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The Moral and Political Stakes of Health Issues in the Regulation of Prostitution (the Cases of Belgium and France)

Marion David¹

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Abstract

Many studies have demonstrated the prominent role legal frameworks and local policies play in the shaping of prostitution, by informing to a large extent the conditions governing the exercise of the sex trade, while promoting a certain definition of this activity and its protagonists. However, the role of private organizations delegated the mission of providing social or medical assistance to people selling sex should not be overlooked. These organizations are still under-researched, despite the fact that they often occupy a pivotal position between those involved in the sex trade, public authorities, and the general population. Our contribution aims to provide an overview of the relevant landscape of third sector organizations in both Belgium and France and, more specifically, retrace the genesis of associations that have implemented programs to prevent sexually transmitted infections. We will also examine their relations with the public authorities and the legitimacy they enjoy in each country, before highlighting their potential influence on the structuring of representations and regulation of prostitution.

Keywords Prostitution and sex trade · Public action · Third sector organizations · Healthcare · AIDS · Moral traditions

Introduction

Public authorities' actions aimed at regulating prostitution are generally understood to be a simple response to the social problem that the sex trade is considered to represent. However, research has underlined the extent to which their intervention plays a preeminent role in shaping this phenomenon. Not only do locally or nationally instituted political measures largely determine expressions of the sex trade in public space (through specific legal and administrative dispositions or indirectly through urban planning), but they also promote a certain definition of this activity and its protagonists. Although the material and symbolic resources mobilized by public authorities have decisive effects, the role of private organizations should not be minimized. In most Western countries, and particularly since the emergence of the HIV epidemic at the end of the 1980s, these organizations have been delegated the task of providing healthcare to people involved in prostitution.

Few studies have focused on this particular domain of third sector activity, despite the fact that third sector associations occupy a pivotal role between actors of the sex trade, representatives of public authorities, and the general population. Taking a “bottom-up” approach to the politics of prostitution by concentrating on these organizations seems, therefore, all the more necessary. This article aims to examine their discourses and modes of intervention from the inside, while exploring the hypothesis that they play a significant part in the social framing of the phenomenon of prostitution in Belgium and France. More specifically, we will focus both on how their actions are subordinated to moral and political issues—in particular, certain normative representations of the sex trade—and on how this seems to contribute to defining/redefining the contours of the experience of prostitution (notably through the delimitation of “service users” and the constitution of certain “knowledge” about them).

For this purpose, we will mobilize the analytical instruments provided by the sociology of public problems. This theoretical framework is particularly suitable for examining the power struggles which develop between the parties involved in the definition of a problem “for the preservation and enlargement of competences, territories and zones of influence,” by articulating these “definitional struggles” with

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“the configuration of actors involved” (Gilbert and Henry 2009, p.16).¹ It is also appropriate for investigating the trajectory of the individuals playing a key role in this process. This approach equally focuses attention on the categories of public intervention and their genesis from two perspectives. It highlights, on the one hand, the procedural dimension of public action by relating these categories to “dynamics of categorization that are never truly completed” (Zimmermann 2003, p.241). On the other hand, it underscores the way in which “objects and scenes of public intervention are mutually constituted,” since “formulating the terms of a problem means already anticipating that it can be resolved” (Ibid., p.243).

At an epistemological level, this paradigm of the construction of public problems (initially formalized in particular by Gusfield (1984), or Spector and Kituse (1977)) is not unrelated to research carried out by Ian Hacking, developing Foucault’s works, on the way categories interact with categorized people to change their space of possibilities, by creating new behaviors, new feelings, and new conceptions of self (Hacking 2002). Indeed, as Hacking has pointed out, these classifications “do not exist only in the empty space of language but in institutions, practices, material interactions with things and other people” (Hacking 1999, p.31), all of which fall within the remit of sociological study.

Contextual and Empirical Aspects for a Comparison Between Belgium and France

In empirical terms, a multisite study was conducted within a comparative cross-national framework. This enabled us to consider the treatment of prostitution in France from a new perspective, while exploring at the same time the specificities of Belgian policies, which have so far received little attention in the social sciences. Moreover, comparing two relatively analogous countries neutralized certain differences, while allowing others, more closely linked to our research object, to be analyzed in greater depth (Weitzer 2015). These countries have many sociocultural similarities resulting from their geographical proximity and common use of the French language, while the very general characteristics of the “sex workers” with whom the third sector organizations in question work are relatively similar.² At the same time, the two countries present an eminently contrasting picture when we look at the manifestations of prostitution and the conditions in which

sex workers work. Marginalized in France, prostitution is, conversely, often part of daily life in red-light districts in the heart of large cities in Belgium and displays many traits resembling those of an ordinary professional activity (such as predefined hours and places of work, and authorization of certain establishments by the public authorities).

These disparities, due in large part to the specificities of the policies implemented, underline once more the limits of generalist conceptualizations of legal regimes (Crowhurst et al. 2012; Mathieu 2015; Maugère 2009; Mayer 2017). Indeed, while both states are commonly identified as “abolitionist,”³ this typification fails to take into account the diverse regulatory mechanisms at work and their effects, by “moving the analytic gaze away from the myriad small decisions that may result in outcomes that contradict officially stated intentions” (Wagenaar and Altink 2012, p.289). Obviously, these mechanisms are partly linked, as we will see later on, to institutional dimensions that go beyond the mere issue of prostitution but have important effects on its treatment by public administrations. This is particularly true of the state structure of the countries concerned, since the unitary and relatively centralized nature of the French state contrasts sharply with Belgian federalism, which is based on a complex system in which decision-making power is shared between the federal government, the communities, and the regions (creating entities that are equal before the law, and that each holds specific competences).

It should be noted that the French framework regulating the sex trade is based on a singularly extensive definition of the notion of procuring. This definition englobes any activity likely to facilitate prostitution, including when sex workers consent to the activity, when no money changes hands between the sex worker and their procurer, or when profits gained from prostitution are shared with a third person. Because of this, the use of hotel rooms or rented studios for prostitution exposes their owner to major sanctions, as does sharing one’s apartment or vehicle with a colleague wishing to sell sex, while close friends and relations of the person concerned are also at risk of prosecution (Deschamps 2006).

Although these situations are not systematically sanctioned in France, the risk they represent constitutes a major reason for the social isolation of sex workers and jeopardizes their activity, despite the activity itself not being prohibited. Consequently, those involved in prostitution who are not property owners are often excluded from private renting due to the risk the incrimination of procuring represents for any person leasing them premises (Vernier 2010). They are also rejected from public space, or at least from central urban spaces. The reinforcement of sanctions relating to soliciting

¹ With the exception of the books and articles referenced as being in English, all quotes from French texts were translated for the purposes of this article.

² In the study we conducted, although some sex workers were citizens of the two countries (the presence of French women in Belgium was, incidentally, frequent), the majority were foreign women, under 35 years old, from Eastern European countries (notably Bulgaria and Romania) or from English-speaking Sub-Saharan Africa (Nigeria principally).

³ In reference to the fact that they are both signatories of the UN Convention of 2 December 1949, which considers the sex trade to be a violation of human dignity and calls for procuring to be outlawed.

since 2003—recently repealed in favor of a measure forbidding the purchase of sexual services—drives sex workers to carry out their activity in out-of-the-way locations and at late hours to escape police checks.⁴ These dispositions condemn sex workers to a form of physical and symbolic relegation which has prejudicial effects on their safety, as well as on their personal and emotional lives, forcing them to bear the indignity of their activity (Pryen 1999). This regime is a product of the ambivalence which characterizes the political treatment of prostitution in France (Darley, David, Guienne et al. 2018), where adhesion to a humanitarian frame of reference considering sex workers as passive victims is combined with repressive objectives motivated as much by immigration control as by concerns about public order.

The situation in Belgium, as far as the framework for prostitution is concerned, is much more varied and constitutes an exemplary illustration of the distance “between law-on-paper and law-in-practice” (Wagenaar 2018). Although the penal code criminalizes the act of soliciting, in reality, municipalities have the task of evaluating if prostitution-related activities within their zone of authority are likely to represent an “incitement to debauchery” liable to be sanctioned (Gilliaux 1992). In other words, despite the commitments of the Belgian state at the federal level, local authorities have retained the prerogative in determining administrative rules aimed at maintaining morality and public tranquility, and remain therefore the principal administrators of the phenomenon in question.

Another dimension particularly characteristic of the Belgian context is an informal tolerance towards certain third parties capitalizing on prostitution. This goes much further than simply renting rooms to sex workers, which was formalized by a 1995 law on the condition that the owner does not make an “abnormal profit.” Indeed, as well as shop windows (which in Brussels are still called *carrées* or “squares” in English) and *hôtels de passe* (where registering is not obligatory, and rooms are rented by the hour), a large number of establishments of various types (bars, cafés, massage parlors, private homes, etc.) prosper without being bothered by the authorities, if they do not disturb the public order. However, their longevity is not guaranteed, as the fact they lack a real legal foundation exposes them to delocalization, for example, in the context of urban renovation projects or because authorities wish to support the demands of local residents’ groups (Loopmans and Van den Broeck 2011). For this reason, any attempt to characterize the conditions of sex work in Belgium encounters the difficulty of describing a mosaic of

experiences, which vary not only from one municipality to another but also according to the specificities of the surroundings sex workers work in (David and Loopmans 2018; Weitzer 2014). Moreover, this plurality has increased over the last few decades. The greater involvement of public authorities, in the context of the internationalization of visible prostitution and debates on “trafficking of women,” (Chaumont 2008) has led to the creation of disparate local policies, which nonetheless share the common intention of banishing street prostitution.⁵

This succinct presentation of the politics of prostitution in Belgium and France underlines the value of an approach comparing and contrasting third sector activities aimed at organizing health services for sex workers. By highlighting certain analogies and differences in the development of these measures, we wish to bring to the fore the interdependences and configurations of actors that influence the implementation of public action, and demonstrate the effect of certain ideologies on the reality in question. To this end, the second part of the article will provide a general outline of the segment of the third sector working with sex workers in the two countries and, more specifically, will retrace the creation and evolution of the main organizations which have put in place programs aimed at preventing sexually transmitted diseases. In the third part of the article, we will underline the clear differences in the two countries in the statutory recognition of the structures concerned (which is particularly discernible in the financial resources afforded them), and we will question the reasons for this disparity. Lastly, we will describe in detail the work carried out by these third sector actors and demonstrate the ways in which their interventions are dependent on normative representations of the sex trade, while making the hypothesis that these organizations contribute directly to shaping a specific image of prostitution and of the people involved in it.

Methodological and Analytical Clarifications

This article presents the main results of a doctoral thesis in sociology, examining public health interventions for sex workers in France and Belgium (David 2014). The aim of this investigation was to apprehend this reality in its entirety, i.e., to jointly examine preventive (or medical) practices and cognitive repertoires mobilized in the construction of the links between “health” and “prostitution,” while exploring the place of health in public management of the sex trade. The major part of the empirical work focused on six associations (located respectively in Nantes, Marseille, and Paris, for France, and

⁴ On 18 March 2003, the Law on Internal Security re-established the offense of passive soliciting, which carried a two-month prison sentence and a fine of 3750 euros. It stayed in force until 6 April 2016 and the adoption of a law penalizing clients. Although it is too soon to evaluate the impact of this measure, there is every reason to believe it will contribute to the maintenance of prostitution as an underground activity.

⁵ Concentrating on the most visible forms of prostitution, certain municipalities have instituted a more emphatic form of regulation of the activity. The city of Antwerp, particularly, has put in place a rule limiting window prostitution to a zone of tolerance. Conversely, others have chosen to prohibit it, as in the case of Liège, which closed windows situated in the city center. In Brussels, the local authorities are divided on this question and have, for now, maintained “an overall attitude of unregulated tolerance” (David and Loopmans 2018, p.86).

Antwerp, Brussels, and Liège for Belgium) studied intensively, over a long period, using a “holistic” approach, in the methodological sense of the term (Olivier de Sardan 2008, p.250). We then proceeded to carry out additional investigations offering us the opportunity to put into perspective the results obtained on this monographic scale, in order to have an overall view of the relations between the various third sector actors identified as having expertise relating to prostitution. Finally, we met with representatives of public bodies subsidizing the action of these medico-social workers, to find out the conditions governing the support they receive, and the nature of the funding allocated to them.

In total, the survey covered a period from 2007 to 2013 and involved 83 semi-structured interviews. Selection of “informants” was an essential aspect of this, and we took into account their socio-professional characteristics, their position within the organizations studied, or certain empirically determined elements. This enabled us to build a corpus of interviews that meets the requirements of the process of “complex triangulation,” and “conduct reasoned cross-checks of points of view” whose “difference makes sense” (Olivier de Sardan 2008, p.80). We also used observation (of “street work” in places of prostitution, medical and social services, miscellaneous meetings, etc.), as a privileged means of accessing the prevention action being carried out, as well as the interactions that structure and reveal the different logics of intervention with sex workers. Finally, we collected a large quantity of documents produced by the structures concerned, including publications and brochures intended for “users” or the general population, annual reports covering different years since the associations’ creation, internship reports, applications for subsidies, and minutes of internal meetings.

From an analytical perspective, our comparative approach was based on the permanent search for a balance between contextualization and modeling, since it was a question of relating contexts that are never formally identical in order to highlight certain regularities (Passeron 2006), and different scales of analysis had to be adopted. On the one hand, we sought to situate the intervention of the associations studied in public policies by retracing, chronologically, the conditions of their creation and what they became (Part 2). After studying several structures in their singularity, we generalized the results to highlight certain analogies and differences between the third sector organizations dedicated to sex workers in the two countries (Part 3). Finally, at a more microsociological level, the detailed examination of the actions implemented and then the construction of typologies synthesizing the logic of different interventions enabled us to compare the actions of these different associative structures in a controlled way (Part 4).

A Diachronic Presentation of a Divided and Conflictual Domain of the Third Sector

Susan Sontag wrote that with the appearance of AIDS, “all but long-term monogamous sex” became (once again) a threat, because it was equated with a chain of transmission going beyond “just a coupling” (Sontag 1989, p.72–73). The social figure of the “whore” immediately occupied a singular position, at the interface of marginal worlds (for example, those linked to criminality and drug use) and the general population (with which the clients are commonly associated). For this reason, sex workers particularly came to symbolize the generalized fear of AIDS that arose with public recognition of heterosexual transmission in the second half of the 1980s, when the perception of this pathology transformed from a “disease limited to certain groups, to a general risk” (Setbon 2000, p.62). At this time, biomedicine represented an ambivalent resource, “all-powerful” in the detection of HIV but “therapeutically helpless” (Dozon 2005, p.201). In this context, carrying out preventative programs with HIV-free individuals considered at risk of being infected became a priority.

In France, third sector work aimed at sex workers was, at this time, monopolized by social work organizations applying a model of intervention centered on bringing an end to prostitution, by directly inciting sex workers to cease their activity or by offering support to those who requested it. It had originally been envisaged, in the ruling of 1960 (which validated the ratification of the UN Convention of 2 December 1949), that Prevention and Social Reinsertion services (*SPRS* in French)—public establishments dependent on the Departmental Social and Healthcare Service (*DDASS*)—be present in each French administrative department. However, very few were created, and the majority disappeared during the 1990s (Mathieu 2001). In reality, the French state mostly subcontracted the remit to prevent prostitution and “rehabilitate” sex workers to private organizations, notably to the organization *Amicale du Nid* and, to a lesser extent, the *Mouvement du Nid*, which both grew out of the *Nid*, or the “Nest” in English, an association founded in 1946 by a Catholic priest. Unlike the French state, Belgium never appropriated the dispositions of Article 16 of the 1949 UN Convention enjoining signatory states to take measures “for the prevention of prostitution” and “for the rehabilitation and social adjustment of the victims of prostitution.” However, a Belgian *Mouvement du Nid*—directly inspired by its French counterpart and organizing similar activities—existed from 1980 in Brussels and in Wallonia, although it remained largely dependent on donations from Catholic supporters in the absence of real support from public authorities. When the HIV epidemic erupted, these organizations were called upon, in both France and Belgium, to carry out prevention work. They declined this mandate, fearing it would encourage

prostitution (because it involved, for example, making condoms available). Equally, they disagreed with certain leanings in health monitoring likely to lead to new controls on prostitution inspired by the regulationism of days gone by.

Genesis and Institutionalization of HIV/AIDS Prevention Work

It was under these specific circumstances that the first third sector associations organizing actions fighting AIDS among sex workers were created. In both countries studied, these projects had similarly pragmatic aims, as in the eyes of these protagonists, the urgency of the epidemic demanded that all moral considerations about the sex trade be set aside in favor of approaches that improved the conditions of prostitution practices and thereby limited the risks of contamination. However, some pronounced differences in the aspirations and architecture of these first efforts can be identified, due, in part, to the national specificities of AIDS-related public action.

The associations that appeared in France at the beginning of the 1990s—among the most emblematic of which were *Le Bus des femmes* in Paris, *Autres regards* in Marseille, and *Cabiria* in Lyon—were constructed on the initiative of actors from third sector organizations involved in the fight against AIDS and from prostitution backgrounds. They immediately adopted a “community health” perspective, underpinned by the conviction that sex workers’ shared experiences justify their working together to defend common interests, and by the ideal of sex workers or ex-sex workers and third sector actors working together on an equal footing. Indeed, considering that people who had experienced prostitution were better placed to deliver a message promoting safer sex and better health, these organizations introduced a new category of outreach staff, composed of sex workers or ex-sex workers, acting alongside healthcare professionals on the streets or assisting service users in accessing mainstream services and infrastructure (Mathieu 2000). The earlier foundation of the French Agency for the Fight against AIDS (*AFLS*) played an important role in determining the participatory character of these first interventions. It favored initiatives aspiring to “reach out to the groups who were the most affected by the epidemic to consult them about the elaboration of strategies and to give them responsibilities.”⁶ It can be assumed that the choice made by people from the world of prostitution to participate in these burgeoning projects stemmed from the stigmatization they faced in France, which motivated them to get involved to improve their status and conditions of existence. Furthermore, these first community actions were explicitly structured by a political logic, since, beyond their function of prevention, mediation, and support, they aimed to influence all aspects of sex workers’ treatment

within mainstream healthcare in order to ensure that their equal rights as citizens were respected.

In Belgium, the associations which appeared at the very end of the 1980s—*Espace p* in Brussels and Wallonia, *Pasop* in Ghent—did not engage in such a participatory and advocacy-based approach.⁷ As part of a dynamic essentially advocated for by actors from university medical structures, they focused more on promoting public health and aimed to reach as wide a public audience as possible. However, like all the organizations fighting against AIDS in the West, these groups refused to allow the fears about the incidence of HIV among sex workers to lead to discriminatory or restrictive forms of intervention and endeavored to “satisfy the double objective of efficiency and respect of human rights” (Setbon 2000, p.65). With the aim of providing a complementary space within mainstream health services in which sex workers could speak about the difficulties related to their activity without being judged, they developed healthcare actions limited to the prevention of what were qualified as “professional” risks—HIV, hepatitis B, and STDs in general—by offering medical consultations dedicated to identifying and treating these pathologies. Another specificity of this model is the fact that it was mainly constructed through contact with people who were relatively integrated in the society concerned (despite the secrecy often surrounding their activity as sex workers), many of whom perceived their participation in the sex trade as a professional activity.

In both countries, the development of these third sector interventions throughout the 1990s was characterized by a progressive widening of the actions implemented as their activity rapidly moved beyond health issues to become linked to social work (access to housing, to social security, debt problems, etc.) and tax and legal advice. Moreover, as these associations developed and disposed of larger budgets and a growing number of employees, the ideological antagonism they maintained with those promoting rehabilitation was exacerbated. In France, this rivalry was essentially expressed through strict segmentation of the space the organizations worked in. The structures advocating a community health approach and those that grew out of the abolitionist movement had their own separate interlocutors within the public authorities (linked to their respective sources of funding) and were wary of contact with each other. In contrast, discord between organizations was openly manifested in Francophone Belgium, notably in the media, and, in the context of a politicization of regional funding, crystallized around the question of resources allocated to the different structures. *Espace p* denounced the amount of private munificence obtained by the *Mouvement du Nid* (which had backing within the

⁶ Interview with the co-founder of a community health association, October 2009.

⁷ With the exception of *Payoke* in Antwerp, co-founded in 1987 by an ex-sex worker. At the end of the 1990s, this organization gradually became a shelter for trafficking victims.

Catholic sphere of influence and benefited from the patronage of the royal family), whereas the *Mouvement du Nid* criticized the stranglehold of its rival (which was supported by the Socialist party) on public funding. The scale of this conflict was also rooted in the evolution which affected *Espace p* during this period. Influenced by certain employees, social workers by training, the priority the organization's founders gave health prevention work was gradually supplanted by activism supporting a neo-regulationist approach, to the point that the association became the most ardent defender of the legalization of sex work in Belgium.

Internationalization of Prostitution and Associated Recompositions

The large increase in the proportion of migrant sex workers, mostly notably from the ex-Soviet bloc, from the end of the 1990s, had repercussions for the organization of this particular segment of the third sector and for the content of the work the structures carried out. In order to describe these transformations, it is necessary to identify the conditions in which a form of “moral panic” around “Trafficking in Human Beings” (THB) (re)appeared in the countries in question, as well as the political measures adopted as a consequence.

In France, it was only from the year 2000 onwards that this theme began to emerge on the political scene and in the media, progressively gaining in visibility to the point of being integrated into the Law on Internal Security (LSI) in March 2003. The attention given to THB was to a large extent the result of a mobilization led by the “Committee Against Modern Slavery” and certain grassroots organizations (notably *Le bus des femmes*, *Autres regards*, the *SPRS ALC-Nice*, and the *Amicale du Nid*), which, from 2001, formed a collective named the “Platform Against Human Trafficking.” Measures provided for in the LSI aiming to assist victims (reception, safeguarding, etc.) were put in place by these organizations, who were already invested in outreach activities linked to prostitution, although these had varied modalities and varied greatly from one region to another. In particular, when obtaining a visa for a person pressing charges or acting as a witness in legal proceedings related to procuring, an informal agreement was often made between the prefectural services and third sector organizations. This led associations to “participate in the administration of proof to the point of distinguishing the ‘genuine’ from the ‘bogus’ victims” (Jaksic 2008, p.143), in order to maintain the confidence of the authorities.

However, this mobilization by the third sector caused a profound rift between structures advocating a community health-focused approach and led to a recomposition of the alliances previously in place. In fact, for migrant women, some of them (*Autres regards*, *Le bus des femmes*) found themselves defending an approach similar to that supported

by the organizations from the abolitionist tradition (*ALC Nice*, *l'Amicale du Nid*), by considering all these women to be “slaves” who must be “saved” no matter what, including when they had not asked to be. Others (*Cabiria*, *Grisélidis*) refused to think of foreign sex workers' conditions in these terms, which they judged to be condescending and excessively insistent on positioning migrant women as victims. Beyond this divergence in viewpoints, the support for these new service users accelerated the decline in the participatory aspirations which had characterized the associations putting in place HIV and STD prevention programs in France. Indeed, while these aspirations were already diminished by the growing priority given to individual social aid in the associations' day-to-day work, they generally had little success with newly arrived migrants who did not identify their work in the sex trade as a criterion for belonging to a “community” of sex workers whose interests should be defended. This particular type of activism was down to a series of short-lived collectives driven by sex workers and launched in the context of the 2003 law re-criminalizing soliciting. It was carried on by the group *Les Putes* (“The Whores”) founded in 2006 by former AIDS activists which created the *STRASS*, a sex work union in 2009 (Darley et al., 2018, p.104). The beginning of the 2000s was also marked by the appearance of new third sector structures, often in cities with no organizations leading field programs aimed at sex workers. Evolved out of syringe exchange programs introduced by the NGO *Médecins du Monde* (as in the case of *Funambus* in Nantes) or out of the social work sector targeting marginalized populations (*Entr'actes* in Lille), these structures took community health projects as inspiration for their general medical and social initiatives. Their action was based on a perspective defined as non-judgmental, organized around the presence of mobile teams in places known for prostitution. They also adopted a “low threshold” approach, expecting nothing in return from the service users, in contrast with the contractual logic that characterized social work structures. Finally, today, the health question is no longer the prerogative of associations created in the context of AIDS, as those which grew out of the abolitionist tradition do not hesitate now to use it as a means to other ends. Indeed, the attention given to health questions (safer sex advice, medical support, etc.) often constitutes the only tool enabling them to build relationships with migrant women who are frequently undocumented and unwilling to receive any support which displays too clearly its intention to “extract them from the environment they work in.”⁸

In Belgium, trafficking for the purposes of prostitution was placed on the political agenda much earlier, from 1992 in Flanders, before the increased presence of

⁸ Interview with the director of a social work establishment (February 2009).

migrant sex workers in the public space. It followed the publication of a book by an investigative journalist, Chris de Stoop (*Elles sont si Gentilles, Monsieur*), describing the economic success of a group of Belgian pimps who brought over women, mostly from South-East Asia, to Belgium and forced them into prostitution. These revelations aroused the indignation of the Belgian royal family who, in a noteworthy series of interventions, played a decisive role in the emergence of this theme in the political sphere, as well as in the Francophone media (Patte 2005). A parliamentary inquiry committee was set up and its conclusions led to the adoption of the Law of 13 April 1995, which was accompanied by ministerial directives establishing a special status for the victims of trafficking and subsidies for authorized shelters.

The construction of this highly structured system stands in stark contrast with the imprecision that characterized the implementation of public action in this area of France. It also had the particular effect of giving license to a strict dissociation between the phenomenon of “trafficking” and the realities associated with “sex work,” by delegating the management of the populations concerned to different organizations. In these conditions, the legitimacy of structures founded in the context of the appearance of AIDS (*Espace p, Pasop*) gradually grew, with the public authorities recognizing and supporting the diversification of their activities. The subsequent creation of *Ghapro*, specializing in HIV and STD prevention with sex workers working in windows and private homes in the Antwerp province, constitutes a particularly salient illustration of the integration of these structures into policies led by the local authorities. Located at the heart of the zone of tolerance, the organization’s work was presented as an integral part of the project regulating prostitution implemented by the Antwerp municipality, aimed at “eliminating the public nuisance” associated with this activity, as well as at “criminality and trafficking of human beings,” while also “improving sex workers’ situations.”⁹ At the same time, the employees of the *Mouvement du Nid*, active in Brussels and Wallonia, came to reconsider the relevance of their adhesion to abolitionism, which they judged insufficient for dealing with the situations of the people they met (and equally, for supporting initiatives that would bring them profit). They discontinued their participation in the THB procedure overseen by the authorities, choosing to abandon helping “trafficking victims” in order to devote themselves to foreign women who wished to continue working in the sex trade. The name of the organization was changed to *Entre 2* to underline the irrevocability of this transformation. Ultimately, although there are no more organizations advocating an abolitionist approach working with sex workers on the ground in Belgium, two types of associations coexist within the field of third sector activity

today. Socio-medical structures occupy a dominant position and have principally been constructed for sex workers operating in more privileged environments (windows, bars or private apartments). At the same time, organizations on the margins of these more “mainstream” structures work on the ground with less stable groups, notably migrants or drug users working as street sex workers. Finally, mention should also be made of the existence of relatively marginal informal groups of sex workers who, since the 1990s and at the instigation of certain personalities, have attempted to organize themselves to help each other or defend their rights and interests against specific forms of injustice (*Pandora, Carrée de dames*, and more recently, *Utsopi*). These collectives, however, rarely withstand the test of time and do not benefit from sufficient political recognition to have a decisive influence on policies affecting their lives (David and Loopmans 2018, p.89).

A Different Legitimacy, Reflecting Contrasting Moral Traditions

Following this initial comparative presentation, we turn our attention now to the statutory recognition of the organizations whose history we have just traced, by looking in detail at the financial support granted them by the authorities. Indeed, although these structures professionalized during the 1990s, their current budgets—of which the principal, and incompressible, cost item is the personnel—remain mostly fed by public funds. Yet, as part of structures stabilizing forms of collective action and organizing “specific social relations between public authority and those it is aimed at” (Lascoumes and Le Gales 2014, p.325), this funding and its structuration represent a significant indication of the values and conceptions of the world governing the regulation of prostitution in the countries studied. Moreover, because they also represent “a site focusing and expressing the political and social conflicts of which they are the product, as much as the stake” (Bezes and Siné 2011, p.21), these resources form a prism for the analysis of the effects of hierarchies and legitimacy conflicts between third sector actors.

Revealing Public Finance Instruments

Depending on the context in which it takes place, prostitution, and especially street prostitution, can constitute a particularly dangerous activity, exposing those involved to numerous forms of violence. In addition, the instability of the living conditions of certain sex workers, some of whom are undocumented migrants, is likely to lead to varied health concerns, often correlated with difficulties in accessing healthcare. Nevertheless, taking the reality of these problems into consideration should not lead us to ignore the social mechanisms that result in certain public health risks being markedly

⁹ Interview with Antwerp’s “prostitution advisor,” in charge of supervising organizations working with sex workers (June 2008).

overinvested compared to others. In other words, “a risk does not exist in itself” as “it only has meaning as a social phenomenon and public problem” (Borraz 2008, p.18). As it happens, despite the end of AIDS exceptionalism¹⁰ in both countries, the administrative structures charged with implementing state health policy and the local authorities continue to provide significant support for the organizations studied as part of the drive to combat HIV. Thus, on the one hand, the initial backing given to prevention work was marked by a rupture in the way the activity of prostitution was socially framed, as, for reasons of efficiency, notably, the focus was moved from the “problem” of prostitution (in terms of the problem it represents for others) to the difficulties experienced by those involved in this activity, particularly in terms of health. On the other hand, everything indicates that “the health risk in its public dimension, for others” (Pryen 1996, p.87) is still at the root of public decisions to support outreach work. Moreover, while it has now been established that “seroprevalence in groups of sex workers who are not injecting drug users is very low” in Europe (Meystre-Agustoni 2004, p.50), the paramountcy of HIV compared to other public health risks seems, above all, to be linked to the “politics of blame avoidance” (Neveu, quoting Kent Weaver, 2015, p.213) aimed at anticipating the repercussions of a possible later indictment of public authorities’ responsibility. However, the instrumentalization of the “AIDS risk” within the sex trade is also visible in lobbying work carried out by third sector actors, in a context in which funding instruments make them dependent on HIV-related funding.

It is specifically the case in France, where the structures working with sex workers which are not guided by the objective of rehabilitation rely to a large extent on HIV-related funding, which makes up the most significant part of their financial resources.¹¹ However, their activities today go much further than HIV prevention work and englobe healthcare access or access to rights, and all the more so since they are aimed at a mostly migrant population who are likely to request legal support, French classes, and so on. On the one hand, this persistent dissonance between the tasks attributed to them by the public authority and the reality of their activity can partly be explained by the fact that the “HIV line” has always allowed greater latitude, enabling funded organizations

to provide “global support” which exceeds “pure prevention work.”¹² On the other hand, this position also tends to consign these associations to a situation of institutional fragility leading to staff recruitment difficulties and recurrent leadership crises. Indeed, not only is this public funding often insufficient in relation to the volume of activities organized (so much so that certain structures could not have maintained their action over time without the support of a private backer, *Sidaction*) but it also comes mainly in the form of subsidies, or in other words, of annual credits. The renewal of these is never guaranteed, and if and when they are renewed, they do not take increases in the cost of living into account. In contrast, the social work establishments that grew out of the abolitionist tradition benefit from being accredited as residential shelters and rehabilitation centers (*CHRS* in French) and thereby receive a permanent global endowment, which is indexed to the Consumer Price Index. To this are added one-off subsidies per action. This very privileged position cannot be dissociated from the history of the French third sector, where these organizations are accorded a quasi-administrative role. As underlined earlier, they have, for many years, taken on public service delegation contracts and are, in return, subjected to strict controls by their tutelary authority (Gardin, Rival & Torset, 2008). However, the difference in the treatment of third sector organizations working with the same population is nonetheless striking. It must be kept in mind that a program for public action is not just defined by the decisions taken but also those ruled out, and light can be shed on its construction by an analysis that reads between the lines and takes these “non-decisions” into account (Hassenteufel 2008, p.31). Hence, it is important to note that it was not judged pertinent to institutionalize the initiatives that grew out of the fight against HIV in the same way as health structures intervening in the field of drug addiction.¹³ In other words, although the AIDS emergency led to the modification of the governance of one public policy sector, subordinating the priority given to abstinence in drug use to risk reduction objectives, the same cannot be said of the sector dedicated to prostitution where discouraging sex workers from continuing their activity remained the preeminent aim. Finally, beyond the sole scope of associations dedicated to sex workers, the institutional changes inherent to the successive reforms of the body responsible for implementing the French State’s health policy have gradually increased the distance between the leaders of the associations concerned and the representatives of the subsidizing authorities. This differs greatly from the Belgian context where political (or even interpersonal) proximity can sometimes play a determining role in obtaining funds. In other

¹⁰ This regime characterized the public responses and social reactions to AIDS from 1985 onwards, opening the way for a form of “normalization” from the second half of the 1990s (Setbon 2000).

¹¹ “It’s the only way for us to get funded. It’s unfortunate to say that the only way in to receiving funding is AIDS. Whether it’s with the *DDASS*, or the municipality, for any funding, the only way we have to get public money is to say ‘we are fighting AIDS’. So, we are conditioned to reference this problem”/ “Today, we can’t find funders who are brave enough to say ‘ok, we don’t care, HIV or not, we’ll fund you because globally, you act to reduce risks”” (interviews in April and October 2010 with two directors of associations created at the beginning of the 1990s and 2000s, respectively).

¹² Interview with a representative of the *DDASS* of the Bouches du Rhône administrative department (April 2011).

¹³ From 2005, the structures in question became designated risk reduction centers for drug users (*CAARUD*) which accorded them institutional stability and permanent operating budgets (Le Naour 2010).

words, as we will see below, analyzing the support given to these structures implies taking into account the “relative weakness” of the administration in Belgium (compared to the centralized and powerful administrative tradition of France) which gives it a “certain permeability” in relation to “political influences” (Cantelli 2007, p. 84).

In Belgium, the associations studied also receive significant funding for their HIV and STD prevention work from various public bodies (at the level of Belgian communities, regions, provinces, or municipalities), but their situation differs in many ways from that of their French counterparts. Because they have succeeded in highlighting the need for structurally and sustainably organizing “work-related healthcare” directly inspired by structures in the Netherlands (and mostly supported by doctors and nurses), the Flanders-based organizations (*Pasop*, *Ghapro*) today enjoy substantial recognition from the public authorities.¹⁴ Moreover, they have progressively obtained financial support allowing them to implement activities that go further than management of sexual health-related difficulties, as they also provide social and administrative drop-in services for sex workers, including signposting for legal and psychological support. Despite distancing themselves from the epidemiological concerns their tutelary authorities initially prioritized, the action of these associations still constitutes a form of implicit collaboration with the political powers, thus participating in the process of legitimizing locally led public interventions. Put more precisely, it is certain that such projects could not be conceived outside of a neo-regulationist context effectively organizing prostitution as a professional activity, based on delimited and legitimized representations both of the people making up the category “prostitute,”¹⁵ and of the “professional risks” to which they are likely to be exposed. *Espace p* in Brussels and Wallonia is equally institutionally secure, although this organization claims a far greater independence from local prostitution management policies.¹⁶ Indeed, during the 1990s, the association was designated a “social action center,” due to the global support provided to sex workers and its mediation work with local residents. Receiving in this capacity a guaranteed fixed subsidy (automatically renewed every five years), in addition to the money received for HIV/STD prevention work, the employees of the association were able to circumvent the imposition of healthcare as the sole issue, and fully invest in the social work domain. Moreover, they were able to move forward freely with their activism in favor of the legal

recognition of prostitution. If the acquisition of this status was mostly due to the discretionary intervention of certain politicians,¹⁷ it equally reveals the recognition obtained in Belgium by organizations working to improve sex workers’ situations without subordinating these efforts to the aim of discouraging their activity. On the other hand, the organizations that grew out of abolitionist structures (*Icar*, *Entre 2*) remain relatively financially insecure. This instability can above all be explained by the insufficiency of public resources available to support a domain of the third sector that has become very large, the diverse components of which now display the same objective and occupy the same area of intervention.

Interplay Between Actors and Cultural Models

Everything therefore points to the conclusion that the appearance of AIDS in France has not transformed the public policy paradigm centered on stopping prostitution. Indeed, the recognition community health associations, or those inspired by a similar approach, enjoy is considerably inferior to that accorded to social work organizations dedicated to professional insertion, accommodation, and the prevention of prostitution. Conversely, in Belgium, the implementation of the first programs aimed at prevention led to the perpetuation of structures devoted to social and medical support work with sex workers, while the few projects prioritizing rehabilitation collapsed.

These discordant evolutions, as well as the significantly superior legitimacy that Belgian organizations receive today compared to their French counterparts, can certainly be partly imputed to the socially prestigious professional profiles of their founders, who were mostly researchers in epidemiology or public health doctors with close links to various academic institutions. This dimension is a result of the specificities of public action against AIDS in Belgium, which originally leaned on university medical structures (Cantelli 2007), while, in the French case, the third sector played a preeminent role early on (Thiaudière 2002). In addition to the influence of this scientific capital, these “experts” were frequently “multi-positioned” (Neveu 2015, p.53): with their considerable social capital, they were often linked to political networks or participated in mixed bodies involving administrators and political representatives (in an institutional context where, as noted above, this involvement can be crucial). In other words, whatever the skills of the first actors engaged in community health work in France might have been, in no way did their social properties confer on them the same credibility and authority, or an equal capacity to attract media attention, build alliances, obtain political support, and, ultimately, influence the public definition of prostitution.

¹⁴ Interview with the founder of an organization working in Flanders (November 2008).

¹⁵ The presence of certain populations of sex workers—injecting drug users working on the street or women from Sub-Saharan Africa working in the cafés—is not authorized within the tolerance zones, which are for window prostitution only.

¹⁶ Echoing its militant ethos, the association regularly takes a stand against the regulations adopted by Brussels’ municipalities or certain city authorities in Wallonia.

¹⁷ Interview with an ex-employee of *Espace p*, who was behind the request for this status, July 2007.

Moreover, although AIDS' exceptionalism represented a circumstance that acted in favor of the emergence of a competing logic of intervention, these actors' difficulties in imposing their way of apprehending sex workers' situations in the long term were further complicated by the fact that social work establishments and activists had "owned" the question of prostitution¹⁸ for several decades and had previously contributed to solidly anchoring abolitionism as the main frame of reference within French society. A very different dynamic prevailed in Belgium, as public action in this area had for a long time been characterized by "unregulated tolerance" (David and Loopmans 2018), which essentially meant that the sex trade developed unfettered by political frameworks, although it was nonetheless the object of occasional initiatives by local police. In these circumstances, when new actors arrived on the scene to lead HIV prevention initiatives, the modest *Mouvement du Nid* in Brussels and Wallonia had a relatively limited audience and essentially relied on private donations and Catholic volunteers for the continuation of their work. It therefore quickly lost the power struggle that ensued with *Espace p* after an intensification of the ideological conflict between them during the 1990s, when the *Mouvement du Nid* sought to challenge its rival's scientific legitimacy and consolidate its own interpretative framework by provoking moral indignation with accounts of sex workers' harrowing experiences.¹⁹ The characteristics of the third sector that had pre-existed these new structures' appearance (or even inexistence in the Flanders region) therefore represent another factor explaining the different evolution of these organizations in France and Belgium. However, apprehending this "public arena" solely through the prism of the systems of force and interests invested in the controversy is insufficient. It is vital to consider the ways in which "cultural forms" (Gusfield 1984, p.18)—forged by a "common moral sense," structuring and hierarchizing the world in a given spatiotemporal configuration (Neveu 2015, p.114)—are connected to the political order.

For this purpose, and in a final analysis, it is possible to interpret the statutory recognition accorded to Belgian third sector organizations as the expression of a far greater tolerance of the sex trade within that society. This tolerance is correlated with a specific conception of the situations in which the state should intervene in private practices. Indeed, while the question of prostitution articulates numerous tensions relating to individual freedom in Western democracies marked by the

erosion of traditional norms, the countries studied seem to embody, respectively, different poles of the conflict between the defense of personal autonomy and the affirmation of certain transcending values considered axiomatic for all citizens. To put it more precisely, the vast definition of procuring in France is founded on the presumption that prostitution constitutes, by definition, a violation of human dignity (Danet 2006); but the dominant cultural model in Belgium is closer to the Netherlands' approach in its refusal to determine the moral legitimacy of prostitution and its emphasis on the freedom to make individual choices and control one's own body (David 2014). Moreover, the stances in favor of legalizing the activity taken over the last few years by academics, social workers, or representatives of the Belgian political class clearly contrast with the French context, in which a law was recently adopted penalizing those who purchase sexual services. It is undoubtedly because of this that the emotion generated by the theme of "trafficking of human beings" has not diminished the credibility of organizations devoted to sex workers in Belgium, whereas in France, it has reinforced the abolitionist paradigm. Indeed, in the French case, the focus on trafficking has compromised any possibility of institutionalizing the work of associations wishing to improve conditions within the sex trade, as this would be interpreted as giving legitimacy to prostitution.

Health Logics, Patterns of Intervention, and Experiences of Prostitution

Finally, it seems important to evoke in greater detail the cognitive repertoires mobilized by the third sector organizations studied when defining the risks threatening sex workers, as well as the content of medical practices and of prevention programs put in place for them. Prostitution can be seen as an experience lacking in any "substantial naturalness" (Lascoumes 2014, p.172) and formed, according to the Foucauldian perspective, by the correlation of certain knowledge, normativities, and forms of subjectivity. As we conclude, we wish to question the manner in which these interventions contribute, in different ways, to the redefining of this experience. When observing the concretization of health logics, we noticed the existence of "underlying patterns" which have "typical dimensions" or, in other words, ways of seeing, doing, and saying that are recurrent and reappear from one situation to another (Cefaï 2009, p.251). Although these types of "framing," linked to shared meanings involving forms of selection, assessment, or categorization, certainly have very real effects on the social existence and health of those concerned (Gilbert and Henry 2009), we will particularly endeavor, in the next few paragraphs, to conceptualize the competing healthcare models implemented in the organizations studied.

¹⁸ "For Gusfield, [...] the person who comes to 'own' a public problem gains access to the resources and the power to intervene in certain problematic situations. Inversely, through a process of self-reinforcing, whoever controls the resources and power is more likely to assert the reality and legitimacy of his or her analyses and prognoses with the authorities" (Cefaï 2009, p.282).

¹⁹ If this presentation is faithful to the events reported by their protagonists, it should not suggest that they were excessively strategic in their approach, as they also told us in detail how their ethical aspirations and political convictions evolved over time as they were confronted with various dilemmas, decisions, and experiences.

The first intervention model is the “occupational medicine” model, as its promoters refer to it. This model favors an epidemiological approach, with preeminence accorded to the number of people reached rather than to a qualitative approach, while consultations are limited to screening for and treatment of sexually transmitted infections and hepatitis B vaccinations. However, the main concern is not only to limit transmission of HIV and STDs between actors involved in the sex trade and those close to them but also to provide sex workers with a medical space dedicated to their activity in which, without being judged, they can receive precise information on the risks associated with different sexual practices and can speak about any urogenital problems. The “risk” in question is therefore essentially equated with HIV and STDs and linked to the multiplicity of sexual relations. This type of approach, prevalent among the dominant third sector organizations in Belgium but non-existent in France, is considered complementary to general medical services and strives to accompany sex workers throughout their “career,” for their benefit, but also from a public health angle.²⁰

The second intervention model we identified is centered on access to primary healthcare and, conversely, prioritizes a general medical perspective. It structures the support provided by French associations, as well as that of organizations operating in the margins of the dominant programs in Belgium. This model focuses on the improvement of sex workers’ health by providing them with medical drop-in services where any health problems whatsoever can be treated and where a qualitative approach is favored, with risks envisaged in relation to overall health, linked to an accumulation of difficulties and social vulnerabilities.²¹ Equally, this model supports access to the mainstream health system. The intervention is therefore conceived of as being temporary, as it is above all aimed at counterbalancing the mechanisms that limit these populations’ access to healthcare, whether they be a consequence of the transgressive nature of the activity exercised or of the instability of the sex workers’ social and administrative situation.

²⁰ “The objective was to prevent transmission, which was the most logical approach: if there are sex workers and infectious diseases, something needs to be done. The method we adopted was to go to the person in question and to consider her as someone who has a job, who works. [...] So we particularly try to define the risks a sex worker runs by looking at risks that are really connected to this professional activity” (interview with the founder of a Belgian association, a doctor and researcher in infectious diseases, June 2008).

²¹ “They won’t get AIDS just by being in the street, but they will get the flu, or bronchitis [...] So I think a good approach is to look at the overall situation as you can’t reduce this woman or this transsexual to their activity as a sex worker. [...] When I send someone for a gynecological ultrasound, it’s not necessarily because she’s got an infection, she might have uterine fibroids, which is not linked to the fact that she’s a sex worker. It’s discriminating, why would you fund an ultrasound for fibroids and not an X-ray of the sinuses? Particularly when it’s because she’s in the street that she smokes to warm herself up, etc. [...] I treat human beings, I don’t treat vaginas, penises and anuses” (interview with a doctor in a Belgian association, November 2008).

This typology of health logics, considered through the prism of the type of consultation provided, immediately compels us to make two observations. First, it should be underlined that in spite of the neutrality commonly attributed to medical expertise, the content of these interventions depends on certain normative representations of the sex trade. If considering prostitution to be “an intolerable exploitation” involves a specific conception of the risks threatening sex workers’ health (David 2008), judging it to be a professional activity that should be recognized as such seems to incite third sector actors to focus mainly on STDs, to the point of sometimes identifying any gynecological pathology as being a “work-related problem.” Moreover, it seems clear that the two intervention models do not really target the same populations. Therefore, despite their stated desire to reach all sex workers, we noticed during the ethnographic study that the structures advocating the implementation of an occupational medicine-type approach were mainly aimed at those operating in a more privileged environment. In contrast, the structures prioritizing primary healthcare needs targeted the sex workers with the most tenuous situations, who only had limited access to mainstream services and frequently considered their involvement in the sex trade to be temporary (linked either to a context of migration, drug use, or survival strategies).

However, limiting ourselves to such an analysis would neglect the fact that the third sector organizations studied seem to be participating in the “manufacturing” of the phenomenon of prostitution through their socio-medical mediation. It seems to us that this is especially the case for the organizations subscribing to the occupational medicine approach. These organizations present all the elements highlighted by Ian Hacking (2002) to explain the mechanisms by which “kinds of people are made up,” and in particular, they associate the promotion of a specific classification (“sex professionals”) with a body of “expert knowledge” (the epidemiology of the transmission of HIV and STDs). On the other hand, the structures aiming to facilitate access to healthcare tend to associate their service users’ situations with larger issues such as social insecurity and migration or, in other words, prefer a generalizing logic to a particularizing one. It should nevertheless be noted that this process is never unilaterally imposed, as the category sex professional is appropriated by those who experience their participation in the sex trade in these terms. Moreover, examining the way those concerned embrace, or refuse, the competing definitions of prostitution which motivate and organize the interventions intended for them would constitute an original investigation in France and Belgium and would be of great interest. It may also be relevant to conduct an ethnographic inquiry focusing on processes by which “traumatized” migrant sex workers have been “made up” in recent years in Western Europe. Special attention should be paid to the way in which psychological consultations offered them (in the framework of legal and social support for

“victims of trafficking”) reinforce a particular mode of subjectivation: as a condition for obtaining a residence permit, they are often encouraged to think of and describe themselves as having been destroyed by sex work.

Conclusion

In Belgium, it has not been uncommon in recent years for representatives from various sides of the political continuum to speak out against the paradoxical nature of Belgian abolitionism-cum-regulation, which allows prostitution, but leaves sex workers in a legal vacuum (a series of draft laws have been tabled in this respect since the beginning of the 2000s, although none of them have yet been accepted) (David and Loopmans 2018). This type of stance directly echoes the advocacy campaign led by *Espace P*, which has been promoting legalization in the media and in political circles for the past 20 years but also, to a lesser extent, echoes the action of NGOs providing medical and social supports based on a representation of the sex trade as work. At the same time, with the disappearance of social work inspired by the *Nid*, Belgian abolitionism (mainly embodied by representatives of feminist movements) remains a minority position in Belgium, with little overt support within the Flemish community or, as regards the whole territory, from national political parties. Conversely, the return of the sex trade to the media and political agenda in France since the early 2000s has revealed the existence of a completely opposite balance of power. The camp which brought together “pro-sex” feminist activists and intellectuals, AIDS prevention NGOs, and sex workers’ organizations failed to reach a similar audience to the different streams of the abolitionist movement, whose activism recently led to a law penalizing buyers of sexual services. Indeed, the definition of prostitution as violence against women’s bodies is now widely shared by the media and major political parties and is the main idea legitimizing recent political changes (Darley et al., 2018). Nevertheless, we can hypothesize that abolitionist-inspired social work establishments have also played a decisive role in the diffusion of an extremely negative representation of the sex trade in France over the last few decades.

One of the central issues implicitly underlying this contribution was the way in which contrasting moral sensitivities regarding the free disposal of one’s body are embodied in institutional arrangements or types of interaction likely to contribute to the maintenance or recomposition of the collective representations of the sex trade. In this respect, our study dedicated to the different models of health intervention that coexist in Belgium and France has shown how the categories used by third sector actors to qualify their service users’ situations are likely to circulate in different sectors of society, such as the media, public administrations, and the political sphere.

In this fashion, they influence how the entire social body perceives the reality in question and thereby participate in the collective shaping of the experience of prostitution.

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Compliance with Ethical Standards

Conflict of Interest Marion David declares that she has no conflict of interest.

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