

The Physical Damage in Prostitution: Report by a Gynaecologist from Street Work

Liane Bissinger, gynaecologist

2019

German text: <http://abolition2014.blogspot.com/2019/11/korperliche-schaden-der-prostitution.html>

[Translator's note: Any mistakes regarding medical terms are mine, entirely.]

I am a gynaecologist with my own practice in Munich. From 1996 to 2000 I worked in Hamburg at the "Zentrale Beratungsstelle für Sexuell Übertragbare Erkrankungen", called "ZB" for short, in translation: "Central counselling office for sexually transmitted infections". This was before the Prostitution Act (2002) and before the Prostitutes' Protection Act (2017), and it was a comparatively progressive model by Hamburg city to counsel and to examine people, mostly women, in prostitution. The offer was free, voluntary, and anonymous.

My report here is based on my work and my experience there, where I worked in street work and as a gynaecologist based at the "ZB". In my view, neither the years nor the two laws have changed anything about the health damage and the physical damage the women have been suffering from, then and now.

The effects on their psyche, the traumatizing, is often even deeper, longer lasting, and harder to treat in comparison to the physical damage.

The most final damage, the murder of women in prostitution, is something I explicitly wish to mention here; between 2002 and 17 October 2019 as I am writing this, 91 "discovered" murders of women in prostitution have been documented in Germany. (-> sex industry kills: <https://www.sexindustry-kills.de/doku.php>)

With all the "progressiveness" and the ending of mandatory testing for those in prostitution, the focus of our work at the core was the protection of the men/prostitutors from STIs. "No rubber" was the demand then as it is now. So the main focus of our work was on STIs and testing was done through the usual gynaecological examinations and through blood tests.

Gonorrhea, chlamydia, trichomonads, genital warts were diagnosed on a regular basis. Sadly, this was also true of Syphilis, Hepatitis and HIV. It is superfluous to point out that these diagnoses were more frequent in comparison to the rest of the population. Alongside these examinations, however, we saw many other phenomena at and in the women's abdomens, lower bodies: destroyed vaginal pH levels and destroyed vaginal fluids through countless rinsing of the vagina, sometimes with harmful substances, which means a vagina devoid of any defence acting as an entrance area for infections and inflammations, and as we know today, at a special risk for cervical carcinoma; tears, injuries, fissures through overextension or deliberately inflicted injuries. Tearing especially of the anus and inside the rectum.

Frequent cystitis was almost a daily occurrence, with some women taking anti-biotics as prophylaxis (if they could afford them).

Pelvic degradation, or pelvic floor weakness. There were some cases of very young women who already had difficulty retaining urine or faeces. This is normally a phenomenon that we associate with births. But the pelvic floor is a multi-layered system of tissues and nerves and the repeated overextension and also rape situations sometimes cause irreversible damage in this area.

Inflammations of the abdomen, sometimes of the ovarian tubes with the worst pains made hospitalisation necessary (we had special official insurance forms for this). Additionally, this very often leads to infertility.

Unwanted pregnancies. In my experience most of the women at the time were taking the pill or had 3-Months injections. In spite of this, there were several pregnancies. In one case I remember the pregnancy was so advanced (and denied!) that the pains the woman felt led her directly into the hospital delivery room. It is inconceivable that she had to expose herself to the punters until that moment. I could not follow up on her further life. Other women with earlier (and noticed) pregnancies had the greatest difficulties – then without legal status or health insurance – to access medically acceptable terminations.

Contraception. Often, there was a problem with the regularity or reliability. Digestive problems for example lead to a reduced effectiveness of the pill. I consider the risks of thrombosis to be absolutely increased in the context of the daily lives of the prostituted women. Smoking, lack of exercise, unrecorded other risk factors ... During my work at the ZB I saw a case of thrombosis with pulmonary embolism.

Destroyed bowel environment (and therefore a diminished immune system) had many causes: frequent enemas in order to control bowel movement (for anal practices), a completely inflamed digestive system from the stomach to the bowels due to frequent vomiting because of revulsion, oral practices, extremely poor nutrition, malnutrition, eating disorders, nervous disorders.

Oral illnesses affecting teeth, mouth, jawbone. Due to the lack of health insurance, to self-administered anaesthetization, lack of self-care or injuries, addressing any inflammations of this area was regularly delayed. This entailed the danger of abscesses, pus, which again put more strain on the entire body.

Skin eczema. Lack of hygiene by the punters, the venues, and also psychological revulsion that seeks its expression in eczema.

Pain. Basically always and everywhere. Headaches. Through battering, tenseness, especially the cramping up of the shoulders and jaws through unendingly repeated oral practices (“blow jobs”). Throat ache. Pains from “top to toe”. Often, women complained of pains in their hip joints

(hours of the heavy weight of the punters and their violent thrusts).

“Unclear abdominal pains”, unclear, because the pain cannot be located in any specific organ or trigger, but is excruciating enough to consider surgery. Psychosomatic is what this is called then.

Sleeping disorders. No regular times for sleeping due to having to be available at any times. Sleeping in the same bed where the meeting with the punter has taken place before, lack of a day/night rhythm with lack of daylight, always artificial light, noise. In exchange: sleeping pills.

Substance abuse. Nicotine, alcohol, drugs, medication. No way to go through the days in other ways.

Summarising this I want to make clear that the above comprises my work experiences as a gynaecologist at this counselling centre in Hamburg and lays no claim to statistic significance.

I am however certain that the problems described here have not changed in any way in the various areas of prostitution nor following the two new laws in the years since. How could they? The system of prostitution is contemptuous of women and of humanity, built on exploitation and cruelty, and it is mostly about exertion of power by men and about a maximum of profits.

Only the abolishment of this system can be the solution!

Liane Bissinger, gynaecologist