

Position paper: lessons learned from the implementation of exit programs for women in prostitution

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25 October 2024

The UN Special Rapporteur on Violence against Women and Girls has prepared the present document on challenges and recommendations related to exit programs for women and girls in prostitution with the purpose of offering guidelines for Member States, service entities and organizations. It comes following requests by some Member States for more information regarding exit strategies during and after the interactive dialogue with the Special Rapporteur at the Human Rights Council's fifty-sixth session in June 2024 where she presented her report on prostitution and violence against women and girls.

Information was collected from the various submissions, which were mostly from NGOs and survivors of prostitution, and consultations in response to the Special Rapporteur's 2024 call for inputs on her report on prostitution and violence against women and girls¹, and have been complemented with secondary sources.

In order to devise exit programs that truly meet the needs of women and girls in prostitution, it is fundamental to understand prostitution as male violence against women and girls and the many barriers created and maintained by sex trade pimps and States. Other societal changes must accompany exit efforts including measures against sexual act buyers and Member States funding research, state services and organizations who offer exit programs. Finally, an understanding of *complex post-traumatic stress disorder* is key to recovery efforts, promoting survivor participation and competent teams within exit programs. Challenges include engaging women in prostitution in the idea of exiting, achieving stabilization through holistic therapeutic care, strengthening resilience and assisting women in recuperating control of their lives.

I. Conceptual framework

a. Understanding prostitution as a system of violence against women and girls

I have described the prostitution system as individuals – usually men and boys – who buy sexual acts; individuals – usually women and girls – who are bought to satisfy these sexual acts; and third parties who organize, or profit or benefit from prostituting the latter group, including “pimp States”, benefitting through state-imposed taxes on brothels and/or cyber enabled businesses. The continuous and extreme levels of physical, psychological and economic violence inflicted on women and their children in the prostitution system, often constitute torture, inhuman and degrading treatment; an aggregated form of male violence against women and girls that intersects with other forms of structural discrimination, facilitated by coercion, entry factors, control and exploitation by pimps, traffickers and States².

I recommend an abolitionist approach to prostitution policy, and a legislative framework in which States maintain the international human rights standards on exploitation of the prostitution of others and trafficking in persons by criminalizing third parties and decriminalizing prostituted persons. Central to

¹The Special Rapporteur wishes to thank again all of those that have sent input to the call for input. Submissions received that are not confidential are listed on the mandate's link here: <https://www.ohchr.org/en/calls-for-input/2024/call-input-report-special-rapporteur-violence-against-women-and-girls-human>.

²See A/HRC/56/48, Reem Alsalem, Prostitution and Violence Against Women and Girls, Report of the Special Rapporteur on violence against women and girls, its causes and consequences, 2024, <https://www.ohchr.org/en/documents/thematic-reports/ahrc5648-prostitution-and-violence-against-women-and-girls-report>.

abolitionist legal policies, is criminalizing the primary drivers of the demand for sexual acts, the buyers. Abolitionist measures result in preventing girls and women from the harms of prostitution while offering education/awareness regarding women and girls' human rights of equality with men. For women in the prostitution system, measures should protect and assist women and girls by offering exit programs and other resources.

Shifting the culpability *from prostituted women to perpetrators of prostitution*, validates women and girls' experiences and supports their recovery. Victims should not be required to report perpetrators in order to obtain support, they justifiably fear retaliation from pimps, and fear engaging with authorities, including being detained, prosecuted, punished and deported for crimes they may have committed in the process of migration or being trafficked. Many victims lack information not only regarding the crimes perpetrated against them but also about their human rights and where to report the crimes³. Many organizations that offer services to victims of prostitution refer to attacks, defamation and aggression of actors advocating for the full decriminalization and/or legalization of all aspects of prostitution towards staff and clients that discourage some victims from seeking help. Like women who have been assaulted or raped, it sometimes takes an extreme life threat for women in prostitution to begin the process of exiting the system. Normalization of abuse, which is ignored by the public and the legal system alike, can deteriorate the victim's self-esteem, and cause anxiety and depression. Exposure to chronic abuse of prostitution results in confusion, learned helplessness, hopelessness and fear, also discourages victims from escaping prostitution⁴. *Understanding prostitution as violence against women and girls, facilitates the development of a victim-centered approach by the law enforcement and state service providers which will allow them to intervene and provide support services while at the same time condemning the perpetrators.*

b. Understanding how the prostitution system operates and what it provides to women and girls

In a prostitution system, pimps may offer physical protection from police and also from violent predators via their criminal networks. When alternatives are not provided by States, pimps may also offer money for food, clothing, medication, and the ability to support relatives at home.

In this system, victims of abuse can form strong, trauma-based emotional attachments or trauma bonding to their pimp abusers who control all aspects their lives, via the exploitation of extreme power imbalance, with intermittent rewards and unexpected, extreme violence. The victim's perception is altered and understanding the perpetrator's thinking and perceptions becomes a means of survival. Victims may feel responsible for any "mistakes" that result in punishment and are grateful for the smallest act of kindness⁵.

Techniques used by pimps and traffickers to control women and maintain their captivity include "love bombing", keeping women in debt servitude, coerced addiction, forced pregnancy, deliberate development of dissociative parts of the self who prostitute, social isolation and sensory deprivation, disclosure of information/doxing, blackmailing and retaining ID documents, use of surgeries to create sex stereotyped uniformity, exhaustion and physical weakening, degradation and threats to victims and family, fines for breaking arbitrary rules, fees for the "right to be in the brothel", constant surveillance even in jail, rituals, murders and forced witnessing of murders, occasional random indulgences combined with betrayal, among others⁶. Consistent with torture, verbal sexual harassment, forced nudity, rape, sexual mocking, physical sexual harassment such as groping, and not permitting basic hygiene as well as systematic methods like

³ CEDAW General Recommendation No. 38 (2020) on trafficking in women and girls in the context of global migration

⁴ Judith L. Herman, *Trauma and Recovery*. NY Basic Books, 1992; Romero Inmaculada, *Uncovering Violence: intervention for prevention and change* in: *Papers of the Psychologist*, n° 88, 2004.

⁵ Graham, D. L., Rawlings, E. I., & Rigsby, R. K. *Loving to Survive: Sexual Terror and Women's Lives*, 1995; Chitra Raghavan and Kendra Doychak, *Trauma-coerced Bonding and Victims of Sex Trafficking: Where do we go from here?*, *International Journal of Emergency Mental Health and Human Resilience*, Vol. 17, No.2, 2015.

⁶ Harvey Schwartz, Jody Williams and Melissa Farley, *Pimp Subjugation of Women by Mind Control*, in *Prostitution and Trafficking in Nevada: Making the Connections*, 2007; and Mabel Lozano, *The Pimp: The real story about the business of prostitution*, 2017.

brainwashing, indoctrination and physical assault, ensure that women in prostitution will not resist any demands of buyers of sexual acts or pimps⁷. The prostitution industry has been described as a primary vector for socialization in the practices of coercive control, and the pimp among the world's most common instructors of torture, with the goal of destroying autonomy and inducing as far as possible a state of willing submission⁸.

People in prostitution systems have different roles and levels of involvement. There are facilitators whose activities can range from grooming to assisting the prostitution of another person, from thugs who beat up women who try to escape, to taxi drivers, who participate in pimping women to locations where sexual act buyers pay for them. Some women who have been aged out or who are attempting to minimize the number of daily paid rapes – may function as coerced assistant pimps used to recruit, transport or manage others into prostitution. Pimp trafficking gangs and organized crime groups control victims to maintain them in prostitution and sell them to other pimps; traffickers recruit, transport, transfer, receive persons in residences, brothels, cyber-enabled platforms, new business models, casinos and webcam studios⁹. Pimps and traffickers may use fraudulent NGOs, or institutions to recruit, abuse or exploit vulnerable victims in prostitution, including childcare centers, safe homes and others¹⁰. The prostitution business is often intertwined with illegal activities and crimes and generates legal and illegal income (in some cases under the watch and/or active participation of governmental institutions)¹¹, making it particularly dangerous for organizations who want to help victims. The prostitution system is made possible because of sexual act buyers who ensure its perennity and State Parties that have legalized, decriminalized and/or tacitly accepted it.

The prostitution system creates and maintains multiple barriers to exit which include¹²: a) Individual barriers such as problematic drug and alcohol use, physical, sexual and mental health problems, experience of violence and abuse as a child, and entering prostitution at a young age; b) Relational barriers such as the erosion of social support, lack of social connections because of betrayals, mistrust, and self-blame; c) Coercion to enter and remain in prostitution, threats of violence against self and family if she tries to escape from pimps and traffickers; d) Structural barriers such as poverty and the need to support a family, homelessness or other unsafe housing, criminal record, lack of educational, financial and formal work opportunity, and e) Societal barriers such as social stigma. When women have migrated or have been forcibly transported to a location where unfamiliar languages are spoken, this can also be a barrier. *A successful exit program has the challenge to address the above barriers, sustain a long-term process of healing but also create prostitution-free communities, with income that makes comfortable survival a reality.*

c. Funding of exit programs and other structural measures

Exiting prostitution provides long-term benefits to women who exit, and benefits to States by reducing costs associated with protecting its citizens from further harm by pimps and sex act buyers, and the long-term health problems associated with prostitution¹³. Collaboration between government officials responsible for

⁷Farley, M. and Kennedy, M. A., *Torture and its Sequelae among Article: Torture and its sequelae among prostituted women in the United States*, European Journal of Psychotraumatology, 2024.

⁸Judith L Herman, *Invisible in Plain Sight*, Preface to Prostitution, Trafficking and Traumatic Stress, 2004.

⁹Finn, M.A. & Stalans, L.J. How Targeted Enforcement Shapes Marketing Decisions of Pimps: Evidence of Displacement and Innovation, *Journal: Victims & Offenders*, 2016.

¹⁰ Tamara Blakemore, James Leslie Herbert, Fiona Arney, Samantha Parkinson, The impacts of institutional child sexual abuse: A rapid review of the evidence, *Child Abuse and Neglect*, Vol 74, 2017.

¹¹ Guojun He, Wenwei Peng, Guns and roses: Police complicity in organized prostitution, *Journal of Public Economics*, Vol 207, 2022.

¹² Classification taken from Lynda Baker, Rochelle Dalla and Celia Williamson, "Exiting Prostitution: An Integrated model", *Violence Against Women* 16:5 2010, summarized in Ruth Breslin and Mary Canning, Pathways to Exit: A study of women's journeys out of prostitution and the response to their complex support needs, The Sexual Exploitation Research Programme, University College of Dublin, 2023.

¹³ See Prost Cost: Estimate of the economic and social costs of prostitution in France, report, Mouvement du Nid and Psytel, 2015, mentioned in Ruth Breslin and Mary Canning, *opus cit.*

law enforcement, immigration, and health and services can improve the identification of victims, referral and access to support services, and the implementation of comprehensive, human rights-focused responses. Independent, specialist feminist organizations with all-female staff are the best equipped to design and implement recovery interventions¹⁴. Government and public-private partnerships would increase opportunities for education and professional development for survivors¹⁵.

States should devise long term funding in connection to mental health and eliminating violence against women and girls. They should include seizures of pimps'/traffickers' assets, and offer victim compensation funds for women who have been prostituted just as in the case of women who have been battered or raped. Ongoing training provided to law enforcement, justice, and medical systems, the public and educational institutions, regarding the effects of prostitution, sexual exploitation and pornography must include the empirical evidence regarding the harms of prostitution including traumatic stress, as well as victim centered knowledge and survivor recommendations. Ethical guidelines must be enforced on all State employees and non-State organizations who must face severe penalties for purchasing or exploiting women and children, including online.

Deterrent measures for sexual act buyers should be in place to make the exit programs consistent with societal changes: fines and jail time, police stops on streets, hotels, online disruption especially executed by female officers, among others. A 6-country report indicated that jail time was the most effective deterrent to buying sexual acts in widely varying cultures.¹⁶ Preventive measures should also be established: societal attitudes, cultural patriarchal norms, and economic factors are key issues to be addressed when working with buyers of sexual acts, through educational diversion programs,¹⁷ and awareness courses on pornography¹⁸, among other initiatives. However, the real and urgent challenge is the prosecution of buyers of sexual acts, as perpetrators of crimes of violence against women and girls, similar to with rape, torture and other grave human rights violations.

Pimping and recruitment into prostitution might also be prevented by providing dignified and protective migration policies for foreign, displaced and vulnerable women and girls including asylum seekers, and refugees; providing youth with financial and housing security, strengthening feminist public policies to achieve sex equality¹⁹ including education, non-stereotyped sex education, decent work, and fair share of family care burdens. States should also address grooming of victims which is facilitated by the pornography, beauty and entertainment industries.

II. Challenges and recommendations related to exit programs

a. Understanding complex posttraumatic stress disorder

The trauma-based physical and emotional harms suffered by women in prostitution are comparable to combat veterans²⁰. These harms include traumatic brain injuries, psychological disorders characterized by

¹⁴ Nusha Yonkova, *Assisting Trafficked Women: Best Practice Principles of Assistance to Migrant Female Victims of Trafficking for Sexual Exploitation*, guide by Anna Zobnina on Immigrant Council of Ireland report, 2018.

¹⁵ Marian Hatcher, Alisa Bernard, Allison Franklin, Audrey Morrissey, Beth Jacobs, Cherie Jimenez, Kathi Hardy, Marlene Carson, Nikki Bell, Rebecca Bender, Rebekah Charleston, Shamere McKenzie and Vendita Carter, "Exited Prostitution Survivor Policy Platform", *Dignity: A Journal on Sexual Exploitation and Violence*: Vol. 3: Iss. 3, 2018.

¹⁶ Melissa Farley, Inge Kleine, Kerstin Neuhaus, Yoanna McDowell, Silas Schulz, Saskia Nitschmann, *Men who pay for sex in Germany and what they teach us about the failure of legal prostitution: a 6-country report on the sex trade from the perspective of the socially invisible 'freiers'*, report, 2022.

¹⁷ See Trade Offender Programs (STOP) in Canada, USA and France.

¹⁸ See <https://culturereframed.org/>; <https://braveeducation.org/pages/why-brave-education>.

¹⁹ Héma Sibi, *Last Girl First! Prostitution at the intersection of sex, race & class-based oppressions*, International Coalition for the Abolition of Prostitution, 2022.

²⁰ Melissa Farley, Ann Cotton, Jaqueline Lynne, Sybille Zumbeck, Frida Spiwak, Maria E Reyes, Dinorah Alvarez, Ufuk Sezgin, "*Prostitution and Trafficking in 9 Countries: Update on Violence and Posttraumatic Stress Disorder*" in *Prostitution, Trafficking and Traumatic Stress*, 2003.

enduring personality changes, high risk for repeated harm, either self-inflicted or at the hands of others, symptoms of depression, dissociation and anxiety, dissociative disorders and most severely, acute and complex posttraumatic stress disorder – all caused by unbearable stress and deliberate human cruelty.

The clinical significance and utility of the diagnosis of Complex Posttraumatic Stress Disorder (CPTSD) was initially proposed to describe a syndrome experienced by survivors of repeated, prolonged or multiple traumas or exposure to any extremely threatening or horrific event or series of events²¹. However, only recently has CPTSD been formally introduced as an official diagnosis distinguishable from the diagnosis of PTSD in the 11th revision of the International Classification of Diseases²². Although additional research is needed, this diagnosis is consistent and prevalent among women and girls in prostitution and speaks of its severity²³. It not only includes reexperiencing trauma through flashbacks and nightmares, deliberate avoidance of traumatic reminders and a sense of current threats with hypervigilance or exaggerated startle response, but includes affect dysregulation, impairments in self-concept -feeling failed or worthless- and disturbances in relationships through disconnection or difficulty of feeling close to others. These symptoms cause significant impairment in functioning.

According to Herman²⁴, successful recovery from CPTSD should recognize three stages, a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatized isolation to restored social connection. Establishing safety begins by focusing on control of the body and gradually moves outward towards control of the environment; including attention to basic health needs, regulation of bodily functions such as sleep, eating, exercise, management of post-traumatic symptoms and control of self-destructive behaviors. Environmental issues include the establishment of a safe living situation, financial security, mobility, safe relationships/support and a self-protection-encompassing daily life. Achieving remembrance, by reconstructing and reprocessing traumatic memories, meaning and emotions, mourning the losses and integrating trauma to find restoration, renewed hope and energy for engagement and rebuilding life. Finally, reconnection with herself by recognizing she has been a victim and the effects, being able to incorporate these lessons in her life with increased emotional skills, overcoming pressures, with a sense of empowerment and control, maintaining boundaries but focusing on desires, new identity and initiatives. Restoring social bonds through different kinds of groups is of important therapeutic impact.

The final stage, also called reintegration, has been inconsistently defined, with less clinical and research attention in comparison to the other two phases²⁵. Clinicians who provide exit services are advised to consider the holistic or multimodal treatment model currently used in torture rehabilitation centers in many countries. These treatment centers focus on state-sponsored torture and use a biopsychosocial approach to treat medical, psychological, and relational damage caused by torture.²⁶ Although treatment protocols have been developed for PTSD²⁷, there is a need for clinical professions to work closely with organizations that work with women exiting prostitution addressing the complex symptoms of trauma which might last their whole lifetime. Some experiences consider the need for long-term (from 2-6 years or more) holistic, individualized and multisectoral support, while others propose mid-term intensive (from 6-24 months), holistic collective programs with individual case support too, for faster and more sustainable results. Group

²¹ Judith L. Herman, *Complex PTSD: A syndrome in survivors of prolonged and repeated trauma*, Journal of Traumatic Stress, 1992.

²² World Health Organization, International classification of diseases for mortality and morbidity statistics, 2018.

²³ Laurel Mayfield-Shwartz, Severity of trauma exposure and complex posttraumatic stress disorder symptomatology in women who prostitute, Dissertation Submitted to the Faculty of the California Institute of Integral Studies, 2006.

²⁴ Judith L. Herman, *Trauma and Recovery*. NY Basic Books, 1992.

²⁵ Maria Condon, Michael A. P. Bloomfield, Helen Nicholls & Jo Billings, Expert international trauma clinicians' views on the definition, composition and delivery of reintegration interventions for complex PTSD, *European Journal of Psychotraumatology*, 14:1, 2023.

²⁶ Hárđi, L., & Kroó, A. The trauma of torture and the rehabilitation of torture survivors. *Zeitschrift für Psychologie*, 219(3), 133-142, 2011; Jaranson, J.M., & Quiroga, J. Evaluating the services of torture rehabilitation programmes. *Torture*, 21(2), 98-140, 2011.

²⁷ Lisa M. Najavits, *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, 2001.

programs have been observed to accelerate results through peer motivation and support, and with the aid of clear indicators of success.

b. Recruiting and maintaining specialized and committed teams

Exit programs require highly trained staff, professionals and caregivers who are well-paid, multidisciplinary, and often must be bilingual or multilingual. Previous experience working with victims of domestic violence, rape crisis centers, mental health facilities, youth and migrant programs, drug and alcohol programs, women's health clinics and incarcerated or tortured women, and/or veterans of war is a plus. Staff must be trained in trauma, mental health disorders, drug, alcohol and sex addictions and treatments. They must also address maladaptive survival strategies such as rivalry among women, verbal and physical fights, gambling and unplanned spending, manipulation and emotional dependence, self-sabotage, serious problems in caring for their own children, suicide attempts and distrust of anyone who seems to be a "helper".

People who assist women may feel frustrated, overwhelmed and occasionally endangered. Skill in conflict resolution, active listening and creative intervention techniques, are keys to success. Staff must have previously addressed their own histories of sexual abuse and exploitation so that their own vulnerabilities are not activated at work. With these needs in mind, exit services staff need various levels of supervision, debriefing sessions, support circles and staff wellness programs as they are witnesses to severe levels of sexual violence and trauma experienced by women in prostitution, which can cause secondary trauma in staff themselves. All forms of sexual harassment, rape and other forms of violence should be eliminated in exit program environments. Since most harm by employees in these settings has been perpetrated by males, female single sex spaces or teams are recommended. There should be periodic follow up and assessment in order to determine what was effective (and what was ineffective) in exit programs.

c. Offering peer support & advocacy

Survivors of prostitution who have been out of prostitution for at least 2 years are a necessary part of exit programs²⁸. Their role is pivotal to all phases, identifying victims and specific barriers to exit, entering shelters and programs, offering cultural mediation, supporting and designing reintegration programs. Survivors help other survivors reduce shame in ways that no other staff can. Like other staff, survivors of prostitution contribute to healing by explaining entry factors and coercive context, strengthening self-esteem as women and girls recognize similarities and also differences in their experiences, discovering that it is possible to leave the system of prostitution despite grave difficulties, motivating them to read biographies of other survivors²⁹ and write their own experiences, linking them to self-help groups and creating networks and communities of support.

Some survivors have become human rights advocates, working against powerful sex industry lobbies, for legal and criminal justice reforms that recognize them as victims of human rights violations, and some have founded their own NGOs. They have empowered other victims to understand national and international legal structures, providing them with lobbying skills, to inform the public and propose public policies.

²⁸ Norma Hotaling, Autumn Burris, Julie Johnson, Yoshi M. Bird, Kirsten A. Melbye, *Been There, Done That: SAGE A Peer Leadership Model among Prostitution Survivors*, in Farley, M (ed) *Prostitution, Trafficking and Traumatic Stress*, 2004.

²⁹ Some of these biographies by survivors are: Linda Susan Boreman, *Out of Bondage*, 1986; Tonya Flint-Vega, *Hustled: My Journey From Fear to Faith*, 1998; Nelly Arcan, *Whore*, 2001; Lily Burana, *Strip City: A Stripper's Farewell Journey Across America*, 2001; Traci Lords, *Underneath it all*, 2004; Sarah Katherine Lewis, *Indecent: How I Make It and Fake It as a Girl for Hire*, 2006; Maria Galindo & Sonia Sanchez, *Ninguna mujer nace para puta*, 2007; Rosen Hicher, *Rosen... Une prostituée témoigne*, 2009; Christine Stark, *Nickels: A Tale of Dissociation*, 2011; Rachel Lloyd, *Girls Like Us*, 2011; Marcela Loaiza, *Lo que fui y lo que soy*, 2011; Rachel Moran, *Paid for: My Journey through prostitution*, 2013; Caroline Norma & Melinda Tankard Reist (eds) *Prostitution Narratives: Stories of Survival in the Sex Trade*, 2016; Grizelda Grootboom, *Exit! A true story*, 2016; Amelia Tiganus, *La Revuelta de las Putas: de víctima a activista*, 2021; Mia Döring, *Any Girl: A Memoire of Surviving Prostitution in Ireland*, 2022; Huschke Mau, *Dehumanized: Why we dehumanize prostitution*, 2022; Rose Hunter, *Body Shell Girl*, 2022; Mary Luz Lopez, *La guerra me hizo puta*, 2023; Karla de la Cuesta, *Todo a la luz*, 2024.

Many have found that sharing and advocating for themselves and other women and actively participating in awareness or educational campaigns – contributes to their own healing. Survivors of prostitution must be involved in collaborative and meaningful ways, given leadership roles whenever possible. They should not be asked to volunteer and should be paid appropriately for their time and knowledge like other experts.

d. Engaging women in prostitution in the idea of exiting the prostitution system

Exiting prostitution is not a linear process. Experts agree that exit usually takes multiple attempts, but in countries where abolitionist legislation and exit services exist, women overall have better chances to be supported when they seek assistance.

In reality, very few women are likely to come to a service, declare their involvement in prostitution and ask for help to exit. Although a minimum number of women “self-exit” prostitution thanks to some personal childhood resources and resilience, or an occasional helping hand, women hardly ever “decide” to exit the system of prostitution. In a study³⁰, women who had recently entered prostitution discussed plans to leave, described prostitution as “temporary” and had plans such a training course, setting up their own business which under significant financial pressure, did not work out. They felt they had no choice but to return to the sex trade, defeated and entrapped, increasing drug or alcohol intake in order to cope. Only particular tipping or turning points or crisis in their lives lead them to start the exit path, such as a new relationship, becoming pregnant, having a baby, a close relative falling ill in their home country, contracting an STI or having other health-related problems caused by prostitution, or being victim of an assault, including experiencing extreme forms of violence and life-threatening incidents³¹, breaking away from abusive relationships, or recurring forms of addictions. Other reasons include awareness of ageing, physical and emotional wear out, incapacity to maintain interest among buyers of sex acts, lack of food and shelter for their children. It has been suggested that the longer someone stays in prostitution, the harder it can be to leave completely.

Organizations have had to implement diverse strategies in order to get women out of their total immersion in the system, to create trust and have women in prostitution become socially involved, to act on crisis moments and help women overcome feelings of shame and guilt, lack of hope or belief that it is possible, emotional numbing and disbelief about third party control and harmful relationships. Constant outreach activities should be implemented including in respite, drop-in centers, homeless centers, street and prisons, distributing temporary aid or food, hotlines or helplines, anonymous online chats, rescue/removal operations, quick reactions to the slightest call for help, and referrals to specific services like harm reduction supports. Basic safety needs that are offered or referred to, are phones for communication, payment of debts or of money to send home, support to escape a violent partner or pimp, rescue, safe shelter or housing, food, physical and mental health emergency care, childcare, complex prenatal and post-partum and abortion care.

e. Achieving safety through holistic therapeutic care

Offering temporary shelter and later on secure long-term housing next to physical and mental health services is foundational to keeping survivors out of prostitution. Some survivors have rightfully said, that at minimum, women in prostitution need trauma therapy in order to exit prostitution. Research on trauma healing involves holistic therapeutic care, that works on the mind, body and emotions³². Initial stabilization can be addressed through psychosensory techniques that help stabilize, focus and calm while providing self-protection. They stimulate connection with themselves and others, help find social synchronicity,

³⁰ Mentioned in Breslin et Al, *Confronting the harm: Documenting the prostitution experiences and impacts on health and wellbeing of women* accessing the Health Service Executive Women’s Health Service, 2021.

³¹ Roger Matthews, Helen Easton, Lisa Young, Julie Bindel, *Exiting prostitution: A study in female desistance*, 2014.

³² Judith Herman, *Trauma and Recovery: how to overcome the aftermath of violence*, 1992 and Bessel Van der Kolk, *The Body Keeps the Score: Brain, Mind and Body in Overcoming Trauma*, 2015.

explore positive feelings and reciprocity numbed by fear and anger as the main emotions present to survive. They also stimulate internal reflection, relaxation, reduce pain and trauma somatization and inflammation, help manage traumatic memories and reprogram the brain to install optimism and hope³³.

Initial stabilization in group programs is challenging since re-traumatization among peers, addictions, insecurities, and toxic habits resurface in spaces where they are not needed to survive. In order to improve chances of stabilization, recommendations include shelters for women and sometimes their children too, safe homes or temporary accommodation in rural or nature enhanced scenarios, preferably unknown to the wider public to avoid generating risks for victims. Avoiding room sharing arrangements, but offering individual and group food preparation options, comfortable and homely spaces where sleep hygiene, healthy cooking and vitamin/mineral complements can be provided are fundamental. Medical and dental, psychiatric and psychological care is needed in order to assess, refer and provide emergency support, and to evaluate progress in later stages of programs.

f. Reconnecting with the self and others, increasing resilience

Women in prostitution, have managed to find the strength to survive systems of horrific abuse dominated by predators. Their inner strength must be acknowledged and respected. Once in a safe place, it is recommended to start gradual physical and mental interventions and specialized treatments, psychiatric and individual/group psychological therapy to confront earlier life experiences of trauma and adversity³⁴. Similar holistic therapeutic care is needed for the children of women who have been prostituted to avoid intergenerational traumatization that might result in children's sexual exploitation³⁵. Mothering skills, positive parenting and psychological counseling both for the mother and the child demonstrate that healing in the mother impacts healing and protection of the child and vice versa. Many other alternatives should be explored in order to recover sensory and emotional activation and find natural life rhythms inexistent in the prostitution system, such as contact with nature, working in vegetable gardens and agriculture, animal care, beekeeping, involvement in arts and crafts, adopting scheduled and regular activities including cleaning, cooking, taking care of children, and dividing tasks among others.

The ability of women in prostitution to maintain relationships with male partners is often severely affected by their negative experiences with buyers of sexual acts, harmful beauty patterns and social expectations. Therefore emotional independence, maintaining healthy intimate relationships, relationships of equality between women and men, are key things to work on. Basic knowledge about their own body, sexuality, menstrual hygiene, contraceptive methods and sexually transmitted diseases, might also be needed.

Strengthening resilience also involves strengthening the person with activities and networks that improve self-esteem, give a sense of belonging, purpose and meaning in life. Recommended activities for emotional regulation and also emotional discharge, include play, sports and culture, activities to acquire emotional intelligence, spiritual encounters, teamwork, solidarity, bartering among peers, sisterhood, sharing feast days and cultural customs, building support networks. Wilderness trips and self-defense courses have been used to strengthen "fight" responses to trauma. Other key issues are acquiring healthy financial management practices and improving their relationship with money in order to achieve economic independence. Political empowerment in human rights and women's rights from a feminist perspective, is to be highlighted in a joint effort with survivors.

³³ Some of these are: Rhythm Exercises, Singing, Dance and Biodance, Theater, Tai chi, Qiqong, Karate, Martial arts, Music therapy, Equine Assisted Therapy, Play Therapy; Yoga, Breathing and Meditation; EMDR, TFT Tapping, Havening, Neurofeedback, Mindfulness, Art therapy, Photography; Massage, Craniosacral therapy, Feldenkrais, Acupuncture, Reflexology, Emotional Freedom Technique, Reiki, Aromatherapy, Grounding, among many others. See also Resources for Resilience, Association for Comprehensive Energy Psychology at <https://r4r.energypsych.org/>.

³⁴ Adverse childhood experiences, US Center for Disease Control and Prevention, study, 2015.

³⁵ Mondragón Izara, et al. Prostitution in Migrants: Is only Womens Sexual Health Relevant? Literature review and description of the mental state of a group of migrant women in prostitution and their children, Colombian Journal of Psichiatriy, #2, 2024.

g. Recovering control of their lives

Through effective exit programs, women and their children should gradually unlearn the harmful coping and self-defense mechanisms used in the system of prostitution and learn positive ones needed for a healthy and fulfilling life in society. They should discover their strengths and be able to explore their aspirations and dreams, not just in relation to their employment, but also in relation to leisure, and connect to new interests, opportunities and passions³⁶ and find inspiration to go beyond traditional subordinated gender roles. It is said that women are constructing a new identity and life for themselves.

Organizations emphasize comprehensive and coordinated case management with tailored plans and constant updates, others call it life coaching, mentoring, guidance, empowerment, emancipation. Case managers assist women navigate networks of services, strengthen them to **demand access to services and human rights** with an approach where women are seen as adults with agency, who can control and plan their futures in collaboration with the social workers and counsellors available to support them³⁷.

Initial challenges to be met with women and their children are **language skills when needed, literacy and computer literacy**, through individualized school support, tutoring, extracurricular activities. Of importance is **legal advocacy** including for immigration status, obtaining IDs, residence permit or repatriation, age assessment, recognition as victims of violence with the right to asylum or resettlement, to regain custody of their children and or child support, and other family related issues, applying or **gaining access to health insurance** and continued physical, sexual and reproductive, and mental health treatments.

Personal security and access to justice involves moving away from criminal networks, ex-partners or related family members or obtaining restraining orders for violent partners or pimps; legal support to eliminate women's tax debts, support women through court processes when needed, access to victim compensation for diverse crimes, and expunging from criminal records previous convictions for soliciting or other crimes committed to survive in the system of prostitution (e.g. theft of food and clothing, drug sales, smuggling of other migrants).

Essential support relates to affordable rental accommodation, transition apartments, housing cooperatives, protective housing and **finding other safe and affordable options**, in order to advance in other areas. Women need to **explore their own interests, vocational training, interpersonal and labor skills for decent employment, internships, access to banking**, understanding of employment benefits and salary system, flexible short term employability training and part time jobs, support for longer term job placements, as they gradually recover dignity, confidence, capacity for concentration and sustaining regular work schedules and demands. Organizations also develop partnerships with companies that wish to favor the professional inclusion of survivors in diverse areas³⁸.

Women often need **skills, knowledge, as well as micro-credit support or initial equipment for startup entrepreneurships** in order to learn how to support themselves and their families. While regular income is obtained, recommendations are for a monthly stipend of livable income from 6 months to two years or till she obtains an alternative income source, in which incentives might help performance. Other women might embark in **technical or professional education** goals if they are given the appropriate support through accessible grants, computer, research and writing skills, in connection to living arrangements, transport, childcare and finances.

³⁶ Matthews et al, *opus cit.*

³⁷ For organizations in Europe find: <https://www.migrantwomennetwork.org/victims-specialist-services/>, and around the world <https://www.cap-international.org/convening/#map>; <https://catwinternational.org/about/#partners>, among other networks and services.

³⁸ For examples in different parts of the world related to education, income generating activities and job placement programs, see: Jonathan Machler and Héma Sibi, *opus cit.*

They need continuous but not dependent accompaniment in order to trust in their ability to achieve personal and economic independence, as well as to **build and maintain community support networks that do not channel them back into prostitution**. Networks might include participating in solidarity funds, loan groups, childcare networks, survivor or self-help safety groups, as well as spiritual and religious communities by choice. Particularly challenging are acquiring discipline, perseverance, change of lifestyle, lack of family support, stigma, difficulties including inherited trauma and disorders with their children due to prostitution and responsibility for other family members.

October 2024

** The Special Rapporteur on violence against women and girls, as a Special Procedures mandate of the United Nations Human Rights Council, serves in her individual capacity independent from any government or organization.*