesis.

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1. Introduction

For people not involved in the prostitution industry, walking or driving through an area where women are lining the streets looking for their next clients can be a harrowing experience. Drug abuse has often marked the women's bodies, and their eyes appear "*empty*". When seeing them, most people feel helpless and may ask themselves, "What can be done"?

Prostitution as a whole, but especially street-based prostitution is a topic of ethical debates throughout history. Recently, many countries have been witness to lively public debates about legalizing prostitution. While these normative discussions continue, the empirical questions remain about how and why women would get into such a stigmatized "profession" and what the effects on their lives are.

This thesis explores two factors that are crucial to answering these questions: self-esteem, "*the experience of being competent to cope with the basic challenges of life and feeling worthy of happiness*" (Branden 1969:110), and trauma, the experience of being "*made helpless by an overpowering force*" (Herman 2003: 53). During a traumatic experience, a person's basic sense of trust and concept of being able to handle and control what happens to them are destroyed by perceiving themselves as being totally powerless, humiliated, and disrespected in a traumatic situation (Stangl 2015: n.p.). Street prostitution, for the purpose of this research, is defined as a female offering sexual services in exchange for money or some other benefit in a public place, for example the street (Sanders et al. 2009: 18; Scambler/Scambler 1997: 168).

The topic of this thesis, as well as its hypothesis, sprung from the author's experience working on the staff in a women's shelter, where women who were working in street prostitution were invited to have a warm meal, take a shower or sleep. While meeting their physical needs was an integral part of this work, the staff placed most of its emphasis on building trusting relationships with the women, through which the staff could help them start to realize their worth. Repeatedly, it became clear that the women who engaged in street prostitution had stopped believing in themselves. By experiencing acceptance even when they failed, they started realising that they have worth after all. The goal of this thesis is to investigate the connection between self-esteem and prostitution and to explore the use of this connection to help such women as these.

Sanders et al. (2009) suggest that street sex workers, given realistic alternative options, would mostly decide to exit prostitution (Sanders et al. 2009: 147). Based on this, it would generally be the choice of women on the streets to get support in order to exit street work, which authorizes social work to develop methods to motivate them to do so. Accordingly, this thesis aims to reveal the impact of self-esteem on entering, staying in, and exiting prostitution. This leads to the main question:

What is the impact of a woman's self-esteem on her involvement in prostitution and what support can social work offer her?

The hypothesis of this paper is that many women who engage in street-level prostitution have experienced situations of violence, neglect, and loss of control, and that these experiences affect their decision whether or not they exit prostitution. The subsidiary hypothesis is that low self-esteem can be an outcome of traumatic experiences, becoming a factor that leads to their involvement in prostitution or keeps them in it. Based on this, building or restoring self-esteem may be a crucial step, which can improve the likelihood that a female sex worker will make a decision to enter rehabilitation.

This research thesis first summarizes theories that describe the role of self-esteem in human motivation on a basic level. Next, it describes the criteria for the selection of subjects and literature. The results section then introduces the connection between self-esteem, trauma and then considers the additional variable of prostitution. After laying a theoretical and methodological foundation, the thesis goes on to examine the different factors that can cause a lack of self-esteem. In addition, it introduces different factors that can increase a woman's tendency to become involved in prostitution and remain in prostitution. Following this section, there will be a description of the role of social work specifically in this area.

Building on this foundation, some strategies for building self-esteem will be offered. The relative advantages and disadvantages of each strategy will be evaluated. Finally, the conclusion will summarise the findings of the research and return once again to evaluate the hypotheses in light of the findings.

1.1. Associated Theory – Maslow's Pyramid of Needs

Abraham Maslow developed a motivational theory in which he proposes that human behavior is motivated by needs. He ranked these needs from basic survival to psychological needs like happiness, self-esteem, and self-actualisation. His concept is often depicted as a pyramid (Figure 1).

For the purposes of this thesis, his theory offers a backbone and is very central. He locates self-esteem in the third level of his pyramid. The lower the need in the pyramid, the more necessary it is for survival. Once the lower needs have been satisfied, the focus can be put on the next level. This may be very important in order to answer the question whether self-esteem affects prostitutes and how.

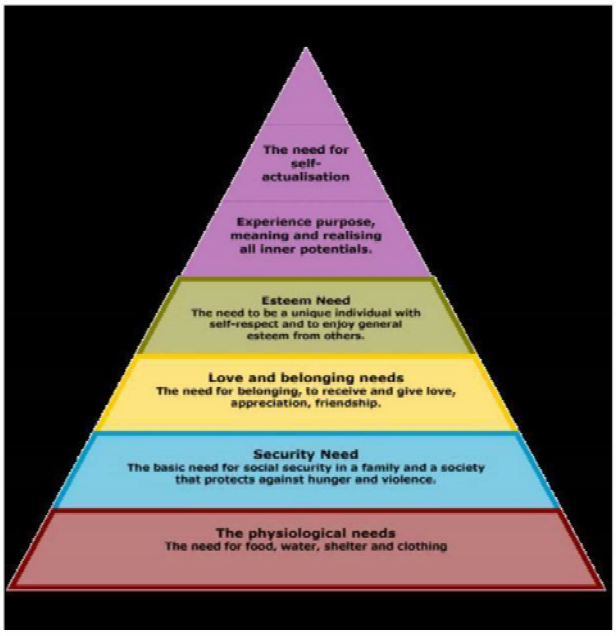

Figure 1 Pyramid of Needs, Abraham Maslow (Sandwith 2011: 16)

On the bottom of the pyramid are basic needs like food, water, shelter, and clothing. These needs are necessary for survival and must be met before any psychological needs can be met. If they are not satisfied, the person cannot survive. Right after these survival needs, the level of security and safety are depicted. Safety needs in our culture might correspond to a regular income, but for victims of violence and neglect these might correspond to actual physical and psychological safety (Sandwith 2011: 16; Heylighen 1992: 40). Thus, traumatic experiences may prevent an individual from reaching higher levels in the pyramid and it may be crucial to deal with them in order to increase self-esteem.

Once the person has a healthy sense of self-esteem, it is possible to move on to the level of self-actualization. Self-actualization is the top of the pyramid and consists of being able to work on fulfilling wishes and dreams. It is defined as "*A process of development which does not end and includes experiencing purpose, meaning and realizing all inner potentials and abilities*" (Heylighen 1992: 41). It is human to want more, to build new dreams or to develop more capacities, so this stage (as well as all the others) is an ongoing process (Heylighen 1992: 40–41).

1.1.1. A Quick Look at Self-Esteem in Connection to Maslow's Pyramid

As this thesis focuses on self-esteem, we will at this point take a closer look at this level in the pyramid. A person forms her future identity during the development years, where the foundation of self-esteem is built up. In order to develop a healthy self-concept, leading to self-esteem, autonomy, and trust, a child needs to have at least one stable relationship to a person taking care of it. The child needs to have the bottom two levels of basic needs taken care of by an adult, followed closely by the third level, according to which every person needs a feeling of love and belonging. If the caretaker respects the child and helps it to develop its individuality and dignity, encourages it to take initiative, and gives it a strong basis on which to trust and thus explore the world from a place where they know they will be protected, the child will form a sense of self-esteem and feelings of being in control. From this point, it can build an own point of view on things. It will be able to trust people and social structures and have a healthy sense of fairness and justice (Herman 2003: 79–82).

If this process is disturbed because, for example, the guardian or the parents abuse or neglect the child, problems with self-esteem arise because the child has an unstable foundation to deal with negative experiences in life (Herman 2003: 80). It needs to focus on surviving these negative situations, thus never being able to experience and learn about the higher needs like self-esteem and finding its personal identity (Beckrath-Wilking et al. 2013: 94; Herman 2003: 80). With the topic of this thesis in mind, a quick look at the women working in prostitution shows that they cannot move to a higher level in the pyramid either, as they need to focus on the survival needs. It is hard for them to focus on any needs higher than the basic needs (Sandwith 2011: 45).

With the picture of how self-esteem is developed in mind, it is helpful to consider what components self-esteem is made of. There is some debate on this subject in literature, but in this thesis, following definition is the basis. Mruk (2006) states that "*self-esteem emerges in the space created by competence and worthiness as they stand in relationship to each other over time"* (Mruk 2006: 22–24). In order to develop **competence**, a person needs to **initiate** and **accomplish actions** successfully, especially when dealing with problems or trying to reach personal goals (Mruk 2006: 12–22). **Worthiness** on the other hand is the **evaluation** and believes of ones attributes, based on **values** and **relationships** (Mruk 2006: 16–19; Campbell/Lavallee 1993: 4–5) His or her values define what a person sees as worthy, so "*when we fail to act in ways that are competent and worthy, we suffer a loss of self-esteem and experience corresponding pain"* (Mruk 2006: 30). For more detail, see the appendix, page 15.

The connection between competence and worthiness is where self-esteem emerges. Humans want respect by their social network. Every person also wants to be able to respect herself. To do this, a person may start looking for ways to further develop his or her potential and skills. He or she wants to know that she is capable of achievement and success. Lack of respect, both from oneself and from society, leads to an inferiority complex and to low self-esteem (Heylighen 1992: 41). Self-esteem usually remains more or less stable over time, at least within a certain period. However, to some extent, self-esteem also depends on what situations come up, and on what challenges the persons view of herself (Campbell/Lavallee 1993: 4–5)

Building self-esteem by increasing the power of the client to help himself, gain control of his environment and finding needed resources to deal with problematic situations and make reflected decisions is a core element of social work (Hasenfeld 1987: 478–479).

1.2. Model of Needs and Support

Hester and Westmarland (2004) developed a model of needs and support which looks at different stages of prostitution in a very practical way (Figure 2), starting before the person entered into prostitution, following their involvement in prostitution, and going until they have exited and are "*moving on*" with their lives, having successfully reached the level of self-actualisation. The stages are vulnerability, chaos, stabilisation, and exiting/moving on (Hester/Westmarland 2004: 135).

This model is important for the thesis, as it shows in a very practical way the different stages that bring a woman into prostitution and keep her in there, as well as the struggles she faces as she tries to exit prostitution. The depicted practical points are indirectly connected to each point and play a role because of their influence on self-esteem. The model corresponds with Maslow's pyramid of needs, showing basic needs, which a person must meet in order to build a firm foundation on which to continue with life, and how lack of meeting these basic needs leads to vulnerability and chaos. For comparison, stability would correspond with the level for self-esteem and with fulfilling love and belonging needs, though these of course continue throughout life. Post-exiting or moving on would then signify fulfilling the self-actualisation needs. Psychological needs are not mentioned at all in the model.

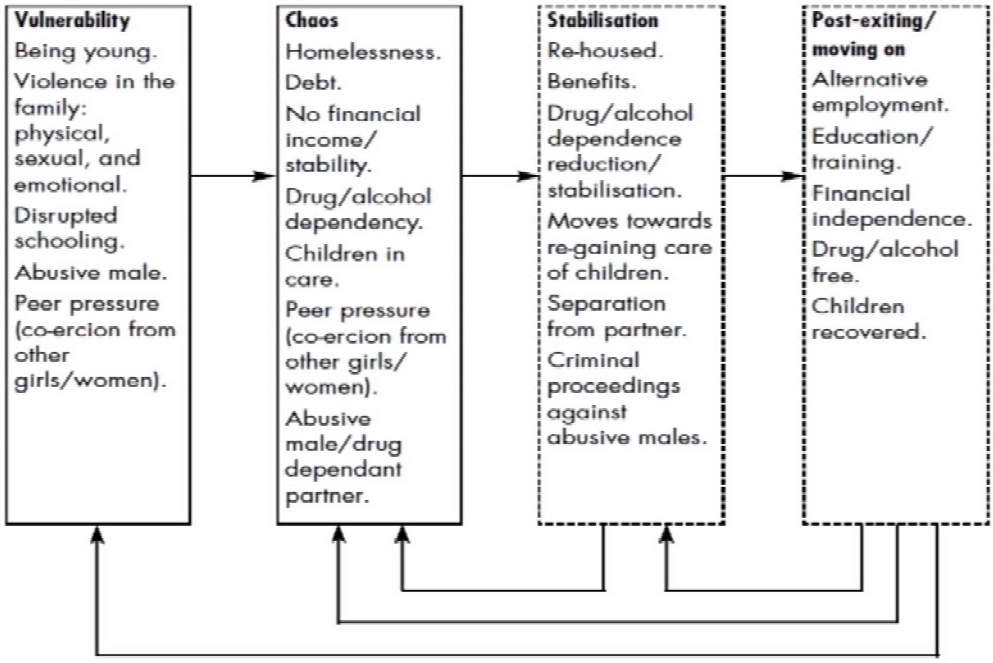

Figure 2: Model of Needs and Support (Hester/Westmarland 2004: 131)

The stages are not linear and moving back and forth between the stages is part of the process. In the vulnerable stage, we find such things as being young, abusive family life, and peer pressure. These situations may impact self-esteem by causing a woman to question her identity or to be so focussed on survival that she doesn't have the capacity to reach the next level in Maslow's pyramid.

Moving from one stage to the other usually is triggered by a crisis such as a drug overdose or a pregnancy, though it also depends on the general circumstances the woman is in, and the support she receives (Hester/Westmarland 2004: 135; Home Office 2004: 39; Hester

2009: 129–131) During her whole involvement with prostitution, as well as after, a woman will need the help of a lot of different agencies, local authorities, drug services, youth services, and social services. These should offer support and advice on problems such as sexual health, violence, safety, debt and child care, legal services, long term accommodation, drug use, options after arrest, education, training and other problems (Sanders et al. 2009: 143–146; Home Office 2004: 39).

Any support needs to be individual and timing is crucial. In order for a woman to exit prostitution successfully, she needs to work through the earlier stages, allowing her to be more stable and face the less immediate problems (Hester/Westmarland 2004: 135).

2. Methods

2.1. Selection of Subjects

It seems that men process trauma differently than women, though as of yet there is little research on this. Due to this, this report will focus only on female prostitutes and helping them deal with trauma (Flatten et al. 2004: 53). In addition, as this paper is about women, so instead of both gender forms, the female form will be used.

Of the many different kinds of prostitution, women working in street-level prostitution are the focus. This report will not deal with trafficked women, as they generally do not have the same options as the women who "choose" to work prostitution. In addition, women working in indoor-facilities are not part of this thesis because, on average, they have better working conditions and face less violence while working. The women working indoors are more likely to have made a rational choice to start working prostitution (Weitzer 2005: 216; 218).

This study focuses on women that work in countries where prostitution is legal. Legality has a major effect on women working in prostitution, making it easier not to end up with a long criminal record for countless arrests on soliciting. It also legitimates prostitution as a job. By contrast, it pushes migrants with no legal status and trafficked women into illegality. The reason for choosing woman legally working in prostitution is the author's present and future involvement in working with women in Switzerland and Israel, both countries where prostitution is legal (ProCon.org 2015: n.p.).

In Switzerland, prostitution is legal and widespread, with the highest number of prostitutes per capita among industrialized countries (ProCon.org 2015: n.p.). However, street prostitution is limited to zones within certain areas of bigger cities (Farley/Butler 2012: 10; ProCon.org 2015: n.p.). Women wanting to solicit customers need to register with both city and health authorities as well as get regular health checks and comply with tax laws. Since Switzerland has an agreement with the European Union, women from EU-countries do not need a work permit in order to work for three months as self-employed workers. Sex workers can even advertise their services in the newspaper. Pimping is illegal in Switzerland. In Israel prostitution is also legal and widespread, but it is not as regulated as in Switzerland (ProCon.org 2015: n.p.).

Throughout the thesis, the terms "street workers", "sex worker" or "prostitute" are used to refer to females offering sexual services on the street in a legal context.

2.2. Selection of Literature

Due to time limitations, the thesis is solely based on a literature review, during which empirical and theoretical studies that consider trauma, prostitution, and self-esteem separately will be used to test the hypothesis that there is a relation between self-esteem, trauma, and prostitution. Based on the results, different methods will be looked at to help women regain self-esteem while still working on the streets or during the process of exiting. Since prostitution is an ethical topic, literature on it is often biased by the opinion of the author(s). Because of this, extra care has been given to investigate the position of the author(s) view on prostitution. The studies mentioned within this report need to describe the methods used in the original literature, in order to be taken into consideration.

The literature will be found with an inductive method initiated by a general literature search on words that are central for the thesis. Words that will be searched for are trauma, (street-based) prostitution, self-esteem, strategies to build up self-esteem, strategies for exiting from prostitution, effects of prostitution, and causes for entering prostitution. Moreover, the author will search for relevant books and books that are quoted often on the subject. The search will be made both in googlescholar.com, google.com, and in the internal library system in Switzerland (nebis.ch).

The descriptive approach will be used to identify if there are any patterns visible in the analysed literature, which can then be used to interpret and find out to what extent existing research supports the thesis.

After setting up the premises by going through theoretical literature and introducing the reader to the major theories and methods in each concept, the author will take a closer look at how each concept can affect the others and what methods are suitable for social work, as well as which ones appear less applicable.

3. Results

The results are based on the concepts of self-esteem and trauma as defined in the introduction. If the reader is interested in a more in-depth definition, the summary of these concepts can be found in the appendix.

In the following section, there will be a look at the relationship between self-esteem and trauma before looking at both of them in connection to prostitution. This section will then take a quick look at factors that are important to entering, maintaining, and exiting prostitution. After that, different risk factors that have a direct or an indirect overall effect on self-esteem will be looked at in more detail, and, in the end, there will be a look at how social work can intervene and what is important. To finish the results section, two important theories and a practical concept will be presented.

3.1. The Relationship between Self Esteem and Trauma

Roger Matthews, a professor of criminology at the University of Kent, observed that traumas, whether they occur in childhood or adulthood, usually have a negative effect on the victim's self-esteem (Matthews 2014: 88).

If we go back to childhood, the ACE study on adverse childhood experiences found that emotional, physical or sexual abuse greatly increased "problematic behaviour" caused by emotional insecurity and vulnerability in adults (Lanius/Vermetten 2010: 4). Risk factors included growing up in a household where someone was an alcoholic, a drug user, mentally ill, suicidal, chronically depressed, or in psychiatric hospital, where the mother was treated violently, where a household member was imprisoned, or where the child was physically or emotionally neglected (Lanius/Vermetten 2010: 4; Hester 2009: 120–122)

The subjective helplessness of a victim during a traumatic experience leads to a breakdown of the ability to cope, forcing the victim to "play along" in order to survive. Basic trust in social structures and the construct of the world is built on the fact that things are in her control. Suddenly the world does not seem safe anymore, as basic convictions of safety and stability of the system get destroyed. Trust, which is built on a system of knowing how things are and believing that they are stable and can be controlled (competence), as well as how the victim perceives her own worth and purpose, also in relation to other humans (worthiness), gets shattered (Herman 2003: 77; Reddemann/Dehner-Rau 2008: 49). This

generates deep and long-lasting changes in the way the victim feels, perceives and remembers his surroundings (Herman 2003: 54–55). Fundamental structures of the victim's identity are destroyed, resulting in a loss of self-confidence and trust in others (Herman 2003: 84–85).

Often, the victim develops coping strategies in order to face the experience and the effects, causing severe consequences. These coping strategies are ways the victim tries to deal with or forget the shame and helplessness caused by the loss of control and include things like developing anxiety disorders, substance abuse, eating and personality disorders, depression and other forms of co-morbidity. Due to the body's biological reaction, the victim is able to distance herself from what is happening to her during the experience. This makes her experience either strong feelings but not able to remember the situation, or causes her to remember everything but without any emotions. This intrinsic reaction of the body keeps showing itself in form of mental intrusions such as dissociation (Herman 2003: 54–55; Ross et al. 2004: 205; Heise et al. 1999: 20). These flashbacks are caused by sights or sounds the person brings into relation with the trauma. The body may also react with constriction or overreactions (DeHart et al. 2014: 145; Lanius/Vermetten 2010: 7; Ross et al. 2004: 200). Nixon et al. (2002) quote a street worker who uses slashing as a method to cope:

> *When I'm in pain, I like to hurt myself because the pain goes away. Slashing makes me not think about who is hurting me, and I would rather hurt myself than let people hurt me. If someone was hurting me at the time, I would cut myself.* (Nixon et al. 2002: 1030–1031)

For more information on coping mechanisms and the effects of trauma, see the appendix, page 7.

The result of these defense mechanisms can be increased shame and loss of control, as well as increased stigma, creating a downward spiral for the victim. For example, when a woman starts taking drugs to forget pain, she at some point needs to take drugs because she is addicted. This just confirms her helplessness at dealing with the situation, and at the same time, she acquires the additional stigma of being a drug addict. Through all this, violence affects how a person perceives their environment and faces personal challenges (Nixon et al. 2002: 1029).

A lack of self-esteem in turn increases the risk of trauma. People who have low self-esteem are more reactive and vulnerable to their social environment than people with normal or

high self-esteem. This is because of the victim's perception that she is not worthy of social interaction (Hester 2009: 120). This vulnerability increases the risk of further traumatic experiences (Briere/Runtz 1987: 374; Baumeister/Leary 1995: 13; Nixon et al. 2002: 1029). Therefore, the reciprocal effect of the two can lead to a downward cycle between self-esteem and trauma.

In short, during a traumatic experience, personal boundaries are disregarded by the perpetrator; thus trauma is characterized by helplessness leading the victim to question her identity and her worth and causing self-esteem to be shaken (Herman 2003: 77). If the person has healthy social networks to lean on, it is easier to deal with trauma. However, if the person does not have a functional family, is experiencing regular abuse or is stigmatised for any reason, he or she will have less possibility to rebuild self-esteem to recreate a healthy identity in which the situation gets integrated as an experience (Herman 2003: 79–82).

3.2. The Cycle of Low Self-Esteem and Trauma in Prostitution

There is a strong connection between self-esteem and trauma. In order to investigate the role of self-esteem in prostitution, it would be of interest to see whether women who engage in prostitution have experienced trauma (leading to low self-esteem) before or while working in prostitution. As we have seen in the Model of Needs and Support (see page 5), there seem to be many events that could be traumatic in the lives of women working in prostitution, both before and during their work. Violence is often the trigger for a trauma.

Weitzer (2005) suggests that women working in prostitution face violence and are frequently victimised during their lives. "*Assault, robbery, and rape are occupational hazards for streetwalkers"* (Weitzer 2005: 216). According to Farley (2003), 70% to 95% of the women involved in prostitution have been physically assaulted, 60% to 75% have been raped (Farley 2003: 6). In addition to the violence named above, street workers face a much greater risk of being kidnapped and murdered than the general population (Sanders et al. 2009: 43–45). Matthews (2014) estimates that women *"involved in prostitution are 15 to 20 times more likely to be killed than other women in the same age group"* (Matthews 2014: 86). This means that even if nothing happens, they do face constant fear of ending up in a bad situation.

At this point, it seems important to mention the effect of prostitutes' work on their self-esteem. Some experts argue that it is a free choice while others argue that all prostitution is part of a patriarchal system and all prostitutes are victims of male sexuality (Scambler/Scambler 1997: 19–25). In the end, the psychological effect of the work itself seems to greatly depend on how freely the woman is involved in prostitution, how much freedom she has in choosing her clients (Weitzer 2005: 218) and how her work corresponds to her values (Mruk 2006: 68–71). Quite often women with drug addiction are quite desperate, making them ready to accept any client. This leads to the feeling of being a sexual commodity, as well as to a certain helplessness, causing a constant need to cope with feelings of low self-worth (Ross et al. 2004: 208).

To deal with this and the fear due to possible violence, women learn to dissociate or cope with their work and the threat of violence in harmful ways, trying to hide the fear, exhaustion, loneliness and social stigma they feel – once again increasing a cycle where trauma and self-esteem seem fully interlocked in each other (Lanius/Vermetten 2010: 14; Hester 2009: 120). Bearing these insights in mind, the next section will focus on the effect of life situations on self-esteem as women enter, stay in, and exit prostitution.

3.2.1. Role of Trauma and low Self-Esteem in Entering Prostitution

Is 'Avril' in the following quote typical for a girl entering prostitution, in how the abuse affected her self-esteem?

> *'Avril' was not happy as a child. She felt she was overweight and was bullied at school. A neighbour sexually abused her when she was about 7 years of age, and her dad was physically abusive towards her... As a teenager 'Avril' slept with lots of different men so it would make her feel wanted.* (Hester 2009: 120)

There are two general paths into prostitution: either a woman or girl is introduced through friends or peers as a way of solving economic problems or she is coerced into prostitution by an older adult who may give the impression of being their lover (Hester/Westmarland 2004: 142). Life circumstances, including factors such as poverty and low education, can play a role when entering prostitution. Interestingly, these factors can also be connected to low self-esteem and insecurity (Collins 2010: 5–9; Farley 2003: 12; Hester/Westmarland 2004: 142; Hester 2009: 120–122). For teenagers, having the money to buy "nice things"

may also play a role in one's decision. The tendency to give in to peer pressure, is also closely related to one's level of self-esteem (Hester/Westmarland 2004: 131).

3.2.2. Role of Trauma and low Self-Esteem when continuing Prostitution

> *Most women felt they needed suitable housing in place as well as being stable in drug treatment, but additionally require a source of income to alleviate poverty and the ability to do that. Criminal records, lack of qualifications and work experience and potential poor health from long-term drug use all act as barriers for women wanting to exit sex work.* (Sandwith 2011: 47)

In the end, all the points feed into the already existing and increasing lack of self-esteem.

3.2.3. Role of Trauma and low Self-Esteem in Exiting Prostitution

> *Many aspects that lead to women and young people entering prostitution also act as potential barriers to exiting*. (Hester 2009: 129)

Many street sex workers would prefer to exit prostitution, though it is normal for them to return and leave more than once, "*because their limited education and lack of skills make finding employment very difficult" (*Scott/Dedel 2006: 5). Though it may seem worthwhile to exit prostitution in the long run, staying on the streets may be a choice with less direct and immediate consequences than if they were to leave prostitution and try to find a new way of supporting themselves (Scott/Dedel 2006: 5). The process of exiting corresponds to stabilising (Stage 3 in Figure 2) in the Model of Needs and Support (Hester/Westmarland 2004: 135).

3.3. Factors that Affect Self-Esteem and Prostitution

Many factors can potentially affect self-esteem and cause a woman to enter or stay in prostitution. These may not seem directly connected to self-esteem, but effect it through their effect on the woman.

At this point, it is to be noted that a woman can be affected by many different situations that cause her to make decisions, especially when it comes to exiting. They do not necessarily have anything to do with her self-esteem. As an example, a woman might face the loss of a child due to public authorities taking it into custody. This might affect her choice, as in that she may leave the streets and go into treatment in order to get her child back. While building self-esteem might be a part of the program she enters, it would not actually have affected her choice to leave.

3.3.1. Violence

Nixon et al. (2002) quote:

> *They don't have no say in their lives, they're just getting beat if they don't give their boyfriends the money or whatever, and getting mentally fucked up because they have no control over their life. So I think that's the worst.* (Nixon et al. 2002: 1027)

Violence is defined as the purposeful physical, psychological or sexual damage or neglect of other people. The person being damaged gets hurt in his or her basic rights (Schulze et al. 2012: 12)

As we have seen, street prostitutes face a lot of violence in their lives. Violence in many cases leads to trauma, especially if it is repeated violence. Traumatic situations in turn shake up the identity, leading to loss of self-esteem and the feeling that they are not worthy of anything else, especially if there is no support available to treat the situation (Herman 2003: 84–85). The more violence a woman experiences, but also the more enslaved she becomes to her own coping methods like taking drugs, cutting or dissociating, the more this will secure her perception of having no control over her own life, and the more she will suffer under the further loss of self-esteem (Flatten et al. 2004: 76).

Neglect

Neglect is counted to violence. Neglect means that the child is not receiving the emotional attention and/or basic care necessary to cope with life (Schulze et al. 2012: 13)

Neglect is a cause many women connect to their involvement in prostitution. Feeling abandoned, unwanted, or that their parents couldn't cope with them, can cause major psychological problems, leaving them with the feeling that they were a problem for their

parents (Sandwith 2011: 22). This clearly affects the worthiness factor of self-esteem. The child feels like it is a problem and often gives itself the blame for even being alive, leading to shame (Hester 2009: 120). The low self-esteem caused by this accompanies them into their life as an adult.

Sexual and physical Abuse

According to Schelling (1984), between 65% and 95% of those working in prostitution were affected by childhood abuse and link it to their involvement in prostitution (Schelling 1984: 3; Farley 2003: 12–13). Farley (2003) writes that "*Sexual abuse may result in […] behavior described as promiscuity, prostitution, or sexual aggression"* (Farley 2003: 12). In the ACE study, teen pregnancy and sexual promiscuity were linked closely to the amount of trauma a person faced in childhood (Lanius/Vermetten 2010: 8). The results of a qualitative study of 60 women in a US prison showed that "*the women explicitly connected traumatic experiences"* with behavior "*such as trading sex for shelter or drugs"* during the following teenage and adult years, and considered this normal (DeHart et al. 2014: 139). Looking at our definition of prostitution, this falls in that category (see introduction).

Again, childhood development explains this. When the supposed main caretaker of a child destroys its foundations of trust and thus the base for building self-esteem, the child might start looking for stability in relationships (measurement of worth). This can lead to high promiscuity, because of the tendency to form unhealthy relationships due to the vulnerability and feelings of inferiority caused by low self-esteem (Hester/Westmarland 2004: 142; Scherwath/Friedrich 2014: 38). In order to coerce a girl into prostitution, other people may deliberately use her vulnerability. Having men desiring her body confirms her worth (component of worthiness), making prostitution become a way of trying to build her self-esteem while earning money (component of competence) (Collins 2010: 5; Farley 2003: 12). Because these relationships are also abusive, the girls' negative self-concept is strengthened to the point where she may think of herself more as a sexual object then a person worth respecting (Schelling 1984: 3). The commercial character of the sexual transaction may give the woman the feeling that she can regain control and power over what is happening (competence), thus for a while raising her self-esteem (Collins 2010: 5–9; Farley 2003: 12; Hester 2009: 120–122)

At the same time as there seems to be a lot of research proving that abuse is linked closely to prostitution, it is also true that many children who get sexually or physically abused do

not enter prostitution. Thus, prostitution usually results when various critical factors such as abuse, failing social structures, running away, lack of alternatives or failure of the welfare system combine to create a deeper emotional vulnerability and economic need (Nixon et al. 2002: 1018).

3.3.2. Effects of Violence

Stigma

When growing up in a family with problems, in authority care, or experiencing an otherwise "different" childhood, it is likely that a child and other family members will experience mobbing or being talked about by classmates or other people that know them. Being stigmatised makes it harder for the child to find help and build the healthy relationships that it needs (Hester 2009: 120). Schulze et al. (2012) suggest that being stigmatised - constant humiliation, antipathy or degradation from the social milieu due to life circumstances or race – lead to a low self-concept (factor of worthiness) and through this to low self-esteem (Schulze et al. 2012: 44–47; Briere/Runtz 1987: 374)

Stigma plays a role in entering prostitution, but the stigma many women suffer under usually increases when working prostitution. It affects the opportunities, reputations and identities of the women (Sanders et al. 2009: 23).

> *Moreover, women in prostitution are well aware of how they are judged and mistreated by other members of the public and of how they are blamed and treated unsympathetically for the abuse they experience. The impact of this on self-esteem and more significantly on self-worth should not be underestimated or assumed. […] When subjected to repeated violence and disregard how can prostituted women rationalise the abuse and assaults that have happened to them? How can they maintain a sense of self? Or hold themselves with regard? They are very well aware of the dangers they risk, they are also very aware of the opinion of society if they dare to report it. They fear that assumptions will be made that they have somehow made a deliberate and calculated choice to engage in behaviour that had this result.* (McVey 2010: 10)

Prostitutes face a lot of stigma due to their profession and way of life. As well as leading to loss of relationship, stigma also leads to different physical and psychological disorders, especially low self-esteem (Sanders et al. 2009: 47). This is because their measurement of their own worth, based on the judgement of others, is very low.

Shame and Blame

Shame is often found where a traumatic situation has been experienced (Felitti/Anda 2010: 14) and is a factor that can increase self-esteem (Herriger 2002: 56). Shame arises from a distorted perception of the situation in which the trauma happened. It is fed through subjective interpretation, evaluation, and explanation of how a situation must actually have happened when a person tries to justify having lost control. This happens in order to cope with a situation or its consequences (Beckrath-Wilking et al. 2013: 104; Herman 2003: 79; Herriger 2002: 56; Scherwath/Friedrich 2014: 39–41; Wise 2002: 138). As an example, victims of sexual abuse, and sometimes even the community, often blame the victim for what happened – her dress was too short, she was out too late or alone, she was being irresponsible with her drinking, or behaving in a provocative way. In the process, the victim becomes responsible instead of the perpetrator. For the victim, this taking of responsibility might make it easier to deal with the situation, because it means taking back some of the control in the situation and not being totally helpless – a typical coping strategy (Scherwath/Friedrich 2014: 39–40). For the community, it somehow validates and helps to deal with the fact that something like this could happen among them (Wise 2002: 138; Herman 2003: 79; Scherwath/Friedrich 2014: 39–41). Taking responsibility at least gives back some stability to the victim in form of some sort of 'control' and can in this way safe some self-esteem at the same time as it causes deep shame and destructive patterns (Ross et al. 2004: 208). Shame causes a person to compare herself negatively to others and evaluate her own value (worthiness) as low.

Identity

As we have seen, many women face abuse and violence before entering prostitution. This often "*leads to a lack of self-confidence, the denigration of their own body and a lack of trust in others, which makes it difficult to form and sustain social relationships*" (Matthews 2014: 89). It is hard for them to show feelings and they may distance themselves from the necessary connection to friends and family, especially if the abuse comes from these (Matthews 2014: 89).

If the victim of any traumatic situation does not receive help in redefining her identity, a completely new identity can be built on the basis of the victim role. This is because these

experiences of being helpless and disrespected cause loss of self-esteem and feelings of worthlessness at a young age (Nixon et al. 2002: 1029), causing identity to be built on this from the beginning. Defining herself as a victim may seem easier then facing the helplessness and shame of not knowing who she is (connected to the traumatic event), which she would need in order to rebuild a healthy identity and a good sense of worth and competence (Herman 2003: 79; Matthews 2014: 92–93). Having the identity of being a victim creates a greater likelihood of the child being physically or sexually abused as an adult as well and/or becoming involved in prostitution (Farley 2003: 12–13; Herriger 2002: 52; Schelling 1984: 3).

Another reason many women become re-victimized and end up taking on the victim role is because they develop strategies such as dissociation to deal with tricky situations. This may seem helpful to the woman, because it protects her from the emotional impact of being abused, but it can also be a cause of further victimization due to her not being able to mobilize other strategies when there is a threat (Ross et al. 2004: 205). This often ends up leading into a cycle of further traumatization and further loss of self-esteem (Nixon et al. 2002: 1029).

Another part of their identity can be formed by their work as prostitutes. Women who have been working in prostitution for a while build their social network around the street. Their identity is formed by a sub-culture of people who work in the same field. Being a sex worker is part of their identity, and it is hard to leave behind what they know. Identity is also a reason why some women choose to go back to prostitution after having exited. There are strong social ties that have to be broken if they want to exit for good, leaving them in need of a community to replace the social circle associated with their identity as a prostitute (Nixon et al. 2002: 1036; Collins 2010: 11; Sanders et al. 2009: 66; Sandwith 2011: 12).

For self-esteem, this means that while the women were not yet in prostitution, they may have had a lack of self-esteem or been in the victim role. As they start working prostitution, the finally “belong” somewhere and may actually build a sense of self-esteem around this. Working as a prostitute may involve feeling competent at what she is doing and worthy due to the attention she is getting and the relationships with other people in her social circle.

Relationships

Relationships are one of the most important factors in stabilising or destabilising a person. Abuse, especially by someone trusted, leads to an increased risk of forming unhealthy relationships.

> *Traumatic events shake interpersonal relationships in their foundations. They decompose the bonds of family, friends, partners, and neighbors, they destroy the self-image that arises and is maintained in relation to others. They undermine the system of values that gives meaning to human experience. They undermine the confidence of the victim in a natural or divine order and push it into an existential crisis.* (Herman 2003: 77, translated by author)

A trauma can lead to the victim further pulling away from its social network or building very ambivalent relationships. This is harmful to self-esteem, as relationships are very important for a person to measure worthiness (Mruk 2006: 13–15). Victims often finds themselves withdrawing from any relationships because they feel inferior due to shame, blame, low self-esteem and low confidence (Scherwath/Friedrich 2014: 40; Matthews 2014: 89). At the same time, the person needs understanding and people to talk to, as well as affection. Because of this ambivalence, they form intense, unstable, and unhealthy relationships (Herman 2003: 9; 82-83).

The loss of relationships can have different reasons. On the one hand, hearing about a traumatic situation and having to help someone deal with it can be very traumatic in itself (see appendix, page 12) (Flatten et al. 2004: 63). On the other hand, the victim can show a complete change of behaviour as part of her coping strategies, including being very unreliable, unpleasant, abusive or even violent at times (McVey 2010: 10). This causes some people to reduce or altogether lose contact with the victim.

Stigma or embarrassment attached to the situation is a further reason for the victim to lose her social network. As an example, a rape victim often faces negative viewpoints and blame, or a person who starts taking drugs will be frowned upon in most communities (Scherwath/Friedrich 2014: 40).

The effects of not being able to understand oneself and the experience of finding that people who were once close friends are becoming more emotionally distant, lead the victim to suffer from increased insecurity and thus low self-esteem (Herman 2003: 9; 82-83).

3.3.3. External Factors

How do these points affect the women's self-esteem? According to Maslow, in order for the women to be able to concentrate on their higher needs, including building a healthy sense of self-esteem, they first have to fulfill their basic needs, which include food, water, shelter and clothing (Sandwith 2011: 16). Only by fulfilling these needs can they think about problems such as security and the employment options open to them (Nixon et al. 2002: 1036). Generally, the woman needs fulfil them in order to build up self-esteem.

Poverty

Poverty, especially in connection with any of the other factors, is a reason many women will start working in prostitution (Sandwith 2011: 21; McVey 2010: 22).

In fact, Herriger (2002) notes that people who are socially disadvantaged have an increased chance of experiencing situations that can be linked with trauma and lead to loss of control over their surroundings and their lives (Herriger 2002: 62–63).

Needing to support a family, pay for household expenses or pay off debts might be a reason that causes enough pressure for women to enter prostitution (Home Office 2004: 30). Few alternative options can hold with the money made in prostitution, so when prostitution seems to be the most effective way to earn necessary money, it becomes a rational choice. Poverty plays a role because it limits the freedom to choose other options when money is really necessary (Furrer 2009: 286–287).

Poverty itself does not have direct consequences on self-esteem, though stigma and lack of education may create a space for low self-esteem. Also, poverty, for instance due to lack of finances, may heighten the stress of family life, which makes it more likely that abuse will be experienced, leading to low self-esteem (McVey 2010: 22).

Authority care

According to a study of 333 street workers in the UK, a third of the women had at some point in their childhood or youth been in authority care (Hester 2009: 119). Research also shows that among women involved in prostitution, those that experienced government care

during their childhood or youth become involved in prostitution on average three years earlier than those who had not. These children or youth, often taken from their families as a result of abuse or neglect, are very vulnerable (Home Office 2004: 27).

Sanders et al. (2009) summarise risk factors named by Campbell and O'Neill (2004) that might be reasons for the high amount of young people with care backgrounds who are working in prostitution. Due to different factors such as problematic family backgrounds, untrained care staff and being exposed to drugs at a young age, they are more vulnerable and develop a sense of low self-esteem. In addition, the stigma associated with government care or poverty can be reasons for a young person to develop a feeling of not being worthy. These children and young adults are targeted by exploiters or pimps, as they are vulnerable and usually do not have much of a social network to catch them. All these factors separately and in combination increase the risk of entering prostitution (Sanders et al. 2009: 66).

Homelessness

Many women get involved in sex work after becoming homeless (McVey 2010: 22). According to their summary of research and clinical findings, 75% of all prostitutes have been homeless at some point in their lives (Farley/Butler 2012: 3). Entering into prostitution from this situation usually happens in a pattern where the young woman runs away from home or governmental care due to domestic violence, chaotic family life, or drug addiction. By running away, the women need to constantly be on the lookout for a place to stay, causing them to become "*increasingly vulnerable to poverty, hunger and drug and alcohol addiction, which all place them at risk of sexual exploitation*" (Sanders et al. 2009: 65). At some point, they may start trading sex for a place to stay, but also for food or clothing. In a study with 500 homeless young people, 81% admitted to exchanging sex for the means of covering their basic needs (Farley 2003: 13–14).

Homelessness leads to coping difficulties, health problems, and low self-esteem (Sandwith 2011: 27). Sleeping outside is dangerous, as it makes a woman very vulnerable. She never knows if the things she owns will still be there when she wakes up, but even worse, she is very susceptible to rape or other physical abuse. Homelessness characterizes the careers of street workers, often making it impossible to focus on exiting, as survival would no longer be secured (Sandwith 2011: 45). This is in line with Maslow's notion that basic needs have to be covered before one can move on.

During an interview, a worker at a statutory accommodation agency stated*: "I think being stable when you don't have accommodation is virtually impossible […]"* (Sandwith 2011: 39–40). Indeed, being homeless makes things such as washing and having clean clothes difficult. This leads to decreasing self-esteem because of the embarrassment and stigma the women face, in turn leading to increased drug use "*in order to blot out any feelings and escape*". According to Sandwith (2011) "*being homeless made their drug use increase exponentially, in turn increasing the amount of time they work to fund this*" (Sandwith 2011: 30–31; Sanders et al. 2009: 63, 65).

Since homelessness takes all stability from a person, and is highly stigmatised, it yet again attacks the worthiness factor of self-esteem. Also, competence gets questioned, as the question will continuously come up why the woman isn't able (competent) to secure housing (Collins 2010: 6).

Drugs and alcohol

Sandwith (2011) writes:

> *Sex work and drug use are closely interlinked, and those women interviewed who were not already using illicit drugs when they started working soon began doing so. All women indicated that when they were using drugs and working, their lifestyles quickly became chaotic and all were poly-drug using at times. […] The women who started sex work to fund drug use made a conscious decision to engage in a money making activity that would potentially minimise criminalisation.* (Sandwith 2011: 23–24)

Financing a drug or alcohol habit is probably one of the major reasons for women to make the choice to go into street prostitution as well as making it very hard for them to leave – according to different studies between 55% (Hester/Westmarland 2004: 76) and 93% (Church et al. 2001: 322–524) of street prostitutes use drugs. The money needed to support their drug habit may be "*a more coercive factor than any individual*" in getting women started in prostitution (Sandwith 2011: 20; Hester/Westmarland 2004: 76).

In their decade-long study with more than 17,000 participants in the US, the ACE study investigated different forms of traumatic childhood experiences and their consequences in adulthood (Felitti/Anda 2010: 3). It found that there seems to be "*strong, proportionate relationships between the number of categories of adverse childhood experience (ACE Score) and the use of various psychoactive materials or behaviors*" (Lanius/Vermetten

2010: 7). Drugs and alcohol may be a "dramatic cry for help" with the function of chemically inducing dissociation as a coping mechanism to a traumatic experience, low self-worth or powerlessness to deal with a situation or memories (Briere/Runtz 1987: 374; Collins 2010: 6–7).

At the same time, a drug addiction may cause the need to focus constantly on obtaining the next dose, thus leading to a chaotic lifestyle and through this to homelessness, a cause for low self-esteem to develop as we have seen. Substance abuse is also associated with a lot of stigma. By extension, drugs can also be a cause for low self-esteem (Hester/Westmarland 2004: 131) due to the way they make their users powerless (addiction) which would be the competence factor, and stigmatised, the worthiness factor.

3.3.4. Support, Intervention and Resources for Exiting Prostitution

Having seen the problems that affect the self-esteem of women on the street, and the need for motivation in order to have the energy to leave, the question arises what might motivate them to leave. At this point it is important to mention that, while building self-esteem is extremely important, exiting has a lot to do with fulfilling basic needs in the woman's life in order to be able to work on self-esteem (Hester/Westmarland 2004: 135). In interviews with the staff of five different accommodation providers working with street prostitutes in Manchester, all of them agreed that "*sex workers are complex clients, who bring with them a myriad of issues"* (Sandwith 2011: 34).

Sandwith (2011) summarizes the complicated process of exiting:

> *There are external and internal factors which influence whether a woman is able to fully exit sex work. If a woman is not able to address internal issues that keep her trapped in the chaos of daily drug addiction and subsequent sex work, then an abundance of support available to her will not in itself help her make lifestyle changes until she addresses internal issues.* (Sandwith 2011: 46)

At the same time:

> *It is important to note that the external factors need to be addressed before internal issues can be explored and dealt with. One would not expect a woman to start*

> *addressing issues of childhood abuse before having somewhere to live*. (Sandwith 2011: 44)

Sanders et al. (2009) describe different ways to leave prostitution. The decision can be "*reactionary*", as a response to a critical circumstance in the sex workers' life. These significant life events may include such things as *"ill health, drug overdose, pregnancy or severe violence*" and tend to shock the woman into deciding to leave (Sanders et al. 2009: 42). In other cases, the woman starts losing clients due to age or drugs, or she is physically and psychologically exhausted due to experiencing too many negative situations. This may lead to a stepwise and planned exit, where sex work is gradually reduced while other areas of life are built up, for instance through job training and involvement in new social networks. In this option, the woman may find a place to live, go through drug treatment, receive job training, and move into an alternative career over a period of time. However, leaving prostitution is a process during which the woman often re-enters prostitution because she needs the money, misses the social community, or lacks a good and stable exit plan or motivation. This is called "*Yo-yoing*" (Sanders et al. 2009: 42).

As we can see, exiting is usually a very complicated and long process where the right balance has to be found and many "fall-backs" need to be taken into account. Organisations and people wishing to help women exit from sex work need to realize that it is a process that starts long before the woman actually is out of prostitution and that it means changing everything from her lifestyle to her social network to her actual identity (McVey 2010: 21). In face of this, any support given when trying to help the women exiting prostitution must be holistic and offer services to the women as a group as a whole, but at the same time deal with individual needs (Hester 2009: 131). This can be a daunting task, as there are many problems on the way to exiting.

Finding employment for a person with a criminal record can prove nearly impossible (Home Office 2004: 51). The woman will need help with economic resources, education, drug and mental health treatment, emergency aid, vocational training and employment. There may be the need to sue perpetrators in order to protect her or other people. The woman needs to create a new identity, build new long-term relationships, and develop hobbies. A major goal is helping her build up her self-esteem (Sanders et al. 2009: 42; 146-147; Collins 2010: 11–15; 23; Sandwith 2011: 43–44; Hester 2009: 129–131).

3.4. Intervention – Three Stages by McVey (2010)

3.4.1. The Role of Social Work

> *Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.* (IFSW 2014: n.p.)

The role of social work is to observe, collect biographic information and analyse what women tell – in other words understand who she is and what she may need – before taking action. This needs to be used as a basis to create a plan on how an intervention might look in the life of a woman (Scherwath/Friedrich 2014: 44; 61). Support means giving the woman the information she needs to help her make choices realistically, leading her through different options and being honest about how much she can be helped and where the options might be limited (McVey 2010: 13; Sanders et al. 2009: 12–13). Any interaction or intervention should be done with the factor in mind that the woman is a subject who has a choice and might not make the same choices as social workers would want them to make (McVey 2010: 13; Sanders et al. 2009: 12–13).

When working with women in or exiting prostitution, social work needs to respect some principles in order to preserve the dignity of their clients so that self-esteem is not further damaged by the relationship. The social worker needs to trust in the ability of each individual to be able to arrange their lives in a successful way (Herriger 2002: 72), as well as being "*radically*" accepting (Scherwath/Friedrich 2014: 13) of the development strategies women have to survive. Sometimes clients decide upon unconventional solutions (Herriger 2002: 73). The social worker needs to let her be the expert on her case (Herriger 2002: 75) and allow her the freedom to have a different opinion, even if it may not seem like the best option (McVey 2010: 13; Sanders et al. 2009: 12–13; Scherwath/Friedrich 2014: 13). It is important to respect the timing and the path chosen by the client to reach her solution (Herriger 2002: 74). A judgmental approach may lead to a wrong reaction to the actions and choices, which will lead to the client not feeling safe. The social worker needs to respect the free will of the client and encourage her in order to rebuild her dignity by respecting her point of view, accepting her, and appreciating her for who she is, and trying to understand what makes her who she is. This is especially important as it is often the lack

of respect of this basic human right that leads the women into prostitution – they feel they do not deserve respect as humans (Herriger 2002: 202; McVey 2010: 13; Sanders et al. 2009: 12–13; Scherwath/Friedrich 2014: 13).

The relationship needs to be collaborative (Herriger 2002: 197) and is based on the relationship between the client and the professional (McVey 2010: 13; Sanders et al. 2009: 12–13). In order for a dialog to take place, the person needs to be seen as a subject who is equal (McVey 2010: 13; Sanders et al. 2009: 12–13). If a social worker is in a one-to-one relationship with the street worker, in which trust has been established, it is easier to accompany her in making decisions and setting short-term goals (Ross et al. 2004: 209). Safe relationships with clients help them to trust and offer stability from which to build up their self-concept and self-esteem, helping them to be able to accept themselves and deal with feelings of helplessness and inferiority (Scherwath/Friedrich 2014: 70).

The social worker needs to orient the work plan on the future of the client (resources), not on the past (problems) (Herriger 2002: 76). Throughout the work relationship, the social worker needs to be transparent and structured, but without forcing this structure on the client (Friedrich 2010: 31). The work should be empowerment based and with the focus on creating a safe place for clients where their self-esteem and self-concept get built (Scherwath/Friedrich 2014: 11–14).

The social worker needs to constantly evaluate the process and its effects on him- or herself as well as on the client. It is important to analyse what the client is saying. Many have previous experience with social workers and may say things only because they know that is what they should be saying. It is very important to realize how vulnerable women working on the street are. For this reason, social workers can be a risk for them if they do not constantly reflect how they act, the decisions they make and their work relationship. Every action needs to be explainable and based on consolidated knowledge (Scherwath/Friedrich 2014: 14).

Even after the social worker has successfully completed his or her part and the client seems integrated back into society, it is good to keep the contact with the client, as many times a crisis can cause a fall-back (Hester/Westmarland 2004: 135).

The stages of exiting by McVey

McVey (2010) made a stage model with important steps to help women leave prostitution. This builds on the last two stages of the Modell of Needs and Support, stabilisation and post exiting (see page 5, Figure 2). These stages can be compared with the Pyramid of Needs created by Maslow (Figure 1, page 3). They also compare very well to the stages a victim of trauma needs to go through (See appendix, page 10).

3.4.2. Stage one – Basic Needs according to Maslow

Stage one of McVey's model covers the basic needs. This may not seem directly connected to self-esteem, but as we have seen, self-esteem and basic needs influence each other quite strongly. This stage continues throughout the whole process, as it covers the lowest three levels of needs according to Maslow – basic needs, safety as well as love and social acceptance.

Safety

In stage one, it is important to establish safety. To do this, the client and the social worker should assess the positive and negative sides of leaving and look at the impact of this decision. Most important is to give the woman stability in form of save work relationships with empathic helpers who are able to set limits. It is important that different agencies work together to be able to deal with all the different needs coming up, with interdisciplinary work being a goal to make sure everyone is working in the same direction (Sandwith 2011: 48; Collins 2010: 11).

Goals

It is important to keep in mind that the goal is part of a process that may not be completed or may be interrupted several times, starting the whole cycle from the beginning. This may be especially hard when the social worker has invested a lot of time into finding options only to find out that the woman wants something else ultimately (McVey 2010: 13).

Basing on this, the client and social worker decide upon short-term goals. This could mean entering drug treatment, finding housing, developing new skills, analysing health and finding support options and therapies, being able to keep appointments, training and working through financial issues like budgeting and debt and developing crisis management and problem solving skills.

Housing

Housing is a "key factor" in helping women to stabilise enough in order to complete drug treatment or exit prostitution (Sandwith 2011: 11). This ideally means a place to live where she can do drug treatment at the same time, be trained for a different job, and have access to counseling and help with health and social needs. This place should be easy to get in to and should be non-judgmental, taking in women a second, third and fourth time if they return to prostitution. Ideally, this place should be open 24 hours. Sandwith (2011) even suggests that "*in order to accommodate the most chaotic women there should be no curfew*" (Sandwith 2011: 48).

Besides being the "bridge" between the different agencies that are involved, the social worker may help with things such as finding housing and applying for government benefits (Scherwath/Friedrich 2014: 11–12).

Drug Therapy

Drugs are a major problem when exiting prostitution. A drug addiction needs to be treated and continues to be a battle throughout life. This means a woman first needs to decide to stop taking drugs or find an alternative way to pay for them before she can actually seriously consider exiting (Sandwith 2011: 24). Going through drug therapy is a painful process, because drugs are normally a coping strategy to deal with things people do not want to face. By quitting drugs, the client needs to confront feelings that were numbed. The woman need psychological help, social support and people she can trust (Collins 2010: 14).

Trust Relationship

Through the trauma that the women have experienced and continue to experience, as well as due to the many times their trust was misused or abused throughout their lives, many may not dare to trust anyone (Herman 2003: 84). In order to be able to exit, it is very helpful if they can build trust by experiencing safe and respectful relationships (McVey 2010: 11; Sanders et al. 2009: 143–146). Trust is an important step toward self-esteem, as it helps in interpersonal relationships and through this offers a foundation on which women can rebuild their lives (Matthews 2014: 89).

McVey (2010) suggests that people involved in work with prostitutes need to establish "*a deep level of trust that can take a long time to build*" (McVey 2010: 10). In a clearly defined, respectful relationship with clear boundaries, it is possible to build this trust. Self-esteem is enhanced by building and keeping steady contact with the women, respecting them and giving them the room they need (McVey 2010: 11; Sanders et al. 2009: 143–146).

Taking Care of Themselves

Due to the ability to dissociate, a "*learned mistrust of her own intuition*", and the lack of self-esteem, women often do not recognize danger, conflict, or basic needs. In order to be in control of something, they might inflict harm on themselves instead. This behaviour needs to be addressed and the woman needs to learn how to take care of herself physically and emotionally by organising good and healthy sleeping, eating and exercise plans (Ross et al. 2004: 208; McVey 2010: 20–21).

It is important to remember that changing a whole life with all its facets is only possible when good and reliable alternatives as well as new behaviour patterns have been found (Scherwath/Friedrich 2014: 66). Resource oriented in this case means looking at what positive thing the client is trying to reach. As an example, a client who cuts herself needs to ask herself where in her life she was hurt very badly and how hurting herself can help compensate for what happened then. In this way it is possible to find roots for actions and work on dealing with those instead of treating the symptoms alone (Scherwath/Friedrich 2014: 67).

The client should learn different ways to prevent falling back into negative behaviour, build confidence and self-esteem, learn healthy coping techniques, and develop longer-term goals.

Support Network

It is important for the social worker to find out what support networks the women have. The social network is major in helping women exit. Humans need to belong, and if they have a network that encourages them to take drugs, they are more likely to get back into drugs then if their network encourages them to find a job and helps them to do so (Sandwith 2011: 40).

For this reason helping them to build up new support networks – social networks that they can depend upon – is important for them to be able to build self-esteem and to exit (Ross et al. 2004: 208; McVey 2010: 20–21). Also for the sake of safety, it is important to know in what network the woman is. There are women who have pimps or boyfriends who will retaliate if they try to leave. In this case, it is very important to first bring the woman to a place where she is safe (Nixon et al. 2002: 1025).

Agencies and Services

A typical area for social work to be involved with street level prostitutes is in form of a case worker who has the overview over what is being done and is able to make sure the client gets helped by different professionals in their respective field of work (Scherwath/Friedrich 2014: 12).

It is important for the social worker to be aware of what agencies and services exist and what (specialised) help they offer. This makes it possible to help the street worker connect with the different services at the right time, as each agency is specialised and can offer the best in their area (Sandwith 2011: 39–40; Hester 2009: 127–129) The different agencies need to work together to be able to deal with all the different needs coming up, with interdisciplinary work being a goal to make sure everyone is working in the same direction (Sandwith 2011: 48; Collins 2010: 11).

3.4.3. Stage two – Esteem Need according to Maslow

In the second stage, the client needs to deal with trauma in order to enable her to heal from it emotionally. This stage corresponds with the stage of the need for self-esteem in Maslow's theory. Every person has the intrinsic need to be a unique individual who can respect herself as well as enjoy general esteem from others.

Dealing with Trauma

The social worker needs to realize that the woman needs the opportunity to deal with violence and trauma in her past (McVey 2010: 13). It is important to look at why a woman got involved in sex work in order to be able to help her actually get out. If she was regularly abused as a child, she is likely to be stuck in a cycle of victimisation, anxiety, depression and other PTSD symptoms (See appendix, page 7) (McVey 2010: 20–21; Sandwith 2011: 39–40; Farley 2003; Ross et al. 2004: 208). The woman needs to be able to talk about the abuse she suffered, but this needs to happen in a safe setting with trained personnel. The social worker should make sure that the woman is able to find a good psychologist who has training in trauma and the needs of women coming off the streets (Lanius/Vermetten 2010: 11ff).

Healing from the psychological effects of abuse, trauma and prostitution means finding and „*re-attaching*" feelings to the self while building up a new identity (Ross et al. 2004: 208). When considering what it means to build up a new identity, the overwhelming difficulty of the task becomes obvious. Building identity is based on redefining autonomy, initiative, and intimacy – the battles usually faced by youth (Herman 2003: 79)

Building Identity

Most important, however, social workers should help clients build up self-esteem and self-efficacy by helping them set and reach goals in reintegration plans, setting clear boundaries and being consequent (Scherwath/Friedrich 2014: 11–12).

To be able to build a stable sense of self-esteem, the woman must integrate her past into her biography and mourn the losses she has experienced. To do this, she will need

counselling from specialized professionals who help her "reframe" her experience – seeing it the way it is, but in a way so it won't negatively affect her future (McVey 2010: 20–21; Sandwith 2011: 39–40; Farley 2003; Ross et al. 2004: 208).
In order to get out of the cycle between low self-esteem and trauma, as well as change the identity the woman has created around the experience, she needs to destroy her role of being a victim and build a new and healthy identity instead. The victim needs a lot of strength, will, and resilience to succeed, as well as (positive) social support to stabilise (Briere/Runtz 1987: 374; Herman 2003: 79-84). She should get the room to build self-efficacy successfully. Self-efficacy is the experience of being competent to do something as well as feeling that it is possible to influence the surroundings and deal with challenges (Scherwath/Friedrich 2014: 197–198).

For this, the social worker or therapist needs to give the client responsibility that is achievable, so that she experiences control and success. By achieving small things, she can rebuild her self-esteem (Scherwath/Friedrich 2014: 197–198).

Boundaries

We have defined self-esteem as an interplay of worthiness and competence. To build a good sense of self-esteem, we need to focus on these components.

In order to help further build up their self-esteem, the women need to feel respected and have consistent boundaries (worthiness). They need to be able to succeed in small goals (competence), showing them that they can set goals and reach them. It is important for the social worker to stay stable and not try to force his or her attitudes on the woman (McVey 2010: 11).

Once the client has completed the second stage, she can move on to stage three – self-actualisation and finding her purpose in life according to Maslow.

3.4.4. Stage three – Higher Needs according to Maslow

Self-Actualisation

In this stage, the women start to rediscover their dreams and ambitions, developing healthy relationships, learning to trust and starting to give back to the community in different ways. They start being autonomous. If possible, this is the stage where they are able to renew contact to family, getting back children whom they lost to government care and rebuilding relationships to parents and siblings. They are also able to focus on work, training or further education (McVey 2010: 20–21).

Criminal Record

In a study in Canada with forty-seven women who had entered prostitution before eighteen, seventeen admitted having been violent toward others, and five of them had a criminal record for serious assaults or weapons offences. This resulted from drug abuse or the need to survive on the street (Nixon et al. 2002: 1030–1031). A criminal record is also associated with stigma and makes it much harder to find a job (Home Office 2004: 51). Due to this, self-esteem is affected by not being "worthy" of respect and a chance to work.

Care Plan

For the social worker this stage means assessing the woman's further needs and defining a care plan together with the client. These goals are more future oriented and could signify helping her integrate in social activities to gain self-esteem or helping her access training, education or work (Hester/Westmarland 2004: 135).

Ideal Results

The external end result would ideally be that the woman has been able to find employment or education/training, that she is financially independent, drug- and alcohol free, as well as having custody of her children (Hester/Westmarland 2004: 131). Internal results should be a healthy image of her own worth, successful integration of traumatic experiences into her life and good and realistic resources to confront further difficult or traumatic situations.

Work on self-esteem is not over at this point. A person needs to experience the components of worthiness and competence continuously in order to keep a steady level of self-esteem (McVey 2010: 21).

3.4.5. Resources

In all of this, the client's resources should be the focus, helping him or her discover what resources they have and how they can best use them (Scherwath/Friedrich 2014: 70). By learning to use their resources, the person can build a healthy, positive self-concept, experience self-efficacy, and can build strategies to face problems (Scherwath/Friedrich 2014: 95).

Every person has their strengths, but especially if they have low self-esteem, they usually are not aware of them. These resources are generally categorised into internal resources and external resources. Internal resources include skills, capabilities, knowledge, interests, thoughts, and experiences. External resources consist of things such as successful management of everyday life, being able to motivate oneself and set goals, having a healthy self-concept, social networks and relationships and status the person has and can depend on (Scherwath/Friedrich 2014: 95–98) and material things like economic stability and having an apartment (Redlich 2010: 7).

There has been some research stating that faith-based programs have a higher success rate at helping people exit prostitution (Collins 2010: 11). When looking at the need a person has for stable relationship and unconditioned love, this makes sense. If the woman can believe that there is a God who has a plan and is in control, she can focus on the small things she actually can control, like taking care of herself, finding a job, making sure she gets up every morning etc. Being able to understand that not everything is in her control offers her stability in situations where she feels helpless.

In order to succeed in the exiting process, a woman needs to be committed to succeeding. The whole process of wanting to change into a different career is her decision and her battle. The social environment can influence the success rate though, and social work can make the conditions as positive and helpful as possible (Sanders et al. 2009: 41).

3.4.6. Training of Social Workers and other Professionals

Training helps staff in different agencies to better deal with and understand women working on the streets. Support means learning to have a consistent approach, setting firm boundaries and being compassionate and non-judgemental. The woman needs to feel safe coming to the social worker for all her different needs. Staff needs to know how to deal with substance abuse, domestic violence, the impact of trauma, and needs to be able to do peer counseling and how to offer them a holistic and safe environment to get off the streets (Sandwith 2011: 46–48; Collins 2010: 15).

Due to the high amount of victimisation women working in the sex industry endure, they often suffer chronic lifetime consequences of trauma (Schelling 1984: 8). This means that people working with them need to be specially trained and should constantly reflect their own reaction to the situation caused by trauma (see appendix, page 12). Supervision is very important due to secondary traumatisation, but also to make sure that the responses to the situation do not affect the clients' healing process (Ross et al. 2004: 209ff).

There seems to be a strong impact on a woman's self-esteem in connection with her involvement in prostitution, and social work has a lot of responsibility in recognising this need of self-esteem and investing in a healthy healing process. In order to help her exit, there needs to be an interplay of help between stabilising her (basic needs) while at the same time helping her build self-esteem.

3.5. Theories and Interventions

The following two concepts have been chosen because they are an important base to social work and are basic theories on building self-esteem.

The third concept is a short summary of a practical work concept, in which women working prostitution can be reintegrated into life with an organisation based on work integration and empowerment. It has been added to give a practical example of what could be done to rebuild self-esteem and help women exit prostitution.

3.5.1. Empowerment Theory

Empowerment is a concept in social work where a resource-oriented work approach is taken to help clients obtain the resources needed to gain control and take responsibility for the management of their own lives and give them the space to experience self-efficacy and build social connections (Herriger 2002: 17).

The focus is on the environment as a cause of problems, and the individual is equipped with resources to deal with the environment. The idea is that by helping the client experience control, she learns to trust that she is in control, thus strengthening her self-efficacy as well as restoring her autonomy and control over her life. This concept is popular among professions working with people when addressing guilt, low self-esteem, and distrust. Social work can use it throughout work with the women coming out of street based prostitution (Briere/Runtz 1987: 376; Herriger 2002: 11–14).

Having the focus on the potential and resources of a client helps her to experience more self-efficacy. The goal is to increase self-efficacy by focusing on what a person can do rather than on what she cannot do. Self-efficacy strongly influences how a person reacts to situations and problems and how much effort the person is willing to invest. The person's self-esteem is affected based on how successfully she analyzes her own strengths and ability to reach her goals. This means that experiencing being competent to do something and having the feeling of being able to influence her surroundings and her own life raises self-esteem and subjective well-being for the client. This in turn affects the quality of decisions made by the person and through this, reduces the chances of getting re-traumatised (Flatten et al. 2004: 82).

The higher the level of self-esteem, the better one is able to make decisions and lead an autonomous life (Scherwath/Friedrich 2014: 197–198). In short, the goal is that by learning to set reachable goals and by experiencing success and control, the client can learn to trust in his or her own abilities.

This happens at three levels: the worker-client level where the main goal is to increase the client's resources, then the organizational level where all the agency's resources are employed to serve the needs of client, and then the policy level, where the goal is that the client is empowered to participate in policy decisions (Hasenfeld 1987: 479).

3.5.2. Cognitive Behavioural Therapy

Cognitive behavioural therapy has the goal of reducing dysfunctional behavior by changing thought and reaction processes. It is connected to classic conditioning, though it is more than just an impulse-reaction connection (Baade 1982: 128–129). When a neutral stimulus is connected to a threat during a traumatic event, that stimulus will continue to cause the emotional reaction the person experienced during the original situation, even if there is no threat. As an example, a woman who is raped on a parking lot might become afraid every time she sees a parking lot. The parking lot has nothing to do with the being raped, but it is a neutral stimulus that she connects with the actual threat (being raped) (Scherwath/Friedrich 2014: 172–174).

The goal of cognitive behavioural therapy is to recognise what stimuli induce a reaction and to help the victim learn to take control by talking about the different stimuli and practicing technics to connect the stimuli with a positive memory. In this way, it is also possible to speak about emotions like shame, blame and fear that are connected with the situation and help them work through wrong self-concepts. The result is having alternate strategies of reacting when encountering a stimulus. The therapy typically goes through different stages: stabilising the client and finding out what happened, and explaining to the client what actually happens within her body and brain that causes the reaction she experiences (See appendix, page **Fehler! Textmarke nicht definiert.**). Explaining this to clients helps them understand they are not stupid or crazy and that their reaction is natural (Scherwath/Friedrich 2014: 121–122). In the next step, she learns to name the stimuli and to deal with them, as well as learning different relaxation methods in order to counter the stress reaction. In order to put the trauma into words, she may write out the

whole trauma and, by going through this a few times, identify wrong self-concepts that she has built up. Following this step, new methods of dealing and coping are practiced and as a result, an emergency plan is developed in case the new strategies don't work (Scherwath/Friedrich 2014: 172–174).

Critique of the Theories

Both empowerment and cognitive behavioural therapies, as any other interventions used by social work, bring with them the danger of giving the client ready-made packages due to having many clients and little time. Especially for empowerment to be successful, it is necessary to be subject oriented and not use "readymade" strategies, but to base the intervention off a one-to-one relationship where the client and the social worker are equal. By wanting to do everything for someone in order to help them, the social worker is already taking control and causing an imbalance of power (Herriger 2002: 196). The danger is that the client can become passive due to having everything already thought through and offered to her. Having routine options is risky, as it always takes away individuality (Herriger 2002: 193–194). Sometimes, if a client is already passive, she may also see empowerment as an unreasonable demand and may go so far as to get angry when expected to do things herself and take responsibility (Herriger 2002: 198).

It is hard to measure results and success in empowerment. Often things change only slightly, very unlike the professional has planned or thinks is possible (Herriger 2002: 194–195). This, and the fact that exiting is a very long and non-linear process, may make it hard for the social worker to stand the waiting (Herriger 2002: 204). To the social worker it may even seem that the results are not good (Herriger 2002: 195). This can take a lot of energy and cause negative emotions, especially if the social worker invested time into a solution that was not accepted. The situation the person is in may not seem dangerous to the client, it may even seem beneficial, but is very negative from the social worker's point of view. This are situations in which the client endangers herself or people in her surroundings. Here the question is always, how far the social worker should allow the client a free will and where does he or she needs to stop something (Herriger 2002: 201).

Empowerment is a great method, and should be part of any treatment, but there needs to be training for the client on how to deal with a second traumatic situation.

Cognitive behavioural therapy also needs a stable base in form of a safe work relationship in order to work. It is helpful for building self-efficacy, and, by doing this, building self-esteem – a feeling of worthiness and competence. This method, however, involves some risk, as it means re-experiencing the entire traumatic situation. This might cause the opposite of the desired effect, causing the woman to relapse back into the original state because she cannot cope with the situation.

3.5.3. A practical Concept: GlowbalAct AIR Center

The GlowbalAct AIR Center is a project that is focused mostly on stage four in the Model of Needs and Support (see page 7) (Hester/Westmarland 2004: 131). The following information is based on the social concept, which is enclosed in the appendix. It is a practical work rehabilitation concept based in Israel for women who are looking to exit prostitution and already are on their way to being stabilised or have exited and are using it as a step towards getting back into society.

The goal of the AIR Center is to help women exit prostitution and reengage in employment, develop healthy work relationships, learn work skills, and establish themselves independently within community life – being reintegrated into society in a practical way. By actually being able to accomplish this, they will be able to rebuild their self-concept and create new behavioural patterns.

The AIR Center is a social impact business, which offers women from the street a job where women earn an hourly wage at a level that enables financial independence. GlowbalAct aims to sell hand-made furniture created from Euro shipping pallets in an integration project with women who are currently still working prostitution or just coming out. There will be social workers involved in the project, working together with the women and offering social casework, support, and counselling. With the background information contained in the thesis, it is to be supposed that the women participating in an exiting program are probably experiencing challenges in all the other stages of the Model of Needs and Support (see page 5) simultaneously, as well as being affected by low self-esteem.

While the main emphasis of the AIR-Center is on helping women reintegrate into society jobwise, the focus is to help them be reintegrated holistically. In order for this to work, the topic of rebuilding self-esteem is important, with interventions based especially on the

empowerment method, but where necessary also on cognitive behavioural therapy. The program will maintain a focus on the participant's positive attributes and capacities, rather than focusing on her weaknesses. This will involve assessment and support of the strengths, coping skills, interests, dreams and goals of clients. At the same time, the relationship part is very important. As the pay is average, it can be tempting to return to the street when there is a problem with money. The social workers in the program need to counterbalance this, and the question is if it would be possible to do this by creating such a safe, inviting, and respectful work environment that the women choose to keep coming there instead.

The social workers assign women work according to their skill level, with the goal of the client being able to successfully complete small tasks in a safe work environment. The difficulty of these tasks can increase as they learn to take responsibility, helping them gradually increase their self-efficacy. The question does arise what will happen to a woman's self-esteem if she wants to do one job but simply is not capable of it (yet). This situation will need a skillful intervention by the social workers, as well as the clear message that she is still worthy of being there, despite feelings of not being capable.

4. Discussion

4.1. Summary of all the Results

Summarising what we have learnt so far, humiliation, stigma, violence, abuse and unstable family situations that violate the victims dignity, independence, and individuality often lead to a feeling of helplessness and a lack or even complete loss of trust in the basic foundations of life, often accompanied by shame (Herriger 2002: 54–58; Hermann 2003: 84). The victim starts questioning her identity and, if she does not have relational and/or personal stability to rebuild, ends up losing self-esteem (Herman 2003: 79; Briere/Runtz 1987: 374).

As self-esteem is built on the concept of being able to control things (competence) and being respected in interpersonal relationships (worthiness) (Mruk 2006: 13-15), the helplessness and disrespect experienced during a traumatic situation quickly lead to low self-esteem. When a person experiences a sense of worth and competence, she develops self-esteem.

Because of this, a person who is looking to build up her worth is emotionally vulnerable, ready to believe anything that might strengthen or build her identity. This makes her very vulnerable when it comes to the quality of relationships she enters (Scherwath/Friedrich 2014: 40). Due to the need for understanding and affection, while at the same time not being able to trust, and experiencing ambivalent and insecure social interactions, a woman becomes emotionally vulnerable. This may lead to abusive relationships with older men who know what to tell them, often the first step into prostitution (Herman 2003: 9; 82-83). The may also get in through other girls, for example through peer pressure (Hester 2009: 120–122).

To deal with the trauma, the girls or women might also turn to coping strategies like cutting, giving them the feeling of control, or drugs to try to obliterate any feelings. This may also be a pathway into prostitution, due to the need to finance drugs (Matthews 2014: 88). As soon as they start selling themselves as prostitutes, they are at a higher chance of further violence, shame, guilt, anxiety as well as self-hatred and a lack of self-esteem - being re-victimised (Herriger 2002: 52).

Thus, experiencing trauma provides the environment and the factors that make a woman more easily susceptible to entering prostitution and to staying in prostitution.

A person who does not consider herself worthy of being taken care of will fall into a lethargic state, in which she stays, blocking any feelings and thoughts that might come up in her daily life. Low self-esteem needs to *"be addressed if those involved are to feel that their lives are worth changing and that their problems will be taken seriously by those who are in a position to offer appropriate support*" (Home Office 2004: 42). If a woman is in this state, she does not care about trying to change her life anymore, nor will she have the energy to look past the present moment. Because of this, she will be more likely to continue working in prostitution (Nixon et al. 2002: 1029; Collins 2010: 8, 12, 15), facing continued chances of increased violence. Another reason they may continue working prostitution in straight connection to already existing low self-esteem, may be the feeling that they are in control when working (competence factor of self-esteem), or, by being desired, that they feel more worthy (Collins 2010).

To get out of this cycle, the women need to be able to make healthy decisions on a basis of self-worth and self-esteem. This means that before a woman desires to exit prostitution, she needs the motivation to do so. It is very important that she discovers what she is worth and that she gets help to deal with shame, guilt, and self-hatred. When she understands more of her worth, the will to take care of herself increases. She needs to learn to build trust and relationship, through which identity and self-worth can be increased by offering a stable and accepting relationship, before using this new stability to face the next challenge in getting out of prostitution – sort of a divergent cycle (Home Office 2004: 35; Hester/Westmarland 2004: 135)

The role of social work is to build the stable foundation on which to be able to treat trauma effectively, and to help the woman reintegrate into society. This happens through strengthening people in their self-competence and self-efficacy, creating safe and stable places through resource-oriented work, as a basis from which victims of trauma can work on their past with professional psychotherapeutic therapists. The goal is also to "*build bridges"* between the different involved professions so everyone can be involved in their field (Scherwath/Friedrich 2014: 11–12).

McVey (2010) writes:

> *Boundaries of your relationship with her need to be clear and consistent. The worker must convey respect even when you disagree with decisions the woman makes. For there to be any possibility of change there has to be some idea for women that they are worth more than a life in prostitution provides. You must express your belief in her*

> *capacity to gain control of her life and communicate that the violence she has been or is experiencing is unacceptable. As a worker, this needs to be repeatedly conveyed to her.* (McVey 2010: 10)

Important is resource-oriented work, based on the concept of empowerment, the main goal of which is to construct a new identity that finds the strength to create a better life for herself and for others. Empowerment trains autonomy, emancipation, and helps people to create a successful existence and to find an authentic and constant identity from which to deal with problems they encounter in life (Herriger 2002: 11–14). A cognitive behavioural therapy can help build a new and healthy identity, helping the women recover from specific negative conditioning like intrusions or constriction (Scherwath/Friedrich 2014: 172–174). A practical work environment can provide a safe and effective means to find a path to a stable job and life outside of street prostitution – reintegration into society.

4.1.1. The author's viewpoint

During my practicum, I was working for a shelter that offered women a warm meal, bed, shower, and fresh clothes as well as counseling and, if requested, planning an exit from prostitution. Writing this thesis was partly to have the theoretical background in order to be able to write a concept for a similar shelter. It seems that the mix of outreach offering essential services such as food and clothing, social services such as counselling and building relationship to help the women build stability was perfect to help them start to feel worthy. This led them to want to take care of themselves, which in turn led to the desire to exit. This was just the first step, but with the results of the thesis in mind, it played an important role in their decision to exit.

To help the women exit, it seems that empowerment is a great concept, at least to a certain degree. However, the interpersonal aspect must not be forgotten. True self-worth and self-esteem should not be based on how well a person is doing (competence), it should be clear to the person that she is valuable even in her brokenness. The person needs to know she is worthy of love without needing to be strong, without needing to earn it, and without needing to control everything in her life. This is very important, as there are many things that are outside of a human's ability to control.

4.2. Conclusion

Taking into consideration the applicable theory and the insights gleaned from the literature, what can be understood about the impact of a woman's self-esteem on her involvement in prostitution and what support can social work offer her?

Available research indicates that self-esteem has an impact on the choice of many women to enter prostitution. Self-esteem has a substantial impact on a woman's motivation to take care of herself. This sets in motion a downward spiral of negative events and dwindling self-esteem. It affects the way a woman views herself. Low self-esteem inhibits the natural defence mechanisms that would otherwise produce in her the desire to exit and seek a better life. Given the circumstances of low self-esteem and past trauma among women who engage in prostitution, support offered by social work needs to be motivational, geared toward building trusting relationships and offering long-term help. The work can begin even before a woman or girl enters prostitution. Social workers can be pro-active as they try to identify women and girls who may be vulnerable. They can employ empowerment methods and cultivate stable relationships to help at-risk women and girls build up their self-esteem.

Women who already work in prostitution, should be offered assistance in meeting their basic needs, as well as emotional support. The social worker also plays a crucial role in encouraging women to seek rehabilitation, to get treatment for the psychological scars of past trauma, to eventually find a job, and to be reintegrated into society. It is therefore, critical for the social worker to be aware of the relationship between self-esteem and prostitution, and to help the woman to build a healthy self-esteem in order to be able to face life's challenges.

The findings may also suggest directions for further research. What shape should empowerment take in order to be most effective? What strategies can be employed by social workers to raise self-esteem in women and girls who are at risk of engaging in prostitution? These questions and others would make good starting points for further exploration.

Indeed, social workers take on many different roles, with the constant goal of working toward a brighter future together with the client. The basic job stays the same: offering safe relationships that support and provide resources for change as the client desires, where it is okay for the client to fail without being judged, and where the client is encouraged and supported appropriately, whatever their current situation or state of mind.

5. Appendix

I. Defining Prostitution

In the news there is always a lot of coverage of prostitution. After an Australian article commented negatively about prostitution in connection to the movie "Pretty Women", there has been a lot of protest by sex workers, saying that real prostitution is not abusive and trafficking as it is often depicted, but a well thought through choice for most prostitutes. Hundreds of sex workers posted a picture of themselves on Twitter to give prostitution a face other than the one most people connect with prostitution. Their statement was that there are prostitutes who choose their work, enjoy it, and do not wish to change occupations (Bloom 2015, the Mirror; n.p.).

The simplest definition of prostitution is according to the Cambridge online dictionary "*the business of having sex for money*" (Cambridge University Press 2015). Sanders et al. (2009) defines prostitution as "*sexual services that are exchanged for money, gifts or other remuneration*" (Sanders et al. 2009: 18). When there is a mention of the term "*prostitute*", it is in this thesis defined as a female offering sexual service in exchange for money or some other benefit.

The reasons for working in prostitution vary greatly: while some men and women choose to enter prostitution for the easy money or for financial and lifestyle reasons, others need to support a family or themselves and can't find another job due to lack of education, lack of time or lack of work. Others do it to support a drug habit or were coerced into prostitution (Hester/Westmarland 2004: 126). Usually a girl or woman gets involved with prostitution in four stages. First she becomes aware of prostitution happening around her before, in the second stage, getting introduced to it. In the next step, she gets desensitised and then as she starts working herself, she may be mentored by women who are already working (McVey 2010: 23).

Though classically people picture street prostitution, when the topic comes up, there are many different types of sex work, which happen indoors, thus being less noticeable. These include work in brothels or massage parlors, escort services, or in private homes. There are also other kinds of sexual services that are counted to prostitution, though no actual contact happens. These include erotic phone lines or strippers (Sanders et al. 2009: 18–21). Street prostitution is, however, the most known, talked about and visible form of prostitution. In street prostitution, the sex worker picks up clients from a public place.

According to Church et al (2001), street prostitutes are on average about three years younger than prostitutes working indoors, also starting about 3 years earlier (Church et al. 2001: 322).

Scott and Dedel (2006) wrote following description:

> *Street prostitutes have lower status than indoor prostitutes. They are often in some state of personal decline (e.g., running away from abusive situations, becoming drug-dependent, deteriorating psychologically, and/or getting less physically attractive). Most have social, economic, and health problems. Most first turn to prostitution at a young age, often before they are 18.* (Scott/Dedel 2006: 5)

There is no clear picture of who a street prostitute is – this can vary depending on race, gender, age, appearance, income, substance abuse, legality of their work and the general acceptance of prostitution in the area she works. All of this affects their working conditions, their self-esteem and how they react psychologically (Weitzer 2005: 215).

Scott and Dedel (2006) write that an average street prostitute works between five and six days and between six to eight hours a day (Scott/Dedel 2006: 5). In order to support their drug habit, women doing drugs generally work longer hours and more frequently than women who do not take drugs. Drug use can increase, as often the money gets used right away - the more they earn the more drugs they can afford (McKeganey/Barnard 1996: 38–40; 47). Among street prostitutes, using illegal drugs like methamphetamine, cocaine, or heroin is quite common. In most cities, you find the local drug markets in the same area as local street based prostitution, as they are "*closely linked, supporting and reinforcing one another".* Dependence on drugs can be a reason for women to start working in prostitution, or it can be a result of working as a prostitute (Scott/Dedel 2006: 12).

Street prostitutes, especially with drug addictions, may often be arrested for petty crime or, in countries where prostitution is illegal, for engaging in prostitution. In order to pay fines, they need to service more clients, leading to a cycle in which they get trapped (Scott/Dedel 2006: 5).

Forms of Violence Women face and the Consequences

The violence street workers face can come from their clients, but they are also vulnerable towards various forms of violence from pimps, drug dealers, robbers, other sex workers,

passerby's, local residents and even the police (Sanders et al. 2009: 43–45). Out of 854 people interviewed by Farley (2003) in nine different countries, 71% said they had experienced physical assaults while working prostitution, and 62% had been raped (Farley 2003: 6). Street prostitutes with a drug habit are vulnerable to more violence then that faced by prostitutes working indoors and of their own free will. According to Church et al (2001), violence was six times more likely experienced by street workers then by other prostitutes. This may be due to the addiction becoming more important than personal safety, making women less picky when choosing their clients, but it also has to do with the more unsafe working conditions on the street (Sandwith 2011: 36–37; Scott/Dedel 2006: 12; Church et al. 2001: 322).

Effects of Street Prostitution on Mental and Physical Health

Nixon et al (2002) conducted interviews with 47 women over the age of 18 in three provinces in Canada. They write:

> *Throughout these interviews, the women repeatedly referred to health conditions such as HIV/AIDS, Hepatitis C, addiction, and violent injuries. However, the respondents also described vague ill health and generalized fatigue. Some exit attempts were made because women were burnt out or too tired. Several women described "hitting rock bottom" and therefore making the decision to leave.* (Nixon et al. 2002: 1033–1034)

Women may suffer from different physical and psychological disorders due to the stigma they often face – stigma that causes them to feel like they are worth less due to their profession and way of life (Sanders et al. 2009: 47).

One woman interviewed by Nixon et al (2002) stated:

> *Just before my 18th birthday, I tried to kill myself because I did not want to be responsible for who I was as an adult, you know. I never looked into the future. I still have problems thinking about where I'm gonna be in 6 months. There was no future. It was day by day by day.* (Nixon et al. 2002: 1032–1033)

The consequences of violence are serious and can become chronic. They can be physical, mental, or a mix of both. Due to the high amount of violence with which women working the streets are faced, they often suffer from direct consequences like injury, unwanted pregnancy or HIV/AIDS. They are also faced with consequences that might last a lifetime

– mental health problems like chronic depression or low self-esteem or physical consequences like permanent disabilities or severe obesity. Often these consequences or the act of violence itself result in the victim adopting "survival" strategies that are harmful for health, like alcohol- and drug consume or other self-destructive behaviour. In the worst case violence might even lead to death through sickness, murder or suicide (Sanders et al. 2009: 48; Brzank 2012: 44–45).

Survival strategies are strategies that help a person to cope with the problems he or she is facing. Lanius et al (2010) explains:

> *The most common contemporary health risks are smoking, alcoholism, illicit drug use, obesity, and high-level promiscuity. Though widely understood to be harmful to health, each is notably difficult to give up. Conventional logic is not particularly useful in understanding this apparent paradox. As though opposing forces are not known to exist commonly in biological systems, little consideration is given to the possibility that many long-term health risks might also be personally beneficial in the short term.* (Lanius/Vermetten 2010: 7)

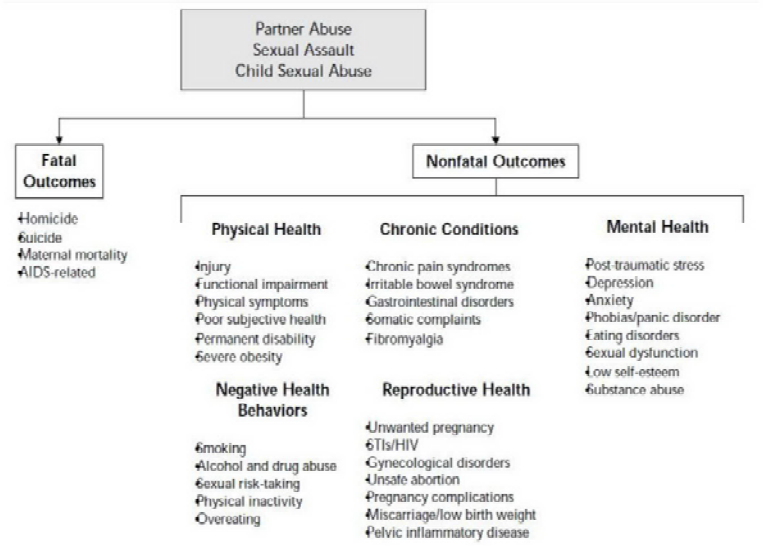

Figure 3: Health consequences of violence against women and girls (Heise et al. 1999: 18)

In a study conducted in U.S. jails, 115 women were interviewed to find out why females become criminals based on their mental health status and their trauma exposure. To be noted is that soliciting customers in the US is illegal in most states (ProCon.org 2015), so many women working prostitution spend time in jail as well. An interesting fact the

interviewers found was that mental problems "*often stemmed from experiences of victimization or loss and were intertwined with women's self-medicating with alcohol and drugs*" (DeHart et al. 2014: 145). It seems that the need for self-medicating is quite routine among women working in the sex industry. Often the need to psychologically distance themselves from what is happening, along with self-medication, lead to a downward spiral which is hard to escape. Women feel used, lack self-esteem, and suffer from depression, anxiety and various other forms of mental illness. All these symptoms are indicative of post-traumatic stress disorder (PTSD), an effect of trauma (Matthews 2014: 88), which will be more closely described in the next chapter.

II. The Concept of Trauma

a. Defining Trauma

What is trauma? Köck (1994) defines trauma as a „*strong mental shock with lasting effects such as anxiety, fear or disappointment"* (Köck 1994: 728). According to the ICD-10 diagnostic system published on the homepage of the World Health Organisation (WHO), trauma is the result of:

> *[…] an exceptionally stressful life event producing an acute stress reaction, or a significant life change leading to continued unpleasant circumstances that result in […] a transient disorder that develops in an individual without any other apparent mental disorder […] and that usually subsides within hours or days. Individual vulnerability and coping capacity play a role in the occurrence and severity of acute stress reactions.* (World Health Organisation (WHO) 2015)

A traumatic experience is *"the moment that a victim is made helpless by an overpowering force*" (Herman 2003: 53). Based on this, trauma is *"when the traumatic experience in the past starts to shape how you see your future, causing you to be fearful and insecure when expecting future situations"* (Reddemann/Dehner-Rau 2008: 49).

In psychology, trauma is defined as:

> *[...] a violation of the psyche through a situation or event that causes fear and helplessness, where the person perceives subjectively no way of coping. […] they bring individuals to the limits of their endurance, their flexibility, their ability to act, their capacity and often on the borderline between life and death. A traumatic event is experienced as vital discrepancy between threatening situational factors and the*

> *individual coping strategies, which is accompanied by feelings of helplessness and unprotected exposure. (*Stangl 2015: n.p., translated by the author from German)

Humans can be confronted with different kinds of traumatic experiences. Trauma can be caused for a whole group of people as well as for individuals, through natural catastrophes or other humans (Herman 2003: 9). Trauma can be separated into two categories. Type 1 trauma is the result of a *one-time abuse* or catastrophe, usually affecting a number of people. Experiences like the tsunami's and earthquakes around the world are examples of trauma type 1 – many people suffer together. Also a situation like being robbed may also be categorized in type 1. Type 2 is usually repeated abuse by humans that takes place over a longer period of time. This type of trauma gets triggered by situations like sexual or psychological abuse or neglect or being a soldier in a war (Schulze et al. 2012: 7; Hausmann 2006: 84–87) Type 2 trauma is perceived as worse because it is often a personal experience in which the victim feels abandoned or betrayed by its social network as well as due to the stigma and forced silence frequently related with this kind of abuse. Often the social network, meant to offer the victim a sense of belonging and significance, doesn't know how to react to the trauma situation and the victim, causing misunderstandings and further break of trust or even silence, as the victim may not feel safe to talk about the event. As Herman (2003) writes;

> *The conflict between the desire to deny horrible events and the desire to speak about the event is the central dialectic of psychological trauma. […] In this way, trauma can destroy the connection between the individual and the community and cause an identity crisis.* (Herman 2003: 9; 82-83, translated by author)

b. Trauma and Risk Factors

The reaction to trauma and the resulting consequences can be varied. The kind of trauma itself has a major effect on how it affects the victim. Depending on the intensity, the duration, the repetition and the psychological injury, the unexpectedness, the amount of lost control, the accompanying shame and lack of help from others as well as how intentional the trauma was and if it was caused by another human, the trauma can be stronger or less strong (Flatten et al. 2004: 53). Also age, social status and race, mental disease and already experienced trauma affect the traumatisation (Flatten et al. 2004: 54). Culture plays a big role in how the victim and the surrounding social group react to the situation due to the way it forms identity and self-concept (Flatten et al. 2004: 52).

A lot also depends on the subjective importance of the trauma for the victim, based on personal strength, amount of personal resistance and resources as well as the extent of available social support (Reddemann/Dehner-Rau 2008: 49). If the victim feels left alone, helpless, and not understood or has low self-esteem, chances are higher that he or she will face chronic consequences unless good treatment is available (Flatten et al. 2004: 53–54; Brzank 2012: 96). At the same time, having favourable personal factors like intelligence, positive temperament, good self-esteem, good adaption strategies and a good emotional relationship to another person can help lessen the consequences caused by the traumatic situation. If a person sees himself and his life as understandable, controllable and sees a purpose in things, and if he is ready to face challenges instead of trying to avoid them and is able to communicate, he is less likely to develop chronic consequences in the form of Posttraumatic Stress Disorder (PTSD) (Reddemann/Dehner-Rau 2008: 49; Schulze et al. 2012: 9) There are statistics that about a third of people who got faced with a traumatic situation manage to deal with it and continue life without any consequences (Scherwath/Friedrich 2014: 59–60).

c. Posttraumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD) is defined as "*an acute anxiety disorder that can occur when people go through or witness a traumatic event in which they feel overwhelming helplessness or threat of death or injury*" (Heise et al. 1999: 20). PTSD develops as a delayed reaction to a traumatic event, typically within six months of the experience and lasting at least one month (Hausmann 2010: 73–74).

Dissociation is a typical self-help strategy victims develop to protect themselves from the emotional effects of the traumatic situation. Due to different biological reactions which will be explained in the next chapter, the victim is able to distance herself from what is happening to her. This makes her experience either strong feelings but not able to remember the situation, or causes her to remember everything but without any emotions. At the same time the person will later be likely to dissociate when things trigger the memory of the original trauma, making her or him unable to defend themselves and thus become more likely to become a victim again (Herman 2003: 54–55; Ross et al. 2004: 205; Heise et al. 1999: 20). There are three main symptoms that show themselves when the word dissociation is mentioned:

Intrusions, which are memories and thoughts in connection to the traumatic moment being revived unexpectedly in form of flashbacks (Heise et al. 1999: 20).

Constriction, which consists of avoiding any situations that are seen as threatening by emotional or mental numbing or freezing, or by avoiding certain situations, places and people. In this category dissociation is found, which according to Ross et al (2004) is "*an elaborate escape and avoidance strategy in which overwhelming human cruelty results in fragmentation of the mind into different parts of the self that observe, experience, react, as well as those that do not know about the harm*" (Ross et al. 2004: 205).

Overreaction, which is when the victim is constantly expecting danger, unable to sleep well, is scared easily and has overreactions to little things (Hausmann 2010: 73–74; Heise et al. 1999: 20).

Interestingly, acute and chronic pain is closely connected to PTSD as well. 10 - 22% of all patients in hospitals suffer from PTSD. At the same time, 80% of all PTSD patients suffer from chronic pain: exhaustion, headache, tense muscles, back aches, insomnia, problems with the gastrointestinal tract and chronic head- and stomach aches. They also show unhealthy behaviour patterns like smoking, over- and underweight as well as a fifteen-time higher tendency towards suicide then the general population. PTSD has been shown to affect cancer and cardiovascular sicknesses and lead to constant increased heart rate. Psychological problems like depression and fear can also be directly linked to PTSD (Hausmann 2010: 88–89). Having a mental illness can make the chances higher of getting a PTSD diagnosis (Hausmann 2010: 73–74). Either as a result of the trauma or a factor that encourages trauma, 80% have another mental health diagnosis as well as the PTSD-diagnosis (Reddemann/Dehner-Rau 2008: 52). PTSD symptoms can show themselves in many different forms and over a long time frame. Sometimes symptoms do not seem to have a connection to the traumatic situation anymore, and it is possible to mistake them as characteristic traits of that person's personality (Herman 2003: 74–75).

d. The Brain and Trauma

Research shows that brain activity gets significantly changed during a traumatic event, often with lasting aftermaths, becoming the trigger for PTSD. The thalamus is the hub of the brain, responsible for sending and processing sensory information and regulating

consciousness. From the thalamus the information gets sent to the amygdala (Hausmann 2006: 49–50).

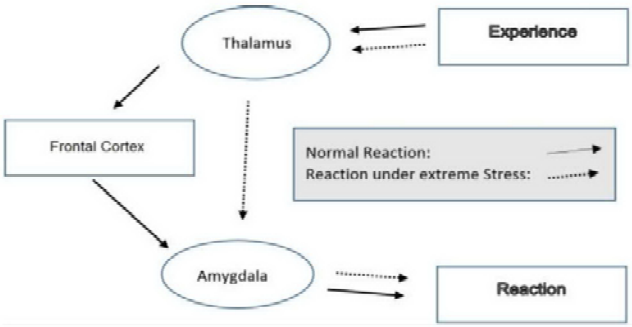

Figure 4: Processing information normal and when alarmed (Hausmann 2006: 50)

The amygdala is the part of the brain that is responsible for connecting the emotions it receives to time and area and converting the information into emotional and hormonal signals. The amygdala is also linked to fear responses, so if a situation seems dangerous, the amygdala sets free stress hormones and neurotransmitters which put the body into alarm mode in order to survive (Hausmann 2006: 49–50). The body and mind work together to find a solution. After the amygdala sends out the signal for the body to produce stress hormones, or adrenaline, the person is totally focused on what is happening in the situation. The situation arouses anger and/or fear, causing the person to run or fight. A situation becomes traumatic when there seems no sense in a reaction and no possibility of defense – the victim reacts with learnt helplessness. In this situation, the body's defense system breaks down and the person is unable to cope with the situation due to normal adaption strategies not being able to kick in (Scherwath/Friedrich 2014: 19–21; Rüegg 2011: 141; Beckrath-Wilking et al. 2013: 62–63). During this response to extreme danger, the person does not have any control over what is happening and the thalamus cannot process the information it sends on to the amygdala. In order to survive, the brain changes to survival mode. The amygdala sends out endorphin hormones that numb feelings and emotions – dissociating itself from what is happening. The person seems to experience things from a distance, not able to process what is happening because the brain does not manage to sort what is happening into spatiotemporal and biographical categories. The things happening get saved in fragmented pieces, and due to the strong emotions connected to them they stay active in the brain. These memories return later uncontrolled as so-called "flashbacks", activated through stimuli that may have nothing obvious to do with the situation itself. In order to deal with the sudden flooding of emotions and memories that come with the flashbacks, the brain learns to send out endorphins every time, numbing the person and

making him or her "**dissociate**" (Hausmann 2010: 54-55, 84–87; Scherwath/Friedrich 2014: 19–21; Rüegg 2011: 141; Emerson et al. 2012: 46).

This loss of control and the helplessness that come with it generate deep and long-lasting changes in the way the victim feels, perceives and remembers her surroundings (Herman 2003: 54–55). Suddenly the world doesn't seem like such a safe place anymore, and basic convictions of safety and stability of the system get hurt. Trust, which is built up on a system of knowing how things are and believing that they are stable, gets shattered (Reddemann/Dehner-Rau 2008: 49). The person develops new defense mechanisms, in which the symptoms of the traumatic experience further develop, causing personality disorders (Herman 2003: 54–55). Fundamental structures of her identity get destroyed, and she loses self-confidence, trust in others and in God (Herman 2003: 84–85).

Especially as a child, experienced abuse can be very damaging. During the normal development of a child, the ability to take initiative affect its self-esteem. When a child gets abused, it learns to be helpless instead of taking initiative, and that it is not able to defend itself or trust others. Failure in this area of development result in feelings of guilt and problems with identity and low self-esteem (Herman 2003: 80).

e. Trauma Stages

> *Trauma forces the affected person to go through all the battles of youth: Autonomy, initiative, competence, identity and intimacy need to be refound. (Herman 2003: 79, Translated by author from German)*

Normally, there are different typical phases to a traumatic experience. These start with a shock phase right after the traumatic experience, followed by a phase of processing, working through the situation and integrating it into your biography, which then leads to recovery (Hausmann 2006: 54).

As said, a traumatic experience is defined as an event where escape and defense is impossible, leading to an overwhelming sense of helplessness and incapability to mentally sort the happenings. Right after the traumatic experience the shock phase kicks in. During the initial shock phase, the entire body is on alert and the body reacts with rapid, shallow breathing, tense muscles, immobility and increased heart rate. The victim may feel emotionally numb, sad, and empty, in a state of paralysis or shock. This could mean that

they seem to be emotionless towards the outside while being a total mess on the inside (Stangl 2015: n.p.).

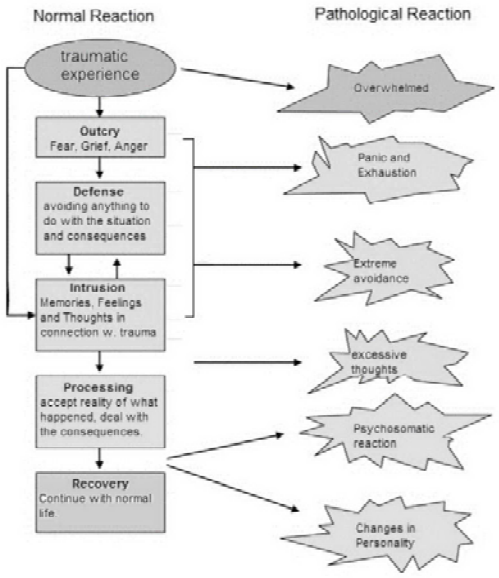

Figure 5: The process of a traumatic reaction (Maercker 2013: 260)

As life is supposed to return to normal, the victim may react strongly and emotionally to different situations, triggered by smells, sounds, feelings, situations or people that remind of the situation. Sudden flooding back of memories (intrusions). can cause the person to be put back in the situation of helplessness over and over again (Rüegg 2011: 141). The victim finds it hard to trust, sometimes feeling betrayed because no one was able to help. They may feel deep anger that comes out in sudden forms of aggression or intolerance, causing the community to pull away (Herman 2003: 82–83).

Because of this, trauma has effects on relationships. Victims often finds themselves withdrawing from relationships because social interaction might make the trauma come up, or because of feeling inferior due to shame, blame, low self-esteem and lost confidence in connection to the trauma. At the same time the person needs understanding and people to talk to, as well as affection in order to be able to process what happened. Because of this ambivalence, intense, unstable and unhealthy relationships get formed, which go from one extreme to the other (Herman 2003: 84–85; Scherwath/Friedrich 2014: 39–40). A victim's view of self and its role in the community can be drastically changed after a traumatic experience.

If the community does not help them, victims may choose to help themselves in a harmful way by taking drugs, alcohol, cutting or inflicting further harm on themselves. In this way they can show the pain they are going through. It helps by distracting them from the unbearable and immediate results of the traumatic memories trying to flood them in form of intrusions or flashbacks (Schulze et al. 2012: 9) Only if the person faces the trauma and works through it, either, if he or she has enough resources to do so, alone, or else in a therapy setting, can these dysfunctional patterns be broken and the person can return to a normal life (Hausmann 2006: 53).

Often shame and also the threat of revenge cause victims of humanly inflicted trauma not to talk about what happened. This leads to further isolation because they cannot get help and don't understand that how their body is reacting is normal for traumatized people. They take responsibility for what happened to them and feel like they are bad because of this. If they are ready to ask for help, they have already made a big step by being willing to 'break the silence' (Wise 2002: 138).

The last stage is processing and is essential in order to be able to lead a normal life again. Processing involves a lot of cognitive and emotional work by the victim, in which professional help is crucial. Constant stable and helpful social relationships are essential to give the person stability and help him learn to regulate emotions and feelings (Schulze et al. 2012: 9) The goal is to create a basic foundation where the victim understands what happened, is able to accept and integrate it into his story and rebuild a certain amount of trust and stability in his own self and identity, analyze any self-damaging behaviour and learn to cope without. During this stage, the person also needs to be permitted to grief the effects the trauma had on his life. If a person successfully passes this stage, he can focus on building healthy relationships and continue on with life (Herman 2003: 215-306; 312).

f. Secondary Traumatisation

It is possible for people working with trauma (or prostitution) victims to adopt the same symptoms of trauma as their clients (Flatten et al. 2004: 63).

Ross et al. (2004) writes:

> *A range of responses to extreme trauma are common in therapists working with survivors–from minimization, avoidance, denial and under-diagnosis to outrage,*

> *overreaction, and over-politicization of the treatment setting. The possibilities of therapist voyeurism and other sexual exploitation of the survivor must be carefully monitored.* (Ross et al. 2004: 209–210)

Responsible for this reaction to working through traumatic situations with clients is empathy. By being able to feel the emotions the client is going through, it can cause the brain of the professional to react the same way as if he or she were going through the situation themselves (see appendix, page 12). This can cause dissociation in the social worker. There are statistics that 16 – 26 % social workers who work with traumatized young people have gone through or are currently going through secondary traumatisation. Because of this, it is very important to have regular supervision and special training, especially when in close contact with trauma survivors (Scherwath/Friedrich 2014: 184–185).

g. Interventions and Resources

There are many different approaches to trauma treatment. Schelling (1984) lists:

> *Among these are Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), acupuncture, massage, yoga, art/dance/movement/drama therapy, and mindfulness meditation, as well as the anecdotally based clinical practice and wisdom that has been employed by these organizations for many years. (Schelling 1984: 8)*

Most important is that in any approach, trauma should only be dealt with when the victim is stabilised, feeling quite healthy and in a safe place. In this way, clients can use their energy and resources to deal with the process of healing (Scherwath/Friedrich 2014: 197–198).

There are protective factors that play a role in the success of the treatment. In order to effectively deal with the situation, a client needs to be able to evaluate what happened and reflect what it means to him or her, speak about it, and then act by addressing the problems, symptoms and reactions to the situation. Intelligence is a factor that can make a big difference in how the person handles the situation. Trauma for mentally disabled people leads to chronic PTSD Syndrome because it is harder for them to activate protective factors (Scherwath/Friedrich 2014: 53). Also the amount of social support that is available makes a difference in how stable a person is and how able to deal with the situation (Flatten et al. 2004: 82). The trauma therapy bases on the empowerment model. As the treatment is in

progress, the feeling of being in danger should change to feeling safe, instead of trying to forget the trauma it should be remembered and the person should reintegrate into society (Herman 2003: 216).

There are different stages to trauma therapy, the goal of which is to help the client learn to cope and live an autonomous life. The resources of the person are the focus (see empowerment). First the client needs to be stabilised. In this stage the client learns to deal with the consequences of trauma instead of avoiding them. Basically, the client learns strategies to survive, stabilise and deal with things. The client defines goals together with the professional and practices reaching them. Any immediate health problems need to be treated. The client's life gets analyzed with the purpose of finding stable relationships to lean on, building a healthy self-concept and developing positive attributes and reactions. These resources are activated and used to deal with the situation. The client learns to describe and control emotions, deal with intruding symptoms and find solutions to problems. In this stage, self-medicating gets analyzed and healthier strategies get practiced to deal with painful situations. In the second stage, the goal is remembering and mourning what happened as the traumatic experience itself gets looked at and integrated into the personal biography experience. Rebuilding the client's identity and learning to take positive things out of the situation become the focus. In the last stage, reintegration into society is the goal. The client focuses on interpersonal relationships, a social network, new hobbies, his or her career and life in general (Herman 2003: 215-306; 312).

The goal of the therapist is to strengthen the self-concept of the client, helping him or her to gain self-esteem. The higher the self-esteem, the more responsibility the client can take and the more autonomously they can act and make decisions. It is important for the therapist or social worker to realise that he or she has a lot of power in the situation. This needs to be constantly reflected upon by the professional so that the relationship doesn't take on a wrong form. The relationship between client and professional should be that of a contracted person who helps with all her or his knowledge, skills and experience to help the client find her way back into an autonomously led life. During the traumatic experience(s), the client learned that her point of view is not important and not to be respected, so it is especially important that the whole process is a cooperative partnership where both parties bring in their ideas, and not a dictatorship where the professional says what needs to happen next (Herman 2003: 183–187).

III. The Concept of Self Esteem

Self-esteem is a complex concept that is very hard to define. There are many different, multifaceted definitions. Thus part of the definition of self-esteem contains "*the beliefs that an individual holds about his or her attributes*". However, self-esteem also has a reflective component, in which this belief system gets evaluated and compared. Here, self-esteem is defined as "*a self-reflexive attitude that is the product of viewing the self as an object of evaluation*" (Campbell/Lavallee 1993: 4–5) According to Branden (1969) Self-esteem is defined by "*the experience of being competent to cope with the basic challenges of life and feeling worthy of happiness*" (Branden 1969: 110). This corresponds to the definition offered by Mruk (2006), stating that "*self-esteem emerges in the space created by competence and worthiness as they stand in relationship to each other over time*" (Mruk 2006: 22–24). Worthiness and competence stand in close relationship to each other and affect each other strongly (Mruk 2006: 23).

Competence is connected to performance, experiences of success and failure in areas that are personally significant like motivation, self-efficacy, actual abilities and psychological processes. These are built on a foundation of development history, circumstances, personality characteristics, values, interests and pursuits and are "*based in part on the degree to which an individual is capable of initiating action and carrying it through to a successful conclusion, especially in regard to dealing with problems effectively and in terms of reaching significant personal goals*" (Mruk 2006: 12–22).

Worthiness is more subjective. It is defined as a positive or negative evaluation of self, based on how much significance people give themselves. Values and especially interpersonal conduct play a major role on how a person evaluates themselves (Mruk 2006: 16–19). Campbell and Lavallee (1993), picking up the aspect of worthiness, say that self-esteem gets formed by "*the beliefs that an individual holds about his or her attributes*" (Campbell/Lavallee 1993: 4–5).

Campbell and Lavallee (1993) define self-concept as an "*organised schema that contains episodic and semantic memories about the self and controls the processing of self-relevant information*" (Campbell/Lavallee 1993: 4–5). Feeling like he or she is competent to cope with basic challenges means the person needs to have made experiences that help him or her build a healthy self-concept, on which self-esteem is based. Self-concept affects self-esteem, as how the person sees themselves affects how they evaluate themselves (Campbell/Lavallee 1993: 8–9)

Resources

Positive resources to stabilise or build self-esteem include knowing ones worth, feeling accepted, respected, experiencing consistency, and having seen healthy reactions to challenges within the family as well as support during development by allowing for initiative and individual forming of opinion. Personal values, reaching set goals and social acceptance play a major part in how an individual evaluates himself. Interestingly, genetics seem to also play a role that is not to be underestimated. Biology can affect energy level, basic temperament, certain physical, social and cognitive abilities which, depending into which culture and family one is born into, may cause more or less appreciation of the person (Mruk 2006: 63–67). The cultural view is actually quite important as well: while as an example Asians are more worth-oriented, Americans stress the role of competence, putting emphasis on individualism and success (Mruk 2006: 22). Both cultural and self-values affect self-esteem, especially values that the individual has internalized and that impacts how that individual judges their behaviour. There are experiences that can change these values, according to Mruk (2006) these are *"exposure to a new environment, being required to make new responses, and establishment or loss of significant relationships*". Our values define what we see as worthy, so "*when we fail to act in ways that are competent and worthy, we suffer a loss of self-esteem and experience corresponding pain*" (Mruk 2006: 30). In other words, self-esteem may get affected by the conflict between the individual's behaviour and their values (Mruk 2006: 68–71). For instance, a young drug addict's intrinsic values, her religious upbringing as well as the cultural values may be that any promiscuous sexual behaviour is bad, but in order to buy drugs it is necessary for her to sell her services. This will probably lead to a constant battle between her values and trying to justify her actions. This perpetual inner battle comes at a high psychological cost, often leading to drugs and other self-damaging behaviour in order to drown out the pain and shame (Furrer 2009: 291–292).

Due to the perceived powerlessness that results from abuse, a traumatized person often has problems with low self-esteem. People who have low self-esteem are more reactive and vulnerable to their social environment then people with normal or high self-esteem (Briere/Runtz 1987: 374; Baumeister/Leary 1995: 13).

> *When people lack clear and confidently held internal standards of self-definition, they must be or dependent on, and hence more susceptible to, external clues that convey self-relevant information*. (Campbell/Lavallee 1993: 13)

Because of this, it is harder for a person with low self-esteem to respond to threats that might affect them then it is for people with high self-esteem. This is because people with high self-esteem have a more stable picture of who they are, also knowing their resources and being able to draw on them. It is easier for them to build up more self-esteem because if they experience failure while trying, the loss is less than if the person only has few resources to depend upon (Spencer et al. 1993: 21–34) As an example with Lego-blocks - if a child gets plenty of Lego-blocks from family and friends as well as room and time to use them, it can let its imagination unfold and can build nice structures, trying out unending variations. If one or two Lego blocks go missing in the process, the child will still be able to build an impressive amount of things. However, if the child only has three Lego-blocks, the variations of building are tiny. Losing even one of the blocks is a disaster for the child, so the child will be less likely to try something risky with what it has. This does not allow it the chance to try out creations or be inventive.

IV. Economic Theory

Before entering prostitution the women will make a calculation of benefits in comparison to other options. To do this, the external, observable and objectively verifiable resources like economic possibilities and attractiveness and the less easily objectified psychological resources like strength and emotional resilience get compared. Based on this calculation, the woman can make a rational choice whether it makes sense to enter prostitution or not (Furrer 2009: 290–291). When taking this theory in account, poverty can be a major factor to enter prostitution because the need is great to find a good and fast solution and few alternative options can hold with the money made in prostitution. Prostitution looked at this way is "*especially […] an expression of rational action in terms of a significant increase in benefits compared to other survival options*" (Furrer 2009: 286–287; translated by author). When looking at exiting prostitution based on the economic concept, it becomes clear that any alternative option needs to offer at least enough benefits that it makes up for lost income from prostitution. Also this option should not need big and long term investments in order to be reached (Furrer 2009: 288).

It is very hard for women to get out of prostitution because it costs a lot to switch. For many women, staying on the streets may seem the most logical and economic option because for instance a criminal record, limited education, drug habit or lack of skills make finding work very difficult. The women also need to invest in new social and economic networks

and they generally will earn less (Scott/Dedel 2006: 5; Furrer 2009: 287). Psychic resources like emotional strength, flexibility, self-esteem and general resilience make a major difference in how a person reacts to a situation and if he or she will be able to use alternative options to get out of prostitution (Gourgé 2001: 241). Due to poverty, when wanting to switch and the difficulty in doing so, many women feel caught in the cycle of prostitution. The way they look and feel about their job becomes more negative, which leads to (increased) psychological problems (Furrer 2009: 292–293).

V. Control Theory

If a person has good control over themselves and is able to invest into the future, it is a major resource in being able to make a move out of prostitution with the future in mind. The control theory says that each person has different selves inside them. These selves are in a constant battle with each other, trying to dominate each other. The one self is stands up for the interests now, while another one looks into the future (Schelling 1984; 83-112).

VI. A.I.R --- Social Rehabilitation Summary

The need…

The trafficking of women and girls for sexual exploitation is a growing and alarmingly huge global problem (Yakushko, 2009), representative of a wider global trend of violence, disadvantage and sexual exploitation for women and girls (van der Gaag, 2007).

Women exiting sex---trafficking and prostitution suffer a wide range of emotional, psychological, physical and interpersonal difficulties, such as difficulties regulating their emotions, depression, anxiety, post traumatic stress disorder, drug and alcohol addiction, sexually transmitted diseases and difficulties trusting others. (US Department of State, 2007; Oram et.al., 2012; Ostrovschi et.al., 2011; Cloitre, et.al., 2006). Research also shows the complex and non---linear nature of the sex industry, with women often exiting and returning to sex work a number of times before finally leaving the industry permanently (Sanders, 2007).

As a result, women exiting sex trafficking or prostitution require holistic support and rehabilitation that will include consideration of many different issues and needs, in order to

help them achieve stability and general well---being, and to prevent them from returning to the sex industry and/or substance abuse.

Our response….

A.I.R will provide holistic employment rehabilitation to women who have been trafficked for the purpose of sexual exploitation, or who have been otherwise commercially sexually exploited. Through A.I.R, we will assist our program participants to be restored to their full potential, and seek to prevent them from returning to situations of victimisation and exploitation.

Expert opinion regarding the treatment of Complex Post Traumatic Stress Disorder in Adults, proposes a three---phase recovery approach, as outlined below. Due to the complex traumatic history and multiple support needs of survivors of sex---trafficking and prostitution, A.I.R considers this treatment approach to be highly applicable to the needs of our program participants.

• Phase 1: Physical and emotional safety and coping skills.

• Phase 2: Processing traumatic memories (This is only necessary if the person is experiencing Post Traumatic Stress Disorder, and only with the assistance of experienced professionals, after physical & emotional safety has been firmly established).

• Phase 3: Re---engagement in relationships, work or education, and community life (Cloitre et.al 2012).

As a social impact business, offering employment to our program participants, A.I.R's primary focus will be on Phase 3; helping women to re---engage in employment, develop healthy work relationships, learn work skills, and establish themselves independently within community life. We understand however that these three phases are not linear or distinct from each other, and that women participating in our program may well be experiencing recovery and challenges in all three domains, simultaneously.

Our social workers will therefore case manage our program participants, to ensure that Phase 1 (Physical & emotional safety and coping skills) and Phase 2 (Processing Traumatic Memories) are also addressed as needed. Our service offer to our program participants will include employment and payment of a wage at a level that will enable financial independence, as well as the provision of professional case management by

qualified social workers, therapeutic group work, counselling and referral to other specialist services (such as legal and health services), as required.

In all the work we do, we are committed to maintaining a focus on our program participant's positive attributes and capacities, rather than only focusing on her weaknesses. This will involve assessment and support of our program participant's strengths, coping skills, interests, dreams and goals.

In our therapeutic work, we are informed by the current professional literature on working with trauma survivors, including the EMPOWER program by Dr Robi Sonderegger, (Sonderegger, 2014), and other theoretical influences, such as those referenced in this summary.

Currently…

• We have already met with directors of the Israeli government shelters that provide accommodation to trafficked women, and with the Israeli Ministry of Health, in order to build relationships which will help us access our target population. These services have expressed enthusiasm regarding the opportunity for them to refer women to A.I.R for employment in the future.

• We are in the process of establishing a collaborative relationship with an Israeli social impact business, "Turning the Tables", based in Tel Aviv, which has been providing employment rehabilitation to women exiting prostitution in Israel, for the last two years.

• We have employed one Israeli Social Worker, four days per week.

• Our Social Worker is currently providing case management to a number of women who are employed at Turning the Tables, in order to build our expertise in the social rehabilitation needs of our target group.

• Our Social Worker is also providing outreach to women currently in prostitution, in partnership with the Ministry of Health.

References:

Cloitre, M., Cohen, L. R. & Koenen, K. C. (2006). Treating Survivors of Childhood Abuse: Psychotherapy for the Interrupted Life. Guildford Press, New York.

Cloitre, M., Courtois, C. A., Ford, J. D., Green, B. L., Alexander, P., Briere, J., Herman, J. L., Lanius, R., Stolbach, B. C., Spinazzola, J., van der Kolk, B. A., van der Hart, O. (2012). The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults. Retrieved online 26th August 2014: http://www.traumacenter.org/products/pdf_files/ISTSS_Complex_Trauma_Treatment_Guidelines_2012_Cloitre,Courtois,Ford,Green,Alexander,Briere,Herman,Lanius,Stolbach,Spinazzola,van%20der%20Kolk,van%20der%20Hart.pdf

Oram, S., Stöckl, H., Busza, J., Howard, L. M. & Zimmerman, C. (2012). 'Prevalence and risk of violence and the physical, mental, and sexual health problems associated with human trafficking: Systematic review'. PLoS Medicine [Online], vol. 9, no. 5.

Ostrovschi, N. V., Prince, M. J., Zimmerman, C., Hotineanu, M. A., Gorceag, L. T., Gorceag, V. I. & Abas, M. A. (2011). 'Women in post---trafficking services in Moldova: diagnostic interviews over two time periods to assess returning women's mental health'. BMC public health, vol. 11, no. 1, pp. 232.

Sanders, T. (2007). 'Becoming an Ex---Sex Worker: Making Transitions out of a Deviant Career'. Feminist Criminology, vol. 2, no. 1, pp. 74---95.

Sonderegger, R. (2014). 'EMPOWER Training Manual'. Family Challenge Charitable Trust.

U.S. Department of State. (2007). Trafficking in Persons Report, June 2007.

Retrieved online 4th November 2014:
http://www.state.gov/documents/organization/82902.pdf

van der Gaag, N. (2007). Because I am a Girl: the State of the World's Girls 2007. Retrieved online 17th November 2014: http://www.plan.org.au/Learn/Research---and---Reports.aspx

Yakushko, O. (2009). 'Human Trafficking: A Review for Mental Health Professionals', International Journal for the Advancement of Counselling, vol. 31, pp. 158---167.

List of Figures

6. Bibliography

Baade, Friedrich-Wilhelm (1982). *Theorien und Methoden der Verhaltenstherapie*: *E. Einf* (Forum für Verhaltenstherapie und psychosoziale Praxis 1), 4th edn. Tübingen: Dgvt.

Baumeister, Roy F. (ed.) (1993). *Self-esteem*: *The puzzle of low self-regard* (The Plenum series in social/clinical psychology). New York: Plenum Press.

Baumeister, Roy F./Mark R. Leary (1995). The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation. *Psychological Bulletin* 117 (Nr. 3). 497–529.

Beckrath-Wilking, Ulrike; Biberacher, Marlene; Dittmar, Volker; Wolf-Schmid, Regina (2013). *Traumafachberatung, Traumatherapie & Traumapädagogik*: *Ein Handbuch zur Psychotraumatologie im beratenden, therapeutischen & pädagogischen Kontext* (Reihe Fachbuch Psychotraumatologie). Paderborn: Junfermann.

Bloom, Dan (2015). Faces of prostitution: Sex workers fight by talking about their lives on Twitter. *The Mirror*. In: http://www.mirror.co.uk/news/world-news/faces-prostitution-sex-workers-fight-5455926 [access date: 17.05.15]

Church, S., Henderson, M., Barnard, M., Hart, G. (2001). Violence by clients towards female prostitutes in different work settings: questionnaire survey. *BMJ* 322. 524–525. In: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC26557/ [access date: 05.03.15]

Branden, Nathaniel (1969). *The psychology of self-esteem*: *A new concept of man's psychological nature*. Los Angeles: Nash Pub. Corp.

Briere, John; Marsha, Runtz (1987). Post sexual abuse trauma: Data and Implications for clinical practice. *journal of interpersonal violence* 2(4). 367–379. DOI: 10.1177/088626058700200403

Brzank, Petra (2012). *Wege aus der Partnergewalt*: *Frauen auf der Suche nach Hilfe*. Wiesbaden: Springer VS.

Cambridge University Press (2015). Cambridge Dictionaries online: The most popular online dictionary and thesaurus for learners of English. In: http://dictionary.cambridge.org/dictionary/english-german/prostitute [access date: 05.03.15].

Campbell, Jennifer D. ; Lavallee, Loraine F. (1993). Who am I?: The Role of Self-Concept Confusion in Understanding the Behavior of People With Low Self-Esteem. In Roy F. Baumeister (ed.), *Self-esteem*: *The puzzle of low self-regard* (The Plenum series in social/clinical psychology), 3–20. New York: Plenum Press.

Canter, David V.; Iannou, Maria; Youngs, Donna (eds.) (2009). *Safer sex in the city*: *The experience and management of street prostitution* (Psychology, crime, and law). Farnham, England, Burlington, VT: Ashgate.

Canter, David V.; Iannou, Maria; Youngs, Donna (2009). Sex and Violence: the Experience and Management of Street Prostitution. In Canter, David V., Iannou, Maria; Youngs, Donna (eds.), *Safer sex in the city*: *The experience and management of street prostitution* (Psychology, crime, and law), 1–12. Farnham, England, Burlington, VT: Ashgate.

Collins, Rachel D (2010). *Narratives from Non-Profit Workers: The Journey of Helping Women Leave Prostitution.* Lynchburg, USA: Liberty University Senior Honors Theses. Paper 120. In: http://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=1127/context=honors [access date: 06.03.15]

DeHart, D.; Lynch, S.; Belknap, J.; Dass-Brailsford, P.; Green, B. (2014). Life History Models of Female Offending: The Roles of Serious Mental Illness and Trauma in Women's Pathways to Jail. *Psychology of Women Quarterly* 38(1). 138–151. DOI: 10.1177/1079063214544332

Emerson, David; Hopper, Elizabeth; van der Kolk, Bessel (2012). *Trauma-Yoga*: *Heilung durch sorgsame Körperarbeit ; therapiebegleitende Übungen für Traumatherapeuten, Yogalehrer und alle, die ihren Körper heilen wollen*. Lichtenau/Westfalen: Probst.

Farley, Melissa (2003). Prostitution and the Invisibility of Harm. *Women & Therapy* 26(3-4). 1–39. DOI: 10.1300/J015v26n03_06

Farley, Melissa; Butler, Emily (2012). Prostitution and Trafficking: Quick Facts. Prostitution, research and education. In: http://prostitutionresearch.com/2012/02/23/prostitution-and-trafficking-quick-facts/ [access date: 02.02.15]

Felitti, Vincent J.; Anda, Robert F. (2010). The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease. The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare. In: http://www.unnaturalcauses.org/assets/uploads/file/ACE%20Study-Lanius.pdf [access date: 04.04.15]

Flatten, Guido; Gast, Ursula; Hofmann, Arne; Reddemann, Luise; Liebermann, Peter; Siol, Torsten; Wöller, Wolfgang; Petzold, Ernst R. (2004). *Posttraumatische Belastungsstörung*: *Leitlinie und Quellentext* (Leitlinien Psychosomatische Medizin und Psychotherapie), 2nd edn. Stuttgart: Schattauer.

Friedrich, Sibylle (2010). Transparenz und Strukturiertheit als Wesensmerkmale ressourcenorientierten Arbeitens. In Thomas Möbius (ed.), *Ressourcenorientiert Arbeiten*: *Anleitung zu einem gelingenden Praxistransfer im Sozialbereich*, 1st edn. 31–38. Wiesbaden: VS Verlag für Sozialwissenschaften.

Furrer, Brigit (2009). *Prostitution als Überlebensstrategie in Salvador da Bahia, Brasilien*: *Ein qualitativ-ethnographischer Vergleich zwischen Prostituierten und Nicht-Prostituierten* (Ethnologie Bd. 36). Wien, Zürich, Berlin, Münster: Lit.

Gourgé, Klaus (2001). *Ökonomie und Psychoanalyse*: *Perspektiven einer psychoanalytischen Ökonomie*. Zugl.: Witten, Herdecke, Privatuniv. Diss. 2000. Frankfurt/Main: Campus Verlag.

Harsanyi, John C.; Vane, Howard R.; Mulhearn, Chris (eds.) (2009). *Pioneering papers of the Nobel Memorial Laureates in Economics* (An Elgar reference collection 5). Cheltenham, Glos, UK, Northampton, MA: Edward Elgar.

Hasenfeld, Yeheskel (1987). Power in Social Work Practice. *Social Service Review* 61(3). 469–483. DOI: 10.2307/30011910

Hausmann, Clemens (2006). *Einführung in die Psychotraumatologie* (UTB 2829), 1st edn. Wien: Facultas.

Hausmann, Clemens (2010). *Notfallpsychologie und Traumabewältigung*: *Ein Handbuch*, 3rd edn. Wien: Facultas.wuv.

Heise, Lori; Ellsberg, Mary; Gottemoeller, Megan (1999). Ending Violence Against Women: Population Reports L(11). In: http://www.vawnet.org/assoc_files_vawnet/populationreports.pdf [access date: 16.05.15]

Herman, Judith L (2003). *Die Narben der Gewalt*: *Traumatische Erfahrungen verstehen und überwinden* (Reihe "Konzepte der Psychotraumatologie" Bd. 3). Paderborn: Junfermann.

Herriger, Norbert (2002). *Empowerment in der sozialen Arbeit*: *Eine Einführung*, 2nd edn. Stuttgart: Kohlhammer.

Hester, Marianne (2009). From Entry to Exit: Tackling Street Prostitution. In Canter, David V.; Iannou, Maria; Youngs, Donna (eds.), *Safer sex in the city*: *The experience and management of street prostitution* (Psychology, crime, and law), 117–135. Farnham, England, Burlington, VT: Ashgate.

Hester, Marianne; Westmarland, Nicole (2004). *Tackling Street Prostitution*: *Towards an holistic approach*. Home Office Research Study 279. London: Home Office. In: http://mesmac.co.uk/files/tackling_street_prostitution.pdf [access date: 16.03.15]

Heylighen, Francis. (1992). A cognitiv-systemic reconstruction of Maslow's theory of self-actualization. *Behavioural Science* 37. 39–57. In: http://pespmc1.vub.ac.be/papers/maslow.pdf [access date: 15.05.15]

Home Office (2004). Paying the Price: a consultation paper on prostitution. In: http://prostitution.procon.org/sourcefiles/paying_the_price.pdf [access date: 5.03.2015]

Hotaling, Norma; Burris, Autumn; Johnson, B. Julie; Bird, Yoshi M.; Melbye, Kirsten A. (2004). Been There Done That. *Journal of Trauma Practice* 2(3-4). 255–265. DOI: 10.1300/J189v02n03_15

IFSW (2014). Global Definition of Social Work. In: http://ifsw.org/policies/definition-of-social-work/ [access date: 10.06.2015].

Köck, P. (1994). *Wörterbuch für Erziehung und Unterricht*. Donauwörth: Verlag Ludwig Auer. In: http://lexikon.stangl.eu/535/kommunikation/ [access date: 05.05.15]

Lanius, R.; Vermetten, E. (2010). The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease Book Chapter #8. In: http://www.unnaturalcauses.org/assets/uploads/file/ACE%20Study-Lanius.pdf [access date: 03.04.15]

Maercker, Andreas (2013). *Posttraumatische Belastungsstörungen*, 4th edn. [S.l.]: Springer.

Matthews, Roger (2014). Female prostitution and victimization: A realist analysis. *International Review of Victimology* 21(1). 85–100. DOI: 10.1177/0269758014547994

Matthews, Roger (2008). *Prostitution, politics and policy*. Milton Park, Abingdon, Oxon, New York: Routledge-Cavendish.

McKeganey, Neil P.; Barnard, Marina (1996). *Sex work on the streets*: *Prostitutes and their clients*. Buckingham [England], Philadelphia: Open University Press.

McVey, Grace (2010). For organisations working with women in or vulnerable to involvement in prostitution: A Good Practice Resource. In: https://www.west-dunbarton.gov.uk/media/1023847/prostitution_guidelines.pdf_final_version_with_foreward.pdf [access date: 10.02.15]

Möbius, Thomas (ed.) (2010). *Ressourcenorientiert Arbeiten*: *Anleitung zu einem gelingenden Praxistransfer im Sozialbereich*, 1st edn. Wiesbaden: VS Verlag für Sozialwissenschaften.

Mruk, Christopher J. (2006). *Self-esteem research, theory, and practice*: *Toward a positive psychology of self-esteem*, 3rd edn. New York: Springer Pub.

Nixon, K.; Tutty, L.; Downe, P.; Gorkoff, K.; Ursel, J. (2002). The Everyday Occurrence: Violence in the Lives of Girls Exploited Through Prostitution. *Violence Against Women* 8(9). 1016–1043. In: http://vaw.sagepub.com/content/8/9/1016 [access date: 08.02.15]

ProCon.org (2015). 100 Countries and Their Prostitution Policies. In: http://prostitution.procon.org/view.resource.php?resourceID=000772 [access date: 08.06.2015]

Reddemann, Luise; Dehner-Rau, Cornelia (2008). *Trauma*: *Folgen erkennen, überwinden und an ihnen wachsen ; ein Übungsbuch für Körper und Seele*, 3rd edn. Stuttgart: TRIAS.

Redlich, Alexander (2010). Mit dem ganzen Menschen und seinen Ressourcen arbeiten. In Thomas Möbius (ed.), *Ressourcenorientiert Arbeiten*: *Anleitung zu einem gelingenden Praxistransfer im Sozialbereich*, 1st edn. 7–9. Wiesbaden: VS Verlag für Sozialwissenschaften.

Ross, Colin A.; Farley, Melissa; Schwartz, Harvey L. (2004). Dissociation Among Women in Prostitution. *Journal of Trauma Practice* 2(3-4). 199–212. DOI: 10.1300/J189v02n03_11

Rüegg, Johann C. (2011). *Gehirn, Psyche und Körper*: *Neurobiologie von Psychosomatik und Psychotherapie*, 5th edn. Stuttgart: Schattauer.

Sanders, Teela; Campbell, Rosie (2007). Designing out vulnerability, building in respect: violence, safety and sex work policy. *The British journal of sociology* 58(1). 1–19. DOI: 10.1111/j.1468-4446.2007.00136.x

Sanders, Teela, O'Neill, Maggie; Pitcher, Jane (2009). *Prostitution*: *Sex work, policy and politics*. London, Thousand Oaks, Calif.: SAGE Publications.

Sandwith, Louise (2011). *'Score, smoke, back on the beat'*: *An exploration of the impact of homelessness on exiting street sex working in Manchester*. In: http://www.thegriffinsociety.org/Research_Paper_2011_01.pdf [access date: 02.02.15]

Scambler, Graham; Scambler, Annette (1997). *Rethinking prostitution*: *Purchasing sex in the 1990s*. London, New York: Routledge.

Schelling, Thomas C. (1984). *Choice and consequence*. Cambridge, MA etc.: Harvardl.

Scherwath, Corinna; Friedrich, Sibylle (2014). *Soziale und pädagogische Arbeit bei Traumatisierung*, 2nd edn. München [u.a.]: Reinhardt.

Schulze, Heidrun; Loch, Ulrike; Gahleitner, Silke Birgitta (2012). *Soziale Arbeit mit traumatisierten Menschen*: *Plädoyer für eine Psychosoziale Traumatologie* (Grundlagen der Sozialen Arbeit 28), 1st edn. Baltmannsweiler: Schneider Verlag Hohengehren.

Scott, Michael S.; Dedel, Kelly (2006). Street Prostitution: 2nd Edition. *Problem-Oriented Guides for Police* (Guide No. 2). http://www.popcenter.org/problems/street_prostitution/ [access date: 02.02.15]

Spencer, Steven J.; Josephs, Robert A.; Steele, Claude M. (1993). Low Self-Esteem: The Uphill Struggle for Self-Integrity. In Roy F. Baumeister (ed.), *Self-esteem*: *The puzzle of low self-regard* (The Plenum series in social/clinical psychology), 21–36. New York: Plenum Press.

Stangl, W. (2015). Trauma: Lexikon für Psychologie und Pädagogik. http://lexikon.stangl.eu/647/trauma/ [access date: 19.05.15]

Weitzer, Ronald (2005). New directions in research on prostitution. *Crime, Law and Social Change* 43(4-5). 211–235. DOI: 10.1007/s10611-005-1735-6

Wise, Karen (2002). Klinische Erfahrungen mit einem Gruppentherapieprogramm für sexuell missbrauchte und traumatisierte Patientinnen: Verhaltenstherapie. Medizinisch-Psychosomatische Klinik Roseneck, Prien am Chiemsee. *Verhaltenstherapie*(12). 133–142. DOI:10.1159/000064377

World Health Organisation (WHO) (2015). ICD-10: F43.0. http://apps.who.int/classifications/icd10/browse/2015/en#/F43.1 [access date: 19.05.15]