Factors Surrounding Sustained Exit from Street-Based Prostitution for South African

Women

Latasha Maraj MRJLAT001

Department of Psychology

University of Cape Town

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NAME: Latasha Maraj

SIGNATURE:

STUDENT NUMBER: MRJLAT001

For my mom: I wish you were here to share in this with me.

"I carry your heart; I carry it in mine."

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ABSTRACT

Street-based prostitution is very prevalent yet it is an ostracized topic in South Africa despite impacting the lives of many disadvantaged women. Much research has focused on the entry and experiences of female prostitutes, however the existing literature on exiting prostitution is far less extensive. This study was conducted with the mind-set that female prostitutes engage due to constrained economic choices. This qualitative study explored the experiences of exit for street-based prostitutes as well as the challenges and supportive factors that formed part of their journey. Using the theoretical framework of Baker, Dalla & Williamson (2010) the study explored South African contextual factors. Semi-structured face-to-face interviews were conducted with 9 black South African females who formed part of the NGO, *Embrace Dignity*. All of the women had successfully sustained exit or were attempting to exit. A thematic analysis was used to extract meaning from the data. The findings of this study communicated that material constraints formed the largest barrier to exit, further exacerbating the structural inequalities within the lives of these disempowered women. The strongest sustaining factor was the availability of support, manifesting in emotional, psychological and financial assistance as well as the presence of motivational traits such as strength. In the context of South Africa, the findings of the study suggested that the effects of prostitution and the stigma that it carries affected not only physical but psychological health too. The findings advocate for future interventions and developments in South Africa to engage with the multidimensionality of prostitution exit requirements. The emphasis is to encourage focus on mental health care in addition to physical health care and skills development. The research illustrates that the process of exit is complex with the most important changes occurring within the mind and soul of the woman leaving prostitution.

Keywords: prostitution; exit; barriers to exit; South Africa; women; Embrace Dignity; sustaining exit; street-based prostitution; challenges; support

Introduction

      High levels of unemployment, low levels of education and a history of marginalization and oppression in South Africa pave the pathway to entrapment into prostitution for many vulnerable women (Alexander, 1998; Farley, 2006; Hunter, 2002). Prostitution is risky and often the result of constrained choices and financial necessity. Prostitution also involves detrimental and long-term effects, creating the desire and necessity for exit (Farley, 2006; Gould & Fick, 2008; Learmonth, Hakala, & Keller, 2015). Within the context of South Africa, with its history of violence and inequality, the factors that lead women into prostitution frequently also form the barriers to exit (Smith & Marshall, 2007). Much research is focused on the experiences and entry into prostitution with less exploration within the process of exit. Although different political, moral and legal stances on prostitution exist, there are similar themes present in exit research. Physical health concerns dominate such research along with issues such as educational deficits; training needs; and a scarcity of available resources (Cimino, 2013; Hunter, 2002). Substantial research is framed within an international context; so many factors are not often fully applicable and relevant to South Africa – a developing country with a strongly politicized history of disadvantage and suffering (Hunter, 2002; Learmonth et al., 2015; Zembe, Townsend, Thorson, & Ekström, 2013). This study aims to gain insight and describe the experiences and factors that surround exiting prostitution for women in South Africa.

Framing and Defining Prostitution in a South African Context

      Prostitution brings two main contrasting viewpoints. On one end of the spectrum, prostitution is seen as an empowering occupation - where time and labour is sold as a business transaction (Gardner, 2009; Gould & Fick, 2008; Overall, 1992; Zembe et al., 2013). On the other end of the spectrum, prostitution is seen as the last resort of vulnerable women with limited choices (Farley, 2006; Gorry, Roen, & Reilly, 2010; Wechsberg, Luseno, & Lam, 2005). This study did not attempt to engage in this debate but rather to understand the experiences of women who chose to exit. The term 'prostitution' and 'prostitute' were used, as these were the terms that were preferred by majority of the women interviewed in this study.

      Extensive research revealed that the harms associated with prostitution are prolific with an increased risk of STI's, disease, violence and rape as well as decreased support and damaging effects from the overarching presence of stigma in daily activities (Alexander, 1998; Gardner, 2009; Gorry et al., 2010; Gould & Fick,

2008; Leggett, 1999; Pauw & Brener, 2003; Sanders, 2007). Although knowledgeable about the occupational hazards involved, women entered this realm with an urgent need for money and a lack of alternative options available (Alexander, 1998; Hunter, 2002; Gardner, 2009). These women came from a deprived position and often the effects of prostitution left them in worse shape than when they entered. Research has shown that physical health suffered and recent studies confirm the negative effects of prostitution on the psychological health of these women (Cooper, Kennedy, & Yuille, 2004; Gorry et al., 2010; Pauw & Brener, 2003; Ross, Farley, & Schwartz, 2004). Exposed to violence, sexual assault, disease and discrimination- the cycle of poverty and disadvantage often remains unbroken diminishing the chance of exit. The vulnerable position that these street-based prostitutes find themselves in is further exacerbated by the legal status of prostitution in South Africa.

In South Africa, prostitution is criminalized and this illegal status influences the experiences of prostitutes. This illegality often results in increased stigma and limited assistance and support from both formal and informal institutions, which inhibit the process of exiting (Fick, 2016a, 2016b; Gould & Fick, 2008; Richter, 2008). Further exploration into local experiences of exit is vital in assisting with the creation of successful and empowering South African interventions (Farley, 2006; Gorry et al., 2010).

Barriers to Exit

The mind, body and quality of life are domains all affected by prostitution. The reasons for entering and the effects of prostitution often form the barriers of entrapment (Gorry et al., 2010). Additionally, resources and support can be challenging to obtain due to the extensive stigma and discrimination present (Gardner, 2009; Leggett, 1999; Sanders, 2007). This in turn can lead to further physical, emotional and psychological difficulties.

Healthcare

South African public healthcare, which is the only type of care many can afford, has often been known to fail to provide consistent and quality care for those in need, with extensive waiting periods, overcrowding and sometimes even ill-trained staff (Pauw & Brener, 2003; Stadler & Delany, 2006). In general, a lack of healthcare can be detrimental to the lives of prostitutes, particularly due to the high rates of HIV and rape in South Africa combined with issues surrounding inconsistent condom use (Chersich et al., 2013; Fick, 2016a; Wojcicki & Malala, 2001). Research conducted in

Johannesburg by Stadler and Delany (2006) highlighted some of the negative experiences frequently encountered when female prostitutes attempted to seek health care. Psychological and physical health frequently suffers due to prolonged involvement within prostitution. This is due to its volatile nature where sexually transmitted infections; HIV; trauma to the body; and TB amongst other health concerns are imminent (Alexander, 1998; Chersich et al., 2013; Farley, 2006; Fick, 2016a; Richter, 2008). Without access to appropriate healthcare, ill health often ends up costing more as well as causing a potential loss of clientele, which means a loss of income (Alexander, 1998; Pauw & Brener, 2003). Ill health also creates further stigma, which results in the distancing of the community, friends and sometimes-even family. The success of exiting is then diminished due to the costs of treatment, the effect of psychological stress and physical ill health and the lack of support present. Strength- both physical and psychological; support; the ability to earn an income; and a positive attitude are vital to attempting exit but are also main factors that can be negatively affected by ill health, (Cooper et al., 2004; Gorry et al., 2010). Unmet health needs can result in progressed disease and even –in extreme cases- death (Halland, 2010; Monto, 2004).

Trauma

However, it is not only physical health that suffers. Trauma is a highly documented product of prostitution and can be either sexual or non-sexual (physical, emotional, psychological) in nature (Cooper et al., 2004; Farley, 2006; Ross et al., 2004). A study conducted by Cooper et al. (2004) explored the experiences of 51 female prostitutes in Canada. They noted that the effects of trauma and abuse are extensive and debilitating with 94% of the women in the study meeting the criteria for PTSD (Post-Traumatic Stress Disorder). Another study by Roe-Sepowitz, Hickle and Cimino (2012) looked at 49 female prostitutes attending an exit program in Arizona. This study revealed that those who did not complete the program scored higher on all counts of trauma symptoms compared to those who did. The implication is that prostitution has a lasting effect on the mind. Without access to psychological counselling and other resources, unresolved trauma can inhibit exit attempts (Cooper et al., 2004; Gorry et al., 2010). As a response to on-going trauma and abuse, female prostitutes may develop maladaptive coping mechanisms such as dissociation (Cooper et al., 2004). Comparing studies that were conducted within Istanbul, the United States and Canada, Ross et al. (2004) found that the extended use of dissociation

increased risk by creating unhealthy emotional management techniques. One of these is substance abuse and the burden of unresolved trauma in addition to substance abuse has been proven to be overwhelming in the attempt to exit (Alexander, 1998; Farley, 2006). Healthcare programs, particularly in South Africa have a history of prioritizing HIV/AIDS, physical disease and substance abuse programs, with mental health projects often being overlooked (Alexander, 1998; Romans, Potter, Martin & Herbison, 2001).

Stigma

An overarching barrier surrounding prostitution is stigma. Prostitution is an act that is seen to be deviant from the 'norms' set in society. Deviants are stigmatized and discriminated against (Halland, 2010; Leggett, 1999; Monto, 2004; Pretorius & Bricker, 2011). In an international study conducted by Gorry et al. (2010) the idea of 'disposability' was revealed - that these women actually deserved the negative treatment they received. This served to illustrate the way in which prostitutes are regarded within society. Living in a country with a legacy of racism and discrimination, further adds to the psychological stress that stigma creates for disadvantaged women of colour (Alexander, 1998; Zembe et al., 2013). Stigma affects self-worth, self-esteem, health and safety as well as the resources and opportunities available before, during and after the exit process (Cimino, 2013; Månsson & Hedin, 1999; Oselin, 2009; Pauw & Brener, 2003; Pretorius & Bricker, 2011; Sanders, 2007). Even following exit, stigma can remain (Chersich et al., 2013; Fick, 2016a; 2016b; Sanders, 2007). This stigma can also result in social isolation leading to a lack of support from both formal institutions (such as health care providers) as well as informal institutions (communities, families and friends) (Gardner, 2009; Law, 2011; Leggett, 1999). A lack of support coupled with the burden of daily discrimination makes the process of exit emotionally and physically draining.

Material Constraints

Besides physical, emotional and psychological concerns, there are many material constraints and practical issues surrounding exiting prostitution (Gould & Fick, 2008; Halland, 2010; Hunter, 2002; Monto, 2004). A lack of education, skills and finances are major elements that entrap women into prostitution (Gould & Fick, 2008; Halland, 2010; Hunter, 2002; Williamson & Baker, 2008). South Africa is a developing country with an Apartheid history that has shaped its current state. High

levels of internal corruption in the current regime has ensured that previously disadvantaged groups remain without adequate access to basic necessities such as education, housing and healthcare (Gould & Fick, 2008; Halland, 2010; Leggett, 1999). Living in constant deficit without the resources or encouragement to attend school affects the outcome and future of the youth. Without an education and matric certificate, future options can be limited and the ability to exit such impoverished circumstances severely reduced (Gould & Fick, 2008; Learmonth et al., 2015; Månsson & Hedin, 1999). Many women attempt to exit with no real transferable skills, a lack of education and an incomplete CV (Cimino, 2013; Dalla, 2006; Law, 2011; Learmonth et al., 2015; Preble, Praetorius, & Cimino, 2016; Sanders, 2007; Williamson & Baker, 2008). Research has shown that the cycle of poverty and insufficient resources often increased the rate of recidivism to prostitution (Leggett, 1999; Sanders, 2007; Zembe et al., 2013).

Support for Exit

In a response to exit barriers, programmes, interventions and research has emerged to aid the healing and preparation process for life during and after exit. Looking after the body is a primary concern due to the risky nature of prostitution. Exiting is a complex process, which requires time, effort, dedication and a multifaceted approach. Compromised health serves to hinder and impede the exiting process. The emphasis is therefore to create long term public health interventions that provide a non-discriminatory, safe environment to encourage those within and exiting prostitution to visit a healthcare practitioner regularly (Bucardo, Semple, Fraga-Vallejo, Davila, & Patterson, 2004; Fick, 2016a; Pauw & Brener, 2003; Preble et al., 2016; Stadler & Delany, 2006). Social support also remains a vital asset in sustaining exit attempts.

Mental Health Care

Whilst dealing with the physical aspects of health, mental health care is often overlooked. Psychological stress is closely linked to prostitution, arising from the occupational hazards of working and living in a constant state of hyper vigilance to avoid policemen, family and dangers on the road. Once health problems are present, there are frequently unrelenting (Alexander, 1998). A successful therapy program should focus on establishing trust whilst building up self-worth and providing a supportive environment for long-term assistance (Gould & Fick, 2008; Pauw & Brener, 2003; Preble et al., 2016). Behaviour should be adapted to aid a successful

integration back into society - from learning new coping mechanisms to working through trauma and mental distress (Alexander, 1998; Cooper et al., 2004; Gorry et al., 2010; Månsson & Hedin, 1999; Oselin, 2009; Pauw & Brener, 2003; Williamson & Baker, 2008). Therapy can help to rebuild a shattered self-esteem whilst creating the space to process and reflect on negative thoughts and emotions (Alexander, 1998). If past grievances are left unresolved, they have the ability to hamper exit by negatively affecting self-esteem, happiness and confidence- creating doubt. Working through past trauma is not an overnight fix but it requires consistent, dedicated effort much like the process of exit. There is a marked lack of mental health resources, facilities and skilled practitioners available in South Africa so efficient utilization is key (Chersich et al., 2013; Dalla, 2006; Gorry et al., 2010; Oselin, 2009; Pauw & Brener, 2003; Roe-Sepowitz et al., 2012; Ross et al., 2004; Williamson & Baker, 2008). There is therefore a need for adaptive programmes especially within the resource scarce context of South Africa.

Social and Community Support

Social and community support and empowerment are important elements to successful exit interventions. Williamson and Baker (2008) emphasized how communities acting together can assist vulnerable women in exiting permanently. The addition of mentors can also instil hope within potential leavers, encouraging them to continue their journey (Dalla, 2006; Preble et al., 2016; Pretorius & Bricker, 2011; Rabinovitch, 2004). There are often strong community networks revealed by research in South Africa and this should be used as an advantage to aid prostitution exit (Preble et al., 2016). Often the combination of formal (healthcare and counselling) and informal (community and family) support can prove valuable within the exit process (Gardner, 2009; Rabinovitch & Strega, 2004). This is evident when looking at the success of international intervention programs.

Intervention Programs

One such intervention program- PEERS (Prostitutes' Empowerment, Education and Resource Society) - is a successful organization that has been running for over twenty years, offering prostitution intervention programs and services (Rabinovitch, 2004). They provide a safe space along with staff that understand - and in most cases have lived through the complexities of prostitution and exit (Rabinovitch, 2004; Rabinovitch, & Strega, 2004). Understanding the road to exit requires time, patience and often first-hand experience (Alexander, 1998; Hotaling,

Burris, Johnson, Bird, & Melbye, 2004; Rabinovitch, & Strega, 2004). By studying a successful program, its structure and the resources on offer- its success can attempt to be recreated. Program evaluation occurs over a prolonged period, as the road to exiting prostitution is not a linear journey, it is more like a cycle with relapse and recidivism should the conditions not be suitable (Alexander, 1998; Baker et al., 2010; Hunter, 2002; Sanders, 2007). PEERS has been successful in aiding individuals to exit prostitution and find employment and stability, whilst not turning their back on those relapsing or choosing to continue on the path (Rabinovitch, & Strega, 2004). PEERS attribute much of their success to their focus on improving experiences whilst attempting to be free of judgement and a specific political stance (Rabinovitch, & Strega, 2004).

Recent studies – almost all internationally based – have focused on the process of exiting and life after prostitution (Baker et al., 2010). There is a higher risk for physical and psychological health issues due to the volatile and exploitative nature of prostitution (Wojcicki & Malala, 2001). If the effects and implications of prostitution are not dealt with, they can severely impede exit attempts for a multitude of reasons. Although findings of other studies have discovered many barriers to exiting prostitution in other countries – there is a lack of research around South African contextual factors that aid and inhibit exit. Although international interventions have proven successful, in South Africa there is a marked shortage of resources and skilled labour. This makes direct replication of such interventions nearly impossible. The South African context is unique, due to the history of Apartheid; combined with high levels of unemployment; a lack of education; extreme violence; and gender inequality, which permeate the social, economic, and cultural context of exit in South Africa (Chersich et al., 2013; Fick, 2016a, 2016b; Hunter, 2002; Learmonth et al., 2015; Leggett, 1999; Zembe et al., 2013).

Aims and Objectives

Aim

The overall aim of the research was to explore the factors that surrounded a sustained exit from prostitution for women in South Africa. By investigating the narratives and experiences of women who had exited or were in the process of exiting, the hope was to gather information that facilitated further learning, resource allocation and support structure development. By understanding the barriers to exit as

well as the common support factors, exit interventions can be designed to achieve optimal efficiency within the resource scarce environment of South Africa.

Main Research question:

What are the factors that promote and inhibit a sustained exit from prostitution for women in South Africa?

Sub-Questions:

- What is the process and experience of exiting prostitution like?
- What are the challenges involved in exiting prostitution?

Methodology

Theoretical Framework

The chosen theoretical framework for this research was the integrated six-stage model of exiting prostitution devised by Baker et al. (2010). Stage One (Immersion) involves complete immersion in prostitution without a desire to exit. Stage Two (Awareness) is made up of visceral (Gradual Realization of Unhappiness) and conscious (Unhappiness Realized) awareness. Stage Three (Deliberate Preparation) involves help seeking and information-gathering. Stage Four (Initial Exit) marks the implementation of preparation with the concept of exit being transformed into a reality. If this initial exit is not sustained due a lack of resources-distress, anxiety and panic often occur and the result is frequently a relapse to Stage Five (Re-entry). This stage involves re-entering prostitution with negative effects such as a diminished self-esteem and lowered self-confidence. However if the exit is successfully sustained then the Stage Six (The Final Exit) is reached. This stage is entered upon achieving a permanent exit from prostitution.

The model was created in an attempt to assist organizations to better understand the challenges that are involved in the process of exiting prostitution. One primary benefit of this model is that it took the non-linear quality of exit into consideration. It also incorporated the influence of individual, structural, societal and relational barriers to exit (Baker et al., 2010; Cimino, 2013). This was the main motivation for choosing this model. By using the barriers mentioned as a framework, the model provided the starting point for discovering common themes that assisted in creating a South African contextualised look at exiting prostitution. Although the factors were developed within the international context, they informed the direction of the current research.

Research Design

Qualitative methods were chosen for this research, as they comprised of an open, experiential approach to data collection and analysis. With qualitative design, there is a focus on interpretation of wider data patterns, whilst taking into account individual differences, traits and qualities (Terre Blanche, Durrheim, & Painter, 2006; Madill & Gough, 2008). The goal of this research was to discover common factors amongst different narratives of exit. Qualitative research allowed for in-depth open-ended exploration. Other methods would not have offered the level of reflexivity and observation that was awarded by this approach.

Sampling Strategy

Research was conducted by working in co-ordination with *Embrace Dignity*. *Embrace Dignity* are a non-governmental organization (NGO) that work directly with women seeking to exit or who are in the process of exiting. Their goal is to restore dignity to the lives of these women whilst aiding them to realize their potential and achieve success. Their intervention program involves counselling and group sessions, a variety of skills training and multiple opportunities to help, teach and raise awareness about the harms of prostitution (Learmonth et al., 2015).

Sampling was conducted by using a purposive sampling strategy. For this study, only black South African women living in Cape Town between the ages of 20 and 45 years old were interviewed. Individuals who identified as male, transgender female or a different race were not interviewed. The sample consisted of 9 women, all of whom were connected to the *Embrace Dignity* intervention program and either active or inactive within the realm of prostitution. Participation was on a purely voluntary basis with the only criterion being that the woman had been in the program for a minimum of 6 months (See Table 1). The chosen purposive sampling method helped to choose cases that had the capability of holding the most relevant data for this research (Flick, 2009). This strategy has been said to enhance the understanding of unique individuals or groups and for this purpose is widely used (Flick, 2009). Therefore within this research, due to the stigmatized status of these women as well as their connection to the realm of prostitution - this was the best sampling strategy to employ (Terre Blanche et al., 2006; Devers & Frankel, 2000).

Table 1

Participant Age and Experience in Prostitution (in Years)

Participant	Age	Years Active in Prostitution	Years since Exit from Prostitution
Ayanda	28	5	0
Mpumi	36	5.5	2.5
Gift	23	0.5	6
Joyce	29	4	2
Maggie	25	2	4
Gladys	32	16	3
Brenda	44	21	5
Ester	27	2	6
Elizabeth	34	10	2

Data Collection Tools and Procedures

Data was collected through the use of face-to-face semi-structured interviews (Flick, 2009; Madill & Gough, 2008). Such interviews were well suited to engage and explore the complex responses that surrounded sensitive issues (Barriball & While, 1994). The interviews structure allowed for expansion of answers and flexibility in content whilst dealing with varied social, educational and cultural backgrounds (Barriball & While, 1994; Flick, 2009; Terre Blanche et al., 2006). A list of pre-determined questions were constructed. At the beginning of the interview, basic demographic information was collected via initiating dialogue such as "Please tell me a little more about yourself" as well as "Tell me about your childhood". Exit experiences were initiated in the form of an open dialogue, "Please tell me about your exit experience".

The advantage with the semi-structured interview format was that questions were left out or switched around and new questions were created in response to what the participant had said. The participant was always able to control how much information they were willing to share and discuss (Flick, 2009). This was important as the response of participants during these interviews was largely affected by the pace, content and atmosphere of the interview itself (Orb, Eisenhauer, & Wynaden, 2001).

Dialogue was initiated and formulated in an open-ended format- where possible- to allow for flexibility of response (See appendix A for interview guide). By using this type of interview technique, the action of probing became a possibility. This further enabled more interactive opportunities between the participant and researcher (Barriball & While, 1994). Using probing, further detailed information was disclosed and this action seemed to increase interest and trust levels from the participants. After the interview, all participants expressed the notion that the experience had been positive. The interviews were audio recorded and then transcribed for later analysis.

Data Analysis

Thematic analysis. Thematic analysis is known as a useful technique in identifying common themes or ideas across a set or group of interviews (Braun & Clarke, 2006). As the research was focused on discovering aiding or inhibiting factors to exit, being able to locate similar patterns and elements within the interviews was vital. Each interview transcript was analysed and coded for themes. Thereafter transcripts were read side-by-side to discover emerging commonalities and factors. Due to the complex and sensitive nature of prostitution, the research data required attentive analysis and careful theme extraction. By implementing the integrated model of exit as the theoretical framework, it allowed to further familiarization with the steps and main barriers to exit (Baker et al., 2010). Although the framework was internationally contextualized- it served as a vital beginning for thematic analysis and assisted in the creation of a broader framework of South African contextualised factors.

As English was not the first language of any of the women being interviewed, the focus was on finding meaning within the content rather than focusing on discourse (Riessman, 2008). Due to the type of data that was being sought in the current study, the thematic analysis took a realist stance- looking at reporting experiences and the overall realities of participants (Braun & Clarke, 2006; Vaismoradi, Turunen, & Bondas, 2013).

The advantages of having conducted a thematic analysis were: flexibility; ease in understanding and application; allowance for multiple interpretations of the data; and lastly (and most importantly in the case of the current study) the ability to pick up on similarities and differences that featured within the data set (Braun & Clarke, 2006).

<center>**Ethical Considerations**</center>

As the study dealt with vulnerable human participants, ethical considerations formed an important part of the data collection and analysis process (Eide & Kahn, 2008; Flick, 2009; Orb et al., 2001). By taking the sensitive nature of prostitution research and the corresponding ethical requirements into consideration – an understanding approach towards both the study and the participants involved was developed (Terre Blanche et al., 2006; Flick, 2009; Orb et al., 2001). The University of Cape Town Ethics Committee granted ethical approval for the study.

Informed consent

Informed consent was the primary building block towards establishing ethical conditions for the research. It conveyed the understanding that all information that applied to the research and participants had been shared and understood (Orb et al., 2001). This included aspects such as: the purpose of the study; the implication of the research; methods of data analysis; benefits; as well as harms and incentives- all explained in simple English. Permission from participants was sought and all participants were made aware that they could withdraw at any stage from the interview without penalty (Flick, 2009; Orb et al., 2001). Each participant was given the chance to clarify or ask any questions regarding the research and a copy of the informed consent document was issued to them (see Appendix B). This document was also verbally explained to those who were neither experienced readers nor were proficient in English. A verbal confirmation to continue with the interview was made and reiterated during the interview process.

Privacy and confidentiality

Due to the stigmatized nature of prostitution, it was important that the participants remained anonymous in order to protect their confidentiality (Farley, 2006; Flick, 2009). Their identities were not linked to their transcripts nor were disclosed to anyone, even *Embrace Dignity*. All participants were given pseudonyms, which were then used for transcribing and subsequent analysis. The interviews took place in a private space, which allowed the participant to feel more at ease and relaxed. The researcher to increase the level of confidentiality performed all transcription. The data was then stored in a password-encrypted folder on a password-protected computer. The raw data and recorded interviews were accessible to only the thesis supervisor and researcher.

Risks and Benefits

Preventing harm is an important ethical requirement surrounding all psychological research and was particularly important in this study (Flick, 2009). The participants engaged and recounted their stories with minimal discomfort and angst. This could have been on account of the fact that many of these women had already been engaged in voicing their experiences through opportunities offered by *Embrace Dignity*. To reduce potential distress, the majority of interviews- where possible- were conducted within the boundaries of *Embrace Dignity*, which had been established as an open, trusted space. Those who could not make it to the premises were interviewed in Claremont at a private location of their choice.

The act of disclosing unpleasant experiences has been known to have therapeutic benefits with the experience being relived, further understood and worked through (Orb et al., 2001). This seemed to be the case with the participants involved, as each one verbally expressed that revelation. Prostitution was often not spoken about -outside of *Embrace Dignity*- due to its stigmatized and concealed status so providing a space and listening ear to voice an experience proved to be empowering and healing. As an incentive all women who participated in this study were remunerated with R100 for their time and to cover transport costs.

Debriefing of participants

After the interview, all participants were debriefed. They were engaged about their emotional state and feelings about the interview. A referral sheet was given with a list of counselling and helpline details (See Appendix C). None of the participants expressed feelings of distress but were informed that should these feelings arise, they could contact any of the listed organizations for assistance.

Limitations of Study

One significant limitation of this study was the inability to communicate in an African language. For all participants, English was not their mother tongue. Although they could communicate, at times participants struggled to find the English words to describe their experiences. This potentially limited the richness and overall quality of the data. This limitation was compounded by the short timeframe of the study and interviews as each participant was only interviewed once for the period of one hour.

A further limitation was the small sample size (N=9) of the study. This study only looked at black South African women of a certain age group who were connected to *Embrace Dignity* and street-based prostitution in Cape Town. Therefore the exit experiences of white prostitutes in brothels or transgender prostitutes in

Durban for example, cannot be said to share the same factors, as there are many different contexts through which prostitution occurs. This particular sample group lacked variety of race, and gender. However this was not extremely problematic, as qualitative research does not aim to generalize its findings.

Lastly the factors and content revealed in the interviews could have been influenced by *Embrace Dignity's* ideologies regarding prostitution. All of the women were part of the organization so this could have affected the way in which they viewed themselves and prostitution.

Reflexivity

It is important to recognize that the researcher was unable to remain neutral during the research process and played a key role in the co-construction of knowledge (Terre Blanche et al., 2006; Orb et al., 2001). Heading into these interviews, many different factors and features separated myself from my sample group. I was aware that my position as a middle class, female 24-year-old Indian university student separated me in terms of race, socio-economic status and experience. I had never been involved in prostitution so my understanding and knowledge prior to conducting interviews was solely based on books, articles, lectures and conference talks. All of these factors affected the way in which I was received and viewed.

Prior to my arrival, a member of *Embrace Dignity* briefly discussed my study needs with potential participants. Even though I did not explain or share my stance on prostitution- as being negative and a coerced option- the questions that I asked could have alluded to this. Additionally, approaching the participants through the organization could have also alluded to my beliefs. I would have approached a different organization in Cape Town should I have had a different stance.

Approaching the interviews after participants had been briefed on who I was, could have affected their narratives. As many of these women had taken part in previous studies and focus groups, some knew how to 'narrate' their story quite well and I found that if uninterrupted, these women could and would dictate their entire experience in an almost robotic fashion. They seemed to want to 'please' me with their narrative.

Throughout the interviews, the goal was to develop trust, acceptance and to lessen the power imbalance which was amplified due to the marginalized status of these female prostitutes (Tang, 2002). This goal could have affected the data received, as within the interviews I carefully avoided taking charge of questions and the

narrative. At times, I did not probe further into negative events, as I was conscious of not invoking anxiety within the participant.

Lastly, as I was offering a monetary incentive, participants could have felt obliged to tell me their full story and personal details. They could have felt like they had to work for the money as they were used to doing in the past. However although our backgrounds differed, the participants were open and engaged, divulging private recollections and history without prompting. I was not made painfully aware of the lack of shared experience but I did find it difficult at times to grasp the full gravity of the situations of many of these women. However in the end, these women expressed gratitude and happiness at being heard and being able to have voiced their story. Maintaining the balance within the relationship between the participant and myself seemed to have increased the quality and quantity of information received (Orb et al., 2001).

Analysis and Discussion

Upon analysis, there were specific themes that presented from the interviews held with these nine women. Seven main themes (five inhibiting and two supportive factors) and multiple subthemes emerged. These were: Violence; substance abuse; material constraints; relational factors; and stigma. The five emergent barrier themes to exit as well as their subthemes were categorized according to the integrated model of Baker et al. (2010). This model classifies barriers into four main groups: Individual; structural; societal; and relational. In addition, support systems and positive internal traits along with their subthemes were organized under supporting factors (Gould & Fick, 2008; Halland, 2010; Monto, 2004).

Individual Factors

Violence. Violence was classified as an individual factor- largely due to the effects of physical and sexual perpetrated violence (Baker et al., 2010). The rate of violence towards women in South Africa is extremely high and these rates are even higher amongst prostitutes (Chersich et al., 2013; Fick, 2016a; Gardner, 2009; Leggett, 1999). Violence permeated the lives of the participants, with sexual and physical violence repeatedly occurring. Amongst the participants, prostitution was considered notoriously high risk and there was the disturbing belief that rape and other forms of violence were therefore normal and likely to occur (Farley, 2006; Pauw & Brener, 2003; Ross et al., 2004).

Sexual Violence. Sexual violence involved rape, molestation and assault. Whether occurring in childhood or adulthood- sexual violence had extensive and long-lasting emotional, psychological and in some cases physical effects (Baker et al., 2010; Leggett, 1999). Childhood sexual assault occurred within several narratives and frequently predated the onset of risky behaviour such as substance abuse and promiscuity.

> *"I was so young, he took all of my clothes and he raped me. I was a virgin and he broke my virgin like that. So I run home crying with a lot of blood in my body. It is a thing I have never forgot in my life because I starting to drink, I starting to have many boyfriends. I was want my mind to be busy with things, because I want to **forget** that."* (Maggie)

Maggie's tale was not uncommon and as research has shown, in South Africa there are high rates of rape, HIV and inconsistent condom use (Chersich et al., 2013; Fick, 2016a; Wojcicki & Malala, 2001). As a result of rape; being forced to have sex without a condom; or defective condoms- four of the women disclosed that they were diagnosed as HIV positive. The criminalized and marginalized status that these women found themselves in only contributed to their vulnerability and susceptibility to sexual harassment and violence (Chersich et al., 2013; Fick, 2016a; Gardner, 2009; Leggett, 1999; Wojcicki & Malala, 2001). Brenda's sexual assault started when she was a child and was perpetrated by her stepfather. Her childhood rape led to her initial substance use to escape her reality. For Brenda and the other participants, being raped by a client was not unusual. There was a belief that circulated that prostitutes cannot be raped (Pauw & Brener, 2003). Being raped by multiple men also featured within three narratives but it was not only the physical body that underwent and retained trauma. The act and memory of sexual violence remained with the women for a lifetime and had frequently led to self-destructive behaviour and the debilitating occurrence of PTSD that has often been seen in research too (Baker et al., 2010; Roe-Sepowitz et al., 2012). Without therapy or assistance, the effects of violence affected the participant's drive and ability to overcome situations and face challenges (Baker et al., 2010).

Physical Violence. Physical violence emerged as a daily occurrence in the lives of these women and many participants feared that they would die on the streets. Abuse emanated from clients; intimate partners; the police; and even fellow prostitutes.

> *"There is competition [with the women] and sometimes you end up fighting...*
> *Maybe this person will pay you and then after will draw a knife and ask for*
> *the money back. ...Then there will be skollies [street thieves] that will attack*
> *you or the client ...and the thugs and thieves rob us."* (Ayanda)

Ayanda's extract echoed the experiences endured by other participants whom often did not realize that they were in danger until it was too late. Their marginalized status placed them at increased risk (Chersich et al., 2013; Fick, 2016a; Wojcicki & Malala, 2001). Often it was the client who had appeared to be friendly that ended up inflicting the most harm; driving these women to deserted locations; raping them; and then leaving them stranded. Elizabeth was left in the middle of a graveyard whilst Ayanda had been left in Stellenbosch. Events such as these increased the levels of powerless and fear within these women, decreasing their self-belief and strength. When the abuse was present within the home environment, there was no safe place to escape to (Gardner, 2009). Mpumi recounted being stabbed by her boyfriend whereas Brenda was beaten by both parents as a child and later on by subsequent life partners. For some, like Brenda, the violence seemed to be never ending and the overwhelming psychological stress burden was often too great to handle. There was a pervasive fear of dying and leaving their children alone. The devastating reality of violence proved to be the key motivator in bringing the need for exit from the visceral to the conscious awareness of the participants (Baker et al., 2010).

Substance Abuse. Chronic fear and exposure to violence impaired the focus of the participants and led to substance abuse and other maladaptive coping mechanisms- mirroring contemporary research results (Cooper et al., 2004; Farley, 2006). Amongst the women, drinking was the most common form of self-medication.

> *"If you are not a drug user, you must be an alcohol user, because you want*
> *your mind to be, not feel what you are doing because you are changing a man*
> *in hour and hour, in minutes and minutes." (*Maggie)

Maggie's narrative corresponded with those of the other women who used alcohol to numb themselves to their reality. By dissociating, they ignored the act of prostitution; what it took from them daily; and their awareness of the situation. The long-term effects of trauma further complicated the exit process. It affected internal motivation and required increased active and consistent use of support services to ensure a successful exit (Baker et al., 2010). The complexity of dealing with substance abuse,

past trauma as well as the transition out of prostitution with limited resources led to many relapses and re-entries (Baker et al., 2010; Farley, 2006; Ross et al., 2004).

Structural Factors

      Material Constraints. Throughout all the narratives, the reality of the financial burden that faced these women before, during and after exit was clear. Baker et al. (2010) classified poverty, education and economic self-sufficiency as structural factors. The cycle of unemployment and poverty in South Africa is a pervasive one and escaping it was an arduous process (Baker et al., 2010; Learmonth et al., 2015; Leggett, 1999).

      Poverty. Much of the poverty experienced in South Africa and in the lives of these women was as a result of the strongly politicized past of disparity which left deep structural inequalities (Hunter, 2002; Zembe et al., 2013). All of the women were from impoverished backgrounds and the financial allure that saw them entering into prostitution was the one defining factor that made their exit challenging (Gould & Fick, 2008; Halland, 2010; Zembe et al., 2013). As a consequence of insufficient funds and an inability to provide for their families, these women often relapsed and re-entered prostitution. Due to societal conditions, often prostitution started out as a need of money for sustenance (Baker et al., 2010; Zembe et al., 2013).

      "So I am going there with the aim of getting money so that I can have not starve and have food and toiletries and clothes" (Mpumi)

Mpumi's narrative represented many of the stories that were told by the participants. When these women had encountered an opportunity to become economically self-sufficient, they had taken it. However through analysis of the narratives, a common change in outlook seemed to have occurred. As the women worked more, many had become used to the level of remuneration they were receiving and had begun to not only enjoy it but also desire and depend upon it. After exit, these same women were disheartened at the prospects of earning a minimal wage.

      "I tried to exit but it was not easy. I would exit, maybe one month, second month, ooh my food here is finished in this house. When you have food, you have money. It's not easy, it's like an addict, it's like a drug I think because when you are used to that money, you wish to get a job whereby you get enough money". (Elizabeth)

Elizabeth's narrative is a reflection of the others as most of the women had become accustomed to earning up to R2000 a day by working a few hours. Coming from

situations of dire poverty, had been life changing. Therefore after exiting, they had found it difficult to accept the idea of a salary of R1000-R3000 a month working up to 5 days a week, 8 hours a day as a domestic worker or janitor. This concept was termed as 'sex linked to consumption' and was dealt with in research by Hunter (2002) as well as Zembe et al. (2013). It was a fairly common occurrence within the context of South Africa, dating back many years owing its origin to globalization, industrialization and mostly urbanization. *Embrace Dignity* offered limited financial assistance however the demand far exceeded the availability of their resources. When they were no longer able to assist as much as in previous years, the participants- who relied upon them as primary support providers- had become anxious as many were still unsuccessfully searching for permanent employment. An inability to find decent employment often stemmed from a lack of education and skills, which formed barriers in preparation to exit (Baker et al., 2010).

   Lack of Education. An identical factor within analysis of all nine interviews was the evident lack of formal education within the participants. All of the women had neither completed school nor matriculated. The reasons behind the incompletion ranged from poverty and lack of resources to peer pressure and absent social support. Baker et al. (2010) classified education as a structural factor, which affected the initial exit as well as planning for exit. Within South Africa, there is a significant lack of educational facilities and assistance (Gould & Fick, 2008; Leggett, 1999).

   "I failed grade 11…I did not go back because it was my third time to fail…It's better you go back to school than to go to the streets. (Ester)

Like Ester, retrospectively every single one of the women, understood the importance of education. They had all dreamed of returning and finishing school but their current circumstances inhibited them from doing so. Strong feelings of regret were expressed. The consequences of not having a matric certificate substantially affected the future opportunities available and limited these women in terms of employment options. Being able to secure a decent job was seen as the most important step to sustained exit, because it meant becoming economically self-sufficient. This is something that research has supported as a main requirement prior to exiting (Baker et al., 2010). In the context of South Africa, it was an impossible task for an uneducated, previously disadvantaged, impoverished woman of colour to find a permanent job.

Relational Factors

Strained Family relations. Although the home space was supposed to be safe and non-judgmental, sadly this was frequently not the case. The community and family network were often responsible for causing additional stress prior to and during exit. The participants held onto an incredible fear of family members discovering their actions and thus almost all (eight of nine of these women) had chosen to keep their activities a secret. Within those families that had discovered the truth, there was a lot of anger; lack of understanding; and absent empathy tied to these complicated relationships. Many family members, who had discovered the participant's secret, felt they deserved the negative treatment that they received as they had chosen that life. This finding was similar to research conducted by Gorry et al. (2010) that revealed similar opinions (Cimino, 2013; Gardner, 2009; Law, 2011). Long after exiting, unresolved family issues were pervasive and disconcerting to the women.

> *"My brother was not close when I was working, because he was having that anger because of what I am doing. My mother found me there [on the street] and she **beat** me!"* (Gladys)

In the case of Gladys, her mother's rejection for her life choices had resulted in physical abuse. Her brother had also refused to speak to her, hating what she was doing. These opinions had really affected her self-image and reduced her level of confidence and happiness. Without the support of her family, her journey to sustaining exit had been difficult. According to Baker et al. (2010), informal support had emerged as critical during the initial stages of exit.

Social Isolation. Exposure to the community often triggered much distress, shame and anger for these women.

> *If the community know you are selling your body-then you are **useless**. They will say, 'Whoa, it's that woman, **sies**!'* (Brenda)

Brenda's account echoed the stories of the participants. Living in an area where the community were aware of their status as prostitutes made life difficult. Carol had expressed her deep desire to leave her community area once she had enough money, so that she could finally escape the name-calling and discrimination. Even though she had long since exited prostitution, the community did not let her forget her past and made her life miserable. This kind of blatant verbal and physical behaviour caused distress and for this reason, many women went to great lengths to avoid their status as prostitutes becoming known- often leading to social isolation (Gardner, 2009;

Leggett, 1999). All of the women interviewed reported not having friends outside of their immediate families and the other sisters at *Embrace Dignity*. The further the women isolated themselves, the harder the exit had become with no support at home or in the community and with the fear of discrimination growing every day. This isolation was well documented and a common result of stigma, which ultimately led to reduced resources and support, which were critical to initial exit (Cimino, 2013; Månsson & Hedin, 1999; Oselin, 2009; Pauw & Brener, 2003; Pretorius & Bricker, 2011; Sanders, 2007).

Societal Factors

Stigma. Another significant barrier to exit was stigma and discrimination. Baker et al. (2010) classified stigma as a societal factor, which affected all other factors mentioned- individual, structural and relational. Stigma and the discrimination it brought often resulted in substantial changes in the self-image and confidence of the participants and affected their motivation and self-belief. The overarching theme of stigma was present throughout all the interviews conducted and originated from a variety of sources.

Institutional Discrimination. Although institutionalized stigma was repeatedly unreported, there was a high prevalence of discrimination being experienced at the hands of health care providers and the police, which was commonly seen in other research (Chersich et al., 2013; Fick, 2016a, 2016b; Leggett, 1999). Stigma and discrimination experienced at healthcare institutions was extremely problematic in its occurrences as the lack of service delivery or fear of embarrassment escalated the health problems experienced. Relying on subterfuge in order to receive treatment without judgment and alternating between clinics was the best and sometimes the only way to gain access to necessary resources. The health and wellbeing of the participants was often negatively impacted and this made their lives harder (Alexander, 1998; Pauw & Brener, 2003).

Almost all of the women interviewed disclosed having experienced verbal, physical or sexual abuse from policemen and law enforcement. The vulnerability of these marginalized and criminalized prostitutes was exploited (Fick, 2016a, 2016b; Gardner, 2009; Zembe et al., 2013).

> *"When you are abused by a police, you will get **traumatized** because you don't feel safe"*- (Ayanda)

As Ayanda's narrative explained, this maltreatment intensified fear and had the power to further traumatize those who had attempted to report rape, theft or assault. Every single woman interviewed expressed distaste and fear of police treatment and brutality. In South Africa, this fear was well founded. From Amy's story of being locked up over the weekend barred from making her one phone call to Sarah being raped by a policeman, these narratives were not rare. They allude to a culture wherein these women are ostracized for being prostitutes, criminalized and treated abysmally. Additional research from South Africa further demonstrates the absence of sufficient police protection as well as the mistreatment and high levels of inappropriate contact that were experienced by prostitutes (Fick, 2016a, 2016b; Gardner, 2009; Law, 2011).

Stigma was an unprovoked consequence of working on the streets and analysis of data showed that even those who had exited still experienced the residual effects. The pervasive nature of stigma that is often found in current research emerged too within these findings (Baker et al., 2010; Cimino, 2013; Leggett, 1999; Oselin, 2009; Pauw & Brener, 2003; Sanders, 2007). These participants' position in society excluded them from receiving adequate resources and support, which had affected physical and mental health and had tested their internal desire and motivation to exit (Baker et al., 2010).

Supporting Factors

Support Systems. In the context of South Africa, these women entrapped within prostitution lacked emotional, psychological and financial support. The assistance of an organization such as *Embrace Dignity* was welcomed; needed; and considered life changing. Support whether psychological, emotional or material- has been well documented as necessary for a successful sustained exit from prostitution (Baker et al., 2010; Pretorius & Bricker, 2011; Williamson & Baker, 2008).

Psychological Support. Psychological support enabled the women to deal with past trauma and encouraged maintenance of exit. *Embrace Dignity* were the only source of psychological support for these participants and offered many options from traditional one-on-one counselling to focus groups and Photovoice projects. All of these women had experienced significant trauma. Without the assistance of *Embrace Dignity*, accessing important counselling services would have been difficult due to a marked lack of knowledge and funds. *Embrace Dignity* created a safe space for therapy and increased attendance and effectiveness. Encouraging attendance and

utilization of services has been shown to strengthen behavioural change (Baker et al., 2010).

> *"It was very helpful. It makes you not to blame yourself and not to always*
> *think about your past and do the present, to move on with life."* (Joyce)

As Joyce's narrative showed, these counselling sessions enabled the participants to recognize acknowledge and overcome their feelings of shame, regret and guilt. Addressing and altering unhealthy relationships and behaviours had mended multiple relationships with family members and relieved psychological stress. All the participants had expressed interest in further counselling sessions and longed to be able to continue to empower themselves through vocalizing and sharing their stories with others.

Partner Support. Another form of support that emerged from the data was life partner support. Although most participants had never disclosed their past with their partners, those with partners- seven out of nine of the participants- relied on them for emotional and financial support. A couple of women had suggested that fellow women who were trying to exit should seek a partner who could help them exit by supporting them financially. Faced with returning to the streets, finding a partner to support them was seen as a way to escape their situation. Current research shows however that whilst this often prevents recidivism to prostitution, it is not an ideal alternative and is often simply another form of sex trade (Hunter, 2002).

Intervention Support- Embrace Dignity. For these women, organizations like *Embrace Dignity* were their lifeline. From the data that emerged, it seemed that the intervention program offered by *Embrace Dignity* became the catalyst within the exiting process. *Embrace Dignity* offered skills training, emotional and psychological support, financial assistance and perhaps most importantly, brought women together to form networks of support. The support and offered resources also enabled and mobilized these women to empower themselves through learning business skills and starting their own businesses. Four of the participants were business owners and had hopes and dreams to expand. When projects or training could not continue or were shortened due to a lack of funding, these women had experienced high levels of frustration. This reaffirmed the vital role that formal support played from initial exit to final exit (Baker et al., 2010).

Exiting was a complex process that required a detailed plan, resources and most importantly the support of family and friends (Baker et al., 2010; Gardner, 2009;

Preble et al., 2016). Data analysis revealed that when that support was present, the process of exiting became marginally easier. However when that support was missing, the absence had negatively affected the process.

> *"We don't have support outside, only we have when we are here [at Embrace Dignity], we have the support"* (Maggie)

The sisters at *Embrace Dignity* provided a network that was often described as a 'family', which aided to heal, support, empower and encourage one other. Often this support had stood in lieu of their absent family support. Within the participants interviewed, prior to be being introduced to *Embrace Dignity*, only two women had attempted to exit and had not been successful. After meeting with the organization, eight of these nine women had successfully exited- even after relapsing. There was one woman still struggling due to financial necessity and an inability to commit to the behavioural change. This further demonstrates that future intervention programs in South Africa could offer important resources and counselling but more importantly, invaluable support that empowers and uplifts.

Internal Motivational Traits. Certain traits were commonly found as aiding participants to sustain life changes in these difficult situations. Recurring themes of strength and dignity emerged within each interview of those who had successfully exited. Although these women had all lived through harrowing experiences, they had found the willpower to continue and had an optimistic outlook for their future. Ultimately it was the power of such traits that encouraged sustained exit.

Strength. Many of these women had found renewed strength in religion and the acceptance of the church was a welcomed change. This strength was integral to their sustained exit and had brought with it faith and gratitude.

> *"You have to be sure that you want to exit, yes. Serious, not to play. Because it is **hard**. It is a hard way to exit**, haai**, it is not easy. Because you get challenges every day, every time. So we have to be **strong**."* (Joyce)

Like Carol, all of the women interviewed believed that without the correct mind-set and internal desire, exit would not have been possible. This revelation is supported by contemporary literature (Baker et al., 2010). For many, they realized that strength was internal and in order to change their lives permanently, they had to first change their outlook on life.

Dignity. Dignity was another common theme that appeared in two ways; a lack of dignity or dignity lost; as well as dignity regained. The women relayed

feelings of shame, anger, resentment, guilt and sadness that they had felt when they had worked on the streets. *Embrace Dignity* played a major role as they aided these women in regaining their dignity. With therapy, support and acceptance, those feelings gradually faded. They regained their sense of self-respect and became more confident in their communities and lives in spite of the echoes of stigma that remained.

> *The dignity is you, you bring it out with the other person. It's not the other person who comes and says, let me put for you a dignity, no you start with you first. So I start with me first."* (Maggie)

The overall increase in self-awareness was empowering for these women and with their newly found strength and dignity combined, they moved forward towards their final exit; set new goals; dreams and aspirations; and are now working towards these-hoping to leave the past permanently in the past. There is a paucity of research surrounds supportive factors for exit but an internal change in motivation and mind-set seemed to be markedly the most valuable asset gained for these and other women (Baker et al., 2010).

> *"Every year makes me feel better because every year, I'm not looking to my past, I'm moving forward, looking to the future."* (Mpumi)

Summary and Conclusion

This study cannot definitively conclude that the factors that emerged are the only factors involved in inhibiting or sustaining exit from prostitution in South Africa. However the themes that emerged within this study illustrate several key barriers and supportive factors in the journey of exiting prostitution within a South African context. The findings of this study were classified according to the integrated model created by Baker et al. (2010) which included four main categories of barriers: individual, structural, relational and societal.

Individual factors (associated with internal drives and daily functioning) such as violence – of a sexual or physical nature- and substance abuse emerged. The implications were that the effects of violence had often spurred on a conscious awareness that made participants realize that change and exit was necessary. In South Africa, there is a history of violence, racism, and inequality that has created a structural divide between the wealthy and the poverty-stricken. Further marginalization, has left poor black women, poorer and with extremely limited choices. With this in mind, material constraints emerged as the lead barrier to exit,

forming part of the structural factor category. Without access to resources; inescapable poverty; and a lack of education- participants had struggled to prepare and implement changes to accomplish exit. The data then uncovered relational factors that suggested that strained family relationships and social isolation further inhibited help-seeking behaviours, which were vital for implementing permanent behaviour change. Lastly, the all-encompassing barrier of stigma, which was classified as a societal factor, had affected each and every other barrier that emerged.

The supporting factors that emerged from the research involved support systems and key motivational traits. Having emotional, psychological and financial support reduced the psychological stress being carried by those women who were exiting. *Embrace Dignity* therefore played a huge role in the exit process for all of these participants in the study. From the data, *Embrace Dignity* appear to run a small scale but successful South African intervention, offering resources, skills, training and limited psychological support. The program could be improved expanding activities to allow more women to join and reap the benefits of the support network.

This study illustrated that the occupational hazards of prostitution are linked to significant psychological, physical and emotional consequences. Some are easier to eliminate whereas some- such as HIV- can neither be erased nor forgotten. This study showed that successful approaches to exiting prostitution required insider knowledge of geographically contextual factors in order to provide quality resources to the areas that were deficient. Suggestions for these findings would involve incorporating this knowledge about these particular inhibiting and aiding factors into current contemporary interventions like that of *Embrace Dignity*.

This study did not aim to debate the viewpoints on prostitution but rather to engage with the experiences of exit within a South African context. The scope of this study was however specific and situations and experiences may differ for those working in brothels or for those of a different race or gender. Future research should look at investigating the journey of exit for a wider variety of individuals. This knowledge would aid to create a broader network of geographically contextual factors to address difficulties and ultimately support a sustained exit from prostitution. This research has shown that exiting prostitution is a complex process and ultimately requires a multifaceted approach.

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<p style="text-align:center">Appendix A</p>

<u>**Interview Schedule**</u>

The chosen method for interviewing is the semi-structured approach so should the responses lend to further questioning- they will be added as the interview proceeds. Demographic and introductory questions will be asked first, followed by six broad questions, each with their own probing questions to expand and guide the interview.

Basic Demographic and Introductory Questions

- Please tell me more about yourself?

Probing Questions

- Are you in a relationship?
- Do you have children?
- How many years experience do you have in prostitution?
- Are you still involved in prostitution or have you exited?

Broad Question (Regarding entry into prostitution)

- Please could you tell me about your experiences around entering prostitution?

Probing Questions

- What are the benefits involved with prostitution?
- What are the disadvantages involved with prostitution?
- What impact did prostitution have on your family, community and social life?

Broad Question (Regarding Exiting prostitution and barriers)

- Please could you tell me about your experience surrounding exiting prostitution?

Probing Questions

- Why did you decide to leave prostitution?
- What type of problems did you encounter?
- What type of support did you receive during this exit?
- What type of support was lacking during this exit?
- What did you find helpful during the exit process?

Broad Question (After the exit-if applicable)

- How is life now that you have exited?

Probing Questions:

- What was it like looking for a job?

- How are things with your family, friends and community now after exiting? Have things changed? If yes, how and why do you think that?

Broad Question (Regarding the effects of prostitution)

- Have you experienced any negative or positive long-term effects due to your time spent in prostitution?

Probing Questions:

- Please tell me more about them?

- What do you feel you have learnt from your experiences?

Broad Question (Regarding the intervention program at *Embrace Dignity*)

- Please tell me about your experience with *Embrace Dignity?*

Probing Questions

- Have you tried to exit prostitution before coming to Embrace Dignity? If yes, please could you tell me more about this? [When? Why? For how long? What made you re-enter?]

- How far along the intervention are you?

Closing Questions/Statements

- What do you feel is the most important thing for women to have in order to leave the world of prostitution behind?

- If you could give anyone advice on how to exit prostitution, what would you say?

Appendix B

Informed Consent Form

UNIVERSITY OF CAPE TOWN

DEPARTMENT OF PSYCHOLOGY

Factors Surrounding the Exit from Prostitution Affecting Women in South Africa

You are invited to take part in this study, which explores factors that surround the process of exiting prostitution as a women living in South Africa. I am a research student from the Psychology department at the University of Cape Town. The interviews will form part of my research and contribute to my Honours degree. You are not obliged to take part in the research should you not want to after reading and hearing more about what the interview and project is about. Please take your time to go through this and feel free to ask me anything should you have any questions.

1. <u>**What will happen if you participate in this study?**</u>
   - If you decide to take part in this study, I will interview you about your experiences of prostitution as well as the experiences surrounding your exit (or attempts at exiting) prostitution.
   - The interview should take around an hour but we can speak for longer or shorter if you would prefer.
   - Your participation within this study is voluntary and you are free to end the interview at any stage without any penalty or loss of benefit.

2. <u>**What are the risks of this study?**</u>
   - This study poses low risk of harm to you
   - However speaking about your experiences could bring up sensitive

issues and be potentially upsetting and should you at any stage feel unhappy with the situation, you will not be forced to speak about issues that you are not comfortable dealing with.

- A potential issue might be the hour of your time that is given up for the interview to take place

3. <u>What are the benefits of this study?</u>

This project will allow you the opportunity to voice your experiences and raise awareness around the effects of prostitution. In addition, as this research is being done with *Embrace Dignity,* the factors that are discovered from the interviews can have positive effects for future policies, improving the intervention program and assisting women (like yourself) to successfully exit prostitution. Also for taking part in the interview- you will be compensated with R100.

4. <u>How is privacy protected?</u>

- Interviews will take place in a private room and it will only be you and I during the interview process.
- All the information that you share with me will be strictly private. You will remain anonymous throughout the research process which means that your real name will not appear on any official documents or reports. You also have the right to request that any information you have shared be removed from the study.
- A recording device will be used to record the interview. If you would like it to be switched off at any time, you are welcome to request this too.
- My supervisor - Despina Learmonth, and myself, will be the only people with access to the recordings and raw data.

5. <u>Further Information</u>

Once the study has been completed, a copy of the findings will be available at *Embrace Dignity*. All participants will still remain anonymous and the organization will not be able to link narratives and data to specific individuals.

6. **Contact Details**

   If you have any questions, concerns or complaints about this study please contact Latasha Maraj on 0721754745 or Dr Despina Learmonth at the Department of Psychology, University of Cape Town (UCT) 021 650 3420. For further queries or to contact the Chair of the Ethics Committee directly, please contact Rosalind Adams on 021 650 3417, Room 2.15 PD Hahn Building, University of Cape Town (UCT).

7. **Signatures**

{Subjects name}_____ has been informed of the nature and purpose of the procedures described above including any risks involved in taking part. She has been given time to ask questions and these questions have been answered to the best of the researchers ability. A signed copy of this consent form will be made available to the subject.

_____
Investigator's Signature   Date

I have been informed about this research study and understand its purpose, possible benefits, risks and discomforts. I agree to take part in this research. I know that I am free to withdraw consent and quit this project at any time, and that doing so will not cause me any penalty or loss of benefits.

_____
Subject's Signature   Date

I have been informed that this interview will be recorded. I understand that the recordings will be kept safe in a password protected encrypted folder on a password protected computer. I agree to be recorded with an audio device. I know I am free to withdraw and request the audio recording be stopped at any point should I feel it necessary.

_____
Subject's Signature   Date

Thank you very much for taking part in this study!

Referral List

Should you feel that you require any counselling or support, below is a list of organizations that can be contacted.

Life Line

The vision of Life Line is to help communities and individuals within South Africa embrace emotional wellness and aid those in responding to their unique challenges.

Services: 24 hour telephone counselling service as well as rape counseling, trauma counseling, HIV/Aids counselling and face to Face counseling.

Contact: Office: (+27 21) 461-1113 Crisis: (+27 21) 461-1111

Address: 56 Roeland Street, Cape Town, 8001 (Head Office)

Email: *info@lifelinewc.org.za*

Rape Crisis

The goal of Rape Crisis Cape Town is promote an end to violence against women and to reduce the trauma experienced.

Services: Rape Crisis offers a variety of services to survivors of rape and sexual violence. Amongst these is counseling both telephonic (available 24 hours a day) and face-to-face. They also have an advocacy department, which provides court support for those entering the legal system (assisting to lay charges against the perpetrator) as well as pre-trial consultation to prepare emotionally for the upcoming court cases.

Contact: Tel: 021 4479762

Address: 23 Trill Road, Observatory

Email: *www.rapecrisis.org.za*

The Trauma Centre

The Trauma Centre is committed to addressing trauma through inclusive healing processes to build a non-violent society with respect for human rights.

Services: Individual, group and family counselling is available to assist with trauma as a result of domestic violence, sexual violence, gang violence, armed robberies, traumatic bereavement, hate crime, torture and vicarious crime.

Contact: 021 465 7373 (Office line) 082 444 4191 (Emergency Line)

Address: Cowley House 126 Chapel Street, Woodstock Cape Town 7925

Email: *info@trauma.org.za*

Appendix D

Transcription Information

…   The ellipsis signifies a section of the dialogue and conversation that has been left out

[ ]   The open square brackets signify extra information relevant to the extract such as the subject of the conversation or further identifying information

BOLD   Text that is in bold font signifies emphasis