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To:

Human Rights Council, New York
Special Rapporteur on violence against women and girls
Ms. Reem Alsalem

Subject:

Call for input to the report of the Special Rapporteur on violence against women and girls to the Human Rights Council on prostitution and violence against women and girls

Submission by

Dr. med. Margot D. Kreuzer

I am a specialist in psychosomatic medicine, psychotherapy, psychoanalysis, trauma psychotherapy and sexual therapy. PhD under Prof. Dr. Volkmar Sigusch, Department of Sexology at the J.W. Goethe University Hospital in Frankfurt/Main with the topic: "The development of heterosexual prostitution in Frankfurt am Main from 1945 to the present, with particular reference to the influence of syphilis and AIDS". In own practice in Rosenheim since 1993. Treatment focus on sexual disorders/traumatization in women. I have been working for years on the subject of prostitution and its health consequences and have been treating prostituted women in my practice.

**Prostitution is a form of violence against women:
On the health consequences of prostitution**

Response to question 4,5,8

Physiological effects of prostitution

There is no part of the body that is spared discomfort, pain, agony or long-term consequences - even death. **Violence is inherent in the activity of prostitution**, as the daily and frequent "allowing" of sexually determined vaginal, anal or oral penetration of one's own body is the "basis of work", the *conditio sine qua non*. It is important to realize that this is not self-determined sexuality with pleasure and desire and that the body's natural defensive reflexes must therefore be suppressed. **Direct physical effects of the sexual practices demanded by sex buyers.** During oral sex, the penis is thrust deep, hard and fast into the woman's throat. She has to suppress the natural gag reflex, one suitor at a time. At the same time, she has to put up with inflammation or injury to the larynx, **infection** with

viruses, bacteria and fungi (if no condom is used) and permanent mechanical overstretching of the temporomandibular joint. An infection with HPV can lead to laryngeal cancer. Frequent vomiting can lead to **gastritis** and **eating disorders**. Overuse of the temporomandibular joint leads to **temporomandibular joint arthrosis**. Vaginal penetration often leads to painful overstretching of the vagina and pelvic floor, particularly depending on the size and force of the object used for penetration (penis, hand, fist, bottle). Very painful tears (**fissures**) can appear on the vulva, which can also affect the very sensitive area of the urethra (entrance to the urethra). The risk of infection with sexually transmitted infections (**STIs**) such as trichomonads, gonococci, chlamydia, herpes, HPV, syphilis and hepatitis is significantly increased.¹ An infection at the cervix can ascend into the abdominal cavity and lead to **purulent inflammation of the fallopian tubes**, which often requires surgery and can lead to infertility. Infection of the cervix with HPV can lead to **cervical cancer** and, if undetected, to death. The anatomical proximity to the urethra and bladder causes chronic bladder inflammation, which in turn can involve the kidneys and affect them chronically.

The pelvic floor, both vaginal and anal, is often damaged in two ways: firstly, through frequent mechanical overstretching and, secondly, through psychologically negative neurological-vegetative impulses.² Otherwise only known after several births or as **postmenopausal symptoms, urinary or fecal incontinence** can also occur in very young prostituted women. Anal intercourse can lead to permanent **damage to the anal sphincter muscle** (sphincter ani) due to constant overstretching and direct tears and injuries.

Sexual practices with a prostituted pregnant woman, which are basically legal due to the existing but currently being amended legal situation in Germany, have a **high risk of premature birth** in addition to the almost incalculable psychological consequences for mother and child, which can possibly lead to intensive treatment of the premature baby with all the associated damage and which are not described in detail here.

In the study by Schröttle/Müller³, 43% of the women surveyed had more than 17 sex buyers per week, 18% had more than 35 sex buyers; in the area observed here (ZB HH), the women themselves sometimes reported up to 20 sex buyers in one day. In the same study by Schröttle/Müller, more than two thirds (67%) of those affected named more than ten physical complaints. A study by the University of Lübeck revealed a clear prevalence of sexually transmitted infections (STIs).⁴

Finally, it should be noted that prostitution is definitely a form of violence against women, which can be recognized by the fact that the psychosomatic symptoms of those affected correspond to other forms of gender-specific violence.⁵ There are many parameters for the long-term survival of the women affected, including how much strength, will to survive and resilience the individual can muster.

¹ Anna Wolf: Untersuchung zum Infektionsstatus von Prostituierten in Lübeck, Inauguraldissertation 2007

² Physical and sexual abuse in patients with overactive bladder: is there an association? Ursula M. Peschers Int Urogynecol J (2007) 18:449–453 DOI 10.1007/s00192-006-0173-z 45

³ BMFSFJ (2004): Lebenssituation, Sicherheit und Gesundheit von Frauen in Deutschland.

<https://www.bmfsfj.de/blob/84328/0c83aab6e685eeddc01712109bcb02b0/langfassung-studie-frauen-teil-eins-data.pdf> zitiert nach M. Schon: Ausverkauft, Tredition, 2021

⁴ Anna Wolf: Untersuchung zum Infektionsstatus von Prostituierten in Lübeck, Inauguraldissertation 2007

⁵ Robert Koch Institut: Gesundheitliche Lage der Frauen in Deutschland, Kapitel 8: Gesundheitliche Auswirkungen von Gewalt gegen Frauen, 2021

However, the use of violence with its devastating effects on the body and soul of the women concerned is inherent to the system of prostitution.

Psychological effects of prostitution

From a psychotraumatological point of view, it is hardly possible to hand over one's own body for sexual use to other people, usually strangers, in return for payment without this having clear negative consequences for the psyche and body.⁶ Penetration of the body by a person you have not chosen yourself inevitably triggers natural phenomena such as disgust, shame, fear and reluctance.⁷ These reactions lead to stress in the brain and must be switched off in order to continue to achieve the cognitive goal of getting money. This switching off happens automatically as an emergency mechanism in our brain when we are under excessive stress and is called dissociation. This leads to a numbness and indifference, a kind of trance state in which the pain of unwanted penetration is perceived less intensely or not at all.

Dissociation, perpetrator introjects or perpetrator-impersonating self or inner critic and identification with the aggressor, perpetrator-victim reversal and revictimization are defense mechanisms that serve survival, which is why they can also be described as survival strategies.

Dissociative disorders refer to trauma- and stress-related disorders (acute stress reactions and post-traumatic stress disorders). People with stress-related disorders may suffer from dissociative symptoms such as amnesia, flashbacks, numbness and depersonalization/derealization. Dissociative sensory disorder often involves symptoms such as numbness, loss of sense of smell or taste, sometimes even hearing loss, deafness or blindness

Dissociative disorder is a generic term for a number of mental illnesses. Those affected react to very stressful experiences by splitting off memories or even entire parts of their personality. This allows them to block out unbearable experiences.

Dissociative identity disorder, also known as multiple personality disorder, is considered to be the result of severe trauma. Patients with this disorder can develop normal, everyday and emotional, traumatized personality states.

Perpetrator introjects, also known as the perpetrator-impersonating self or inner critic⁸, are psychologically complex models that victims have internalized against their will through the brutal

https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsB/frauenbericht/08_Gewalt_gegen_Frauen.pdf

⁶ This medical assessment is shared by leading German trauma therapists and Dr. Ingeborg Kraus' network "Trauma and Prostitution", which comprises almost 200 trauma therapists (<https://www.trauma-and-prostitution.eu>), as well as by the German Society for Trauma and Dissociation (DGTD) and the German-speaking Society for Psychotraumatology (DeGPT).

⁷ Huber, Michaela (2015): Trauma und Prostitution aus traumatherapeutischer Sicht, <https://www.michaelahuber.com/files/vortraege2014/trauma-und-prostitution-aus-traumatherapeutischer-sicht.pdf>

⁸ Peichl, Jochen Rote Karte für den inneren Kritiker, 2014

transgressions of the perpetrator, e.g. the father and later the sex buyers or pimps. Perpetrator introjects often steer the affected person into repetitions that are difficult to avoid. Introjection is generally understood to be the process of taking on values and norms that someone internalizes as part of their personality development during their socialization.⁹ In the course of development, adopted norms and values are internalized passively and without free choice; they become a part of the self.

Above all, **traumatic experiences in childhood**, in which the degree of powerlessness and dependency experienced is particularly great - such as in a repressive and authoritarian educational structure or emotionally manipulative educational abuse characterized by deprivation of love - lead to the development of this reaction. It serves to protect one's own psychological system and has the character of a "last emergency brake" before an impending collapse of the self in the face of overwhelming attacks and affects that cannot be integrated. The consequences of identifying with an aggressor are an impediment to the development of autonomy. A paradoxical perpetrator-victim bond can thus manifest itself.

Identification with the aggressor causes a contempt for one's own needs, which ultimately leads to prostitutes putting up with almost anything, seemingly without any will. But deep down, there is an unconscious hatred of the non-protective other (the parents, pimps, sex buyers) and a lack of self-empathy and self-care. Since it is unconscious, it is not perceived as such, but is turned into the opposite and directed against one's own (supposedly incapable) self. A form of self-hatred develops, which can also be the cause of self-harm. Their own needs are no longer recognized. As a result, many women in prostitution treat their own bodies ruthlessly with the aim of serving as many sex buyers as possible. For this reason, prostitution can also be seen as a form of self-harm. It is about the adoption of, for example, devaluing convictions of sex buyers or pimps (e.g. "You're only good as a whore") and the perpetrator-victim reversal (e.g. "It's my own fault if I'm abused because I started prostitution") due to which those affected remain in prostitution involuntarily.

In perpetrator-victim reversal, the victim thinks and acts like the perpetrator and may become a perpetrator themselves.

Due to the attribution of guilt according to the motto, the woman herself is to blame if violence is done to her, after all she is a prostitute. It is an attribution of guilt by the perpetrators, the sex buyers, the pimps, society. A stigmatization in a double sense, because no matter what she does, she herself is to blame. It is therefore a vicious circle that can only be broken by leaving prostitution.

It is a fact that many people in prostitution have already experienced a lack of protection and even massive boundary violations in childhood and adolescence. As a result, many prostitutes repeat, restage and reinforce existing traumas from their past in prostitution.¹⁰ On the one hand, this happens through sexual intercourse in prostitution itself: because "the 'yes' that women give in prostitution is a yes to money, not to sex. **This means that there is no sexual consensus.** This makes prostitution a relationship of violence."¹¹

⁹ Stangl, Werner <https://lexikon.stangl.eu/10883/taeterintrojekte>

¹⁰ Wöller, Wolfgang (2005): Traumawiederholung und Reviktimsierung.

¹¹ Zitat von Huschke Mau:

<https://www.facebook.com/ZDFwiso/photos/a.10150146041413859/10159155019633859/> 2.6.2021.

The fact that **everyday life in prostitution is traumatic** for most women is also confirmed by empirical findings, according to which 68% of women in prostitution have post-traumatic stress disorder as a result of their work as prostitutes (flashbacks, avoidance behavior, sleep disorders, anxiety). These trauma-related disorders often persist in the medium or long term and represent an enormous impairment of the quality of life and often also of the level of functioning.¹²

As with any trauma, it can be sufficiently processed with a great deal of time, energy and, not least, financial effort. However, **the traces of violence never disappear completely**. Reduced resilience and vulnerability to further stressors often remain for life. Accordingly, prostitution often re-traumatizes already vulnerable individuals, which has a highly damaging effect on the mental and physical health of those affected and prevents them from overcoming trauma caused at an early stage. Several findings on the poor mental and health condition of many prostitutes, with alarmingly high rates of depression, suicidal thoughts, anxiety and panic attacks, also support this theory.¹³

And finally, almost all prostitutes consume addictive substances in order to endure the psychological and physical stress and to ease pain, as the study by Dr. Heike Zurhold from the University Medical Center Hamburg-Eppendorf impressively demonstrates.¹⁴

From a sexual health perspective, the practice of prostitution is also considered risky and persistently harmful. Most prostitutes have a **disturbed relationship to their own body and sexuality and are hardly able to live a self-determined sexuality** even with a partner. These problems often persist for a long time after leaving prostitution.¹⁵ The ability of women in prostitution and women leaving prostitution to maintain relationships with male partners is often severely affected by their negative experiences with sex buyers.¹⁶

Conclusion:

Prostitution is a survival strategy, a repetitive revictimization and a form of self-harm and self-loathing. Declaring prostitution, a "normal job" and legalizing the prostitution market means legalizing a serious form of violence against women.

¹² Alder, Stephan: <https://bvvp.de/2020/09/07/prostitution-macht-krank/> Abruf am 23.6.2021

¹³ <https://sexindustry-kills.de/doku.php?id=prostitutionmurders:de>

¹⁴ Zurhold, Heike (2003): Substanzkonsum im Leben von Sexarbeiterinnen. Rausch 2(1).

¹⁵ Farley, Melissa (2003): Prostitution and the Invisibility of Harm. Women & Therapy 26(3/4): 247-280.

¹⁶ Norak, Sandra (2019): Rede auf dem 3. Weltkongress gegen sexuelle Ausbeutung von Frauen u. Mädchen, Mainz. Sandra Norak, Loss of Self in Dissociation in Prostitution <https://vimeo.com/354292081> ; Recovery of Self in Connection to Horses: A Survivor's Journey <https://digitalcommons.uri.edu/dignity/vol4/iss4/6>