

Reframing Prostitution in Light of Sexual Trauma, Exploitation & Trafficking

Mayor's Council for Women

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Justice

Abstract

A multi-faceted approach for Reframing Prostitution in light of sexual trauma, exploitation and trafficking is offered: preventive measures to increase public awareness, empower girls and women and decrease future demand; a viable framework for educating first responders and those who make first contact with women in prostitution and sex trafficking that leads to faster intervention; and supportive programs and mechanisms to encourage long term recovery.

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Summary

When the prostitution and sex trafficking work group was formed, our primary focus was on *reframing prostitution* in light of sexual trauma, exploitation and sex trafficking. Our primary goal was to review existing policies and propose viable alternatives to both raise awareness of sex trafficking and prostitution in our community and establish a framework, utilizing the knowledge we have of Adverse Childhood Experiences and trauma, that would better target resources and assistance to women and children in our community affected by sex trafficking and prostitution. We reviewed many research sources to look at the current state of sex trafficking and prostitution in our community, state and more broadly. We know that women are disproportionately more likely to be targets of sex trafficking and prostitution. We know that the average age of entry into prostitution is 15 years and therefore most victims enter unwillingly into the industry as trafficked minors. We know that sex trafficking is a form of modern slavery and the average victim is likely to be trafficked for an average of seven years so many who as children were sex trafficked “age into” prostitution. We know that these women are underserved and often labeled as criminals rather than victims and survivors.

The work group put together a flowchart that helped identify the critical issues and impact of sex trafficking and prostitution in our community. We know that victims of sex trafficking and prostitution in Tennessee are more likely to be Tennessee-born. We know that most victims of prostitution and sex trafficking never leave the state of Tennessee. The flowchart helped inform what local information was needed from stakeholder interviews and peer focused interviews with survivors of sex trafficking and prostitution that the work group then went out and collected.

The solutions we offer are multi-faceted and require a coordinated community response. We propose a three-pronged framework that is focused on preventive measures to increase public awareness, empower girls and women and decrease future demand, a viable framework for educating first responders and those who first make contact with women in prostitution and sex trafficking that leads to faster intervention, supportive programs and mechanisms to encourage long-term recovery, resilience and well-being. We would also encourage state legislators to consider actions taken by other communities to focus laws and punishments on the demand for prostitution and paid sex.

Introduction

The Reframing Prostitution work group was co-chaired by Anna Protano-Biggs and Mimi Nikkel. The work group started by gathering introductory research materials to survey the local landscape in regards to laws, policies and lived-experiences of women in prostitution and sex trafficking in the City of Chattanooga and the State. From this initial research the work group put together a flowchart that identified the impact of prostitution and sex trafficking on women, families and our Chattanooga community as a whole. The work group then split into two teams. The first team conducted stakeholder interviews and put together further research that helped direct interviews. The second team conducted interviews with incarcerated female survivors of prostitution and sex trafficking as well as interviews with women in street prostitution. All the information gathered from these activities helped illustrate the current state of the situation and provides the local evidence of the human realities women in the City of Chattanooga face. It helped the work group focus on solutions to help prevent, better intervene and provide long term supports for recovery, resilience and well-being to survivors.

Current state of prostitution and sex trafficking

We know that women are disproportionately more likely to be targets of sex trafficking and prostitution¹. According to Polaris in 2015 the U.S. Department of Justice (DOJ) funded a study that looked at sex trafficking of minors in the U.S. The victims in this study reported a median age of 15 years old as the average age of entry into prostitution.² Of 35 women interviewed in Chattanooga, 13 entered into prostitution before age 18. We know that sex trafficking is a form of modern slavery and the average victim is likely to be trafficked for an average of seven years so many who as children were sex trafficked “age into” prostitution. We know that these women are underserved and often labeled as criminals rather than victims and survivors. Sex traffickers use violence, threats, lies, debt bondage, and other forms of coercion to compel adults and children to engage in commercial sex acts against their will³. Under U.S. federal law, any minor under the age of 18 years induced into commercial sex is a victim of sex trafficking—regardless of whether or not the trafficker used force, fraud, or coercion⁴.

The situations that sex trafficking victims face vary dramatically. Many victims become romantically involved with someone who then forces or manipulates them into prostitution with a third party. Others are lured in with false promises of a job, such as modeling or dancing. Some are forced to sell sex by their parents or other family members. They may be involved in a trafficking situation for a few days or weeks, or may remain in the same trafficking situation for years.

Victims of sex trafficking can be U.S. citizens, foreign nationals, women, men, children, and LGBTQ individuals. Vulnerable populations are frequently targeted by traffickers, including runaway and homeless youth, as well as victims of domestic violence, sexual assault, war, or social discrimination.

Sex trafficking and prostitution occur in a range of venues including fake massage businesses, via online ads or escort services, in residential brothels, on the street or at truck stops, or at hotels and motels.

According to a 2015 report by Thrive⁵, over 10,000 transport truck pass through the I-75 and I-24 interstate system of Chattanooga, TN each day. One of the worst parts about human trafficking in the trucking industry is that in many

¹ U.S. Dep’t of State, Trafficking in Persons Report, 2006 at 6 (2006) [hereinafter 2006 TIP Report]

² <http://polarisproject.org/human-trafficking/sex-trafficking>

³ <http://polarisproject.org/human-trafficking/sex-trafficking>

⁴ US Code Title 22 Chapter 78 section 7102

⁵ <https://www.timesfreepress.com/news/business/aroundregion/story/2015/feb/15/truck-traffic-troubles-scenic-city/288113/>

cases, truckers are involved. While it's hard to imagine that someone in your industry could be involved in something so heinous, many truckers are aware of what they're hauling, and they often get paid a substantial amount for their unfortunate cargo. Financially, human trafficking is big business for criminals. It is an activity that is worth over \$30 billion a year. Often, truckers are charged between \$40 to \$80 for an encounter with a victim. Because girls are required to meet a quota that may range up to \$1,000 a night, they may be forced to have sex with as many as 15 truckers or more in a night. Whether it's transporting victims of human trafficking, or soliciting them, there are large portions of truckers who are involved in running the industry. Despite that, there are many truckers who are taking action with organizations like TAT to prevent human trafficking in the trucking industry from continuing. These truckers have gained valuable information on human trafficking and as a result are making an effort to help stop the problem, by looking out for signs of human trafficking.

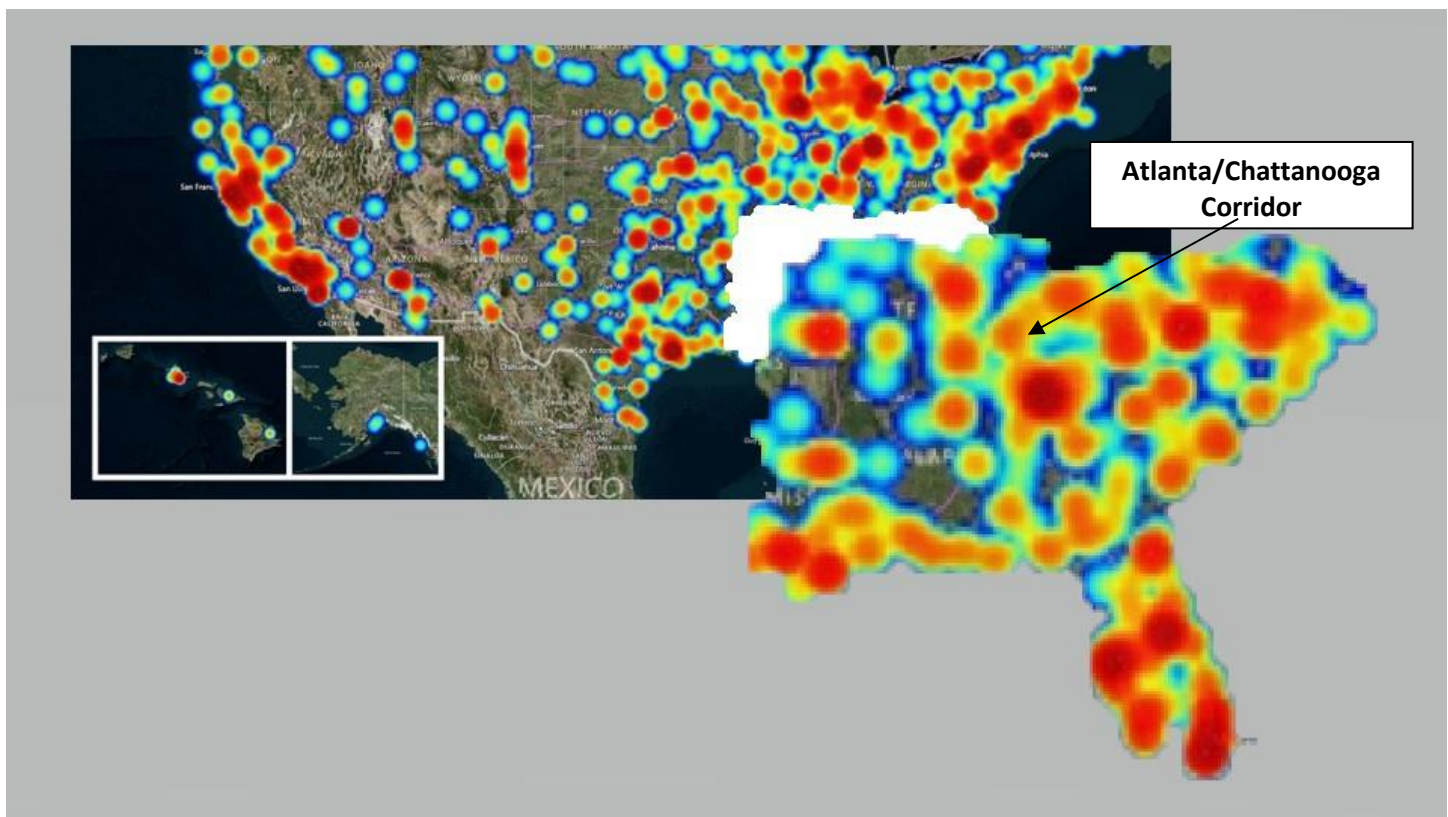
As a result of our interviews with incarcerated female survivors of prostitution and sex trafficking as well as interviews with women in street prostitution, together with local resources, we have been able to illustrate the current state of the situation and provide local evidence of the **human realities women in the City of Chattanooga face**.

Age: The age range for respondents was 18-58, with the largest percentage (39%) of respondents in their 20s. The median age was 32. The age range for the first time a respondent was paid for a sex act as a minor was 8-17. The median age was 14. The age range for the first time a respondent was forced into a commercial sex act as minor was 8-18. The median age was 13.

Victims of trafficking: 144 respondents (35%) were victims of sex trafficking. This figure is likely to significantly underreport the situation as it is well known that survivors of trauma don't readily see themselves as victims and will underreport force or coercion. A respondent was considered a victim of sex trafficking if she indicated she was currently forced or had ever been forced to prostitute. A respondent was also considered a victim of sex trafficking if she indicated that she had ever been forced or paid for a sex act as a minor.

A map of our local region from 2017 POLARIS reports⁶ illustrates the high concentration of human trafficking, primarily sex trafficking, in our community:

⁶ 2017 POLARIS report – can be found at: <https://polarisproject.org/2017statistics>



Age of Entry

According to Polaris in 2015 the U.S. Department of Justice (DOJ) funded a study that looked at sex trafficking of minors in the U.S. The victims in this study reported a median age of 15 years old as the average age of entry into prostitution. Early adolescence is the most frequently reported age of entry into any type of prostitution⁷. Our peer interviews supported that for 60% of those interviewed age of entry was 11-18, reflecting the need for prostitution to be reframed as sex trafficking.

In 2014 Nashville conducted an in-depth survey of the issues, named the Hannah Project⁸. The Hannah Project was a deterrence/education class that was designed and is managed by Davidson County (Tennessee) Assistant District Attorney Antoinette Welch. Persons charged with prostitution had the opportunity to attend the class in lieu of prostitution charges. Those attending were provided with education on sexually transmitted diseases (STDs), tested for some STDs, and heard from crisis counselors who provided them with information on available community resources. Surveys were collected from 415 women who attended the class between July 2012 and March 2014. The age range for respondents was 18-58, with the largest percentage (39%) of respondents in their 20s. The median age was 32. The age range for the first time a respondent was paid for a sex act as a minor was 8-17. The median age was 14. The age range for the first time a respondent was forced into a commercial sex act as minor was 8-18. The median age was 13.

Link to trauma and Adverse Childhood Experiences

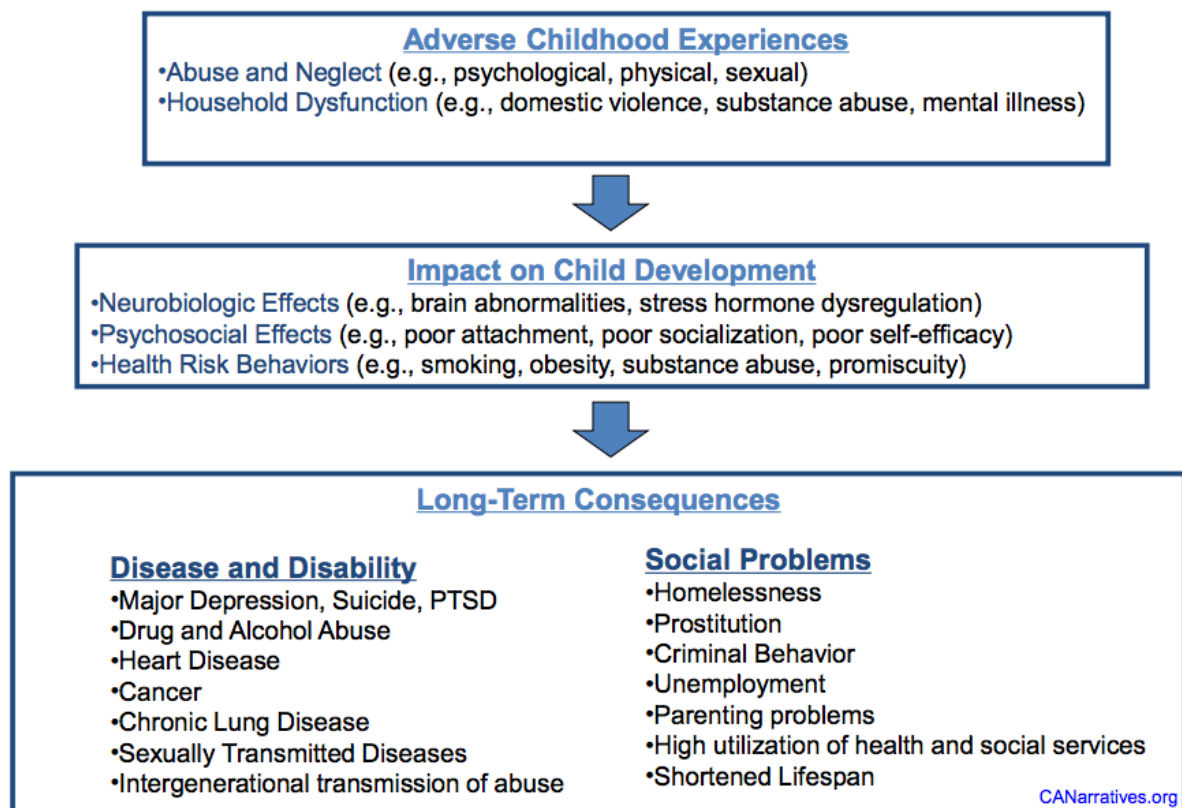
Prostitution is an institution akin to slavery, one so intrinsically discriminatory and abusive that it cannot be fixed--only abolished. At the same time, its root causes must be eradicated as well: sex inequality, racism and colonialism,

⁷ Melissa Farley, PhD and Emily Butler, JD Prostitution Research & Education 2012

⁸ Robinson, J., (2014), *The Hannah Project: Uncovering the overlap between prostitution and sex trafficking*, Nashville, TN.

poverty, prostitution tourism, and economic development that destroy traditional ways of living⁹. Traffickers and/or pimps commonly recruit potential victims who are either economically or socially vulnerable. These include women and girls who are susceptible to poverty, societal isolation, drug addiction, violence in the family, a history of child sexual abuse, family dysfunction, school failure, or a history of criminal behavior¹⁰. These girls and women have experienced significant trauma and Adverse Childhood Experiences (ACEs)¹¹. ACEs are adverse experiences that children face that can include things like physical and emotional abuse, neglect, caregiver mental illness or substance abuse and household violence. Experiencing many ACEs, as well as things like racism and community violence, without supportive adults to help relieve stress and build resiliency, can cause what is known as toxic stress. This excessive, chronic activation of the stress-response system can impact child development and lead to long-term changes to the brain and body. We know that the more ACEs a child experiences, the more likely she is to suffer things like heart disease, diabetes, and behavioral health issues later in life. **Our peer interviews illustrated that 80% of women interviewed in Chattanooga identified themselves as having suffered 4+ ACEs over the course of their childhood. Again, illustrating the need for prostitution to be reframed in light of our knowledge of sexual trauma and ACEs.**

How the ACEs Work



⁹ <http://www.prostitutionresearch.com/PsySr%20-%20Human%20Traff%20and%20Pros.pdf>

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3651545/>

¹¹ Putnam, F., Harris, W., Lieberman, A., Putnam, K., & Amaya-Jackson, L., *The childhood adversities narrative (CAN)*, retrieved from www.CANarratives.org

Not only can ACEs adversely impact child development and adults in later life but there is also a significant economic impact on our community. The Sycamore Institute found that in 2017, ACEs among Tennessee adults led to an estimated \$5.2 billion in direct medical costs and lost productivity from employees missing work¹².

Additionally, survivors of sex trafficking have faced additional complex trauma on top of earlier ACEs. Polyvictimization, trauma, high ACE scores and domestic violence are common vulnerabilities survivors have faced¹³. Understanding these vulnerabilities is a critical part of prevention. Christine Raino of Shared Hope International, a national non-profit advocacy group dedicated to bringing an end to sex trafficking and restoring hope to survivors, spoke of the impact of this chronic trauma at the Mayor's Council for Women second annual Statewide Women's Policy Conference in 2019. She illustrated how it is often hard to see the complex trauma involved and its impact, likening it to an "iceberg effect" where you see rebellion/defiance/anger above the surface and can easily miss what's underneath including fear of retaliation, inability to process daily stressors, trauma bonds, guilt, shame, isolation and not feeling safe. Common responses to this level of complex trauma include self-harm, hypersexualization and substance abuse. ***She spoke of the serious conflict in our State laws where victims can be charged with prostitution and pay the price of what has happened to them. Effectively they are re-traumatized and stigmatized all over again. She spoke of the great work our State has done on bringing awareness to sex trafficking but how we have not gone far enough and still effectively criminalize victims. Tennessee has removed criminal liability for minors but needs to shift their entire response towards trauma-informed protections for all.***

Violence and Coercion

Coercion, deception and violence are common recruitment strategies¹⁴. Community organizations in Chattanooga reference the 'Loverboy' Tactic as a common form of coercion among women in street prostitution in Chattanooga. A 'Loverboy' or 'Romeo Pimp' is someone (usually a young man) who seduces someone (usually a young woman) to force them into prostitution or other illegal work¹⁵. It is a form of grooming and abuse. Loverboys form romantic relationships with their victims but this relationship quickly turns into an emotionally and psychologically abusive one. Loverboys use blackmail and violence to intimidate their victims into compliance. Researchers have estimated by some that upwards of 90% of all prostitution is pimp-controlled¹⁶. Even if pimping is a smaller percentage of the overall contemporary picture of street level prostitution, violence experienced by women who have pimps is brutal, frequent, and pervasive¹⁷. Recruits specifically target vulnerable women and runaways. Female inmates are also targets for traffickers in the US. Studies show that: "fifty-seven percent reported that they had been sexually assaulted as children and 49% reported that they had been physically assaulted as children. As adults in prostitution, 82% had been physically assaulted; 83% had been threatened with a weapon; 68% had been raped while working as prostitutes; and 84% reported current or past homelessness."¹⁸

A summary¹⁹ of research and clinical findings regarding violence in all types of prostitution shows that 95% of those in prostitution experienced sexual harassment that would be legally actionable in another job setting. Another 65% to 95%

¹² <https://www.sycamoreinstitute.org/2019/02/01/economic-cost-adverse-childhood-experiences/>

¹³ Christine Raino, Shared Hope International, Speech to the MCW Conference 2019.

¹⁴ <https://polarisproject.org/victims-traffickers>

¹⁵ <https://www.highspeedtraining.co.uk/hub/methods-of-human-trafficking/>

¹⁶ Giobbe, E., Harrigan, M., Ryan, J., and Gamache, D., (1990), *Prostitution: A Matter of Violence Against Women*. WHISPER, Minneapolis, MN.

¹⁷ Barry, K., (1995), *The Prostitution of Sexuality*, New York University Press, New York.

¹⁸ Farley, M., and Barkan, H. (1998), Prostitution, violence, and post-traumatic stress disorder. *Women and Health*, 27(3), 37-49.

¹⁹ Farley, M., (2004), Prostitution is sexual violence. *Psychiatric Times*, October 2004, Vol. XXI Issue 12.

of those in prostitution were victims of sexual assault as children and 70% to 95% were physically assaulted in prostitution. The incidents of rape are very high with 60% to 75% of those in prostitution being raped. The majority of those in prostitution 85% to 95% want to escape it, but have very little access to other options for survival. Also 80% to 90% of those in prostitution experience verbal abuse and social contempt which adversely affect them.

Homelessness and Mental Illness

According to local community organization, Love's Arm, the majority of women in prostitution in Chattanooga do not have their own apartment or home, but stay in homeless camps, with friends, family, at shelters or in motels. Studies reflect this statistic showing 84% percent reported current or past homelessness²⁰. 68% of 854 people in strip club, massage, and street prostitution in 9 countries met criteria for posttraumatic stress disorder or PTSD²¹. The majority of women, if not all, have experienced significant trauma and have related behavioral health needs.

Substance Abuse

Over 90% of women in both street and off-street activities increase their drug or alcohol usage during prostitution. Studies show that drug abuse was reported by 75% of respondents and alcohol abuse by 27% with active addiction ongoing from anywhere from 3 months to 30 years²².

²⁰ Farley, M., and Barkan, H. (1998), Prostitution, violence, and post-traumatic stress disorder. *Women and Health*, 27(3), 37-49.

²¹ Farley, M., (2004), Prostitution is sexual violence. *Psychiatric Times*, October 2004, Vol. XXI Issue 12.

²² Farley, M., and Barkan, H. (1998), Prostitution, violence, and post-traumatic stress disorder. *Women and Health*, 27(3), 37-49.

From: **Prevalence and Health Correlates of Prostitution Among Patients Entering Treatment for Substance Use Disorders** Arch Gen Psychiatry. 2008;65(3):337-344. doi:10.1001/archpsyc.65.3.337

Table 1. Characteristics of Women and Men Entering Substance Use Disorder Treatment by Lifetime History of Prostitution

Characteristic	Women (n=1606)			Men (n=3001)		
	Lifetime History of Prostitution ^a (n=816)	Never Involved in Prostitution ^a (n=790)	OR (99% CI)	Lifetime History of Prostitution ^a (n=557)	Never Involved in Prostitution ^a (n=2444)	OR (99% CI)
Age, mean (SD), y	31.53 (6.0)	32.70 (7.9)	0.98 (0.96-0.99) ^b	34.49 (7.4)	33.57 (8.5)	1.01 (1.00-1.03) ^b
Inpatient treatment	522 (64.0)	391 (49.5)	1.81 (1.39-2.36) ^b	280 (50.3)	1004 (41.1)	1.45 (1.14-1.85) ^b
Race/ethnicity						
Non-Hispanic black	617 (75.6)	432 (54.7)	2.57 (1.94-3.40) ^b	419 (75.2)	1254 (51.3)	2.88 (2.19-3.79) ^b
Hispanic	64 (7.8)	116 (14.7)	0.49 (0.32-0.76) ^b	42 (7.5)	408 (16.7)	0.41 (0.26-0.63) ^b
Non-Hispanic nonblack	135 (16.5)	242 (30.6)	0.45 (0.33-0.61) ^b	96 (17.2)	782 (32.0)	0.44 (0.33-0.60) ^b
No high school or GED	426 (52.2)	347 (43.9)	1.40 (1.08-1.81) ^b	216 (38.8)	906 (37.1)	1.08 (0.84-1.38)
Homelessness	246 (30.1)	82 (10.4)	3.73 (2.60-5.34) ^b	194 (34.9)	401 (16.4)	2.73 (2.09-3.57) ^b
CSA	279 (34.2)	153 (19.4)	2.16 (1.60-2.92) ^b	69 (12.4)	83 (3.4)	4.02 (2.59-6.24) ^b
Substance for which treatment is sought ^c						
Marijuana	69 (8.5)	81 (10.3)	0.81 (0.52-1.26)	77 (13.8)	394 (16.1)	0.84 (0.59-1.18)
Crack	492 (60.3)	237 (30.0)	3.54 (2.70-4.65) ^b	205 (36.8)	583 (23.9)	1.86 (1.44-2.40) ^b
Cocaine	258 (31.6)	227 (28.7)	1.15 (0.87-1.52)	251 (45.1)	788 (32.2)	1.72 (1.35-2.21) ^b
Heroin	154 (18.9)	163 (20.6)	0.90 (0.65-1.24)	135 (24.2)	534 (21.8)	1.14 (0.86-1.52)
Alcohol	318 (39.0)	328 (41.5)	0.90 (0.69-1.17)	257 (46.1)	1202 (49.2)	0.89 (0.70-1.13)
Problem substances, No. ^d			2.13 (1.67-2.71) ^b			1.71 (1.41-2.07) ^b
0	20 (2.5)	170 (21.5)		37 (6.6)	555 (22.7)	
1	604 (74.0)	468 (59.2)		362 (65.0)	1350 (55.2)	
≥ 2	192 (23.5)	152 (19.2)		158 (28.4)	539 (22.1)	
Drank in past month, d			0.96 (0.83-1.12)			1.05 (0.91-1.21)
0	411 (50.4)	354 (44.8)		219 (39.3)	1009 (41.5)	
≤ 5	168 (20.6)	229 (29.0)		149 (26.8)	630 (25.9)	
> 5	237 (29.0)	207 (26.2)		189 (33.9)	794 (32.6)	
Ever injected drugs	316 (38.7)	199 (25.2)	1.88 (1.42-2.49) ^b	263 (47.2)	861 (35.2)	1.65 (1.29-2.10) ^b

Abbreviations: CI, confidence interval; CSA, childhood sexual abuse; GED, general equivalency diploma; OR, odds ratio.

^aValues are expressed as number (percentage) unless indicated otherwise.

^bP < .01.

^cCategories of drug of choice are not mutually exclusive, and substances endorsed by fewer than 5% of the sample are not reported.

^dThe count of problem substances excludes alcohol.

Table Title:

Characteristics of Women and Men Entering Substance Use Disorder Treatment by Lifetime History of Prostitution

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Health Problems

As a sex worker, the risk of acquiring HIV and other STIs is significantly greater by engaging in unsafe sexual activity, having multiple sexual partners, and/or substance use. The rates of STIs are from 5 to 60 times higher among sex workers than in general populations.²³ In addition to higher rates of STIs, sex workers are often unaware of their infection status, further endangering their own health risks and increasing the risk of infecting others with HIV and other STIs. Surveys of female sex workers showed that 35% to 55% of them had engaged in unprotected commercial sex, and 10% to 35% never use condoms while engaging in commercial sex. Alarming, studies have shown that only 47% of female prostitutes are aware of their HIV status, less than 50% of these women had a health screening in the previous year, and on average had 17 sex partners per week.²⁴ Although the latter statistics primarily focus on women, men too engage in prostitution and/or other sex work.

²³ <http://iqsolutions.com/section/ideas/sex-workers-and-stis-ignored-epidemic>

²⁴ Shively, M., Kliorys, K., Wheeler, K., and Hunt, D., *A National Overview of Prostitution and Sex Trafficking Demand Reduction Efforts: Final Report*. N.p. National Criminal Justice Reference Service. Abt Associates Inc., 30 Apr. 2012.

From: **Prevalence and Health Correlates of Prostitution Among Patients Entering Treatment for Substance Use Disorders** Arch Gen Psychiatry. 2008;65(3):337-344. doi:10.1001/archpsyc.65.3.337

Table 2. Association Between Lifetime History of Prostitution and Self-reported Health Conditions and Health Care Utilization in the Past Year, Before and After Adjustment for Age and Childhood Sexual Abuse

Characteristic	Women (n=1606)				Men (n=3001)			
	Lifetime History of Prostitution, No. (%) (n=816)	Never Involved in Prostitution, No. (%) (n=790)	OR (99% CI)	AOR (99% CI) ^a	Lifetime History of Prostitution, No. (%) (n=557)	Never Involved in Prostitution, No. (%) (n=2444)	OR (99% CI)	AOR (99% CI) ^a
Mental health								
Anxiety	238 (29.4)	160 (20.4)	1.63 (1.20-2.20) ^b	1.47 (1.08-2.00) ^b	157 (28.5)	498 (20.5)	1.55 (1.18-2.04) ^b	1.43 (1.08-1.90) ^b
Depression	503 (61.6)	486 (61.7)	1.00 (0.77-1.30)	0.89 (0.68-1.18)	372 (66.8)	1244 (50.9)	1.94 (1.50-2.50) ^b	1.82 (1.40-2.35) ^b
Psychotic	339 (41.5)	220 (27.8)	1.84 (1.40-2.42) ^b	1.70 (1.28-2.25) ^b	310 (5.8)	1656 (67.9)	1.68 (1.31-2.15) ^b	1.57 (1.22-2.02) ^b
Lifetime suicide attempt	338 (41.4)	229 (29.0)	1.73 (1.32-2.28) ^b	1.44 (1.08-1.92) ^b	157 (28.2)	440 (18.0)	1.79 (1.35-2.36) ^a	1.65 (1.24-2.20) ^a
Recent suicide attempt	113 (13.8)	79 (10.0)	1.45 (0.97-2.16)	1.19 (0.78-1.81)	58 (10.4)	139 (5.7)	1.93 (1.26-2.94) ^b	1.79 (1.16-2.77) ^b
Physical health								
Respiratory	175 (21.5)	168 (21.3)	1.01 (0.74-1.39)	0.98 (0.71-1.35)	77 (13.8)	246 (10.1)	1.43 (1.00-2.06) ^b	1.32 (0.91-1.91)
Circulatory	195 (23.9)	156 (19.7)	1.28 (0.94-1.75)	1.28 (0.93-1.77)	87 (15.6)	275 (11.3)	1.46 (1.04-2.06) ^b	1.43 (1.00-2.05)
Internal organ	157 (19.3)	126 (15.9)	1.26 (0.91-1.77)	1.15 (0.81-1.64)	59 (10.6)	260 (10.7)	1.00 (0.67-1.47)	0.89 (0.59-1.34)
Neurological	152 (18.7)	173 (21.9)	0.82 (0.59-1.13)	0.73 (0.52-1.01)	93 (16.7)	296 (12.1)	1.45 (1.04-2.03) ^b	1.32 (0.94-1.86) ^b
HIV or AIDS	54 (6.6)	13 (1.6)	4.23 (1.89-9.49) ^b	3.88 (1.72-8.76) ^b	46 (8.3)	68 (2.8)	3.15 (1.89-5.23) ^b	2.80 (1.66-4.72) ^b
Hepatitis	26 (3.2)	6 (0.8)	4.31 (1.33-13.93) ^b	4.20 (1.27-13.83) ^b	19 (3.4)	49 (2.0)	1.73 (0.85-3.50)	1.54 (0.75-3.19)
STDs	97 (11.9)	16 (2.0)	6.56 (3.23-13.32) ^b	5.89 (2.88-12.05) ^b	34 (6.1)	49 (2.0)	3.18 (1.77-5.72) ^b	2.84 (1.54-5.21) ^b
Health care utilization								
Clinic visit	500 (61.3)	440 (55.7)	1.26 (0.97-1.64)	1.15 (0.88-1.50)	267 (47.9)	1031 (42.2)	1.26 (0.99-1.61)	1.22 (0.95-1.56)
ED visit	364 (44.6)	276 (34.9)	1.50 (1.15-1.95) ^b	1.32 (1.01-1.74) ^b	211 (37.9)	776 (31.8)	1.31 (1.02-1.68) ^b	1.25 (0.96-1.61)
Hospital visit	259 (31.7)	206 (26.1)	1.32 (0.99-1.75)	1.22 (0.91-1.63)	123 (22.1)	425 (17.4)	1.35 (1.00-1.81) ^b	1.27 (0.93-1.71)
Inpatient mental health service	77 (9.4)	44 (5.6)	1.77 (1.07-2.93) ^b	1.55 (0.93-2.60)	59 (10.6)	134 (5.5)	2.04 (1.34-3.12) ^b	1.81 (1.17-2.80) ^b

Abbreviations: AOR, adjusted odds ratio; CI, confidence interval; ED, emergency department; HIV, human immunodeficiency virus; OR, odds ratio; STDs, sexually transmitted diseases.

^aAdjusted for childhood sexual abuse and age.

^b $P < .01$.

Table Title:

Association Between Lifetime History of Prostitution and Self-reported Health Conditions and Health Care Utilization in the Past Year, Before and After Adjustment for Age and Childhood Sexual Abuse

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Arrests and Convictions

Typically 75% of women will have been arrested at least once, many before age 18. In 2017 51 women were arrested on street prostitution charges in Chattanooga, TN at a cost of \$47.23/day. In 2018 there were 29 women arrested several of which experienced multiple arrests in one year. The costs for their incarceration is \$51.21/day in 2018 and the average length of stay is 3-5months depending on their charges making the average costs of incarceration to Hamilton County taxpayers in 2017 \$289,048 and \$178,211 in 2018 .

Tennessee prohibits the following activities²⁵:

Prostitution - Engaging in, or offering, sexual activity as a business, working at a brothel or house of prostitution, or loitering in public places to be hired for sexual activity

Aggravated Prostitution - The penalty for prostitution while knowing you are infected with HIV is increased due to the perceived maliciousness of potentially spreading HIV to clients (also called an "aggravating circumstance").

²⁵ 2019 Tennessee Code 39-13-512 to 39-13-515.

Patronizing Prostitution - Soliciting or hiring another person to engage in sexual activity or going to a brothel or house of prostitution sexual activity

Promoting Prostitution - when a person does any of the following:

- Owns, manages, or supervises a prostitution business
- Finding a person to work at a brothel or house of prostitution
- Encouraging a person to become a prostitute
- Soliciting a person to patronize a prostitute
- Finding a prostitute for a person
- Soliciting or receiving any benefit for any of the above activities

Penalties

Penalties vary depending on where the prostitution or solicitation occurred and whether the prostitute knowingly had HIV.

Class C Felony - 3-15 years in prison and a fine of not more than \$10,000 (aggravated prostitution--while knowing HIV positive)

Class E Felony - 1-6 years in prison and a fine of not more than \$3,000 (promoting prostitution)

Class A misdemeanor - not more than 11 months and 29 days in jail and a fine of not more than \$2,500 fine (prostitution or patronizing a prostitute within 100 feet of a church or 1.5 miles of a K-12 school)

For prostituting by a school, the minimum sentence is 7 days in jail and a fine of \$1,000.

Class B misdemeanor - not more than 6 months in jail and a fine of not more than \$500 (prostitution or patronizing a prostitute)

In order to determine if "aggravated prostitution" or prostitution while knowing you are HIV positive occurred, all defendants convicted of prostitution, patronizing prostitution, or promoting prostitution are ordered to have an HIV test. Test results are sealed by the court.

Civil Penalties

- **1. Vehicle Forfeiture** – If your vehicle was used in the commission of the crime, police may have the right to seize the vehicle and have the property forfeited. You need your car, so ask your lawyer if your vehicle is something the state could go after in your case.²⁶
- **2. Employment** – A conviction of this nature can result in the loss of your professional licensing, which can lead to the loss of your job. Also, if you're applying for a new job or your employer ever performs a background check, the conviction will show up, and it can make it a lot harder for you to earn that second interview or promotion.
- **3. Voting** – If you are convicted of a felony-level prostitution or solicitation offense (and believe us, it doesn't take much for charges to be upgraded), you will forfeit your civil right to vote. This may not be very important to you, but it's something that is oft-overlooked.
- **4. Your Driving Record** – Did you know that a permanent record of your conviction is noted on your driving record after a prostitution or solicitation conviction? First time offenses are classified as private data and can only be viewed by law enforcement officials, but subsequent offenses will be listed as public information, which can be viewed by others.

²⁶ <https://aacriminallaw.com/5-important-reasons-challenge-prostitution-solicitation-charge/>

- **5. Housing** – A conviction for prostitution or solicitation can violate the terms of your housing agreement or lease, so there's a chance that it could lead to your eviction from the property. Similar to your employment search, listing your conviction on housing applications may be required going forward, meaning you may have a difficult time finding housing after a conviction

Attempts to Exit

Most women have tried to leave but barriers such as drug addiction, trauma, fear of violence, or practicalities like no home, no money and no one to care for them, have meant they have not succeeded.²⁷

A Mother's Love

We conducted a personal interview with a Chattanooga mother whose daughter was a survivor of sex trafficking. She spoke of her unending love for her daughter and the struggles she had faced to help her daughter escape sex trafficking. Her daughter was recruited as a minor, had been able to leave for a short time and then brought back into it through force and coercion. She spoke about the extensive trauma that her daughter and the family had experienced. She talked about her work not only to fight for her daughter but all survivors. She worked diligently with other advocates, mothers and legislative liaisons to shutdown backpage and change federal law. She referenced the resources by the National Center for Missing and Exploited Children available to parents in keeping their children safe online and the importance of sex education for children. She talked about the importance of training for all first responders and the need for a greater public awareness. Her story shows that despite all the odds, challenges and trauma, there is hope to. It shows the power of a mother's love and the resiliency of survivors and their families.

²⁷ Williamson, C., & Folaron, G. (2003). Understanding the Experiences of Street Level Prostitutes. *Qualitative Social Work: Research and Practice*, 2(3), 271-287.

Existing Community Resources

The Prostitution and Sex Trafficking Workgroup reached out to nonprofit organizations whose work focuses on prostitution and/or sex trafficking whether it is legislative and advocacy based or support services. There are several current community providers working on aspects of this area but their missions and target audiences are vastly different, with no collective focus on reframing prostitution in light of our knowledge of trauma and sex trafficking.

[Second Life Tennessee](#)

Second Life TN's mission is to stop human trafficking through prevention, policy and survivor services.

[Love's Arm](#)

At Love's Arm we engage in transformative Christ-centered relationships with persons in addiction-related prostitution & the sex industry that empower and transition them beyond the shame into a community of grace. Engagement takes place through street outreach, 24/7 helpline assistance, 12 step recovery, strip club outreach, in jail classes, pen palling/ visitation and 2 year residential holistic recovery.

[Women's Fund of Greater Chattanooga](#)

Since 2008, The Women's Fund of Greater Chattanooga has improved the lives of women and girls in our state. Through advocacy, collaboration, and targeted philanthropy, we seek to create lasting change in our community.

[Partnership for Families, Children and Adults](#)

The Partnership for Families, Children and Adults has been serving the Tennessee Valley community for 140 years through professional counseling, crisis intervention, and prevention services.

[Family Justice Center](#)

The FJC serves residents of Hamilton County and the City of Chattanooga by co-locating services in a trauma-informed environment to:

- address intimate partner and family violence
- address abuse of older adults through elder justice services
- address human trafficking

[Hamilton County's Mental Health Court Sexual Trauma Track](#)

The mission of the Hamilton County/City of Chattanooga Mental Health Court is to ensure safer communities through an organized collaborative effort of criminal justice leaders, government, community providers, consumer groups, and nonprofits to provide improved and necessary treatments supports for defendants who have been diagnosed with a mental illness. A specific Sexual Trauma Track has been established through a Victim of Crimes Act (VOCA) Grant received through the State of Tennessee Office of Criminal Justice Programs. The Track addresses the needs of justice-involved individuals with mental health needs who have experienced sexual trauma, including sex trafficking.

[The Next Door Chattanooga](#)

The Next Door Chattanooga prepares women for independent living free from drug and alcohol abuse offering a unique program in partnership with the Tennessee Department of Correction. Women served by The Next Door at the Chattanooga location are currently incarcerated, and receive transitional services rooted in evidence-based practices to address the needs of the women.

[CADAS](#)

At CADAS we are dedicated to providing the highest quality treatment, prevention, and education to the chemically dependent, their families, and within the surrounding communities.

Proposed Goals/Outcomes and Recommendations

As a City, we need to reduce the number in Chattanooga who are women in prostitution, many of who were sex trafficked for an average of seven years starting as children and “age into” prostitution. We need to focus on ending sex trafficking, a form of modern slavery, and empower women and girls in Chattanooga by focusing on the evidence-base surrounding trauma and reframing prostitution so that women are seen as victims and survivors rather than criminals.

We recommend a multi-faceted approach that requires a coordinated community response. Funding and City of Chattanooga government leadership will be crucial in the early years of building a viable long term solution. We would encourage the City to support public-private partnerships in their review of viable alternatives. We would also support the creation of a City task force or interagency council, with heavy community involvement through the appointment of thought leaders, organizations and peers from our community. This City task force would create synergy with existing community resources, allow for the cultural shift necessary to reframe prostitution in light of trauma and sex trafficking, and plan, coordinate and accelerate our City’s response to reframing prostitution and ending modern slavery through sex trafficking. The City of Chattanooga has already seen the power of unifying the community around a common goal through its initiatives to end veteran homelessness and end homelessness. A City task force will create a platform to build continual planning and progress towards reframing prostitution and ending sex trafficking through a multi-faceted, multi-system approach with coordinated community commitment to the mission.

A three-pronged strategy is suggested:

1. **Preventive measures:** increase public awareness, empower girls and women and decrease future demand.
2. **Education:** a viable framework for educating first responders and those who make first contact with women in prostitution and sex trafficking that leads to faster intervention.
3. **Supportive programs:** supportive programs and mechanisms to encourage long term recovery, resilience and well-being.

We also encourage state legislators to consider actions taken by other communities to focus laws and punishments on the demand for prostitution and paid sex rather than the supply. This would be a far more equitable and trauma-focused policy change that would focus on the human rights of women and children in our community.

Preventive measures

We would encourage a coordinated community strategy to increase public awareness of the issues, empower girls and women and decrease future demand. A targeted marketing campaign which responds to local cultural needs in a competent and inclusive way is needed to raise awareness in all areas of our community while combatting stigma associated with prostitution. A City taskforce will be critical to this reframing of prostitution and cultural shift. We encourage the use of the five indicators of social change²⁸, developed by the Women’s Funding Network:

1. Shift in Definition – reframe prostitution within our community in light of trauma and sex trafficking.
2. Shift in Behavior – people in the community are behaving differently as a result of the change in definition which would include law enforcement focusing on demand rather than supply and community organization being actively engaged with providing trauma-focused services to survivors.
3. Shift in Engagement – organizations publish local information on prostitution and sex trafficking, there is a coordinated media response to highlight the needs of survivors and people in the City of Chattanooga are

²⁸ https://www.juf.org/pdf/women/jwf_indicators.pdf

more engaged and find out how to get involved.

4. Shift in Policy – the City of Chattanooga taskforce, as a coordinated community response, institutes more inclusive policies that recognize the needs of women survivors with a focus on racial and economic diversity.
5. Maintaining Past Gains – the City of Chattanooga maintains past gains in the face of opposition so that the needs of women and girls in our community continue to be met and their human rights as survivors of trauma and sex trafficking are recognized.

We would recommend the adoption of local ordinances and resolutions by the City Council to support the work of the City taskforce and recognize how we presently still criminalize victims and need to reframe prostitution in light of what we know about trauma, ACEs and sex trafficking. A number of other communities, including Fulton County, Georgia, have been able to further target preventive measures through these regulatory mechanisms. Fulton County introduced an ordinance that recognized that²⁹:

- something as simple as loitering can be a red flag that someone is a potential predator
- their intent to address the power imbalance that currently exists between those seeking to purchase sexual services and those being exploited to perform these acts through policy change
- focus on areas that are known to authorities for frequent prostitution arrests
- law enforcement will be given additional latitude to investigate a loitering suspect who is engaging in such suspicious activities as repeatedly circling the block in a car, stopping their motor vehicle on a Fulton road to beckon to someone on the street or repeatedly stopping, or attempting to stop, drivers by hailing them down
- law enforcement will also have additional powers to investigate those who remain in their cars in a parking lot or vacant area for an extended period of time
- the most effective way to address sexual trafficking is to be more aggressive and effectively prosecute people seeking to purchase sex.
- studies have shown that those who engage in sexual exploitation, and are arrested, show a strong likelihood they would stop this activity and not repeat such behavior

Other examples of progressive legislative and regulatory changes include Atlanta Mayor Keisha Lance Bottoms' legislation offering career paths to human trafficking survivors³⁰. This progressive legislation helps provide economic mobility and a road to self-sufficiency for women who have experienced difficulty gaining living-wage employment due to poverty, sexual abuse and trafficking. Mayor Bottoms' also appointed a Cabinet Level Senior Human Trafficking Fellow position tasked with developing and implementing a Citywide policy blueprint on current anti-trafficking programs, critical gaps and recommended new or strengthened policies and practices³¹.

Other ordinances that have helped end sex trafficking and prostitution and supported survivors include initiatives targeted at:

- curbing sex trafficking and prostitution at hotels in Baton Rouge through permits, registrations and fines that have the ability to incorporate mandatory training on sex trafficking, prostitution and trauma³²
- curbing sex trafficking and prostitution in businesses, particularly adult entertainment and massage parlors³³ - efforts could include displaying human trafficking hotline posters, working with law enforcement and mandatory required training to receive permits and licenses, renewable on a regular basis.

²⁹ <https://files.constantcontact.com/4ccb21a3701/65f27714-a69c-4d72-9c92-fe892d77158b.pdf>

³⁰ <https://www.atlantaga.gov/Home/Components/News/News/11830/1338?backlist=%2f>

³¹ <https://www.endhumantraffickingatl.org/>

³² https://www.theadvocate.com/baton_rouge/news/article_ac478eb0-0132-11e8-be36-6bb6c3a45ac0.html

³³ <https://www.thelawman.net/blog/2015/12/new-orange-county-ordinances-provide-lifeline-for-victims/>

Education

We recommend the establishment of a viable framework for educating first responders and those who make first contact with women in prostitution and sex trafficking that leads to faster intervention with a trauma and culturally-competent approach, together with education to all women in our community. The Mayor's Council for Women has focused for several years on advocating, educating, and empowering women in our community about issues that matter to them most. This education component, which could be spear-headed by the City taskforce, can build on the work done by the Mayor's Council for Women Healthy Sexuality Education Working Group around domestic violence, workplace bias and healthy sexuality. It can continue on from the work and data highlighted in that Working Group's White Paper: "Filling the Healthy Sexuality Education Gap: A Collaborative Approach."

The first responder – typically used to describe the firefighter, EMT and paramedic – is out in our community and interacting with people every day. They are entering people's homes, going into warehouses, and visiting homeless shelters and encampments. Additionally, the term first responder can be expanded to encompass all those who make first contact with potential victims of sex trafficking and prostitution – in particular medical personnel, educators and the faith-based network in our community. Empowering these critical positions to recognize and be able to respond to potential victims is a critical step in ending sex trafficking and prostitution in Chattanooga. We would hope this critical education and awareness component could be a key part of the work of the recommended City taskforce.

Supportive programs

We encourage the further development of supportive programs and mechanisms to encourage long term recovery, resilience and well-being while strengthening existing community resources.

There is already some local focus on helping survivors of trafficking expunge their records to ensure that they are not punished and stigmatized through their criminal records. Best practices from POLARIS exist³⁴ and New York was the first state to pass this relief by creating a "set-aside" law which enables non-violent arrests/convictions that arise out of a person's status as trafficked to be nullified. We recommend a community response that not only advocates for these legislative changes at a state level but also focuses on the reframing of prostitution to recognize that women in prostitution have predominately been sex trafficked as minors first and should be accorded this same relief if we are to build a strong and thriving community that is representative of all and ensures basic human rights. The City can support the setup of local agencies to help with this expungement process. Right now the State of Tennessee only allows this for minors and they cannot have been charged with prostitution³⁵ which is counterproductive to what we now know about trauma, ACEs, prostitution and sex trafficking.

Survivors need increased access to all legal services, not just criminal, to ensure they can overcome barriers to recovery such as section 8 housing being denied because of their criminal status after a background check or to advocate for their admission to places of higher learning. We would encourage the City task force to establish a formalized partnership between legal service providers and providers of support services to survivors so that from the very start of intake there is a comprehensive review of social needs and action to help meet those needs. Survivors also need access to employment with a living wage. The City task force can actively work to

³⁴ POLARIS, *State Report Cards: Grading Criminal Record Relief Laws for Survivors of Human Trafficking* <https://polarisproject.org/sites/default/files/Grading%20Criminal%20Record%20Relief%20Laws%20for%20Survivors%20of%20Human%20Trafficking.pdf>

³⁵ POLARIS, *State Report Card: Tennessee 2019* <https://polarisproject.org/sites/default/files/2019-CriminalRecordRelief-Tennessee.pdf>

involve the business community, educate and encourage understanding, and encourage potential employers to recognize the skills and drive of survivors of prostitution and sex trafficking. The City can examine the viability of a survivor-friendly workforce coalition of employers, lenders and other private businesses that will provide training to their employees, streamline applications and remove barriers.

We would also encourage the supporting of trauma-focused services that allow for long term recovery, focus our community on building resiliency and well-being and break down the barriers survivors face getting jobs, access to education and housing because of the criminalization of prostitution. In particular, there is a need for more case management and navigators to help survivors access existing resources in a consistent manner and navigate the complex multi-system infrastructure to ensure needs are met within our community.

There is also a significant need to recognize the important work done by peer support initiatives. Peers – those who have walked in the steps of survivor women and children – can relate to survivors and assist with building trust and rapport in a way that outsiders who have never experienced that extent of ACEs and complex trauma cannot. Survivors typically lack a social support system, are alienated from family members or didn't have a family in the first place. They are also isolated by design when they are trafficked and in prostitution. Survivors critically need a network of helping, functioning, healthy peer mentors who care. The City taskforce could highlight the work of existing peer support groups in the area and examine ways to best support these groups through education, awareness, and resources. Recovery takes time but is possible and groups like these can make all the difference in that process.

Conclusion

Upon review of the data and evidence-base above, it is clear to see the need for a change in focus from supply to demand with a community-wide reframing of prostitution in light of sexual trauma, exploitation and trafficking, and for the City of Chattanooga and the State of Tennessee to act to improve wellbeing for all women in our community. There are many small initiatives around town already addressing this in some way but very few complete solutions with backing by the City of Chattanooga to truly address the adverse childhood experiences and extensive sexual trauma that women in prostitution have faced. Utilizing the knowledge we have of Adverse Childhood Experiences and trauma and the strong correlation with prostitution, we need to better target resources and assistance to women and children in our community affected by sex trafficking and prostitution. If we want a strong community we need to support all members of our community, starting with girls as young as 12-14 who are trafficked minors in our community. If we want a thriving community we need to support underserved women who we know are disproportionately more likely to be targets of sex trafficking and prostitution. If we want an engaged and financially well community we need to reframe prostitution, stop labeling women as criminals rather than victims and survivors, and change our focus from supply to demand. We cannot afford for our current approach to continue. Reframing prostitution and changing our focus is about far more than serving a certain section of our community or saving a few dollars, it is about creating a trauma-informed and viable opportunity for all families and our community to truly thrive.

Workgroup Membership

Co-Chairs: Anna Protano-Biggs
Mimi Nikkel

Members: Anne Weeks
Dia Neighbors
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Tracy Taylor
Jessica Oliva-Calderon
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