Written evidence submitted by Hugh Palmer

Written evidence submitted by Hugh Palmer in a personal capacity. I am UKCP Registered Systemic Family therapist who worked with a young woman who had been prostituted and abused. The reason I am submitting this evidence is that, as a result of my work, I support moves that recommend that parliament criminalises paying for sex, decriminalises selling sex, and provides support and exiting services for people exploited through prostitution.

1. In my view, further measures are necessary, including legal reforms, to assist those involved in prostitution to exit from it, to increase the extent to which exploiters are held to account and to discourage demand which drives commercial sexual exploitation.

2. The narrative below outlines some of the significant psychological harm done to the young woman (who, for confidentiality purposes I refer to as A.K.) through sexual exploitation and the difficulties she had in exiting from the situation. In my view, from working with other clients, commercial sexual exploitation is harmful for women, but also for young men, who may have significant difficulties in establishing loving relationships with women.

3. When I worked with A.K., she was 32, and had been 'clean' for five years. Previously, she worked as a prostitute and was addicted to alcohol and other drugs, including cocaine. In the four years preceding this, she had been kept as a sex slave, locked in a room and routinely tortured and degraded by her male partner, who regularly 'pimped' her out to groups of men. The torture and degradation included severe beatings, partial drowning, being made to eat faeces and being forced to watch video footage of herself being raped, whilst simultaneously being sexually assaulted.

4. A.K. came for therapy with the belief that was ready to talk with another person about her experiences. She felt fragmented and identified different 'parts' of self, some of which despised other parts, and she found many activities of life, for example eating, bathing, or hearing men laughing, could often precipitate overwhelming memories and, when this happened, she would find herself frozen and unable to speak or move.

5. A.K. found it hard to remember much of her earlier life; the more recent terrible events had more or less obliterated memories from her childhood. She recalled that her life began to spiral out of control when she was eighteen; her mother became seriously ill and, when she was admitted to hospital, her father and elder brother informed A.K. of her mother’s illness in a local café, and then admonished her for showing distress in public. Her mother eventually died, following a difficult illness lasting a few years, and it was during this period she began drinking, although, despite this, she managed to go to university and obtain a degree. It was at this time her life became increasingly chaotic and she met the boyfriend who later became so abusive.

6. A.K. identified many cruel and terrifying incidents that she wanted to surface and speak about, yet all of these incidents blurred together. She was not sure of the timescales, as many of the ordeals were similar in nature and she would often black out or dissociate from her body during these episodes.

7. We needed to find a way for her to begin to talk about these events, and for the talking to have some meaning. She found it easier for me to not look at her during times she spoke of her memories and, together, we devised a process where I would look away from her and ask questions that might prompt particular memories and
then, still not looking at her, respond to what I heard. The questions would often be drawn from current difficulties that A.K. was experiencing in her life.

8. One example of this was around her discomfort with Alcoholics Anonymous meetings, where she found sitting in a circle with other people was becoming increasingly distressing. I became curious about the significance of sitting in a circle and asked what might circles of people mean in the story of her life? She described a particular memory in relation to this and recounted how she was upstairs in her room and heard the laughter of men downstairs as they watched a pornographic video. She knew it would soon be time for her to go downstairs to be subjected to whatever degradations they might subject her to, usually based on the contents of the video they were watching. She vomited with fear, and had to clean herself up and re-apply her make-up. Then she descended the stairs and, in the front room was a circle of men, all of whom stared at her. She then described what they did to her. In the middle of a circle of men both watching and participating, she was repeatedly raped, with some temporary relief when she was able to dissociate or briefly passed out.

9. I then retold her story and described my experience of listening to her account, about how distressing it was to hear, and articulated connections I made. Some of this was with links to my own experiences or with theory, for example, Foucault’s notions of ‘gaze’ (1975), and of Dante’s Inferno, with the descriptions of descent through the nine circles of hell. A.K. described how helpful it was to hear my retelling of her story; how it felt as though she was no longer on her own in that particular memory. This became an on-going process, with much work being done by both of us to encourage the surfacing and telling of stories, sometimes hampered by the nature of her disassociation, but A.K. was able to express that she felt we made significant progress.

10. A.K. found it hard to escape from her situation. On one occasion that she tried to leave she was severely injured by being hit on the head with a baseball bat.