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on prostitution and its health consequences on women in Member States
(2007/2263(INI))

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CONTENTS

	Page
MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION	3
EXPLANATORY STATEMENT:.....	8

MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on prostitution and its health consequences on women in Member States (2007/2263(INI))

The European Parliament,

- having regard to the UN Convention of 1949 for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others,,
- having regard to UN Convention of 1979 on the Elimination of All Forms of Discrimination against Women (CEDAW), Article 6 of which states that "States Parties shall take all appropriate measures, including legislation, to suppress all forms of traffic in women and exploitation of prostitution of women",
- having regard to CEDAW Committee General Recommendation No. 12, eighth session, of 1989 on violence against women,
- having regard to the CEDAW Committee General recommendation No. 19, eleventh session, of 1992 on violence against women,
- having regard to the UN Declaration of 1993 on the Elimination of Violence against Women, Article 2 of which states that violence against women includes: "Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution",
- having regard to the UN Convention of 2000 against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (the Palermo Protocol),
- having regard to the Beijing Declaration and Platform for Action adopted by the Fourth World Conference on Women on 15 September 1995 and follow-up to it in 2000 (Beijing + 5) and 2005 (Beijing + 10), and to its respective resolutions of 18 May 2000¹ and of 10 March 2005²,
- having regard to the Charter of Fundamental Rights of the European Union³,
- having regard to the Swedish legislation that criminalises the purchase of sexual services which came into force in 1999, and its positive effects on the prevention of trafficking in human beings for sexual purposes and prostitution in and to Sweden,
- having regard to the Finnish legislation of 2006 criminalising the purchase of sexual services from a victim of trafficking or procuring;

¹ OJ C 59, 23.2.2001, p. 258.

² OJ C 320 E, 15.12.2005, p. 247.

³ OJ C 364, 18.12.2000, p. 1.

- having regard to the proposal by the Norwegian government to criminalise the purchase of sexual services of July 2007;
- having regard to Council Directive 2004/81/EC of 29 April 2004 on the residence permit issued to third-country nationals who are victims of trafficking in human beings or who have been the subject of an action to facilitate illegal immigration, who cooperate with the competent authorities¹,
- having regard to the EU plan on best practices, standards and procedures for combating and preventing trafficking in Human Beings² where it states that the EU institutions and the Member States should promote gender specific prevention strategies as a key element in combating trafficking in women and girls. This includes implementing gender equality principles and eliminating the demand for all forms of exploitation, including sexual exploitation and domestic labour exploitation,
- having regard to the Council of Europe Convention on Action against Trafficking in Human Beings and its Explanatory Report of 2005 and in particular Article 12 of Chapter 3 which specifically mentions assistance to victims of trafficking and Article 17 which states that "Each Party shall, in applying measures referred to in this chapter, aim to promote gender equality and use gender mainstreaming in the development, implementation and assessment of the measures",
- having regard to its resolution of 16 September 1997 on the need to establish a European Union wide campaign for zero tolerance of violence against women³,
- having regard to its resolution of 2 February 2006 on the Current situation in combating violence against women and any future actions⁴,
- having regard to its resolution of 16 January 2008 on an EU strategy on the rights of the child⁵,
- having regard to Rule 45 of its Rules of Procedure,
- having regard to the report of the Committee on Women's Rights and Gender Equality (A6-0000/2008),

A whereas research from the World Health Organization (WHO) in 2000 shows that armed conflict results in an increased incidence of rape and prostitution,

B whereas research from the WHO in 2005 shows that prostituted women are at a high risk of violence and sexual violence such as rape, being threatened with a weapon and

¹ OJ L 261, 6.8.2004, p.19.

² OJ C 311, 15.12.2005, p 1.

³ OJ C 304, 6.10.1997, p. 55.

⁴ OJ C 288 E, 25.11.2006, p. 66.

⁵ *Texts adopted*, P6_TA-PROV(2008)0012.

strangulation,

- C whereas the United Nations Development Fund for Women in 2005 stated that women's exposure to violence increases their exposure to HIV/AIDS. Vulnerability is extremely high in coercive situations such as trafficking for prostitution and child prostitution, where women and girls have little power to insist on condom use or otherwise control the terms under which sex takes place,
- D whereas research from Canada shows that prostituted persons are 60 to 120 times more likely to be beaten or murdered than the general public,
- E whereas there is a link between experience of violence and sexual abuse and entry into prostitution as well as drug use and abuse,
- F whereas sexual abuse in childhood is associated with greater vulnerability to "revictimisation" in adulthood including involvement in prostitution,
- G whereas studies show that 60-70% of prostituted women report being physically abused as children and that there is a link between parental alcohol and drug abuse and entry into prostitution,
- H whereas common psychological health problems for prostituted women include: depression, suicide attempts, panic attacks, traumatic stress, sleep disorders, flashbacks and migraines. Research also shows that the post-traumatic stress syndrome prostituted women experience is similar to that experienced by political prisoners,
- I whereas an Australian study shows that a high percentage of prostituted women have experienced violence (85%) and rape (40%) as well as several traumatic experiences (93%) and depression (87%). 75% had been sexually abused before the age of 16 and 81% during the course of their work,
- J whereas prostituted women risk becoming drug users because of the burden of their work and drug users risk turning to prostitution in order to support their addiction,
- K whereas prostitution is a low skilled occupation and many prostituted women have lower levels of education are members of an ethnic minority and are of a low socio-economic background,
- L whereas men who have ever paid for sex are significantly more likely to have contracted a sexually transmitted infection,
- M whereas many prostituted women suffer harmful consequences from clients under the influence of alcohol such as excessive demands and unpredictable aggression,
- N whereas there is a link between alcohol consumption and unprotected sex,
- O whereas experience from Australia shows that even when prostitution is completely legalised, prostitution comes with many risks in terms of violence, diseases and injuries which renders it unsafe and makes the work and working environment dangerous,

1. Defines violence as a health problem, i.e. victims of violence suffer a wide array of health problems;
2. Identifies violence towards prostituted women as a major health problem in prostitution;
3. Recognises that prostituted women are considerably more exposed to violence than other women;
4. Recognises that prostituted women are considerably more at risk of being murdered than other women;
5. Recognises that prostituted women are considerably more at risk of physical and psychological injuries related, not to extraordinary violence, but to the everyday practice of prostitution;
6. Recognises that prostituted women are considerably more at risk of depression, suicide attempts, panic attacks, traumatic stress, sleep disorders, flashbacks and migraines;
7. Notes that whether or not the sex industry in a particular Member State is legal, regulated or criminalised, it is a growing business, a business which is detrimental to prostituted women's health;
8. Recognises that the purchasers of prostitutes' services who refuse to wear a condom - and even pay extra money not to - are at risk of contracting sexually transmitted diseases (STDs), most importantly HIV/AIDS;
9. Recognises that, as stated in the above-mentioned CEDAW Committee General Recommendation No. 19, traditional attitudes by which women are regarded as subordinate to men contribute to the propagation of pornography and the depiction and other commercial exploitation of women as sexual objects, rather than as individuals;
10. Acknowledges that the health effects of the sex industry are not something that can be isolated within the sex industry, but also affect the wider community. Purchasers of prostituted women's services who refuse to wear a condom are spreading STDs, most importantly HIV/AIDS, in their sexual encounters outside the sex industry;
11. Identifies violence in the sex industry as inseparable from the industry as such. A large proportion of what are considered normal services delivered by prostituted women is defined as violence in the criminal system;
12. Urges Member States to examine how large the proportion of people being infected by HIV/AIDS through prostitution is;
13. Urges Member States to adopt and implement legislation coherent with the Palermo Protocol;
14. Urges Member States to investigate the specific health risks prostituted women are

exposed to - regardless of the legal status of the sex industry;

15. Urges Member States where prostitution is legal or regulated to implement the same legal framework on safety in the workplace as in other areas of the labour market;
16. Urges Member States to investigate the levels of alcohol and drug use among prostituted women, since several studies from Canada and Australia show extremely high levels;
17. Urges the Commission to investigate possible health improvements as a result of adhering to paragraph 13 of the above-mentioned CEDAW Committee General recommendation No. 19, which states that "States parties are required by Article 6 to take measures to suppress all forms of traffic in women and exploitation of the prostitution of women.";
18. Agrees with the above-mentioned CEDAW Committee General Recommendation No. 19 which states that "Poverty and unemployment force many women, including young girls, into prostitution";
19. Urges Member States to examine how and why prostituted women become prostitutes, since several studies indicate that a considerable proportion have been sexually abused and/or raped as children;
20. Urges the Commission to compare differences in health status in the sex industry between Member States where prostitution is regulated, legal or criminalised;
21. Urges the Member States to investigate the levels of drug abuse among prostituted women and how this has caused them to become prostituted women but also how the abuse increases their exposure to health risks;
22. Urges the Commission to check Member States' legislation in force to protect women against the incidence of all kinds of violence in everyday life (including sexual violence, abuses in the family, sexual harassment at the work place) and also to safeguard against this legislation not being applied when it comes to prostituted women;
23. Urges the Commission to conduct a study on how pornography contributes to an increase in the size of the sex industry, in relation to the above-mentioned CEDAW Committee General Recommendation No. 19;
24. Instructs its President to forward this resolution to the Council, the Commission and to the governments and parliaments of the Member States;

EXPLANATORY STATEMENT:

Already in 1949 the UN Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others stated that "prostitution and the accompanying evil of the traffic in persons for the purpose of prostitution are incompatible with the dignity and worth of the human person and endanger the welfare of the individual, the family and the community".

Since then different countries have taken different political stances towards prostitution. There are countries, such as parts of Australia, where prostitution has been a legal industry for decades. In Europe there are countries where the sex industry has been regulated or downright legalized, such as Germany, Austria, and most notably the Netherlands.

On the other hand there are countries, such as Sweden and Finland where another line of reasoning has been dominant, based on a legislation criminalizing the buying of sex. Norway is on its way to adopt a legislation similar to the Swedish one.

Even though this report focuses on the specific issue of health consequences of the sex industry the issue of legislation cannot be ignored. This report focuses on the detrimental health effects inherent in the sex industry as such, quoting a number of studies, showing that the women, who make up the absolute majority of sex sellers, are exposed to serious health threats related not to extraordinary violence but to the everyday practice of prostitution.

This has to be addressed. For those who want to view prostitution as any other profession - how will you deal with these devastating health consequences? For those who want to see legalization as a way to protect the women selling sex, how are we to control the influx of victims of trafficking which is an immediate consequence of legalizing the demand? But most importantly how are we to deal with the biggest problem - that regardless of the legal status of the sex industry the devastating health consequences for the women selling sex is inherent in the business as such.

The sex industry, whether legalized or regulated, is in itself a systematic form of violence towards women - the violence is an integral part of the things prostituted women are expected to do in their everyday practice.

This basic fact about prostitution as integrally violent is also corroborated by a large number of studies showing the reasons why women become prostituted in the sex industry. There is a number of oppressive conditions that increase the likelihood of women and girls being drawn into prostitution by pimps and traffickers, such as poverty, homelessness, drug dependency, gender inequality, sex and race discrimination, as well as sexual, physical and psychological violence perpetrated by male relatives, boyfriends, husbands, pimps, and others. In addition, in different studies from around the world, the majority of women and girls involved in prostitution report that they have been victims of male sexual violence in their youth.

The violence integral to the sex industry is a violation of basic human rights, and as with any kind of violence it should be considered a criminal offence. The victims of this violence are

through this violence also exposed to serious health problems, both physical and psychological.

To legalize prostitution is to legalize this systematic violence and those countries that have legalized prostitution have thereby stimulated the demand and increased the market for trafficking.

Member states especially those where prostitution is legalized, regulated or tolerated, ensure adequate funding for health care services and exit services for women in prostitution.

As was stated already by the UN in 1949 "Prostitution and the accompanying evil of the traffic in persons for the purpose of prostitution are incompatible with the dignity and worth of the human person and endanger the welfare of the individual, the family and the community."