The Social Organisation of Sex Work: Implications for Female Prostitutes' Health and Safety

Stephanie Louise Church

Thesis submitted for the degree of
Doctor of Philosophy
at the University of Glasgow

MRC Social and Public Health Sciences Unit

Faculty of Social Sciences

September 2003

Abstract

Introduction: Existing literature focuses on the risks that prostitutes pose to society rather than the occupational risks they face. Most of this work has been conducted with women who work on the streets, although estimates suggest that indoor prostitution (saunas and private flats) in particular is a growing area of commercial sex. This thesis aims to examine the social and economic organisation of commercial sex work in the UK across the three settings of street, sauna and private flats, paying particular attention to the health and safety implications for the women involved.

Method: Semi-structured interviews (n=52) and questionnaires (n=108) were conducted to examine the occupational health and safety of female prostitutes working in Leeds, UK. Demographics, circumstances surrounding entry into prostitution, sexual and reproductive health and experiences of occupational violence were assessed, along with working routines, women's feelings about their work, drug use and sexual services provided to clients. Non-participant observation and supplementary interviews with police officers (n=2), health workers (n=2) and sauna managers (n=4) provided additional perspectives on these issues. Results were then compared by workplace, either street (n=39), sauna (n=51) or private flat (n=18).

Results: Women in the study reported high levels of social disadvantage that influenced their entry into prostitution; almost half were first paid for sex before they were eighteen and a minority were first forced into prostitution. The working

conditions and routines of the three workplaces are described, focusing on the key social and structural features of the workplace, women's autonomy and working rules, along with their potential impact upon general health, work related stress and safety. Few differences were found in the sexual and reproductive health of women working in different settings. However, as a group, prostitutes had far poorer sexual and reproductive health than non-prostitute women. High levels of violence were reported across the study, mainly from clients, but also pimps and other women. This was patterned by workplace, with street workers significantly more likely to experience violence than either sauna or flat workers.

Conclusion: Prostitutes do not represent a threat to the health and safety of their clients; rather, data from this study suggest that the reverse is true. Prostitute health (e.g. sexual and reproductive health, drug use) is poorer than that of non-prostitute women in the UK, and as such, prostitutes represent a group with specialist health and welfare needs. The illegality, stigma and organisation of prostitution further impede women's health and safety. The findings of this study can be used to tailor health services for prostitutes, as well as inform policy and future research.

Contents

Contents

SECTION II: THE SOCIAL ORGANISATION OF SEX WORK IN LEEDS

SECTION IV: CONCLUSION

List of Tables

Chapter 1

Chapter 2

Chapter 3

Chapter 4

Chapter 9

Chapter 10

Preface

Prostitution is often referred to as the 'oldest profession' and can indeed be traced back to Ancient Mesopotamia. In this civilisation, prostitution was widely practised and was an accepted way for women to earn a living. Indeed, at this time, to speak badly of the temple prostitutes, who were held in high regard, was a serious offence; they were seen as both holy and civilising.

Today prostitution continues world-wide, and is the main source of income for millions of women. Yet for the last 4,000 years, the prostitute has been one of the most stigmatised and maligned figures in society. Variously, laws have served to render prostitution illegal, leaving prostitutes powerless and vulnerable whilst often protecting their (male) clients and other profiteers from the prostitution industry (see Chapter 1). Despite its illegal status, prostitution is also one of the biggest industries in the world - researchers at the Royal Economic Society found that £770m is spent on prostitution in the UK every year, almost double the £400m Britons spend on going to the cinema (BBC, 2001). Indeed, prostitution earnings can represent a form of taxable income as specified by the UK Inland Revenue. Thus, although the UK government is happy to tax the profession, the women involved receive none of the health and safety benefits provided for other workers.

Whilst it is called the 'oldest profession', prostitution has rarely been treated as a profession by researchers; in the last two centuries, prostitution has instead been considered indicative of a host of pejorative afflictions – mental illness, deviancy, nymphomania, criminal minds, satanical influences, laziness and immorality (see chapter 2). Researcher's interest has thus been to examine illness of mind and the negative circumstances which have led women to enter prostitution, rather than to examine the ill health and circumstances women experience within prostitution. In contrast, the aim of this thesis is to conceptualise prostitution as an occupation and to examine the health and safety aspects of this work for the women involved. Although prostitution flourishes in various settings - on the streets, in saunas and in private flats - the majority of research has considered the role of street prostitutes. Indeed, researchers and health providers have often made the assumption that indoor prostitution is largely unproblematic; the reality is that the paucity of

research in this area suggests that health and safety problems do exist. Given this, the main aim of this thesis is to compare women working in three occupational settings; street, sauna and private flats.

During the course of my research I have spoken to a range of people about my work; friends, acquaintances and work colleagues. Their reactions to my occupational health and safety study of female prostitutes have provided useful insights into the stigma and misconceptions of prostitution. Most people were surprised to hear that I was concerned with the health of the prostitute (rather than that of her clients) and interested in matters such as work related stress and violence; the assumption was that I was researching levels of HIV[1] among prostitutes and ways to encourage prostitutes to use condoms. Few people I encountered had any knowledge of the laws of prostitution, but most were shocked when I gave an example of the legal gender bias favouring men (see Chapter 1). Moreover, simply by being a prostitution researcher, many people made the assumption that I was, or had been, involved in prostitution myself. Overall, I have felt saddened and angered when people's responses to my research take these directions. I have experienced for myself how powerful the stigma of prostitution is, and how misguided most people's views are about the women involved and the links between the terms 'health' and 'prostitute'.

This thesis focuses on prostitution in Leeds, a medium sized city in the north of England. Leeds was chosen because the organisation of prostitution there suited the aims of this research, and furthermore, prostitution in Leeds had not received any research attention for over 150 years, in comparison to London, Edinburgh and Glasgow, where far more contemporary research has been undertaken. Although men, women, transvestites, transsexuals and, sadly, children are involved in the sale of sex, it is outwith the scope of a PhD thesis to consider all of these aspects. This thesis is focused on sex work involving female prostitutes, but the findings may inform research into other areas of prostitution.

The aim of this thesis, then, is to consider the health and safety of women working in three distinct prostitution workplaces; street, sauna and private flat work. I aim

[1] Human Immunodeficiency Virus

to examine each setting to determine the social and organisational context of prostitution in each location (chapter 5, 6, 7 and 8), paying particular attention to i) whether differences exist between workplaces and ii) considering the importance of these differences. I was interested in determining how women came to choose prostitution as a career, so consider issues around entry into prostitution (chapter 4). I also examine the sexual and reproductive health of women (chapter 9) and their experiences of violence (chapter 10), from the perspective of occupational health and safety. Finally, to conclude (chapter 11), I summarise a range of health and safety issues relating to prostitution and consider the implications my findings could have on both health service provision and policy. This thesis therefore aimed to contribute to the wider field of prostitution research, in particular investigating the health and safety of prostitutes at work.

Following the data collection of this thesis, I was involved in a subsequent study investigating violence against prostitutes in three cities (Church et al, 2001). Although this later study included interviews with women in Leeds, these represent data distinct from that included in the current thesis.

Acknowledgements

This thesis was supervised by Professor Graham Hart and Professor Sally Macintyre. I would like to thank them both for their support and encouragement throughout the various stages of data collecting, analysis and writing. I would also like to extend my thanks to the staff at the MRC Social and Public Health Sciences Unit who helped along the way, especially Carol Emslie, Kate Hunt and Carol Nicol.

By conducting fieldwork away from where I lived, I was dependent on the kindness of three households who found a space for me in their homes in Yorkshire, and who kept tabs on my movements to ensure my safety. My thanks to Richard, Mike and Robert Green, Becky Moore and friends, and to Jim Brown and Elizabeth and Colin Hedges. Thanks also to the staff of the Leeds Genesis project for helping me contact women for the study, especially Kath Grogan, Sue Watts and Julia Plaine. Of course, the people that ultimately made this thesis possible are the many women working in prostitution in Leeds that gave their time to take part, and to trust me with intimate details and stories of their lives. Thanks to all of you for being so open, for looking out for me as you did, and for making it fun.

Those closest to me have made sacrifices to allow me the time and space to complete this work and have given their unending support. My thanks to my parents, Ken Church and Veronica Gunner, who have stood by me in whatever I do; to fantastic friends and colleagues Claire Marriott and Paul Flowers. Finally, I am most grateful and indebted; to Frederic Paire and Jamie Frankis, both of whom got me through the toughest of times in the final writing up of this thesis. Fred convinced me to carry on when I thought I should give up, and Jamie provided help and friendship in innumerable ways. Special thanks to him for stimulating conversations along the way, for reading drafts of chapters and for helping with the most tedious tasks of formatting the final draft and printing.

Author's Declaration

Unless otherwise stated in the text, the work presented in this thesis is my own work.

Stephanie L Church, September 2003

Section I:

Introduction

Chapter 1: The Legal and Social Context of Prostitution in England and Wales

The laws of prostitution set the framework within which prostitution is organised, and in part set the boundaries by which women are able to negotiate their health and safety at work. I begin this thesis with an overview of the laws and policing affecting women working in prostitution in England and Wales.

Introduction

Despite the long-standing presence of prostitution in society, social attitudes towards prostitutes have largely remained negative. By providing sexual services for money, the prostitute contravenes strong social and cultural mores such as female chastity and submissiveness. She is seen as a threat to social stability by offering sexual relations outside the acceptable limits of marriage and 'romantic love'. Roberts (1992), in her historical analysis of prostitution, concludes that the prostitute is 'the most maligned woman in history' and quotes a passage by William Lecky, writing in 1977, who describes the prostitute as:

> That unhappy being whose very name is a shame to speak... [she] appears in every age as the perpetual symbol of the degradation and sinfulness of man. She remains, while creeds and civilisations rise and fall, the eternal priestess of humanity, blasted for the sins of the people. (Roberts, 1992, p.223)

However, the sale of sex for money has never been a criminal offence in Britain. Instead, legal sanction has focused on the visibility of prostitution, its nuisance to the public, and third party exploitation of, and profiteering from, the prostitution of others. Thus, whilst prostitution *per se* is not criminalised, almost every conceivable way of organising this transaction is; from running a brothel, advertising sexual services, soliciting on the street to kerb-crawling. Both legal sanction and policing of prostitution has always been aimed at the street working

prostitute rather than her indoor working counterpart. The street prostitute faces greatest legal sanction, more police contact and harassment, cautions and convictions, court appearances, fines and possible imprisonment and social disapproval compared to women working indoors and male clients. Prostitutes and their supporters, including professional bodies such as the Royal College of Nursing, and those representing Magistrates and Probation officers have branded the laws sexist and discriminatory.

A Brief history of the laws on prostitution in England and Wales

Before the 1950s, the public behaviour of street prostitutes was dealt with under the 1824 Vagrancy Act, and those who managed indoor sex work were subject to the 1751 Disorderly Houses Act. Prostitutes could be imprisoned for one month if found to be 'behaving in a riotous or indecent manner in a public place', and managers of indoor prostitution were subject to 'prosecution and punishment', and liable to have their business closed, if they created nuisance. Prostitutes at this time were vilified and this reached its height in the mid 19th century when prostitutes were scapegoats for the high rise in sexually transmitted diseases. The Contagious Diseases Acts of 1864, 1866 and 1869 enforced the medical examination of any woman/prostitute suspected of having a venereal disease, and the imprisonment of those who refused to be examined. The men using prostitutes were not inspected and were instead seen as innocent victims. The Royal Commission justified this double standard by stating that "[T]here is no comparison to be made...with one sex, the offence is a matter of gain; with the other it is an irregular indulgence of a natural impulse" (in Edwards, 1989, p.201). Spearheaded by feminist Josephine Butler, campaigns against the laws finally led to their repeal in 1886.

Following the disruption of war, the government in the 1950s feared that prostitution, along with steadily increasing levels of divorce, posed a threat to their efforts to stabilise the family unit (Smart, 1976). Prostitution was thus subjected to rigorous review by the Wolfendon Committee (along with homosexual acts). The reported aims of this review were to "...preserve public order and decency, to

protect the citizen from what is offensive or injurious and to provide safeguards against the exploitation and corruption of others." (Wolfendon, 1957, p.10-11). Previous laws remained in place and two new Acts were passed; The Sexual Offences Act (1956) which dealt with the activities of madams, pimps and other controllers or profiteers of prostitution, and The Street Offences Act (1959) which dealt with the activities of the street working prostitute. Under these laws, only the woman working alone as a prostitute in her own house, and who did not advertise or solicit her services, was within the law. The client seeking sexual services was also excluded from criminalisation, although this was amended under The Sexual Offences Act (1985) when kerb crawling became an offence.

The laws in force at the time I undertook the research are summarised below, along with an outline of how they are used in policing, and the effects they have on the social and civil status of female prostitutes.

Laws against prostitution: Street Offences

Street offences: Female prostitutes

Since the primary aim of laws surrounding the woman who sells sex is to restrict her visibility, the street working woman faces greater legal sanction than the indoor worker. The public behaviour of the female street prostitute is largely criminalised within the Street Offences Act of 1959 and its subsequent amendments. The Vagrancy Act of 1824 may still be used, but this is rare.

Section 1 of The Street Offences Act of 1959, states that: "It shall be an offence for a common prostitute to loiter or solicit in a street or public place for the purposes of prostitution". Any police constable may arrest or caution a woman for this offence if he alone suspects that she is soliciting, or loitering with the intent to solicit (most other crimes require corroboration of at least one other officer). No physical or verbal gesture need be made, nor client spoken to, in order to break this law. A woman can be arrested for standing in the street even before a client has seen her or spoken to her. Fearing that the paucity of evidence required could lead to the arrest

of innocent women, guidelines were issued (Home Office circular 108/59 in Edginton, 1997, p.23) recommending that two 'street cautions' or 'warnings' be given before a formal arrest is made. Interpretation of these guidelines varies however, and while some police units will give two warnings to a woman and arrest her on the same night, others give women only one caution per night (Boyle, 1994).

On the third offence, the woman is taken to court and charged as a 'common prostitute' (S1, Street Offences Act, 1959). Evidence used by the police to support their claim that the woman is selling sex may be her style of dress or that she was carrying condoms. Following pressure from prostitutes and health workers, however, some police units have agreed to cease using condoms as evidence due to the increased risks this could pose to sexual health should women be discouraged from carrying them (Day et al, 1996); but this practice is not universal. The label 'common prostitute', unlike any other in British law, remains on the criminal record for life and, as a known common prostitute, the police can from that day arrest her without caution at any time, if they consider that she is soliciting or loitering with intent to solicit. It will also be stated at the beginning of any subsequent court hearing, whether for charges relating to prostitution or not, and remains active whether or not the woman continues to work in prostitution. In 1960, the Sexual Offences Act was extended to include women soliciting from windows, entrances to buildings adjoining the street and other places deemed 'public' by reference to the fact that the public may go there. Saunas and other off street premises therefore fall outside the boundary of these particular laws.

Since their inception, these laws have been criticised not only by prostitutes and their supporters, but also by civil rights campaigners. Firstly, it is argued that declaring a woman a 'common prostitute' in court "...is a violation of the principle that a person is innocent until proven guilty," (Bindman and Doezema, 1997). As Roberts (1992, p.23) states "...convicted murderers and rapists do not have previous records read out in court before being tried." The prostitute not only faces discrimination in the courtroom but also suffers the repercussions this labelling may have in other areas of her life. Women have been declined applications for housing or for adopting children on the basis of previous criminal records relating to

soliciting (Roberts, 1992). Even when a prostitute is herself victimised and takes a case to court, her status as common prostitute is declared to the jury. There can be little doubt that this has impacted on the fact that few men have been convicted of sexually or physically assaulting women working as prostitutes. Despite being seriously assaulted, the last victim of Peter Sutcliffe (the 'Yorkshire Ripper') was refused an award by the Criminal Injuries Compensation Board due to their "...assessment of her moral character and way of life..."(Edwards, 1981, p.62).

A second complaint about the laws affecting street prostitutes in particular, is the potential for police victimisation that could result given that a prostitute can be arrested and charged on such light evidence. Edwards (1989) found that several prostitutes in London had been victimised by individual officers, and those living in the areas where they worked as prostitutes sometimes arrested when they walked to the local shops, or when collecting their children from school. Such problems are also found in America, where Cohen (1980) recorded that Black and Hispanic prostitutes were ten times more likely to be arrested than white women, reflecting, he says, the racial prejudice among police officers. Prostitutes are also easy targets for police during 'clean-up campaigns' since the ease of their arrest means that the police can quickly and cheaply increase arrest figures to demonstrate to the government and the public that they are apprehending criminals. The ease of arrest may also increase the dangers of the workplace for street prostitutes since it "...increases pressure on them [street prostitutes] to conclude negotiations with clients quickly, limiting their ability to assess the client before entering his car." (Bindman and Doezemo, 1997).

When arrested the woman will be taken to the local police station where she will be photographed and charged. The charge must be heard in the local magistrate's court within 14 days. It is commonplace for the woman to plead guilty to avoid lengthy court proceedings and the possibility of police harassment should she contradict the police by claiming innocence. Until 1982, women could be imprisoned for either soliciting or loitering with the intent to solicit, but due to concern that women were being unfairly imprisoned for what amounted to a victimless crime this sentence was abolished and replaced by fines (S 71, Criminal Justice Act, 1982). The levels

of fines vary from £10 - £340 in different courts for the same offence (Benson and Matthews, 1996) and do not necessarily reduce the number of women imprisoned. In the year following the introduction of higher fines there was a threefold increase in the number of prostitutes imprisoned for non-payment of fines (Edwards, 1993). One source has estimated that for all women fined for prostitution charges, approximately half will end up going to prison for fine default (Mak, 1996, p. 325). The English Collective of Prostitutes maintains that imposing an economic sanction on women who are prostituting to earn money in effect makes the state a pimp: forcing women back into prostitution as well as profiting from her earnings. Estimates suggested that fines paid by female prostitutes in courts across England and Wales in one year amounted to over £1/2 million (Furedi, 1992). Despite campaigns to raise awareness of this, little public or political interest has followed.

Street offences: Juveniles involved in prostitution

The greatest concern over the laws of prostitution arises where minors are involved in prostitution. Until recently, the law did not distinguish between a child and an adult found to be, or suspected of, soliciting, thus it was not uncommon for girls aged sixteen and below to be charged as a common prostitute, fined, and at times imprisoned for fine default. Despite the guidance of the 1989 Children Act, in the five year period between 1992 and 1996 a total of 772 convictions for soliciting or loitering were made against girls aged between 10 and 17 years old (House of Commons Hansard Written Answers, 1998). These girls would be labelled as common prostitutes and fined; because of their age it was very unlikely that they would be able to raise the necessary funds from any source other than continued prostitution. In England and Wales, one quarter of all prostitutes imprisoned during 1986 were under the age of twenty one (Edwards, 1989, p.212).

Following pressure from children's rights campaigners and charities (Barrett, 1997; Swann, 1997) new guidelines were issued on the treatment of minors involved in prostitution. Swann (1997) recommended that the children should be seen as victims rather than as criminals and that the men seeking their services should be apprehended as paedophiles. In May 2000 the Department of Health issued the

document 'Safeguarding children involved in prostitution: supplementary guidance to working together to safeguard children' to guide police, health, social and educational services in their dealings with young girls involved in prostitution. It states: "This guidance establishes that the primary law enforcement effort must be against abusers and coercers who break the law and who should be called to account for their abusive behaviour" (Department of Health, 2000, p.3). It sets out an inter-agency approach, highlighting that it is the responsibility of all agencies working with children to consider if children are in significant harm and to act on the guidance regarding protection orders as described in the 1989 Children Act.

In the following section, the laws affecting, and the policing of, clients are described.

Street offences: Men seeking sexual services

Prior to 1985, it was not an offence for men to solicit women or girls for sex. Since the Contagious Diseases Acts of the 1860s complaints had arisen regarding the legal double standards of the prostitution laws which left men free from conviction while the women were forcibly examined, imprisoned, fined and charged. In an attempt to rectify this, legislation against the client was introduced under the 1985 Sexual Offences Act. This Act stated that: "A man commits an offence if he solicits a woman (or different women) for the purposes of prostitution" whilst in or near a motor vehicle (section 1) or when he is on foot (section 2). In both cases the man must be 'persistent' or "to be likely to cause annoyance to the woman (or any of the women) solicited, or nuisance to other persons in the neighbourhood". Again, this law thereby aims to prevent the *nuisance* of street prostitution caused by slow moving cars congesting the streets in red light areas, commonly known as 'kerb-crawling', and also to prevent the harassment of women on the street. Men seeking sexual services by telephone or through premises such as saunas and massage parlours were thereby exempt from this law. The laws against kerb-crawling were not extended to Scotland and Northern Ireland, and so clients in these areas remain largely outside of the law.

Whereas the female prostitute may be arrested on the uncorroborated evidence of one police officer and imprisoned for fine default, the offences under the 1985 Act, were until September 2001, non-arrestable. Instead the man could only be cautioned, or, if ordered to attend court, he may be fined for up to £1,000, although the average fine is between £100-£125 (Benson and Matthews, 1995). Again, policing varied according to local interpretation of the law; some forces disregarded it and continued mainly to arrest prostitutes, whilst others targeted clients more readily. In areas where policing was aimed at the client, however, police found that they were hindered in their attempts to convict kerb crawlers: "[D]espite the promise of legal remedy, the Sexual Offences Act [1985] is largely unworkable because evidence of persistent solicitation is difficult to acquire." (Edwards, 1993, p.118). Since 2001, men caught for soliciting can be taken away for questioning, and be asked for fingerprint and DNA samples just like any other criminal. During the period of this research, however, kerb crawling was a non-arrestable offence, and the men visiting the prostitutes represented in this thesis were subject to the more lenient laws described here. Another recent legal change affecting clients is that since November 2002, any man found to be having sex with a child (under eighteen years) can face up to life imprisonment (Thorp, 2003). These legal changes aim to address the problems of child prostitution, but again were not in force at the time the research was undertaken.

Unlike the female prostitutes, when a man is convicted he is not criminally labelled and is usually assisted by the police to keep his offence hidden. Officers often negotiate with the client to send legal correspondence to a work rather than home address. This preferential behaviour is not surprising given the sentiments of The Home Office Circular issued with the Act, which states: "[D]uring the passage of the Bill through parliament, attention was drawn to the particular need for care in deciding to charge individuals with offences under this Act because of the possible implications for the reputation and family circumstances of a man accused of seeking the services of a prostitute" (in Edwards, 1989. p. 198). The variability in policing of clients and female prostitutes is sometimes very stark. In every policing region in England and Wales (see Table 1, for a selection), arrests of female prostitutes outweigh convictions against men for 'kerb-crawling' despite market-

place logic which dictates that there must be more clients buying sex than women and girls selling these services. In the Metropolitan Police Force area, while 4,459 women were found guilty of soliciting or loitering in 1991, only 120 men were convicted of kerb-crawling - a ratio of 37 female prostitutes arrested to every man convicted of kerb crawling. Indeed, as shown in Table 1, this ratio was most disparate in Merseyside (71 fold), whilst even where the smallest ratio of soliciting/loitering to kerb-crawling offences occurred in West Yorkshire and Nottinghamshire, this was still two-fold.

Table 1 Ten areas of highest soliciting or loitering convictions in England and Wales, 1991 and kerb-crawling convictions in the same region (compiled and re-worked from Home Office Statistics cited in Boyle, 1994:203-5).

Area / Region	***Soliciting / loitering convictions,***	***kerb-crawling convictions***	***Conviction ratios women:men***
Merseyside	497	7	71:1
Metropolitan Police Force	4,459	120	37:1
Hampshire	136	10	14:1
Norfolk	224	25	9:1
West Midlands	1,503	177	8:1
Cleveland	319	45	7:1
South Yorkshire	137	19	7:1
Greater Manchester	826	154	5:1
West Yorkshire	464	232	2:1
Nottinghamshire	177	101	2:1

Frustrated by a law that does not allow them to arrest clients, some police units have tried to rectify this imbalance by using other means of cautioning or shaming clients (Benson and Matthews, 1995). In Nottingham, police posted clients' details along with those people charged with other offences in the region in the local newspaper. In West Yorkshire, police participated in a trial 'John School' where clients were given the option of paying a higher fine or paying the normal fine and attending a one day educational workshop on health and social aspects of prostitution. This was an attempt to educate clients and discourage them from seeking the services of prostitutes. As shown in Table 1, the ratio of kerb-crawlers convicted against female prostitutes is smallest in these two regions and may reflect the more equal policing attitude.

The scope for police practice to influence the numbers of people involved in prostitution, whether prostitutes or clients, has been debated. When Lowman

(1992) studied the effects of policing street prostitution in Vancouver, Canada (where legislation against prostitutes and clients is similar to that in England and Wales) he found that policing had a minimal effect in reducing the numbers of prostitutes or clients, but simply displaced street prostitution activity from one area of the city to another. This has also been documented in the UK (Boyle, 1994), where during periods of heavy policing of street prostitution, women will temporarily move to another red light area in the city or a nearby city. Boyle reports a 'Midlands circuit'; women in Northern England move between cities such as Sheffield and Manchester depending on policing in each city, and return to their 'beat' when policing has returned to normal levels. This may result in different police forces effectively juggling prostitution between them (Hubbard, 1997).

Police are aware of their limited role in influencing the numbers of women and clients involved in prostitution, and have proposed that to reduce prostitution a wider multi-agency strategy which incorporates the use of local social, health and welfare services needs to be in place (Benson and Matthews, 1995). Matthews (1993) found that police in Kings Cross working alongside local councils, residents' groups and prostitute outreach services reduced the number of women entering and remaining in prostitution. In most cities, outreach services and policing of prostitution remain fragmented and subject to periodic waves of intense policing determined by local public pressure on the police, and thereby seems only to displace prostitution temporarily.

Police are under the greatest pressure to control street prostitution where it is located in residential areas and where there is public pressure to reduce it. Golding (1991) estimates that 74% of street red light areas are in residential settings and, as Hubbard notes, these are usually in poorer inner city areas "...as reflection of the social position of prostitute women, with their 'placement' in marginal sites mirroring predominant attitudes about the immorality of sex work." (Hubbard, 1997. p.72). In a survey of 44 vice and street squads in England and Wales, Golding (1991) found that 47% estimated that there were ten or more women working on the street in their area, although most red light areas were less than one square mile. Matthews (1993) notes the disturbing effects this can have on local

neighbourhoods, from increased litter (sometimes condoms and injecting equipment), noise, more cars, to the associated street crime, and presence of pimps or boyfriends. During the 1990s several red light areas in England became the focus of vigilante action against street prostitution. In Bradford, Tower Hamlets and Birmingham for example, residents of red light areas formed pickets aiming to prevent women working in, and clients from entering, the area. In order to reduce this public unrest there was pressure to provide increased levels of policing. In some cities, this, alongside sustained public pickets disrupted the business of prostitution to such an extent that prostitutes and clients moved their business elsewhere. In Birmingham, where window prostitutes were common along Cheddar Road, after sustained picketing prostitutes moved to work indoors (Hubbard, 1997). In some cities however, these campaigns became violent. For example, in Bradford, prostitutes were subjected to vigilante attacks and had to endure rottweiller patrols by campaigners as they worked. Outreach workers in the area were also under attack, receiving threats and having their cars vandalised (Kinnell, 1996). The red light area in this city has now moved to another set of streets.

Women working in prostitution indoors are subject to less public complaint than street working women, as premises such as saunas and massage parlours tend to be dispersed through the city rather than concentrated in one area, and are less visible. Indoor prostitution is not however devoid of legal sanction as described in the following section.

Laws against assisting, profiting from and encouraging the prostitution of others

Other laws surrounding prostitution move away from the nuisance of street activities and deal with aspects of exploitation and profiting from prostitution. These laws were largely developed through the reports of the Wolfendon Committee (published in 1957) and culminated in the 1956 Sexual Offences Act. Although part of this Act deals specifically with indoor-based prostitution, many of the laws regarding exploitation can be applied to activities surrounding women and

girls working on the street. The main aim of these laws was to prevent the exploitation and control of prostitutes by pimps and madams, thus it is the profiteer or controller who is criminalised rather than the prostitute under these statutes. Four particular activities are criminalised under the 1956 Act; procurement (encouraging women into prostitution); living off immoral earnings (profiting from another's prostitution); exercising control over a prostitute; and assisting and managing prostitution on premises.

Encouraging women into prostitution

Sections 2 to 28 of the 1956 Sexual Offences Act make it an offence to procure a woman in any part of the world for immoral purposes (including to work in prostitution), to detain a woman in a brothel (by threats or withholding of material possessions), or for a householder to permit unlawful sexual intercourse in their premises by a girl aged under sixteen (Day et al, 1996; Benson and Matthews, 1996; Edwards, 1993). According to Benson and Matthews (1996) there is no clear legal definition of 'procurement' and instead the jury are left to determine the interpretation in individual cases, but they state "...[I]t usually includes threats, intimidation, false pretences or false representations, which result in the person engaging in prostitution" (p.8). A police officer can arrest without warrant any person suspected of these charges and if proven in court they may face imprisonment of up to two years.

Living on the earnings of prostitution and exercising control over female prostitutes

Section 30(1), which was aimed at pimps, refers only to males and states specifically that "It is an offence for a man knowingly to live wholly or in part on the earnings of prostitution.". Any man who lives with or who is constantly in the company of a prostitute, or who exercises control, direction or influence over her movements which help or force her into prostitution will be assumed to be living off immoral earnings unless he can prove the contrary. To prove the contrary the accused must only show that one of these conditions was untrue (e.g. that he is not

living with or constantly in the company of a prostitute), whereas to prove his guilt police are recommended to prove all three conditions exist, usually supported by at least four days' of police observation of his movements. In addition, police evidence alone is often insufficient evidence so the prostitute being exploited is frequently required to verify the police evidence in court. A warrant is needed in order to search and/or arrest for this charge and may result in six months imprisonment if summarily convicted (at a magistrates court), or a maximum of seven years if indicted (at crown court).

The cost of collecting such difficult evidence, and the lack of protection the police can offer a woman bearing witness against her pimp, usually results in few cases being taken to court. Despite their hopes to apprehend men exploiting prostitutes, "[E]vidential rules laid down by current legislation combined with what one officer described as 'telephone bill fines', have provided limited opportunities for the police to effectively regulate and/or prosecute pimps." (Benson and Matthews, 1995, p.39).

Prostitutes have complained also, that as well as failing to protect them from exploitative pimps, this law in fact criminalises their innocent male partners, family members or friends since the law of living off immoral earnings can be applied to any man who is partially financially supported by a prostitute. If a prostitute lives with a man (even her son aged over 16), and if living costs are shared, the man could be charged with living off immoral earnings. Edwards (1993) has highlighted that it is easier to convict the innocent male partner, son or friend of a prostitute or a passive pimp for living off immoral earnings than it is to convict a coercive pimp, as the evidence is easier to collect in the former case. This could restrict the private lives of prostitutes, by putting any male partner or acquaintance at risk of prosecution. Prostitution campaigners have argued that this further stigmatises and isolates prostitutes and affects their civil rights, as the law restricts aspects of their private life.

A woman's involvement in the control of prostitutes is dealt with under another gender specific section of the Act (S 31) which states that "[I]t is an offence for a

woman for the purposes of gain to exercise control, direction or influence over a prostitute's movements in a way which shows she is aiding, abetting or compelling her prostitution." The powers of arrest and punishment are the same as for men living off immoral earnings and can result in up to six months imprisonment for a summary conviction and up to seven years if indicted (Benson and Matthews, 1996). Little is reported in the literature on this offence, which suggests that only a small number of women are involved in these activities compared to men (or that few women are prosecuted).

Since the exploitation of prostitutes is usually hidden from public view, police are dependent on the victim reporting the crime. This, and the lack of police resources and manpower to set up surveillance operations, result in few cases being taken to court. Although there is no indication that exploitation of prostitutes has reduced, successful convictions for these offences has decreased over the years. Convictions for procurement offences in England and Wales, for example, dropped from 143 in 1980 to just 62 in 1990 (Boyle, 1994).

As Boyle (1994) notes: "Unlike other European countries such as Holland and Italy, and many Third world countries, organised pimping in the United Kingdom is not syndicated and is still very much small-scale, a cottage industry, with most pimps operating two or three women on the streets." (1994, p.113). Whilst the presence of pimps is associated more with street than indoor prostitution (Benson and Matthews, 1995) some cities with a large number of street prostitutes report high levels of pimps and others report none. In Glasgow for example, despite an estimated 1,125 women working on the streets each year (McKeganey and Barnard, 1996), police and prostitute service providers in the city suggest that pimps are rarely found there (Denovan, 1999; Pollok, 2001). In other cities however it is the reverse; in Leeds, Bradford and Birmingham for example, pimping is said to be very common, but court conviction rates are variable. In the vice survey of 1995, Leeds police reported a 75% success rate of securing convictions when taking pimps to court. This exceeds the 60% average reported across the UK (Benson and Matthews, 1995).

Keeping or managing premises used for prostitution

Although street prostitution is the focus of greatest public and legal attention, indoor prostitution has also always thrived although its organisation has changed over time with social and legal conditions. At present it is mainly organised within sauna and massage parlours, escort agencies and private flats, although prostitutes may also use locations such as strip-clubs, lap-dancing venues, pubs, clubs, hotels and bars in order to meet potential clients. The focus of the law is on the organisation and managing of such premises.

Sections 33 to 36 of the Sexual Offences Act 1956 are the current statutes which relate to the suppression of brothels, stating that 'It is an offence to keep, manage or act or assist in the management of a brothel (S 33), for a landlord or tenant to let premises to be used as a brothel (S 36) or for the purposes of habitual prostitution (S 36). A brothel is defined as "...a house resorted to or used by more than one woman for the purpose of fornication" (Benson and Matthews, 1996, p.11). Punishment for a first offence is a maximum of three months imprisonment, or a fine up to £1,000, followed by imprisonment of six months or a maximum fine of £2,500 for a subsequent offence.

If a woman works alone in her house, the premises are not considered to be a brothel and she may not therefore be committing any offence. Many women successfully work in prostitution in this way. Some women work alongside a maid to increase their safety as well as to help take phonecalls and deal with clients. Although this is legal if the maid is not offering sexual services, the police may allege that the maid is providing sexual services and therefore that the premises constitute a brothel. The way in which saunas, massage parlours and escort agencies operate within the law is by providing a legitimate cover for the sale of sexual services, in some cities even acquiring licenses for legitimate businesses. Owners usually charge an entrance or introduction fee to clients and take a percentage of the women's earnings to use in the business as legitimate taxable income. Whilst there may be other financial arrangements between owners and prostitutes, and prostitutes and their clients, as long as owners can prove that they did not know that sexual services were being sold they can avoid prosecution.

Since these operations are based behind closed doors, it takes considerable police time, sometimes utilising undercover surveillance, to gather enough evidence to make a prosecution possible.

In some cases charges may be brought under The Disorderly Houses Act of 1751 where a disorderly house is defined as "...a building visited by people who conduct themselves in a way that violates law and good order". The disorderly conduct need not be visible from the outside of the building, nor do visitors have to take part, they can just be spectators. The indecent acts must either outrage public decency, tend to corrupt or deprave, or otherwise injure the public interest." (Boyle, 1994, p.22). This law was used to convict Cynthia Payne for running her now notorious 'disorderly house' in Streatham during the 1960s, although generally prosecutions against people running indoor sex work businesses are few in comparison to the estimated number in operation.

Boyle (1994) suggests that even when convictions are made, police rarely convict the real owners and profiteers of saunas, parlours and flats. Frontmen/women are frequently employed to sign licences and conduct the day to day running of the business and consequently take the risks of imprisonment or fines. Women are reportedly often put in this position and this may in part explain the gender bias in conviction figures for brothel keeping and management related offences. From 1981 to 1991, for example, 698 women compared to 194 men were convicted for managing a brothel (Boyle, 1994).

Attitudes towards policing of indoor prostitution vary in different police units, but largely it is considered to be safer for women and less nuisance than street prostitution, which is given priority in most vice units. So, unless there is public complaint or suspicion of drug use or exploitation of minors, indoor prostitution is rarely policed. Half the vice units surveyed in 1995 did not actively police indoor prostitution. Of those that did, this policing usually involved monthly or regular visits to saunas, massage parlours and flats to maintain a police presence. There is an informal toleration of indoor prostitution in some cities, notably Edinburgh and Birmingham, where saunas and parlours operate under entertainment licenses issued

by the local council, yet are policed only to remove the most exploitative elements of such operations. Because of the laws against operating businesses based on prostitution, however, the council and police in these cities cannot publicly admit to knowing that prostitution operates on the premises.

The problem with these conditions as far as the working prostitutes are concerned, however, is that they are often subject to unsafe and exploitative working conditions. Where indoor prostitution is ignored or partially tolerated, owners are given free rein to set unfair conditions of employment since their employees have no recourse as would legal employees. This may result in women working very long hours, receiving no sick pay, annual leave or provision of relevant health care, as well as being open to sexual exploitation and harassment from managers as well as clients.

Advertising sexual services

Although it is not illegal for a prostitute to advertise her services (for example, on a card or a poster) she may commit an offence if her advertising is considered obscene under the Obscene Publications Acts (1959 and 1964). An obscene publication is defined as one that may deprave or corrupt those who see it, thus it may not have to have explicit pictures or wording. Since prostitution is considered an immoral activity *per se*, any encouragement to visit a prostitute would be deemed obscene (Benson and Matthews, 1996, p.11). Women or managers wishing to advertise sexual services have avoided this by using the words 'model' or 'escort' rather than explicitly mentioning prostitution. The second legal complication of advertising sexual services is that any man earning money through the advert, such as a newsagent, radio or TV station owner or newspaper agency, could be accused of living off immoral earnings under section 30 of the Sexual Offences Act 1956. As in all such cases it must be proven that the recipient of the money knew that the earnings were gained through prostitution. Such prosecutions are rare, but the high rates that prostitutes or saunas are charged to advertise in some local newspapers suggest that the recipient is aware of how the money is earned (Boyle, 1994). Disclaimers printed in such newspapers and magazines stating to potential

advertisers that sexual services should not be advertised or offered ensures that these proprietors are kept within the law, although the terminology such as 'executive' / 'VIP' services or 'personal services' are recognised by prostitutes and their clients as suggesting that sexual services are available.

Summary of (and general problems with) the laws of prostitution

Unlike other areas of policing, there are no national guidelines on the interpretation and enforcement of prostitution laws. Whether the police target female prostitutes, their clients or controllers, may be determined by the concern or prejudice of the local vice or street crime co-ordinator (Day et al, 1996, p.324). Even where police try to target the most exploitative elements of prostitution, they are hindered by restrictive legislation which results in the bias that many more street prostitutes face criminalisation than anyone else involved in prostitution. In 1986, while 9,404 women (and/or girls) were prosecuted for soliciting or loitering, there were only 189 prosecutions for kerb-crawlers, 561 for procuration (including living off immoral earnings) and 120 for brothel keeping. As Edwards (1993) states "[T]he fact that the number of prosecutions for allied offences is small confirms that the law is either being under-enforced or is exceedingly difficult to enforce".

The prostitution laws were reviewed by the Criminal Law Revision Committee in the 1980s and were the focus of a Parliamentary review in 1994, the latter including consultation with police, prostitutes and service providers. The Parliamentary group made 17 recommendations to alter legal, policing and service provision to prostitutes. Among them were suggestions to have alternative sentences for kerb crawlers, that the gender bias should be removed, that the system of fines should be reviewed, and that the definition of a brothel be changed so that more than one woman may work from a single premises. There have also been several bills presented to parliament with similar recommendations. With a lack of political will and public pressure however, few of these recommendations have been considered and; "[D]espite the widespread scepticism of the cost effectiveness of arresting and re-arresting female prostitutes who work on the streets, this remains the main

control strategy employed by the majority of vice squads" (Benson and Matthews, 1995, p.42). This semi-legal framework, in conjunction with the stigma attached to the work make it is impossible to know just how many women are involved in prostitution.

The social context of prostitution

Extent of prostitution

Women working in prostitution may understandably wish to keep their true occupation and identity hidden, given the potential legal and social consequences, and since it is not a legal profession no official record is kept of those involved. Conviction figures are misleading as they represent number of arrests rather than individual women, and focus on street based prostitution. Simply by visiting cities in the UK however, red light areas and indoor sex work establishments are evident.

Though prostitution *per se* exists across the UK, the dominance of a street or indoor-based industry appears to vary between cities. In Edinburgh, it is estimated that of 700 prostitutes working in the city, only 40-60 work on the street (Boyle, 1994, p.68). In nearby Glasgow however, 1,125 women were estimated to have worked on the streets during 1989-1990 (McKeganey and Barnard, 1996).

Although it is difficult to estimate the exact numbers of women working indoors and on the street, it has been suggested that there is an increasing move towards indoor prostitution in the UK. Matthews (1997) argued that an increase in the use of dating and escort agencies along with increased street violence, action by residents in red light areas and policing have led to a decrease in street prostitution and an increase in indoor based sex work establishments. As shown in Table 2, Matthews (1997) estimates that in London on a given week in 1997 there may have been 635 women working on the street compared to 2,220 working in saunas/ massage parlours, 1,260 operating from escort agencies, 640 in private premises such as flats and 500 from hostess clubs. The same report made an estimate of the number of prostitutes in London as 5,200 against an estimated 80,000 clients purchasing their services.

Table 2 Estimated number of female prostitutes and male clients in London (from Matthews, 1997)

Type of prostitution	*Number of women working per week*	*Number of clients per week*
Street	635	7,620
Private premises	640	16,000
Massage/Sauna	2,220	46,620
Escort agencies	1,260	5,000
Hostess clubs	500	5,000
Total	5,255	80,240

Extending these estimates across Britain would suggest that tens of thousands of women are involved in various sectors of the sex industry, and therefore affected by the detrimental working conditions that result from this combination of semi-legal, illegal and stigmatised work.

Health services for prostitutes

The legal framework and social organisation of prostitution has implications both for the health and safety of prostitutes at work, and their access to health care. Although female prostitutes can access regular health care facilities (genito-urinary medicine clinics and GPs), the illegality and stigma surrounding their work may discourage them from doing so. The Royal College of Nursing, reporting evidence to the Parliamentary group on prostitution, stated that:

> Women's reluctance to reveal their occupation affects their access to health care. There is fear amongst the women who work as prostitutes that they may receive a prejudiced response from health staff, as well as receiving limited access to some health care provisions. This is particularly evident amongst those prostitutes who have got children. (Benson and Matthews, 1996. p.29)

The semi-legal and illegal working environments existing within the sex industry also mean that there is no legal requirement to provide appropriate working facilities and appropriate health care to the workers. Day et al (1996) note that this is problematic for indoor work where managers may reap profits whilst putting women's health at risk. Indeed, even for the women themselves, "[H]ealth concerns

may be of less concern than everyday problems posed by earning money in an illegal business." (Day et al, 1996.p.326). Raising awareness of these issues has been problematic for a group generally disenfranchised from society, and these issues have been the driving force behind a growing number of prostitute campaign groups. Prostitute activist and writer Gail Pheterson summarised some of these issues in her book 'A Vindication of the Rights of Whores':

> Most contemporary societies combine inconsistent approaches to prostitution which both recognise the sex industry, often as a significant source of national revenue, and at the same time punish prostitutes for advertising or soliciting or earning money from sexual transactions. In many countries, such as the United States, Canada, Thailand, England, France and Queensland in Australia, everything necessary to work as a prostitute is illegal although it is not illegal to BE a prostitute. Such prohibition systems are hypocritical and are therefore invariably unenforceable and corrupt. They systematically exploit prostitutes and make it extremely difficult for them to organise either for political rights or for occupational safety. (Pheterson, 1989, p.8)

Due to the stigma of the work, few prostitutes are able to speak out about their working conditions or legal and social status, and thus rely on the voices of those prostitutes involved in campaigning, and their supporters within health, media, politics and academic arenas such as Gail Pheterson above.

Prostitute activism: Challenging the laws and stigma of prostitution

In the 1880s, the feminist Josephine Butler spoke out against the discriminatory laws of the Contagious Diseases Acts which enforced the examination and possible incarceration of female prostitutes in Britain. Since this time, a slow movement towards recognising prostitutes' civil and social status has continued, but it has been hindered by the negative images of prostitutes in society, and as this chapter has

shown, laws still penalise prostitutes far more than clients, and strip prostitutes of many social and civil rights.

The greatest advances in prostitute activism occurred alongside the feminist movement in the 1970s, when some prostitutes, ex-prostitutes and feminists set up campaign groups to raise awareness of the discrimination, victimisation and exploitation that prostitutes faced in the legal and social world. The first of these organisations was set up in the United States in 1973, and over this decade, similar groups formed throughout the developed world. In France, prostitutes staged a demonstration in Montparnasse to protest against lack of police concern following the murders of several prostitutes, and in Italy prostitutes campaigned against abuse from Italian soldiers. The first UK based group, P.L.A.N (Prostitute Laws Are Nonsense), was set up in 1975. In the same year, social workers and probation officers concerned about working conditions for prostitutes set up a sister organisation, P.R.O.S (Prostitutes Rights Organisation for Sex Workers), and a splinter group from the London based feminists, Black Women for Wages, set up The English Collective of Prostitutes who aimed to campaign for recognition of prostitution as paid work.

Over the next ten years, global networks consolidated and drew up 'The World Charter for Prostitutes' Rights', arguing for decriminalisation of adult voluntary prostitution (along with continued criminalisation of those abusing or exploiting prostitutes), improved working conditions and civil and social rights. Such campaigns were hindered however, by a disinterested public, and a media which prioritised stories presenting prostitutes as drug addicts or sexual deviants over stories of hardship or exploitation. The campaigners also met opposition from other feminists who instead argued for the complete abolition of prostitution, since they viewed all prostitution as sexual exploitation (Dworkin, 1997; Jeffreys, 1997).

With the advent of AIDS in the 1980s, public and medical interest turned to the prostitute, but labelled her as a potential source of infection to wider society. Though in the developed world this was eventually disproved (see chapter two), public and media images of prostitutes remained negative. For example, one

newspaper claimed that 75% of London prostitutes were HIV positive but this figure was simply an *estimate* by a local vice officer (Day et al, 1996).

During this era of interest in prostitution and HIV, however, health services to prostitutes were increased, focusing almost exclusively on workplace sexual risks with regard to the spread of HIV and other sexually transmitted infections (STIs). The advantage however, was that greater funding was available to set up organisations for the health of prostitutes where previously few had existed. Across Europe a network of prostitutes, medical specialists and advocates set up the European Project for AIDS Prevention in Prostitution (EUROPAP) to offer advice, support and training on issues of sexual health specific to prostitution, as well as to collate information on the services available to prostitutes in these countries.

In most UK cities, there is now an outreach project providing general support and health advice to women working in prostitution. Their funding often comes from the Health Authority, Local Authority (social services), voluntary sector, donations and churches. Funding, in part determines the direction of service provision, though most adopt a harm reduction approach by providing sexual health advice and prophylactics. Of 81 services recently surveyed in the UK, all but one provided condoms to prostitutes, and 67% provided clean needles to drug injecting women. Almost half, also provided a clinic service including STD checks, HIV testing, other relevant vaccination and screening services (Casey et al, 1995, p.8-9). Where this cannot be directly offered, the outreach team usually co-ordinate with local health service providers to ensure that prostitutes can access their services. Just over half of the projects provide a 'drop-in' facility where prostitutes can get advice or health-care, and may include other services such as self-defence training, welfare and legal advice. Other projects also offer outreach visits to women's homes and workplaces to ensure that more isolated or vulnerable women can be reached.

Because of the illegal and stigmatised status of prostitution, however, funding is not always secure and many services cannot provide a full range, or consistency, of services when funding levels change or cease. Due to the greater visibility of, and greater number of, social and health problems evident among street working

prostitutes, most services are directed to street workers. This may in part however, be due to the limited information available on the health and safety issues facing women working indoors.

Summary

In this chapter I have outlined the laws of prostitution in England and Wales, and the extent of, and social context of female prostitution. Where the law is concerned, I have shown that the street prostitute is subjected to most criminalisation; labelled a common prostitute for soliciting on the street and thus branded for life with a sexual offence record, even if she then stops working in prostitution. Most clients, controllers of prostitutes and indoor workers are shielded from such criminal labelling and are often out of the reach of prostitution laws.

Where the stigmatisation of prostitution is concerned, I have referred to the long-standing derogatory status of the prostitute in society. This has clearly influenced the laws around prostitution, even in the fact that there has been little public interest in the biased laws and that campaign groups have had limited success in changing public opinions. Prostitutes are in an ambiguous situation where their work status is concerned. All the while that their work is based in semi legal settings, their health and safety will be detrimentally affected.

The legal framework of prostitution and the stigma associated with this work, impacts upon the lived experience of working within prostitution and thereby constitutes in part, the social context of women's health, safety and well being.

In the next chapter I review the academic literature on prostitution within the social sciences.

Chapter 2. Academic Writing on Prostitution

Introduction

In the social sciences, prostitution has been researched across many disciplines, the focus of enquiry frequently being driven by contemporary public attitudes and concerns. As noted in chapter one, public attitudes have largely been negative towards prostitutes, and this has skewed research. Female prostitutes have mainly been studied to identify their sexual dysfunction or deviance, often in order to distinguish them from 'normal' women, or to identify disease or illness they may, through prostitution, pass onto others. Studies of prostitutes' psychology and sexual health have therefore outweighed studies investigating occupational health (such as work-related stress or client violence). Concern for the health and welfare of the female prostitute has largely been marginalised compared with a greater concern for public health. Because of this, the organisation of the workplace and others involved in prostitution (e.g. madams or male clients) has less frequently been the focus of studies. Also, since prostitution *per se* has often been the focus of research, there has been less regard for researching the diversity among prostitutes. The majority of studies have used convenience samples, such as prostitutes attending Genito-urinary medicine (GUM) clinics, those accessed through police records or those working on the street. Interestingly, during different phases of research, at one time street workers have been the focus of studies and at others indoor workers. Results of studies have often then been presented as if prostitutes were a homogenous group, with little or no differentiation by workplace.

Social context of academic writing on prostitution

In compiling a review of research into prostitution, many papers from different disciplines in the social sciences and from different countries have been considered and summarised. Together they present a broad range of interest in prostitution and prostitutes' health, behaviours and lifestyles. However, by presenting these papers together, a more coherent and rigorous body of research is depicted than these individual works may have represented within academic research.

For research findings to reach academic and public audiences there must be interest in the issue, as well as effective vehicles for dissemination, such as non-governmental organisations, interested media, or official organisations such as the World Health Organisation. As a disenfranchised group, there are fewer outlets for research findings on prostitution and less authority associated with groups representing them. The stigma surrounding prostitution therefore also has an impact on research dissemination. Many researchers have found difficulty obtaining funding to research prostitution, (Kinnel, 1996) and have frequently been limited in where they can publish their results.

Although prostitution has been researched in various disciplines, less often does the research become part of the mainstream knowledge of that discipline, rather being treated as a specialist, novelty, or titillating addition to research agendas. Miller and Schwartz (1995) note that although several studies have demonstrated the high levels of violence against prostitutes, rarely has violence against prostitutes been addressed within more mainstream theorising on gender and violence. Hirschi (1962) similarly suggested that:

> [W]hile interest in prostitution as deviance may have resulted in neglect of prostitution as an occupation...viewing prostitution as an occupation may enable the student to cut through the elaborate mythology surrounding [prostitution] and, in so doing, learn something about both prostitution and the service occupations in general. (Hirschi, 1962, p.45)

Overall, there has been a lack of a coherent framework for researching prostitution, as research has swayed with changing public attitudes and health concerns. There have been very few reviews of the literature to condense findings and carry research questions forward. For this reason, Perkins (1991) remarked on the academic literature on prostitution that "...so much has been written yet very little learned".

Structure of literature review

In this review I will describe the different phases of research that were identified in the social sciences literature (shown in Table 3), selecting examples from each, and

highlighting any findings pertinent to this study of health and safety issues in different sex work settings. I will at times therefore, be emphasising findings of the research that may not have been given such attention at the time of the publication.

Table 3 Main phases of research into prostitution 1840s-2000

Dates of referenced literature	Main phases of research and their focus	Main discipline of studies	Type of prostitution studied, main location.
1830s – 1840s	Prostitution as a necessary social evil	Reformers, doctors and surgeons	Indoor and street, Europe
1890s	Prostitute as genetic criminal	Criminologists	Unknown sector, Europe
1900s – 1970s (mainly 1950s & 60s)	Prostitute as sexually dysfunctional	Psychologists	Mainly indoor workers, USA & UK.
1930s – 1970s (mainly 1950s & 60s)	Prostitution as deviant career	Sociologists	Indoor workers, USA
1970s	Juveniles drift into street prostitution and victimisation	Sociologist and Psychologists	Street, USA
1970s – 1980s	Prostitutes as working women (feminist / activist research)	Sociologists	Street and indoor, USA & Europe
1980s – 1990s	Prostitutes as risk group for HIV.	Epidemiologists and social science.	Mainly street (UK and USA). Mixed sector (Asia, Australia, world-wide

This review is focused on studies of female prostitutes, although some references are made to studies of male prostitutes in the final sections where this is directly relevant to future studies of female prostitutes. The review begins in the early 1800s and includes research conducted mainly in developed countries (particularly the UK, the rest of Europe, USA, Canada, Australia and New Zealand) up until the present day. Only literature published in English is included.

I have identified seven main phases of research within the social sciences. During each phase a particular research question dominated research, which was usually a reflection of public attitudes at the time. These phases are summarised in Table 3 and are considered chronologically in the remainder of this chapter.

Early scientific writing on the 'necessary evil'

In the early decades of the 19th century, prostitution was seen by many in a functional way. A pool of unchaste women served the sexual needs of middle class men (who, at the time, married late), thus keeping middle class women chaste and pure until marriage, and even within marriage protecting them to some extent from further pregnancy[1]. Prostitution was thus rationalised in terms of gender and class, and was understood as 'a necessary evil'. Most prostitution was conducted indoors in the equivalent of brothels, and only some women walked the streets. As cities grew in size, however, so did the areas of street prostitution. The presence of prostitution was considered an urban problem along with providing adequate sanitation and dealing with alcoholism. In response a public health movement developed and several publications were written, and studies undertaken to investigate the extent, causes and cures of these urban problems.

Researchers and writers addressing these issues included surgeons, doctors and religious and evangelical writers. The first of these studies focusing exclusively on prostitution was conducted by a Parisian surgeon (and ex-sanitation investigator) Parent-Duchatelet (1836). Using police and hospital records for a sample of 12,000 prostitutes in Paris[2] (between 1816-1831), he provided a demographic profile of the women including their former occupation, birthplace, age, social origins, and marital status, furnishing his accounts with interviews with the women and notes from personal observations. Walkowitz (1980) states that "[T]he women generally reflected the social and economic composition of the working poor in Paris... [and] prostitution emerges as a specialised but transitional occupation for young women of the labouring classes" (p.36). De Beauvoir (1949) summarises the results of a smaller study by Duchatelet of 5,000 prostitutes where he investigated why women enter prostitution. He concluded that poverty was the main cause, followed by

---

1 Bullough and Bullough (1978) note that there was some acceptance of prostitution even by wives at this time, when the health risks associated with pregnancy were higher, and family size was larger due to lack of contraception - wives who allowed husbands to seek sex outside of marriage in part protected themselves from unwanted pregnancy.

2 In Paris in 1796 a prostitute register was set up in order to monitor venereal disease among prostitutes. Two physicians were responsible for registering prostitutes by name and address and had to report any cases of venereal infection found. Prostitutes then had to pay a levy to cover the associated costs. Diseased women were sent to hospital until cured, and only then could return to work carrying a health card signed by the physician (p.174 Bullough and Bullough, 1978). This was the pre-cursor for similar enforcement in the UK some 40 years later under the Contagious Diseases Acts 1860s.

having been seduced and abandoned, or abandoned and left by parents with no means of support.

Duchatelet's work was of great inspiration to British writers who in subsequent years produced replicas of his study; notably, Ryan, M. (1839), Tait, W. (1840) and Logan, W. (1843). These works provided insight into the personal profile of women in prostitution, their working lives, their entry into prostitution, and some gave descriptions of others involved, such as madams and 'bullies'[3]. Since there were no equivalent registers of prostitutes or police records available in Britain, these studies and reports were based on observation, including interviews with prostitutes and visits to the brothels (then called 'stews'), workhouses, rescue homes, hospitals and street areas of the cities under study. As doctors (e.g. Tait and Ryan) or as workers in a rescue home (e.g. Logan) they had daily contact with the women and 'the life'.

Although these works have been criticised as vehicles for moral campaigns and 'puritan lobbying' (Walcowitz, 1980; Fisher, 1997), they provided a rich insight into the social and economic organisation of prostitution. It would be many years before such vivid accounts were written by sociologists and ethnographers.

These writers described the heterogeneity of prostitution, explaining the key players and economic organisation of the various work settings they examined. They not only reported on the various types of prostitution, but also tried to differentiate the characteristics of women and clients in each workplace. Logan (1843) describes three classes of houses of prostitution in Leeds. The first are supported by wealthy merchants, military officers and 'gentlemen who move in the higher circles of society', the second by men in business such as clerks, and the third class houses were mainly frequented by country people, mechanics and soldiers. The women working in these houses were reported to come from all backgrounds, both working class and 'respectable'.

Logan reports that women enter prostitution at a young age, usually between 12 and

20 years. Once in 'the fearful system' he paints a grim picture of work where half the earnings are handed to bullies and madams. He talks of unkind madams taking girls in and throwing them out when they become too diseased to work, making special reference to the short lifespan associated with this work. At a time prior to prophylactic use of condoms and treatment with antibiotics, when syphilis was neither easily identified or cured, venereal disease was a serious health problem, and Logan records many vivid accounts of its effects:

> S]he died at the age of twenty-two, a victim to that dreadful malady which curses the victims of this vice. The whole surface of her body was covered with ulcers; which sent forth such effluvia that it was impossible to remain many minutes by the bed-side. (Logan, 1843, p.35)

Logan estimates the extent of prostitution by working out the average number of prostitutes, madams, bullies and clients in each type of house. He also estimates the mortality associated with prostitution, suggesting that of 700 women working in third class houses in Leeds c.1840, the 'number of unfortunate females who die yearly is 120!' (1843. p.9). In Glasgow he predicts that once a woman enters prostitution she will live for only six years, early death brought about by poor working and living conditions, disease and liquor: "I have met five girls at one of our hospitals, in a diseased state, at the tender ages respectively of thirteen, twelve, eleven, nine and eight! ... [T]hree of them had been seduced in their mother's house, *not* by boys!" (1843. p.26). He estimates that eight out of every ten women/girls are in a diseased condition. Through his work as a doctor, Tait (1840) also found a high incidence of venereal disease, sometimes among girls as young as eight or nine years old.

For the purpose of this review, Logan in particular is notable for his early contribution to highlighting issues of health relating to the women, and his attention to ill health related to poor working conditions.

Despite recognition of venereal disease among children at this time, greater concern

---

[3]The then current term for 'pimps' highlighted by name the often violent nature of their role in prostitution.

was expressed over the risks that prostitution posed to wider society rather than the risks to prostitutes themselves, and affected both academic and legal interest in prostitution. This was evident in the mid 1800s, when prostitutes became scapegoats for the rising levels of venereal diseases (particularly syphilis) among servicemen. Restriction and regulation of prostitute women was seen as a solution, even though the military had previously encouraged the use of prostitutes on board its ships. In the 1860s, the Contagious Diseases Acts legalised the enforced medical examination of any woman suspected of having venereal disease and her imprisonment if she refused to be examined[4]. Men were not subject to this law.

Although Logan (1843) and Tait (1840) found that poverty and unemployment caused women to enter prostitution, they also proposed several 'natural' or 'accidental' reasons such as moral failings, irritability of temper, seduction, overcrowding and obscene publications. Such notions penetrated deeper in the public mind than economic motives and fuelled images of prostitutes as 'fallen women' or pathological deviants. As urban centres (and prostitution) grew, the visibility of the prostitute became a key social concern. Attention moved away from social causes of prostitution, to situate all blame for prostitution in the prostitute women herself. Instead of recognising prostitution as work and a response to poverty, prostitution was considered a deviant act, now enshrined in law since the contagious diseases acts. The prostitute had thus moved in the public conscience from being one of the working poor to a sexual deviant.

Early criminological studies: The prostitute as genetic criminal

Darwin's ideas of evolution (e.g. Darwin, 1898) were very influential on science at the turn of the century and influenced the notion that there were criminal 'types'; those who were genetically predetermined to be criminal. Lindesmith and Levin (1937) noted:

---

4 The Acts had generated concern among some feminists, notably Josephine Butler, who campaigned against them and finally assured their repeal in 1886.

> [I]t may be that the theory of the born criminal offered a convenient rationalisation of the failure of preventative effort and an escape from the implications of the dangerous doctrine that crime is an essential product of our social organisation. It may well be that a public, which had been nagged for centuries by reformers, welcomes the opportunity to slough off its responsibilities for this vexing problem. (1937, p.670).

Such sentiments within criminology at this time fitted well with earlier writing which had already begun to reduce the cause of prostitution to individual personality traits and characteristics (e.g. Tait, 1840).

This biological determinism was cemented in 'La Delinquente' (1895), the work of Italian criminologists Cesare Lombroso and Guiulgielmo Ferrero. They believed that the lower criminal tendency of women in general was due to their natural passivity, and proposed therefore that female deviants (as prostitutes were assumed to be) were biologically abnormal. They described them as genetic relics of their time that had not fully differentiated themselves from men, as savage women or pseudo males. Lombroso stated:

> ...the fact that the prostitute barters her body for filthy lucre is psychologically speaking - neither so surprising nor so unnatural ... It is ... just another proof that prostitution is a primitive and regressive manifestation. (In Roberts, 1992, p.234)

These claims were evidenced with a range of scientific measures from the size of the cranium, the length of the pubic hair, joining of eyebrows and so on, since atavism was assumed to be connected with a range of physical stigmata. Several groups of prostitutes endured these intrusive measurements and tests from researchers determined to differentiate them from other women.

The emphasis that Logan and others had previously placed on men's role in prostitution was lost, as were the economic causes of prostitution. This research influenced social thinking on prostitution to a great extent, and led to an extensive

phase of research into prostitution from the perspective of psychology and psychoanalytic studies.

Psycho-analysts writing: The prostitute as 'sexually dysfunctional'

For new writers at the turn of the 20th century, the individualistic theorising of prostitution continued with the influence of Freudian analysis and psychotherapy. These models, based on examining an individual to seek out unconscious motives for their behaviour, meant that investigation of the workplace and organisation was almost totally neglected compared with the examination of women's motives to enter prostitution. Psychoanalyst researchers, who based their studies on a small number of patients that they saw, or else were recruited through mental health institutions, wrote many of these studies. Comparison groups were rarely used and only three studies incorporated either interviews with women (Greenwald, 1958 and Maerov, 1965) or observation (Choisy, 1961)[5] into their study. This type of research spans from the early 20th century (Thomas, 1907) until the 1970s (Winick and Kinsie, 1971) although most studies were conducted in the 1950s and 1960s.

The most influential model used within this tradition was that of the oedipal complex, in which the bonding between children and parents, and the child's subsequent ability to interact on a personal and sexual level with men, was examined. Any malfunction in this psychosexual development was thought to lead to psychodynamic make up which would attract women to prostitution. From the numerous studies conducted by psychoanalysts from early 20th century until the 1960s, no single answer stood out. Some believed the prostitute to be masochistic and thus (as earlier believed) more inclined to the sexual promiscuity of prostitution (Deutsch, 1945). Others proposed that prostitution was an act of hostility against the father (Abraham, 1922), a way of denying attachment to the father (Glover, 1945), or a way of winning back the mother's love she never had by symbolically possessing the phallus through prostitution (Lichtenstein, 1961). Some included both prostitutes and their clients in their analysis: Abraham (1922) proposed that

---

[5] Choisy worked as a waitress in a brothel for one month to add observational methods to her study of female prostitutes.

both had an infantile mentality and that prostitution was a reflection of their inability to form long term relationships. Choisy (1961) proposed that a 'dual resentment' fuelled prostitution; the client's hatred of mother led him to use the prostitute, and the woman's hatred of her father led her to prostitution to get vengeance.

Again focusing on the woman's sexual function, some said she entered prostitution because she was frigid (Glover, 1945) or as a pseudo-sexual defence, as really the prostitutes were secret lesbians (Caprio and Brenner, 1961). Thomas (1907) in 'Sex and Society' claimed it was her excessive maternal instinct and desire for affection that drove her to prostitution and that "...lacking conscience, they will resort to almost any means in order to secure love that they, by nature, need so badly". In contrast, Winick and Kinsie (1971) proposed that she turned to prostitution to act out incestuous fantasises.

Despite their numerous interpretations, the focus of all of these studies was restricted to an interest in the prostitute's early life experiences, in order to show how events in childhood development led to sexual dysfunction in adulthood. Prostitution was seen by many in this tradition (e.g. Finkelhor and Browne, 1988) as a form of counter-phobic behaviour, where it is considered that "...the victim unconsciously repeats the traumatic experience in order to try and regain control and restore the disturbed images of self and the world." (Vanwessenbeeck, 1994. p.19).

Ignoring economic or other reasons for entry into prostitution and seeing prostitution only as sexual dysfunction/pathology, these studies did not contribute to developing an understanding of the life within prostitution. Different types of prostitution were not examined, since prostitution *per se* was the focus of study. Only one study from this period of research offered further insight into the social and economic organisation of prostitution. This was a study of 26 call girls by psychoanalyst and therapist, Greenwald (1958). This was both a social and psychoanalytic study and was published as a book, thus providing greater detail. Only six of the women were in therapy with him, the other 20 self selected through

'snowball contact' and were included in the study by interview (mainly conducted by the other call girls). Like other authors, he suggested that a failure to resolve the oedipal complex led women to enter prostitution, only this time it was to seek a father figure and to seek vengeance against the *mother* who had rejected her early in life. Through self-destructive desire, "money became a symbol for the warmth and love they did not receive" (Greenwald, 1958. p.94) and as an unsatisfactory substitute, it was squandered or given to a pimp (Greenwald, 1958. p.92). He evidenced this link by describing how early in life the girls had learnt to get money for providing sexual gratification that led to anxiety and low self-image. In a departure from other studies, however, he asked the women themselves why they entered prostitution, and found that most stated money as their reason, but that they also found a sense of belonging with the other workers, or that they felt desired through their work. Many said other women had recruited them into the work. Thus, he incorporated social aspects of the women's lives into his analysis, rather than studying only individualistic unconscious motives.

Although he does not specifically address health issues, he makes reference to the high expenses women paid for medical examinations and the antibiotics 'that were almost constantly used' to combat venereal disease. He states that many of the girls went for regular monthly check-ups but that venereal disease was not often reported as the women took precautionary antibiotics. "...Most of their clients refuse to employ any devices to prevent pregnancy." (Greenwald, 1958. p.11) whilst many of the girls believed that they were unlikely to become pregnant as long as they remained sexually active with different men (based on the erroneous belief at the time that different strains of sperm would destroy each other). Unsurprisingly then, he also notes the high number of abortions that the women endured, at high cost when necessary.

The contribution this tradition made to further the understanding of prostitute health and well being was minimal, since the gaze was on the prostitute and her psychology prior to prostitution, not her workplace or her health. The analysis was based almost exclusively on psychoanalytic models with little or no reference to cognitive processes or situational factors. Bullough and Bullough (1978) state that:

> [A]lthough some of the arguments of the psychoanalytic school about the psychopathology of prostitutes contain elements of truth, inevitably they leave unanswered more questions than they answer... [they] might be able to explain why a particular woman turned to prostitution, but their research is far too incomplete to tell us generally why women become prostitutes. (Bullough and Bullough, 1978, p.284)

In contrast to this individualistic tradition were the emerging schools of thought in sociology that examined the function of prostitution in society and the social labelling of deviant behaviour.

The sociology of prostitution

Sociologists also began to write about prostitution in the early 20th century, initially through theorising rather than analysis of quantitative or interview studies. Kingsley Davis (1937) wrote 'The Sociology of Prostitution', describing prostitution as one of many social institutions present in society which served certain social functions. He described prostitution alongside the function of marriage, suggesting that prostitution supported marriage, since visiting prostitutes was less of a threat to family stability than if husbands were having affairs. Davis also outlined several conditions of society that supported the continuation of prostitution. These were the existence of a gendered double standard of sexuality, a sexual/partnering system based on availability and attractiveness which created a supply and demand between men and women (thus putting a price on sexual services), and finally, that men were willing to pay for this service. Under this analysis, Davis assumed that prostitution should not be seen as deviant behaviour. Davis stated:

> [E]nabling a small number of women to take care of the needs of a large number of men, it is the most convenient sexual outlet for an army, and for the legions of strangers, perverts, and physically repulsive in our midst. (1937, p. 277).

Prostitution is seen simply and functionally as a means to meet this demand. In this work there is a lack of interest in prostitution beyond its function, showing no interest in the effect that prostitution has on the women involved. Despite these criticisms, this paper was a welcome departure from earlier writing on prostitution; it at least paved the way for a new generation of sociologists to examine society and prostitution, rather than seeking answers for prostitution in the prostitute's psychology.

Studying deviant careers: Prostitution as socially labelled deviant behaviour

New theories to explain social behaviour were being developed in sociology by the school of symbolic interactionists and structural functionalists such as Matza (1969), Lemert (1951), Becker (1963) and Goffman (1963). Their theories of 'social reaction theory', 'labelling' and 'stigma' were used to examine social issues, crime and society, seeing human behaviour, at least in part, to be determined by the social world, rather than pre-determined by biological make-up or psychology.

Deviant behaviour was simply seen as that behaviour which society had *labelled* deviant. Prostitution under this tradition is thereby reconstructed as norm violation rather than pathology. Instead of looking only at the individual, explanations for prostitution were therefore sought in the social world. This is emphasised in Lemert's (1951) publication 'social pathology' indicating how certain behaviours considered deviant were seen to be illnesses of society, rather than the individual. This view of prostitution enabled researchers to consider, for the first time, the way in which the women managed and rationalised their involvement in such a stigmatised profession (Bryan 1967; Jackman et al, 1963), and to examine some of the mundane and routine aspects of prostitution, by viewing it using an occupational framework (Hirschi, 1962).

In a 45 page chapter, Lemert (1951) presents a sympathetic and extensive review of international findings on prostitution. Scant, but wide ranging studies, reports and

official data records were used to given an account of the contemporary picture of prostitution in parts of America and Europe (mainly indoor prostitution). He outlines theories concerning its existence in society, estimates the number of women involved, their social and demographic background, criminality, lifestyle, venereal diseases, describes their workplaces and even makes reference to the alleged shopping and social habits of prostitutes. His work is hindered by the lack of comprehensive research studies at this time but he makes intelligent propositions to provide a detailed overview of many aspects of prostitution.

Using the American situation as his main example, he describes prostitution in three settings: parlour houses, call houses and 'operation through tenuous connections with business' (such as women meeting clients in chemist's queue). He describes the locations of the business, workplace routines and the role of key players such as madams. Madams are said to be in charge of finance, discipline and order in the parlours, pimps are used by the women for protection and for company and the women are described as being highly competitive. He makes little specific reference to street prostitution, focusing discussions of prostitute organisation instead on parlour workers or call girls. A weakness of this study, however, is that most of the statistical data presented (e.g. on women's age and ethnic backgrounds) are taken from studies of arrested prostitutes, and therefore likely to represent mainly street working prostitutes.

For Lemert and other sociologists, the interest in prostitution was in how women became involved in prostitution and the subsequent social world of the prostitute. Research methods for this type of study utilised interviews and participant observation, instead of physical measurements and psycho-analysis. These new studies were based on "...an assumption that much of the prostitutes' deviant behaviour is motivated by the same needs that everyone else in society has, namely the need for love, a sense of self-worth, competence and power." (Newman et al 1985. p.84). The criminologist was interested in 'deviant careers' and all players in the deviant world, for example, pimps and madams as well as prostitutes. This field of enquiry made the first real development into examining aspects of the social organisation, since the universe or social world of the prostitute (albeit under label

of the deviant) was under consideration. These studies were based largely in America however, and focused almost exclusively on indoor prostitution. The main theories used to guide these studies were Lemert's early work on 'social reaction theory' later developed as 'labelling theory' by Becker (1963) and writing on stigma and identity by Goffman (1963).

Bryan (1967, 1973) conducted studies into the attitudes and occupational ideologies of call girls and their entry into the profession. In total he interviewed 52 call girls from Los Angeles, Las Vegas, Chicago and New York. He found that women were recruited into the work by other women already working and trained by them, but he found that there were few elaborate skills to learn and instead that greater emphasis was placed on how a woman could maintain the secrecy of her work. Bryan (1973) describes three main tenets of prostitute ideology. Firstly, in order to rationalise her involvement in a stigmatised occupation, he proposed that the women emphasised the social function of prostitution (meeting men's sexual desires / protecting marriage). Secondly, to relieve guilt associated with taking money for sexual services, men were portrayed as exploiters in society thus deserving to be exploited themselves. Finally, women in prostitution highlighted how many interpersonal relationships in society were based on similar principals of prostitution - that sexual access is given for financial security or other gain (e.g. marriage); prostitutes, they believed, were just more honest and explicit in this transaction. Developing such ideology, reports Bryan (1973), serves the function of protecting the group from the stigma against them in society, as it rationalises their actions and acts to cohere the group together.

Also investigating the stigma of prostitution, Jackman et al (1963) studied the self-image of the prostitute. They interviewed 15 prostitutes recruited from prisons or night-clubs to examine the psychological make up of the women when they entered and when they remained in prostitution. They found that women exaggerated their financial success in prostitution in order to counteract stigma. In addition they proposed that women either adopt 'criminal world counterculture' of prostitution, or live in a dual world where prostitute life is lived but not embraced; these women

may instead embrace middle class life focusing on mother and family role and dissociating self from prostitute life.

Marking a complete turn-around, street prostitutes were excluded from these studies and little reference made to potential harmful aspects of the work. Sumner (1994) notes of this liberal era of sociological research that only the 'softer' side of criminology, or the behaviours sociologists wished to see decriminalised, were studied. Little reference is made to male clients or street prostitution, and issues of male violence against women were rarely considered. Whilst the results of these studies were enlightening in view of previous research, they did not appear to penetrate the public mind to change attitudes about prostitution. They have rarely been referenced in reviews of the literature, and only recently have the issues of identity and ideology been re-examined (Day, 1990; Phoenix, 2001).

The theories used in these studies however were used to inform another field of research into women's entry into prostitution. This phase of research was driven largely by female sociologists and was influenced by emerging feminist/welfare debates. The studies, which spanned both sociology and psychology, focused on juveniles in prostitution and their involvement in street work. Attention shifted back to street prostitutes at the exclusion of indoor workers.

The 'drift' into street prostitution and further victimisation

Writers such as Nanette Davis (1971), Jennifer James (1978), Mimi Silbert and Alaya Pines (1982a) continued to investigate family and early childhood experiences as earlier psychologists had done, but this time combined this with theories of labelling. This meant that both individual and social factors were included in the analysis, and like other research at this time there was a strong action basis to the research which aimed to find solutions to social problems rather than simply expanding theoretical knowledge. Similar to the deviance school of research, qualitative methods were employed to gain an understanding of the life and experiences of the girls and women researched.

Nanette Davis (1971) conducted a three-month participant observation study in 1965 in a female offender's training school in Minnesota, and interviewed 30 women aged between 15 and 34 years about their entry into prostitution. She disputes suggestions in earlier papers that entry into prostitution is linked with 'atrocity tales' of a disturbed childhood and psychosexual development. Davis (1971) found that many women with similarly disturbed backgrounds did *not* turn to prostitution. Of those that did, she noted three distinct periods; firstly promiscuity which led to the girl being sexually labelled as deviant, secondly a 'transitional' phase where some contact was made with the world of prostitution and finally professionalization. Importantly, this work described *the process* by which deviant identity occurs.

At the same time, the American anthropologist, Jennifer James (1976, 1977, 1980), studied street prostitutes in Seattle to examine links between family background, early sexual experience and entry into prostitution. She found that most had their first experience of sex one year before non-prostitute comparisons, and that many had already been to court regarding their sexual behaviour before entering prostitution. She concluded that 60% of prostitutes had been labelled prostitutes by their friends, peers or the courts before they were ever paid for sex, thus giving quantitative evidence to Davis's (1971) theory. James and Davis (1982) summarise their work on entry by describing how early life experiences for some girls create a 'narrowing funnel' as they 'drift' or 'slide' towards prostitution.

James also used her research to describe the lives and working experiences of the women on the street. She discusses how women adapt to the deviant lifestyle, frequently by incorporating drug use, and then are held in the life by the imposed lower social status of prostitute, despite their high earnings or middle class background. James found that many girls/women used drugs to help them work, two thirds were addicts working to pay for drugs and one third become addicts after entry:

> Prostitutes, because of the stress of a deviant, illegal life-style and the requirements of their occupation, work long hours and encounter many

different potentially dangerous situations. These circumstances and the constant presence of drug users lead to drug abuse. The main reason is physical and emotional stress. Drugs help the prostitute relax and cope. (James, 1977, p.356).

She states that the social isolation many of the women feel may also force prostitutes to turn to pimps rather than other men with whom they may face stigma and labelling regarding their work. In James' (1975) paper on the relationship women have with pimps, she describes them as men who range from abusers to boyfriends and explains how women in prostitution rely on these men within their deviant network due to lack of alternative emotional support and protection.

James highlights in particular the risks of physical assault, stating that 61% of all (and 68% of addict) prostitutes in her study had been physically assaulted. In her 1971 study of 20 young prostitutes, 65% had been 'victims of coerced sexual intercourse' and in a later study (1976) 57% had been raped, with 36% being multiple rape victims. James asked the women to state the disadvantages and advantages of the work and found that disadvantages most often cited were police/jail/legal, danger from customers, emotional stress and venereal disease.

Another study conducted to investigate entry into prostitution was that of Silbert and Pines in San Francisco (1982a, 1983). Two hundred current and former female prostitutes (both juvenile and adult) in the San Franscisco Bay Area were questioned about their backgrounds, early family life and sexual abuse history to identify links between early victimization, prostitution and further victimization within prostitution.

Similar to James' (1976) study, Silbert and Pines (1982a) found that 93% of girls had been labelled a prostitute before entering prostitution. Also, over 50% of current and over 75% of ex-prostitutes questioned reported that they had a pimp. Although 41% of the women with pimps were not able to state any advantage of having a pimp, others said he offered protection and took care of business. The

general picture of misery depicted in this study is highlighted in a closing discussion in one paper:

> Most likely, both prostitution and substance abuse are the behavioural translations of these women's endless cycles of victimization and severely disturbed backgrounds, as well as an expression of the self destructive pull, the sense of hopelessness, helplessness, negative self concept and psychological paralysis reported by almost every subject in the study. (Silbert and Pines, 1982a. p 197)

These studies gave insight into the working lives and experiences of street prostitutes, especially younger women, and portrayed some of the risks and dangers inherent in street work. Davis (1971), James (1976, 1978) and Silbert and Pines (1982b, 1983) look exclusively at street prostitutes and focus on juveniles and those in jail or drug treatment centres. James and Davis (1982) used a group of non-prostitute female deviants as a comparison group in their 1982 study, but other (non street) types of prostitution are not examined in the study nor referred to in their analysis. These papers in the 1970s turned attention back to street working, moved away from looking at pathology, and looked at childhood circumstances as well as current situational and social factors influencing entry into prostitution. These studies highlighted the need for welfare services for street prostitutes and highlighted work-related issues of pimps and drug use.

Feminist / activist driven research: Prostitutes as working women

Influenced by emerging feminist theory and activism, prostitutes' voices began to be heard either through biographies and articles (French, 1992) or through joint work with sympathetic academics in the social sciences (Sandford, 1977; Jaget, 1980). Within criminology, feminist scholars (Edwards 1981; Heidensohn 1985) included prostitution in their analysis of unjust laws, highlighting gender based double standards (as noted in chapter one). Feminist sociologists (McIntosh, 1981; Smart 1989) described how prostitute stereotypes and sexual labelling affected the image of all women, and questioned a society that supported the sex work industry.

In the late 1960s and early 1970s prostitutes had begun to organise campaign groups to raise awareness of and campaign against their poor working conditions and to challenge stereotypes about them (as described in chapter one). Some prostitutes wrote biographies in efforts to normalise their image to show themselves as the mothers, working women and daughters that they were, and these voices were taken up in some academic literature.

In America, Delacoste and Alexander (1987) put together a collection of stories written by prostitutes (including strippers, street workers, drug addicts, call girls and madams) about their lives. The second half of their book was a collection of position papers on the inequalities and laws surrounding prostitution in the USA, and activists wrote of gaining civil rights and improved working conditions for prostitutes. In Australia, Perkins and Bennett (1985) produced a book detailing the experiences, characteristics and working lives of prostitutes working in different sectors of the industry in Sydney, and in the UK, McLeod (1982) published a book on women working in prostitution in Birmingham after spending four years working alongside Britain's first prostitute campaign group (PROS) based in that city. In terms of this literature review, these works were important in moving away from previous stereotypes of prostitution and focusing on the experiences and feelings of prostitutes themselves.

During this time, Goldstein (1979) conducted a qualitative study of several different groups of prostitutes in New York and their use of drugs such as alcohol, heroin, and amphetamines. He documents strikingly different patterns of drug use depending on the type of prostitution the women are involved in:

> Heroin was the drug most clearly associated with low-class prostitution (streetwalkers, drug barterers). Cocaine use was also rather common among these women. Stimulants were frequently used by high-class prostitutes (call girls, madams). Anti-depressants were more likely to be used by either class of prostitutes than by non prostitutes. (Goldstein, 1979, p.145)

He also cites some of the functions and dysfunctions of different drugs used by the sixty women in his study. Heroin appeared to be economically related to prostitution (working to support a habit), barbiturates were used in the work for energy, and alcohol was functionally related to 'turning tricks'. Drugs played a greater role for streetwalkers as a reason to enter the profession than for any other type of prostitution, and he noted that addicts tended to become prostitutes twice as quickly as prostitutes became addicts.

At this time in the UK, McLeod (1982) was gathering qualitative data from prostitutes in Birmingham. Making use of interview quotes, prostitutes (and their male clients in one chapter) were given a voice to describe their working conditions, attitudes and experiences. McLeod estimated that 800 women worked as prostitutes in Birmingham (in 1982), supported by an estimated 13,960 clients. Her writing is a direct challenge to the accumulation of stereotypes about prostitution. McLeod provides some insight into sex work in different settings of street, sauna and agency, and addresses three 'occupational hazards' – client violence, disease and consumerism. Client violence, McLeod claims, is encountered by all women, but more on the street, and is described not as rare behaviour by a few 'odd' clients but 'an accepted part of the job' ranging from mild torment to serious physical and sexual assault. No figures however are given to indicate the levels and types of client violence. Referring to sexual disease she says "All the prostitutes I have discussed the question with maintain that they take great care over venereal disease out of self-interest and a general concern for other people's welfare" (McLeod, 1982, p.55). She criticises an academic and media based press for their enduring failure to acknowledge this or look at clients of prostitutes in terms of *their* role in the spread of venereal disease. She speculates about other sexual health risks associated with the high number of sexual partners in the work of prostitution and the early first intercourse reported by many of the women in the industry (e.g. risks of cervical cancer).

Together, this phase of feminist / activist driven research marks a turning point in prostitute literature, bringing the voice and concerns of the prostitute to the fore and highlighting important differences between prostitutes. Social historians (Bullough

and Bullough, 1978; Walkowitz, 1980) also wrote accounts of lives of prostitutes in history and critiqued laws and social attitudes at various time periods. This activist driven research era was important in raising awareness of issues within prostitution, but it was a challenge to alter deeply rooted attitudes about prostitution. Prostitution became a topic of interest in gender studies and was discussed by feminist writers. Bell (1987) highlighted the uncomfortable position of many feminists trying to marry concerns for women's rights with their concerns for supporting women in a sex based industry. This debate continues to influence research and has formed a split in some academic literature between those proposing 'prostitution as work' (Bindman and Doezema, 1997) and those proposing 'prostitution as sexual exploitation' (Jeffries, 1997).

In the review so far, studies have been presented in some detail, reflecting the small number of studies within each research phase. In the next decade however, studies of prostitution proliferated within the medical sciences, as prostitutes became one of the target groups for research regarding HIV. Moving away from the emerging interest for the welfare of prostitutes and their own health, the links between HIV and sexual activity once again shifted attention back to the sexual health of prostitutes and risks that prostitutes could pose for the wider public.

New medical discourse on prostitution: Epidemiological studies of HIV.

When HIV was first identified in 1984, public and medical interest turned to potential risk groups who may accelerate the transmission of the virus. As soon as testing for HIV was available in 1985, female prostitutes, along with gay men and drug injectors were targeted for epidemiological research. Motivated by a desire to establish whether prostitution encounters served as routes for the transmission of the virus, a proliferation of studies appeared within the medical sciences. The first task was to establish the current level of HIV among prostitutes, and these quantitative surveys were conducted across the world in various research departments and medical schools, sometimes co-ordinated by large organisations such as The Centre

for Disease Control in the USA, and the World Health Organisation. Either blood or, later, saliva samples were use to test the women for HIV, or they were asked to report their last HIV test result. Many surveys were anonymous and unlinked, so the women themselves did not know the results of their tests. Across the UK several surveys were conducted in major cities such as London, Glasgow, Edinburgh and Sheffield (Ward et al, 1993; Taylor et al, 1993; Morgan-Thomas et al, 1989; Wooley et al, 1988; Carr et al, 1992; Rhodes et al, 1993). The majority of studies were quantitative, collecting only the data needed for statistical models, mapping and prevalence. Some however incorporated qualitative elements to expand on knowledge of behaviours of prostitutes that could be associated with HIV risk.

Patterns began to emerge showing that HIV prevalence varied by city, and more so by country and continent. HIV prevalence among prostitutes was highest in parts of Africa (62% among STD clinic attendees in Nairobi and 35% in Zaire; Mann et al, 1988), Thailand (44.6%; Chaisiri et al, 1993) Puerto Rico (25%; Vera et al, 1992) and parts of America (27.8% New York, Hoffman et al, 1992 and 26% in Miami, Onorato et al, 1992). Across Europe, Australia and much of America, rates did not often rise above 10%, and were commonly less than 3% (Estabenez et al, 1993).

As shown in Table 4, rates of HIV amongst prostitutes in the UK were found to be between 0% in Sheffield (Wooley et al, 1988), 2.5% in Glasgow and 14% in Edinburgh (Morgan-Thomas et al, 1989). Many of these studies recruited women through GUM clinics, drug treatment centres or prisons. These convenience samples (rather than fieldwork based data collection) ensured that data could be collected from a large number of women quickly, but results were often biased towards street based and drug using prostitutes.

As shown in Table 4, little information was available about the HIV prevalence of women working indoors in the UK. The high figure of 14% for Edinburgh was linked to certain needle sharing practices in that city (Bloor et al, 1994), and no other specific data were available in the UK for indoor workers. In Australia, Pyett et al (1996a) found no HIV among 321 women working in legalised brothels, nor

did Philpot et al (1991) who tested 491 women for HIV in Sydney (57% of whom worked in brothels).

Table 4 HIV prevalence among female prostitutes by UK City

City	*Authors*	*Characteristics of the sample*	*Sample size (HIV prevalence) and means of estimation*
Edinburgh	Morgan-Thomas et al (1989)	Mainly indoor workers	N=103 (14%) Self report
Glasgow	McKeganey et al (1996)	Street (71% injecting drug users)	N=159 (2.5%) Tested
Glasgow	Taylor et al (1993)	Street (all injecting drug users)	N=46 (2.2%) Tested
Glasgow	Carr et al (1992)	Street (77% injecting drug users)	N=165 (3.6%) Tested
London	Rhodes et al (1994)	Street (all injecting drug users)	N=31 (12.9%) Tested
London	Day et al (1988)	GU Clinic attenders Street and Indoor	N=187 (1.6%) Tested
London	Ward et al (1993)	GU Clinic attenders 34% street workers	N=228 (0.9%) Tested
London	Gossop et al (1995)	Drug using prostitutes Street and Indoor	N=51 (4.3%) Self report
Sheffield	Wooley et al (1988)	Street & sauna attenders of GU clinic 1986-87	N=68 (0%) Tested

Explaining patterns of HIV prevalence among prostitutes

In order to explain variations in HIV prevalence, many of these epidemiological studies included short surveys to assess prostitutes' HIV-risk related behaviour. These assessed prostitutes' knowledge of and attitudes towards HIV and other STIs, their STI history, drug and alcohol use, and finally their sexual behaviour with both clients and private partners, including frequency of condom use.

These data tended to show that for women in Europe, HIV risk was not related to prostitution, but was related to women's behaviour outside work, notably injecting drug use in galleries or with partners, and to a lesser extent, non use of condoms with private partners (Van de Hoek et al, 1988; Tirelli et al, 1989; Padian, 1988; Darrow, 1990; Chaisson et al, 1991). Almost all reports of HIV among prostitutes in the UK, in which the route of infection has been investigated, attributed infection to intravenous drug use by the women, or to having had sex with an infected injecting partner (Faugier et al,1992; Morgan-Thomas et al, 1989; Scott, 1995;

Ward et al, 1993). Also, many of the prostitutes found to be HIV positive were aware of their status prior to being involved in the research study (Carr et al, 1992; Ward et al, 1993).

In Sub-Saharan Africa, Asia and Latin America factors associated with HIV among prostitutes are low use of condoms and high prevalence of other STIs. For the remainder of this review, studies most relevant to the UK situation will be referenced. These are mainly from Europe, America, Canada, Australia and New Zealand.

HIV-risk related behaviours

In order to assess prostitutes' risk of contracting HIV, behaviours thought to be linked to transmission (e.g. condom use, injecting drug use, number of sexual partners) of the virus have been investigated in research.

Frequency and type of sex with clients

Several studies asked women how many paying clients they had each week, or each night, to assess the potential risk for HIV with increased number of sexual partners. Ward et al (1993) reported that women in London had seen between 0 and 198 clients in the previous working week (median 9), and in Birmingham, Kinnell (1991) reported a mean of 22 clients per woman per week. In Manchester, Faugier et al's (1992) study of drug using prostitutes reported an average 4-5 clients per week and in Glasgow, McKeganey and Barnard's (1996) study of street working women reported between 3-20 per night with a median of six. Results varied widely as did methods of data collection, but generally it was reported that street workers saw more clients than indoor workers (although Kinnell (1991) did not find a significant difference between the street and sauna workers) and that drug using women saw the most clients due to their greater need to earn money to support their drug habit (Faugier et al, 1992). Cohen and Alexander (1995), remarking on the American situation, proposed that street work revolved around providing fellatio during a fifteen-minute prostitute-client encounter, whilst indoor work usually lasted longer and involved a greater variety of services. However, there is little

quantitative evidence to assess whether there are differences between the number of clients seen and the services provided in different sex work settings.

Condom use with clients and private partners

Many studies (McKeganey and Barnard, 1996; Faugier et al, 1992; Wooley et al, 1988; Ward et al, 1993; Darrow et al, 1990) collected data on condom use with clients and private partners. In the UK studies, condom use with clients was reported as an almost universal routine aspect of the work. Ward et al (1999) showed that levels of use among London prostitutes had increased over time, from 67% of all client contacts in 1986, to 90% in 1993. Wooley et al (1988), in a study of street and sauna workers found less frequent condom use for disease prevention with clients among street compared to sauna workers. Sixty nine percent of street workers used a barrier method every time compared to 91% of sauna workers in Sheffield.

In contrast, most studies found that condom use with private partners was less common, and this remained a consistent finding across different UK cities and over time (McKeganey and Barnard, 1996; Green et al, 1993; Ward et al, 1993). For example, Ward et al (1993) found that 98% of prostitutes in London reported always using condoms with clients for vaginal sex compared to only 12% when with their private partners. Condom use was also higher when having oral sex (fellatio) or anal sex with clients (83% and 50% respectively) than with private partners (6% and 25% respectively).

These studies also reported that clients frequently requested sex without condoms, and would even offer more money for this service (Day et al, 1990; McKeganey and Barnard, 1996; Cusick, 1998). Prostitutes, however, reported condom use as a routine feature of their work, and felt that they were acting as sexual health advisors to many of their paying customers (Green et al, 1993). For the prostitute, the condom created distance between herself and the client, was clean, and prevented HIV and other STIs (Day, 1990; McKeganey and Barnard, 1996). Such sentiments were reported by women working indoors (Woods, 1996), on the street (Barnard, 1993) or across sectors in London (Ward et al, 1993). Although most women had

met clients who resisted condom use, women had developed strategies to deal with this and found that in the end most clients comply and use condoms (Woods, 1996; Barnard, 1993).

Prostitutes did not see their private partners as sources of HIV infection (Dorfman et al, 1992), and regarded condoms as a reminder of their work and thus wished to avoid using them with their private partners (Woods, 1996; Day, 1990; McKeganey and Barnard, 1996). In terms of HIV risk, many women were not therefore at any increased risk through their work if they were using condoms with clients and maintained a monogamous relationship with their partner. HIV risk was, however, associated with private partners more than with clients, particularly with women who injected drugs.

Drug use by women in prostitution

CDC data (Darrow et al, 1990) showed the risk of contracting HIV for a woman who has ever injected drugs, is four times higher than for non drug users, and that drug using women using shooting galleries were at highest risk. Studies have found higher rates of syphilis and HIV among crack using women, which has been linked with a higher number of clients in sex work to get money for drugs as well as sex for crack exchanges (Chiasson et al, 1989). This association is not limited to sex workers, however; a review of studies of crack and HIV found that it was the increased number of sexual partners (not paying sexual partners) that increased risk of HIV (Marx et al, 1991).

As drug use was associated with HIV risk, several studies measured prostitutes' use of drugs, particularly injecting drugs. Faugier et al (1992) estimate that between 40 - 85% of prostitutes use illicit drugs and that between 30 - 70% of female drug users become involved in prostitution. This supports earlier work by Goldstein (1979) that drug use can lead to entry into prostitution. Injecting drug use represents a direct risk for HIV infection through the use of unsterilised needles and needle sharing. Other drugs were indirectly linked via risky sexual practices they encouraged. Many American studies of crack use and prostitution for example, highlighted the increased risk of crack-using women bartering unprotected sex for

drugs, or having sex with dealers for drugs (Astemborski et al, 1994; Cohen et al, 1994; Inciardi, 1995). Maher (1997) also found that crack-users charged less for sex on the streets than the other prostitutes in her study. Crack and injected heroin were the two drugs most commonly associated with HIV infection among prostitutes

Prevalence of injecting drug use among UK prostitutes

In some cities in the UK, approximately three-quarters of the women working in prostitution reported injecting drugs (Morrison et al, 1994; McKeganey and Barnard, 1996). Both these samples were of street workers, and assumed that indoor workers used drugs less frequently. Cusick (1998), however, reported high levels of drug use in all sectors of prostitution, but that recreational use (as opposed to addiction) was higher for indoor workers (and thus, injecting drug use less frequent).

Ward et al (1993) found injecting drug use to be higher among women recruited on the street (13%) than women recruited through the clinic setting (6%). McKeganey and Barnard (1996) found some of the highest UK rates of injecting drug use among street workers in Glasgow (77% were injectors), and Morrison et al (1994) found that 71% of Liverpool street workers were injectors. Studies recruiting women from both indoor and street reported lower use of injecting (Morgan Thomas et al 1989 found 28% in Edinburgh; Kinnell 1989 found 25% in Birmingham). It was also common that the amount of drugs the injecting women used quickly escalated once they entered prostitution and had greater access to money, resulting in habits costing between £100-£300 per day (McKeganey and Barnard, 1993). Thus, injecting drug use appears to be highest among street working prostitutes, and levels of use appear to vary geographically.

Alcohol use and HIV risk behaviour.

Several studies also gathered data on women's alcohol use, to establish whether increased alcohol consumption (and assumed loss of control) would result in lower condom use and greater HIV risk. Whilst alcohol use was common among women in all sectors of prostitution (DeGraaf et al, 1995; Gossop et al, 1995) there was no

confirmation that this led to increased sexual risk taking. Indeed, this association was not found to exist between young adults (non-prostitutes) and unsafe sex in other studies (Leigh et al 1995). Weatherburn et al (1992), in a study of gay men and alcohol, suggested there could even be positive aspects to its use which encourages the negotiation of condom use since inhibitions are lifted. Although the links between alcohol and increased risk were thus less important in establishing HIV risk, alcohol did prove salient in terms of women's coping strategies in work. Several studies found, following Goldstein (1979), that prostitutes used alcohol and drugs to block out their work or to relax at the end of the day (Goldstein, 1979; Cusick, 1998; Day, 1990; McKeganey and Barnard, 1996).

Sexual health of prostitutes

Due to the increased risks of contracting HIV when other STIs are present, researchers in this period also studied levels of STIs among prostitutes and their frequency of clinic attendance (for sexual health check ups). Prostitutes were found to report a higher lifetime risk of STIs than the general population (Ward et al, 1999; Wooley et al, 1988) and in particular were found to have higher levels of gonorrhoea (Ward et al, 1993). Frequency of visits for sexual health check-ups within the last year varied widely from 7% in Liverpool (Morrison et al, 1994) to 72% in Birmingham (Kinnell, 1989). Wooley et al (1988) compared levels of STIs and frequency of check ups between street and sauna workers but found no difference in screening history and little differences in STD history between these sectors. In addition, Faugier et al (1992) found that only half of drug using prostitutes in their study were registered with a GP, and that few had discussed their prostitution or drug use with their doctor. Interestingly, low STI rates were found among legal brothel workers in Australia (Harcourt et al, 1990) but few studies in the UK differentiated results between indoor and street workers.

Summary of epidemiological HIV research

This phase of work generated the greatest number of studies on prostitution, and enabled researchers to begin to collate, summarise and test research findings. Since the aim of most studies was to establish data regarding HIV risk, information on drug use, levels of STIs and condom use dominated. At the same time, some

demographic information on prostitutes and insights into their working routines were gathered but studies were usually quantitative in focus, and concern for public health outweighed concern for prostitute health. Contrary to expectations, HIV among prostitutes in the Western world was relatively low, and prostitutes reported using condoms for the majority of sexual interactions with their clients. HIV risk was instead linked to activities in their private lives, mainly injecting drug use and unprotected sex with private partners.

The majority of studies were of street workers and of drug using prostitutes, and many failed to differentiate between sex workers from different work sectors when reporting data. On the whole, data regarding indoor workers were again limited in this period of research. The interest in the reproductive health of prostitutes noted by earlier researchers (McLeod, 1982) was overshadowed by a renewed interest in prostitute sexual health with regard to risks to the public.

Different settings, different risks - the social context of risk

Along with the epidemiological studies described, two further areas of research have been pursued since the 1990's. In order to examine variations in risk behaviour between groups of prostitutes, researchers began to examine the context of risk, considering whether prostitutes working in one location may experience different risks, and to differentiate condom users from non-users. In addition, some researchers continued to investigate those other risks that prostitutes may face in their work, such as client violence and stigma.

Condom use in context

To further pursue investigation of HIV risk, especially regarding condom use, several authors have suggested using a situated risk framework to investigate aspects of the structural environment in which behaviours take place (Jackson et al, 1992; Bloor, 1995). De Graaf et al (1994) found that in the Netherlands, condom use was lower among men working in private homes and as escorts compared to men working on the street. The authors suggested that this might be linked to the higher number of regular clients among indoor workers, with whom they felt at less

risk, and who expected the greater degree of intimacy associated with non-condom use.

Bloor et al (1992) examined HIV related risk behaviour among rent boys in Glasgow, and concluded that greater risks (non condom use, not being paid for sex) were more likely when the prostitute-client encounter was ambiguous and where the client may take greater control. Norms of male prostitute-client encounters mimicked casual sexual encounters in parks (where sex for cash was not the norm) whereas street based female prostitution was based on a businesslike sex-for-cash transaction where negotiation was explicit. The organisation of the male street setting thus sometimes impaired the rent boys' ability to negotiate condom use. The authors suggested that "[S]afer commercial sex should properly be linked, not with the social characteristics of individual prostitutes, but with the strategic characteristics of prostitute-client encounters" (1992, p.136).

In a study of both male and female prostitutes, DeGraaf et al (1994) found that HIV risk differed by sex work location, as well as by differing attitudes among prostitutes. Prostitutes using condoms less often tended to have lower self-esteem, a less positive attitude to their work, higher financial need and reported the poorest working conditions. They also found that non-condom users suffered higher levels of victimisation in their work and had lower job satisfaction. These papers thus highlighted where differences existed between prostitutes, and also the importance of contextual and interactional factors when assessing occupational risk.

If social context plays an important part in determining health outcomes, we would need to have sufficient information about different sex work types to assess risk effectively, as these authors have begun to do. Though quantitative measures comparing characteristics and behaviours are useful, qualitative methods are required to understand the contexts in which prostitute-client interaction takes place and to examine social processes within different sex work settings.

The social and economic organisation of sex work

There are insufficient data in UK studies to accurately describe the differences between sex workers in street, sauna and private locales. Most information has been provided on street workers and suggests that these women are younger, more often drug users (and use heroin and crack more frequently), and experience high levels of client violence. Whilst some studies have included a range of sex workers in their study (McLeod, 1982; Kinnell 1991; Ward et al, 1993) data have not always been presented by workplace. Studies from the Netherlands (DeGraaf et al, 1994), Australia (Perkins, 1991) and New Zealand (Pyett et al, 1996b) have shown that indoor workers do differ from street workers not only in their characteristics but in their working experiences as prostitutes, but often these studies compared women working in legal brothels (in Australia and Amsterdam), where STI examination is mandatory with women in illegal settings such as the street. As shown in chapter one, the legal context of indoor prostitution in the UK is very different.

In the UK, there is a disparate collection of studies of prostitution with differing aims and research methods. Most studies have been driven by the aim of determining risks surrounding HIV transmission, and most have looked only at street workers or used clinic-based samples, where street and drug using prostitutes are over-represented. Of the small amount of comparative data available in the UK, it is unclear where differences lie between prostitutes working in different settings.

Woolley (1988), in her comparative study of 82 prostitutes attending a clinic in Sheffield, found no significant differences in the age, marital status or ethnicity of street and sauna based women. She also found no differences in the proportion of women who had had a termination, their previous clinic attendance, or history of gonorrhoea. She did, however, find that fewer street workers accepted the offer of an HIV test and that only one STI (Trichomonas vaginalis) was more likely to be found among street workers. Although this study shows so few significant differences between street and sauna workers in the city, this may be because women were all contacted in a clinic and the data compared were largely of a medical nature.

Only recently has there been greater interest in differentiating risk by workplace and thus attention devoted to variations therein. In the UK, Barnard and McKeganey (1996) provide a detailed account of street based sex work in Glasgow, with follow up studies of workplace violence (Barnard, 1993b). In London, Whittaker and Hart (1996) describe working routines of sex workers in flats in London, with reference to women's personal safety. Cusick (1996, 1998) also using qualitative methods describes and compares drug use and condom use among women working in different settings in Glasgow, providing some insights into organisational aspects of different types of sex work. Outside of Glasgow and London, however, academic reports of the social and economic organisation of sex work are limited, especially concerning indoor prostitution.

Other occupational health issues

Although many recent studies have focused on HIV related risk behaviours, some researchers have re-examined other occupational health issues, such as client violence, and the impact of working in a stigmatised profession (Barnard, 1993b; Kinnel, 1991; Pyett et al, 1999; Ward et al, 1993; Day, 1990).

Violence against prostitutes

In Glasgow, Barnard (1993b) interviewed 68 street working prostitutes about their experiences of work-related violence and concluded that "[V]iolence was such a frequent occurrence within the street prostitution scene that it was almost commonplace..."(1996.p.70). It was regarded a routine feature of the work, although it ranged from minor assault to serious physical and sexual violence. This served to show that little had changed since earlier studies by James (1977) and Silbert and Pines (1982a, 1982b) among street working women. Barnard made note of the many ways that women had adapted to these 'occupational risks' and had developed particular working strategies both to try to avoid violence and to cope with it when it occurs. In Birmingham, Kinnell (1991) recorded that among a mixed sample (street and indoor) of prostitutes, 68% had experienced violence at work, and that many had been raped by clients. Similarly, Wilcock (1988) found that 82% of a mixed sample of prostitutes in Manchester had experience client

violence, as did 57% of indoor and 68% of street workers in a study by Ward et al (1999). High levels of violence towards prostitutes were also found in recent studies in America (Maher, 1997) and Canada (Lowman, 1992). Some studies also noted that prostitutes were also at risk of violence from drug dealers, pimps, managers and others in the working environment. (Maher, 1997; Wilcock, 1988; Kinnel, 1991; Lowman, 1992; Ward et al, 1999), and that generally, street workers were perceived at greatest risk of violence compared to indoor workers. Church et al (2001) in a UK study of 240 prostitutes demonstrated this quantitatively. Using multiple logistic regression, the authors found that the risk of client violence was significantly associated with the workplace rather than the woman's drug use, length of time working in prostitution or city worked in. In this study, street workers in Glasgow were six times more likely to have experienced client violence in the past six months than indoor workers in Edinburgh ($p<0.0012$).

These studies also noted the low level of reporting of such crimes to the police, stating that women did not feel they would be taken seriously, wished to keep their identity hidden or felt that violence was an expected occupational hazard (Barnard,1993; Kinnel, 1991; Church et al, 2001). In addition to these studies, prostitute rights groups have recently aimed to raise awareness of this issue by highlighting the numbers of women murdered during sex work. Kinnel (2001) noted that 51 prostitutes had been killed since 1990 with a further five women known to be 'missing and presumed dead'. Studies of client violence have shown that risks do vary by workplace, with street workers facing greatest danger, but still few data are available on the levels and types of violence occurring indoors. Also, as noted in the introduction to this chapter, studies of violence against prostitutes have rarely been included within broader research on women and violence. Violence against prostitutes is widespread and analysing accounts of such incidents may not only reveal important information on work place risk of prostitutes, but may also help develop a more general understanding of male violence against women. In addition, most studies of violence have focused on client violence against prostitutes, whereas Ward et al (1999) note that prostitutes experience violence from clients, pimps, people on the street and others.

Work-related stress and stigma

Other authors returned to the issue of occupational ideology, women's feelings about their work and the impact of working in a stigmatised occupation (as previously studied by Bryan, 1967). Day (1990) made a useful assessment of the ideology of sex work among London prostitutes and examined women's feelings about their work, their bodies and the use of condoms as a symbolic barrier within sex work. Both Day (1990) and McKeganey and Barnard (1996) report on how prostitutes create distance between themselves and their clients to minimise sexual contact; many women provided hand or breast relief to avoid sex altogether and reserved special aspects of sex, such as unprotected oral sex and kissing, for their private partners. Day (1990) notes the isolation that results when women, fearing stigma and rejection from friends and family, keep their work hidden. Barnard (1996) also draws attention to the stress related to managing a prostitute identity in the workplace and one of mother, wife and/or lover in the private sphere.

These studies have shown that HIV risks are not the only occupational risks facing women working in prostitution, and have drawn attention to issues which are important in terms of personal safety and mental health and well being.

Summary of literature review

This review has outlined a range of studies that have addressed multiple aspects of prostitution. It has shown how different phases of research were dominated by different questions (e.g. juveniles' involvement in prostitution, deviant careers of prostitutes) over time. Many studies have been driven by looking at a single issue, notably HIV risk behaviours, and have therefore not addressed other health and safety issues that may be more pertinent to the women studied. Few studies have asked the women what constitutes a health and safety issue for them, nor investigated any issues aside from sexual health in any great depth.

The data gathered in the UK to date leaves gaps in knowledge around indoor sex work and how this may differ from street work, both in its organisation and subsequent influence on workers' health and safety. Even at the level of

demographic differences between sex workers on the street and indoors there are few data available, whilst the social and economic organisation of indoor work is frequently left to speculation. Some studies (many outside of the UK) have, however, indicated that demographic and behavioural differences between workers in the sex industry are significant, and impact upon their health and safety at work.

The fact that distinct and differing phases of research have occurred, often in different academic disciplines, has had the inevitable result that there is little co-ordination and comparison between research studies. It is frequently difficult to compare results or form conclusions on issues, especially where sampling is biased to only street or drug using prostitutes, and where research questions constantly shift. Where important findings have been produced, such as high levels of violence and stress related to the work, this has not always been well received due to the public stereotypes and stigma surrounding prostitution and the greater interest in public over prostitute health.

Aims of the thesis – The social organisation of female sex work: implications for female prostitutes health and safety

In this thesis I aim to investigate a constellation of health and safety issues for women working in prostitution, and present data in both a qualitative and quantitative form, allowing both a greater understanding of the women's own perspective on what constitutes heatth and safety in their work and a comparison across different sex work settings. Some questions asked in previous studies regarding drug use, sexual behaviour, condom use and violence will be asked in this study, but as data are collected from different sectors of prostitution, results can be directly compared. The aims of the thesis are ;

- To investigate a broad range of health and safety issues including working conditions, women's reproductive as well as sexual health, women's feelings about their work, and occupational hazards such as violence.

- To examine and describe different workplaces used for the sale of sex, considering not only the prostitute, but other people in her working environment who may exert control or influence over other her health and safety e.g. police, pimps, managers, service providers, maids, boyfriends, and clients.

- To compare demographic as well as health related data between sex workers in different sex work settings.

It is hoped that this thesis will provide a firm basis of comparative data outlining some of the basic health and safety issues within prostitution, and thus enable future work to take issues further and to recognise differences within prostitution.

In the following chapter, I consider some of the methodological issues specific to researching prostitution, and describe the methodology adopted for this thesis to investigate the social organisation of commercial sex work.

Chapter 3: Methodology of the Study

In chapter two, a range of studies of female prostitution were described. In the first part of this chapter, I consider methodological issues specific to researching prostitution, referring back to some of the studies mentioned in chapter two. In the second part of this chapter, I describe the methodology adopted for this thesis.

Introduction: Styles of prostitution research

As shown throughout the literature review, research into prostitution has incorporated both qualitative and quantitative approaches. Statistical data have been collected to provide demographic overviews of prostitutes, their behaviour and their lifestyles, especially in recent epidemiological surveys. But many qualitative studies have also been conducted to gain an understanding of some of the meanings, lifestyles and relationships within prostitution. Rather than pursue a debate here contrasting these two epistemologies, this chapter will highlight some important methodological issues relevant to both approaches, since it is assumed that the research style should be determined by the aims of the study.

Part One: Methodological issues in researching prostitution

Hidden populations

Due to both criminalisation and stigmatisation, those involved in prostitution and their places of work are often hidden. It is thus problematic from the outset to find prostitutes for the purpose of research. Even in countries where official registers of prostitutes are kept (e.g. Holland) such registers omit those women working illegally or those avoiding registration. Similarly, official criminal data from prisons or courts only represent those women in prostitution who have been the focus of law enforcement. From reviewing the literature, three main sampling techniques, which enabled contact with prostitutes for the purposes of research, were identified - convenience, snowball and fieldwork sampling. These are discussed below.

Convenience sampling

The most common method of contacting prostitutes, particularly in recent epidemiological surveys, is to contact the women in a formal setting such as a needle exchange, a drop in centre or GUM clinic. The problem of identifying prostitutes is reduced in these settings, as the women have usually already identified as sex workers to gain access to the services provided. The benefits of this method are that it is possible to contact many women from a single location, permission to do so is required only from one (usually interested) party (e.g. GUM clinic), and that there may also be a safe interview/survey space to use. Because these (and possibly additional) situational factors serve to facilitate sampling, the resulting body of data is often referred to as a convenience sample.

Assuming negotiation is possible with the service providers, this method has many advantages. Ward et al's study (1999) in London is a good example. Between 1985 and 1991, they recruited 402 sex workers into a cohort study, in which initial and follow up surveys and interviews were conducted regarding women's sexual and occupational health. Using this setting the researchers were able to incorporate sexual health screening and HIV testing in their research design. For the purpose of collecting data about HIV and related risk behaviours this method of gaining access enabled faster data collection with larger samples than would be possible from a more intensive fieldwork approach. For these reasons, convenience sampling has been utilised in many epidemiological surveys (Woolley, 1988; Carr et al, 1992; Rhodes et al, 1994). It also enables researchers direct contact with prostitutes who might be at greatest risk for HIV; drug users or those with sexually transmitted infection(s).

The main disadvantage of this method however, is the inherent bias in a self-identified sample. Just as judicial statistics represent only those sex workers who have been through criminal proceedings, here the bias is that only those people using these services are represented. Convenience sampling may omit some very important groups for health or policy based research - those who may not be so well informed of the services available, and those who choose not to use them. Green et al (1993) in their study of Glasgow prostitutes, commented that drug injecting

prostitutes were unlikely to attend the clinic as "...it was perceived as unable to provide specialist care for their drug problems" (p.325) and Rhodes et al (1994) noticed a gender bias, with fewer women than men attending the drug treatment centre in their study. It is not surprising then that differences are noted when data from different convenience samples are compared. McKeganey et al (1992a) found a higher prevalence of HIV infection in a clinic compared to a non-clinic group of clients (46% vs.5%) and Ward et al (1993) note that there may be a tendency for under-reporting of drug injecting and over-reporting of STDs by women attending the GUM clinic. Importantly, it may not be that women attending the clinic suffer more disease, but that they are more at ease discussing it in a clinical setting.

Access to prostitutes using convenience sampling is therefore determined by the extent of contact that the service provider has with prostitutes in their area, and certain services may be targeted towards particular client groups. In the UK, most service provision for prostitutes is aimed at street working and drug using prostitutes. In New Zealand and Australia, however, health service provision is more commonly provided to both indoor and outdoor workers; this may explain why more research data is published on indoor workers in these countries compared to the UK.

Despite these problems, these settings should not be dismissed, as in some cases it may be the only way to access the population. However, care must be taken when reporting, since the data are unique to that sample and should be generalised with caution. One way to avoid the bias of these samples is to combine other sampling methods, for example, snowball or fieldwork methods as noted below.

Snowball sampling

Snowball sampling uses real 'insiders', such as prostitutes or former prostitutes, to gain access to additional research participants. It is referred to as snowballing, since one 'insider' refers the researcher onto another participant, who may then refer researcher to another and so on. This method is dependent on the researcher having at least one initial contact with a member of the target group, but by utilising existing friendship or network groups, this method, if successful, can lead to contact

with otherwise hidden participants. Such methods have a long history in sociological and criminological studies, as "...a standard means of locating specific subgroups for social/epidemiological research" (Morgan-Thomas, 1990, p.89), as exemplified by Whyte's (1943) study of the Street Corner Society. Some of the difficulties of establishing rapport with respondents may be overcome using this method as it is based on introductions through people already known to the participants, giving researchers a degree of credibility. This might have a particular advantage when conducting research in situations where participants may be naturally suspicious of researchers interests. Cusick (1998) successfully used this method to contact a range of women working in prostitution in Glasgow, including those working both indoor and outdoor (including what she identified as the street, sauna, flat, escort agency and 'sugar daddy' sectors).

Again however, this method may lead to bias; Hammersley and Atkinson (1983, p.73) suggest that "[T]o one degree or another, the ethnographer will be channelled in line with existing networks of friendship and enmity, territory and equivalent boundaries." A drug injecting prostitute for example may be more likely to have friends who also inject drugs and women working in one location such as an escort agency are likely to have less contact and knowledge of women working in other locations. Also, although convenience samples are limited since they are only generalisable to the location (e.g. GUM clinic), in the absence of saturation, it is difficult to determine exactly whom snowball samples represent. The main disadvantage, however, is the dependence on being able to gain initial contacts, and therefore may be a difficult approach for a new researcher in the field. It could however be utilised in addition to other sampling techniques to broaden the sample.

Fieldwork methods

As shown in the literature review, several researchers chose to contact women directly in their workplace. For some this enabled them to experience for themselves elements of the working environment of prostitution, either as additional insight, or as an essential part of an ethnographic study (Taylor, 1993). For many of the researchers using fieldwork techniques, it enabled them to seek out particular women they wished to include in their study and to gain a greater understanding of

the range of women working, on which to base their interpretations. This method has mainly been employed in the street setting (Bracey, 1979; Hoigard and Finstad, 1992; Taylor, 1993; Barnard, 1993, 1996) as street work areas are most visible and often used by researchers wishing to conduct or incorporate qualitative research methods into their study. Few studies in the UK have recruited indoor workers in this way, but it has been used to contact women working in the more open, semi-legalised settings of New Zealand and Australia (Pyett et al,1995; Woods, 1996).

Fieldwork contact in the street setting

McKeganey and Barnard (1996) contacted 208 female prostitutes by approaching them 'cold', on the streets of Glasgow, and were able to collect saliva samples for HIV testing, to conduct short questionnaires and arrange interviews for a later, more in-depth study. Describing their methods however, Barnard highlights some of the problems inherent in this form of contact. Initially she explains that "[M]any of the women were quite justifiably suspicious, and on some occasions hostile towards people whose motives were not clearly understood." (p144) On one occasion a woman took off when approached, and only returned under the reassurance of Barnard calling out "Look, I'm not the police or anything" (Barnard and McKeganey, 1996, p.145).

Prostitutes, drug dealers, pimps and clients are naturally suspicious when confronted by a stranger on the street. The assumption is that if you are not part of the scene yourself, you must be 'the law' or 'the social', and will therefore be avoided at all costs. As Hammersley and Atkinson (1983) note:

> [T]he problem of gaining access to data is particularly serious in ethnography since one is operating in settings where the researcher generally has little power, and people have pressing concerns of their own that often give them little reason to co-operate. (Hammersley and Atkinson, 1983, p.53)

One way in which this can be overcome, as McKeganey and Barnard (1996) discovered, is to take on a role that would justify their presence, and hence enable them not only to frequent the area, but also to speak to people freely about their

activities. The researchers in Glasgow adopted the role of researcher/provider, acting as street health workers supplying condoms, health literature and clean injecting equipment to street working women. This gave them some power in the research setting where their service could be bargained for some interview time. This proved very successful, and even resulted in prostitutes approaching them directly. The initial difficulties of 'cold' contact thus reduce in time, as the researchers become known in the research setting and develop trust with their respondents.

Fieldwork contact in indoor settings

Indoor sex work is less visible and frequently more covert than street prostitution. Whereas women on the street can be approached directly, often indoor premises have the additional problem of gatekeepers such as pimps, madams, and managers. Researchers in Australia (Pyett et al, 1995), gained access to indoor settings by working alongside health workers who already had contact with indoor workers. Here, the researchers not only gained access to respondents but since they were introduced by people the women knew and trusted, their own rapport with the women was immediately established. Similarly, in the UK, Church et al (2001) made initial contacts with both sauna and private flat workers via outreach services, and Whittaker gained access to interview women working in private flats in London by utilising her role as a nurse with the local outreach project (Whittaker and Hart, 1996). As fewer studies have been conducted on indoor prostitution, established research techniques for this setting are not so well established in the research literature.

Representative samples?

One of the problems of sampling hidden and stigmatised groups, is that the total population (e.g. all female prostitutes in Glasgow) can never be known, so it is difficult to estimate how representative the participants of any study are of the wider group. Caution must therefore be applied in making generalisations based on study results, whether the study is a small scale qualitative study, or larger quantitative survey.

Some researchers have set out to make particular efforts to reach the broadest sample of women in their study, however, and they have often utilised several sampling strategies to do this. Morgan-Thomas et al (1990) contacted Edinburgh prostitutes through the drop-in centre, but also made visits to their workplace and used the snowball sampling technique. Church et al (2001) also used access via local drop-in centres as well as cold fieldwork contact to reach 240 female prostitutes in three UK cities. Kinnell (1991) reports contacting women at the local magistrate's court, at the drop in centre and in their workplaces and used snowballing methods to contact less visible women in escort agencies, saunas and hotels.

One study in the UK aimed specifically to estimate the number of street working women in one city over a one year period. By adapting the field ecology technique of 'capture-recapture' McKeganey et al (1994) were able to estimate that 1150 women worked in Glasgow's red light area annually. From this, the researchers could estimate how well their own survey sample of 208 women might represent the total sample. This type of study is obviously more time consuming than most. Where such estimates do not exist, researchers may seek advice from those working closely with prostitutes, such as outreach workers, or other researchers (Kinnell, 1991; McLeod, 1982; DeGraaf et al, 1994). Although such estimates cannot be precise, they do provide an intelligent context for study results.

Researchers have also tried to overcome some of the bias of previous sampling techniques, by using a purposive sampling strategy in their study. Here, the aim is to recruit a sample with certain characteristics considered important for the particular study and is often used in later stages of fieldwork as greater knowledge is gained about the target population. In a Dutch study, DeGraaf et al (1996) felt that certain ethnic and migrant groups had been under-represented in earlier studies and aimed to include a large number in their own research.

It is only as more research is conducted that greater knowledge will be gained about the diversity of women involved in prostitution in the UK and around the world. Sampling techniques continue to be an important issue for researchers of any

stigmatised and hidden population, and should always be considered when analysing data and reporting results. Below, two further important methodological issues pertinent to the development of the current study are discussed. These are the issues of researcher safety and the approach taken to ask questions on sensitive topics.

Researcher safety

Prostitution in itself is a hazardous occupation, as it risks violence, threats and abuse, and is often associated either socially or geographically with other criminal activities such as robbery, theft and drug abuse. Considerations of researcher safety are therefore important when researching prostitution, whether respondents are contacted in formal settings such as a needle exchange, or in their workplace. Whilst convenient locations may afford some security, fieldwork conducted late at night, on dark streets or behind the closed doors of an illegally run massage parlour or sauna presents it own safety issues.

Barnard (1992) suggests that both the fieldwork environment and the questioning of personal and sexual behaviours may increase the likelihood of harassment or abuse for researchers. O'Neill (1994) notes how members of her research team in Nottingham were verbally and physically threatened by vigilantes when they walked the streets handing out condoms to female prostitutes and conducting their research. Barnard and McKeganey (1996) chose to work as a male-female pair to increase their safety, and to reduce any misunderstanding that might occur should either a single female or single male researcher work alone in a red light area. Both Taylor (1993) and Maher (1997) also note from their own fieldwork experience that any single female in a red light area might be mistaken by the police as a prostitute herself, and stressed the importance of contacting local police services before research begins.

Few studies have specifically outlined how their methodology was influenced by safety concerns, but it is essential that a strategy is developed in advance of fieldwork, especially when researching unknown social settings. After interviewing sex workers in London Whittaker (1995) usefully draws attention to the emotional

effects that research on such sensitive issues of sexual abuse, violence and prostitution may have on researchers, and urges that this should be considered in all research design, with appropriate counselling provided if required. Similarly, the impact that the research may have on the participants should also be considered, especially if researching groups that are not already in contact with specialist advice and support services. As in all research, issues of both physical and emotional well being must be considered in research design, and should not be compromised by the objectives of the study.

Asking questions about sensitive topics

Whichever means of access and sampling is used, research on prostitution is inherently of a sensitive nature since it involves illegal and personal behaviours. As such, particular attention must be paid to designing questions for studies in order to reduce embarrassment and difficulty for the respondent as well as to enhance the accuracy of response. It cannot be assumed from the nature of sex work that female prostitutes are comfortable talking freely about sexual issues and behaviours.

When surveying prostitutes, the respondents must have a degree of trust in the researcher that they will not reveal their social identity, expose details of their personal and sexual behaviour, or exploit them. The goodwill of research participants depends then, not only on their positive assessment of the purpose of the research, but also on the character of the researcher(s). This can be exemplified by examining again, the researcher/provider role adopted by Barnard and McKeganey (1996). In this role, they suggest that it was more important to the street working women to establish who they were *not* (e.g. social workers or the police), than who they *were* (researchers). The respondent must trust the researcher to 'represent' them honestly, especially as the researcher is often an outsider. Sjoberg and Nett (1968, p.125) suggest that "The rapport methodologists strive to establish is actually in the nature of a social bond between interviewer and interviewee..." much more like that of a friend needing information rather than a research scientist.

This highlights what feminist researchers such as Finch (1993) and Oakley (1981) refer to as 'placing'. They suggest that in the research situation, the amount and quality of data given by the respondent is determined by how the researcher is 'placed'. In interviewing pregnant women for example, Oakley (1981) suggests that women spoke more freely when they 'placed' (spoke to) her as a mother herself, rather than purely as a researcher. This type of 'shared experience' and understanding is considered in terms of a 'friendship technique', which increases the degree of trust and rapport between the respondent and researcher. In studies of female prostitution and clients however, this idea has its limitations as it may be unlikely that the researcher has first hand experience of prostitution. In this situation, it may be suggested that rapport will be more difficult to establish. To overcome this, some researchers (Kinnell, 1991) used current or former prostitutes to conduct interviews and administer questionnaires in their study, though this may not always be feasible or appropriate.

Researchers should however, pay attention to the ways in which they present themselves to ensure that they are not threatening, patronising or ignorant of the research topic. Indeed in many research situations, interviewers do not share, or admit to sharing similar, experiences with the respondent. Since the 1970s, women have conducted the vast majority of qualitative research into prostitution. Feminist methodologists argue that in many situations women are better able to present an unthreatening and sympathetic image that yields a more honest response from the respondents. This may be even more pertinent when researching prostitution, which may involve talking about personal issues around sex and abuse or threatening behaviour by men.

Consideration must also be given to the way in which questions are asked. Wording in questionnaires or interviews should be clear and unambiguous to minimise misunderstanding, leading questions avoided and layout, design and style considered to aid response. When researching sensitive topics, it is also appropriate to consider specific terminology used by the target group. People involved in prostitution, like other closed environments or sub-cultures, are likely to have specific norms of behaviour and vernacular speech, unknown to the outsider.

Medical terms such as masturbation and sexual intercourse may, as Johnson et al (1994) discovered in the National Attitudes and Sexual Lifestyles survey, sound too clinical, and are not conducive to encouraging the respondent to speak freely. This may mean asking former prostitutes about the colloquial terms for particular sexual practices and incorporating them into interview schedules and questionnaires. As well as reducing potential misunderstandings, this may enable a greater rapport to develop and reduce any power imbalance felt between the researcher and respondent. This is relevant to both quantitative and qualitative research.

As with all research, what is theoretically desirable may have to be compromised by what is practical in the given research situation, and each research setting may present its own unique challenges. Above, I have highlighted those issues relating to conducting research into prostitution, that have been pertinent to developing the current study. Other methodological issues are discussed below, within the account of how the research for this thesis was developed and conducted.

Part Two: Investigating the social organisation of commercial sex

In the second part of this chapter, I describe the methods used in this study to contact female sex workers of both the indoor and outdoor sex industry. It is not possible to extract and discuss issues such as safety and gaining access to respondents in isolation, since these were continually negotiated during the course of the research. In order to retain the sense of process, the design and methods are described chronologically, demonstrating continual adaptation to the fieldwork environment in order to meet the aims of the research as well as to incorporate theoretical and ethical concerns.

Preparation

As well as reading the relevant literature, I met with several researchers working with prostitutes and spoke with them about questions to include in the study and my research design. I also spent time with outreach organisations in Edinburgh, Glasgow and Birmingham where I was able to speak with a number of women working in street and off-street locations by attending some of the project's outreach

sessions, which included visits to three saunas in Birmingham. I also conducted informal interviews with police in Glasgow and Edinburgh to gain an understanding of the legal context of prostitution. These experiences gave valuable insight for planning the research and enabled me to determine the feasibility of the study.

Research aims

The majority of studies discussed so far have researched prostitutes rather than prostitution. In this study the aim is to consider not just the prostitute (through demographic and behavioural data), but also to consider the structural organisation of the sex industry, and to make comparisons between different work settings. Since there are a number of overlapping aims, different research techniques need to be employed to gain access to these data. I wished to look at data at the individual, the social/working group and the structural level.

In order to compare women's characteristics and behaviours between the different work settings it was necessary to gather standardised data from women working in different sex work environments. Considering the successful use of questionnaires in previous studies (Morgan-Thomas, 1992; Green et al, 1993; Pyett et al, 1995) and its time-saving benefits, this method was chosen to collect standard comparable data. To make such comparisons however, access to women not only in street settings, but also in indoor locations such as hotels, escorts, saunas and flats was necessary.

Since this was an exploratory study aiming also to consider the 'social world' of the respondent it was considered important to incorporate a more qualitative element to the research design by including interviews and/or observation. Qualitative techniques would allow investigation into issues not easily explored in questionnaire format, such as feelings about work and experiences of violence. It was considered important also to visit the various working environments in order to witness the conditions directly, both as validation for reported results and to observe aspects of the social organisation that cannot be expressed in interviews.

Research design

Broadly, the aim was to use three main methods; firstly to gather quantitative data from female prostitutes working from a number of work settings using a questionnaire, secondly to conduct semi-structured interviews with a smaller number of women, and finally to observe work settings and record fieldnotes where possible. It was also considered that 'significant others' such as managers of saunas, women's boyfriends, health workers and police might also be useful sources of data. Since few studies have pursued research with this latter group it was difficult to ascertain, before fieldwork began, whether it was feasible to include them in the research design. It was hoped that at least some of these people would be referred to in interviews and seen during observation.

Two concerns at this point in the study determined that a very flexible and opportunistic framework was necessary to collect data. The first concern was that few studies in the UK had successfully contacted a large number of indoor workers to complete questionnaire surveys. Secondly, previous research had shown that sex workers have little time to spare to conduct time-consuming interviews due to the pressing demands of their work and lifestyles. In order to maximise any contact made with women, and to ensure that both quantitative and qualitative data could be collected, a researcher-administered questionnaire was developed with additional open-ended questions which could be expanded upon and used to conduct a semi-structured tape-recorded interview. It is common in qualitative studies that essential statistical data are drawn from interview material (usually demographic information) to provide some statistical basis to analysis, as well as the more in depth qualitative responses. This was a more explicit application of this technique. The researcher would begin with the questionnaire schedule (see Appendix 1) and complete this with the respondent. If time was pressing, and the location did not allow for an interview to take place then the questionnaire alone would be completed. If however, the respondent had time and an interview location could be secured the schedule of questions would be used to form the basis of a tape recorded interview. In effect the tool used was an interview schedule with an embedded questionnaire, which would ensure that both quantitative and qualitative data could be gathered simultaneously if possible.

Greater emphasis would initially be placed on collecting the quantitative data to ensure that an adequate number of questionnaires were completed for statistical tests, with interviews and observation to follow if this were feasible. Other research methods such as research diaries and focus groups were also considered, but until research began it was not possible to determine their feasibility. The questionnaire was designed to be completed by the researcher (rather than self completed) as it was unknown in the early stages of research whether the schedule would be suited for a self complete format. It was also hoped that a researcher-completed questionnaire would enable inclusion of women with lower levels of literacy.

Designing the semi-structured questions schedule

As mentioned in chapter two, there is little consistency between question styles in research on prostitutes, and few studies have investigated both indoor and outdoor sex work settings. It was therefore not possible to use questions in this study that would allow for comparison with results from previous studies of prostitutes. Referring to these reports however, and consulting with researchers, many questions were included that were similar to those used in other studies, and would allow a degree of comparison. Eight broad areas of inquiry were chosen for the schedule and are listed below. No other study of prostitution could be found that had investigated all these topics within both street and indoor settings. Some topics had been investigated in most other studies of prostitutes (e.g. sexual health and drug use) and others only rarely (violence, feelings about work, working conditions).

Schedule topics:

- Demographic data
- Feelings about work and clients
- Current work conditions (e.g. facilities, hours worked, pay, safety)
- Past experience of prostitution (e.g. age began, types of work)
- Experience of violence and reporting of violence to the police
- Sexual and reproductive health
- Alcohol and drug use
- Sexual behaviour with clients and private partners[1] (including condom use)

[1] *Private partners* refers to women's' private non-paying sex partners, in contrast to paying clients.

All topics could be considered sensitive, and it was difficult to follow textbook suggestions of placing the least sensitive questions at the beginning of the schedule. In order to assist recall, a chronological approach was adopted instead, leading from past to current work and experiences. Although demographic data are commonly placed at the end of questionnaire and interview schedules, here it was considered one of the least sensitive topics and was placed at the beginning. The final questionnaire/schedule is shown in Appendix 1.

Within the occupational culture of prostitution, certain behaviours were thought to be more sensitive than others. It was considered, for example, that women may be reluctant to report non-use of condoms with clients and the practice of certain sexual acts (e.g. anal intercourse). Appropriate and useful methods of asking such questions were considered. Sudman and Bradburn (1982) suggest 'embedding' sensitive questions within others to soften their impact. This method was used when asking women which sexual services they provided to clients. As shown in Appendix 1, 'sex with a condom' and 'sex without a condom' were listed side by side, along with anal sex, kissing, breast play and other activities women may have engaged in at work. It was hoped that including activities considered 'risky' or 'taboo' together with those not considered so, would increase reporting. To assist clarity and understanding, street terminology was stated alongside medical terms, for example 'masturbation / hand relief' and 'temazepam / jellies'. Throughout the questionnaire the category 'other' was used to give respondents space to enter responses not included in the questionnaire.

Smith (1996) suggests that increased accuracy can be achieved by repeating sensitive questions in different ways throughout the interview. Questions on condom use and experience of violence were approached in this way. For example, as well as asking respondents to state how often they used condoms for vaginal sex (always, sometimes, never or not applicable), they were also asked to indicate whether they used a condom on the last occasion of penetrative sex.

As some prostitute populations have been subject to numerous questionnaire surveys (both by researchers and service providers) that focused on their 'risk

behaviours' and how women may put others at risk of sexually transmitted diseases, it was considered important to reflect in the survey title that this study concerned a range of health and safety issues in their work, including how the work may negatively impact upon the women themselves. The title 'Women's health and safety at work' was chosen to emphasise that the survey aimed to look at health and safety from the viewpoint of the prostitute. Using the term 'women' rather than 'prostitute' in the title, emphasised again that the women were seen as an occupational group of women (albeit that some may not be in prostitution through choice) and avoided the stigmatising connotations of the term prostitute which is often used in a derogatory context. Preliminary work for the study revealed that 'working women' was often the preferred term used by women working in prostitution in several cities. It was hoped that this emphasis would aid participation, by presenting a sympathetic image to the women involved, and to lessen the impression of research as surveillance.

Gaining access to the sample

The exploratory and comparative aims of the study meant that use of a clinic-based sample was rejected both for its inherent bias and because few recruitment centres would provide contact with a wide ranging group of women involved in prostitution. Conducting fieldwork as a lone researcher however, was considered too dangerous, so gaining access to the study population via an established prostitute outreach organisation was chosen. It was hoped that this would provide an initial springboard for conducting purposive sampling and fieldwork. There was also concern that women interviewed may never have spoken about their work before, and/or may require specific advice and support about issues raised in the research. This approach ensured that participants could be subsequently referred to appropriate service providers if required.

For reasons of proximity from my base, preliminary efforts to gain access to women were made in Glasgow and Edinburgh, though eventually it became apparent that this would not be possible. In Glasgow it had been suggested that most prostitutes worked on the streets rather than indoors and in this city, the local outreach organisation reported that they were only in the early stages of extending their

service to indoor workers. For my study, contact with indoor workers was essential, and there were concerns with regard to 'over-researching' a vulnerable population of street workers in Glasgow. In Edinburgh, rather different considerations were apparent. While there were two outreach organisations; (one predominantly serving indoor workers, the other street workers) at the time of this study the Health Board were negotiating which of the projects would receive funding for the following year. It was therefore inadvisable to begin fieldwork with a project whose funding could cease during the course of research.

Another contact made in preliminary research was then pursued and I arranged to conduct fieldwork in Leeds, Northern England. 'Genesis', a local outreach organisation, had established contacts with women working on the street as well as with those working in indoor flats and saunas, and it was possible for me to accompany staff on their outreach visits to these workplaces. The weekly drop-in sessions at the outreach office also provided a safe place in which interviews could be conducted. The outreach team was in the process of planning their own small survey, and by chance my schedule included many of the topics they were interested in so this collaboration would be mutually beneficial. Staff from Genesis were wholly helpful and supportive of the research.

Fieldwork safety guidelines were designed to minimise the risks to personal safety during the course of fieldwork. Where possible interviews would be conducted in the premises of the outreach project or in a public setting such as a café or pub. I had a mobile phone with me at all times and informed either a member of Genesis, the Glasgow Social and Public Health Sciences Unit (SPHSU) or my family of my location at all times. I also informed the local police of the field work and the times at which I would be visiting the red light areas. Support and advice would be offered to all respondents in the study, each woman being given a leaflet outlining contact details for several local support agencies including Genesis, and my contact number. Through the SPHSU I could organise specialist support and/or advice myself should it be required. Before fieldwork began, ethical approval for the study was obtained by the non-clinical ethics committee of Glasgow University.

Overview of fieldwork

Fieldwork began in October 1995 and was completed in June 1996. In total, 90 full days of fieldwork were conducted over a ten month period; 108 questionnaires were completed with prostitutes (52 as interviews). In addition, some interviews were conducted with police, health advisors and sauna managers. Fieldwork comprised of two distinct phases of data collection. In the first, tape-recorded semi-structured interviews were conducted with a sample of women who were in regular contact with Genesis. Interviews were conducted either in the outreach premises, the women's workplace or her home. In the second phase of fieldwork it was necessary to use purposive sampling to contact women who were so far under-represented in the sample, and had little or no contact with Genesis. In order to gather data from these women, different methods were used. The questionnaire was made into a self completion questionnaire so that women could either complete it themselves and hand it back to the researcher (thus increasing participation rates) or it could be used as a postal questionnaire for women who wished to remain anonymous. In the second phase, the researcher also began participant observation and used conversational interviews to explore particular topics. This enabled further exploration of certain topic areas, including novel issues, previously not included in the research. The new methods of data collection also enabled a wider group of women to participate since questionnaires could be completed quickly and/or anonymously.

Data collection phase one: Gaining access to respondents, semi structured interviews/questionnaires

In October 1995, I moved to Yorkshire (staying with a friend) and planned to spend six weeks collecting data in Leeds. It was decided that fieldwork would begin with semi-structured interviews, enabling the collection of both the statistical data necessary for comparative purposes, as well as providing the opportunity within the interview setting for both researcher and respondent to explore and discuss topics in more depth. Genesis staff arranged my first interview with a woman they had known for some time and who had a range of experiences including both street and sauna work and drug use. She was also very confident and articulate, thus giving me the opportunity to explore (and in this early stage test out) many of the research

topics. Due to her experience, and that I maintained contact with her throughout the research period, this respondent acted (retrospectively) as key informant. She not only provided data about herself, but also a broader insight into the working conditions and social world of prostitution in Leeds. At the end of the interview the respondent and I reflected back on the interview style and questions and she pointed out to me any areas which were ambiguous. Similarly, Genesis staff introduced me to a private flat worker and two sauna workers with whom they felt I could both conduct interviews and explore issues of research design. These interviews were conducted in the same way, but this time in the women's workplaces so that I also gained an insight into real working conditions in different settings early on during fieldwork. The contact with these women was invaluable in equipping me at a very early stage of the research with knowledge of the working environments I wished to explore, as well as allowing a naïve researcher the grace to ask inquisitive questions concerning how the research may be perceived by other women. I also gained some useful advice and tips regarding my safety in the field.

Whilst commonly a pilot study would be used to conduct such preliminary work, and the data gathered would not be used in the main study, because of the difficulty of contacting prostitutes for the purposes of research, data collected in this way were included in the total frame of the study. Excluding these interviews from the analysis would reduce the sample size, as well as excluding an important type of respondent from the study (confident, articulate women who are in contact with the outreach project). The content and style of these interviews did not vary significantly from others in the study and so would not compromise data quality in terms of consistency of style.

Over the next five weeks, I joined the staff of Genesis on their afternoon (1-5pm) and evening (7-10pm) outreach sessions to the two street red light areas in Leeds. I also went with them to several indoor premises as they supplied prophylactics and advice to women working in saunas and flats. I saw the day to day running of the project and their workload which gave me a further insight into the issues that women in prostitution had in terms of housing, child-care, court cases, attendance at clinics etc. Genesis also provided two drop-in sessions each week, one on a

Wednesday evening in the red light area in the city centre and one on Friday afternoons in their city based office. Any women working in prostitution could attend for supplies of condoms, advice or simply to have a safe place to sit, talk, get warm and have a coffee. I attended these drop-in sessions and introduced myself to the women I met, asking if they would like to participate in the study. When possible, interviews were conducted immediately in a spare room in the outreach premises, or alternatively I would arrange to meet the women at her workplace or home at another time. All but one interviewee agreed to have the interview tape-recorded. The response to the research was mainly positive. Women were more concerned about how much of their time it would take, than what questions I would be asking them. Many of the women commented positively that the research covered previously neglected issues such as violence against prostitutes, stress related to the work and working conditions. A common response was one noted in the back of a questionnaire completed by a sauna worker:

'Thanks for the opportunity to be heard'

(083, comment written in back of postal questionnaire)

It was rarer for women to make negative comments about the research, but some expressed concern for what difference the research could actually make, as illustrated below:

> How far do you think that [this research] is going to go?...It's a load of fucking twaddle. All they are doing is giving you something to do. Who is going to give a shit what happens to these girls later? Nobody gives a shit about these girls honestly. (Interview with female sauna owner, M002)

Since drop-in sessions were only open for five hours each week, in order to increase contact with respondents, the project leader of Genesis telephoned women directly to tell them about my research, and asked if she could pass on their address or telephone number to me. I then arranged to meet with the women at their workplace or home to conduct an interview. The fact that the initial contact was made through Genesis meant that I benefited from their credibility, gained as a

hard-working and trusted outreach organisation over many years. Several of the women in the survey said that they were pleased to take part in the research as they felt that it was something they could do in return for the support they had received from Genesis.

My fieldwork days grew busier as I split my time between attending drop-in and outreach sessions, visiting women to conduct interviews and meeting with police and health workers. Interviews were conducted at times and locations to suit the women, although it was sometimes difficult to fit an interview around women's working commitments. Street workers seen at the drop-in would usually be working and could not spare time straight away to do an interview, and arranging alternative times to interview them at home or in the outreach office was not always successful, as women had other pressing commitments and interests in their lives. Many had young children and others were simply busy conducting life around working, buying drugs, taking drugs and attending court and so on. The majority of women however, were committed to taking part and often we found a time that suited us both, usually in the woman's home.

Indoor premises (saunas and flats) were better suited to conducting interviews, not only because they usually had spare rooms that could be used to conduct an interview privately, but also because women had no other commitments in between seeing clients. Many sauna workers said that taking part in the research was a welcome relief from what was sometimes a tedious routine of watching T.V, answering the telephone and attending to clients, and talking with the other women during a 12 hour shift. In the first phase of fieldwork, Genesis took me along to four different saunas. In one sauna, the manager kindly set aside one of the massage rooms for me to use to conduct interviews, and her staff of four women each took turns to participate in a one hour long interview. Private flats were more problematic since women usually worked alone and so at times I had to stop the interview so that the woman could attend to a client, and continue when she returned, sometimes one hour later. For one extremely busy private flat worker, the interview was conducted in three sessions over two days!

A small number of interviews were conducted in the researcher's car since no other location was available. Some women, for example, did not live in Leeds, had no spare time to go to another interview location, or lived in a restricted environment such as with their parents or a hostel. The use of the car as an interview location enabled inclusion of some of the most vulnerable women into the study.

By the end of six weeks, semi-structured interviews (including questionnaire completion) had been conducted with 55 women. Only two had not been tape-recorded[2]. At this point all women who wished to participate were included in the study, and as described above every effort was made to enable this. At this point no women had refused outright to be involved in the study, but several women never found the time to do a questionnaire or interview, which may have been their way of saying no. At the end of this fieldwork period, characteristics of the sample were considered in terms of how far they represented the range of women thought to be working in prostitution in Leeds.

Developing a purposive sampling strategy

Women had so far been contacted in three working environments; street, saunas and private flats. There was no reported overlap between the locations, in that no woman was currently working in more than one of these locations at the same time, (although many had worked in at least one other location in the past). As there are no official records of the total numbers of women working in each of these sectors in Leeds, and no documented estimates from other studies or agencies, I spoke with Genesis, the police and women I had interviewed to make our own estimates. Between these groups, we estimated that approximately 100 women worked in each red light area over the course of one year, totalling 200 women/year. Estimates of the number of women working indoors were initially more difficult to make. Genesis was a small project, and under-resourced to provide a service to all women working in prostitution in the city, so focussed most of their time with the immediate health and welfare needs of street working women, and therefore did not have extensive contact with all indoor premises. From their knowledge, and with

---

[2] One woman did not want the interview recorded, and for one interview the tape recorder failed to work.

advice from women working in saunas and flats, however, we estimated that at least three times as many women worked indoors, mainly in saunas, and that approximately 15-20 women worked in private flats. As shown in Table 5 below, the proportions of women I had contacted from each workplace in the initial sample, was not vastly different to these estimated proportions. Most contact had been with sauna workers, followed by street and private flat workers.

Table 5 Proportion of women contacted in early stages of fieldwork and estimated numbers of women working by different sex work locations in Leeds.

Current workplace	***N***	***% of interview sample***	***Estimated number of women working in each sector (and reflected percentage of total)***
Street	15	27	200/year (23.5% of all Leeds prostitutes)
Sauna	31	56	600/year (70.5% of all Leeds prostitutes)
Private flat	9	16	50/year (5.8% of all Leeds prostitutes)
Totals	55	100	850/year

It was hoped that this number could be doubled in future fieldwork, paying particular attention to collecting data from private workers in order to make their data statistically comparable.

Characteristics of the initial sample

Genesis and the police predicted that women would be aged between 16 and 50 years old, and as shown in Table 6, similar ages were represented in the initial sample. Despite concerns of children's involvement in prostitution, both the police and Genesis did not know of any under sixteen year old working in Leeds at the time of the study, but efforts would be made to investigate this in further fieldwork.

Table 6 Characteristics of the initial sample (n=55)

Mean age (range)	27.6	(17-50)
Mean number of years in prostitution (range)	7.9	(2months-32years)
Age first worked in prostitution (range)	18.0	(8-31 years)

The initial sample included women who had worked in prostitution for only 2 months as well as those that had worked in total for 32 years. There was also a broad range of ages at which women began working in prostitution (from 8 to 31

years old). Although many women (68%) reported some drug use in the last month, only eight women had used crack/rock in the last month and only two had used heroin. From results of previous studies (McKeganey and Barnard, 1996; Faugier, 1992) it was suspected that use of these drugs might be higher, particularly among street working women. Furthermore, only two women reported that they currently injected drugs, and this figure was very low compared to other studies of prostitutes. Local drug agencies and Genesis however, were not surprised at this result, as injecting was not commonly reported among drug users in the city (Collins, 1997). Only 6 of the 55 women were non-white, and again results of other studies (Kinnel, 1991) suggested that a greater number of non-white women may be involved in prostitution in the city. These results were used to frame the purposive sampling of the second stage of fieldwork.

The key aims of the following stage of fieldwork were to try to incorporate particular target groups into the sample. These included; younger workers (under 18 years), drug users, street workers in the Chapeltown red light area (most street workers had so far been contacted in the city's other red light area), non-white women, private flat workers and women not in contact with the outreach agency (as most contacts had so far been referred to me by Genesis). Since earlier data collection had focused on questionnaire completion and interviews within more convenient settings, the second phase of fieldwork would focus on observation of the working environments and purposive sampling.

Data collection phase two: Purposive sampling, observation and self complete questionnaires

In order to increase participation of certain target groups and to allow the researcher more time for observation, the schedule was made into an easier self-complete version of the questionnaire. In the first phase of fieldwork several women had asked if they could complete the questionnaire themselves to aid privacy (in the busy sauna) or to allow them to fill in the questionnaire out of work time (particularly street workers). To make this possible the questionnaire was re-printed with clearer labelling and routing of questions, and a colourful more durable cover was added. A self-complete questionnaire would take each woman approximately

25 minutes to complete. Postage-paid return envelopes were also provided if women wished to return the questionnaire in the post.

A second visit of four weeks was made to Leeds in March 1996, and a third visit of two weeks in June 1996. As before, I went to drop-in sessions to contact street workers, only this time the outreach project had set up a trial drop in centre in Chapeltown one evening a week which would enable better access to the women in this area (one of the target groups). One of the outreach staff was off sick, leaving only two full time members of staff on the project. Staff therefore had less time to help me make contacts with women. Utilising this opportunity, I volunteered to take on the role of distributing condoms to the indoor premises and on the street to help the project meet the service aims, and providing me with a 'calling card' to try to gain access to new groups of women. Now, rather than rely on referrals from Genesis, I made my own contacts on the street, in saunas and in private flats. This increased the time spent working alone in the red light areas and indoor premises. As before, safety procedures were followed, but now knowing many of the women, as well as knowing more about the area I felt better placed to work in these environments.

Fieldwork in the street setting

To contact the widest range of women on the street I visited the two red light areas at various times of the day (from 10am until 4am). Usually I would drive through the red light area, pull up next to working women and speak to them through the window of the car, distributing condoms if they needed them and speaking to them about the research. This approach was familiar to the women as it mimicked how Genesis staff contacted women during outreach on the street. Since I now knew several of the women, and they had already participated in the survey, less formal contact was established with them. Sometimes being known by the women was a reassurance and encouragement for other women to take part in the study. A small number of women however could not spare the time to take part or were hostile.

Even with the extended hours spent in the street areas, participation was still hindered by women's immediate needs to work, lack of stability around their home

environments to conduct interviews, and in some cases, as above, their disinterest. I tried to make my travelling research space (an unmarked V.W. Golf) a more conducive environment by providing drinks, chocolate and crisps as well as the variety of condoms and leaflets supplied by Genesis. On cold days and rainy nights I tried to capitalise on the possibility that women may be more likely to welcome a break from standing on the street. This strategy served a mutually beneficial purpose and aided questionnaire completion with some women who would not have otherwise taken part in the study, as described in the following fieldnote extract:

I drove to The Calls at about 10pm and saw the main group of women who usually stood at the wall; two older women in their thirties and two younger girls in their early twenties. All four had said they would take part in the research, but I felt that they never actually intended to do so. Starting conversations with them had previously proven difficult, they seemed more hostile than the other women. I parked nearby and went to stand in the rain with them for a few minutes, making conversation about recent events (police activity, weather and business). I decided to try one more time, taking an honest approach with the woman stood next to me. 'Look, I really don't want to keep harassing you about this questionnaire, you know you don't have to do it, but I thought as it's raining and it's cold, I brought you all some crisps and drinks and it'll just mean sitting in the car for 20 minutes if you can spare the time'. Surprisingly, she enquired with some concern about which type of crisps I had brought. Her defensive mood changed as she grabbed my arm to walk to the car yelling to the others 'Ere, I'm off to do these questions, she got Doritos, see ya in a minute'. 'Oh I love them' yelled another back, and within 5 minutes all four women were sat in the car, three in the back, and one in the passenger seat, munching on crisps, and completing questionnaires!

(fieldnote)

This fieldnote shows that being in the area for sustained periods meant that I could maximise on times when women's moods changed, when they were bored or needed a break from the work routine. It also seemed that my persistence in visiting the areas alone each night, withstanding the same late hours, harsh weather and at

times the same insults from passers by, showed the women that I was dedicated to completing this research. Often, a woman who had already completed a questionnaire or interview would encourage others who had not, with comments like 'let this poor girl go home, just complete this questionnaire, it's only a few questions, go on, she's only got to do ten more'. I felt at ease with the majority of women and felt they were looking out for me at times, as they looked out for each other. I would spend between one and six hours each day in the two red light areas, chatting with different groups of women or visiting them at home to conduct interviews. I tried to maintain an honest approach with the women, and genuinely enjoyed their company. Importantly, the provision of warm car space, drinks, snacks and condoms was never withheld from women who did not wish to participate in the study.

Where interviews or questionnaires were not possible, time was spent with the women in other ways. Utilising the one resource women found useful, the car, and openly telling women that I was also interested in gaining an understanding of their lives, I was at times asked to drive women to the dentist, the job centre, or to visit their friends and family. On one occasion, I escorted a woman to a sexual health screening as she was too nervous to go alone; another woman agreed to complete a questionnaire in the car as we waited for her son to come out of nursery school. Other women invited me to sit and chat with them while they waited for clients to pass by on the street, or to go with them when they visited their family and friends, either in their homes, mother and baby unit or hostels. At other times we shared our boredom of the working day and sat down to talk or have a drink in a pub. In this way I met and spoke with the family, friends and boyfriends of several of the women and spent time with the street working women through various stages of the working day and some parts of their non-working time. I saw the same women going through different emotions, on good days and bad, and witnessed the friendships, as well as the arguments that characterised the two street based red light areas.

Fieldwork in indoor settings

To make contact with women in saunas and flats to which Genesis had not been able to refer me, I listed all the saunas and flats advertising in the Leeds area in local and national press, as well as internet and published sex guides. A national newspaper, The Daily Sport, is a recognised sex contacts paper, and many private flat workers and saunas advertised under the personal services column. Some saunas also, or alternatively, had advertisements under the sauna section of the local paper. From these sources I listed fifteen saunas and twenty two private flats operating in Leeds. I telephoned all of the premises I had not yet contacted, and explained the research aims to them and asked if they would participate. Such a cold form of contact was unavoidable and consequently led to several refusals. Sauna owners and women in flats (which often contravened laws on prostitution) were naturally suspicious of my interest in them. On these occasions I would provide the telephone number of Genesis and ask the owner/woman to contact them if they wished to confirm my research role. Either with or without this reassurance several women allowed me to visit them in their workplace to conduct interviews or give out questionnaires. Several women and one sauna agreed to participate in the questionnaire part of the survey only if I delivered the questionnaires to them, but did not wish to be interviewed. The redesigned questionnaire with return envelope thereby made it possible to include these women in the study.

The 'calling card' of being able to bring condoms to the saunas proved most effective in several cases. It legitimised my returning to the same sauna on different days and on one occasion gained my access to a sauna that had previously refused to participate, as documented in my fieldnotes:

Friday evening, 7pm. On my way back from an interview I drove past Marilyn's sauna and wondered if it was worth a second try. Last week, I rang and was told that the manager didn't allow Genesis to visit and probably would not allow me to visit either. Knowing that different women worked each day I took the chance to ring again and speak to someone else. I explained who I was, and that I was just passing by and could just leave condoms and questionnaires in a bag at the door. The woman who answered

the telephone agreed with this. I took a bag of assorted condoms, some gloves and lube along with fifteen questionnaires and return envelopes. A slim attractive woman in her mid twenties came to the door. Rather than take the bag she smiled and let me in, inviting me to sit down with the other girls in the front room area. They each introduced themselves to me and said how they had been worried about who this 'so called researcher' was. We spent time chatting, and each woman agreed to complete a questionnaire, but did not wish to do an interview. I stayed on the premises for the next three hours witnessing an evening's business as two clients arrived and went through to the room with the women and later returned. (fieldnote)

Women in the saunas often invited me back for coffee in their workplace next time I was passing and in taking this opportunity I spent several hours chatting with the women while clients arrived and left, as phone-calls were taken and the daily working routine unfolded. This form of observation was useful as I could ask questions to a small group of women in a sauna, and frequently asked if I could take notes of their responses. Women were often very open to talk in this more informal context, broaching subjects that were usually taboo, such as enjoying sex with clients. Other advantages of using an observational element in the research (both in street and sauna settings) was that it enabled me to witness at first-hand activities, emotions, and behaviours I had heard described in interviews. In observational fieldwork I saw women when they were happy, sad, at the start of the working day and at the end, I saw how they talked together, how managers talked with them and how they dealt with clients.

I visited some saunas only once, while others I returned to many times to meet different women. One sauna manager invited me to observe one of the staff meetings she held with her team of 14 staff, and other managers agreed to be interviewed themselves. At other times clients, women's boyfriends and their friends spoke to me about their involvement in, or view, of prostitution if they were on the premises during my visit. In one sauna I spent the whole evening shift of five hours with one woman who had been left alone without a receptionist. I agreed to answer the door, chat with clients while she was busy and to remain there for her

safety. This was an interesting experience, as I had to play the role of chatty, smiley, female company with waiting clients, since I did not wish to act contrary to the image of the sauna and jeopardise the woman's work. Such experiences were invaluable in experiencing for myself some of the realities of the working environments; in this case highlighting how women acted towards clients in the saunas and the stark fact that sauna workers were also sometimes working in isolated and dangerous environments.

Summary of data collected

In total, 90 full days were spent collecting data in Leeds over a ten-month period, totalling at least 600 hours in the field. In this time, I conducted 52 semi-structured interviews with female prostitutes and 108 questionnaires were completed (52 were completed during the interviews, the remaining 56 were self completed). In addition, over 100 hours of participant observation were completed across the three main working environments of street, sauna and private flats and fieldnotes recorded. Tape recorded interviews were also conducted with four sauna managers, two police officers, one staff member from Genesis and one sexual health worker from the local GU clinic.

Part Three: Data preparation and analysis

Once data were collected, I reflected on the methods used and the data gathered to consider issues such as representativeness, and validity. All forms of data were then prepared for analysis.

Representativeness of the sample and rates of participation

The total number of questionnaires and interviews by workplace are shown in Table 7. Following exhaustive efforts to contact private flat workers, only 18 questionnaires were completed with women from this sector. Eight of these women however participated in a tape recorded interview. This low figure, reflects the small scale of this type of indoor prostitution in Leeds. Most women worked in saunas, and subsequently, the larger number of women in the questionnaire sample

were from this location (n=51) and 22 were interviewed. A further 39 women were contacted from the street, 22 of whom were interviewed.

Table 7 Total number of questionnaires and interviews by workplace

Workplace	***Questionnaires***		***Tape recorded interview***
	N	***% of total sample***	***N***
Street	39	36	22
Sauna	51	47	22
Private flat	18	17	8
TOTAL	108		52

The length of interviews varied according to how much time the women could give, and to the circumstances of the interview (whether in woman's home or workplace), but were on average 43 minutes long, ranging from 20-110 minutes. No significant difference was found in the length of interview between the three main workplaces (street, sauna and flat). The proportions of women contacted in each sector remained consistent with the estimated proportions of these three sex work sectors in the city (see Table 5). Efforts were made to contact escort workers in Leeds, but this did not appear to be a large sector for prostitution in the city. Four women reported that they were also registered and occasionally worked for an escort agency, but many saunas offered a call out service (sending women to hotels and clients' homes), and this appeared to diminish the scope for escort service work in Leeds at this time.

In total, fifteen saunas were found to be operating in Leeds during the fieldwork period. Access was gained to all but one of these. One sauna only allowed me to send questionnaires to them in the post (of which 3/8 were returned completed) and one sauna refused any access for research purposes. Access was gained then to 93% of all saunas for completion of questionnaires and interviews were conducted with women representing 9/15 (60%) of all saunas. Without knowing the total numbers of women working in each sauna a true response rate cannot be estimated.

Twenty two private flats were found to be operating in the city. Access was gained to conduct interviews in twelve of these (54% access of total). Of the remaining ten flats, four did not wish to give their address, so I could not visit or send questionnaires (making a refusal rate of 18%), and the remaining six allowed me to send questionnaires in the post generating a further eight self completed questionnaires. Access to flats for the questionnaire survey was therefore 82%.

Participation rates for the street were difficult to record as it was impossible to determine exactly how many women had been asked to take part in the survey by the researcher and outreach staff. In both street areas, there were 4-5 women who had not been approached, and 3-4 women who refused to take part. Estimating a total of 30 women seen in each area during fieldwork and questionnaires completed with 39 of them, gives an estimated 65% response rate for questionnaire completion and 37% response rate for interviews.

Characteristics of the sample

Since this thesis aimed to examine differences between women working in different types of sex work, it was important first of all, to determine how each sector would be defined. Women were asked to report from a list of nine choices, how they currently met their clients (e.g. in pubs, through an agency, the street). Three main prostitution sectors were reported: street, sauna or private flat. No woman reported that she was currently working in more than one of these locations, thus making it appropriate to split the data into three groups for analysis, based on main method of meeting clients.

In each of the three sectors a range of women had been contacted; from younger to older workers, women who had just begun working in prostitution to those who had worked for many years. Current, ex and non drug users were included in the sample as well as women who were in contact with outreach services and women who had never been in contact with service providers. After extensive efforts to locate and contact women aged under sixteen, at the time of fieldwork no such women were found by the researcher in Leeds. Similarly, few non-white women or those born

outside the UK, appeared to be working in prostitution in Leeds despite particular efforts to locate them.

As in all research, the way in which the data were collected will influence the type of data collected. Using a fieldwork method, there were obvious obstacles to collecting data in a standardised manner and as already noted, interviews for example were conducted in a range of locations. Before and during analysis of the data, the methodology was considered in relation to how it may have influenced the responses given and accuracy of results. One concern was whether the variety of interview locations may have influenced the results.

Interview location

Interviews took place in a variety of places as shown in Table 8 below. Most were conducted in the workplace (40%) or in women's homes (35%). Slightly more indoor workers were interviewed in their workplace, and a larger number of street workers were interviewed in their homes or at the premises of the outreach.

Table 8 Location of interviews

Where interviewed	***N***	***% of total***
Woman's workplace	21	40
Woman's home (not used for work)	18	35
Genesis premises	8	15
Car	4	8
Café	1	2
Total	52	

Due to the nature of contact with the women and the limitations of these environments it was not always possible to be alone with the women during the interview. In 26/52 interviews at least one other person was present during the interview, usually this was a co-worker (n=14), an outreach worker (n=9), and less often a male friend or partner (n=3). Whilst far from ideal, the majority of these interviews would not have been possible any other way.

In all of these cases, attempts were made to conduct the interview in a private area, but this was not possible due to the fieldwork environment. Frequently, women made comments such as 'oh she knows everything about me anyway'. In analysing results, no notable differences were found between women interviewed alone or with another present. In certain circumstances interviews were longer when another woman was present and in some, it appeared to give women greater confidence to reveal details of their working or private lives, as they had the support or encouragement of another colleague.

Validation of results

No research technique is flawless in the ability to collect accurate, honest data. Indeed, both recall of past events and accuracy of recording feelings is difficult. It was hoped that by contacting a range of women, on the whole a fairly accurate portrayal was given of the current working conditions, circumstances and organisation of prostitution in Leeds. After the first phase of fieldwork, some preliminary results were generated to report back to the women in the survey. A summary sheet of preliminary statistical findings was prepared and the outreach organisation, Genesis distributed these to women during their work (see Appendix 2). This enabled me to talk with women about the preliminary findings and for them to discuss any results they felt did not reflect their understanding of prostitution in Leeds. Women were very interested by the findings, and especially to see some of their own ideas (e.g. regarding high levels of homelessness) confirmed, but no challenges were made against the overall picture presented.

Data preparation and analysis

Quantitative analysis

The data gathered from questionnaires was entered into the Statistics Package for the Social Sciences (SPSS, V.10) and re-coded where appropriate. The data were then cleaned by examining all outliers, and twenty randomly selected questionnaires were re-checked for data entry errors. None were found. Open ended questions were coded and also entered into the data file. Statistical tests such as T-tests and chi square were performed on the data to compare responses, characteristics and

behaviours primarily across the three work locations of street, private flat and sauna and secondly to compare street with indoor workers.

Comparisons of ordinal data (e.g. ethnicity) across the three workplaces and indoor vs. outdoor locations were made with Chi^2, respectively Pearsons Chi^2 and the Continuity correction Chi^2. Where Chi^2 analysis of nominal data across work place was not possible, due to missing values, only the street vs. outdoor comparison was performed and only significant differences are reported. Because of different sample sizes which violates the assumptions necessary for ANOVA, ratio data (e.g. age) comparisons across workplaces were performed with Kruskal-Wallis test for independent samples (with Dunn's post test to identify where these differences lie), and for street vs. outdoor locations, Mann-Whitney's U test was employed. Exact p values are reported where statistical significance is found, with $p<0.05$ taken as the significance level. In each table, values are numbers (with percentages in brackets) of prostitutes unless otherwise stated.

When interpreting any chi square results, Coolican's (1999) rule was used to determine if the test was valid to perform. This was, that so long as the sample size was larger than 20, expected frequency could be lower than two in 1-2 cells. Wherever chi square results were not valid based on this rule, the p value is reported as not applicable (n/a) in results tables in this thesis.

Qualitative analysis

The majority of recorded interviews (n=45), were transcribed verbatim in full by the researcher, retaining the dialect of the respondent. Annotation was added to the transcript where necessary to indicate expression or tone of voice, or non-verbal data that could enhance understanding of the response. The remaining interviews (n=7) were transcribed in the same way by secretaries within the research unit. All field notes (including conversational interviews) and other written data (transcripts from meetings) were typed and prepared so that they could be used in the software package for qualitative analysis along with interview transcripts.

All interview transcripts and field notes were entered into NuD*IsT (Non-numerical Unstructured Data Indexing Searching and Theorising, V.4), a software programme designed for qualitative analysis. Each file (whether a transcript or day of field notes) was then read through and coded according to key themes of investigation. These themes included all main questionnaire topics as well as other key areas of interest such as women's attitudes to their work. Analysis of the qualitative data was pursued by selecting a topic area (e.g. sexual health) and reading and re-reading all women's responses and comments to these questions along with relevant fieldnotes and information from other interviews and observation. From this reading, further key themes were listed, in some cases typologies were formed. In this way several women's responses could be read alongside observations in the field and comments made by health workers, outreach workers and sauna managers where available. To clarify comparisons between the three workplaces, qualitative analysis of particular themes would be conducted separately for street, sauna and private flat workers interviews, and later compared for similarities and differences. At particular points in the analysis full transcripts were re-read to search for specific meanings in the data or to cross check results emerging from the analysis. NuD*IsT also allowed of key word searches, which again could be used to follow up themes found in analysis.

When reporting qualitative data in this thesis, whether field notes, written responses from questionnaires, or direct quotation from interviews, women's names (real and work names) have been changed, along with names of the saunas or any other identifying words such as children's names, names of previous workplaces, friends or family. When quoted material is cited in the thesis, respondent number is given, along with the woman's current workplace, and if relevant to the quote, her previous workplace. For quoted material by members of the police or outreach team, their job title is given.

Triangulation of results

In forming conclusions about the data it was useful to compare results generated from the questionnaire data with the qualitative data. This triangulation of data enabled a broader understanding of the topics analysed and allowed for cross

comparison of findings. For example in the questionnaires, women reported almost universal condom use in all three work settings. Alone, this may have been seen as women's reluctance to report behaviour that would be frowned upon by other workers, but similar evidence was found in the interview data. In interviews women reported their reasons for using condoms, they explained in detail times in the past when they had not used condoms, and observational work indicated women's keenness to be given condoms. There were no women approached who did not at some point express an interest in taking condoms. The women's keenness to be given condoms was in fact a major advantage in gaining and maintaining contact with them in the field. Similar insight was gained on various topics when data were cross referenced between questionnaire, interview and observational data.

In writing up, results of both quantitative and qualitative data were used. At times more quantitative data was available on particular areas and at other times qualitative data provided the strongest results.

Summary

The aim of this chapter has been to detail the methods employed to gather data which engaged with prostitutes' experiences of health and safety at work. Given the multiple methodologies available to the social scientist, I have explained why the particular methods employed were most appropriate for the task in hand. By detailing my experiences and difficulties in gathering these data, I have attempted to allow the reader to appreciate the situation facing a researcher engaged with this topic, and to describe how it is only by becoming part of the social world of prostitutes (albeit in a transitory and outreach worker role) that I was able to conduct my work. In this chapter I have described the ways in which my efforts have attempted to maximise data collation whilst minimising the inherent biases of the research methods available to me.

In the next section, I describe women's circumstances and experiences of entering prostitution, and the social and economic organisation of the three workplaces,

highlighting differences and similarities between them. Organisation by workplace forms the basis of this thesis, and these accounts structure my ensuing analysis of sexual heath (chapter nine) and workplace violence (chapter ten).

Section II:

The Social Organisation of Sex Work in Leeds

Section II: The Social Organisation of Sex Work in Leeds

Introduction

As outlined in the literature review, much health research regarding prostitutes has focused on how prostitutes may pose health risks to others, looking mainly at their sexual health, with less research on health risks of the work to the women involved (such as client violence). Less attention has therefore been given to the environments and conditions in which the women work. This thesis considers health issues from the perspective of the women, and so, the workplace has been prioritised, and this section (II) aims to describe the organisation of the three workplaces as well as women's circumstances of entering prostitution.

Some studies of prostitutes have shown how social context can influence health behaviours. Deren et al (1996a) noted how the attitudes of managers towards condom use in saunas in the Philippines influenced the use of condoms in these settings. Bloor et al (1993) noted differences in a prostitute's ability to negotiate prices and services with their clients between men working near the park, and women working in the designated prostitution area in Glasgow. DeGraaf et al (1997) found differences in the characteristics and health behaviours of male prostitutes working in different sectors of prostitution in The Netherlands. These studies indicate the potential importance of social context in determining risk behaviour in different work places, either by the demographic characteristics of the workers or the social organisation of the workplace. In the UK however, there is still only scant information on the social and economic organisation of different sex work settings and any differences in demographics and behaviours between them.

This section begins with chapter 4 looking at women's entry into prostitution, highlighting any circumstances that women reported to influence their move into the work e.g. forced prostitution, homelessness, previous work experience and educational attainment. The attractions of prostitution are also considered, as well as women's subsequent movement within the various sectors of prostitution. Most

previous research on entry into prostitution has studied only street workers, and in the UK there are no data comparing the circumstances of entry for women in different work settings. Chapters 5 to 7 then provide a descriptive and statistical account of the workplaces, providing information on the organisation of prostitution in the UK. Each workplace is described in turn; street, sauna and private flat. A descriptive account is given of each to indicate the locations used, the key players in each setting, and the working styles and routines. I also describe the demographic characteristics of the women in each workplace: for example, their age, marital status and describe their recent drug and alcohol use and smoking. The sexual services provided to clients (including use of condoms) are described as well as the prices charged. Emphasis is placed on considering women's autonomy in each workplace (e.g. if their are free to choose or refuse clients), the safety features of the workplace, policing, health service provision and work ethos. In chapter eight, the three workplaces are compared to examine if there are differences in the experiences of entering prostitution, demographic characteristics, behaviours e.g. drug use, working styles and routines and health and safety implications in the three workplaces. Attention is given to considering work related health and hygiene, work related safety and work related stress and emotional well-being. This summary provides a useful basis for more detailed examination of two important occupational health issues (sexual and reproductive health and violence) in section III of the thesis.

Both quantitative (questionnaire) and qualitative (interviews and field notes) data are combined in this section. Quotes are used from some of the interviews conducted with sex workers, sauna managers, police and health workers and extracts of field-notes are also used. Tables of figures are listed within chapter 4, but where this is not possible (chapters 5-8) quantitative figures are given within the text as percentages only, and full tables of results for all three workplaces, are, for simplicity, listed in appendix 3. Where significant statistical differences are found between the three workplaces however, this is noted in the text along with P values.

To begin this section, a brief introduction to prostitution in the city of Leeds is given to provide the social context of the study.

The social context of the study

Leeds is in Yorkshire, Northern England, and is typical of many post-industrial cities in this region. In recent years, a growing financial district has taken the place of the traditional textile and manufacturing industries in providing jobs and supporting the local economy. Leeds has the second largest financial district outside of London and is equally known for its thriving retail economy and nightlife. Scars of an industrial past are present, however, in the deprived suburbs, and evidenced by decaying housing stocks and under-resourced facilities such as schools and services.

Both unemployment and crime levels in the city are higher than the national average (CSO, 1996). Poverty, poor housing and unemployment have particularly affected many minority groups that originally came to the city to work in traditional industries. In the city as a whole, 6% of the population are Scots, Irish, Pakistani, Bangladeshi and West Indian, and subsequent inequalities and racial tensions have led to a rather volatile recent social history in the city. Both in the 1980s and most recently in April 2001, there were several well publicised riots between police and Asian groups in the suburbs of Harehills and Chapeltown (Farrar, 1995)

Further trouble in the city has been linked to the growing illicit drug trade (mainly crack cocaine) and the availability of cheap heroin. Chapeltown and Harehills in particular are associated with street robbery, drug dealing and other street crime (including street prostitution). Indeed, during the period of fieldwork for this study, a man was fatally attacked when pulled from his car and robbed in Chapeltown.

Prostitution in Leeds

Like most urban centres in the UK, both indoor and street prostitution has prospered in the city for many years. Logan (1843) noted the presence of street based prostitution in Leeds, as well as a range of 'houses of ill fame' that he categorised as first to third class, depending on the clients they served and the women working within them. At the time of research conducted for this thesis, (as reported in chapter three), there was an estimated 850 women working in prostitution over the course of one year; 200 working between the two street based 'red light areas',

around 600 working in saunas and 50 working in private flats. Again, as noted in chapter three, there did not appear to be any escort agencies operating specifically in Leeds at this time.

Older women interviewed in the study who had worked in the 1970s remarked on the changes they had seen in the organisation of prostitution, noting the increase of indoor premises as well as a characteristic change in the street areas, as younger, more heavily drug-dependant women moved into the work:

> ...there used to be girls on every corner it used to be like a real beat, but then we also used to get a lot of our punters from the pubs too. Now, with all the younger girls taking drugs it's all changed, there's more girls working and more girls indoors too - no, not like it used to be in my day (090, private flat worker).

Previous research has indeed linked entry into street prostitution with drug use (Goldstein, 1979; James and Davis, 1982; Hoigard and Finstad, 1992), and there have been suggestions that the indoor prostitution market is increasing (Travis, 1997). There is a lack of information however, not only on women working indoors, but also on their routes into prostitution. Entry into prostitution is examined in the next chapter.

Chapter 4: Entry into Prostitution

Introduction

There is growing interest in the UK in preventing women and girls entering prostitution, yet little is known of the circumstances of entering prostitution across work settings. Whilst street workers have been shown to enter prostitution at a young age, often to finance drug habits or to simply survive when leaving care (McKeganey and Barnard, 1996; O'Neill, 1997), less is known about how and why indoor workers enter prostitution. In terms of health and safety, I considered it important to trace the early experiences of women entering prostitution, since this may ultimately impact upon how they fare in the work (Vanwesenbeeck, 1994). A woman choosing to enter the work for higher earnings, compared to a juvenile who is homeless, is likely to have different opportunities open to her within prostitution, and may be under pressure to take different risks within the work.

Age first paid for sex

As shown in Table 9, the mean age at which women began working in prostitution was 18.9 years. Current street workers were significantly younger (p=0.031) when first paid for sex than sauna or flat workers, with a trend towards sauna followed by flat workers starting work in prostitution at a slightly later age.

Table 9 Age first paid for sex by current workplace (n=108)

	Street n = 39	*Sauna n = 51*	*Flat n = 18*	*p value*	*Total n = 108*
Mean (range)	16.8 (8-32)	19.9 (13-44)	20.8 (11-45)	0.031 df2	18.9 (8-45)
	n (%)	n (%)	n (%)		n (%)
Under eighteen	27(69.2)	20(39.2)	5(27.8)	0.021 df4	52(48.1)
18-24 years	9(23.1)	24(47.1)	10(55.6)		43(39.8)
25 years +	3(7.7)	7(13.7)	3(12.0)		13(12.0)

Table 9 shows that using the United Nations' definition (that children are all those aged under eighteen) almost half the women in the sample (48%) were first paid for sex as children. Sixty nine percent of all street workers were under eighteen when

first paid for sex, which is significantly higher than for sauna and flat workers (p=0.021), most of whom were aged 18-24 when first paid for sex.

These findings suggest the large numbers of men who must be involved in paying for sex with children, and who, since November 2002, would (as noted in chapter one) be liable to arrest and possible imprisonment under the new Sexual Offences laws.

Where women first worked, and movement within prostitution

A number of studies have asked women the age at which they were first paid for sex, but few have ascertained where this occurred. As shown in Table 10, the majority of women (68%) were first paid for sex in the street setting, with only 22% first working in a sauna and 9% first working privately (from their own or another worker's home). Other workplaces such as escort agencies, bars and clubs were less important in women's first experiences of sex work.

Table 10 Where women first, and have ever worked in prostitution by current workplace (n=108)

	Street n = 39	*Sauna n = 51*	*Flat n = 18*	*p value*	*Total n = 108*
Location first worked in	n (%)	n (%)	n (%)		n (%)
Street	35(89.7)	20(39.2)	8(44.4)	<0.001 df2	63(68)
Sauna / parlour	0(0)	21(41.2)	3(16.7)	<0.001 df2	24(22.2)
Private flat	0(0)	1(2)	3(16.7)	0.005 df2	4(3.7)
Other workers home	1(2.2)	4(7.8)	1(5.6)	n/a	6(5.6)
Agency	0(0)	2(3.9)	0(0)	ns	2(1.9)
Bars, clubs, pubs	1(2.7)	0(0)	2(11.1)	0.047 df2	3(2.7)
Other	2(5.1)	3(5.9)	1(5.6)	n/a	6(5.5)
Locations ever worked in	n (%)	n (%)	n (%)	n (%)	n (%)
Street	39(100)	25(49.0)	9(50.0)	<0.001 df2	73(67.6)
Sauna / parlour	18(46.2)	51(100)	10(55.6)	<0.001 df2	79(73.1)
Private flat	13(33.3)	23(45.1)	18(100)	<0.001 df2	54(50)
Agency	5(12.8)	13(25.5)	13(72.2)	<0.001 df2	31(28.7)
Bars, clubs, pubs	10(25.6)	9(17.6)	13(72.2)	<0.001 df2	32(29.6)
Current location only	*10(25.6)*	*9(17.6)*	*3(11.1)*	*ns*	*22(20)*
No. of cities worked in	n (%)	n (%)	n (%)		n (%)
Leeds only	18(46.2)	13(25.5)	4(22.2)	ns	35(32.4)
2-3 cities	8(20.5)	24(47.1)	7(38.9)		39(36.1)
4 + cities	13(33.3)	14(27.5)	7(38.9)		34(31.5)
Mean no. (SD) of cities worked in (range)	2.7 (2.1) 1-7	2.8 (2.0) 1-10	3.4 (2.3) 1-8	ns	2.9 (2.0) 1-10

There are marked differences in where women began working by their current workplace, with a trend towards women first starting work in the site in which they work now. Street workers were significantly more likely to have first worked on the street, sauna workers were significantly more likely to have first worked in a sauna and private flat workers significantly more likely to have worked in a private flat the first time they were paid for sex. Women were also asked where they had ever worked, and Table 10 shows that most women had moved within prostitution sectors. For example, 46% of street workers had at some time worked in a sauna, 45% of sauna workers had also worked in a flat and 72% of private flat workers had also worked for an escort agency. Only 20% of women in the study had only ever worked in one sex work location. Similarly two thirds of women had worked in a different city, 32% having worked in four or more different cities, with no significant difference by current workplace. Prostitutes in this study where therefore a very mobile population, showing a tendency to return to initial sites of prostitution, or to move from street to indoor work over time.

Circumstances of entry into prostitution

Qualitative data from the 52 women who were interviewed (22 street, 22 sauna and 8 flat workers) are used to examine women's circumstances when first entering prostitution. Although , as shown previously, many women were first paid for sex on the street or in a sauna, first experiences were often casual, the result of circumstance rather than a concerted decision to enter prostitution. For example, women said, 'I was just helping someone out, the guy wanted someone to watch' or 'this bloke kept going past in his car and asked me, and the third time I thought well yeah I'll do it'.

After speaking with the women it became clear that no one answer could be given for why women entered prostitution. Rather a set of circumstances based on the pull factors of prostitution (fast money, flexible work, attraction of easy money), and the push factors / circumstances in the women's life (e.g. recent divorce, homelessness, poorly paid job) led to entry into prostitution. Critical, however, was

the finding that nearly all women interviewed (45/52) knew, or had just met, someone working in prostitution before they entered the work themselves. This study thereby adds evidence to the work of Bryan (1967) on call girls, and Hoigard and Finstad (1992) on street workers, who previously suggested that being introduced to prostitution by another worker was an important link to starting the work. This study shows that this is equally important for women being introduced to street and indoor work.

The prostitute whom the women met was an important catalyst in women's entry into prostitution; enabling them to see the way in which prostitution operated, to see the level of earnings associated with it, and importantly to alter the women's opinion of prostitution, as noted below:

> SC - So how did you come to be involved in this work?
> 054 - I knew people who were in the job, and it made me realise that it is not just horrible nasty people that do this job sort of thing. And when you need certain things in your life and you see the money you can make, you have to make a decision (054, sauna worker).

Once women knew of prostitution, they appeared to balance in their minds the push and pull factors regarding entry. For some, the push factors were immense, such as being homeless or fleeing domestic violence, and prostitution provided the means for them to find money for housing and food. For other women, their financial need was less urgent; many were in other work, but were attracted by higher earnings of prostitution. As a tool for analysis, the interview accounts were divided into three groups: women who were forced to enter prostitution by someone else, and women entering prostitution either through 'financial need' or 'financial choice'. This enabled comparison of women's motives to enter prostitution by workplace as shown in Table 11 below.

Table 11 Women's motivations to enter prostitution (as grouped in qualitative analysis), by current workplace (n=52)

	Street n = 22	***Sauna n = 22***	***Flat n = 8***	***Total n = 52***
	n (%)	n (%)	n (%)	n (%)
Forced	5(23)	3(14)	1(13)	9 (17)
Financial Need	7(32)	4(18)	2(26)	13 (25)
Financial Choice	10(45)	15(68)	5(63)	30(58)

Most women (58%) were categorised as entering prostitution due to financial choice, almost one quarter due to financial need (25%) and 17% were initially forced to prostitute. In all workplaces, the majority of women were categorised as starting to work in prostitution due to financial choice. These emergent categories are given further explanation below.

Forced to work in prostitution by someone else

Nine of the interviewed women reported that they were first forced to work in prostitution by someone else. Most studies have asked women if pimps forced them to work (Hoigard and Finstad, 1992; Bagley and Young, 1987), whereas here, women were asked to specify who forced them to work. Details of the nine cases are listed in Table 12, and show the importance of allowing women their own definition. Although legally the men described would be classed as pimps, the women in this study did not necessarily regard them as pimps at the time the abuse began.

Table 12 Circumstances of first paid sex as forced prostitution (n=9)

Age when forced (years)	**Initial relationship of coercer**	**Where first 'worked'**	**Length of time forced**
8	Step-father	Private home / Street	3 years
11	Step-father	Private home	7 years
12	Friend's pimp	Street	1 week
13	No data given	Private home	No data given
14	Boyfriend	Street	8 months
16	Boyfriend	Street	3.5 years
16	Drug Dealer	Street	6 months
18	Partner	Street	2 years
21	Husband	Street	2 months

In all cases, the coercer was male, and usually someone in a position of trust (e.g. step-father, boyfriend or partner). Most women/girls were forced to work on the

street (5/9), and others in a private setting (2/9) or both (1/9). No women reported first being forced to work in prostitution in a sauna or massage parlour. The length of time during which this initial period of forced prostitution continued ranged from one week to seven years.

The women who were forced at the youngest ages (8 and 11 years), and made to work in prostitution for the longest period (3-7 years), were those first made to work in the private domestic setting by their step-father. Both had previously been sexually abused by the man, one was made to earn money mainly through street prostitution, the other was used within what appeared to be a paedophile sex ring:

> My dad introduced me to it when I was about eight years old, to pay off his gambling debts. Getting guys off the street you know... it were only blow jobs and that at that age, but later int' cars it were shagging... anything (019, street worker).

> It was my step-father he moved into the family when I was ten, and he started abusing me himself and then he took me to work to a man's house. There was about 5 men that day, so I have worked since then really (043, private worker).

Two other girls (aged 12 and 16) were forced to work by a known pimp from the area, and drug dealer to whom they owed money; one was kept under the man's control for six months, the other was left alone once she had paid back the money a week later. The four remaining women/girls were forced into prostitution by a partner or husband and were made to work on the street. Each woman describes how the suggestion to work on the street came after she had formed an attachment to the partner, but followed increasing threats and violence. This follows the model of pimping outlined by Swann (1997) and is discussed in more detail in chapter ten.

These cases of forced prostitution stand apart from other accounts of entering prostitution. Here, women were not making decisions about their involvement in the sex industry, but were coerced and abused, all with threats, or use, of violence. The

length of time during which this occurred, particularly for the youngest girls, highlighted how such cases can go unnoticed by protection services for some time.

None of these nine women were still forced to work in prostitution at the time of the study, but since the coercion had ended they had all returned to this work.

For some women interviewed there was not a particular person who coerced them to work, but some felt that they were forced by circumstances to enter prostitution. These women described entering prostitution due to dire financial need and saw prostitution as 'a means of survival'.

Financial need

These women (n=13) were usually unemployed or too young to work at the time of entering prostitution, several were homeless, trying to leave local authority care, had recently split from a partner or husband, or were lone parents. All women in this category reported feeling that this was the only option available to them, or that it enabled them to leave a dire situation (e.g. violence, unhappy life in care):

The Social wouldn't pay me, well not right away, I had to wait six weeks and I had nothing this was all I could do (041, sauna worker).

I needed the money to look after myself so I didn't have to go back to the kids home you see....I didn't want to be there and I would run off at any chance I got. I wouldn't stay nowhere, like living rough and this was the only way to live. I knew other girls that had got out of care doing it. You did it to survive (004, street worker began working at age fourteen).

In these accounts women spoke of the push factors i.e. the circumstances in which they were living, more than the attractions of prostitution. One woman in her thirties began working on the street the night she fled her home after a violent attack from her husband. The money enabled her to pay for somewhere to stay and eventually to move to her own home. Due to the need to earn money fast, women in these circumstances usually first worked on the streets.

Financial choice

The final category 'financial choice' represents a group of women who were in some form of housing, and had some financial support or employment (even if low paid) when they began prostitution. They made a decision to enter prostitution after meeting someone who did the work. This category best represents the 'pull' factors associated with prostitution, and ranged from women who were struggling e.g. 'I was twenty and had been staying at my grandparent's house, I couldn't afford a room', to women who saw it as a better financial option, as shown below:

> I had a friend that was doing this type of work and I was sick of sitting behind a desk earning £85 a week and seeing all the new clothes she was buying and I thought I'll have some of that (050, private flat worker).

Women rarely came to this decision easily or quickly, but there was a stronger element of choosing this work over other work in these accounts, rather than feeling the need to turn to prostitution to survive:

> I knew she were ont' game and I didn't know how she could do it, but then within six months I'd seen new wardrobe, fully decorated house, you know totally back on track. I were nursing geriatrics at the same and was in a bit of sticky situation myself so thought I'd give it a go (024, sauna worker)

Summary of women's reported reasons for entering prostitution

For most women interviewed, reasons for entering prostitution were mainly related to the pull factors of the work. High earnings were by far the greatest attraction of the work, but the flexibility of working hours, as well as the fact that women could choose to do the work with few skills or resources required, was attractive. Decisions to work in prostitution however, were never presented as easy; women frequently spoke of finding it difficult to come to terms with the work itself and the stigma they suffered, but this was usually balanced by positive changes it had brought to their lives, mainly financially.

Some women had been forced to work in prostitution, often at a very young age, for many the forced prostitution was part of other sexual and physical abuse. This was more common for current street workers, but had occurred to women in all three workplaces. For others, economic motives varied. Financial need was lowest among sauna and flat workers, and whilst entering prostitution due to financial choice was high in all sectors, street workers were in worse financial situations before entry (e.g. living with friends), whereas indoor workers tended to enter prostitution after leaving low or reasonably well paid work.

As shown in chapter two, some studies have suggested that negative childhood experiences lead some women to work in prostitution, but often this is described as counter phobic behaviour or sexual dysfunction. Thus, these studies aim to find pathological reasons in the women for why they enter the work. These studies omitted to consider the attractions of prostitution on the basis that no 'normal' women would freely enter the work. Recently however, other authors (McLeod, 1982; Vanwessenbeeck, 1996) have drawn attention to the financial attraction of prostitution, and studies as far back as 1843 (Logan) noted that prostitution was an attractive economic option for women in poverty.

In this analysis I have used the concept of push and pull factors to examine why and how women enter prostitution, enabling a consideration of the circumstances surrounding women's entry. In doing so, several key factors arose in women's accounts of their lives prior to entering prostitution. These were living in care, being homeless, and being in low paid work. Using data gathered in the questionnaire, and in interviews, these important factors in women's early social background are examined in more detail below, as are women's educational qualifications.

Living in care and experience of homelessness

Whilst some authors (Stewart, 2000; Faugier et al, 1992; O,Neill, 1997; Hoigard and Finstad, 1992) have suggested links between these experiences and entering prostitution, there is little supporting evidence available. Women in Leeds were

asked if they had ever been in Local Authority Care, had ever been homeless, and to state their previous work experience and educational attainments.

Local authority care homes exist in the UK for children who cannot stay with their own family often for reasons of their own safety when they have been sexually and/or physically abused, neglected, or are considered at risk of such harm. At the time of research, Leeds Social Services (Mitchell, 2002), estimated that approximately 4.8% of all women living in Leeds would ever have been in Local Authority Care. As shown in Table 13, over one third of women in the sample of Leeds prostitutes had been in Local authority care at some time as children. This was significantly more likely for street workers (51%) than for sauna (26%) or flat (39%) workers (p=0.042).

Table 13 Experience of Local Authority Care and homelessness by current workplace (n=108)

	Street N = 39	***Sauna n = 51***	***Flat n = 18***	***p value***	***Total n = 108***
	n (%)	n (%)	n (%)		n (%)
Was in L. Authority Care	20(51.3)	13(25.5)	7(38.9)	0.047 df2	40(37.0)
Ever been homeless	34 (87.2)	22 (43.1)	9 (50.0)	<0.001 df2	65 (60.7)

Prostitutes were therefore more than nine times more likely to have ever been in care than non prostitute women in the same city. In interviews many women reported their experiences in care as unhappy, many ran away and others said that they sought alternative support on street networks, where they became aware of prostitution:

> You don't want to stay there, its worse... it's nothing like having a family. I always ran away. You get to know other girls that are working and find your way with them or pimps, you're vulnerable to anyone really ... you don't know what real care is. (021, private flat worker, began working on the street at age fifteen)

Similarly, whereas just 3% of women in the UK reported having been homeless at some point *in the last ten years* (ONS, 1998), in this study, 61% of women reported that they had *ever* been homeless. Although this is not a direct comparison, it indicates that women in prostitution may be almost twenty times more likely to experience homelessness than non-prostitutes. Again, this was significantly related to street work ($p<0.001$; 87% of street workers had ever been homeless compared to 43% sauna and 50% of flat workers). As shown in interview quotes so far, homelessness was often linked to girls running away from care homes, but women also became homeless following family break up, domestic violence and unemployment.

Qualifications and work experience

In the questionnaire women were asked to report their highest educational qualifications and to state their previous work experience. Less than half of the women reported having no educational qualifications, whereas only 21% of all women in the UK of working age (ONS, 1998) reported the same. As can be seen from Table 14, street workers were significantly less likely, and sauna workers significantly more likely, to have any educational qualifications ($p=0.004$); 66% of street workers had no qualifications compared to 31% of sauna workers. Even among those with qualifications, women working in saunas and flats reached the highest levels of educational attainment, though still fell far below the national average (ONS, 1998).

Table 14 Educational qualifications and previous work experience, by current workplace (n=108)

Educational qualifications	***Street n = 38***	***Sauna n = 51***	***Flat n = 18***	***p value***	***Total n = 107***
	n (%)	n (%)	n (%)		n (%)
None	25 (65.8)	16 (31.4)	9 (50)	0.004 df4	50 (46.7)
Secondary (e.g. 'O' levels)	10 (26.3)	21 (41.2)	3 (16.7)		34 (31.8)
Further (e.g. 'A' levels)	3 (7.9)	11 (21.6)	5 (27.8)		19 (17.8)
Higher (e.g. Degree)	0 (0)	3 (5.9)	1 (5.6)		4 (3.7)
Past work	n (%)	n (%)	n (%)		n (%)
Held non prostitution job	28(71.8)	40(78.4)	14(77.8)	Ns	82 (75.9)
Social Class of previous work	n (%)	n (%)	n (%)		n (%)
Class II (e.g. managerial)	1 (2.7)	3 (6.1)	1 (5.6)	n/a	5 (4.8)
Class III N&M (e.g. hairdresser)	14 (37.8)	22 (44.9)	8 (44.4)	ns	44 (42.3)
Class IV (e.g. factory)	8 (21.6)	11 (22.4)	4 (22.2)	ns	23 (22.1)
Class V (e.g. cleaner)	3 (8.1)	2 (4.1)	1 (5.6)	n/a	6 (5.8)

Most women in the sample (75%), had however held other employment in the past, with no significant differences by workplace. When these jobs were coded to reflect employment based social class (OPCS, 1991) as shown above, most women had been classified as social class III N&M (non-manual and manual), about one fifth as social class IV and with few from the lowest social class and none from the highest social class I. Most women reported working in factories, in low paid office work or in hairdressers and shops. Interestingly, despite differences in educational achievement, there was no significant difference between the type of work women had done in the past and where they currently worked in prostitution.

In contrast, of all women of working age in the UK in 1996, 25% held professional or managerial positions (social class II), compared to just under 5% of the prostitute sample, who were over-represented in the skilled and semi-skilled manual groups (social class III and IV) compared to UK women in general (ONS, 1998).

Summary of circumstances surrounding entry into prostitution

In addition to raising awareness of forced prostitution among women in all sectors, these findings also draw attention to the high levels of social disadvantage experienced by the majority of women before they enter prostitution. Far more so then non prostitute women in the UK, the women in this sample had experienced high levels of homelessness, many had been in local authority care and their

educational attainment and previous work experience was poorer than UK women of a similar age. Street workers reported greatest social disadvantage in each case, and were more likely to turn to prostitution at a younger age and experienced greater financial need than women in saunas and flats. The greatest attraction of prostitution across the sample was the high earnings associated with the work and the speed and relative ease by which this could be attained. This was particularly important for women in dire circumstances, for example, fleeing domestic violence and those who were homeless. Unlike other studies (McKeganey and Barnard, 1996; Church et al, 2001; Faugier et al, 1992), few women in this study mentioned drugs or alcohol as a reason for entering prostitution. Drugs were used by many of the women once they started prostitution, but no women interviewed stated that needing money for drugs was their sole reason to begin the work.

This data has shown that many women entered the work when children, aged under eighteen. Interventions aimed at reducing the number of women in prostitution would therefore have to target very young girls/women, many whilst still at school age, and to take into consideration the circumstances that leave women in vulnerable financial circumstances such as leaving local authority care, homelessness, fleeing violence and running away from home. These data support the claims of previous authors (O'Neill, 1997; Hoigard and Finstad, 1992) that there are links between experiences such as local authority care and homelessness and women and girls' entry into prostitution. This study also shows, however, that whilst these experiences are highest among street workers, they are also high among indoor workers.

In the following chapters further details of the three workplaces are considered and women are compared by their current demographic characteristics.

Again data from questionnaires, interviews and observations are used throughout. With regard to quantitative data, figures are given within each section (street, sauna and private flat) to describe these settings, and only where there are significant differences between workplaces is this reported in the text along with p values. For

reference, all quantitative data referred to in the next three chapters are summarised together in tables in appendix 3.

Chapter 5: Street Work

Introduction

Street work demanded the least material resources; a woman could stand on the street to attract business and could provide this either in the street area, or in the client's car. Little preparation was needed to start the work and the women were free to start and stop when they desired. This did not however make street work easier; women mainly worked alone, at night, in the dark, in all weathers and with little protection and few resources for their shelter, support or safety. As outlined in chapter one, street workers are the target of police attention and must be vigilant of police as well as other people on the street or clients who may target them for abuse:

> SC - What is the most stressful thing about the work?
>
> 060 - Standing out here for ages waiting, int' cold or whatever. Awkward punters some of them are dead awkward, they want this they want that they don't want to pay. They don't want to pay the right money. They want to do all sorts. Take their time, Oh God. Watching your back allt' time for police and that (060, street worker).

In contrast to this, street work was described as independent and flexible, and street workers frequently compared their freedom to the restrictions placed on indoor workers:

> I choose me own hours, its up to me you know, what time I go and what time I come home. So like, like I never put a time on it really, I just go when I want to. I don't have no pimp telling me what to do....not like int' saunas with girls bitching allt' day over punters...I did that for one day and couldn't stick it. I don't lie on my back for no-one (008, street worker).

Although several women had been controlled by pimps in their past work (this is discussed further in chapter ten), only one current street worker reported that she

was made to work by someone else. Sometimes boyfriends would pass by in their car and stop to talk through the window, or street drug dealers would come by, but these visits were often fleeting to avoid police attention. In both red light areas women either stood alone or in small groups of twos or threes.

Geography and policing of street prostitution

There were two street areas used for prostitution in Leeds. One, based in Chapeltown, is a deprived residential area, where many of the prostitutes live and work and is used for prostitution during the day and at night. The other, in the city centre area of 'The Calls', only operates at night since the area is busy with shoppers and city workers during the day. Compared to some other cities (e.g. Glasgow) each area was small in terms of prostitute numbers, with between 5-20 women working in each area each day/night. Most women tended to have a preferred site to work from, but there was frequent movement between the sites depending on various factors such as the weather, level of business, policing in one area, or ongoing disputes between women.

Because of their geography, the two areas are policed by different divisions of the Leeds constabulary. Prostitution has a long history in Chapeltown and police receive fewer public complaints here and are more relaxed in their policing:

> Well Chapeltown is a rough area see, the girls they come wi' the territory and we don't really get so many complaints. The Mosque leaders did raise concerns lately, but they are not organising pickets like those in Lum Lane [Bradford] thankfully. We really aim to keep a lid on it, to keep it to a minimum but we are fighting against the drugs really that drive the women and sometimes pimps...we do now bring kerb-crawling laws into it and we have been in negotiations about making advances with that. (Sergeant, Chapeltown police)

In the city centre, prostitution is set within an area of urban regeneration and police were less tolerant of the women's presence, fuelled in part by increasing complaints

from owners of new houses in the waterside developments. Police in this area seemed less informed and less sympathetic about women's circumstances, and hoped that new developments would push prostitution out of their area eventually.

> AA - In general it's a better class of area now with the new flats, there are still a few seedy pubs and a few women go in their to get punters but they have been squeezed out of many places now, the area is changing for the better so it will be stamped out eventually.
>
> SC - Do you target the clients at all?
>
> AA - No, we don't do much on kerb-crawling cos they need a vehicle for arrest but the girl can be done on foot. (Sergeant, Milgarth police)

Cautions against kerb-crawlers were higher in Chapeltown, but the number of arrests of women did not appear to vary between the two sites. Women's experiences of arrest did differ however, with complaints of greater harassment from the city centre police. It was rare to find a street working woman who did not have convictions for soliciting, some having up to 100 convictions on their record. At the time of my research court fines ranged between £50 to £100. Street workers reflected on the vicious circle this inevitably created with their need to work:

> Oh aye, yeah, I mean you're getting nicked you're going t'court, you get your fine, hundred pound fine, you're back out there trying to pay for it, you might as well say you're working for the court (031, street worker).

Many women in the study had criminal convictions (54%), mainly for soliciting from previous street work, and unsurprisingly, many more street workers had a criminal record (83%) compared to sauna (34%) and private flat workers (43%).($p<0.001$).

The role of street based outreach for sex workers

Both street areas are served by Genesis, the local outreach project described in chapter three, who supplied the women with condoms, health advice and support.

The weekly street-based drop-in service was based in 'The Calls' between 7 and 10pm on Wednesday evenings, and for two months, a second drop-in service was available on a Monday evening in Chapeltown. Outwith these hours, Genesis would occasionally visit the areas to provide condoms and advice to the women directly by car.

Street workers complained about the limited drop-in hours and outreach provided to them, but praised the Genesis staff for their sustained support. Many street workers had been assisted with court cases, making compensation claims when injured or raped, and Genesis staff had acted as mediators between street workers and other agencies such as police, housing agency, drug rehabilitation services and social work. In addition to this practical help, Genesis also offered a safe place for women to relax and gave them the encouragement and understanding they may not receive elsewhere:

> I were up at [drug rehab] but were kicked out cos a' going downt' Spencer Place...I were going...it were, I were going out me head up there, treated like kids...and he said [ward nurse] like he aint taking me back but Kathy [Genesis worker] were marching straight up there and had a meeting with him. She said about me house waiting wi' council and about Charmaine [her child]...he did let me stay then yeah. (001, street worker)

During fieldwork, I witnessed the interaction between Genesis and street workers, and was struck to see how important their role as mediators were, bridging the gap between street workers who frequently had years of negative experiences with official agencies and the workers in such agencies, who had little understanding of the realities and difficulties of working women's lives. For street workers, it was clear that other forms of support and advocacy were as important as advice on sexual health.

Working the streets: Chapeltown

The Chapeltown area of Leeds is typical of many residential suburbs of northern cities, bearing the scars of traditional industrial decline. Today in Chapeltown,

street prostitution is based along the main thoroughfare, Spencer Place, which runs through the middle of this densely housed Victorian quarter of the city. Prostitutes stand on the corners of the streets which dissect Spencer Place and on the continuation of this street, Avenue Hill. Both streets have large red brick terraces, three storeys high on Spencer Place and set back behind front gardens. On Avenue Hill, smaller terraces stand opposite a large recreation park. Traffic flow along Spencer Place and Avenue Hill is constant as it appears to be used as a shortcut for commuters travelling from Roundhay into the city centre. Speed bumps are in place along the road to quieten the traffic in this area which also houses a school, pub, Sikh temple, community and health centre. The area is known as a volatile site of drug related crime, late night illegal parties, and other street crime.

It is not uncommon to see groups of young Caribbean men standing together near their cars, or several women in saris walking along with their children, or groups of men sitting talking on doorsteps during the daytime. A few women work on the streets during the day, but extra vigilant policing during this time and greater likelihood of public complaints limits this to between 2-5 women each day. These women are usually those with the greatest need to finance drug habits, or women who choose to work when their children are at school:

> It's 2pm on Friday and again, Mandy is pacing up and down Spencer Place. I've seen her here every day this week, she is in her mid twenties, recently out of prison for shoplifting and living between friends' houses and a bedsit near Spencer Place. She seems to wear the same outfit every day; short chunky boots, long black socks to her thighs, a short black skirt and a puffer jacket, her hands and head buried inside shielding herself from the cold. I approach to talk but she never seems to stand still, muttering and watching the road. She is clearly very agitated and tense. 'I've just been up Declans' she says 'got some breakfast, but I need money and he's only got change...that ain't enough for a smoke [crack] is it?...and there ain't no cunts out ere' but the police bothering me head.' Distracted and frowning she walks away. (field note)

In the evenings, between 5-20 women work on the streets in Chapeltown, starting from about 8-10pm and going home by 2-3am. Few other people are on the streets at this time and it becomes eerily quiet and very dark, especially near the park. The women stand on the street corners which dissect Spencer place and Avenue Hill and most clients drive through the area in cars, fewer walk through on foot. Both clients and prostitutes are ever watchful for the police, who patrol the area in unmarked vehicles. Women would hover at street corners adjoining Spencer Place and Avenue Hill, rather than on the main street as this enabled them to walk away or into a lane or garden if they saw the police.

Transactions for business are quick and usually take place in the side streets to avoid police attention. Typically a client pulls into the side street and a woman leans down to talk through the window for a few seconds before getting into the car and being driven away. For the smaller number of men walking on foot, women can be seen walking along adjoining streets as they take clients to cheap hotels and secluded lanes for business.

Working the streets: The Calls

The city centre red light area is based on four inter-linking roads at the southerly end of the city centre, near to the bus and train stations and the main motorways, the streets roughly forming a square. At the top of these roads is a daytime shopping/nightime clubbing venue in the refurbished Corn Exchange, and along the other roads are a number of older pubs, hotels and clubs. Soliciting is not feasible in the daytime, but begins every evening from about 8-9pm continuing through until 1-3am when clubs close.

Most women stand near to the Corn Exchange as cars can more easily pull in to the car park to negotiate business with the women, and there women can sit on the small wall when waiting for business. Other women stand at various points around the square of streets, often together under the railway bridge or shop doorways when it rains:

11.15pm. Two older women, mid thirties, brash and bold, stand against the rails just outside the pub sharing a tray of chips and gravy. Carol wears a blonde wig and thick make up, and men walking half drunk from the pub are greeted with a teasing smile, and offered a chip if they're lucky! Margaret wears a long leather coat over short skirt and a very revealing netted top, 'gotta flaunt your assets luv' she told me earlier showing how she unbuttons her coat to reveal acres of thigh and cleavage. Two men, both in their forties are enticed to talk with them for a while, then all four walk away smoking and laughing, lost for a minute behind a taxi queue and groups waiting outside the pizza take-out. Both women turn into one of the lanes by the bridge, and within fifteen minutes are back in post by the pub. (field note)

A stark difference in this area is that prostitution is operating against the more dominating night activities of this busy city. From 8pm the area is gradually filled by people going to the nearby clubs and pubs. Passing cars are a mix of men seeking prostitutes, people going out, and people passing through the area and consequently this creates some tensions:

It's 11.30pm and six women are stood at the wall near the Corn Exchange, sharing cigarettes and two with McDonalds milkshakes in their hand. Sam, 20 and Debbie 19 both in short denim skirts and knee boots are the youngest and the four other women aged between 25-32 yrs. Together they are a loud and intimidating group to approach, but no wonder, as I witness for the second time tonight, a car of four guys screeching close to the kerb shouting 'slags' and spitting from the window. Sam hurls her milkshake after the car and yells back. (field note)

Characteristics of street working women

The ages of women working on the street ranged from 16-36 years, the mean age was 25 years, but most women were 20 or 21 years of age[1]. Street workers had worked in prostitution for a mean of 6.6 years, ranging from 2 months to 20 years and most women were from the Yorkshire region (67%) or other parts of the UK (34%). Ethnic backgrounds were similar to indoor workers; the majority of street workers were white (92%), with only one black and two Asian women working on the street.

Two thirds of the women were single (67%) and half (51%) were responsible for children at home. Over one third (38%) had children under five years, and 31% reported themselves to be single mothers. Three street workers were currently in education and one reported that she held another non prostitution job. In relation to these demographic data there were no significant differences between street and indoor workers.

Most street workers (62%) lived in rented accommodation, 10% owned their own home, 12% were living in a hostel or refuge, 8% lived with family or friends, and 8% were homeless. Street workers were significantly more likely to be in temporary, or to have no accommodation (28%) when compared to sauna (8%) or flat based (11%) workers (p=0.027).

During the course of fieldwork, I visited several street workers in their own homes, or in hostels or refuges. Many women lived within the flats and bedsits in the Chapeltown area, or in the council estates in the city. Conditions of housing varied, from rooms and squats with bare floorboards and virtually no furnishings to better decorated larger flats, where children played in nearby rooms as interviews were conducted. The youngest women and drug using women tending to be in worst forms of accommodation, while most homes were basic to comfortable;

---

[1] Full tables of quantitative results for chapters 5-8 are listed in Appendix 3.

3pm Tuesday. Three lads sat smoking in the stairway of the flats and watched with amusement as I rang on Tina's buzzer with no reply. 'You a social worker?' they quizzed. Reassured that I wasn't, they advised I knock on the window instead 'she wont be up yet' they laughed. I tried the window and Tina yelled from inside, then a tall Caribbean man came out of the main entry and left, pointing to me to go inside. Tina was sitting with an old duvet on a mattress on the floor, squinting at the sunlight through the door and still wearing the clothes she'd had on at work last night. The flat was stuffy with stale smoke and cluttered, a McDonalds coffee carton used as an ashtray had spilled on the floor, next to a heaped tray of hash and papers. (field note)

Drug use, alcohol use and smoking

Two thirds (64%) of women had used drugs in the past month. The most commonly used drugs were cannabis (54%), crack (39%), heroin (23%), and sleeping pills (23%). Also used in the last month were methadone and DF118s (13%) ecstasy/acid (13%), cocaine (10%), amphetamine (8%) and poppers and glues (5%). Cannabis use was similar across the three work settings, but street workers were significantly more likely than sauna or flat workers to use crack ($p<0.001$) and heroin ($p=0.012$). As found by Goldstein (1979) and Cusick (1996), the drugs associated with street work were the most addictive, and therefore most costly, of all drugs used. The level of drug use among street workers in Leeds, however, was lower than in other studies. In Glasgow for example, 75% of street workers were injecting heroin users (McKeganey and Barnard, 1996). In Leeds, only two street, one sauna and one private flat worker had injected drugs in the past month. This reflected the low level of injecting among drug users in the city as a whole (Collins, 1997)

Just under half (43%) of street workers reported that they took drugs before or during work. Women using crack and heroin were most likely to use drugs during work, whilst many other women used drugs such as amphetamines and cannabis recreationally at weekends or at the end of the working day:

> No, not when I'm out there, no, but first thing when I get in, is my bath, my smoke, and maybe a can if he's having one (032, street worker)

Just over half of the street workers (56%) said they might sometimes drink alcohol before or during work. Women were occasionally seen working while drinking a can of lager or would go into the pub for a drink during the evening, but were rarely seen drunk. Alcohol played a far smaller role in the women's lives than drugs or smoking. Smoking cigarettes was commonplace among all women in the study, Most street workers (87%) smoked and the majority were classed as heavy smokers since they smoked more than 15 cigarettes per day (80%).

Motivation to work

As stated earlier, only one woman working on the street reported in the questionnaire that she was currently forced to work. All other women said that they were working for money for themselves. The main reasons for needing money as reported in the questionnaire were; money for general household bills and expenses (56%), children's expenses (46%), to pay for drugs (26%), money for going out (21%), to save up (15%) or to pay for 'other' things (15%) including fines. Only one woman said that she needed money for alcohol. Although only a quarter of street workers in this study said that they worked to finance drugs, this was significantly more likely ($p=0.037$) for street workers and private flat workers (17%) than for sauna (8%) workers. All street workers were paid by their clients in cash, but many also accepted gifts (41%) or drugs (15%) as payment or part payment for sex, although sex for cash was most common.

Drug-using street prostitutes reported spending a mean of £308 on drugs each week, ranging from £10-1,200. This was significantly more than drug-using sauna and flat workers who only spent a mean of £36 or £58/week on drugs ($p=0.023$). Due to the addictive nature of crack and heroin, for several women their lives revolved around working to earn enough money for drugs, taking drugs then back to working for the next rock or hit. These women reported feeling irritable and stressed as they

worked, their withdrawal from the drug leading to a gruelling and constant need to work:

> You never buy clothes or nowt like that, you just don't see spare cash. It is only when our shoes and that are dropping off we buy sommat, or you think can we steal it or something like that...rather than pay for it so that we have got money to buy some stone when we get home. It's terrible. If it was 24 hours I would be out here all the time. But it is only because there is nowt happening in a morning that I'm not here (060, street worker).

Not all street workers were drug dependent however, or using crack and heroin, and non drug using women strongly refuted the associations of street work and drug use:

> God, they all think that prostitutes have got to be on something you know like to cope with the job or something - all's I need is me fags and me Nescafe once I got them I'm sorted. I must be living in a different world to some of these girls (007, street worker).

Working Routines

Hours worked, earnings and number of clients per week

It was evident when observing the street area that women's need for money varied, and some women were seen in all weathers and at all times of the day whilst others were only seen on occasion. As street work was the most flexible of the three work environments, women's need for money dictating the hours they worked; women needing money for drugs were usually working every day, whilst other women worked one or two days when it suited them, or from time to time when they needed money:

> I can't say how many days I work, I might not go out for weeks. If Gemma [her neighbour] 'as kids for an hour I go out and do one or two, or one of my regulars...he might come here. It's only an hour here and there wi' me, wi'

kids you know, but I'm never out there much past ten...especially if theres' sommat ont' telly (032, street worker).

An average week for street workers was 22.6 hours per week, ranging from 1-2 hours/week to 56 hours/week. In this time women would see an average of 16 clients per week (a mean of 3 per day). The majority of women however, would see between 4-5 clients per night earning £360 each week. Again there was great variation in earnings ranging from one woman earning £20 a week to another reporting that she had earned £1,500. Women using crack (n=18) worked significantly longer hours per week; 31hrs compared to 18hrs for non crack using street workers (p=0.024).

Although women had varying levels of financial need, they all appeared to experience hardship. No street women appeared overly well dressed, and they appeared to have fewer material possessions than other women interviewed from saunas and flats. Their need for money was immediate, usually to pay a current bill, to pay for children's clothes or for drugs.

Meeting clients

Although the vast majority of prostitute-client interactions on the street resulted from clients' approaches to women standing soliciting in the red light area, women did not restrict themselves to this approach. Almost one fifth (18%) had regular clients who would contact them directly at home or by telephone, thus affording these women some nights off from standing on the street, and a guaranteed income. A regular client was described as one who would regularly see the same women for business, although he may see other prostitutes at other times:

Yeah they just come knock ont' door two of em, hmmm. They come at their leisure... they know to come when kids are at school (008, street worker)

Several women (13%) in the city red light area also found their clients in local pubs and hotels, although a clamp-down on this activity by local landlords restricted this.

One woman worked from the pub until it closed and then moved on to the street, and others only worked from pubs occasionally and opportunistically:

SC - How do you know they want business?

023 - You just know if they're punters or not, you know when they look at ya, and I call em over and ask them to buy a drink and then you start chatting blah blah blah, and then you ask, 'are you looking for a girl?'.

Working from pubs gave these women another opportunity to meet clients and a warmer, more discreet place to work. One street worker added a further novel approach to meeting her clients, as she described during an interview in the car as we looked along Spencer Place:

060 - I do him as well there [pointing to man in the street], he hasn't got no cash today though, I think its not his pay day. That one with a green hood there an'all...like he is all right, he's a black guy and that but he pays you and that, he's safe. Aint got no cash today though. What day is it? Thursday?

SC - So you know which days they have money?

060 - Oh we know where to go knock for cash, If I'm skint I think I'll go to such and such, go knock him up see if he wants something.

For the most part, clients would approach women as they stood in the red light area, and the majority of clients were new/strangers. This led to some competition among the women about where they would stand. Older, more experienced, workers tended to stand in areas of greatest advantage, with the better lighting, and better view of the streets. In both Chapeltown and The Calls, younger workers (and some transvestite workers in The Calls) were pushed to the periphery:

I don't stand on Spencer Place itself. I stand on Avenue Hill, which is at the side of the park. You can keep away from most of em up there and mind your own business. They don't worry me, the other girls they think they're

> something ... but I'm not wasting my time with them ... I just get me money and get out (065, street worker, aged 18 years).

New workers on the street were often given warnings by some of the more dominant women in each area. One night I had seen a young girl, of perhaps seventeen years old, standing down near the waterfront, at the edge of the red light area. All night women chattered about who she might be, expressing concern that she was too young to be on the streets. Two older women went to speak to her 'She's only a kid, what she's doing down here, I'm gonna tell her to fuck off', they said, their actions appeared as much to be fuelled by fear of added competition as for the woman's safety.

Where business took place

The most commonly used site for sex was a client's car (82%), followed by areas outside such as lanes and gardens (62%), women's own home (46%) and client's homes (44%). Some women also used other rooms e.g. a friend's house (18%) or would go to hotels (21%).

When providing sex in cars, locations used were nearby supermarket car parks (those that were dark and empty at night), a nearby golf course or various lay-bys and deserted areas within a few minutes drive of the area. The fact that both prostitute and client wished to avoid both police and public inevitably led to women being taken to very isolated and dark areas:

> I go up t'Morrison's car park past nine cos its quiet then, its nearest place for here and I can be back in ten minutes if I'm lucky. I won't get outta the car, just wind seat back for sex, you know on my side, but vice have been going up there this week so I'll have to go back down t' lorry park (063, street worker).

Several women from Chapeltown lived in the area and therefore had the option to take clients to their home to provide sex. If a boyfriend or friend was at home, this

gave women extra security but most often, women saw their clients alone. In the Calls, since women did not live nearby, they were restricted to seeing clients in cars, and were more frequently driven out of the area since the busy town provided few places for sex to be offered on the street as in Chapeltown.

Services provided and prices charged

As independent workers, women on the street were free to choose the prices they charged for individual sexual services, but the nature of the marketplace dictated that unless a woman had a particular attribute (good looks, young), women would charge similar prices for services. Three main services were provided; vaginal sex, hand relief and fellatio, and women on the street consistently reported 'it's usually 25 for sex, 20 for oral and 15 for hand relief'.

Women tried to gain more money where they could, either for extra services such as the man touching other parts of the women's body, or for going to the client's house (as it usually took more time), or going to the woman's home, or for specialist services such as mild domination. The women reported an informal rule of charging the same prices for the three most common services, but accepted that women would charge their own prices for additional services. A frequent complaint on the street was that some women were undercutting these prices. This was usually attributed to the drug using women who were blamed for charging ten pounds for sex in a car (the price of a rock of crack):

> SC - So, what is the routine of business on the street?
>
> 001 - Well, when the guy pulls up, they ask you how much it is for it, whatever you know, usually you got set prices but some girls on rock and that charge less. But usually, most of us just stick to your set prices unless you think they've got money then you might get an extra ten or fifteen pounds...it's just like bartering really and seeing how cheeky you can be (street worker).

One ex-drug using women reflects on how she used to charge less for services depending on her need for money:

> SC - So how many clients would that be on average day?
> 004 - About three or four, depended on how desperate you are. You just drop it down [the price] if you need it, but I never took less than fifteen (street worker).

Almost all (95%) street workers said that they would provide vaginal sex to clients, fewer (82%) would provide oral sex and only three women (6%) provided anal sex. Of their last client encounters, however, only 54% involved vaginal sex, 51% involved hand relief and 41% fellatio. The fourth and fifth most common services provided to their last client were the client touching the woman's breasts (24%), referred to as 'a play-around', and domination services (14%). Women were given a list of seventeen services to select from the questionnaire that they had provided to their last client, but beyond these five, few others were reported. Most clients had one or two services per encounter, often a combination of hand relief, vaginal sex, 'playaround' and fellatio.

Street workers also described more unusual client encounters, as shown below:.

> ...like one of em he wanted hand relief with his wellies on...must be off his head! But you know you gotta keep a straight face cos they take it really really personal you gotta to be totally straight with em, but I couldn't wait for him to stop so I could laugh me head off, or you get those that drive up and when you look down they got like a normal shirt on and then stockings and high heels (001, street worker).

Such fetishes were regarded as an amusing variation of regular services, but other requests were regarded as taboo. Anal sex was considered unnatural and dirty, and many women cringed at the thought of allowing clients to kiss them or perform oral sex to them (cunnilingus). Many women also commented that they did not like to use their mouth for sex with clients (e.g. for fellatio):

> Oh no, I know a lot of girls do that, but my mouth's for my kids. I couldn't kiss my kids if I'd been doing that (007, street worker).

The most common complaint against client requests however, was that many clients asked for unprotected sex. No street-working women reported to have provided unprotected vaginal, oral or anal sex to her last client, and when asked about condom use over the past year, 97% said they always used condoms for vaginal sex with clients, 94% always used condoms for oral sex with clients, and the three women who provided anal sex said that they used condoms every time. Similar to other studies (Faugier et al, 1992) drug users were often accused of providing unprotected sex, although no evidence of this was found in this study. It may be that women were less likely to report uncondoned behaviour such as unprotected sex. However, several fieldwork observations supported drug users claims that they *were* using condoms:

> Dawn came into the drop in centre and slumped into the chair, puffing angrily on a cigarette. 'That's the third one tonight asking for it without, the dirty bastards. I ain't made a penny.' Dawn was twenty three, her skin was drawn and her body painfully thin, she worked almost constantly to support the crack and heroin habits of both herself and her partner, and usually needed to make two hundred pounds each day (field note).

Work ethos

Analysing women's conversations and comments about their clients and their work revealed three main drives behind their street interactions with clients. These were to ensure that clients were genuine and would pay; secondly to ensure speed of business; and finally to ensure their own personal safety from assault. These aims structured the way women worked and how they dealt with clients.

Screening clients

The majority of street workers (93%) felt that they could refuse a clients if they wished and could choose the services they offered (93%), but police pressure of arrest for both parties, meant that negotiations were often rushed. When I asked women how they decided if they would accept a client for business, they referred to screening out clients whom they thought would not pay, would potentially harm them or who may be time-wasters. Based on stories from other women, or their own past experience with such clients, broad generalisations based on men's apparent characteristics were used to select clients. Almost unanimously, women felt that black clients would not pay for sex, and Asian clients were considered likely to argue about prices charged or try to remove condoms during sex.

Women were cautious about clients who had been drinking, as they were considered likely to become aggressive, especially if they could not reach orgasm, and might also refuse to pay. Some women were also suspicious of the intentions of younger men; assuming they did not have to pay for sex and might therefore be visiting a prostitute in order to rob or harm them. Younger men were also considered a greater physical risk since women felt they would be less able to fight them off during an attack:

> ...I'd never go with anybody that I felt was under the age of twenty five, cos he were a young guy that one that attacked me, umm I would never go with anybody who was drunk or I'd never go with a black man or anyone who wasn't white, so it's sort of 25 upwards that look as if they ain't gonna attack ya you know or looked sort of respectable (030, street worker).

As noted in other studies of both street (McKeganey and Barnard, 1996), and indoor workers (Pyett et al, 1999; Woods, 1996), women reported that they could judge if a client might be dangerous by a 'gut instinct' or whether he 'looked dodgy':

> SC - What is it that makes you think you will go with him or not?
> 064 - I don't know because there is times when you look at people and you know they look weird and they scare you. You know what I mean? Don't

ya? Its just then I just think aye he gives me the shivers I cant go with him, its just one of them (street worker).

Women's accounts revealed that such instinct was based as much on men's behaviour as their appearance. Men who did not follow an expected routine or protocol of prostitute-client behaviour were assumed to have bad intentions:

You can normally tell because they are like, like if they are genuine they will come up and they will turn the lights off and they will park up and they will wait for you to go over, and stuff like that. They won't like drive round three or four times. If they drive round and just pull up and leave their lights on you know they are going to be a bit dodgy (071, street worker).

I'd only go with em if I felt comfortable like, if they were asking me what, how much it were, I don't know, you can tell if there's something, and if I think that I say no I don't work sorry (072, street worker).

In these circumstances, women may refuse the client outright or spend longer talking to him to try and ascertain if he might be genuine and maybe just nervous, but time was limited on the street.

Time spent with clients

In addition to seeking genuine and safe clients, women also aimed to provide a quick and effective business transaction with their clients to ensure fast money, and time to move onto the next client and then to go home. This was evident when women spoke of how long they spent with their clients:

Oh (laughs) they get five minutes, ten if they're lucky, in and out that's what I say (052, street worker).

Overall, women reported to spend a mean of 12.5 minutes with their last client, ranging from 2-30 minutes. Some women stated at the start of business how long

they would spend with the client. Women routinely asked to be paid before providing sex to avoid a client refusing to pay afterwards. The payment, time limit and the business like approach used by the women intimated to the client that he had agreed to a specific exchange of time and service; fast and 'no frills'. Women would pander to a client's needs to an extent but when time ran out women were usually strict:

> You can't be like a slab of meat you know what I mean, you talk nice to em...but like last week one that were having hand relief, well e' were still there int' car after fifteen minutes going 'I'm nearly there, nearly there' and I says well if you're not there in two minutes you'll be dropping me back int' town luv you've had your time (072, street worker).

Women would occasionally invest more time and effort with clients if it meant guaranteed future work such as with regular clients:

> I mean if they've paid for an hour for straight sex there's no chance they're getting that with me you know what I mean (she laughs). Like, if it's in me house, I let em watch a bit of video, give em a wash to take up' time. Me regulars I look after me regulars, but those that you're not gonna see again I don't give a shit. The chance of seeing em again is what, like one in ten innit. A lot of the work is just one-offs, like lorry drivers and that (052, street worker).

Limiting time was a defining feature of controlling encounters with clients, along with dictating where sex took place. As reported by McKeganey and Barnard (1996) and others (Bloor et al, 1993) women on the street took a businesslike approach with their clients, and this was considered important for both personal integrity and women's safety.

Personal safety at work

Significantly fewer women working on the street (41%) reported feeling safe at work when compared to sauna (77%) and flat workers (72%) (p=0.042). The street environment provided limited means for safety and personal protection, and subsequently women felt at risk from violence and exploitation from clients, police and the public. Most women working on the street had experienced violence within their work, most often from clients, but threats and violence were also reported from police, people on the street and other women (work related violence is discussed in detail in chapter ten). The possibility of violence hung over every prostitute-client encounter:

> It's what comes wi' job int' it? You'll not meet a women down here who ain't had a dodgy punter (108, street worker).

During fieldwork on the street, this was in fact the only time that I witnessed the physical injuries following recent attacks by clients:

> 9.45pm. Rebecca and Sandy, both about 20, stood together on Spencer Place sharing a can of beer. I pulled up and asked how they were, Sandy showed me her wrist and forearm, swollen with some bruising and her knees (today hidden under long socks) scratched and grazed. 'I were just about to gi' this bloke a blowjob down here last night' she says pointing to the health centre wall where they had been, 'the cunt tried snatching me bag', He hadn't managed to get the bag as it was hooked over her arm but in the short struggle he had bruised her arm and pushed her to the floor before running away. (field note)

The fact that both women were out working again the next day, was a reminder of how ordinary such incidents were as well as women's urgency to earn. I expected an air of vigilance among the women, and talk about the incident, but even when I mentioned it over the next 2-3 days, women's interest was minimal. Their main response 'I don't know who she is', indicating that their interest was reserved only for those they knew or cared about, and that there was nothing extraordinary about

such an assault. The majority of women (85%) reported that they shared information about dangerous clients with other workers, but this was evidently limited to small friendship groups. Workplace safety was ultimately perceived as a personal responsibility. Each woman was too busy looking out for herself to take on shared safety concerns for street workers as a group.

As mentioned earlier, ensuring personal safety was one of the drives directing women's interactions with the clients. In addition to screening clients thought to be dangerous, women also tried to minimise workplace risk of client violence by choosing safer locations for having sex with their clients and maintaining control of the encounter and acting confident.

Work related health and safety

Safety and working practice

Seeing clients in cars was considered the most dangerous location for sex. Not only could clients drive women away, but could also use central locking devices to keep women in the car or carry weapons (or even other people) in the car for a planned assault. Lanes were also dangerous, as women were again alone with clients and usually in dark secluded places, but here at least women may be able to shout for help. Client's homes and hotels were also considered a risk due to isolation and possibility of being held against one's will. Women's own homes were considered the safest locations for street women to have sex with clients, as women controlled the space and could have extra security or a weapon on hand.

As noted earlier however, most women used cars and lanes to provide sex, some as it was the only option they had, and others because they would lose business if they did not:

SC - When you pick punters up where do you usually go with them?

022 - I usually take them in my friend's flat round there, if I can I take them inside, but if not I'll just go in car. I would prefer to go inside usually. (street worker)

I didn't have enough bottle [to provide sex in cars]. Then after about a year it got to err...it were either in a car or you didn't get any punters so you just like...you knew who was safe and who wasn't and you just did it, cos allt' other girls were doing it int' cars (001, street worker).

Clients were often wary of going to women's flats suspecting they may be setting them up to be robbed, and clients as well as prostitutes were seeking a fast sex for cash transaction. Even women who could provide sex indoors, sometimes had to use cars and lanes. Women try to enhance their safety, by making any environment they were in as safe as possible:

> When I take em' up to mine I go straight up t' bedroom, and I leave telly ont' downstairs, then they think someone is in, and I might say 'Oh I wish he'd kept blumming telly down' to make em think someone's there (108, street worker).

Women working in cars also tried to leave the car door slightly ajar to stop central locking devices or would take clients to car parks near to where security guards were on duty. Knowing that all safety measures were ultimately fallible, women relied heavily on their approach with clients. The businesslike approach taken by the majority of women, and noted in other studies (McKeganey and Barnard, 1996; Bloor et al, 1993), served to present women as controlling the encounter and decision making, and it was hoped that this would limit the likelihood of violence. Women would be direct with clients; stating services on offer and prices charged, where they would and wouldn't have sex and other rules such as paying up front and boundaries on where clients might touch them etc. Women believed it was important to be consistent in this approach and if a client challenged them this was taken to mean he has bad intentions:

> Like last night I did a punter and I got in the car and said right well go to the industrial estate, where I usually go, and he says no we won't well go to such and such a place, and I just got out the car. I felt a bit weird with him anyway you know I'd rather just get out when they're like that (063, street worker).

Such vigilance had to be maintained throughout most encounters:

> I mean I'm always on my guard cos you never know when...you know and ummm you got to be authoritative with them, you know to tell them, not to let them tell you, you tell them the price, the time and the place (108, street worker).

Decisions about safety were a constant part of street negotiations and were in flux depending on women's assessment of risk assigned to each client, the spaces she has available to use to provide sex and her urgency to earn money. Women rarely had fixed rules about safety. A woman who may usually avoid using lanes for business, for example, might be willing to do this with a regular client, or with one whom other women have said is safe:

> SC - What about going to their flat or their house?
>
> 072 - It just depends if I know them or not. If I know them and if I have been with them you know quite a few times before I will go back with them, if I don't I won't go back with them (street worker)

But for other women time spent on the street and urgency to earn overshadowed safety concerns:

> SC - What about if a client asks you to go to his flat?
>
> 065 - Well it depends where it is. If it's close I will go, but it's a bit far I won't.

The inevitability of client violence also meant that women not only tried to avoid violence by screening clients, but also tried to act in a way that would minimise it if it occurred:

> I won't go far out of area though, I won't walk out of area or go in a car out of area. They have to go somewhere near here. Cos I won't go far like that just in case ought happens (025, street worker)

A minority of women expressed little planning or strategy in the locations they used.

> I'm not bothered I'll go anywhere as long as they pay me (060, street worker).

Other women appeared weighed down by the uncertainty and unpredictability of client violence and took a more fatalistic approach:

> If he's gonna attack ya he's gonna attack ya, you can't do much about it (065, street worker)

Whilst completing fieldwork and hearing women's accounts of their protective strategies in their work, I was also struck by seeing some women who would be less able to implement any such strategies, thus leaving some women very vulnerable to exploitation, and possible assault:

> On Avenue Hill, Fee used to sit on the wall. A black women overweight, maybe late 20s, and by all accounts I heard, an occasionally violent schizophrenic. I stopped to speak with her on numerous occasions and was always saddened and scared for her. She was naively happy at times and at others aggressive and confused, but never exhibiting any recognition of who I was or might be. She agreed to do an interview but then I think she may have agreed to anything, she tried to open the car door one day, before she

could have seen who I was. One time I spoke to her, she didn't know what day it was, or how long she had been on the street. (field note)

Rather than specific safety features being in place as may be found in more formal settings, women had to constantly try to filter safety measures into their working routines. In some cities, CCTV cameras operate within the red light area, which may deter some clients or other people from robbing or acting violently towards the prostitutes in the area. Such cameras were not in place in Leeds at the time of the study. Women were advised by police and Genesis to carry personal alarms, and to work in pairs; one woman taking a car registration and waiting till her friend returned before taking a client herself. These strategies had limited utility when women were competing for business and when women still had to go to isolated areas to provide sex. As shown, safety featured highly in structuring women's interactions with clients, but concern with safety had to be measured against changing assessments of risk, women's urgency to earn and women's attitude.

Work related health and hygiene

In addition to having few places of safety or security to take clients for business, women had few facilities available to them in the working area for shelter, warmth, food, drink or washing and bathroom facilities. The drop in centre was only open for three hours each week in one of the areas. Women who lived nearby could go to their house to relax, get changed or wash, but many women could not:

I'm lucky cos like where I work, like Jackie, Jackie worked from her house so when I needed the toilet or a wash or whatever I could just go to her house, but like before that I had to go to petrol stations and pubs somewhere like that (001, street worker).

In other cities, drop in centres are open every evening, or 3-4 nights each week (e.g. Glasgow and Edinburgh); the limited opening hours of the Leeds based drop in centre impacted upon the women's general welfare.

Work related stress and emotional well being

Though not significant, street workers were the most likely to say that their job was always (69%) or sometimes (23%) full of stress, and were significantly more likely to say that they did not enjoy their job (75%, p=0.015) compared to sauna (51%) and private flat workers (33%). The stresses and demands of street work often merged and were sometimes overshadowed by stresses within women's private lives. Insecure housing, relationship problems, child-care, court cases for child custody, meetings with social workers, fines, pregnancy and drug use were some of the daily concerns for a number of women even before they began to deal with the working conditions and dangers of selling sex on the street. Both red light areas were dangerous and unpredictable. The presence of drug dealers, police, prostitutes, clients as well as people driving by or leaving pubs and clubs made for a volatile atmosphere at times and fights, robberies and disputes could occur at a moment's notice, and as discussed the possibility of violence hung over almost all prostitute-client encounters.

Summary

The routines of street work and women's demographic characteristics were similar to those reported by other street workers in the UK (McKeganey and Barnard, 1996) or Europe (Hoigard and Finstad, 1992). Drug use was lower in Leeds than among street workers in other studies, but hardship, street violence, client violence and criminalisation were as evident here as they have been elsewhere. Although women's need for money varied, work ethos was similar for most women; women sought genuine clients, fast money and safety. Transactions were generally business like, emphasising women's control of the encounter and sex was characterised by an impersonal no frills approach based on vaginal sex, fellatio and hand relief, usually completed within 10-15 minutes, mainly in cars or lanes. Only one woman reported that she was working for a pimp, the others, like those in Glasgow (McKeganey and Barnard, 1996), worked independently to earn money for themselves and their family (albeit it also including money for drugs). Risks of violence impacted on women's working practices, and efforts to ensure safety

tended to be seen as women's personal responsibility. Women screened out clients they thought might be violent, may waste their time or not pay. Women then tried to minimise risks of violence by choosing the safest locations they could for sex, and being vigilant and acting confidently with clients. Some women however took a more fatalistic approach and others often had limited means to implement protective strategies. Overall, few street work locations were safe and measures to protect women such as CCTV cameras were absent in the street areas in the city. Street workers reported work related stress and low job satisfaction.

Chapter 6: Saunas and Massage Parlours

Introduction

As in many cities in the UK, the majority of prostitutes in Leeds were working within saunas or massage parlours. This sector of the sex industry appears to have grown within the UK in recent years (Matthews, 1997), yet little is known of its organisation, management, working routines and rules and subsequent impact on health and safety.

Fifteen saunas were found to be operating in Leeds at the time of research, and thirteen were visited by the researcher. All but one were based in business premises, usually above shops or at street level within a small shopping parade between other businesses such as hairdressers and bookmakers. They were dispersed throughout the city: some in the centre, others near to the train station, the university or city links roads. Each had a plain and discreet shop front, although they varied from shabby to smart. Those on street level usually had a thick curtain across the main window or board bearing the name of the business to replace what would usually be the shop window. The name of the sauna usually appeared on the shop front, door or windows, as it would for any other business. Most names hinted at the nature of the business such as 'Paradise', 'La Femme' or 'Jessica's', thus distinguishing them from legitimate sauna and massage parlours. For those on street level in busier areas, access was often gained to the premises using a back door.

As noted in chapter one, it is illegal to advertise sexual services and to operate a business on the basis of selling sex, so the sauna and massage parlour business acted as a legitimate 'front' for prostitution in these settings. In some UK cities (e.g. Birmingham and Edinburgh), all such businesses have to be officially licensed by the local city council as health studios, saunas or massage parlours (Boyle, 1994), and thereby required to meet certain basic standards in health and safety (although not tailored to the business of selling sex). In Leeds licensing is not enforced,

although some of the saunas were registered as businesses. Few 'saunas' actually had sauna facilities in them and many were in a poor state of repair. Most appeared in need of investment in terms of décor and furnishings, there was damp on the walls, inadequate heating systems, broken doors, shabby furniture, worn carpets and ineffective security:

> On a street near the railway station, 'Premiere' is painted on a flaked wooden sign above the stairway leading up to a plain black door. I'm not sure I'm in the right place until a woman in black skirt and blue satin blouse peers round the door and calls me inside into the 'lounge' area. There is a depressed atmosphere in the smoke filled room, as two other women stare blankly at daytime TV, occasionally flicking their cigarettes into the full ashtray on the floor. Woodchip papered walls are peeling and yellowing with nicotene, and the room is barely furnished with a tatty sofa and old worn carpet. A long extension lead is twisted across the room to reach a kettle on the floor. The woman who has agreed to do an interview takes us through to one of the rooms usually used to provide sex. It's in a similar state, decorated only by a framed picture of a model in a bikini cut from a magazine, and a vase of plastic flowers against the netted curtains, a single bed covered by a sheet then a large flat towel and a bedside table with condom and talcum powder. (field note)

Other saunas were better equipped, with sauna facilities, heating, comfortable clean sofas and furnishings:

> I went to the entrance at the back where there is space for five cars. After ringing the doorbell, I hear the spy hole lifted and then a young girl, maybe nineteen wearing a shorted cotton nurse's tunic opens the door. 'Here's the reception' she explains 'this is where they pay their entry'. The room is large, with a desk, phone, price list and cash till on one side and a shower and sauna on the other. Blue towels are folded neatly on the shelves and framed erotic pictures line the walls. Through the next door is the 'lounge' where three other women who are also maybe 19-25 years old sit on the sofa watching TV. The room is dimly lit with lamps as a thick curtain covers the window. Speakers

play dance music in all rooms including the three rooms I am shown upstairs that are equipped with massage table, double bed and mirrors. (field note)

Since saunas and parlours were usually unlicensed, and in all cases had to conceal the true nature of the work, there were no official rules or regulations concerning staff employment and working conditions. The conditions of work were thereby largely set by the managers of such premises with some influence from local policing.

Policing of saunas and sauna based outreach

Like other cities, the policing of saunas in Leeds was minimal, police applying greatest efforts to visible street prostitution:

We don't tend to do much about saunas unless we get complaints or hear of anything untoward like youngsters on the premises or drugs. To be honest, for me personally, I'd prefer to see them girls indoors than out ont' street. (Chapeltown police)

Police officers who had experience of monitoring the saunas in Leeds reported the saunas to vary in terms of décor and facilities, but did not feel that they represented overly exploitative or harsh working conditions as suggested in some other cities. The police expected the sauna managers to work within the unofficial rule of no drugs, no under eighteens and no nuisance, and sauna managers seemed to expect police to monitor other saunas for the same:

Its not to say the saunas are without those problems cos believe you and me I know some of them girls are taking drugs, but not in my time they won't. But there's more girls coming indoors now with bigger drug problems but we all keep it down to a level and there's the good saunas those that no girl will last in if she's an addict or she's got a pimp knocking at the door. I let them [the police] come in here and speak to my girls as much as I expect them to keep it level with the other places, cos once we go down that road we'll be like

> Bradford where the girls get younger and younger and there's more drugs and then your standards are going. (female sauna manager, M001)

The occasional visits by the police were seen as routine by most saunas. During the fieldwork period, one sauna was rumoured to have closed due to police investigations regarding associations with drug use on the premises, and a second was investigated by the police due to concerns that very young women were working there.

At the time of research, the prostitute outreach agency in Leeds had permission from all but two of the sauna managers to visit the saunas to provide the staff with condoms, health advice and support. Approximately two afternoons each week were dedicated to this task, but it was impossible for Genesis to reach all sauna staff due to their own funding and time constraints. All sauna workers were welcome to visit the agency during drop in hours to collect condoms or seek advice, or to contact the agency by telephone whenever they wished. The limited time Genesis had to spend with sauna workers was evident during fieldwork, as many women had never met the outreach team, and others were unaware of their services.

Management of saunas

There was a main group of saunas that had been established for some time and occasional newer ones opening and closing, yet the same premises in the city seemed to be used repeatedly across the years, being owned and managed by different people. One sauna in Leeds had been established for seventeen years in the same premises, whilst most had been established for between 3-6 years.

Boyle (1994) suggests that women are usually used to 'front' and manage the day to day business in saunas and take legal risks, while male owners remain hidden and un-named in the background reaping the greatest profits. In Leeds, this did not appear to be the case, but this could not be determined for certain, since pursuing such matters in interviews was considered detrimental to the wider aims of the research. Of the eleven saunas where the gender of the owner was disclosed to the researcher, seven were women, two were men and in two cases a male/female team.

Interviews with four female sauna owners indicated that no hidden owners existed with their businesses. At least nine of the fifteen saunas were therefore run wholly or partly by women, most of whom were aged between 30-50 years and were ex (or current) sex workers themselves. Of the four female managers who were interviewed, two currently worked in their saunas while the other two worked only in management and as receptionists. Staff in the saunas reported preferring to work for women rather than men:

> ...most of em are owned by men in Edinburgh and like they don't have the understanding you know like a woman does, d'you know what I mean? So its a lot more relaxed here than working for them...they [male managers in Edinburgh] just weren't looking out for you, they were looking out for themselves sort of thing, you know what I mean? Oh they were ruthless actually really out fo't' money (047, sauna worker).

Opening hours, advertising and staffing

One sauna was open 24 hours each day, but all others opened at 10am through until 10pm, this 12 hour period representing one working shift. Most saunas had a staff of six women, with usually two women working per shift. The three largest saunas had a staff of between fourteen and sixteen women with about four women working per shift. Two saunas with fewer staff frequently only had one woman working per shift.

Each sauna would advertise as 'saunas' or 'massage parlours' in one, or all, of the following publications: The Daily Sport, the local newspaper (e.g. The Yorkshire Post) or published sex guides available in sex shops. Clients would then telephone the sauna and be told the price of entry to the sauna (between £5-10) and given a description of the women working that day. Descriptions were usually based on body measurements (e.g. 34-26-34), hair colour and age and would emphasise certain 'sexy assets' such as long legs, being busty or lovely long hair. If men asked direct questions about sex they would usually be ignored and given a standard response such as 'I'm sure you'll be happy with the service, you can speak to the

ladies when you arrive'. This avoided any acknowledgement of the sale of sex that police could use as evidence against the sauna owner.

Whilst some saunas had a dedicated receptionist to take telephone calls and let clients in and out of the premises, the majority of saunas left the women working each day to share responsibilities of taking phone-calls and seeing clients. One of the older or more experienced workers usually took on the role of day manager, supervising staff where necessary. In the saunas owned by women, the female managers would work 2-3 days each week as receptionist (also providing sexual services in two of the saunas). In some saunas there were days when staff were responsible for opening and closing the business, and in others the manager would do this each day or the owner employed a friend or partner to do this.

Whereas on the street women could decide to take up the work independently, in saunas women had to attend an interview with the manager or day manager before being employed. If the woman had not done the work before she usually pretended that she had. Some managers were wary about taking on inexperienced staff, one manager stating in an interview that she did not wish to be the reason any woman *began* working in prostitution, another said she preferred to know the women could 'handle the work'. Staff interviews were usually very brief, the manager simply wishing to see the woman and be reassured that she knew that the job involved sex. With no official conditions of employment, managers could sack staff at will, and hence had a very powerful position in the workplace. A manager's mood and personal relationships with their staff could thereby impact upon women's conditions of employment.

Characteristics of sauna workers

The average age of women working in the saunas was 27 years ranging from 18-46 years. Most sauna workers were therefore older than street workers by about two years. Only two sauna workers (4%) in this survey were born outside of the UK; the vast majority (84%) were from the Yorkshire region and the remaining 12%

born elsewhere in the UK. As with street workers, most women (71%) were single (neither married nor cohabiting) and 65% had had children, although only 45% currently had children at home. Nineteen of the women (37%) were single mothers. In terms of accommodation, most women (78%) lived in rented accommodation, seven (14%) owned their own home, three (6%) stayed with family or friends and one woman was living in a safe women's refuge at the time of research.

As mentioned in chapter four, many sauna workers had previously worked on the street or in bars or flats; indeed only nine women had no prior experience of prostitution before working a sauna. At the time of research, sauna workers had been involved in prostitution for a mean of six years (the same as street workers), ranging from two months to 23 years. Three sauna workers held other non-prostitution jobs at the time of research and five were studying.

Drug use, alcohol use and smoking

A slightly higher proportion of sauna workers reported to have used drugs in the past month (75%) compared to 64% of street workers but the types of drugs used were somewhat different. Again, the most commonly used drug was cannabis (49%), but also amphetamine (33%), acid/ecstasy (26%) and sleeping tablets / anti-depressants (16%). Amphetamine use was significantly associated with indoor work (33% of sauna and 22% of flat workers compared to 8% of street workers, p=0.015). Few sauna workers used poppers/solvents (6%) crack (4%) or heroin (4%). Drug using sauna workers spent a mean of £37 (ranging from £4-160) on drugs per week. This is nine times *less* than drug using street workers. Sauna workers were significantly less likely (24%) to take drugs before or during work than street (44%) or flat workers (50%) (p=0.050).

Drug use in saunas was less common than among street workers and was recreational, social and occasional, rather than the routine part of the day as it was for some street workers. As found by Goldstein (1979) and Cusick (1996) drug use in saunas was functionally related to the long working shifts and the need to be pleasant to clients throughout a long day, as well as being related to boredom:

Erm. It's the long hours and like its helps you a little bit in the room, sometimes I'll have a rap of speed, keeps me pleasant you know [laughs] well we're not really supposed to take anything but sometimes you get up and you're in the mood, you can chat to em and put em at ease whatever, but if you go in that room and you're in a bad mood and you don't want to be bothered it comes across and they won't want to come back. So you're just shooting yourself in the foot that day...but it's not huge amounts, maybe once a month that's all (012, sauna worker).

Other women explained that when they had worked under the influence of drugs it was because they had been taking drugs the previous evening:

> ...last Saturday, or well on Friday night I'd done whizz and an 'E' and I was still that outta me head when I come to work Saturday when I got int' room it were a breeze d'ya you know what I mean?...I didn't do owt I wouldn't 'ave but it were better in here cos it were like out night carried on int' day eh (laughs) we had a carry on eh a right laugh [both women laughing] (011, sauna worker).

Although there were reports of high drug use in saunas in nearby cities, tolerance of sustained drug use in Leeds saunas was not evident. Women using drugs to the extent that it affected their work would usually be sacked by managers.

Recent alcohol use was slightly higher for sauna (36%) than street (26%) or flat (17%) workers but not significantly so. Sixty six percent of sauna workers reported that they would drink alcohol before or during work, which is a similar proportion to street workers (56%), but again alcohol use was usually in moderation, related to boredom during a long working shift and tended to occur later in the evenings:

> SC - What about drinking while working?
>
> 037 - Well, the occasional can of beer while we're playing cards, but that's usually at night time you know mostly. (sauna worker)

Similar to both street and flat workers, most women in saunas smoked (85%) and most (72%) were heavy smokers (smoking more than 15 cigarettes each day). Many felt that their smoking had increased since working in the sauna:

> I've smoked more since I worked here....well you do see what I mean...when you can, and everyone does (laughs) eh imagine that eh a sauna wi'a no smoking rule...you'd ave no staff (laughs). It is terrible really, sometimes I'm getting one lit when I got one already, I think its nerves wi' me when you're sitting about, well not nerves but more impatient and waiting and bored (053, sauna worker)

It appeared that police and sauna manager efforts to restrict drug use, and under age staff in sauna and massage parlours, were reasonably effective.

Motivation to work

No women in saunas reported they were currently forced to work. Women mainly worked to pay for household bills (76%), to save (67%), for children's expenses (51%), and to earn money for going out (33%). In addition, 8% reported that they worked in order to pay for drugs, 2% to pay for alcohol and 6% 'other reasons'. Indoor workers (67% saunas and 72% flats) were significantly more likely to report working to save money than street workers (15%), ($p<0.001$), and sauna workers the least likely to work to pay for drugs ($p=0.037$). For many women in saunas, their work provided them with a good weekly wage for regular weekly hours. Their levels of financial need varied, but compared to street workers they were more likely to talk about planning for the future, saving up and seeing their work as enabling rather than survival, as stated here:

> I work for the simple reason I'm on my own with two children, through a bad experience I had to move to Leeds where I don't know anyone. I don't want to do this job much longer. I'm in my second year at college studying a diploma. I need to work for childminding fees, bills and my children, it hurts to hear the stereotyped image of a prostitute, dirty, nasty, have a pimp etc. I'm none of these I just need to do this to help me get to where I want to be then me and

my kids can live comfortable and get a job I enjoy and to live a normal life (068, sauna worker, comment written in back of questionnaire).

The lives of sauna workers still evidenced hardship, family break-down, divorce, violence and homelessness, but on the whole they appeared more settled than women on the street. This may not only have been due to lower addictive drug use, but also to the organisation of saunas which required that women could maintain regular working hours each week, thereby suiting women with more stable lives who could keep regular hours.

Working Routines

Hours worked, earnings and number of clients per week

Women working in saunas reported that they worked a mean of 4 days each week (ranging from 1-7 days), and a mean of 12 hours/day (ranging from 1-24 hours), resulting in a 40 hour working week. Sauna workers saw a mean of 16 clients each per week (ranging from 4-50 clients) and earned a mean of £367 per week (ranging from £100-1000/week). Mean number of clients and earnings per week for sauna workers were almost identical as those for street workers. Calculated earnings per client were therefore also the same at £23.12, but calculated *hourly* earnings were lower for sauna workers at £9.02 per hour (compared to £15.94/hr of street work), since women spent more time sitting in saunas waiting for clients to arrive than street workers spent on the street.

Economic organisation of saunas

In saunas, the entry fee entitled the client to a massage. He could pay a lower price for half an hour or more for one hour, in addition he could select to pay extra for a VIP room, or indeed, for a sauna (if one is available!). All door money went to the manager of the sauna. Staff made their money through the 'extras' they provided after the massage was given. There was an agreement between management and staff of the prices to be charged for the three basic services of hand relief, vaginal sex and fellatio. Sometimes this would be charged as individual prices e.g. between

£15-20 for hand relief, £25-30 for fellatio and £30-50 for vaginal sex. Some saunas also offered one fee for a combination of vaginal sex, fellatio and hand relief. Some variation occurred with prices for hand relief and fellatio if the women provided this dressed or topless for example. Women may have been able to discreetly offer services for less or more than this, but this was frequently discovered and kept in check by managers and other staff as it disrupted equity between women:

> Like Deborah remember her wi' doin' hand relief wi' er top down and let em touch her up wi'out charging em for it. Course she got a lot of guys for her...but they talk see, they love to say 'oh well she does this' thinking you're gonna do it, like always trying to get more out of ya...she was outta here in a two weeks cos no-one wanted to work wi' er (016, sauna worker).

In addition, each woman was charged either a set fee to work her shift or had to pay the manager a certain amount per client throughout the shift. The shift fee ranged from £35-55, and price paid per client was approximately ten pounds. Women reported that in other cities, staff would have to pay a shift fee regardless of whether she had any clients, thus leaving some women in debt to the owner if they had no business that day. This was not reported by any women in Leeds at this time, but it had occurred in the past and could be imposed at any time. Two saunas imposed a rule that women were fined between £10-20 if they arrived late for work or did not turn up at all. The money taken by the manager covered rental of the premises, advertising, heating and provision of towels etc. In some saunas women also paid into an extra fund for cleaning and provision of coffee and tea. All women were expected to pay for and provide their own condoms, thus explaining why women were keen to receive visits from Genesis from whom they could get them free.

Meeting clients / screening clients

Women's first contact with clients was either on the telephone or when he arrived at the sauna door (appointments were rarely necessary) and this limited the scope women had for vetting clients. Similar statements were made as by street workers, regarding screening out clients who were considered dangerous, unreliable or difficult. Most saunas had rules that groups of men, and men under the influence of

drugs or alcohol, would be refused entry and again women were wary of black and Asian men. Clients who were offensive or rude on the telephone would not be given the address. Only rarely would a man be turned away at the door, most men being accepted into the premises:

> Well if I go t' door I will say we are all busy if I really think no girl'll see him but he'd av'e to be blinding drunk or right scabby, you know or whatever cos at end of' day we don't pick em for their looks do we, it's a job, and I cant turn someone away cos I don't want a do'im when other girls might, you know what I mean? (011, day manager / sauna worker).

A significantly larger proportion of women in saunas (77%) reported feeling safe at work compared to street (44%) workers (p=0.05). There were two pervading themes in women's accounts of feeling safe. Firstly, women in saunas felt that the clients they served were less likely to be violent, and secondly, that even if a man did wish to be violent he is unlikely to attempt this when other people are present:

> You can never be 100% safe but it's different out there [on the street] cos you're on your own, but in here you're a certain amount protected. I'm more at ease here and the blokes I think are different (053, sauna worker, who used to work on the street).

When a client knocked on the door, the woman would usually look through the spy hole or window before letting the client in to the reception, taking his entry fee and then taking him through to the lounge area. Here, he would be introduced to the staff as they sat, usually watching TV. He may be offered tea, coffee or wine and allowed to sit and chat with the women for five minutes before selecting a 'masseuse'. Men were usually a little nervous, and in most saunas women made an effort to smile and make small talk about the weather, or ask about his job. In one or two other saunas, the staff appeared too young or bored to enter into this form of chat:

Both women were in their late thirties, dressed in low cut blouses and skirts, stockings and high heels, smoking cigarettes and watching TV. I debated whether I could get through an interview, the atmosphere was that depressed, both women seemed tired and bored. I began to explain about the research, but the doorbell rang. One woman looked wearily to the other 'it's my turn isn't it?'. She stood up, took a deep breath, and sighed before approaching the door. 'oh I'll leave him in there for a bit [the changing cubicle]' she said when she returned, and sat down to have a cigarette. Five minutes later, the client popped his head round the curtain, not sure what to say 'erm, I'm changed' he muttered. Little enthusiasm was offered in return as she stood up to leave the room requesting that the guy, now dressed only in a white towel followed her. 'What rooms okay?' she hollered back to her colleague 'the one on the right yeah?'. (field note)

Most sauna workers wore high heels, short skirts, low cut tops, hotpants or dresses, similar to evening club or pub wear, and in at least two saunas, women wore only underwear such as suspenders, lacey briefs, push up bras and stockings. There could be competition between the workers, each competing for the client's attention / potential earnings. This problem however was reduced in two ways. Firstly, most saunas appeared to employ women with a similar appeal:

We really do keep older women here, cos otherwise its like a cattle market. We've had that before, you get one young un in and then she's all popular and she'll be doing stuff I wouldn't do. It's never worked out has it? We do have a lot of regulars who come here cos this is what they want, we don't do any kinky things here do we [laughs] (049, sauna worker/owner)

In other saunas, managers try to ensure a level of fairness among the staff:

...She [the day manager] were quite fair with everybody like she wouldn't have one girl doing all clients all day. Like usually you're all sat in a room and clients'd walk in and choose who they'd want and if someone's been really busy she wont let him walk in, she'll just shout one of youse that's been quiet

> and let him do you unless he particularly asks to see someone. It's usually the same everywhere. You get the odd place where the girls are funny, where they say 'oh he's gotta pick he's gotta pick' but like she were fair, but most places do work a rotation sort of thing (064, sauna worker).

I had assumed that there would be a great deal of management pressure for women to accept any client, but as on the street, most women (86%) said they could refuse clients if they wished, and could choose the services they provided (92%). In saunas with good staff relations, staff may at times work a covert rotation system whilst still appearing to give the client choice. Apart from the women wishing to see the client, others would deliberately look bored, disinterested, or not talk to the client, or may say that they had been booked or were about to go home. This evidently relied on women getting on well together. Overall, however, clients had a range of tastes and sauna managers usually tried to rotate staff so that a variety of women were available:

> ...they like all shapes and sizes, its not just the pretty ones...some like big boobs, mature, red head, blonde, you name it...any new girl is usually busy for first few days cos they [the clients] are always looking for something new aren't they? You know but you get some that'll be bullies like 'you sit there I'm doing this one', but I will not stand for cat fights [sighs] that's why I got rid of Yvonne last week. I felt bad cos she needed the cash but I can't have that in here. It's hard work you know, getting good staff, I mean people must think this is' bed of roses for me [sighs] (sauna manager, M004)

The chosen masseuse would then take the client to one of the rooms, ask him to get undressed and lie on the bed or massage table and return to the lounge for a few minutes. Often a pornographic film was left playing, women stating that this usually meant that clients were aroused when they returned to the room and the sexual part of the service may be over quicker. During observation of the saunas, I noticed the importance of this moment when the women returned to the lounge. With the client gone, the women could again relax and often light hearted jokes or comments would begin about the client. Where relations were good between the

staff, comments may be mocking but supportive, for example 'Ooh I'm glad you got him, I done him before he takes ages [laughs]. No, he's all right really, old fella, bless him, you'll be fine'. Comments were not always made but this moment was an important time for the worker to collect her thoughts and psyche herself up, and assess her approach for that particular client before going back to the room.

Sexual services provided and condom use

All but one sauna worker (who was pregnant at the time of research), reported providing vaginal sex to clients (98%), and the vast majority (96%) provided oral sex (fellatio). As with the street, only two women said that they provided anal sex (4%). Condom use was almost universal, as 98% always, and 2% sometimes used condom for vaginal sex and 96% always used condoms for fellatio. One woman only sometimes used condoms for fellatio and one woman never did. The two women who provided anal sex always used condoms.

Eighty-eight percent of all last client contacts involved vaginal sex with a condom, 92% involved the client touching the woman's breasts, almost three-quarters (75%) involved masturbating the client and 69% involved fellatio. The vast majority also incorporated a massage to the client (92%). In saunas it would appear then that vaginal and oral sex (fellatio) are provided to clients more often than on the street, and that encounters involved a higher level of contact with the women's body than is found on the street, through masturbation of the client, the client touching her and massage. For example, 92% of sauna workers allowed their last client to touch their breasts compared to only 24% on street ($p<0.001$) and while 14% of sauna workers allowed their last client to give them oral sex (cunnilingus), only 3% of street workers did ($p=0.007$).

The proportion of last client contacts involving some form of specialist domination or fantasy service was similar across settings (15% street and 17% in both saunas and flats). Some saunas had special rooms and equipment such as handcuffs, whips and costumes, and several had clients who would attend the sauna on a weekly basis to dress up in a maid's costume and clean the premises.

Overall, a larger repertoire of sexual services was provided in saunas compared to the street. A mean of 5 separate services (out of a total of 17 listed in the questionnaire) were provided to women's last sauna client (ranging from 2-10) compared to only 2 per street client (ranging 0-5). As on the street, the provision of some services was left to the discretion of individual women, although there were some informal rules about prices charged. In the saunas there was far less taboo than on the street about providing services considered more personal, such as the client giving the woman oral sex, or the woman's body being touched.

Time spent with clients

Sauna workers spent significantly longer with their clients than women on the street ($p<0.001$). Sauna workers spent a mean of 27 minutes (ranging from 15 – 40 minutes) with each client, which is twice as long as the mean time that street workers spent with their clients. Sauna workers usually provided a massage of 5-10 minutes before sexual services were provided, and less emphasis was placed on rushing clients. Women did however try to limit the amount of time they would spend having sex with clients where possible:

> I take my time, talk to 'em and that, try an' relax em as much as I can...do massage on their back, then turn em' over and do their front, then you might start like doing em wi' yer hand...I'm always thinking of it's less and less time they can have sex for and sometimes if you're lucky its over so fast, like if you've got em that horny (037, sauna worker).

In contrast to street work, sauna owners and staff placed greater emphasis on trying to generate regular business. This meant that women in saunas paid greater attention to customer's needs for feeling relaxed, chatting, smiling, and paying compliments:

> See what people don't realise is it's a job. It's not like we take the money and lie there and say come on get on with it, It doesn't go like that, its a matter of right then, what do you want, do you want this, do you want that, you talk to them, make em' relaxed, a lot of em (023, sauna worker).

The more homely and relaxed atmosphere was created to present a whole package experience with selling sex in saunas; from the telephone manner, to the sauna facilities / decor and the way that women spoke and interacted with the men. Sauna managers and their workers aimed to create a space in which clients' needs could be met. The needs of men visiting saunas were perceived to be as much about relaxation and being pampered as it was about providing sex:

> ...ont' street your guys want a shag right, a blow-job or whatever, in here they want de-stressing, it 's like their treat from work or whatever (015, sauna worker).

A field-note from a visit to a sauna while a client was present demonstrates this more clearly:

> When I arrived, two of the girls greeted me rather too enthusiastically at the door, I thought. 'Hi, come in' they said loudly, taking me to the lounge where two other staff and a client sat. The client was mid 40's, overweight, wearing only a red towel around his waist. He was slumped comfortably in a chair, a ruddy smile on his face, and half a lager in his hand, evidently making full use of the 'no rush' policy here. "Oh don't mind him, he's our regular groper, gropes everyone so watch out" said Jade laughing. "Oh that's not fair, she just likes to tease me" he followed, and so a teasing flirtatious conversation continued. "Well you know he comes in and pays for one and wants all three of us". I felt obliged to join in and smile, although having his eyes wandering from my neckline to my legs was rather irritating. I looked on thinking that there is probably nowhere in the world he gets four young, slim, semi nude, attractive women pandering to him like this. "So are we gonna have that girly chat then or what when he's gone" Jade joked, and mockingly told him to 'piss off' saying he'd only be bored if he stayed. He finished his beer, "well I take it that's me told - all right I'll be off". On leaving, five minutes later, he patted Jade on the bum and winked at her, promising he'd be back at the same time next week. "Can't wait" she lied with a grin, then burst out laughing ten seconds after closing the door behind him. (field note)

The extent to which sauna staff and managers pandered to clients' needs varied in different saunas, according to the style of management. Whilst there were similarities in the layout of saunas and the working routines, the style of saunas and degree to which saunas were designed to meet clients' needs varied.

Sauna types and management styles

It became apparent that saunas had distinct management styles. Importantly, the management style appeared to impact upon the quality of the facilities and decor, safety, the type of staff employed, staff rules, staff attitudes and prices charged. Three different management styles, or sauna types, were classified in Leeds, each with different aims, work ethos and priorities in the workplace. These have been termed basic facility, family style and business style.

Basic facility

These saunas provided only the minimum of facilities required to open for business. They usually had a lounge area, 1-2 rooms for sexual services, a toilet, and sometimes also a kitchen. Little effort was made by managers to decorate the premises or to create a style or image for the sauna. These saunas often had broken heating, were poorly decorated and in need of repair. Safety features were minimal. Staffing was less stable, as staff did not always stay with the business long and women were often left to work alone when there were few staff to cover shifts. Staff showed some solidarity between each other but there appeared to be no loyalty to the business: the business was a means of earning money and no more. Staff employed were of average looks, in their late 20s to early 40s:

Karen came to the door in shortened nurse's uniform and stockings, she struggled to pull the door open and then had to re-fix the broken door handle on the inside to close it. She apologised for her croakey voice saying she had a heavy cold as she wrapped herself in a large towel and curled into the sofa shivering. Her colleague was similarly wrapped in cardigan and towel on the other worn sofa. A small bar heater was on in the corner of the room which

did little to raise the temperature above what it is was outside. 'He's too tight to fix the heating' Karen said of the boss, 'all we can hope is the customers complain to him cos they don't want to come here and be frozen'.(field note)

When visiting these saunas, the atmosphere was variable, whilst some women were cheerful in spite of less comfortable working conditions, other women were evidently fed up and depressed.

Family style

Most saunas in Leeds were of this type. Again facilities were simple but provided the minimum required for worker safety and comfort. The ethos of these saunas was to provide basic comfortable facilities for both staff and clients. They did not aspire to be lavish and well equipped but to emphasise friendliness and a relaxed atmosphere. A staff of 3-5 women worked through the week, and had sometimes referred to themselves as 'a family'. Staff expressed some commitment to the sauna, and managers were more supportive of the staff's needs, as expressed by Sandy, working at Cherelle's:

Cherelle [the owner] she's more for the money as well but she's more I mean she's concerned about you, like this girl last week had this bereavement and its like she said she couldn't work....so its not like a guy who would've just sacked her and got some dolly bird in thinking she'll get more money you know what I mean, whereas Cherelle wouldn't dream of sacking any of us you know no matter how sort of down you were ... she is considerate you know over stuff...for like what we're earning.....if you are not doing too well she'll give us an extra day, just like that (040, sauna worker).

Managers invested more time in their staff and this limited staff turnover. In Cherelle's for example, all staff had worked there for more than eight months, two women for over two years. A sign of staff unity and stability in this sauna was demonstrated by a row of five portraits of the staff hanging in matching frames above the reception desk. Staff stability appeared to develop as similar types of

women (in their lifestyle, age, looks, or experience) worked together, which led to less competition and 'bitchiness':

> I was greeted by a plump lady in her forties dressed in leggings and T-shirt. 'Sorry luv, we're just having our tea' she explains and walks back to sit with a woman of similar age and appearance who is holding a package of home-made foil wrapped sandwiches and watching Eastenders. 'Oh no, we like to keep this place simple – you get those young girls in and they're here for one minute and gone the next, I mean this place doesn't suit them, I'm not surprised, we're all a bit older here, we've got families, you know, we all want something that's a bit more stable, and anyway who would want to see us in little bits of underwear? (both laugh). (field note)

These saunas were the most comfortable to visit as a researcher; women were relaxed and open, and there was usually a jovial or chatty atmosphere among the staff. In at least two of these saunas, the manager also worked as a sex worker on the premises.

Business style

Only two saunas represented the business style, which was quite distinctive. These were the two largest and best-equipped and furnished premises, having saunas, VIP rooms, several mirrored rooms for sexual services and in one an equipped dungeon for domination services. Both were run by ex working women and the emphasis was on running a business based on customer satisfaction. This is highlighted in an interview with one of the owners who described her policy on hiring staff:

> Well our logo is 'We do not give dogs jobs'. There is a reason for this because every female 'thinks' she is reasonably attractive but she's not. The only girls I will give a job to is a girl that I look at and think 'Bitch, I wish I had eyes like that, I wish I had that walk, I wish I had the hair and everything that they have got I wish I had them'. So if a gentleman caller rings the bell, one of those young ladies, that is not a 'dog', goes through the reception, I want him to

go 'Mmmmmm' and be slightly impressed and then I'm chuffed (sauna manager, M002)

The sauna owners and staff prided themselves on being, as they stated, 'better than the rest' and charged higher door entry prices as well as higher prices for sexual services. In appearance and facilities these saunas stood out from the rest:

Even from the outside the sauna appeared very smart. I buzzed on one security door and after checking on the camera inside, the receptionist allowed me into the next door where a tall pretty woman greeted me. I was struck by how warm, clean and well decorated the premises were and that all of the women were very attractive, in their late twenties and all slim. The lounge area was newly carpeted and two women sat on each sofa wearing expensive looking underwear sets with suspenders, stockings and stilettos or hot-pants bra and boots. A client arrived and was immediately greeted and invited to sit with the women in the lounge and offered red or white wine, tea or coffee. (field note)

Although the staff complained that some of the rules were strict, in general staff in these saunas felt that they were fortunate to be where they worked and felt that stricter rules also meant better safety, staff and clients in their work, and importantly better pay:

'Well, not being funny...but we charge the most on the door, its a tenner to even come in here but that gets rid of the riff raff...you feel better cos you see a better class of men in here...I mean not every girl could get a job in here could they?' (054, sauna worker).

The owners in these saunas expressed the greatest expectations of their staff. One did not hire women who had children as she did not wish to have staff who needed days off if children were ill. The other manager held regular staff meetings where staff were reminded of the rules of working. When I attended one such meeting, all ten women were told off for not smiling enough when customers arrived and for not

keeping the premises tidy. These owners had invested in their businesses and expected their staff to work hard.

Describing the three sauna types demonstrates the potential that managers have to influence health and safety in the saunas, not only in terms of working conditions such as number of hours worked, but also in work related safety and stress.

Work related health and safety

Workplace safety and security

As mentioned earlier, women in saunas felt safer as they believed clients were less likely to act violently where other people were present, and this belief was re-confirmed over time, since sauna workers did in fact experience significantly less violence than street workers (discussed in detail in chapter ten). This did not however mean that saunas were absolutely safe or had adequate security in place. The largest saunas (business style) had a double security door with a spy hole, and one had CCTV cameras in the car park, but most relied on the basic security, that there was a shop front door which locked (some with a spy hole) and that other women were usually present on the premises. Saunas with poor staffing (basic facility) often expected staff to work alone; however the layout and organisation of many of the saunas meant that the presence of other women did not necessarily ensure safety. Frequently, the rooms used for sex were on a different floor or down corridors away from the main lounge where other women watched television. In addition, music was usually played in the rooms meaning that cries for help could not be heard. In two saunas, the manager had placed locks on the inside of the rooms for added privacy, but this added the danger that a woman may be trapped in the room with a client.

In addition to providing sexual services on the premises, some saunas also offered a call out service where they would send staff to visit clients in their own homes or in hotels. For security, the receptionist or manager would ring the hotel to verify that the customer was indeed staying in that hotel, and might in addition send a driver to

wait for the women. Staff were able to choose to do call-outs or not. Many women decided against it considering that it was not worth the extra risk.

Few saunas had lockers or a secure place for women to keep their clothes, handbags, money and belongings. Bags were often left in the lounge area where clients also sat, women relying on other staff to keep an eye on their belongings if they had to leave the room. This created not only the potential for clients taking women's belongings or money but also of theft between staff.

Although less violence and trouble from clients was reported in the saunas the potential for violence had certainly not been eliminated through security measures in most saunas.

Workplace health and hygiene

In addition to concerns for women's security, there was potential for ill health related to the use of and/or disposal of certain workplace materials and equipment, and the adequate cleaning of equipment and facilities. Intimate contact and use of bed sheets, towels, clothing, sex toys and the shared use of showers, saunas, toilets and jacuzzis between many clients and several staff had the potential for transmitting disease. In addition, condoms, tissues and latex gloves require adequate disposal. There were few reports of serious problems occurring due to general levels of hygiene, but women were evidently uncomfortable with the potential risks:

> In my sauna working conditions are good but not brilliant e.g. toilet always blocked with Durex/sponges and washing machine leaks and breaks so the towels are not clean leaving a threat of impetigo or something just as bad (075, sauna worker, comment in back of questionnaire).

Unlike other workplaces such as health centres, swimming pools, beauticians and doctors' surgeries, there were no health and safety standards regulating the premises or use of/disposal of workplace items. Again, this was left to the manager and consequently cleanliness and hygiene varied between saunas:

> A lot of the people that own these places won't put more money into em cos at any time they could get closed down...so they're very basic and quite tatty and whatever you know. Like that door could be painted every week, it'll just get graffiti on it again, the security door could be fixed every week and kids'll kick it in again, or whatever you know so it'll just be a complete waste of money (037, sauna worker, also ex-sauna manager)

As noted earlier, the vast majority of sauna workers were heavy cigarette smokers, and consequently most saunas were very smoky, emphasised again by the fact that facilities such as air conditioning were frequently absent.

Women's feelings about their work

On the whole, women working in the saunas were more content with their working conditions than the women on the street. All staff had complaints about their particular place of work, some were indeed working in cold, damp poorly equipped saunas, but most saunas had a more relaxed atmosphere and working rules than may have been expected of such semi-illegal settings. The greatest complaints from the women were with regard to poor conditions such as a lack of heating in two saunas, poor security, long tiring hours and bitchiness among the staff. Similar to street workers, only 20% of sauna workers said that they always enjoyed their job, 29% sometimes, and 51% never did. Women chose the work for safety, security, company of others, the privacy of working indoors and lower responsibility due to working for someone else.

Almost half of sauna workers (49%) said that their job was always full of stress, 26% sometimes and 26% never. When referring to work related stresses, women spoke mainly of two issues. Firstly, women reported finding the long hours of contact with clients mentally exhausting. Compared to the fast and more detached pace of business provided on the street, in the saunas there was greater emphasis on customer satisfaction and this placed greater strain on women who felt they had to provide a 'service with a smile' for long hours each day. This began from the minute the client entered the premises to the moment he left, and in some busy saunas or at busy times, staff barely had time to themselves. Secondly, many

women did not tell friends, family or even partners about their work and also complained of the emotional strain of concealing their involvement in prostitution. The women spoke of the stigmatisation they felt because of their work in prostitution; either directly, for example, through comments passed at them on the street as they entered business premises or more generally in rationalising and thinking about their position in society as sex workers. This is discussed in more detail in chapter eight when the three workplaces are compared.

Summary of saunas and massage parlours

With few other studies of saunas and massage parlours in the UK, it is difficult to judge how typical the arrangements described in this chapter would be for other cities. What can be seen is that the women in saunas were different in their characteristics and behaviours to street working prostitutes; mainly in their lower drug use, having higher educational qualifications and having more stable housing.

In terms of the social and economic organisation of saunas, there were similarities across all saunas in that the managers imposed rules upon working routines and had a large impact on worker's health and safety in the form of the facilities they provided and the rules they imposed. However, the managers were not always present and there did not appear to be strict surveillance of women or strict rules or fines as noted in other cities. Women complained of bitchiness and competition between staff, but did not talk about being sexually harassed by sauna managers or being left in debt from fines and shift fees. This may be due to the high number of females (usually ex or current sex workers themselves) involved in management of the saunas in Leeds. Some Leeds prostitutes who had experience of sauna work in other cities described for example, that in Edinburgh it was sometimes required that women had to have sex with the male owner or manager as part of their interview, known as a 'cabin interview'. Women with experience of working in Bradford and Edinburgh reported higher levels of drug use among the women there. In comparison to these reports, the saunas in Leeds did appear to have a more equitable style of management and lower exploitation.

Chapter 7: Private Flats

Introduction

As noted in chapter two (literature review) there have been few studies of the indoor sex industry in the UK, and only limited information on the social and economic organisation of flats in particular (Boyle, 1994; Whittaker and Hart, 1996; Cusick, 1998a, 1998b). The most detailed account is provided by Whittaker and Hart (1996) who describe the system of flat-working in London in the early 1990s. The flats were described as being 'small and shabby', and rented out for between £120-250 per day by landlords aiming to exploit women's need for such working premises for prostitution. Women working from the flats employed a maid to take phone-calls and paid her between £30-60/day and in addition had to pay for advertising and heating costs. The maid's role was to offer company and added security for the worker, to take telephone calls and to let clients in and out of the premises as business was conducted through the day. Many of the maids were ex-working women, and were described as having a powerful role as gatekeepers, judging which clients to allow into the premises and which to refuse. Whittaker and Hart (1996) reported that one of the greatest pressures on women working the London flats was to cover the extortionate daily bills of up to £300, frequently meaning that the women did not earn money herself until the third or fourth client of the day. The organisation of flat-working in London has some similarities to the organisation of the saunas I have described in Leeds, but as the following accounts show, flat-working in Leeds is somewhat different.

As reported in chapter three (methodology), twenty-two private homes were thought to be used for prostitution in Leeds at the time of fieldwork. Ten of these were visited by the researcher during fieldwork, and information about the social and economic organisation of another four was taken from interviews. The greatest difference between flats in London and Leeds is that the latter were usually run independently by the women who either lived in or rented the property. These were women's private homes, not flats purchased by landlords with a view to renting them out to women working in prostitution.

Style and locations of flats

The private flats used for sex work were dispersed around the city, some based near to the university, others in poorer or better off suburbs, others near city link roads, but unlike saunas, no private flats were situated in the city centre, probably due to prohibitive house and rental costs. Some flats were in older Victorian town houses, while others (mainly those owned by the women themselves) were based in traditional northern terraced houses. From the outside, there was nothing to distinguish them from the other flats and houses in the area. Flats did not act as a front to any business like a sauna or massage parlour, and so did not have signs, erotic pictures on the walls or specialist facilities such as saunas or jacuzzis or an obvious reception area. They were simply set up as homes with a front room, kitchen, bedroom and bathroom. Frequently these were the homes in which the women lived and in general they were comfortable, warm and clean, unlike some of the flats Whittaker and Hart (1996) described in London which were said to be in a poor state of repair. One had a separate room that was painted black and dedicated to S&M services with two racks of whips, canes and paddles on the wall, a bondage chair and a small wardrobe of women's clothing for men who cross-dress. The rest of this house however was similar to the others with a front room with sofa and TV where 'the receptionist' would sit, a kitchen usually kept private from clients and a main bedroom in which clients were seen for sexual services. This house was typical:

> I arrived to see Janice in her home which was situated in a traditional red brick terrace just north east of the city centre. The street was small and packed with cars, it had been difficult to park, but it was quiet, no-one was seen on the street. Opening the door she invited me in and the door led straight into the front room prettily furnished with cushions on the sofa, real flame fire, coffee table and stereo. A young slim girl in jeans and T-shirt was on the phone speaking to a client. 'That's my niece Dawn...she does phone' I was told and then ushered into the kitchen where a pot of tea was made. Janice straightened her black pencil skirt and flicked back her hair and invited me to see upstairs. She proudly showed me round, highlighting the new pink satin cushions she had propped up on her bed which matched the tie back curtains. 'These are

> new but I only use em int' day, I do use this bed you know, but all me sheets and even them cushions I change over, you know, like I've got them all matching towels and all...its all pink (laughs) oh and that's me TV you know I was saying for videos' (field note).

Like many women working from flats in Leeds Janice both lived and worked from her home. Some women owned the property and others were in rented houses or flats. At least two women rented flats purely for the purpose of work and lived elsewhere, and at least two flats were owned by a landlady who did not work from the premises but rented the premises on a daily basis to one woman, operating a shift paying system similar to a sauna.

Advertising services

Due to this more discreet set up, the women working in flats were more dependent on gaining clients through advertisements. Since they were not recognised businesses however they could not advertise in the local paper (as saunas could), and were restricted to advertising in the national sex contacts paper the Daily Sport. Women would place a one line advertisement (for e.g. Leedsnew 01223 22222) under the massage column and usually paid £100 per week, for a one line advertisement to appear every day. This generated numerous phone-calls to the women's home, usually starting from 9am, peaking during office hours and less frequently in the evening and through the night. For women who worked at home, peace was only gained by unplugging the telephone line. Some women resolved this by having two telephone lines, but others were wary of doing this as it would suggest they might be operating a business from their home.

Policing of private flats and provision of outreach support

Legally, women were in a precarious position. Prostitution laws dictate that while it is not illegal for a woman to sell sexual services from her own home, she may not advertise such services, and cannot have another person on the premises. Also, since any money earned through prostitution is considered immoral earnings, a woman's husband or son living with her could legally be charged with pimping, and if a child stays at the house (nine of the women had children at home) the woman

can be charged with running a disorderly house. If another female is present the police *could* suggest that both women were providing sexual services, and the worker could be charged with running a brothel. In reality however, the different police units in Leeds did not target private flats in their policing of prostitution. Unless women had drugs on the premises or created a nuisance to neighbours, they would usually be left alone. As with the saunas, many workers said that the police would occasionally visit, often to ask information about missing persons.

The women themselves, however, were very concerned about the precarious legal position they were in, and were particularly concerned that neighbours would complain or that partners or friends could be criminalised. Women in rented accommodation shared these fears, as well as worrying that if their landlord knew about their activities they would be expelled from the premises:

> You can be anyone luv, doing a questionnaire, making me a cup of tea, answering the phone, but if the police want to charge me with running a brothel they'll say in court it were two women ont' premises that's all they need to say, so I might get all this but I take a risk in doing it (009, private flat worker).

A small number of women, fearing that the police would regard their house as a brothel, chose to work alone and in at least one flat which was rented out on a daily basis, working alone was a management rule. Gina explained that the flat owner rented the premises out each day to different women but did not provide or wish for the women to have a receptionist due to legal fears of running a brothel. The owner rang every hour or two to check up on the women, but since women paid her a percentage of each client, Gina felt that these calls were made to check on the day's profit rather than their safety:

> I mean she says she's doing it to check we're alright, but what good is she to me ont' phone if some bloke's got his hand around me neck. It's just her excuse to see how many we've had in (107, private flat worker).

Women in flats were the least likely to have heard of, or had any contact from Genesis. Two women with whom I made cold contact on the telephone during fieldwork were both working alone from their flats. One had never worked before. Genesis were aware of this but were again limited by their funding to make more extensive contact with women in private flats.

The role of the receptionist

Most flats employed another female to act as a receptionist to deal with telephone calls, help with daily chores of housework and shopping and, as with the London flats, to offer some protection and company. Whereas 'maids' in London were older ex-workers, the receptionists (as they were referred to) in Leeds were usually younger women who had not worked in prostitution previously, often the nieces, friends or neighbours of the working women. Receptionists were paid between £20-50 each day, and sometimes given extra money if it had been a profitable day;

In two of the flats, two women chose to work together for their safety, but avoided legal problems by having a different woman working each day:

> SC - Do the police come round?
>
> 050 - Oh yeah they come round all the time, as long there's only one girl working at any one time they can't do anything. So, well we have like shifts. I work till maybe 2 o' clock and she'll do the phone for me, then she'll work the afternoon while I do the phone, which is basically we both sit around all day watching television (laughs). (private flat worker)

Characteristics of private flat workers

As in London, the mean age of women working from private flats was 30 years, ranging from 17-50 years. The women in flats were therefore about five years older than most street workers, and three years older than most sauna workers. Again, women were mainly white (94%), only one private flat worker reporting her ethnic origin as black, and again most women (72%) were from the Yorkshire region, and none from outside the UK.

Many private flat workers (66%) were married or cohabiting, whereas most street (67%) and sauna (71%) workers were single. Most of the private flat workers (72%) had had children, but only half were currently responsible for children at home. Seven private flat workers (39%) owned their own home and nine (50%) were in rented accommodation. Private flat workers were thereby almost three times more likely to own their home than street and sauna workers (p=0.019), though one private flat worker was homeless, and another was staying in a hostel.

Women working in flats had worked in prostitution for a mean of 9 years, this is longer than both sauna and street, but not significantly so. Again, some women had worked for only 2 months and others up to 32 years. Only three women (11%) had *never* worked in another setting. As noted in chapter four, many private flat workers (72%) worked through agencies and bars and clubs (72%), on the street (50%) and in saunas (44%). The private flat workers were a split group; half had previously worked on the street and had eventually moved into safer more stable work in flats but shared similar backgrounds to many street workers, and others had worked as a receptionist or briefly in a sauna before working by themselves in their home. The move to indoor work was seen as a move towards security and safety:

> I worked in Chapeltown for three years when the kids were small...I had a baby sitter and so I could only work those hours and had to get enough money to pay her, then get home and make kids tea, but now I go at my own pace. I saved up enough to get my phone line in and my ads and really its better for the kids cos I do housework and cooking through day in between waiting ont' clients and I'm here for them all evening. I just leave phone off past five (020, private flat worker).

Drug use, alcohol use and smoking

Just over three-quarters of private flat workers (77%) reported using drugs within the last month, a figure similar to both street (64%) and sauna (75%) workers. The mean amount that flat workers spent on drugs each week was £58, and the types of drugs used most often were sleeping tablets and anti-depressants (44%), cannabis (44%), amphetamines (22%) and acid/ecstasy (22%). Private flat workers were

significantly more likely (p=0.045) than street and sauna workers to use anti depressants and/or sleeping tablets (44% of flat compared to 23% street and 16% sauna workers). Only two women in flats reported the use of crack (n=1) or heroin (n=1), and their inclusion in these statistics substantially increase the mean amount spent on drugs each week by flat workers as a group. Although half of the private flat workers reported using drugs just before or during work, this may reflect the fact that many anti-depressants are taken each morning.

One third (33%) of private flat workers reported that they drink alcohol during working hours, but this tended to be small amounts usually towards the end of the day or in the evening and was significantly less than for sauna and street workers (p=0.030). Again, levels of cigarette smoking were high (89%) with many women (61%) classed as heavy smokers.

Motivation to work

Private flat workers were similar to sauna workers in their motivations to work; none were forced to work and they reported that they needed money for general household expenses (78%), to save up (72%), money for going out (50%) and for their children (39%). Although drug use was similar to that of sauna workers, slightly more private workers reported working to pay for drugs (17%) compared to sauna workers (8%). Again, like sauna workers, women in flats described their need to work as an enabling rather than as a survival strategy. Women were saving for houses, cars and holidays and for some to support children through college or university:

> Well, as I see it, I'm not gonna be doing this forever, and why I'm doing it here is cos I would not have set foot in a sauna...this way I set my rules, we'll we work together (her and her friend) and what we will do is after two years we will put money into a business, like a clothing shop is what Id like to do you know like clubbing clothes, something trendy in town and this way no-one knows really apart from my boyfriend that we do this. Her mother thinks she's working in some office in town (050, private flat worker)

Two younger women stood out however who were paying for drugs and were currently homeless. These women, both aged under twenty, worked in a rented flat and had recently been working on the street.

Working Routines

Working hours, pay and number of clients/week

Private homes usually opened for business between 10 or 11am and closed between 8-11pm. One of the woman usually stopped work at 6pm when her son came home from his after-school club, while another home where two women both lived and worked stayed open more or less 24 hours each day. Three women also rented their homes out to other working women (usually younger women or those they knew through previous work) and did reception for them on those days. This was a less formalised arrangement than that described in London and was based more on friends helping each other out, and the shared costs and responsibilities rather than charging high rents. At least two flats however were run by landladies who rented flats out daily and charged a fee of at least £70/day.

Private flat workers reported working for a mean of four days each week, usually for about seven hours each day. A mean of fifteen clients were seen over one working week, ranging from 1-35. This resulted in a mean working week of 35 hours, with women earning a mean of £750 each per week (ranging from £20-1,500). Calculated earnings per client were therefore just over £50 pounds per client, and £21.48 per hour of working time. Women working in flats therefore earned double the amount that street or sauna workers earned ($p=0.02$), although they worked the same number of days and saw a similar number of clients each week.

Women working in flats complained, however, of high costs for extra heating bills, advertising, reception costs and money for condoms, clothes and equipment needed for their work. They also reported fatigue from long working days, and felt under constant pressure to work. There was a constant effort to build up a regular clientele base that would ultimately take the uncertainty out of the work and could

lead to women having to spend less on advertising. Women reported that regular clients were preferred over new ones as it reduced anxiety about whether the client was genuine and would arrive for his appointment, and whether he was safe. Women felt that regular clients knew what to expect of the service and vice versa and a more relaxed service could be provided.

Working routines and prices charged

Women working from flats placed great emphasis on the way in which clients were spoken to on the telephone. Each client contact was a potential earning opportunity and as all women had experienced days or weeks when business was slow, this was a constant concern. As with saunas, women (or their receptionists) would describe physical attributes of the worker to titillate client's interest, but also, it was made clear that the service would be discreet, personal and relaxed, as indicated here, by a woman taking a telephone call from a potential client:

> I am very attractive, with a firm 36DD-22-34 figure, slim and curvy. I always wear nice underwear, black stockings and suspenders. There's no rush, fuss or embarrassment - you just come along at your convenience and knock on the door my luv. I thoroughly enjoy it and I'm spotlessly clean. [in response to his question] well my luv there's nothing I don't do, you just come along a good time is guaranteed. Okay bye [puts phone down] (field note).

Whereas sauna owners or managers had a range of women to describe and possibly sauna facilities to entice clients, in private flats women had only themselves. They appeared to adopt the policy of establishing the client's interest first and then ironing out the details when he arrived. As noted above, the worker teases the client by stating 'there's nothing I don't do' yet she reported in the interview that she always used condoms and would find ways to excuse herself from performing services requested that she did not want to provide (such as anal sex). This woman felt that once the client had made the commitment to visit he would usually stay.

One of the problems of indoor working was never knowing if a client would turn up. Some flat workers operated a booking system, but found that clients frequently

did not turn up, others offered all clients who rang an appointment and accepted that if they were busy a client would be turned away and asked to come back later. This uncertainty created some tension for flat workers. Several flats adopted a policy of withholding the address on the initial phone call to avoid such complications:

> What we do is give me all't details ont' phone and tell em to drive down t' big Shell garage at end o' street, then they're to ring us from there for' full address...its saves us waiting when they don't show up...the genuine clients, the good ones, they will do that then you know you'll be all right. Most of em are sweet anyway eh? [to her sister] no, she gets nice clients. They are very respectful, we don't get any trouble in here (receptionist of private flat).

When the client arrived at the door he was welcomed in by the receptionist, and either offered a drink or asked to go to the room with the worker immediately. The client did not pay an entrance fee but instead paid the cost for a specific service or an all-inclusive price e.g. £60 for a 'full personal', (a mixture of hand relief, vaginal sex, and fellatio). Speciality services such as 'domination' usually had a higher price up to £150/hr. In some private homes the client could opt to pay a price for half an hour or an hour's service. On average women reported spending half an hour with each client, but this ranged from ten minutes to 2.5 hours.

Prices for services were more flexible in the flats as women did not have managers setting rules, but women had to be aware of the prices charged by their competition so as not to deter business. Often women charged one fee for a full personal service or charged clients by time.

> Wi' me it's about forty to fifty pounds for personal, like sex and oral sommat like that for like half an hour, or he can pay seventy for the hour, it's more that you're getting from each one but they get more time and its more comfortable you know they like that. They will pay more to come to a flat, especially the older guys I get don't want to go t'saunas and have to pick a girl (078, private flat worker).

Clients were often offered a shower and the procedure that followed would be much the same as in a sauna, except that women may spend longer with clients, and because they were not restricted to set charges, times and prices were more variable. The atmosphere that women tried to create in private homes was of a more 'personal service', more relaxed and less restricted. Women reported that the men visiting the private homes often expected a more intimate and discreet service.

Sexual services would be provided in the bedroom, set up as in a normal home or more elaborately e.g. decorated with lace curtain, subtle lighting or in some cases as specialist rooms for fantasies or domination. Women would sometimes play a pornographic video before and/or during the sexual service and some also offered a massage. For some women this meant using their own bedroom to provide services, but most women reported strict use of having their bed covered and having different towels for clients to use. Whilst none of the private flat working women also worked in a sauna or on the street, six of the women (33%) said that on occasion they would visit clients in their own homes or hotel rooms.

Services provided to clients

The services provided to clients were similar to those offered in saunas; most women (95%) provided vaginal sex and fellatio (89%) to clients, and only two women (11%) offered anal sex. Condoms were always used for most women when providing vaginal sex (94%), or oral sex (88%) to clients. Of two women reporting that they provided anal sex to clients, one always and one sometimes used condoms for this.

Like sauna workers, private flat workers offered a wider range of sexual services than street workers, having provided a mean of 5 services to their last client. Flat workers were significantly more likely (p=0.007) to allow the client to give her oral sex (33% of flat workers did this with their most recent client compared to 14% sauna and 2% street workers), and were the only workers to report providing unprotected oral sex (n=1) and anal rimming (n=1) to their last client. Similar to street and sauna workers, they also provided specialist services such as fantasy role play, humiliation and watersports (urinating on the client).

As with sauna workers, there was less of a taboo of providing more personal services; women in flats were more relaxed about this, and described it as part of the job and high earnings:

> SC - What about a client giving you oral sex?
> 051 - I do that yeah, I didn't at first...but then a guy asked me one time and were gonna gi' me forty quid on top a' what he had paid and I tried it and believe me you just switch off to it, well I don't like it anyway so it don't matter to me but the extra money does [laughs] (private flat worker).

Another private flat worker spoke about how services may be more diverse in flats due to the higher number of regular clients and better rapport with clients:

> I have noticed wi' a lot of my regulars...like they open up to you and maybe they ask, can they try this or that, things they wouldn't dream to ask their wife. Like oral sex, a lot of wives won't do that (090, private flat worker).

Indeed, private flat workers were significantly more likely to report that all or most of their clients were considered regulars (70%) when compared to street (34%) and sauna (40%) workers ($p=0.025$). Women spoke more fondly or more positively of their clients than women in saunas and on the street. Having many regular clients was seen as an emblem of the women's professionalism in their work, some women working hard to maintain the interest of regular clients:

> OK, it's gonna sound daft, but this is what we do. I'll say to so and so, 'oh what are your favourite biscuits?, like John, he likes custard creams. So, next time that John comes in we have custard creams here, we've probably only just remembered ten minutes before and nipped down t' corner shop, but he's like 'wow, they thought of me'. And sometimes if I know it's their birthday I'll go to Marks and Sparks and buy like even just a pair of socks. It's daft just a 35p pack of biscuits or £4-00 for a pair a' socks will get me sixty quid see. It's business, the way we do things (050, private flat worker).

Not all women went to such lengths to ensure that customers felt 'special' in order to guarantee return business, but in private flats women could optimise on making their service appear more personal.

Personal safety and screening clients

Women working indoors frequently reported the view that they served 'a better class of client', believing that this resulted in lower levels of client violence than experienced on the street. Greater safety was also assumed by the fact that women had many regular clients. Women in flats were however wary of inviting some clients to their homes, and similar comments about black men 'not paying' and Asian men 'wishing to have unprotected sex' were reported by private flat workers, as previously noted by women in saunas and on the street. Women who preferred not to see these clients, tried to identify them by their accent on the telephone.

Like street workers, women in flats expected men to follow unspoken rules of conduct when contacting and making arrangements with a sex worker. Men who were aggressive on the telephone or asked very explicit sexual questions were not given any further details. Again, women spoke of men sounding 'dodgy' but usually this related to men who did not follow expected codes of conduct. These men were not considered 'worth the risk' and would either be told that the woman was busy, or the woman tried to sound bored (on the telephone), tired and uninterested in order to deter them.

As in other work settings, however, the workers recognised that they could not effectively screen out all clients who might pose harm or present difficulties to the women, and added safety measures into their interaction with clients:

> When they come t' front door I always make sure kitchen door is shut, they dont know then if someone is in there or not. I get the money first, and then I go and hide it in the house and go back int room. I tell him where to lie and wi' me in top, I never let a bloke get on top o' me then I can be in control of him, oh and condom is first thing I get out so he knows he knows already cos I say ont' phone you either use one or go (092, private flat worker).

Women also commented on having in the past taken clients for business whom they had initially felt wary of, but who had in fact not been a problem:

> In fact I had one this morning I didn't like look of him, he were like a hippie at the door, long hair and I didn't like look of him, but he were nice, no problem...and then a nice one'll be dodgy, but in flats most of the guys are decent, it's a different type of guy to on streets (101, private flat worker).

Work-related health and safety

Workplace health and hygiene

Unlike street and sauna workers, women in private homes were in control of their own working environment and therefore did not complain about general cleanliness or facilities. Women did report feeling uncomfortable about using their own bedrooms and bathrooms for clients however, but overall preferred this arrangement to shared sauna facilities:

> In a sauna the boss'll say like sheets are clean but they're not and going int' room after one of them girls that aint even tidied or cleaned behind her. But here, it's all me own so I know (101, private flat worker).

Some women however were using their homes as their workspaces and expressed extra concerns regarding health and hygiene:

> Well it's nothing really, it's not like really there is anything to worry about but I don't like my boys coming int' bathroom where clients have been. I have allt' room bleached and cleaned they think I'm a bleach addict (laughs) and it's only what someone having shower int' it, but I never leave condoms int' room I keep all that outta way, cos I don't want that in his face you know, he's a young boy, he does know what I do but... (009, private flat worker, who has one son, aged 14, living with her).

Workplace safety and security

As with sauna workers, most (72%) flat workers felt safe at work which is a significantly higher proportion than street workers did (44%, p=0.05). Also, like sauna workers, women in private flats felt that the type of client they served was less likely to act violently, even more so for those women in flats who served mainly regular clients. Women in flats however, usually worked alone or with only one other female. The vulnerability of some lone workers was made startlingly clear when I arrived at one flat just minutes after a client had left:

> Gina was visibly shaken and distressed when I arrived at the flat, sitting on the sofa holding back tears. 'Oh I've just had a right weirdo in, we were up in the room and he got his hand round my neck and said 'oh I could just strangle you couldn't I? My God, the colour drained from my face. I just thought of my kids. He said 'you're scared aren't you?' well what do you think? I said to him, oh me heart were racing. Oh he was weird. (fieldnote)

This client had not acted violently, but appeared to enjoy frightening Gina and emphasising how vulnerable she was. Women working alone had limited means for adding security measures to their homes or the premises they used for work; the most common strategy was for women to pretend that someone else was there, by leaving a door closed or pretending to talk to someone through the door.

Work related stress

Private flat workers were the most likely to say that they always (22%) or sometimes (44%) enjoyed their job (p=0.015). This enjoyment was related largely to the high earnings associated with this work, as well as women's independence. However, one third of women still reported that they never enjoyed their job and 39% said their job was always full of stress, 28% sometimes and 33% never. Women complained of the busy nature and responsibility of private flat work. Levels of business, as in other settings, were variable, all women having experienced a week of very low or no pay, but private flat workers had the added responsibility of costs for bills and advertising and this created pressure to earn whenever they could. Women working from their own homes had the added trouble

of keeping their homes tidy for other purposes. For example, one woman working from home reported a time when her son was off from school sick meaning that she could not work for two weeks, and others that their working hours clash with family wishing to visit or partners having time off work. In addition, women had to constantly tidy behind themselves if they shared their homes with other family members, partners or children. As previously mentioned in chapter one, women were also aware of their precarious legal position, feeling that one complaint from a neighbour, for example, could cause the police to close them down. This all added to a greater sense of needing to earn the money while it was there. Women working in flats also reported the greatest sense of isolation. Many private flat workers had not had any contact from Genesis and were unaware of the services the agency offered. Genesis were aware that they mainly directed their services to street and sauna workers but explained that their strategy was to reach the highest number of women with the greatest needs. Unlike street and sauna workers, women in flats had the lowest levels of contact with Genesis and other working women.

Summary of flat working

In summary the private flat workers were slightly older and usually in more secure housing and relationships than women in other sectors. They shared similar working motivations to sauna workers, although two women were using crack or heroin and those increased the percentage of women in this group who worked to pay for drugs. Generally, drug use was similar to sauna workers, although there was significantly higher reported use of anti depressants and sleeping tablets among this group. Unlike in London (Whittaker and Hart, 1996), most private flats were run by women independently either from their homes or from property they rented. Flats were also rented on a daily basis as in London, but private homes were most often used. Women were thereby largely autonomous in their work, usually employing a receptionist to help with the high volume of calls each day. Some women worked alone however to avoid legal risks of being charged with running a brothel.

Flat-based women saw the same number of clients each week as street and sauna workers but earned more per client and per hour. Women expressed concern about their safety but generally felt safer, especially as many had regular clients. Most indoor workers reported that they preferred the comfort and convenience of working from their own homes, and that they did not have to hand over any of their earnings to a sauna manager, but many reported feeling isolated working alone.

Chapter 8: Sex Workers and Selling sex: Differences between three workplaces

In the preceding chapters the social and economic organisation of the three main workplaces of street, sauna and private flats in Leeds was described, and an overview given of women's circumstances when entering prostitution and their subsequent movement within sex work settings. The main aims of this were to examine if there were differences between the women working in the three settings by their demographic characteristics and behaviours such as drug use, and to examine the different working styles and routines of the workplaces. This information could then be utilised to examine health and safety implications of each workplace.

This information could also be of use in health service provision as well as to provide hitherto unknown data on the organisational aspects of the sex industry in the UK. In the following pages I summarise demographic differences between the three sectors including drug use, alcohol use and smoking, I then compare the differences in working styles and routines and consider work related personal safety, emotional well being and health and hygiene.

Demographic characteristics and social backgrounds

There were no significant differences among women in the three sectors by their age, ethnicity, place of birth, relationship or motherhood status. Most women were in their twenties, with slightly younger women on the street and slightly older women in flats. Most women (79%) were born in Yorkshire and reflected the local ethnic background of Leeds. Only two women were born outside the UK, and there was no evidence in this sample of illegal trafficking as suggested for example in prostitution in London (Somerset, 2001). Almost three-quarters of women had had children and many (57%) still cared for children at home, with almost one third (31%) reported as single mothers. Overall, most women were single (63%) with a

trend to private flat workers being in more stable relationships of cohabitation and marriage. Compared to similar aged (25-34 years) women in the UK, prostitutes were more than twice as likely to be single (CSO, 1996). Private flat workers were significantly more likely to own their homes and street workers significantly more likely to be homeless or in transitory accommodation.

In terms of social backgrounds, street workers were significantly more likely to have been in local authority care as children, to have experienced homelessness and to have no educational qualifications. More striking however, was that for all these measures, prostitutes as a group fared far worse than non prostitute women in the UK. Prostitutes were more than nine times more likely to have ever been in Local Authority care and almost 20 times more likely to have ever been homeless. Over half of the women reported having no educational qualifications, compared to just 21% of all women in the UK of working age (ONS, 1998), and as a group prostitutes were over-represented in lower paid jobs in social class III N&M. This supports previous research showing that street workers came from disadvantaged backgrounds (Perkins and Bennet, 1985; Hoigard and Finstad, 1992) but also shows that indoor workers also experience such hardship far in excess of non prostitute women.

Entry into prostitution

Almost half of the women were under eighteen when first paid for sex. This not only shows that many children are involved in prostitution, but also indicates how many men must be purchasing sex on the street from minors; these men, under the new laws described in chapter one, now being liable to arrest. Street workers were first paid for sex at a significantly younger age than indoor workers, and were more likely to have been first forced to prostitute than their indoor working counterparts. Seventeen percent of women interviewed had first been forced to prostitute, 4/9 for over two years. Coercers were usually men in a position of trust such as step fathers and partners, thus highlighting how such abuses can often be hidden within domestic settings. Some previous research examined sexual abuse and family

breakdown and proposed that women and girls entered prostitution as they were deviant or sexually dysfunctional (Choisy, 1961; Greenwald, 1958). The assumption was that no normal women would choose to enter prostitution. Later studies considered the impact of deviant labelling and the drift to prostitution, again following negative events such as family breakdown and sexual promiscuity (James and Davis, 1982), but few studies have examined the attractions of prostitution (Vanwesenbeeeck, 1994; McLeod, 1982).

In this study women were asked about the attractions of prostitution and invited to describe social circumstances at the time of entry, thus enabling women to offer their own definitions of entry and to consider both push and pull factors. In women's accounts experiences of homelessness, domestic violence, marriage break up, local authority care, and low paid work were shown to be important precursors to entering prostitution, in that they left women in vulnerable financial circumstances. Prostitution was seen either as the only means to survive, or for most women, a better economic option than other low paid work. Although a very high number of women experienced disadvantage, many others did not and were attracted by the high earnings of prostitution, along with flexible hours and personal security afforded to women with a high income.

Ability to earn money fast with little preparation was critical for women in the most dire circumstances such as fleeing violence, and for other women prostitution offered a more flexible job with higher earnings. Almost all women had met someone else involved in prostitution before they began themselves. This person was crucial in altering the women's opinion of prostitution, usually replacing the associated stigma of sex work with benefits of high earnings, freedom and independence brought about by the work.

Movement within prostitution and choosing where to work

Although most women began working on the street, the majority then moved within prostitution and to different cities. Women tended then to choose the sector which

suited their lifestyle and needs; street workers prioritising flexible hours, independence and a less personal 'no frills' sexual service over indoor work. Street workers however had the most dangerous and difficult working conditions; experiences of violence were commonplace, and street workers faced greatest criminalisation as well as public disdain. Sauna workers prioritised the relative safety and privacy of their work over street work, and the lower responsibility compared to private flat work. Sauna workers complained however of tiring long shifts, bitchiness and competition between staff and lack of job security. Private flat workers prioritised highest earnings, better working conditions and safety, but spoke of greater legal risks and responsibilities. While some women chose to move to different sex work settings, others were restricted to stay in street work since saunas would not employ women under eighteen, women using drugs such as crack and heroin and sometimes those with children or associations with street work. Some sauna owners also vetted staff according to their education and looks. Private flat work was restricted to women who had greater stability (e.g. housing) as well as organisational skills and commitment to set up and run their own flat.

In terms of demographic characteristics, social backgrounds and entry into the work, this study indicates that little has changed since the early studies of Parent-Duchatelet (1836) and Logan (1843). Despite a class hierarchy within prostitution based on women's earnings and working conditions, still the majority of prostitutes represent the labouring poor, entering prostitution due to poverty.

Drug use, alcohol and smoking

Data from this study confirm findings of Cusick (1998) and Goldstein (1979) that drug use among prostitutes is patterned by workplace. Whilst recent drug use was similarly high across settings, excluding cannabis, the most commonly used drug in each setting varied. Crack and heroin, were used mostly by street workers, sauna workers used mainly amphetamines and recreational drugs, and flat workers were most likely to use anti-depressants and sleeping tablets. These patterns are related to the structural organisation of the workplace. Drug dependent street workers

would not be able to get work indoors and for many the flexibility of street work suited the lifestyle dictated by their drug use. Sauna workers represented a group of women, mainly using recreational and social drugs such as cannabis and Ecstasy in their private life but who, like private flat workers, also sometimes used amphetamines as a functional stimulant when working long shifts. Although women did not make this connection explicit during research, higher use of sleeping tablets and anti-depressants among private flat workers may be related to the greater responsibilities and isolation and lower social support reported by women working in flats.

Overall, drug use was lower than reported in other UK studies (Barnard, 1993; Ward et al, 2000) and injecting drug use virtually non existent. As in other studies however, street workers spent the most money on drugs and, in this study, sauna workers were least likely to take drugs just before or during working hours, reflecting their status as employees of premises with no drugs rules. Ward et al (2000) proposed that drug use in saunas in the UK may be higher than thought, since they found high use of cocaine among indoor workers in London, but in Leeds indoor workers drug use was mainly occasional and recreational and no women in saunas reported recent cocaine use.

Alcohol use was low among the group in general, and tended to be occasional. Although 57% of women reported that they would drink before or during work, this was usually in moderation. Smoking, however, was high among all workers, the majority smoking more than fifteen cigarettes each day. Smoking was routine in all workplaces, many women reported that they smoke more on a work day than a non work day, and that their smoking had increased since working in prostitution.

Motivation to work and working times

Motivation to work differed by workplace. Overall, most women reported working to pay for household bills, children's expenses and saving up, but street workers were significantly less likely and indoor workers significantly more likely to be

working to save up or to obtain money for socialising. Sauna workers were least likely to work to pay for drugs, compared to street and private flat workers. Street workers reported the greatest urgency to earn money, compared to indoor workers. Their need to work directly impacted on their working hours; street based crack/heroin users worked significantly more hours each week than other street workers. Indoor workers usually worked regular hours each week and worked to earn a weekly wage overall, rather than a specific amount of money on a specific day.

Working Styles: 'Looking for business' or 'A good time guaranteed'

Although each workplace was based on the sale of sex for money, the experiences and conditions of working in each setting were different in several ways, and there was a marked difference in the style of selling sex between street and indoor settings. Street work could be exemplified by the high turnover, no frills 'looking for business' approach where clients were offered a minimal range of sexual services, and encounters usually lasted under fifteen minutes. Indoor sex work was exemplified by the 'good time guaranteed' approach where greater emphasis was placed on building up regular clientele and customer satisfaction. This not only led to differences in the working routines of the women, but importantly, to the form of labour in each setting.

Although on the street, women invested time and energy in getting to know some of their clients and making them feel at ease, and paid attention to customer satisfaction, this was not a priority or necessity. Where street women did this, it could be stopped at a point, since ultimately street work was characterised by cheaper no frills sex. Street workers were businesslike when negotiating services with clients; money was requested up front, time limits usually specified, along with other rules such as condom use, and rules on which parts of the women's body could be touched, and which location was to be used for sex. The negotiations were explicit and direct, the message to clients being that they were paying for the

women's time for a specific sex act. In saunas and flats men paid more for the services and expected a more personal attentive approach. Whilst still enforcing worker control, the prostitute-client sexual encounters of indoor workers borrowed more from the imagery and behaviour of intimate sexual encounters. Women still often requested payment up front, but paid greater attention to appearing interested in men personally, paying them compliments, offering a broader range of personal services and placing fewer explicit restrictions on time and sexual boundaries. In saunas and flats there is greater emphasis on the client purchasing a packaged experience rather than paying for specific sexual service as on the street. From the conversations on the telephone, to the relaxed homely setting and pleasant manner of the staff, a more intimate, relaxed and personal service is presented, imitating sexual intimacy. Indoor sex work can thus be defined as 'the illusion of intimacy' or 'good time guaranteed', whereas street based sex work was 'no frills'.

In terms of implications for health and safety at work, the difference between 'looking for business/no frills' and 'good time guaranteed/illusion of intimacy' approaches could impact upon physical demands of the work, sexual risk taking and emotional impacts of the work, and may also impact upon the personal safety of the women.

In terms of physical labour, although women in all sectors saw about 16 clients per week, women in saunas spent almost twice as long at work, and indoor workers spent almost three times as long with each client compared to street workers. Women on the street complained of the stress of their difficult working conditions (cold, rain etc.) rather than the physical demands of providing sex to clients. Indoor workers complained more of long tiring hours, a higher level of client sexual contact, but also of mental as well as physical exhaustion in relation to their work.

The type of work described by the indoor workers was similar to the emotion work described by Hochschild (1983) in her discussion of the work of airline hostesses. Whereas physically demanding jobs require physical energy, jobs based on high customer contact require 'emotion work', where the employer has to use their feelings to perform at work as well as physical skills. Hochschild (1983) states;

> ...this labour requires one to induce or suppress feelings in order to sustain the outward countenance that produces the proper state of mind in others...this type of labour sometimes draws on a source of self that we honour as deep and integral to our individuality. (Hochschild, 1983, p.6-7)

Hochschild (1983) describes two types of 'feeling management' used within such work. 'Surface acting' is similar to the smile we feign when we meet someone we do not like when walking down the street. Our true emotions about that person are left unchanged and the 'surface display' (e.g.. the smile) is fleeting. For the air hostess on a long haul flight, however, sustained emotion work is achieved by 'deep acting'. This, says Hochschild, is where we must think ourselves into a state that is genuinely felt to enable a more prolonged and natural display of emotion. This is similar to method acting taught in drama school, and requires greater effort and moves the actor/employee further from their true feelings. For example, in training school, air hostesses were taught that when dealing with an irate customer, to imagine that the customer was a small child who could not help how (s)he behaved, thus enabling the hostess to sustain a caring and sympathetic manner even when confronted by rude or angry customers.

For indoor working prostitutes in particular, the situation is similar; women who do not genuinely find their clients sexually attractive must be able to act as if they enjoy the sex and the man's company. Both types of acting were evidenced by prostitutes in the study, with greater effort towards deep acting among indoor workers:

> You have to be nice to every single man that walks through that door even though they are the fattest, ugliest, spottiest, crustiest person you've ever met in your life, you've got to look at them and think 'you're Richard Gere' (033, sauna worker).

> ..you just play along with it and go 'ooh you are good' and your' thinking 'silly sod'. You just close your eyes and smile at them and think of

> something else. It's all a pretend, you've just got to be able to switch off and go in there and be a good actress (050, private flat worker).

Hochschild (1983) expresses concern for the impact this can have on a worker's mental health as employees create a false self and learn to live with a dual identity. Lying to oneself, says Hochschild, is even more unsettling than having to lie to others. She describes the mental strain on the hostess, who feels a loss of self from her work and feels that 'my smile is no longer my own'. Similarly, women in prostitution struggled with the challenge of emotion work:

> Sometimes it's OK, but others days it's really hard, it's just like when I used to be a hairdresser having to smile when you didn't want to, but this is sex and when that becomes the norm it is worrying (044, sauna worker).

> Do you know, I wouldn't say to anyone to start this work, it fucks with your head at this level, I was dropped in at deep end wi' no one to talk to and it sent me loopy, proper sent me loopy (090, private flat worker).

In saunas, women were often under management instructions to maintain their smile, and a pleasant attitude with clients. This was more arduous when clients indulged the no rush policy and left women little time in a twelve hour shift when they could relax. Private flat workers had greater autonomy to determine their own working routines, enabling them to close for business when they felt the need or take a break. Private flat workers also received far higher financial reward than sauna workers, earning on average £22/hour of client contact, whereas sauna workers earned only £9/hour for the same seven hours of client contact per week. Although all indoor workers invested energy in emotion work, the higher financial rewards for flat workers played an important role in tempering any negative feelings about their work.

> I get them flavoured ones then I can pretend it's a lolly, a strawberry lolly, and yeah I do smile if I'm getting paid forty quid to suck on a strawberry lolly [laughs out loud]. (033, private flat worker)

It may have been that for some private flat workers, earning a mean of £750/week, that there was some genuine enjoyment of their work, they similarly smiled during sex but their smile might have been more genuine for the greater pay they received. Women in saunas earned half the amount of private flat workers, had less autonomy than street and flat workers and had the added strain of presenting a 'united smile' for the business even when they were not personally earning money from the client present.

Recent ethnographic studies have also noted the high demand of emotion work for women in certain sectors of the sex industry; Bernstein (2001) examined 'the meaning of the purchase' in an ethnographic study of lap-dancers and Wood (2000) studied women working in strip clubs. Just as Wood (2000) found that strippers, by maintaining eye contact with men and dancing for them, were selling the fantasy that the men were sexually desirable and financially powerful, women working in saunas and flats also invested in selling the illusion of intimacy to their clients. Their working style was as much to boost the men's egos as to satisfy sexual desire.

Work related stress, job satisfaction, support and secrecy

Few women in the study reported that they always enjoyed their job (19%), although many sometimes did (57%), and 24% never did. In almost all cases, women referred to enjoying the financial rewards of the job above anything else, followed by independence and flexibility. Private flat workers were significantly less likely to *never* enjoy their job (33%), followed by sauna (51%) and street (75%) workers ($p=0.015$). In terms of stress, half of the women (52%) said the job was always full of stress, 25% sometimes and 23% never stressful. There was no statistical significance in these results by workplace but there were differences in women's responses about *what* was stressful within each workplace. Street workers related workplace stress to their working conditions, dealings with clients, criminalisation and risks of violence but also tended to be burdened by stresses in their private lives e.g. ongoing child custody cases or relationship problems. Sauna

workers related workplace stress mainly to the demands of the emotion work during a long shift, long tiring hours, and trying to conceal their work from friends and family. Private flat workers also related workplace stress to emotion work (but less so than sauna workers), as well as long hours, uncertainty regarding legal status, concealing their work from friends and family, and talked mainly of greater isolation and loneliness than other workers. There have been few studies comparing the emotional experiences of working in prostitution between sectors; but these results confirm those of James' (1973) that street workers face stress regarding danger and arrest, and Bryan's (1967, 1973) work where he reported that keeping the work secret was a concern for call girls.

Women were asked if they had made good friends at work, if they spoke to other women about dangerous clients, if their job interfered with the private life and who they had told about their involvement in prostitution. These data give some insight into peer support and levels of secrecy surrounding the work. Full tables of results are listed in appendix 3.

Private flat workers were significantly less likely to have made good friends at work ($p=0.008$); only 39% reported that they had made good friends at work compared to 68% of sauna and 64% of street workers. The impact this may have on the social isolation of flat workers was further evidenced since they were also significantly less likely to talk to other women about dangerous clients (61%) compared to sauna (86%) and street workers (85%, $p=0.042$).

As noted by other researchers (Bryan, 1967; Pyett et al, 1996b) women in prostitution often wished to hide their involvement in prostitution from others, due to the stigma surrounding the work. For street workers, this was problematic due to the public nature of their work, the close street networks where women lived, and the overlap of prostitution and drug using networks among some women. Greater privacy of indoor work however, gave sauna and flat workers the opportunity to conceal their involvement in prostitution from friends and family. While most women in the study had told private partners about their work (67%), one third had not. Only 55% had told close friends, 35% had told most friends and 37% had told

their family. Only a minority of women (7%) said that they would tell anyone who asked. Street workers were significantly more likely to have told their partner (82%) compared to sauna (61%) and private flat workers (50%, p=0.027), and also significantly more likely to have told most of their friends (p=0.031).

Some women reported negative experiences of having told their friends about their work:

> When I started working I told my friend, this girl I knew and she told everyone else and I just cant afford that happening now I've got me kids to think about. This might not be a nice thing to do but I know I can make in a week what I'd make in a month somewhere else, but the thought that my kids could be taken away terrifies me (047, sauna worker)

Just as Jackman et al (1963) had previously reported, women in prostitution either embraced the criminal world or lived a dual life. Street workers had little choice but to be part of the criminal world with the public nature of their work and its criminalisation. Indoor workers were more likely to live a dual life, keeping their work identity secret from friends and family. Many sauna workers pretended to family and friends that they did another job (usually a factory shift to match sauna working hours):

> Yeah you got to lie allt' time, it's a double life. I have to bring work clothes in my bag and then I have to wash and get em' dried when I can, 'case anyone sees em'. Oh it's pure lies allt' time (013, sauna worker).

Some private flat workers also did this, but for those working from their own homes this was problematic. Women were asked if their work interfered with their private life or sex life; half of the women (50%) felt that it always did, 15% only sometimes, and 35% never. Private flat workers were significantly more likely to say, yes, it interfered with their private life (67%) than sauna (49%) and street (44%) workers (p=0.05). Street workers were most likely to say that it *never*

interfered with their private lives (49%) compared to 23% of sauna and 28% private flat workers.

When private flat workers elaborated on the ways in which their work interfered with their private lives, their higher earnings rather than the sexual content of their work was more often noted as a problem:

> A working girl's life is a very lonely life cos if you've got friends and they're not working girls you're thinking she's just using me for' money, she's coming in smoking my cigarettes and expecting me to pay for everything. See cos my friends are just ordinary women wi' ordinary jobs. I've got a lot in common with em' but we can't do' same things cos I got money and they haven't and it creates bad feeling (009, private flat worker).

Similarly women in saunas and flats spoke of the way in which their independence and financial security had altered their relationships with their private partners:

> Once you done this work you don't need to be taken out on a Saturday night cos you can take yourself out you know what I mean? Like, wi' my husband, he were a good man, a good worker, but minute it came t' arguments and he'd start yelling I'd just say well piss off then and he knew cos I didn't need him to stay like I used to and I think for a man that he needs to feel like he is the one looking after money (037, sauna worker).

Thus for some women the added freedom and security that their higher earnings had brought them had also interfered with their private relationships.

General health and workplace hygiene

In terms of general working conditions and workplace health and hygiene, the three environments were quite different, although the illegality of the work of prostitution

meant that there were no specific occupational health and safety measured enforced in any of the workplaces.

Street environments presented the most hazardous and harsh working conditions. Women worked late at night, in the dark, in all weathers and at risk of violence from clients and other people on the street as well as risking arrest and criminal convictions; this is stressful, tiring and dangerous work. Street workers suffered ill health related to both their working lives and lifestyle. Gruelling hours and the constant need to work meant that many women could not take time away from work when sick. Lifestyle and work routines also interfered with eating and sleeping patterns, women often looked tired and many seemed to survive only on fast food eaten during work hours. Drug use clearly took its toll on many women who were thin, pale and suffering from stomach cramps, sickness, colds, abscesses, cold sores and so on. With such limited opening hours of the drop in centre, both street environments left women with limited options for safe, clean areas to wash, change or relax. Street workers were the only women seen in the study with visible effects of violence; one woman was nursing a cracked rib inflicted by her boyfriend the night before I met her, another had a badly bruised and cut shoulder where a brick had been hurled at her by a man on Spencer Place, and one woman had grazes and bruising from when a client had tried to rob her.

Sauna workers showed fewer physical signs of illness compared to street workers, but workplaces fell short of being adequate. Since the workplaces were not regulated there was no requirement for minimal health and safety and the manager determined the facilities available including heating. With many women in one workplace and a high number of clients, the premises could be potentially hazardous with regard to contagious disease. Sauna workers had little control over the cleanliness of the premises and managers had little incentive to invest in them. Private flat workers had the greatest control over their workplace and although most flats were in good order, there were no regulations to enforce this.

Both street and indoor workers spoke of mental health issues relating to the various stresses and strains of the work and the stigma and criminalisation associated with

the work. Indoor workers who spent longer providing sexual services to their clients also complained of the tiring physical nature of their work:

> Some days you feel shattered, cos it's a physical job you know, it sounds bad but it is, and like one day I had, it were eleven in one day, and out of them maybe six had sex and that's all different shapes and sizes. Like some of them that think they're making love to you that's all right, but some of em treat you rough 'saying you're a fucking whore and all that'. I couldn't sit down by end of' day, but its your body int' it you've got to take care, I mean I've only got one ovary and I worry what it might do you know more the physical side (011, sauna worker)

Personal safety and workplace

Street workers were in the most vulnerable position regarding their personal safety and this was evidenced by a higher experience of violence in this setting. Women in saunas and flats were also at risk of being assaulted by clients but were largely shielded from the harassment of police and public. Again, since the settings used for sex work were illegal, no official precautions were in place to protect women from assault. Women in all settings were left to incorporate protective strategies into their working routines.

Despite the differences in the organisation of the workplaces, and the different working styles, women's attitudes towards clients in terms of risks of violence and their protective strategies were similar.

On the street, safety was a personal responsibility. The environment has limited means of protection and women have little incentive to work together as a team due to the urgency to earn and competition between workers. All clients were seen as a potential danger and protective strategies were filtered into every part of the prostitute-client encounter from the way the women acted, to where they had sex. In saunas, women felt safer compared to the street; mainly due to the support of

other women, the idea of 'safety in numbers' and also because clients were perceived as less likely to act violently. There was a shared responsibility towards safety, women looking out for each other, although some women were left alone at times. Private flat workers felt vulnerable to violence but felt the least risk from their clients, placing greater trust in the fact that 'a better class of client' is less likely to present a risk. Women also had a higher number of regular clients who were perceived as lower risk.

In all settings, women first of all aimed to screen out clients whom they felt would harm them, waste their time or would not pay. These clients were frequently avoided or refused outright. In addition, women in all settings reported that they avoided men they thought were 'dodgy'; that is, those that gave them a 'gut feeling' that they might harm them. Although women could not isolate physical characteristics of such men, most women judged clients who did not follow the protocol of prostitute-client encounters to be potential dangerous. In all settings women had limited time to make such judgements.

Women knew that screening clients was only one means of reducing possible violence. Even with clients they felt comfortable with, women knew that violence could occur at any point during the sexual encounter, and they incorporated safety strategies into their working routines. Many of these strategies involved choosing safe locations to conduct business. For many women, this meant working in saunas and flats and never on the street. Street workers chose locations for sex depending how risky the client was considered to be. Cars, lanes and clients' homes were considered most risky, and women's own homes the safest, places to provide sex. Urgency to earn, police presence, weather and lack of one's own home frequently limited whether these strategies could be utilised. In addition to these methods, women also relied on the manner in which they interacted with clients to reduce potential harm. Women adopted a firm businesslike approach with clients. This served to prevent the client from thinking he could control the encounter (including acting violently) and also to prevent the women from being seen as vulnerable. Even in saunas and flats where women were more personal with their clients, they still aimed to act confidently with them.

Some women adopted a more fatalistic approach that 'if its gonna happen its gonna happen', whilst others were on constant guard again violence. Women's need to earn money often influenced to what extent such strategies would be utilised. Despite the relative safety of saunas, many women were left to work alone in saunas and several flat workers chose to work alone due to fear of legal recrimination.

Conclusion to Section II: Differences between three workplaces

This section has provided an overview of the social and economic organisation of three sex work settings in the contemporary UK sex industry. Most previous research has focused on street based sex workers, and has often investigated a single issue such as drug use, early childhood experiences and entry into the work.

In general there has been a limited number of studies using qualitative methods in the UK that could develop an understanding of the working patterns and routines of sex work settings. Barnard and McKeganey (1996) conducted ethnographic work with street based prostitutes in Glasgow, as did Taylor (1993) and Cusick (1996) who also included indoor workers in her study, but outside of Glasgow such detailed understanding of street based prostitution is limited. Other studies have incorporated interviews into research (Day, 1990; O'Neill, 1994; Kinnell, 1993b; Whittaker and Hart, 1996) but still there has been little detailed insight into working in the indoor settings.

In this section I compared the working routines of three distinct type of sex work. Street work in Leeds differed from Glasgow and other UK cities due to lower levels of drug use especially injecting drug use, but in other ways the street scene was similar; characterised by prostitution as survival, harsh working conditions, police presence, violence and drug use. Drug users worked the longest hours. The working styles of the street were similar to those described by McKeganey and Barnard (1996) where street based negotiations were business like and based on impersonal sex for cash transactions. This section also described saunas in detail

and highlighted that managers (and to a lesser extent some police) were the key players in determining workplace health and safety. Police left saunas alone so long as drugs, under age girls and violence were not evident. Without licensing or legal regulation, managers became the key determinants in working conditions. In Leeds, unlike in anecdotal evidence from other cities, women mainly ran saunas, many of whom were ex workers themselves, this appeared to limit the levels of exploitation that could occur in such unregulated settings. Three types of sauna management style were described that impacted upon work ethos and working conditions. These management styles could potentially have important effects on worker's sexual and personal and emotion well being since they determined working hours, routines, and rules. Unlike the flats in London described by Whittaker and Hart (1996) flats in Leeds were independently run and usually based in private homes. Women in flats were thereby largely autonomous in determining their own working conditions.

In terms of working styles, the most notable difference between workplaces was between street and indoor settings; street work was characterised by fast 'no frills' sex, and indoor work was characterised by 'a good time guaranteed' approach where women were expected to put greater emotional labour in their work. Although exact measures of mental health and work related stresses were not examined in this study, the indications from interviews was that there are different stresses relating to different types of selling sex, with indoor workers reporting greater strain from emotion work. In addition, women in all settings reported other stresses relating to the stigma of the work, such as how their work impacted upon their private relationships and friendships. This is discussed in further detail with regard to private sex lives in the next chapter on sexual and reproductive heath.

In the next section, two important occupational health issues are examined in more detail and comparisons are again made between the three workplaces, referring back to conclusions made in this section regarding the different working styles, working conditions and demographics between the women. In chapter nine, sexual and reproductive health is examined and then in chapter ten, work-related violence from clients, pimps and others is examined in detail. Conclusions from all three sections

(I) Introductory, (II) Workplace differences and (III) Occupational Health are examined in the conclusion, chapter eleven.

Chapter 9: Sexual and Reproductive Health

Introduction

Most public, academic and medical interest in prostitution has been concerned with the sexual health of women selling sex. However, the focus has usually been on the potential for prostitute women to detrimentally affect the health of their male clients and subsequently wider society (Holmes et al, 1991). Using this framework of prostitutes as a potential risk group has meant that studies have often been limited to examining the prevalence of sexually transmitted infection including HIV, and women's use of condoms with private and commercial partners. Frequently such studies in the UK have been limited to convenience samples, street workers or injecting drug users, or data have frequently been presented as if prostitutes were an homogeneous group.

The first aim of this chapter is to present data on female prostitutes' sexual and reproductive history and health, including data relevant to women's health more broadly than their potential as a risk group for the transmission of HIV. This includes their age at first intercourse, experience of terminations and miscarriage, and their contraceptive use, as well as previously examined issues of sexual health such as incidence of STIs, health service use and sexual health screening, and condom use with commercial and private partners.

In addition to indicating important sexual and reproductive health issues for Leeds prostitutes, and comparing results between the three workplaces, many results are also compared to the general population for women in the UK (defined as an age matched sample taken from the NATSAL [Johnson et al, 1994; Johnson et al, 2001; Fenton et al, 2001] or various UK Office of National Statistics reports [ONS, 1998]). Thus, this chapter is an attempt to expand the understanding of prostitutes' sexual and reproductive health and to begin to clarify where any differences lie, both between prostitutes and non-prostitutes, and between prostitutes working in different sectors, in order to better identify health services needed.

Previous research has shown that sexual risk among prostitutes in the developed world has been related more to their private than their commercial partners (Ward et al, 1999). Again, few data have been available in the UK to enable comparison across settings. This chapter investigates this issue, by examining types of recent sexual activity with partners, condom use with partners and partner type (regular or casual).

In section one, I described the social and civil status of prostitutes, noting that they were a highly stigmatized group. In section II, I described the social organization of flats, saunas and the street showing that workplace strongly structures the business of prostitution, with different work ethos and attitudes found in the three workplaces as well as significant differences in the demographics of women in each setting. At the start of this chapter, mainly quantitative data are presented to examine if differences are also found in health indicators and behaviours for women's sexual and reproductive health.

Statistical methods

The primary analytical focus adopted here is to compare women who work in the three different work places: street, sauna and private flats. For each variable, this statistical comparison is made and reported in the chapter. Of secondary interest is the comparison between indoor (sauna and flat) and street (i.e. outdoor) workers. Here, analyses are only presented where a significant difference for a particular variable was found. The method of quantitative analysis employed was explained earlier, in chapter 3.

Sexual and reproductive history

Age at first intercourse

Women reported their age at first heterosexual intercourse. The overall mean and median ages were 14.5 years and 15 years respectively (see Table 15), with street workers reporting significantly lower age at first intercourse than sauna workers (p=0.031). As shown in Table 16, street workers (75%) were significantly more

likely to report first intercourse before the age of consent than indoor (52% sauna and 50% flat) workers (p=0.02). Although the women were not asked about whether their first experience of sex was coerced, the very young ages reported by some women (e.g. ages 3, 8 and 9 years) suggests that sexual abuse for some of the women had very likely occurred. Of the whole sample, 60% first had sexual intercourse under the age of sixteen, seventeen of these women first having sex between the ages of 3 and 12.

In stark contrast to these figures, the median age at which women aged between 25-29 years in the UK Sexual Attitudes and Lifestyle urvey reported first having sexual intercourse was 18 years of age (Johnson et al, 1994, p 70), with only 10% having had sex before the age of sixteen (Johnson et al, 1994, p.74). Although Johnson et al (1994) report a significant relationship between lower educational qualifications and sex before the age of consent, no such relationship was found for women in this study.

Table 15 Age (in years) at first intercourse by current work place

	Street N=39	***Sauna N=50***	***Flat N=18***	***p value***	***Total n=107***
Mean	13.6	15.3	14.3	0.031	14.5
(SD)	(3.29)	(1.93)	(2.82)		(2.74)
Mode	15	16	16		15
Median	15	15	15.5		15
Range	3-21	11-21	9-18		3-21

Table 16 Under sixteen years old when experienced first intercourse?

	Street n=39	***Sauna n=50***	***Flat n=18***	***p value***	***Total n=107***
	n (%)	n (%)	n (%)		N (%)
Under sixteen years	29(74.4)	26(52.0)	9(50)	0.02	64 (59.8)
Sixteen years and over	10(25.6)	24(48)	9(50)	df 1	43 (40.2)

Motherhood

As shown in Table 17, almost three quarters of women (72%) had had children, with no significant differences observed by work place. Although the mean age at which women had their first child was 19 years old (with no differences by work place), half the sample had had a child by the age of 17. Some had had children when they were as young as 13-15 years (disclosed during interviews as relating to sexual abuse in two cases).

Table 17 Ever had children, and age (in years) at first child

	Street n=32	***Sauna n=34***	***Flat n=13***	***p value***	***Total n=79***
Ever had children N(%)	32(82)	33(65)	13(72)	ns	78(72)
Age of having first child:					
Mean (SD)	19.1 (3.4)	19.0 (3.0)	20.4 (2.8)	ns	19.3 (3.1)
Mode	17	17	NA		17
Median	18	19	20		19
Range (years)	13 - 29	15 - 29	16 - 25		13 – 29

Experience of termination and miscarriage

Just under half of the women in the sample (46%) had ever had a termination and a similar number (44%) had ever experienced a miscarriage. For neither was there a significant difference by workplace. Johnson et al (1994) found that in a similarly aged cohort (aged 25-34) in the UK, 14.8% had ever had an abortion and 18.2% had ever had a stillbirth or miscarriage. Compared to these figures, the Leeds prostitute sample had experienced a very high rate of both abortions and miscarriage. Using logistic regression on their large data sample, Johnson et al conclude that:

> ...sexual lifestyle, as measured by number of partners, appears to exert a strong influence over the likelihood of an abortion. Such a relationship is not unexpected, in terms of both increased exposure to risk and less commitment to partners, and is supported by the increased rates of sexually acquired

infections observed in women attending abortion clinics. (Johnson et al 1994, p.292)

Johnson et al (1994) found no similar link between number of partners and miscarriage. Deren et al (1996b) speculate that the higher rate of miscarriage observed among street compared to brothel workers in New York may be related to increased drug use. However, in the current study, experience of miscarriage was neither related to drug use in the last month ($Chi^2 = 0.092$, ns) nor 'crack' use in the last month ($Chi^2=0.281$, ns). This leaves the question as to why so many prostitutes have experienced miscarriage.

Contraceptive use

Prostitutes may be at risk of unwanted or unintended pregnancy both through their commercial client contacts and from sex with men in their private lives. From a choice of eleven forms of contraception, women were asked to report which they used with their *private* partners[1]. These data are reported in Table 18 below for the total sample, by work place and for the age matched (25-34 yrs) cohort of women from the NATSAL survey (Johnson et al, 1994). Almost one third of the current sample (30%) reported using no contraception with private partners, this is similar to previous studies of UK prostitutes in which between 24 – 38% report no contraception (Kinnel, 2001). However, this was over twice as high as the NATSAL cohort (13%). In terms of the specific contraception methods used, the prostitute sample were slightly less likely to use each form of contraception than the NATSAL cohort sample, though the two groups differed substantially in their use of three methods; the pill (32% of prostitutes vs. 44% of NATSAL cohort), the cap or coil (6% vs. 13% respectively) and vasectomy (2% vs 7% respectively). Use of condoms with private partners as a contraceptive, however, was similar in the two groups (36% of prostitutes vs 31% of NATSAL cohort).

[1] Henceforth, the phrase *private partners* is used to distinguish between the womens' private non-paying sex partners and their clients.

Table 18 Contraceptive use by current workplace compared to NATSAL female age cohort 25-34 years

	NATSAL Sample n=2667	***Leeds Total n=99***	***Street n=36***	***Sauna n=47***	***Flat n=16***	***p value***
	(%)	n (%)	n (%)	n (%)	n (%)	
None	12.7	29(29.3)	17(47.2)	8(17)	4(25)	0.010, df 2, 0.03, df 1
Condom	31.0	36(36.4)	10(27.8)	21(44.7)	5(31.3)	ns
Spermicide	1.1	2(2)	1(2.8)	1(2.1)	0(0)	na
Pill/Depo Provera	43.6	32(32.3)	7(19.4)	20(42.6)	5(31.3)	df2, 0.083
Cap or coil	12.8	6(6.1)	2(5.6)	4(8.5)	0(0)	na
Rhythm method	2.5	3(3)	0(0)	2(4.3)	1(6.3)	na
Vasectomy	7.4	2(2)	0(0)	1(2.1)	1(6.3)	na
Sterilized	6.2	4(4)	2(5.6)	1(2.1)	1(6.3)	na
Menopause	n/a	1(1)	0(0)	0(0)	1(6.3)	na
Withdrawal	4.3	5(5.1)	0(0)	3(6.4)	2(12.5)	na
Other	0.9	2(2)	1(2.8)	1(2.1)	0(0)	na

The women who reported that they did not use any contraception were asked to report their reasons for this, using an open-ended question. Several women reported that they did not use any contraception since they were trying for a baby, were pregnant, were infertile or were with long term partners with whom they felt prophylactic protection was unnecessary. This is discussed further in the second half of this chapter.

Street workers were significantly less likely to report using any form of contraception than both flat and sauna workers (p=0.010). Similarly, street workers were significantly less likely to report use of any contraception than indoor workers (p=0.03). Although indoor workers reported higher use of condoms with their private partners (45% of sauna and 31% of flat compared to only 28% street workers) this difference was not significant. There was also a trend towards sauna workers being more likely to report being on the pill or having injected *Depo Provera* (p=0.083).

Summary of sexual and reproductive history

In terms of prostitutes' sexual and reproductive history, street workers appear to be disadvantaged when compared to both sauna and flat workers, whilst the whole sample appeared disadvantaged compared to all women in the UK.

Street workers experienced first sexual intercourse at a significantly younger age than sauna workers (but not flat workers), and a significantly greater proportion of street workers compared to indoor workers reported that their first sexual experience occurred before the UK legal age of consent. Overall, it was observed that the prostitute group's mean age of first intercourse was much lower than the national average for age matched women, and prostitutes were six times more likely to report sex before the age of consent. Experiences of motherhood did not differ across the sample, nor did rates of termination or miscarriage, however, both of the latter experiences were over twice as common amongst the prostitute sample than for age matched women in the UK. Contrary to previous studies, this did not appear to be related to either drug or crack use. Regarding use of condom use with private partners, female prostitutes in this study reported a similar level of condom use as age matched women in the UK, although regarding contraception in general, prostitutes were less likely to be using a current form of contraception than non prostitutes and street prostitutes the least likely.

Sexual and reproductive health

GP use

Previous studies found that between 50-88% of prostitutes were registered with a GP (Faugier et al, 1992; Scambler and Scambler, 1995). In the Leeds survey, 94% of women were registered with a GP, but only one quarter (25%) had told their GP that they did sex work. Sauna workers reported telling their GP about their work less often (18% compared to 30% street and 33% flats) but this difference was not significant. As noted in section II, indoor workers voiced greater concern over maintaining the secrecy of their work, thus this trend is not so surprising. Importantly however, it shows that the stigma surrounding prostitution impairs

women's ability to freely access appropriate health care. In interviews, women expressed three main concerns regarding telling their GP about sex work. Firstly, women spoke of embarrassment and concern that doctors would have prejudiced ideas about them. Women also expressed fears around confidentiality, especially as many women used the same GP as members of their immediate family that may not know of their sex work. Finally, few women felt that their GP had adequate specialist knowledge to deal with queries relating to prostitution. Women did not have complaints about their GPs, but rather did not expect or wish that their GP deal with matters of health that related to sex work.

Sexual health check ups

In Victoria, Australia, women working in legalised brothels are required by law to attend for full sexual health screening once every three months. In the UK, most health advisors also recommend screening every three months. As shown in Table 19, 60% of women in the Leeds survey had been for sexual health screening in the last 6 months. Date of last sexual health check up was not linked to workplace, although it is important to note that across the sample almost one quarter (n=23) had *never* had a check up.

Table 19 Date of last sexual health check up by current workplace

	Street *n = 36*	*Sauna* *n = 50*	*Flat* *n = 17*	*p value*	*Total* *n = 103*
	n (%)	n (%)	n (%)		n (%)
Within the last 6 months	20(55.6)	34(68.0)	8(47.1)	ns	62(60.2)
6 or more months ago	6(16.7)	8(16)	4(23.5)	ns	18(17.5)
Never had one	10(27.8)	8(16)	5(29.4)	ns	23(22.3)

Sixty five women reported where they had had their last sexual health check-up. Most 52/65 (80%) had this done at the local Genito-urinary medicine (GUM) clinic. Nine had been to their GP (14%), three to the family planning centre (5%) and one had their most recent check up when in prison. At the time of the study, no

specialist medical services were available through the outreach service, as existed in other UK cities (e.g. Glasgow, Edinburgh, London), but women were encouraged to attend the GUM clinic for sexual health screening. The clinic gave priority bookings to sex workers to encourage their attendance and to accommodate the more immediate needs of some women (e.g. if a condom had split whilst with a client). The joint work between the GUM clinics and Genesis in Leeds was appreciated by the sex workers who used the services and the majority of women spoke highly of the services from both agencies:

> I go every few months or so, they're all right up there cos you can tell em what you do cos they see lots of workers. I get preferential treatment, like all my tests and jags and everything, and all the AIDS tests (050, private flat worker).

In a review of sexual health services for prostitutes, Casey et al (1995) found that sex workers were put off using health services due to fears for confidentiality, and dislike of long waiting times and male staff. In Leeds, the priority system offered appeared to over-ride some of these issues, and the sustained outreach by Genesis kept sexual health on the agenda for many women who may otherwise not attend:

> SC - So how do you go for check-ups at the clinic?
>
> 087 - You got no choice wi' Kath [laughs] cos she'll march us down there, you know three or four of us for all the tests. She'll remind you all right. There was no way I was gonna go, I didn't want all prodded but she says like its for best you know (street worker).

As noted in section II, however, a number of women were isolated from health care and support services and were unaware of the recommended screening or the facilities available to them. Other women expressed a worrying misunderstanding of the role of sexual health screening:

SC - Have you had a check up too?

009 - No, I've never had one. I might be dying of AIDS luv I don't know do I, I aint got a fella to tell me I've got ought wrong with me have I, and all these things luv, you can have it and never know about it, its only if you've got a partner and you've passed it onto him. I mean how do I know ain't got ought and I might have had it for twenty years and I don't know. (private flat worker)

Cervical screening

As another measure of sexual and reproductive health, women were asked to report if they had ever had cervical screening (smear test). Most women (88%) had had this performed at least once, with no significant difference between workplaces (85% street; 88% sauna and 94% flats). Seventy three women also reported whether they had ever had a positive smear test result. Nineteen women (22%) had ever been given a positive result, again with no significant difference by workplace (26% street, 21% sauna and 17% flats). Indeed this was almost identical to an earlier Birmingham study which found that 26% of prostitutes there had had a positive smear test result (Kinnel, 1993a).

HIV antibody testing

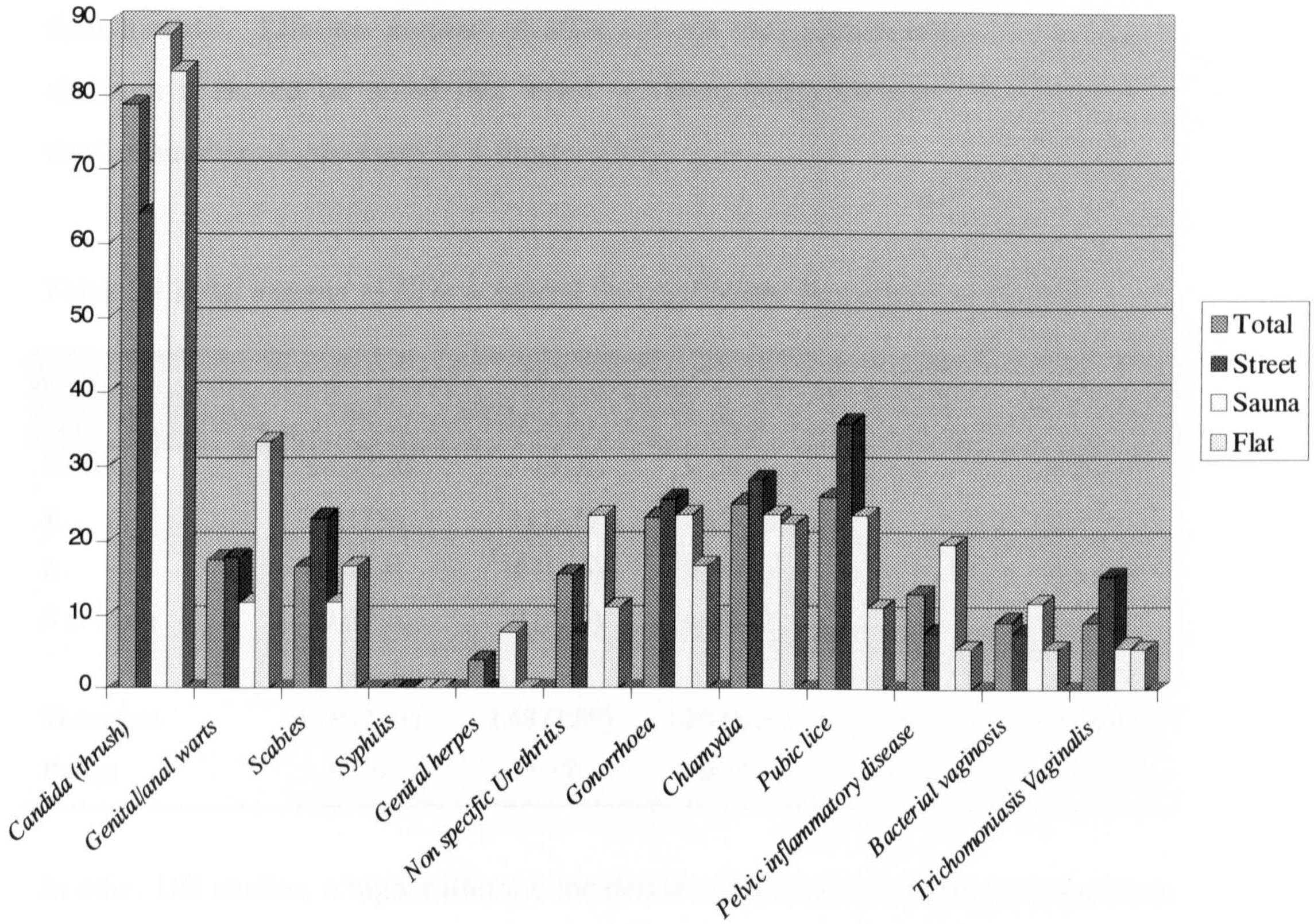
Women were asked if they had ever had an HIV antibody test and whether they had received a positive or negative result. Forty eight women (44%) had ever had an antibody test for HIV. Of the 37/48 women who gave their test result (4 had had an anonymous test, 3 did not complete this question), all said their most recent test was negative. Analysis suggested that street workers (60%) were significantly more likely to have had an HIV test ($p=0.029$) compared to sauna (39%) and flat workers (24%).

Although HIV rates among female prostitutes are low across the UK, no other study found 0% across settings. This is likely to be a reflection of the low levels of injecting drug use among prostitutes in Leeds, and thus reinforces previous findings linking HIV risk to intra-venous drug use among prostitutes.

Sexually transmitted infections

Women were given a list of sexually transmitted and other genito-urinary diseases, and asked which they had ever experienced. These results, for the whole sample, and split by workplace, are shown graphically in Figure 1.

Figure 1 Lifetime Experience of Sexually Transmitted Diseases



For the whole group, Candida (79%), Pubic lice (25%), Chlamydia (25%) and Gonorrhoea (23%) were the most commonly reported, followed by genital/anal warts (18%) and scabies (17%). Experience of only one disease varied by workplace; candida (thrush) was significantly associated with indoor workers ($p = 0.006$). However since most women reported getting thrush either when they were pregnant or from using condoms with non-oxynol 9 spermicide, this result does not indicate cases of sexually transmitted infection. It is more likely to be linked to the longer duration of client-prostitute sexual contact in indoor premises, which leads to irritation from spermicides on condoms.

From the data on lifetime experience of individual STIs it was possible to calculate the total number of different STIs the women had had during their lifetime. Here all STIs featured in Figure 1 were included except for Candida. These data are shown in Table 20. Overall, almost half of the women had never experienced *any* STIs. Just under one fifth had experienced just one or two different STIs in their lifetime, indeed the mean number experienced was about 1.6. Of more concern, however, almost one quarter of women reported experiencing three or more different STIs in their lifetime. Lifetime number of STIs did not vary significantly by workplace, although it should be noted that street workers, being younger, had acquired a similar number of infections in a shorter time.

Table 20 Total number of STIs acquired during lifetime by current workplace

	Street ***n = 39***	***Sauna*** ***n = 51***	***Flat*** ***n = 18***	***p value***	***Total*** ***n = 108***
None	16 (41.0)	20 (39.2)	9 (50.0)	ns	45 (41.7)
1	7 (17.9)	9 (17.6)	3 (16.7)		19 (17.6)
2	6 (15.4)	10 (19.6)	2 (11.1)		18 (16.7)
3 or more	10 (25.6)	12 (23.5)	4 (22.2)		26 (24.1)
Mean (sd)	1.69 (2.01)	1.63 (1.89)	1.28 (1.64)	ns	1.59 (1.88)
Range	0 – 6	0 – 7	0 - 4		0 - 7

In other UK studies, a higher lifetime incidence of STIs among prostitutes had been associated with younger age (Ward et al 1993; Kinnel, 1991), street work (Kinnell, 1991) and a higher number of non paying partners (Ward et al, 1993; Kinnel, 1991). Using Chi^2 analysis to examine which variables were linked to having had three or more STIs, these findings were not supported in this study. Instead, having three or more STIs was linked to having ever been homeless (p=0.016), having first worked on the street (p=0.048) and first having sex under the age of sixteen (p=0.003). This would suggest that an increase in STIs in this study is linked to indicators of general disadvantage and inequality rather than a specific workplace or women's current behaviour with clients or non paying partners.

Summary of sexual and reproductive health issues

Although most women were registered with a GP, only one in four had told their GP they did sex work (with no variations across groups for either issue). Women preferred to use the local GUM clinics for their sexual health screening and advice. Although the majority had had a sexual health check-up in the last 6 months, of some concern was that almost one quarter of participants had *never* had such a health check. Whilst women spoke positively of the service provided to them, clearly some women were either unaware of, or unwilling to use, these services.

HIV testing appeared to be fairly low – under half had had a test, though all those tested reported a negative result. Significantly more street workers reported having an HIV test compared to both sauna and flat workers. This is likely to be linked to the higher contact street workers have with outreach services who encourage them to test. The fact that no women reported a positive HIV test result may be a reflection of the low level of injecting drug use among sex workers in Leeds at the time of the study.

In terms of all sexually transmitted infections, none varied significantly by workplace (excluding thrush, which is not always sexually transmitted). These results support Woolley's (1988) previous findings of no significant difference between reported STIs and prostitute workplace. Although almost half of the women had never experienced an STI, the most striking finding here along with previous UK research (Ward et al, 1999; Wooley et al, 1988), was that levels of STIs amongst prostitutes are far higher than for women in the general population (except for the relatively rare syphilis). Lifetime experience of STIs in the NATSAL study suggested that only 12.6% of the general UK population of sexually active women had ever had an STI (Fenton et al, 2001). In the current study, lifetime experience of an STI was almost 5 times higher (58.3%).

This increased STI risk was apparent for seven of the STIs included in the current study. For example lifetime rates of gonorrhoea were just 0.8% in the age matched (16-44 years) cohort of women drawn from NATSAL study (Fenton et al, 2001) compared to 23% in the current prostitute sample. Large differences were also

observed for genital warts (4.1% vs 17.6%), genital herpes (1.3% vs. 3.7%), non-specific urethritis (0.8% vs. 15.7%), chlamydia (3.1% vs. 25%), pelvic inflammatory disease (2.2% vs. 13%) and trichomoniasis vaginalis (0.8% vs. 9.3%). However, across prostitute studies, the magnitude of lifetime STI experience appears to vary with each study and each infection. For example, rates of gonorrhea varied from 3% in Sheffield (Wooley et al, 1988) to 23.1% in Leeds (the current study) whilst rates of Chlamydia varied from 8.2% in Sheffield (Wooley et al, 1988) to 26% in London (Ward et al, 1999). What may be concluded from this is that, although prostitutes in general are a group at higher risk of almost all STIs compared to other women, the magnitude of individual STIs may vary both temporally and spatially, although some variation may also be due to the introduction of more sensitive testing measures. It would appear that such wide variability of results cannot yet yield conclusive results regarding differences in incidence of specific STIs among prostitutes in the UK.

Overall, in terms of sexual and reproductive health and history, street workers appear slightly more disadvantaged than both sauna and flat workers, but overwhelmingly, prostitutes have been shown to have far poorer sexual and reproductive health than the general population of women in the UK. These findings therefore confirm those of previous studies (Ward et al, 1999; Woolley, 1988; Pyett et al,1996a) and suggest that in this area of prostitutes' health, differences by workplace are less important. Previous studies reported that sexual health risks among female prostitutes were related more to women's private sexual encounters than their commercial ones. This is examined in the following sections on sexual health risks with commercial and private partners. Data on women's recent sexual activity and condom use with private (non-paying) partners are given, along with data on partner type and partner's injecting drug use. Following this is a discussion of sexual health risk in the workplace (sexual activity, condom use and condom breakage).

Sexual behaviour with private partners

To examine sexual health risks relating to private partners in this study, women were asked to report how many private male sexual partners they had had in the last six months, whether these men were injecting drug users, frequency of condom use for various sexual activities in the past year and reported condom use with private partners in the past month.

Number of private male sexual partners in the past six months

Most women (87%) reported having at least one private male sexual partner in the past six months. The mean number of private male sexual partners in the past six months for the whole sample was 1.6 (SD 1.5, range 0-10). Whilst most women (54%) had only one private male sexual partner in this time, 12 women (11%) had had two, and 23 women (22%) reported between three and ten. As shown in Table 21, 29% of sauna workers compared to 15% street and 17% flat workers reported having had three or more sexual partners in the past six months. Despite findings from previous studies indicating that a higher number of private male sexual partners may be related to street workers (Ward et al, 1992), there was no significant difference between number of recent male sexual partners and workplace in this study.

Table 21 Number of private male sexual partners in the past six months

	Street n=39	***Sauna n=49***	***Flat n=18***	***p value***	***Total n=106***
	n (%)	n (%)	n (%)		n (%)
None	4 (10.3)	7 (14.3)	3 (16.7)	ns	14 (13.2)
One	23 (59.0)	24 (49.0)	10 (55.6)		57 (53.8)
Two	6 (15.4)	4 (8.2)	2 (11.1)		12 (11.3)
Three or more	6 (15.4)	14 (28.6)	3 (16.7)		23 (21.7)

A similarly aged cohort of women in the UK, (Fenton et al, 2001) reported having a mean of 0.32 (SD 0.9) new sexual partners in the past year, thus indicating that the

female prostitutes in this sample had more than three times as many new sexual partners as non- prostitutes over one year. A higher number of sexual partners does not necessarily lead to increased sexual health risks, unless women are having unprotected sex with their partners. In the next section, condom use with private partners, sexual activity and partner type is examined.

Condom use with private male partners

Earlier, 36% of the sample were reported as using condoms with their private partners as a form of contraception. In order to examine consistency of use, women were also asked how frequently (always, sometimes or never) they had used condoms with private male partners for vaginal, oral and anal sex in the past year (see Table 22). For vaginal sex, just 15% said that they had always used condoms with private partners, 34% reported sometimes, whilst over half the total sample (51%) reported never using condoms with their private partners. No significant differences were observed across work places, although it is interesting to note that over twice as many street (17%) and sauna (15%) workers said they always used condoms with private partners compared to flat workers (7%), which was perhaps related to the much higher levels of marriage and cohabitation in this latter group.

Table 22 Frequency of condom use with private male sexual partners in the past year, by type of sex and current workplace

	Street	***Sauna***	***Flat***	***p value***	***Total***
	n (%)	n (%)	n (%)		n (%)
Vaginal sex	***n=35***	***n=46***	***n=15***		***n=96***
Always	6(17.1)	7(15.2)	1(6.7)	ns	14(14.6)
Sometimes	8(22.9)	21(45.7)	4(26.7)		33(34.4)
Never	21(60)	18(39.1)	10(66.7)		49(51.0)
Oral sex (Fellatio)	***n=30***	***n=38***	***n=13***		***n=81***
Always	8(26.7)	3(7.9)	1(7.7)	n/a	12(14.8)
Sometimes	5(16.7)	9(23.7)	3(23.1)		17(21.0)
Never	17(56.7)	26(68.4)	9(69.2)		52(64.2)
Anal Sex	***n=7***	***n=7***	***n=2***		***n=16***
Always	3(42.9)	2(28.6)	0(0)	n/a	5(31.3)
Sometimes	0(0)	0(0)	0(0)		0(0)
Never	4(57.1)	5(71.4)	2(100)		11(68.8)

For oral sex (fellatio), across the sample 15% of women said they had always, and 21% sometimes, used condoms with their private partners for fellatio in the past year, whilst the majority (64%) never had. Because of low expected frequencies, it was not possible to compare frequency of condom use with private partners across the three workplaces. However, comparing indoor and street workers, a trend towards significance was observed (p=0.068) such that street workers were more likely to report always using (27%), and indoor less likely (8%) to always use, condoms with private partners for fellatio than expected by chance. Only sixteen women said that they had anal sex with their private partners so the results are too small to compare across settings. Most (69%) said that they did not use condoms for anal sex with private partners.

It would appear then, that although 36% of the sample reported using condoms as a form of contraception, the majority of women (85%) were inconsistent in their use. These findings are consistent with other studies of female prostitutes in the UK, for example, Ward et al (1993) found that 78% of London prostitutes attending the Praed Street project and clinic never used condoms with their private male partners for vaginal sex.

Partner type

Of the 92 women who had had a private male sexual partner in the past six months, just four reported that one of their male sexual partners had injected drugs in the past five years (two of these women worked on the street, one in a sauna and one in a private flat). This low level of sexual practice with IVDU is not surprising since injecting drug use did not appear to be common in Leeds at this time.

Sixty eight women gave details about the type of partner with whom they had had sex in the last month. Of these, three quarters (75%) reported their partner to be 'regular' whilst the remaining quarter (25%) said he was a 'new or casual' partner. Two women said that their last partner was an ex-boyfriend and one woman that her partner was an 'occasional' partner.

Sexual behaviour with private partners and partner type

In order to validate data given about condom use with private partners, women (n=90) were asked to report the type of sex (protected or unprotected vaginal, oral and/or anal sex) they had had with private partners in the past month. Table 23 shows that over three-quarters of women had had vaginal intercourse without a condom (since 28% had also had vaginal sex with a condom, a small overlap of 4% of women reported both), and almost two thirds (61%) reported fellatio without a condom. Only six women reported having had anal sex (3 with a condom, 3 without).

Table 23 Sexual activity with a private partner in the last month (n=90)

Women reporting this practice		
	n	***%***
Vaginal sex (no condom)	69	(76.7)
Fellatio (no condom)	55	(61.1)
Anal sex (no condom)	3	(3.4)
Vaginal sex (with condom)	25	(27.8)
Fellatio (with condom)	16	(17.8)
Anal sex (with condom)	3	(3.4)

In an attempt to further understand women's condom use with private partners, these data on recent condom use were analysed by partner type[2]. Although no differences were observed for vaginal sex with a condom or oral sex without a condom, women were significantly more likely to have had unprotected vaginal sex with regular than new/casual partners in the last month (p=0.008). Female prostitutes appear then, to be exposed to greatest risk regarding STIs from within established relationships, as similarly found for gay men (Flowers, 1997).

In the NATSAL survey (Johnson et al, 2001), a measure of 'unsafe sex' was constructed by calculating the number of women who reported having 2+ new sexual partners in the past year as well as inconsistent condom use in the last month.

---

[2] Note the low number of women reporting anal sex or fellatio with a condom prevented analysis of this sexual act by partner type.

Of the NATSAL sample, 10.1% of all women thereby indicated recent unsafe sex. Constructing similar data for the Leeds sample, twice as many women (21%) reported 2+ new sexual partners *in the last 6 months* as well as inconsistent condom use in the past month. The fact that the latter data relate to a longer time period (i.e. 6 months vs. one year for UK women) even more strikingly evidences the higher level of unsafe sex risk reported by the women working in prostitution.

Summary of prostitute sexual health behaviours with private partners

No significant differences were observed between the number of private sex partners in the previous 6 months across workplace, but comparing the prostitute sample with a similarly aged cohort of women in the UK, prostitutes reported approximately three times as many new sexual partners. This does not necessarily present greater sexual health risk, but reported condom use with these partners was in fact low with only 15% of prostitutes consistently using condoms for vaginal sex.

The high number of private male sexual partners and low use of condoms reported by the women in this sample is consistent with previous research (Ward et al, 1993; Barnard and McKeganey, 1996; Pyett et al, 1996a; Cusick, 1996). This study further shows, however, that such findings did not vary by workplace and contrary to other studies, that few women in this sample reported their recent private male sexual partners to be injecting drug users.

Compared to UK women, however, more than twice as many women in the prostitute group reported 'unsafe sex' (as measured by two or more new recent sexual partners and inconsistent condom use in the past month). Women were also reported to be more likely to practice unsafe sex with regular than new or casual partners, suggesting that sexual health risks for prostitutes are found within their established relationships.

Sexual health and sex with clients

In order to assess sexual health risks specific to the work of prostitution, mention is again made here to the types of sexual services that women working in the three sex work settings provided to their paying clients, and reported condom use. Table 24 below summarises by workplace the types of sexual services that are considered to pose the greatest risk of transmission of HIV and other STIs: vaginal, oral (fellatio) and anal sex. The table shows that vaginal sex is almost universal, since 96% of the sample reported that they offered this service, and there was no significant variation by workplace. In contrast, whilst oral sex was also provided by the majority of women (90%), fewer street workers (82%) reported that they would provide this service than sauna (96%) and private (89%) workers. Finally, anal sex was offered by far fewer women, just 6% overall.

Table 24 Basic sexual services provided to clients in each workplace

	Street n=39	Sauna n=51	Private n=18	p value	Total n=108
	n (%)	n (%)	n (%)		n (%)
Vaginal sex	37 (94.8)	50 (98)	17 (94.4)	ns	104 (96.3)
Oral sex	32 (82)	49 (96)	16 (88.8)	ns	97 (89.8)
Anal sex	3 (5.8)	2 (3.9)	2 (11.1)	na	7 (6.5)

Women also reported their frequency of condom use with clients in the last year, for vaginal, oral and anal sex (see Table 25). Overall, we see a pattern of consistent condom use regardless of the specific sexual act provided, with no significant differences by workplace. Just 3 women (one from each workplace) said they only 'sometimes' use condoms when providing vaginal sex, only 4 women 'sometimes' and only 2 'never' use condoms to provide oral sex, whilst only 1 woman said she 'sometimes' used condoms for anal sex. Thus it is clear from these data that the consistent prophylactic use of condoms by these women during their sex work with clients is likely to protect them from most STIs, including HIV.

Table 25 Reported condom use with clients in the last year by workplace

	Street	Sauna	Private	p value	Total
	n (%)	n (%)	n (%)		n (%)
Vaginal sex	***n=37***	***n=50***	***n=17***		***n=104***
Always	36(97.3)	49(98)	16(94.1)	ns	101 (97.1)
Sometimes	1(2.7)	1(2.0)	1(5.9)		3 (2.9)
Never	0(0)	0(0)	0(0)		0 (0)
Oral sex	***n=32***	***n=49***	***n=16***		***n=97***
Always	30(93.8)	47(95.9)	14(87.5)	ns	91 (93.8)
Sometimes	2(6.3)	1(2.0)	1(6.3)		4 (4.1)
Never	0(0)	1(2.0)	1(6.3)		2 (2.1)
Anal Sex	***n=3***	***n=2***	***n=2***	*na*	***n=7***
Always	3 (100)	2 (100)	1 (50)		6 (85.7)
Sometimes	0 (0)	0 (0)	1 (50)		1 (14.3)
Never	0 (0)	0 (0)	0 (0)		0 (0)

To corroborate these reports of condom use in the last year, I also asked women to describe condom use during the service provided to their last client. As shown in Table 26, no women reported providing either vaginal or anal sex without a condom whilst only one woman said she had provided oral sex without a condom. In stark contrast, most of the women (74%) said they provided vaginal sex with a condom. Over half said they had provided oral sex with a condom (59%) whilst anal sex with a condom (2%) was rare. Analysis showed that both vaginal (p=0.02) and oral sex (p=0.014) with a condom were significantly more likely to have formed part of flat and sauna compared to street women's last sexual service. However, it does not follow that street workers are more likely to provide vaginal sex without a condom than indoor workers – rather these data suggest that street workers are less likely to provide both vaginal and oral sex per se, but corroborate that when either is provided, regardless of workplace, this is almost always protected.

Table 26 Protected and unprotected sexual services provided to last client by workplace

	Street n=39	Sauna n=51	Private n=18	p value	Total N=108
Without a condom	n (%)	n (%)	n (%)		n (%)
Vaginal sex	0 (0)	0 (0)	0 (0)	na	0 (0)
Oral sex	0 (0)	0 (0)	1 (5.6)	na	1 (0.9)
Anal sex	0 (0)	0 (0)	0 (0)	na	0 (0)
With a condom	n (%)	n (%)	n (%)		n (%)
Vaginal sex	20 (54.1)	45 (88.2)	13 (72.2)	p=0.02	78 (73.6)
Oral sex	15 (24.3)	35 (68.6)	13 (72.2)	p=0.014	63 (59.4)
Anal sex	0 (0)	1 (2.0)	1 (5.6)	na	2 (1.9)

Condom breakage

Despite high reported condom use, infections can arise when condoms fail, by breaking or ripping when in use. Just over one quarter (26%) of women in the sample reported that at least one condom accident had occurred with clients in the last month, with no significant difference found by workplace. Although most of these women had experienced only one broken condom in the last month (n=16), for 8 women, two had broken and for 3 women, three or more had broken. In terms of sexual health, this finding may be more serious, since it suggests that a notable minority of prostitutes are exposing themselves to potential sexual health risks, despite their attempt at prevention.

Previous studies found similar rates of condom failure in the last month, from 23% in Nottingham (Gillies and Parker, 1994) to 37% in London (Ward et al, 1993). Authors have previously suggested that condom failure may be linked to incorrect knowledge of their use, (including wrong type being used), and inexperience of using condoms especially among young workers. A Chi^2 analysis was performed on the data for condom failure and women's age and the number of years that they had worked in prostitution. As shown in Table 27, being younger (under 25 years) was significantly related to reporting condom failure (p=0.008), with 70% of all condom failures reported by women aged under 25 years. Similarly, condom failure was also significantly related (p=0.001) to having less experience of working in

prostitution; indeed there was a trend to higher condom failure for women who had worked for less than two years (44%), compared to those who had worked for between 2-5 years (33%) or for five years or more (22%).

Table 27 Condom failure in the last month by age group and years worked in prostitution

	Condom failure in past month (n=27)	No condom failure in the past month	p value
Age group	n (%)	n (%)	
Under 25 years	19(70)	31(30)	p=0.008
25 years +	8(30)	45(70)	df1
Yrs in prostitution	n (%)	n (%)	
0-2 years	12(44)	12(36)	
2-5 years	9(33)	18(67)	p=0.001
Over 5 years	6(22)	46(78)	df2

This section shows that whilst there is some variation in the types of sexual services provided to clients in each workplace, the high level of condom use across all settings means that sexual health risks do not differ by workplace. Condom use was almost universal for vaginal (97%) as well as for oral sex (94%), but one quarter of women had been exposed to potential sexual health risk due to condom breakage, slippage or tearing with a client in the past month. Such condom accidents were significantly more likely to have occurred with younger and less experienced workers.

Summary of sexual and reproductive health

The findings presented in this chapter have shown that, with regard to sexual and reproductive health indicators, there were more similarities between women working in different sectors of the sex industry in this study than there were differences. Street workers were slightly more disadvantaged compared to indoor workers, as they experienced first sex and motherhood at a younger age, and were the least likely of the three groups to use any form of contraception with private partners. Overall, however, the more striking finding was that prostitutes reported far poorer sexual and reproductive health than similarly aged (non-prostitute)

women in the UK. Regarding recent sexual behaviour with private partners, prostitutes had approximately three times as many new recent sexual partners than similar aged women in the UK, and were twice as likely to report recent unsafe sex (determined by recent non condom use and having had more than two new sexual partners in the previous six months). Compared to women in the UK, prostitutes in Leeds reported five times as many STIs in their lifetime, more than twice as many had had terminations and miscarriages, six times as many first had sex under the legal age of consent, and on average they were younger when they had their first child.

Some previous studies had found similar results but these were usually only for one work sector. James and Meyerding (1977) for example reported that street workers experienced first sexual intercourse at a young age, and Greenwald (1958) noted that call girls had experienced a high number of miscarriages or abortions. This chapter has reported similar results, but shown that these findings are consistent across work settings. By examining sexual and reproductive health from the women's perspective, it is seen that women in prostitution represent a group with specific needs regarding their sexual health, which is often unrelated to their commercial sex work. Many of the women had sex at a young age and experienced abortions, terminations and STIs before they entered prostitution, and the greatest risk in their current sexual behaviour relates to their private lives.

Supporting findings from other UK studies (Ward et al,1993; Barnard and McKeganey, 1996), reports of condom use with paying clients were almost universal. In this study, however, no significant differences were found in the levels of condom use between workplaces. Condom use was equally high across the three workplaces, and condom accidents were related to younger age and less work experience rather than workplace. In addition to high use of condoms for vaginal and oral sex with clients, three quarters of women also reported that they had been for a sexual health checks within the past six months and half had been tested for HIV, with no women reporting that they had been given a positive test result.

Although as shown in section II, there are differences in the characteristics of women in different sectors indicating a hierarchy where by street workers are most disadvantaged in terms of educational attainment, working more out of financial need than choice, having been paid for sex at a younger age, as well as working in the most difficult working environment, this disadvantage is not translated in terms of sexual and reproductive health risk.

Overall therefore, these findings indicate that in spite of differences in the social and economic organisation of the three workplaces, there are few differences in sexual and reproductive health indicators between women. Following other studies, women are at far greater sexual risk with their non-paying partners (Ward et al, 1993; Pyett et al, 1996a) and in general have poorer sexual and reproductive health than non-prostitute comparisons (Ward et al, 1993).

Chapter 10: 'You Get Murdered Or Whatever And Nobody Cares': Prostitutes' experience of violence.

Introduction

In the last ten years in the UK, more than 60 women working in prostitution have been murdered (Kinnel, 2001). The issue of violence against prostitutes however has received little academic and public attention when compared to the numerous studies that have examined prostitute's potential risk behaviours relating to HIV. This is in spite of a greater public awareness and concern for violence against women in general. Domestic violence, once a hidden issue, has now been more widely researched and public attitudes have changed due to an increase in public education, services and support for victims. Prostitutes have remained however a neglected group as regards this issue, with media portrayals and public attitudes representing prostitutes as deserving victims (Caputi, 1989; Lowman et al, 1996).

Of the research that has been conducted on violence against prostitutes, most has focused on street workers (James, 1978; Davis, 1971; McKeganey and Barnard, 1996; Hoigard and Finstad, 1992) and shown that these women routinely face violence, from robbery and mild assault to serious physical and sexual assault. Less is known of indoor prostitution generally, although Church et al (2001) found that street workers in Glasgow were six times more likely to have be been recently assaulted by a client than indoor workers in Edinburgh, and in a London based study, Whittaker and Hart (1996) explored how women working in flats developed strategies in their work to protect against violence. Considering the large number of women estimated to work in indoor prostitution (as noted in chapter one), there is still limited understanding of these environments and their risks of violence. All studies examining whether female prostitutes report cases of client violence to the police found that reporting was usually low (Kinnell, 1991; Barnard, 1993; Benson, 1999), underscoring the importance of research into this area, since few cases of violence against prostitutes reach criminal intelligence sources.

Most studies of violence against prostitutes have focused on levels of client violence (Church et al, 2001; Pyett et al, 1999; Vanwesenbeeck, 1994), but a smaller number of studies in the UK, (Day, 2001; Benson, 1999) have also examined levels of violence by others such as pimps, partners and police, revealing that prostitutes are targets of abuse from a variety of assailants. This research has however been based largely on street prostitutes (Benson, 1999) or convenience samples (Day, 2001). Rarely have both qualitative and quantitative data been collected on the range of perpetrators of violence against prostitutes working in a variety of locations, using a purposive fieldwork based sampling strategy. In this chapter I report on quantitative and qualitative data to explore the violence that female prostitutes in Leeds experienced from clients, pimps, police, colleagues, managers and others.

Church et al, (2001) have shown workplace to be more important in its association with client violence than women's age, drug use or the length of time they had worked in prostitution. In section II of this thesis, some features of the working environment were described, in this chapter they are re-examined in view of potential risk for workplace violence. This includes an examination of women's responses to workplace violence through their protective strategies and whether women report such violence to the police.

Prostitutes' experience of violence

In the questionnaire, women were asked to report whether they had ever been attacked by pimps, other working women, their private partners or a manager (e.g. of a sauna). In relation to violence from clients, women were asked to specify how many times they had been raped or physically attacked by a client, and to specify where this had occurred (e.g. in their home, client's car etc.). Since many of the women self completed the questionnaire, they were left to make their own interpretation of 'having been attacked'. Further details of violent incidents were given in interviews, revealing that women had experienced both physical and sexual assaults, ranging in severity from slaps, to beatings and serious assault.

When considering *any* violence that women encountered from these groups it was found that sixty percent (65/108) of women in the survey had been attacked at least once. Table 28, below, shows that the perpetrators of most violence were clients (55%) followed by private partner (24%), pimps (18%), other working women (16%) and rarely by managers (2%).

Table 28 Women's experience of violence by various perpetrators, by current workplace (n=108)

Have you ever been attacked by	Street n=39	Sauna n=51	Flat n=18	p value	Total n=108
	n (%)	n (%)	n (%)		n (%)
Client	29 (74.4)	21 (41.2)	9 (50)	0.007	59 (54.6)
Private Partner	11(28.2)	13(25.2)	2(11.1)	ns	26(24)
Pimp	13 (33.3)	4 (7.8)	2 (11.1)	0.005	19 (17.6)
Other working woman	12 (30.8)	3 (5.9)	2 (11.1)	0.005	17 (15.7)
Manager	0 (0)	1 (2)	1 (5.6)	n/a	2 (1.9)
Any attack	34 (87.2)	21 (41.2)	10 (55.6)	<0.001	65 (59.0)

When considering where women currently work, street workers are significantly more likely (87%), and sauna workers significantly less likely (41%) to have experienced any attack ($p<0.001$). Street workers were significantly more likely, and sauna workers significantly less likely to have been attacked by other working women ($p=0.05$) or pimps ($p=0.005$). No statistically significant difference was found in experience of client violence across three workplaces, but comparing street with indoor workers (sauna and flat), suggested that the former were significantly more likely to have been attacked by a client ($p=0.002$). In addition, 23 women (21%) reported that they had been raped by a client, with no significant difference by workplace (28% street, 18% sauna and 17% flat).

These findings confirm that women working on the street have experienced the highest levels of violence, but also show that clients are not the only perpetrators of violence against prostitutes. They also show that women working on the street are more likely to be attacked by more than one perpetrator. In fact, more than a third

of street workers (38%) had been attacked at least once by clients, pimps *and* other working women.

Women were also asked to indicate whether they had even been the victims of domestic partner violence. This would enable some insight into work place violence compared to non-workplace violence (although the violence may of course be in reaction to the women's work).

As shown in Table 28, street and sauna workers reported higher levels of ever having experienced partner violence (28% and 26%) compared to flat workers (11%), although this was not statistically significant. Interestingly, apart from manager related violence, where numbers were too small for statistical analysis, partner violence was the only type of violence that was not significantly related to street work. The levels of partner violence reported in this survey are very similar to a 1999 national survey of domestic violence in the UK, where 23% of women aged 16-59 reported ever having been the victims of physical violence by a current or former partner (Mirlees-Black and Bryon, 1999). Domestic violence is not discussed further in this chapter, in order to focus attention on workplace violence.

The experience of violence by different assailant groups are discussed in turn from clients, to pimps, other working women and others (police, local people and managers). Greatest attention is given to client violence since it is most prevalent. The type, level and severity of client violence are discussed and the locations of this violence are analysed. Further, I consider patterns found in the accounts of client violence and consider how the social organisation of the workplace (as discussed in section II) might impact upon the risks of such violence. I also examine women's responses to client violence; their attitudes to clients, whether they report violence to the police and how women deal with these risks in their work. Finally, I examine the levels of violence against prostitutes by other assailant groups.

Violent clients

The greatest number of attacks was reported to have been from clients, with 55% of women in the survey reporting that they had been subjected to client violence on at least one occasion. The types of attacks described included being slapped, punched, kicked, threatened with weapons, sexually assaulted including rape, kidnapped and 'left for dead':

> I've been taken in a car and dumped. That were one of the first times I were attacked yeah I were only about nineteen, he battered me yeah, made me do it with him, raped me, yeah cos he did to me you know anal, then just dumped me in like middle of woods, but it was way out of Leeds (090, private flat worker referring to previous street worker).

> Well he'd done it to another girl the week before, but I didn't know about that. It were after we done business and that, he just pulled a knife on me and grabbed his money back (062, sauna worker).

Frequency of client violence

The experience of client violence was not only very common among the survey of prostitutes as a whole, but also many women (21/56) had been subjected to violence more than once (and up to seven times). In fact, of the 56 women who reported client violence, they jointly reported at least 92 attacks. Similarly, of women who had been raped (21%), whilst most had been raped once, seven women had been raped more than once; one woman reported having been raped five times during the time she had worked in prostitution.

Table 29 below shows the frequency of client violence by current workplace. Interestingly, these data show that while it was more common for sauna or flat workers to have experienced no physical assault (61% and 50%) followed by one assault (33% and 33%) and least likely that they experienced two or more assaults, street workers experienced the reverse, i.e. they were significantly more likely to

have experienced multiple assaults (40%) than only one (34%) or no assaults (26%) (p=0.001).

Table 29 Frequency of physical assault and rape by clients, by current workplace (n=105)[1]

Frequency of assault or rape	Street n=38	Sauna n=49	Flat n=18	p value	Total n=105
Physical assault	n (%)	n (%)	n (%)		n (%)
None	10(26.3)	30(61.2)	9(50)	p=0.001	49(46.7)
Once	13(34.2)	16(32.7)	6(33.3)	df4	35(33.3)
Twice or more	15(39.5)	3(6.1)	3(16.7)		21(20)
Rape	n (%)	n (%)	n (%)		n (%)
None	28(71.8)	42(82.4)	15(83.3)	n/a	85(78.7)
Once	9(23.1)	9(17.6)	2(11.1)		20(18.5)
Twice or more	2(5.1)	0(0)	1(5.6)		3(2.8)

This trend did not occur for experience of rape by clients; across all sectors most women had not been raped, and if they had, it was more likely to have occurred once during their working life.

Current street workers were, therefore, not only more likely to experience client violence, but also more likely to have been victimised on more than one occasion.

Location of client violence

Although Table 28 indicated that street workers had experienced most violence, the data collected were retrospective, and could have included incidents of violence when working from a sauna or private flat. Equally, sauna workers may have reported client violence from when they worked on the street. Indeed, only 21% (23/108) of women in the survey had only ever worked in one location. Furthermore, as shown in section II, simply defining women as either street, sauna or private flat workers, and analysing data by these three groups, may conceal other aspects of the social organisation of prostitution that influence risk. Many women working on the street may take clients to their homes, whilst others only have sex in cars; also some saunas workers only work in the sauna whilst others do many escort

[1] Three women did not complete this part of the questionnaire.

style 'call-outs'. Such organisation will impact upon the risk to the women's personal safety. Women were therefore asked to indicate the location of the rape or physical assault by clients.

Table 30 Number of women reporting physical or sexual attack from clients, by location of the attack (Total % > 100 since multiple attacks = multiple locations)

Location of assault	Physical assault[2] n=32 *(%)*	Rape[3] n=22 *(%)*
Clients car	16 *(50)*	14 *(64)*
Street area / outside	14 *(44)*	6 *(27)*
Sauna	8 *(25)*	1 *(5)*
Women's own flat	6 *(19)*	2 *(9)*
Clients home	4 *(13)*	3 *(14)*
Hotel	1 *(3)*	0
Other room	1 *(3)*	0

As shown in Table 30, clients' cars were the sites of most rapes (64%) and physical assaults (50%). Having sex with clients 'outside', which may include lanes, alleyways and car parks was also associated with a high risk of both physical assault (44%) and rape (27%). In general, it can be seen that women appear most at risk from client violence when on the client's own, or unknown, territory. All but three rapes reported (where location was given) occurred in client's cars, client's homes or 'outside'. All of these locations would give the assailant the greatest degree of isolation from the disturbance of others. Street work thus posed the greatest risk in terms of violence from clients.

Context of client violence

Although many women reported violent incidents, on a day to day basis the majority of interactions with clients, both on the street and indoors, did not involve these levels of violence. Most interactions were straightforward and unproblematic, services were negotiated and completed and women were paid.

All women were aware, however, of the risk that clients could become violent, and if women had not directly experienced violence they knew of others who had. A

[2] 17/59 missing cases. Not all women completed the second question of where the assault occurred.

common statement with regard to having not experienced violence was that the woman had 'been lucky' emphasising the ever present danger. Women working indoors reported feeling safer in their work than women on the street, but still recognised the risk of client violence in their work:

> I've been very lucky and never had that but I know there are guys that have done that to girls in saunas. I mean we are safer in here but I know one girl in Sheffield she got murdered and she were in a sauna (084, sauna worker).

Again, although most prostitute-client interactions were reported as unproblematic, most women had experienced at least one, if not several, client(s) who had been rough during sex, who had tried to remove a condom, or had tried to push the boundaries regarding what the woman had agreed he could do:

> You always get those that treat you like a bit of meat, like they've bought you so they can do what they like and think they can prod and poke their fingers everywhere (089, sauna worker).

As noted in section II, women's working routines in all workplaces incorporated protective strategies that were intended to reduced the likelihood of client violence occurring. Although the majority of clients were considered low risk, there was always the sense that any client had the potential to become violent:

> Well we've got to be aware of the punters haven't we? Our lives are in danger every time. You bring a man into your house and he could be a murderer, that's the way you've got to look at it (079, private flat worker)

As noted in other studies, this potential for violence, along with the recognition of the levels of violence that did occur, meant that violence was seen by many as an occupational hazard:

---

[3] 1/23 missing cases. One woman did not report where the rape occurred.

> Well, it's like it's normal, it's like a job description aint it? You just have to take it as it comes. It's like a receptionist has to make tea - she doesn't want to but she has to do it, it's like that. It's just part of the job you've just got to like get used to it and get on with it (001, street worker).

Rarely however did women regard violence as an acceptable hazard, but rather a potential hazard, and for women working on the street one that was more likely to occur. I next examine the types and severity of violence that women reported in the study, and how this differed by workplace.

Types of client violence

Since the questions in the survey focused on physical assault and rape, other incidents such as verbal assault and robbery may have gone unreported in the questionnaire. Analysis of observation and interview data, however, revealed that the physical and sexual assaults reported in the survey were part of a spectrum of client violence, threats and intimidation that pervaded working in prostitution in Leeds:

> Well I've not been assaulted no, but like I've had stuff stolen, a punter grabbed my bag one day with all me money in it, and well all me personal items and that were in it, pictures of me kids and that. That scared me the most that he had them (040, sauna worker).

Some incidents were described as violent episodes involving being held, beaten and raped and often leaving women with serious injuries, whereas others were less serious in terms of actual physical harm, but still psychologically disturbing. Such incidents may not have been recorded in the survey, and suggest that the statistical data may only represent more serious and most recent accounts of violence. In the qualitative data the range of problems described included rough sex and verbal abuse, being slapped, punched or beaten, robbed, being held against their will, being dumped, threatened with weapons, strangled, raped or kicked. Broadly the types of violence spanned verbal abuse and threats, robbery and physical and sexual assault. On some occasions, the violence was limited to physical assault as below:

> We were down int' park, he were a walker so we just went in there and I did the sex wi' im well it were a blow job and like he'd paid me for it. Then as I stood up to leave, he kicked me down ont floor and pushed me. He didn't rob me or nothing just left me ont floor (063, street worker).

But many incidents also involved sexual assault to varying degrees. One woman, for example was held in a room by two men and repeatedly raped and made to provide oral sex to them both. Another woman described an incident where she had provided sex to a client in his car, but just before he climaxed he removed the condom and ejaculated over her body before verbally abusing her.

Types of violence and workplace

Whilst street workers reported a greater number of violent incidents overall, most *types* of violence had occurred at least once in indoor locations. Indoor locations had also been the sites of murder, robbery, physical assault, rape, being held against one's will, strangled, 'roughed up', assaulted with knives and other weapons for example. Overall, however, the incidents of violence that occurred indoors tended to be less prolonged resulting in fewer injuries, and happened less often than street incidents. Assaults occurring indoors were more likely to be disturbed and possibly therefore prevented from being more severe, than incidents occurring in car parks, lanes and fields, which were sometimes more severe or prolonged as the assailant was less likely to be disturbed during the assault:

> I must have crashed into sommat when he grabbed me cos the table went over and Lorraine came up the stairs...she booted the door and the noise of that I think startled him and he flew outta door (026, sauna worker).

Further differences between client violence on the street and indoors is that street based incidents were more likely to show evidence that they had been planned. Jackie, a street worker, described the first time she was ever sexually assaulted:

> Well he said he were vice, and like 'get in the car', well I mean I were naïve to it, so I thought he were, but I had been fooled you know. He drove round

> into woods and he had bag ont' back seat with all hammers in, and stuff and I thought my god you know like the ripper [Yorkshire Ripper] and I thought oh my god I'm gonna get killed. He were just rough you know and made me do stuff wi' him and he went with me without a condom, erm he didn't do ought nasty like, he didn't do anal or anything...but he come and left his thing inside of me (023, street worker).

Although the vast majority of assaults were by single clients, reports of violence by groups of 2-3 men were also more likely to be reported on the street:

> I got in and it were all like quilts and crochet quilts in the back of his Triumph Herald, and then just after we drove off, he [another man] pops his head up and there were two of them. Well I'd never seen the other man when I got in, I never bothered to look you know, but anyway I ended up being raped and really badly beaten up (038, street worker).

Women on the street were more vulnerable to being direct targets of client violence, since they were easy to locate, visible on the street with little protection or surveillance, and by the nature of their work many visited isolated locations with men unknown to them. This gave men who set out intentionally to harm a woman, greater opportunity to do so than visiting women in indoors locations. Street workers therefore experienced a greater level of client violence, as well as more severe and prolonged attacks.

Patterns of client violence

In order to further analyse the incidents of violence that occurred, all descriptions were examined for patterns that might link the occurrence of violence to the negotiation and dynamics of selling sex. Incidents were examined according to whether they occurred outwith the negotiation of a sexual service, during sex or the negotiation of it, or after sex had been provided, to examine if certain features of the encounter of selling sex were more likely to 'trigger' violence.

Retaliation and planned assaults

Two types of violence occurred outwith the negotiation of selling sex. These were acts of retaliation and planned assaults. In two cases, the man acted violently towards a prostitute to retaliate against something he thought she had done:

> He strangled me cos he thought I'd robbed him the week before but I hadn't even worked then (063, street worker).

In several cases, violence appeared to have been planned. In one of the incidents described above, a man who had posed as a police officer sexually assaulted a prostitute. His intention was never to pay for sex, but to trick the woman into providing sex for free. Other men had driven women to specific locations where the assault occurred, and some had weapons with them in their cars or on their person. These cases demonstrate how vulnerable street workers in particular are to being 'easy targets' for such violence. The planned assaults also show that violence is frequently unprovoked and unrelated to any dispute between the prostitute and client.

Disputes over payment

As described in section II, street workers usually took their payment from the client before providing the service. This was to exclude the possibility of the client refusing to pay afterwards. For women who had got into clients' cars, negotiations were often made en route to a site to be used to provide sex, and payment frequently secured just before sex took place. In many cases of violence on the street, women reported that the man became aggressive when she asked for payment:

> We pulled up int' car park down at' course [golf course] and he'd said he wanted oral but he wouldn't pay me and I said well in that case im not gonna do it. Then he grabbed me and forced my head down on 'im (065, street worker).

In flats and saunas, payment was often taken from clients after the service had been provided and again this was a source of tension and trigger for violence to occur:

..he were getting dressed and I asked for' money and then he started carrying on that he wanted to pay less. I got really angry then cos you don't do it to give it away...I started swearing at him and he give me a crack ont' jaw. I thought it ain't worth it for fifty quid. (037, sauna worker referring to previous work in a flat)

Even when women had taken the money before providing the service, several clients were reported to have become violent at the end of the service and demanded or stolen their money back:

...and another time a customer had paid me, and when I went t' leave room he asked me for his money back, and like grabbed me by the throat, but I got out. (053, sauna worker).

Disputes over service

Sometimes the client asked or demanded a service that the women did not wish to perform. This may be a particular type of sexual act such as anal sex or fellatio, or more often a request for unprotected sex. At these times, some clients used threats or violence to force the woman to do what he wanted:

He didn't want to put a Durex on...he punched me a few times cos I wouldn't, I wouldn't let him have sex without Durex and he ripped me knickers off, and give me a few punches (001, street worker).

Other incidents occurred when clients had failed to reach an orgasm in the time they were given:

...he'd had a bit to drink but we didn't think nowt of it...we went upstairs [in the sauna] but he couldn't cum...he started carrying on and asking for his money back...[then] he started throwing ornaments around and threw the coffee table over and into me...there were two telephones and he was banging 'em in my head (006, sauna worker).

Clients who were drunk or under the influence of drugs were commonly reported to create problems for women since they would often fail to reach orgasm.

Violence after sex

A final group of incidents that occurred did not appear to show signs of being planned, not occur in reaction to the negotiation of the service provided. Several women noted that clients 'just flipped' or 'suddenly went mental' and this was usually after sex had been provided:

> I did his business and all that and he got dressed and everything, everything were fine one minute and then he just slung me across the floor, just booted me in the head, after doing business and everything he just booted me in the head (016, sauna worker)

Client violence and selling sex

In analysing patterns of client violence, it was found that prostitutes are victims of premeditated assaults as well as assaults that occur during the negotiation and provision of sexual services. Street workers due to their visibility and isolation were at greatest risk of planned assaults, highlighting how their social and legal status makes them easy targets for predatory men.

Most assaults occurred just prior to, or during the provision of sexual services, and both street and indoor workers were susceptible to this. The points of greatest tension were when prostitutes and clients disagreed over the sexual service to be provided, or at the point when the prostitute requested payment for the service. The accounts of the violence that ensued in these cases however, do not indicate ways in which women could act differently to prevent them from occurring. Violence relating to payment for example occurred on the street where women secured payment before sex, as well as indoors, when women frequently took payment after sex was provided. Critically, it did not appear that men were aggravated by *how* women had requested the money or when, but rather that they had requested it at all. Asking for money before or after sex did not preclude violence in all cases; many

men it appeared had paid for sex only to ensure that the women complied, and then used force or threats to steal it back. Interestingly it was rare to find in these accounts that the men stole any more than his own money back.

Both indoor and street workers experienced problems with disputes over the provision of certain sexual services, from men groping and grabbing them during sex to men violently forcing them to perform activities they had not wished to, and commonly this related to requests for unprotected sex.

Stanko (1999) describes violence as an indicator of social understandings and relationships. Studies of male violence against women have shown that men become aroused by images of women under conditions of pain and violence (Malamuth, 1981), and that men routinely used violence to resolve conflicts (Dobash and Dobash, 1979). The prostitute in openly offering sexual services and taking control of the sexual encounter when she does, contradicts the conventions of male dominance during sexual encounters and the female sex role. The violence which is triggered by requests for payment and disputes over service provision represent men's refusal to accept that a prostitute has the right to determine how her body should be used, and that she can deny a man sexual access.

When risk does increase for prostitutes, is in the limited time women have to negotiate the service with clients. In both locations the criminalisation of prostitution limited the time women had to discuss the services they offered and their expectations of the encounter with their clients. Women working on the street had little time to negotiate with their clients before getting into a car or going to an isolated place with them through fear (for both client and prostitute) of being seen by the police. Indoor settings were also restricted in the time they had to negotiate with clients about prices and services, since they could not talk specifically about sex on the telephone due to the legal situation. In both cases, this exposes women to the possibility of being in an isolated setting with a client wanting a service she does not provide. The client may then use violence or threats to get what he wants. On the street, however, women were more often alone and thus the client may be more likely to act violently.

In other instances of violence however, the violence occurred after sex had taken place and did not involve the man stealing his money back or complaining about the service provided. In these cases it may be that after reaching orgasm, the man confronts his feelings about purchasing sex. Since the purchase of sex is taboo and many men are married or have partners, they may be left with feelings of anger, guilt or shame.

In analysing the accounts of violence it was hoped that key problems in the dynamics of selling sex might be highlighted which could usefully assist prostitutes and agencies working with them to consider methods of safer working. The accounts however, reveal more of the stigma of prostitutes, men's attitudes about their rights to sexual access and prostitutes' general vulnerability to men's violence, especially when prostitutes and clients enter into an encounter with differing expectations.

Prostitutes appear as both 'easy targets' for men who wish to harm as well as victims of violence when men refuse to accept them taking control of the sexual encounter. Men appear to believe that paying for sex means that they have unconditional access to the women's body, and that when denied, violence is an acceptable response.

Focusing on the triggers to violence is useful but it does obscure one main issue; that in the vast majority of cases, the women has done nothing to provoke violence against her. Although the types and severity of violence described differ, underlying them all are the views of the male clients who carry out such attacks, that regard women from whom they purchase sex as somehow different to other women, in not deserving their respect. The language men used during attacks (e.g. 'cheap whore' 'filthy cow) is indicative of the men's derogatory views of the women, men's behaviour seemed to indicate loathing, guilt, hatred, and disregard. Prostitutes were seen as disposable, even deserving victims of their violence. This is emphasised by the way women were often dumped after the assault, kicked out onto the pavement.

In the next, and final, section on violent clients, women's responses to violence are considered; this includes women's reporting behaviour and the protective strategies used in their work.

Reporting client violence to the police

Of the women who had been physically assaulted, only 22% had reported this to the police in comparison to 41% of the women who had been raped, with no significant differences by workplace. These figures support and add quantitative evidence to the claims that prostitutes do not routinely report violence against them (McKeganey and Barnard, 1996; Pyett et al, 1999; Benson, 1999). Previous research indicated that women's reasons for non-reporting are mainly that they did not feel that they will be believed and that they consider violence in their work to be an occupational hazard. Women reported similar feelings in this study, but in addition there were some differences between working sectors.

Most women felt that the police would not take them seriously if they reported client violence. Indeed, some women had had negative experiences of reporting client violence in the past. Nina had been raped by two men on the street and when she reported this to the police they remarked 'what's wrong? didn't they pay you'. In addition to this, women felt that if their case went to court it would not succeed. This feeling is understandable since men convicted of raping prostitutes have indeed been given lower sentences than men raping non prostitutes (Edwards, 1987; Edwards, 1993; English Collective of Prostitutes, 1997).

Frequently, the likelihood of the police taking them seriously weighed against the trouble and stress it would cause them to report the attack(s):

> 'it's just not worth it' ... I'm a prostitute, they won't believe me, so I didn't bother [going to the police when raped by a client]' (071, street worker).

For indoor workers there were additional concerns; many indoor workers had not told their partners, family and friends about their involvement in prostitution and so

making a complaint against a client might potentially expose them. In addition, whereas the police already knew most street workers, indoor workers were not usually known. Making a report to the police would also mean exposing their involvement in prostitution to those in criminal justice. Women feared legal repercussions. This was particularly apparent for women working in flats, many of whom had no prior contact with the police and who knew that the police could close them down easily if they wished to:

> ...if he beat me up? No still wouldn't report him, it's just what comes with job in't it. They [the police] wouldn't believe me anyway would they and I'd probably get done for working in here and get shut down so no, so no I wouldn't (009, private flat worker)

Women reported that they would feel most comfortable talking to an outreach worker about violence at work, but in many cases said that they did not feel that they could approach their doctor or other women's support services about violence, again as they did not wish to disclose their work. In addition to providing support for sexual health and welfare issues, the local outreach agency also took the main burden of dealing with problems relating to occupational violence. In spite of limited funding for this, Genesis recognised the important role they played in supporting the victims of violence:

> We offer support, advocacy, legal advice and do help the women when they have problems with clients, we do have rape crisis here [in Leeds] and a girl there that is very understanding with the women, but its hard for a prostitute that has been raped to go to somewhere like rape crisis who don't have the awareness of what it's like to work on the streets. (Genesis staff)

One of the roles Genesis plays is advising the women on safer working practices to minimise the likelihood of violence, but as they and the women recognise these are frequently of limited utility. Other researchers (Benson, 1999; Barnard, 1993; Pyett, 1999; Whittaker and Hart, 1996) have shown that prostitutes are not passive victims of client violence and have described various protective measures that the

women use in their work. In the next section I describe some of the main protective strategies employed by women working in Leeds, but indicate how the legal framework of prostitution and its organisation frequently mean that such strategies have limited use.

Protective strategies against client violence

As shown in the examples above, women are frequently confronted with clients who wish to push the boundaries regarding the service offered, or who actually wish to harm them. Women were aware of the risks of violence in their work and made efforts to minimise it. In all sectors women tried to screen out clients whom they thought might harm them, and also adapted their working routines to minimise the potential for conflict, and to enable them to escape a violent situation should it arise. The first strategies were to avoid risky men and risky locations. Secondly, women utilised protection from other people; either working in busy areas, with other women or pooling information and looking out for each other. Thirdly, women used alarms and weapons as a form of self-protection. Finally, women described the importance of maintaining control in the prostitute-client encounter. This range of physical, structural and psychological methods of protection impacted upon working routines in all sectors of prostitution, but most notably on the street.

Risky men

One of the first ways in which women in all sectors suggested they were able to reduce the likelihood of violence occurring at all, was to screen out clients whom they thought might be violent towards them. This was either because they felt that the client was an inherent risk - a violent person, or that she would feel uneasy with them and thus less able to maintain control if violence did occur. Whereas street workers were able to screen clients in person, indoor workers were frequently limited to screening clients on the telephone. In all cases, similar categories of men were considered risky by their ethnicity, age or behaviour and decisions were frequently based on past negative experiences with these groups of men. Black men were avoided as they were considered less likely to pay for sex, and Asian men because they were thought to be rough during sex, more likely to complain about prices or to try and remove a condom during sex. Clients who had been taking

drugs or who were drunk were avoided due to risks of violence, especially since drugs might impair the men's ability to reach orgasm. Some women also had other types of men whom they personally felt uncomfortable with, again based on past negative experiences. Men were not only judged by their physical appearance, but also by their behaviour and the questions they asked. If a man sounded too demanding or aggressive (in person or on the telephone) they were frequently refused:

> Things that put me off on the phone is if they ask for anything we won't do, if they are like 'do I get an hour' or if they sound rough. If they sound black, not that I'm prejudiced but black men don't pay (079, private flat worker).

Critically, men who broke the rules of the prostitute-client interaction were considered to have bad intentions:

> If he drives round three or four times, and parks way up the street and expects you to come to him then you think he's up to something (052, street worker).

Women working from their homes reported similar feelings about clients' attitudes towards them:

> If he comes in my door with a cigarette in his mouth, or he doesn't wipe his feet before he walks on my floor, I know it might sound funny to you then I'm more wary with him ... in this job you start to pick up on the most smallest detail like that (051, private flat worker).

In all locations however, women gave reports of clients whom they had initially suspected of being arrogant or aggressive but who later turned out to be no problem. Equally, many clients who had assaulted women had initially seemed safe.

To minimise the effort of vetting many clients, and to increase safety, women referred to the importance of having regular clients. These clients, known and

trusted by the women had previously proven themselves not to be harmful, and women could use past experiences with them to determine how to deal with them.

As noted in Section II, sauna and street workers reported fewer regular clients than women working in flats. This may have played a part in reducing client violence for private flat workers, but regular clients had also assaulted women, and in some ways were more problematic to control, as two sauna workers discuss:

> 015 - You're safer though with those you know, your regulars.
>
> 016 - I don't agree cos you remember that Michael, he were coming to see me over a year. He was getting more difficult to control cos he was wanting more of it, wanted to like see me outside work and thought he should be treated different. I never felt comfortable with him, he was becoming obsessed. (sauna workers)

Instinct

Women frequently commented that they had an instinctive sense that they could tell a potentially violent client from a safe client based on their intuition or gut reaction:

> '...I can tell if there's something shifty about 'em and if I think that, I say 'no I don't work, sorry' (087, street worker).

This method cannot be accurate or easy to apply, since the majority of violent incidents were by men whom the women had initially chosen to have sex with. A frequent retrospective comment was 'I could tell he were funny' indicating that women do not always act on their instinct.

Critically, working conditions limited the utility of this strategy. On the street, women have a limited time to judge clients, as both prostitute and client feared arrest, and indoors, women rarely have the opportunity to see a client until he arrives at the premises in which they work.

Risky places

As shown earlier in this chapter, client violence was more likely to occur in clients' cars or outside, and lower levels of client violence were reported for indoor working locations. Recognising these situated risks, some women choose to avoid 'risky places'. For many, this simply meant avoiding or leaving street work:

> ...it got to where it were too dangerous. Too many girls that I knew were getting abused and battered and beaten by customers and it were too rough. Too many things were happening and I think it were really just the customers cos of the violence, there were a lot of girls getting attacked and it was like the fear and I thought no I'm not going out there again. (023, sauna worker reflecting on past street work)

For other women, specific locations used for sex were avoided; mainly hotels and client's homes. Few sauna workers were happy to do 'call-outs' to clients' homes or to hotels, and similarly, women on the street avoided providing sex in cars or outside. In saunas there was little pressure to go to hotels or homes, but on the street the need to earn money meant that it was difficult to avoid using risky locations.

Protection from others

One of the main reasons that indoor locations were considered safer was that other people were present. Clients were considered less likely to act violently if someone else was there, and in addition if violence occurred, it might, as shown earlier, be interrupted. Some street workers would try to take clients to friends' houses or their own homes, but this was not always possible. Some women would instead pretend that someone else was present.

Contrary to the image of indoor locations as safer, many women in Leeds worked alone in flats or at times worked alone in saunas. Women working indoors also used the strategies note above:

> Its very rare that we'll be here by ourselves but if I go out t'shops for milk or whatever, then we take phone off if there's a client in, so he doesn't hear it ringing out, and usually we kinda call through door like just to say anything as if she were still there (067, private flat worker).

The need for protection, however, also led women to form relationships with men who may begin to exploit the situation:

> yeah I got this fella, well the guy I were going with he used to come and look out for me down there, and I'd give him money for it, but eventually I were giving him half what I made, but then no-one bothered me, I were safer that way (030, street worker)

Alarms and weapons

When women could not rely on the protection of others, they would carry with them, or hide in their homes, weapons in order to fend off a potential attacker. One street worker who took clients to her home reported 'I've always got a big baseball bat by me bed.' On the street however, there are legal restrictions on weapons carried for personal safety, and in a violent situation, weapons carried may in turn be used against the women themselves. The police and outreach agency recommended that all women should carry personal alarms but few did. Two street workers who had bought them commented on how problematic they might be to use:

> We both had em' right, we did cos Kath [Genesis staff] had em for us down at drop in...mine were always in my bag and she never had hers...and like, if you're having sex int' car you cant keep that in your hand can ya like oh sorry luv its just my rape alarm (laughs). (field note)

The final way in which women noted they protected themselves was in how they acted when they were with the clients, their body language and manner.

Acting Confidently and keeping vigilant

Ultimately, in all locations women were left alone either in rooms, cars or outside with strangers. Many women described the importance of acting in a confident yet friendly manner with clients, to strike the balance between being in charge but not acting too aggressively as to anger the client. Women even noted that it was important to present themselves as in control from their style of dress to the manner in which they spoke to clients:

> I dress proper when I'm down there, not the cheap look cos I want them to treat me decent so I look decent. I think if he sees me in a short skirt then its different but if I wear like my suit then he knows I'm not cheap and I always talk nice with him, very polite (031, street worker).

Other women try to present themselves to their clients in a way which is non-threatening and even to get their sympathy in order to minimise their risk of attack:

> I've had no problems, they always feel sorry for me luv, yeah cos you must never get cheeky with a client but you learn this through experience. I would give em a right sob story if I ever thought he's not gonna stop here and he's gonna drive off somewhere (009, private flat worker, referring to previous street work).

Many prostitutes recognised that each client may require a different psychological strategy, but that this could not always be determined quickly:

> ...it might be intuition sometime you just know on what they're like, but you don't ever know what they're like, any one of em could just turn on you, but its really just to have the time to suss out what they are actually like and how you've got to handle em. I know its only 3-4 minutes but just to start you off right before getting int' car (006, sauna worker referring to previous street work).

Some women appeared more sophisticated in their methods of dealing with clients, and as would be expected some would inevitably be better at judging and acting on men's moods and behaviour than others. Here a woman combines safety concerns with aims of customer satisfaction:

> I always always go on top - so I can see what they are doing, and then I'm in complete control of it. Some girls will let them get on them, go behind them and everything, then what are you gonna do if he wants to get funny. No way, they get no choices with me, I'm on top and that's that. They think it's a bit kinky anyway, gets em going quicker. (sauna worker, comment during fieldwork observations).

Minimising violence

Despite the use of these protective strategies the evidence is clear that women are attacked. During an assault, women still reported strategies they used to try and minimise or curtail the violence. One street worker describes how she dealt with a client who had ignored her directions in the car:

> I said 'no you can take me back', but he wouldn't so I snapped his indicator and stuck that in his face and got me feet up ont' dashboard. I stuck that in his face and kicked his window until it went through. He soon stopped and I just ran (072, street worker)

For other women, they have been able to minimise the violence suffered by doing the opposite, and not fighting back when violence occurred:

> You know like stupid thoughts were going through my head, like would I ever see my kids again, and so I just did it (044, sauna worker referring to previous assault during street work).

Whilst this range of protective measures indicates that women are actively managing risk in the work, each example shows how the legal and social status of prostitutes in both indoor and street locations exposes them to risk. Street workers

through the need to make fast negotiations with clients on the street use isolated areas to provide sex. Indoor workers, although safer, are still often found working in these environments alone or with insufficient safety in place. In saunas, women reported that they would choose not to lock bedroom or 'cabin' doors so that another woman could get in the room to help them if they needed assistance. In one sauna, the rooms for sex were all based upstairs and loud music was played throughout the building. Some of the staff said this would prevent them from calling for help, and would turn the music down when they could. Most saunas had very limited security in operation. All had a main locking front door, and many had spy holes, but few had extra security devices. The illegal status of indoor settings meant that no health ands safety guidelines were followed. The level of security offered indoors is left to the discretion of the manager who has no legal responsibility to his/her staff and may be reluctant to invest in a business that the police could close down at any point.

Summary of client violence against prostitutes

Emphasis on the protective measures that women employ in their work shows that women are not passive victims of violence but, critically, it is the legal and social framework of prostitution that makes any protective strategies they employ so limiting. As described above, no safety measures employed can successfully be utilised to preclude client violence. Women in all settings faced violence from clients and continue to be at risk of it. Indoor settings in Leeds were relatively safe compared to those reported for other cities, and especially compared to the street, but ultimately as shown when analysing the accounts of violence, it is the social and legal status of prostitutes that put them at greatest risk. In particular, men's attitudes towards prostitutes as 'easy prey' and 'legitimate targets' underpins this high level of client violence across violence workplaces.

As Church et al (2001) have previously found, women's age, length of time worked in prostitution, drug use or reason for working in prostitution is less important in determining a prostitute's susceptibility to violence than the location in which she

meets clients. In this respect, it appears that it is the vulnerability of the prostitute, the fact that she is an 'easy target' which contributes to violence against her. In a study of male college students, Malamuth (1981) found that 51% of students said that they would rape if they knew they would not be caught. The fact that prostitutes are unlikely to report violence against them and that in court they are less likely to be believed when they do (Edwards, 1993) make prostitutes, especially those on the street, the ideal target for men who wish to harm them. On the world sex guide (an online resource and forum for male clients of sex workers to share their views and experiences of the women they buy sex from – see World Sex Guide, 2003), a worrying entry has remained on its pages for Glasgow for many years, under the title "Chronicles of Glaswegian Pussy":

> 'Streetmeat'. Mangy smackheads and petty criminals... this is the free market at its best. Some bargains to be found. Get stuck into the juveniles before the star-spangled Jackie Straw waves his yank-flavoured oppression stick. If you must kill whores, these ones get a lot of press when they die so be wary'
>
> (Excerpt from the world sex guide online)

This excerpt acknowledges that clients are aware of the vulnerable position that prostitutes are in. Solutions to seriously reduce the level of client violence against prostitutes lie in addressing these social attitudes to prostitutes and changing their legal status. As Lowman et al (1996) remark, however, there is resistance to creating better working environments for women in prostitution since it is seen as condoning the work. Publicly acceptable means of limiting violence are often framed in terms of eradicating prostitution rather than addressing issues of working conditions and safety.

For every example of a protective strategy used, there was an example where violence had nonetheless occurred. For example, women indoors had been attacked, regular clients who appeared safer had attacked, and those women who were considered confident and most able to look after themselves, had also been the victims of violence. It seems unfair to focus attention on women's limited protective strategies to defend themselves against such attacks. I have highlighted

these strategies to exemplify the important role they play in framing prostitute-client encounters and the great burden they place on the women working in prostitution.

To put client violence into perspective against other occupational violence, women were asked to report if pimps, other working women or managers had ever assaulted them. These and other assailant groups (police and local people) will be discussed in the remainder of this chapter.

Violence from pimps

As noted in chapter one, pimps are defined as men who exert control over and profit from, or live off of the earnings of a female prostitute. A small number of studies have investigated the pimp-prostitute relationship (James, 1976; Hoigard and Finstad, 1992; Swann, 1997) and shown that it can be significantly damaging, with violence forming a central part of the relationship. These studies have usually been small scale and have focused on street work. Results from this study, as shown in Table 28, indicate that 18% of women experienced pimp related violence, but that it is significantly more common for street workers; since 33% of street workers had been assaulted by a pimp, compared to only 8% of sauna and 11% of flat workers ($p=0.005$). Compared to client violence, violence from pimps is far less common, but as shown below, it is characteristically different to client violence and in some cases could be considered more damaging.

Patterns and types of violence from pimps

The majority of accounts that women gave of having pimps followed the model of ensnaring, entrapment and enforcing dependency as described by Swann (1997). Typically, a young girl (who often had just left local authority care, her family or was homeless) met a man (usually between 21-45 years) who initially presented himself as a boyfriend. The girl was usually naïve, seeking support, love and excitement, and the 'pimp' easily secured her affection through the attention he gave her. Helen, had been in local authority care since she was thirteen. Up until the age of 17yrs she had had at least five different pimps. She explains her vulnerability and their method of controlling her:

> The pimp that got me involved gave me all the attention, all the love and things that like that, and then they'll be violent to you, and then they'll say sorry and you're trapped in that same cycle you're used to from childhood, that you think this person cares for you cos you don't know what care is (019, street worker).

Whereas client violence was often a one–off occurrence, pimp related violence was often ongoing, as it formed part of an ongoing domestic relationship. Pimps frequently made efforts to isolate women from their social support networks to keep them in their control, and the violence was characteristically sporadic and severe, leaving women in a constant state of fear:

> It were horrible cos I really had no friends cos he always had a problem wi' em and so I got to standing out there [on the street] on me own, but even that weren't right...one time just before Christmas and cold, he drives past me a few times, then he came and just dragged me int' car and, oh God he went mental, he punched me and punched me...he didn't mouth me or nothing just punched me...broke my tooth through my lip (057, street worker).

Physical violence was not always the norm; only 50% of women who had ever been forced to work by someone, also reported being assaulted by a pimp. Both emotional and psychological pressure is also used to create a 'willing victim'. Fiona explains how her current boyfriend treats her, constantly suggesting they save money to 'do something together':

> SC - So what about the other night then [the beating]?
>
> 022 - I dunno he's just weird. I dunno I cant work him out. well...that's the first time he's hit me in ages. Like one minute he's, well like he's always nicey nicey and the next minute he's saying I'm thick, I'm dumb, I'm fucking stupid, no good and a liar then the next minute he's 'right so you don't wanna work, so you want to work and save up' like, I don't know. [her expression changes from puzzlement to a smile and in a softer voice she says] but then he just changes and its all different.

SC - How long have you been with him?

022 - About two year. I love him me, oh yeah yeah [giggles] (private flat worker)

Many women in relationships with pimps, handed money to the men 'willingly' as above, paid for clothes, drugs and other expenses and were led to believe that the violence was somehow their fault and that it would end. Other women were forced through violence:

SC - So why did you used to give him your money, what happened if you didn't?

045 - Got battered. He used to take us [the three young women he controlled] to his mum's and lock us in there. (street worker)

In addition, not all of the women who reported being attacked by pimps, had also been controlled by them to prostitute. Nina had never been forced to work but describes constant harassment from pimps on the street:

Well in them days if you didn't have a pimp you couldn't work in Chapeltown, and he saw me and kept trying it on, and cos I would never take it he used to pick on me, push me off wall', abuse me. He broke me nose as well but I got him charged for that (021, flat worker, reporting previous street work).

Although most cases of pimping occurred among street women, a smaller number of cases related to women working indoors. One day during an outreach visit with Genesis, we visited a sauna worker in her home:

Today we visited Tina at home as she was too scared to leave her house having been kidnapped and forced to work two weeks earlier. A woman Tina had worked with in a sauna made her the promise of earning good money if she went to work with her friend's escort agency in Newcastle. On arrival, Tina found that she had been set up, as the contact she was given was of a

pimp. Her three children whom she had taken with her were held hostage in a hotel for two weeks while Tina was forced to work the streets on the threat that her children would be harmed if she tried to escape. She discovered that the man forcing her to work was the boyfriend of her 'friend' from the sauna. She only escaped one day when the car they were travelling in was involved in an accident, which enabled her to speak with the police. (field note)

This example shows that not all incidents with pimps begin with the pretence of a relationship. The violence from pimps was also not limited to physical and emotional abuse; several women reported that they had been kidnapped, 'locked up for days' or forced to work in other cities.

As shown above, the types, severity and duration of violence perpetrated by pimps is very different to that by clients. Whilst fewer women have been subjected to violence from pimps than by clients, the fact that the pimp has control over many aspects of the women's lives, and can choose to act violently at any time has a far reaching impact on the women's well being beyond the violent incidents described. Also, although women were not asked to indicate the number of occasions that they were forced to work or subjected to violence from pimps, the qualitative data reveal that in some cases at least, the coercion continued for many years and/or by many men. Women may not only become trapped into one pimp-prostitute relationship, but may become trapped into constantly moving from one pimp to the next in order to find some escape from their present circumstances.

Women's responses to violence from pimps

Since it is illegal for a man to live off the immoral earnings of a prostitute, as well as to procure a women for the purposes of prostitution, it is possible that the girl or woman involved can inform the police of her situation and have the pimp arrested. As noted with regard to reporting client violence however, there are many implications for prostitute women when reporting violence to the police, problems which are compounded by the laws and the ever present threat of the pimp's retaliation.

Of the women who had been assaulted by both clients and pimps, the level of fear that women express with regard to pimps seemed greater than that of clients. Even though few women appear to have pimps at present, there seems to be a legacy of fear over every woman who has ever experienced pimp violence that he may one day find and harm her again. The anonymity of the client and the women's ability to feel she can to some extent control or judge clients is unlike the situation with the pimp, who knows about her personal life and appears never to let his victim go.

As one young girl who was too scared to give evidence in court against a pimp who had both beaten and kidnapped her over several months, said of his imminent release from prison:

> Well I'll need to go to court and testify for him cos he didn't do anything to me cos I didn't want him to batter me when he got out. I knew he wouldn't get long but when he got out I didn't want...I didn't want to go back to him so if I didn't [testify] ... then he'd leave me alone...I don't think he'll do much to me, but me friends [who did testify against him] he'll kill them. He's mad. Well he won't do it himself but he'll get someone to do it. He's mad (057, street worker).

She goes on to explain that the fear of her pimp was compounded by knowing that the police could not offer her any protection from him (pimps are often let out on bail) and that the case would take such a long time to go to court than he could have threatened and assaulted her in any number of ways in that time.

A sauna worker in her late thirties told me of her escape from a pimp:

> I was in the pub when he found me. Even the friends I was with were terrified for me knowing what he would do to me. They were saying to me 'go back to him, go back to him'...some friends came round to help me and I did get out one day, but he's been looking for me in Chapeltown where I used to do the street ever since (092, sauna worker).

One example illustrates both the extent and range of violence that pimps will inflict, and also that if evidence is forthcoming, convictions can be made. One of the outreach workers involved in taking the case to court said:

> If the evidence is there they [the police] will go for it, cos we had a particularly nasty case which ended in September and there was 3 guys in Chapeltown and they specifically targeted young working girls in Leeds and Bradford, nine girls and women came forward in the end to make statements. It took eighteen months to come to trial but they were guilty of kidnapping, extortion, immoral earnings, rape, torture, multiple rape you name it they did everything, and they [the pimps] were convinced these women would not come forward. (Genesis staff)

Evidence in this chapter has shown that over one third of the sample of women in Leeds had been subjected to violence from pimps, and that street workers are at greatest risk, although indoor workers are not precluded. Only 50% of women who had been forced to work in prostitution had also experienced violence from pimps, but when violence occurred it was often severe. Whilst pimp violence was less common than client violence, it was often part of a domestic relationship and was therefore extended and frequent, thus having the possibility of far lasting impact on women's physical and emotional well being.

In chapter one, I outlined the difficulties the police in England and Wales have in securing convictions against pimps, since a successful conviction usually depends on the victim presenting evidence. This section on pimps and violence has demonstrated the legacy of fear that women have regarding their pimp's possible retaliation and thus demonstrates why so few women feel able to give evidence in court. Again, as for client violence, street prostitutes fare worse in terms of violence from pimps, and the legal and social vulnerability of prostitutes exposes them to greater risk. In the next section, tensions and violence between sex workers is considered.

Violence from other sex workers

As shown in Table 28, just under one third (31%) of street workers reported ever having been assaulted by other working women, which was significantly higher (p=0.005) than for sauna (6%) and flat workers (11%). As reported in section II, the competitive nature of prostitution limited the extent of friendships and support between sex workers, yet on the whole women were more supportive of each other than hostile. Particular violent incidents and fights had occurred in the past, but were not a feature of every day life on the street, and far less so in saunas and flats. In the street areas, two or three women would often be 'friends' but rivalry for clients, hostilities between women and other women's partners/pimps, as well as the influence that drug use had on the women's behaviour restricted the type of solidarity that might exist among other groups of workers.

On the street (and to a lesser extent in saunas) a certain degree of hostilty underpinned the organisation of the work. In a competitive market such as prostitution there was always scope for one woman to provoke trouble if she tried to alter rules to suit herself:

> ...well when I worked it were like very rare to have somebody undercutting ya because if you did then the other girls they'd like well not gang up on ya, but say look it's not on, we're all trying make some money and you cant be under cutting us but like it is now they're all undercutting each other up there cos they're all on rock and that, and it's more aggressive between the girls (001, street worker).

Sometimes as mentioned above, groups or pairs of women would 'rough up' or pick on another woman, but often reported incidents of physical assault were between women having particular disputes. On the street, violence from one prostitute to another was often focused on the 'my patch' scenario, and therefore based on the competitive element of street prostitution. This was most evident for women who had travelled to work in other cities. Women frequently noted that they would be pushed off the beat or threatened if they worked in new areas:

> ...I went to London and erm, we were on Streatham High Street and they were chasing us off and saying 'you don't come from here', and it surprised me cos they weren't scared to pull a knife on ya or batter ya. My mate got battered by two girls there, cut her eye they did...well we came straight back to Leeds, it's not worth that (023, sauna worker, referring to previous street work).

Another source of conflict among women working in the confined street culture was arguments about boyfriends:

> ...someone went round saying that I was seeing her boyfriend and all this and she jumped me at the bottom of Spencer Place. That was with a knife and everything, cut me up with a knife on my eye. She found out anyway that it wasn't the same person, just that her boyfriend had the same name as mine [laughs], anyway she had to apologise to me (031, street worker).

Frequently, arguments and conflicts between women working on the street revolved around drug use, boyfriends and trouble with the police. The data shown in Table 28, however, only represents *physical* violence between prostitutes. It was also common that women would threaten and intimidate one another; the illegal activities that they were involved in making them easy targets for blackmail and informing. Amanda explains what happened when she and another worker on the street fell out:

> Then she just turned on me do you know what I mean, it were all that me boyfriend were a ponce and we were dealing from the flat and everything, after weeks when she was sitting in my flat taking drugs wi' us every night before that, the cow, she went to the police she did...we had a fucking drugs raid here...five blokes coming in the door. I knew it were her that said and says I worked from home, and that were't reason I went for her, when I see her down there [on the beat]. You don't make no friends here, acquaintances, and you don't trust no-one (004, street worker).

In saunas the relationships between women were less volatile. This may in part be due to lower use of addictive drugs, a more formal environment which regulates possible competition between women and importantly, because the private lives of the women working indoors overlapped less with their work than for the street women, many sauna workers preferring to keep their work and private lives separate. Some sauna managers, as noted in section II, tried to reduce levels of conflict among their staff. For most managers this meant excluding street women from the premises partly because of the associated problems of drugs and boyfriends. In indoor premises, the most common complaints regarding other women were 'bitchiness' and occasional theft.

Violence from police, managers and local people

In the questionnaire women were only asked to report on violence from one other group (managers), but qualitative data also revealed that women were subjected to workplace violence, harassment and threats from the police and local people. These three groups will be discussed briefly below:

The Police

Previous research (Edwards, 1987; Roberts, 1992) has noted the vulnerability of prostitutes, especially street workers, to exploitation by the police. As described in chapter one, individual police officers can arrest and charge women for soliciting and this exposes street workers to possible abuse and in section II, I described how the attitudes of the two police units in Leeds were strikingly different. The impact of this was borne out in women's experiences with the two police units.

In Chapeltown, only one woman made a complaint of harassment from the police feeling that they arrested her more often than other women in the area and they constantly asked her for information about local drug dealers. This however, was never related to threats or violence from the police. In contrast, several women working in the city centre reported recent cases of being threatened by local police officers to provide sex or else be arrested for soliciting. Susanne had been in this

situation and was in the process of taking the officer to court for rape. She had taken the condom that the officer had used to the police as evidence, but they had encouraged her not to take it any further. The officer admitted to having sex with her and was dismissed from his job, but denied rape. Genesis explained some of the difficulties they had:

> Well against the police the women really have very little power, and whatever happens they still have to go out there on that beat and work. We tried to get a few of the women together to make a joint case with Susanne, cos we know that this particular guy had done the same to other women. But you've seen what these women's lives are like...on a daily basis they have other problems...they may be homeless, or like Donna more concerned about her custody case, and they don't want to risk further trouble from the police or even have the interest to pursue something like that. (Genesis staff)

Similarly, few problems were reported about the police in Chapeltown by indoor workers, but sauna owners in the city centre complained that the police would periodically raid the saunas as part of a training exercise for new police recruits. Genesis tried to act as mediators between the saunas and the police about this problem:

> Now Chapeltown will not bother raiding, but Milgarth will, I don't know what's got into them, we did ask them why they've done it, why they'd done 4-6 in the last year and none on the previous four years and they said, well we've got new officers coming along all the time and they don't know what goes on behind them closed doors. And I said well why don't you just ring them up and go sit in there for a couple of hours? Chapeltown police go and sit in saunas and have a chat and coffee. But they've got a different attitude entirely up there. (Genesis staff)

The examples of abuses by the police, and the differences in experiences between the two units, demonstrates how vulnerable women in prostitution are to

exploitation and threats from the very people they may otherwise turn to for protection.

Harassment by local people

During the 1990s, high profile vigilante groups had organised in cities such as Birmingham and Bradford. They not only petitioned and campaigned against street prostitution in their local area, but also in many cases resorted to violent attacks, threats and blackmail. Such organised groups were not formed in Leeds, but smaller scale conflicts were constant. Genesis frequently acted as mediators between local residents and prostitutes, agreeing between them an informal acceptance of certain times and locations that prostitutes would work in the area. A minority of women on the street in Leeds reported that local residents had physically assaulted them, but most street workers reported verbal assault, stone throwing and threats from residents, local youths or passers by:

> I used to get pressure off them cos I used to live ont' corner, they used to come out shouting calling us names, but um it were mostly erm you know young black lads you know mostly them cos they'd be calling you names and slinging stones at you and you know giving you hassle and that, so I just used to come home, walk away from them (082, street worker).

Indoor workers were not excluded from such problems but it occurred less often and was less severe. One woman reported that she had been bullied and pushed by local males when leaving the sauna in the evening, others had been hooted at or called names as they left or entered the premises. Another sauna with its door on a busy shopping street, found that it was continually defaced by graffiti which said 'PROSTITUTES' or 'WHORES' in large capital letters. The women reported that they found this very distressing and felt uncomfortable entering and leaving the premises. Women working in saunas and flats were at possible risk however from harassment from their managers and this was investigated in both questionnaire and interviews.

Harassment or violence from managers of saunas and flats

Table 28, shows that only 2% of women reported ever having been assaulted by sauna managers. Similarly, few incidents were reported in interviews. One woman reported that a male manager in the city many years ago had pressurised her to have sex with him, but generally few current problems were reported. As described in section II, saunas were predominantly run by women in Leeds and this appeared (in Leeds at least) to limit the amount of exploitation in the workplace. Some problems still occurred, as one private flat worker explains of having to have sex with several clients:

> It were in that same place again wi' that woman and err these builders all come in, big Irish bruisers that'd been working outside. They were covered in tar, you could smell the tar on em and they didn't want her, they all wanted me and she sent them all in one after other after other, can you imagine that? Five of em' one after the other, fucking cow. That's what I mean like she were in it for t' money cos she got half of every dick cos it were er' place but she's not supposed to be sending five in like that (011, sauna worker referring to previous private flat work).

As discussed in chapter seven regarding condom use, women reported that male managers in other cities were more exploitative, encouraging women in some cases not to use condoms with clients and threatening them with losing their job. Again, regarding other forms of exploitation from managers, saunas in other cities were given as examples:

> It's all like you gotta be checked out by the manager up there, like he has sex wi' yer. I know girls from Scotland 'ave done it...Gillian she went up there and she said it were all men running the shops [the saunas] and its all more for 't drugs and girls doing anal and that up there (035, sauna worker).

Although women working indoors in Leeds reported few problems from managers, examples of harassment in other cities are evidence of the possibility of problems that may occur. Avenues for possible abuses can be seen in the different sauna

management styles, although as noted earlier this was evidenced more in terms of inadequate safety and working conditions than actual physical harm by managers. Nonetheless, the settings of private flats and saunas have potential for exploitation due to the illegal status of workers and employees. In addition, exploitation is not limited to physical harm. Whittaker and Hart (1996) noted how the owners of flats charged prostitutes in London very high rents, and thus women working indoors may be exposed to economic exploitation as well as more physical or sexual assault. The social organisation of flats and saunas in Leeds at the time of fieldwork appears to be less formal and more relaxed than many other cities, and thus limiting the risk of exploitation from managers.

Conclusion: Workplace violence and the social organisation of sex work

By examining a range of perpetrators of violence against prostitutes in this chapter, a significant hierarchy is demonstrated, showing street prostitutes fare less well than their indoor working counterparts when considering all types of occupational violence. This confirms findings that street workers face greatest risk of client violence but adds that, compared to indoor workers, they are also at greater risk of violence, harassment and threats from pimps, other working women, the police and people on the street. In all cases of violence, the legal and social vulnerability of female prostitutes exposed them to the risks of violence. Within the group of street workers, there appeared to be further hierarchy of risk based on material resources; those women who were homeless and staying in temporary accommodation were forced to use the most dangerous locations to provide sex to clients. This indicates that risk in prostitution follows similar lines of risk regarding inequalities and health.

Managers of saunas were in this study shown to be the least likely to present risk in terms of physical danger. Anecdotal evidence from interviews, however, suggest that this relative safety may be particular to the social and economic organisation of saunas and flat working in Leeds. The fact that Leeds saunas are mainly run by ex

working female prostitutes who have a sympathetic view of their staff, and also that private flat workers are usually women working independently from their own homes, limits possible exploitation that may be found if men ran the saunas (as reported in Edinburgh) or if women rented flats from others for the purposes of prostitution (as for example in London).

This study confirms the hypothesis that indoor work is indeed safer with regard to the levels of violence by all perpetrator groups, but it demonstrates that indoor workers are not immune from violence from any perpetrator groups. In addition, client violence indoors did not only occur less frequently, but when it did it was usually less severe and more likely to be interrupted. Nonetheless, all *types* of client violence (economic, sexual, physical, threats and intimidation) had occurred at least once.

Although previous research in the UK had demonstrated the levels of client violence against prostitutes, few had examined the dynamics of the incidents that occurred. This chapter has outlined three main moments at which client violence occurred; before, during and after a sexual service was negotiated and provided. In the first, prostitutes were targeted by men wishing to harm them. These assaults were planned and street workers due to their visibility and legal vulnerability were most vulnerable to this type of assault. For violence occurring during the negotiation of sexual services, key 'triggers' were associated with violence occurring. These were disagreements over the payment of sex and the type of sex the women would provide. Rather than indicate problems women may have in negotiating payments and services with their clients however, these cases appeared to represent men's refusal to accept that prostitutes placed restrictions on her sexual access, and this occurred both indoor and on the street. Violence that occurred after sex was provided demonstrated that not all violence was 'triggered' and these cases may represent men's feelings of guilt, shame and regret over having paid for sex. The over-riding conclusion to analysis of the incidents of client violence was that women rarely provoked the violence against them, and thus rather than being the deserving victims they have previously been portrayed to be, the social and legal

vulnerability of prostitutes leaves them to be easy targets and disposable victims for men who resort to violence.

Reporting violence to the police was rare since women did not feel that they would be taken seriously or believed in court. In addition, indoor workers felt that they would not report violence in order to maintain the secrecy of their work and avoid legal repercussions. In the absence of formal reporting and support following violent crime, women in all settings identified the local outreach agency workers as the people they would turn to for support. Whilst this support was given, it stretched an already under-resourced service. A further complication with police relations with prostitutes was shown in that some police officers were themselves perpetrators of sexual assaults against prostitutes in the city. Street prostitutes were, again, the most common victims of these assaults and these incidents served again to highlight prostitutes' vulnerability and compounded levels of mistrust between police and prostitutes.

Pimp violence and coercion was reported by a smaller number of women than client violence, with street workers victimised most often. Pimp violence was not always, but often, ongoing as part of a domestic relationship and although only occurred in half the cases of reported pimping, it was frequently severe when it did. Women rarely reported such violence to the police through fear of reprisals from their assailant. Younger women in the most vulnerable circumstances (e.g. leaving care homes, homeless) appeared most susceptible to exploitation from pimps. This highlights a need to channel support services to young vulnerable women, *before* they enter prostitution.

Conflicts between working women and between prostitutes and local residents also sometimes resulted in violence, threats and intimidation. Street workers who both lived and worked in close proximity with other and local people reported the greatest problems. Street workers were victim to abuse from passers by and some indoor premises were frequently defaced with graffiti.

Overall, these findings have shown that occupational violence against prostitutes is a serious concern and risk for women working in all settings of street, sauna and private flat. Street workers, and especially the younger, and most vulnerable, street workers, are at most risk. The stigma against prostitutes, and their social and legal vulnerability, (described in chapter one), underpins their vulnerability to such high levels of violence and limits any effort these women may make to protect themselves in the workplace.

At a time when violence against the person is being recognised for both its short and long term physical and psychological impacts on health and well being (Krug et al, 2002), violence against prostitutes still remains a hidden issue; as one young woman in Leeds remarked '...you get murdered or whatever and nobody cares' (street worker).

Chapter 11: Conclusion - The Social Organisation of Sex Work: Implications for Female Prostitutes' Health and Safety

Introduction

In this thesis I have examined the social and economic organisation of sex work for female prostitutes in Leeds, UK and investigated how a range of health and safety risks differ across three sex work settings; street, saunas and private flats. It is hoped that the findings from this thesis will not only provide baseline data for an under-researched group of women (especially indoor sex workers), but will also contribute to established prostitution research regarding issues around sexual health, entry into prostitution and occupational violence. This conclusion is written in three parts. I begin with a summary of the study, which draws together the main themes and results whilst considering the limitations of this study. This is then followed by a consideration of the theoretical implications of these findings; and their contribution to wider research agendas. Finally I discuss the applied and policy implications of this study, in terms of both sexual and wider health promotion and legal issues.

Summary of research findings

As a semi-legal activity, organisation of prostitution and related health and safety issues are strongly influenced by existing laws and concurrent policing. Thus, in the first chapter I discussed the laws surrounding female prostitution in England and Wales, which influenced both the social context and occupational organisation of prostitution at the time of data collection. The street prostitute was shown to face greater criminalisation, compared to her indoor working counterparts, male clients or the controllers and profiteers of prostitution. I also emphasised that prostitutes are a socially stigmatised group, and thus, disenfranchised within society with regard to both civil and social status.

In chapter two I reviewed research on prostitution, showing how research agendas have changed over time, influenced by both public attitudes and health concerns. Female prostitutes were mainly studied to identify their sexual dysfunction or deviance, or how they may detrimentally affect the health of wider society, with much recent research fuelled by the emerging health threat of HIV. The studies which considered the health of the prostitute consistently found that they suffer poorer sexual health and were at risk of high levels of client violence, but the majority of studies considered only, or mainly, street prostitutes. In general, concerns for the women's occupational and reproductive health were overshadowed by a greater concern for the potential threat that prostitutes posed to wider society.

In chapter three, methodological issues pertinent to prostitution research were considered, before describing the methods used to collect both quantitative and qualitative data in this study. The illegal, and therefore hidden, nature of prostitution means that sampling cannot be truly representative. Thus I adopted a purposive sampling strategy, recruiting women via an outreach organisation as well as cold contact on the street, private flats and saunas. This ensured that a wide range of women were included in the study and enabled access to women in three distinct sex work settings. Quantitative survey methods (n=108) were employed to collect demographic information as well as quantify work-related health and safety issues of prostitution across the three workplaces. Interviews with prostitutes (n=52) and significant others (n=8, including police, outreach staff and sauna managers) were supplemented with observational data and field notes and allowed a detailed investigation of the social processes and organisation of the three prostitution work environments.

Section two comprised five chapters which together consider the occupational organisation of street, sauna and private flats in Leeds. Firstly, I investigated the circumstances (both push and pull factors) which surrounded women's entry into prostitution. Half of the women were aged under eighteen when they first worked in prostitution, and most first worked on the street, though current street workers were significantly younger than indoor workers when first paid for sex. Knowing someone already involved was an important precursor to entering the work for the

majority of women. Most women entered prostitution due to the attraction of high earnings; though some had been in dire financial need, most chose this work over other lower paid alternatives. A smaller number of women had first been forced to prostitute, often at a young age, as part of a history of abuse and violence, that had sometimes gone on for several years. Homelessness, living in Local Authority care, low educational attainment and low paid work featured highly in many women's accounts of their social backgrounds prior to entering prostitution. Street prostitutes were significantly more likely to have poor social backgrounds compared to indoor workers. Data in this thesis support previous findings that street workers came from disadvantaged backgrounds, but also demonstrate that indoor workers also experienced hardship far in excess of non-prostitute women.

In the remaining chapters in Section II, the working conditions and routines of the three workplaces of street (chapter five), saunas (chapter six) and private flats (chapter seven) were described along with the demographic and behavioural characteristics of women working in each setting. There were no significant differences among women in the three sectors by their age, ethnicity, place of birth, relationship or motherhood status; most women were from the local region, were in their twenties, were single and three quarters had had children. Women working in flats were most likely to own their own homes and street workers most likely to live in transitory/unstable housing.

Although levels of recent drug use were similar across settings, the types of drugs used were patterned by workplace. Street workers spent the most money on drugs and were more likely to use addictive drugs such as crack and heroin, sauna workers mainly used amphetamines and recreational drugs such as ecstasy, whilst flat workers were most likely to use anti-depressants and sleeping tablets. Street workers were also the most likely to take drugs during their work. Overall, injecting drug use amongst prostitutes was lower in Leeds than other UK cities, and previous claims that addictive drug use may be high among indoor workers were not supported in this study. Although most women were heavy smokers, alcohol use amongst prostitutes appeared to play a smaller role in their overall drug consumption.

A further key aspect of these chapters was to describe and contrast each of the three workplaces. Similar to previous studies, my data characterised the street working environment as dangerous and dark, operating mainly late at night, where drug use was common and women were mainly providing sex to clients in lanes and cars. Saunas were presented as semi-legal businesses, where managers were in a powerful position to set working routines and standards ranging from poor to well equipped and decorated premises. A typology of three sauna types was constructed (basic facility, family style and business style), determined by the style of management adopted in each, and with differing work ethos and conditions that could potentially impact upon women's heath and safety. Women's accounts of sauna work in other cities indicated more exploitative management, sometimes including rules of non condom use with clients. In Leeds, these more exploitative elements of saunas were largely absent, possibly due to the fact that many were managed by ex-female prostitutes with a sympathetic view towards their staff. The typologies of saunas created in section II, may be a useful tool for future research of indoor based prostitution. The organisation of private flats in Leeds differed to that found in a London based study (Whittaker & Hart, 1996). Whereas London flats were often in a poor state of repair and rented out at high cost on a daily basis to individual prostitutes, in Leeds, private flat workers were often women working from their own homes. This meant that private flat workers had highest earnings (no added rental costs), and most control over their own working environments.

In terms of working conditions, street workers had the most hazardous working environment and worked more days per week, albeit for a shorter time. Although the number of clients women saw was the same across settings, the style of work and types of services provided varied between street and indoor workers. Street work was characterised by a 'looking for business' approach, where speedy prostitute-client transactions provided 'no frills', impersonal sex, often completed within 10-15 minutes in cars and lanes. In contrast, the ethos of indoor work in flats and saunas was based on 'a good time guaranteed' approach, where selling sex incorporated the creation of fantasy, in this case, 'the illusion of intimacy'. Women in saunas and flats spent longer with their clients compared to women on the street and provided a larger repertoire of sexual services including the provision of more

'personal' services such as touching the woman's body and clients giving the women oral sex. The difference between these two working styles resulted in indoor workers engaging in a greater level of emotion work. Work-related stress for street workers stemmed from criminalisation and the added risks of client violence, and problems regarding their drug use and housing problems. In contrast, indoor workers made reference to the demands of emotion work, spending longer with clients, difficulties maintaining the secrecy of their work and the impact that their work had on private relationships. Private flat workers earned the highest of all three groups of workers and this appeared to compensate in part for some of the stresses faced in their work. Thus, although each group faced work-related stresses, these varied between workplaces, with greatest differences between street and indoor workers.

The final section of this thesis presented data regarding two health issues pertinent to women in prostitution: sexual and reproductive health and work-related violence. In chapter nine I showed that there are few significant differences in various measures of sexual and reproductive health between prostitutes working in different environments. Instead, I found that prostitutes' sexual history and sexual risk with private partners demonstrated that as a group they have poorer sexual and reproductive health than non prostitute women in the UK. Prostitutes reported lower age of first intercourse, higher rates of abortion, miscarriage and sexually transmitted infections in comparison to samples of non-prostitute women from other studies. In line with previous research on prostitution, these measures of poor sexual and reproductive health related to women's private rather than their commercial sexual encounters. Condom use for vaginal, oral and anal sex with clients was almost universal and many women had been for sexual health screening within the past six months. However, within their private sexual lives, condoms were used less often and women in the study reported three times as many new recent private sex partners than non-prostitutes. Despite key differences in the organisation of the three workplaces (described in section II), each workplace represented a condom supportive environment that limited work related sexual risk-taking. Thus I conclude that sexual and reproductive health is not related to

differential risks of the three workplaces in Leeds, but is related to the shared inequalities of all women in prostitution.

In contrast, in chapter ten I argue that workplace is an important determinant regarding women's experiences of violence at work. Street workers reported far higher levels of workplace violence from all assailant groups (clients, other women, and pimps) though levels of domestic violence were similar across the three groups. A hierarchy of work-related risk of violence was found between street and indoor workers, and furthermore, the most vulnerable women on the street (those that are homeless and in temporary accommodation) were found to be even more susceptible to violence. The inequality and vulnerability brought about through illegality and stigma surrounding prostitution was shown to be an important factor in structuring the type of violence that occurs, as well as impeding women's attempts to report such crimes. In addition to highlighting important structural factors in the workplace that may increase risks of violence, my analysis also suggested how men's opinion of their right to sexual access of women fuels much violence. Prostitutes were used as 'easy targets' for men wishing to harm them, and violence was often 'triggered' when prostitutes placed or reinforced physical, temporal or economic limits on sexual access to her body. Importantly, this chapter revealed that indoor workers were less often the victims of client violence, mainly because the structural organisation of the indoor environment gave prostitutes increased protection. However, I report that all types of client violence (e.g. robbery, rape, physical assault) also occur indoors. Street workers were also the group most vulnerable to violence from pimps. Compared to client violence, violence from pimps was often prolonged and included psychological, as well as physical, abuse. Although less common, violence from other street workers, managers and police was also considered. Overall then, prostitution results in a high level of work-related violence, originating from both clients and others in the workplace. Importantly, the structural organisation of workplaces puts street workers at significantly greater risk of violence compared to indoor workers.

Limitations of this study

Before addressing the implications of this research it is important to acknowledge some of the limitations of the data and results formulated within this thesis. Firstly, this study was based in one city in the 1990s, and many of the results will be temporally and geographically specific. As shown in section II, the organisation of flats in London was different to those found in Leeds, and it is likely therefore that the organisation of private flat work in another city may again be different. Regarding temporal issues, some behaviours may change over time, thus data collected in 1996 may not necessarily relate to current circumstances of prostitution in Leeds. Injecting drug use among street workers was low in this study compared to other cities (e.g. Glasgow) but when I was involved in a further study of female prostitutes in Leeds in 1999, injecting drug use had notably increased. A further change that has taken place since data collection regards the laws of prostitution. As noted in chapter one, at the time of data collection, clients were not liable to arrest for kerb-crawling, but now are. This may impact on prostitute-client interactions on the street, for example, by increasing the pressure on clients and prostitutes to conduct even faster street negotiations. The data in this thesis thus adds to a growing understanding of the social and economic organisation of prostitution, but may be both geographically and temporally specific.

This thesis is also limited by its examination of only three female sex work settings. Although the settings of street, sauna and private flat are commonly known commercial sex work settings within the UK, others clearly exist. Prostitution operates in other commercial settings (e.g. lap-dancing bars, hostess clubs and hotels) as well as in more hidden ways such as through informal referrals (one women in this study worked in this way for several years before working in private flat), or as Cusick (1998) found in Glasgow, through 'sugar daddies'. These settings may each have health and safety implications specific to them and different to those discussed in this thesis for street, saunas and private flats. Research suggests that condom use between prostitutes and clients may be lower in less formal and non-commercial settings of prostitution (DeGraaf et al, 1994), thus condom use with clients may be high in this study since all three settings are explicitly commercial. In addition, the changing environment of prostitution means

that other avenues may have developed since this research began, for example, many sex workers now advertise through web-sites and online contact sites, and provide online sex services such as pay-per-view and interactive sex cam services. Overall, new technologies may add further layers of complexity concerning the occupational organisation of prostitution.

Finally, the questionnaire sample in this study was based on only 108 respondents which were then split across up to three sex work settings for certain statistical analyses. In terms of the quantitative data, greater power would be achieved by collecting data from a larger sample size in future research, though the problems of access to women, women's willingness (and available time) for research participation and the absolute numbers of women involved in each sector of prostitution in a given city mean that such sample limitations are likely to affect future research in the same fashion. The sample sizes involved in this thesis do not, of course, negatively affect the qualitative data component.

Theoretical implications of the current study

Methodological implications

As discussed in chapter three, that prostitutes are a hidden and stigmatised group poses various sampling dilemmas which the current study helps shed light on. Just over half (n=63) of my sample were contacted via established links with local outreach services. I also adopted a 'cold calling' approach to recruit women who were not in touch with outreach services. Initially, I did not know whether this would be successful. It was unclear whether managers and owners of sauna and flats would allow me access for research purposes. Furthermore, even if access were possible, I did not know whether women would participate in the research, whether a questionnaire method would be suitable to collect data or a qualitative interview feasible within these workplaces.

In the end, almost half (n=45) of my sample were recruited via 'cold calling'. This clearly demonstrated the success of this sampling strategy. By and large, sauna

managers co-operated with my research project and allowed me access to their workers. Furthermore, by interviewing several sauna managers, I have demonstrated that this group are feasible candidates for future research endeavours. I also found that both self-complete and postal return questionnaire administration, and qualitative interviewing, were feasible with women working in indoor environments, though persistence was vital in order to gain their trust and to fit data collection around prostitutes' busy working schedule. Indeed, following the successful method of recruiting indoor workers and sauna managers employed in this study, the same style of contact was used in a subsequent study of violence against prostitutes in Glasgow, Edinburgh and Leeds (Church et al, 2001). Thus my thesis adds to the current prostitution literature by demonstrating the utility of convenience sampling using existing outreach services, evidences the feasibility of 'cold calling' necessary to access women not in contact with outreach services and suggests that gatekeepers such as sauna managers may also represent a feasible research group.

Contribution to wider research agendas

As noted in the literature review, results from studies of prostitutes have rarely been incorporated into broader research agendas. In addition to contributing to the literature on prostitution, I argue that the findings within this thesis also contribute to the broader areas of research on women and violence, women and inequalities and studies of occupations. Regarding women and violence, I argued (chapter 10) that violence against prostitutes was triggered by women placing limits on a clients' sexual access to her body, by requesting payment for sex, and by limiting the types of sex she offers and the areas of her body that can be touched. Thus my study provides additional evidence of the important links between men's acts of violence against women and their automatic understandings of assumed sexual access to women's bodies.

Data on women's entry into prostitution draws attention to more general issues of poverty, inequality and the social disadvantages faced by women in contemporary society. Despite the stigma and dangers of the work, many women were attracted to

the flexibility and high earnings of prostitution, often the only viable alternative to low paid work. This represents a stark demonstration of the continuing inequalities between men and women's wages, and the difficulty women have finding work to suit the demands of childcare. Many women in this study were single and reported that prostitution was the only way for them to both work and care for their children. Prostitution enabled women to earn a higher salary in fewer working hours than other work, and the high earnings enabled women to pay for childcare when they went to work. Prostitutes' experiences and choices of work could add an important dimension to understanding women's responses to poverty and inequality in contemporary society.

By conceptualising prostitution as an occupation rather than a deviant activity, I have described some of the major relevant occupational health and safety issues within this work. However, because prostitution represents an illegal and stigmatised activity, women are excluded from the protection offered by standard occupational laws. Thus, this thesis poses an interesting challenge to the wider occupational health and safety literature. There may be useful parallels to draw between aspects of prostitution that have hitherto been neglected with similar aspects of other occupations. An example being the similarity between the emotion work described by Hochschild (1983) of the airline hostess, with the emotion work of prostitution as described in this study. With more research conceptualising prostitution as an occupation, other useful contributions could be made to add to the wider literature on occupations, as well as occupational health and safety more broadly.

Prostitutes as a 'risk group' or a group at risk?

Throughout history prostitutes have been regarded in terms of a threat or risk, to society, to marriage and to health. In recent medical literature the terms 'prostitute' and 'HIV' have often become synonymous as prostitutes were constructed as a risk group and described as vectors of disease. Rather than being a 'risk group', the results of this thesis suggest that prostitutes more accurately represent a 'group at risk'. Within women's commercial sexual encounters, prostitutes reported almost

universal condom use, thus limiting sexual health risks between prostitute and client, yet in contrast, over half of the women in this study had been assaulted by a client. Many women had also previously been assaulted by pimps, other working women, police or people on the street. Compared to non-prostitutes in the UK, women in this study also reported far poorer sexual and reproductive health, and greater social disadvantage. Women also reported work-related stresses in relation to hazardous working environments, risks of violence, criminalisation, social stigma as well as both the physical and mental strains of selling sex. It thus appears appropriate to reconceptualise prostitutes as a group 'at risk' and consider the risks their job may pose to them.

Applied and policy pmplications of the current study

In this section I consider some implications this study may have for local health service provision in Leeds, and more broadly consider changes in policy and laws that may improve the health and safety of working in prostitution.

Baseline data on prostitution in Leeds

The first application of the data within this thesis is in providing baseline information on a previously un-researched group of women. Apart from data recorded more than a century ago (Logan, 1843), prior to the research conducted for this thesis there were no published or collated statistical data on the demographic characteristics, health behaviours, experiences and attitudes of female prostitutes in Leeds, nor any written accounts of their working environments. Data from this thesis could by used by local health and welfare service providers as well as researchers and local policy advisors. More broadly, these data add to a growing understanding of the social and economic organisation of a hidden and stigmatised group of women and, as shown in the summary above, highlight many aspects of the work environments and health and safety of women working in prostitution in Leeds. As such I now consider the implications of this thesis in addressing the

health and safety of prostitutes, noting specific recommendations for services in Leeds as well as broader policy issues.

Health and safety needs of female prostitutes

The findings of this thesis have demonstrated that the health and safety needs of female prostitutes are wide ranging. Due to a greater concern for public health and concerns for the transmission of HIV and other STIs, health services for prostitutes have in the past focused on prophylactic protection with clients and limiting needle sharing and harm relating to injecting drug use (Wolffers, 1999). Most services have also focused on the more visible street prostitutes, due to assumed greater risks regarding HIV transmission among this group, as well as a lack of knowledge of the behaviours and needs of women working indoors. This thesis demonstrates that a service aimed only at prophylactic protection in the workplace will fail to address the health and safety needs of female prostitutes. These range from welfare, housing and legal issues to sexual health both at work and in private, work related violence and stress and dealing with the repercussions of working in a stigmatised occupation. This holistic approach is appropriate for women with such diverse needs and follows advice provided by the European Network for HIV/STD prevention in Prostitution (1998).

Basic welfare needs and advocacy

General good health begins with ensuring that basic requirements of shelter, safety, and nutrition are met. Women working in prostitution reported greater social disadvantage (e.g. housing problems) than non-prostitute women and thus it is appropriate that health and welfare services begin by directly addressing such issues. Women working on the street reported the greatest problems with housing, welfare, finances, drug use and general health but many indoor workers also reported such problems. Some women may require help completing applications for housing, making contact with other agencies such as rape crisis or social services, as well as health advice which may relate to basic health care, for example dental treatment, as well as issues around drug addictions or sexual health.

Many women entered prostitution due to dire circumstances such as fleeing domestic violence or leaving local authority care, and others were coerced by someone else, often following abuse. Women may therefore start out in prostitution with significant health and welfare issues. Most women started work on the street and this emphasises the importance of ensuring that support services contact women in this area, but importantly, many others began working in indoor locations where they are less visible and may be isolated from appropriate help and support, including training in terms of safer working in prostitution.

Given the stigma attached to prostitution and the numerous agencies that women have to contact, outreach workers serve an important function as mediators, advocates and facilitators between prostitutes and other support services and official agencies. The utility of this role was shown in the work of the outreach staff in Leeds who acted as advocates for prostitutes in meetings with local residents and police in Chapeltown, or individually for women when dealing, for example, with cases of child custody or rape crisis. Advocacy should be seen as a core function of the provision of health and welfare to prostitutes in all settings. Whilst women on the street may present the greatest and most urgent need with this regard, women working in flats and saunas also reported such need. Indoor workers were least likely to tell others, including health services, of their work in prostitution and thus facilitating access to wider health services may be essential for this group.

Juveniles and prostitution

Despite the conflicting debates about whether prostitution should be considered 'a job like any other' (Bindman and Doezema, 1997; Delacoste and Alexander, 1987) or seen only as sexual exploitation (Jeffries, 1997), there can be little doubt over the need to differentiate between prostitution involving adults and prostitution involving children. The young ages at which many women and girls enter prostitution is of concern for both their welfare and health. Many girls first enter prostitution working on the street where risks of violence, use of illicit drugs and criminalisation is common. In addition, entering prostitution at a young age may also interfere with education, limiting girls' chances of future employment outwith

prostitution, especially if charged as a common prostitute. Data in this thesis have shown significant links between experience of local authority care in childhood, lack of educational qualifications, experience of homelessness and entry into prostitution. It is of some concern that women enter a dangerous profession at a time when they are already vulnerable.

Whilst outreach services should be made aware of the specialist needs and welfare concerns of the youngest women and girls involved in sex work, this issue can only usefully be addressed if it is considered at the level of policy. An urgent requirement would be to examine the push factors surrounding women and girls' entry into prostitution and the circumstances placing them in dire financial need. This may, for example, include examination of the local authority care system, the recent withdrawal of benefits to young people under eighteen and contemporary training and education opportunities for young people.

Routes out of prostitution

In this study, women reported working out of choice and need. For some women, prostitution had enabled them to progress in their lives, reach financial independence and set up comfortable homes for themselves and their families. For others the experience was not positive and they felt forced by circumstances to enter prostitution. In either case, women wishing to leave prostitution should be assisted in doing so, but women may be hindered from leaving the work if they received a criminal record for soliciting or may have problems accounting for their time spent in prostitution to future employers. Since many women initially entered prostitution out of financial need or due to limited employment options, it would appear essential that training be offered with regard to re-skilling, or guidance on gaining relevant qualifications for future work. These programmes fall outwith the remit of most outreach services and would require financial commitment from local authority and government. Some projects of this nature have been initiated in the UK, for example, in Glasgow (McLeod, 2000), and such schemes are supported by health and welfare campaigners (Swann, 1997) and other researchers (O'Neill, 1997).

Sexual and reproductive health needs

Due to high numbers of commercial sexual contacts in prostitution and the *potential* risks of HIV and other STIs, sustained health promotion regarding condom use in the workplace is essential. However, the responsibility of ensuring consistent condom use should not lie solely with female prostitutes. In this study and others (Cusick, 1998; McKeganey and Barnard, 1996) clients presented the greatest resistance to condom use, and managers of saunas and flats are also in a powerful position should they wish to impose non-condom use rules (as women in this study had found when working in different cities). Clients and managers should therefore be included in health education regarding safer commercial sex to ensure that current high levels of condom use continue, and to lessen the burden currently placed on female prostitutes to ensure condom compliance of their clients.

Data in this study demonstrated that women in prostitution show several characteristics in their sexual history and lifestyle that may put them at greater risk than non prostitutes. High rates of miscarriage and terminations, early first sexual intercourse and high number of private partners may each increase health risks, for example, of cervical cancer and STIs (Mak, 1996). As advised by others (Ward et al, 1999; NSWP, 1997; Europap, 1998) it would be appropriate to direct future research to prostitutes as a group with regard to their sexual and reproductive health in order to better understand these risks and to ensure health promotion sensitively address' issues of sexual heath in women's private lives.

Although many women in this study had taken up sexual health screening and HIV testing, special attention should be paid to those groups that had never been for screening and younger inexperienced workers that reported greater likelihood of condom accidents, again with view to protection within their private sex lives as much as within commercial sexual encounters. The preferential treatment offered to prostitutes by the GUM clinic in Leeds appears to suit many women, but a different approach may be required to reach those women that have never attended for screening. In other cities, doctors and health advisors have been successfully invited to operate screening services directly from the drop-in centre. This has been a successful approach in Glasgow, Edinburgh and London (Carr et al, 1996;

Cameron et al, 1993). In other cities, health advisors and doctors have even visited women directly in saunas and flats (MASH, 2003). Both options would be beneficial in Leeds, if funding permitted.

General health needs and working conditions

All workplaces of street, sauna and flats were unregulated and presented risks to women's health and safety. Street based prostitutes, working an average of five nights each week, rarely had access to basic washing, shelter and safety facilities during work hours. The drop-in centre was limited to only three hours per week, and thus many women worked in all weathers, late at night, in the dark, with the risk of arrest and violence but with no safe space to relax or take a break from their work. Extending outreach to both sites of street prostitution and longer opening hours of the drop-in centre could provide immediate benefits to women working on the street. On the one night that it was open, the drop-in centre represented an important focus for street workers; they not only collected condoms, sought health advice and support therein, but could also spend time together, away from the competitive and hazardous street area. Within the current legal framework, ways to improve the working conditions of street prostitutes are fairly limited. Continued mediation between police, residents and outreach workers could limit tensions between these groups. Further improvements, as found in other cities, could also be introduced, such as better lighting in street areas and closed circuit television cameras (to deter and help identify violent clients). With street workers' high levels of both police contact and work-related violence, the introduction of a police liaison officer, sympathetic to women's needs, may be beneficial in increasing women's trust in the police, thereby increasing levels of reporting violent clients.

As depicted within this thesis, working conditions within saunas were wide ranging. As unregulated businesses they fall outside normal occupational health and safety jurisdiction and guidance. Premises may therefore lack adequate heating, security measures and facilities, and staff are subject to rules determined by managers with regard to hours worked, and rules of conduct, without any of the usual worker rights of holidays, sick pay, union representation or legal protection. The health and

safety of these workplaces thus rests precariously on the attitudes and actions of managers. There are many potential hazards within such premises regarding basic safety, for example, lack of fire escapes and fire extinguishers, inadequate heating and security, as well as hazards of health, hygiene and possible exploitation. At the time of this study, the majority of managers tended towards a sympathetic approach that gave women autonomy and reasonably safe working conditions. Compared to most formal workplaces, however, premises fell far below acceptable standards.

The large numbers of women working within saunas limited the level of contact that outreach workers could sustain with them. Visits to saunas were sometimes sporadic, and at other times were halted due to reduced outreach staffing or funding. An increase in outreach to women in saunas would be an important addition to health services for female prostitutes in Leeds, especially since these women may be unlikely to visit drop-in centres in order to ensure the secrecy of their work. Ultimately, however, managers had the power to refuse outreach worker access to their premises and staff. Two saunas refused access to outreach staff during the course of fieldwork, highlighting that working conditions in saunas could easily and quickly demise with a change of management. The only means to ensure full health and safety of such premises lies in bringing them under the jurisdiction of standard occupational health and safety, as has occurred in other countries such as New Zealand.

Similarly private flats are unregulated and pose possible risks in health, hygiene and personal safety. Most private flat workers in Leeds worked independently and were thus without the exploitation that could occur within saunas. Due to fears of legal recriminations many women worked alone thus increasing their risks of personal safety. Private flat workers were isolated from other women with whom they could gain support and advice and were visited least often by outreach workers. Some private flat workers had never heard of the outreach service and were unaware that they could seek any support or help. In spite of women's relative safety in flats compared to the street, and their higher earnings and autonomy, private flat workers still reported greater social disadvantage and poorer sexual and reproductive health than non-prostitute women and thus should be targeted in future health promotion

and outreach support. As suggested by prostitutes' rights campaigners, changes in the law that would allow two women to work together in one flat would make the work safer.

Due to the limited funding of some outreach projects for prostitutes and the large numbers of women involved in indoor settings, one possible avenue of health promotion could be the production and dissemination of leaflets outlining the health services available to prostitutes locally, as well as providing advice on safer working and information on women's legal rights.

Work-related violence

The levels of work related violence and the seriousness of many assaults, posed a serious threat to the safety of prostitutes in all settings. When examining the cases of violence experienced, however, there appear to be limited means by which outreach services may address such problems. There is obvious utility in advising prostitutes of safer working practices, such as advising women to look out for each other, use personal alarms, avoid cars with central locking and so on, and managers of saunas and owners of flats could be educated in better workplace security. In chapter nine, client violence was shown to be most common when women used clients' cars and nearby lanes for sex. Women entering prostitution due to homelessness are possibly at greater risk if they are dependent on using these riskier locations for sex, and have limited resources and support available to them. Thus, in this example, improvement in women's general well being and welfare could reduce the extra risk they may otherwise take in their work. Ultimately, however, it appears that the laws surrounding prostitution facilitate violence against prostitutes rather than protect them. On the street women have to make negotiations with clients quickly to avoid arrest of both client and prostitute, limiting time to screen clients, and often have sex in isolated locations away from police and public view. In saunas, managers did not work under any particular health and safety guidelines and could thus request that women work without adequate security. In private flats, women often worked alone or with one other women, to avoid legal repercussion of running a brothel should she have anyone else on the premises for her security.

Women were left with limited means to protect themselves from harm and, as a disenfranchised group in society, prostitutes sadly appear to men as easy targets and disposable victims for violence. The laws of prostitution fail to offer women adequate protection and leave them vulnerable to coercion and violence from clients, pimps and others.

Improvements in safer working and the removal of exploitation appear to lie within changes in the legal and social circumstances of prostitution. Police liaison officers, as mentioned earlier, may be beneficial in encouraging women to report violence and thus challenge men's assumption that prostitutes will be silent victims, but largely it is the fact that prostitutes are vulnerable in their workplace and stripped of social and civil rights through stigma and law that underpins the high levels of violence against them.

Possible changes to law and policy for safer working

The recommendations made above mainly concern the immediate work of the local prostitute outreach agency in Leeds. As noted above, however, it is only through changes to the laws which surround prostitution that greater improvements could be made to women's working conditions. For those that regard all forms of prostitution as sexual exploitation (Jeffries, 1997), solutions to the occupational health and safety issues I have outlined in this thesis lie not in treating prostitution as work, but in the abolition of prostitution along with other aspects of the sex industry such as pornography. My own view on prostitution is more in line with those of prostitutes' rights campaigners, and is based on a more pragmatic approach to an immediate problem, as Ditmore (1999) states:

> ...perhaps in an ideal world a government could supply enough jobs for everyone but it is important to address the existing reality of many people's lives. Prostitution is a viable occupation that provides income to sex workers and their families. I caution against the assumption that if something is repugnant to some people, no one else should be allowed to do it. Sex work is not inherently degrading or a violation of a woman's human rights simply

because the work is distasteful to some. Many people opt for sex work because it is less degrading, better paying and provides more freedom than other available options (i.e. work in export processing zone factories).

As such, in addition to extending services to address the immediate health and welfare need of prostitutes, I would agree with the legal and policy changes outlined by the International Committee for Prostitutes Right's (ICPR, 1985), but with prior and thorough consultation with sex workers in the UK, to adapt changes to suit their own needs and views. Firstly, it is proposed that adult and child prostitution be differentiated, and that adult prostitution be decriminalised. In doing this, child prostitution and sexual exploitation can be more clearly exposed and addressed under appropriate laws. Adult prostitution can then be dealt with in two ways. Indoor premises such as saunas can be regulated (legalised) to bring them under standard business codes with regard to health and safety regulations, but tailored to address the work of selling sex, just as other occupations have specific health and safety remits. In countries such as New Zealand, legalisation of indoor premises has incorporated mandatory sexual health monitoring for sex workers. However, unless clients were also subject to mandatory tests it is difficult to justify requiring this of sex workers. Instead, prostitutes and clients should be educated with regard to regular voluntary sexual health screening. In regulated workplaces, prostitutes would be taxed as other workers and receive workers' rights and benefits, thus enabling them the civil and social status they are currently denied.

In a survey of Glasgow street prostitutes, Carr et al (1994) found that most women said that they would comply with both paying taxes and having mandatory health checks if brothels were legalised. As shown in this thesis, however, it is unlikely that all street prostitutes, especially drug users, would choose, or be able, to work in legalised brothels if they existed. As noted earlier in this chapter, any measures to improve the health and safety of female prostitutes should also address women's reasons for entering prostitution. This would require that issues of poverty, drug misuse and social disadvantage for all women were addressed, to minimise the number of women turning to prostitution out of dire need. A further solution to address street prostitution, since it seems inevitable that it would continue to exist to

some degree, would be to designate certain street areas as toleration zones for prostitution. Following their study of street prostitution in Glasgow, McKeganey and Barnard (1996) proposed decriminalisation of prostitution and the designation of toleration zones as a remedy, and state:

> The police would continue to have a responsibility to those areas though they might adopt a low profile presence. Any clients attacking women would be arrested and prosecuted and various of the health and a legal advisory services could easily be made available to women working in those areas (McKeganey and Barnard, 1996, p103)

Although some of these measures have been implemented within other countries, it is difficult to judge how successful they might be within the UK. Underlying these proposals however is the desire to move forwards from the current situation of gender biased laws and unregulated workplaces, which, in this thesis, have been shown to undermine the health and safety of women involved in prostitution.

Conclusion

To conclude this thesis, I wish to return to the work of William Logan, who wrote up his observational accounts of the lives and working conditions of prostitutes in London, Leeds, Rochdale and Glasgow, in 1843 (Logan, 1843). He noted that prostitute women were generally from the labouring classes, entering prostitution due to financial need as well as through coercion. He described their poor working conditions with some concern; women were afflicted by ill health and were often the subjects of violent assault. Logan estimated that once working in prostitution, women had a life expectancy of only six more years. Indeed, he attributed this short life span of prostitutes to the poor working conditions of prostitution at this time.

The data presented in this thesis offers a contemporary picture of the lives and health of female prostitutes in Leeds. When considering the summary of Logan's work and of my own, some 160 years later, it is striking to note little has changed

with regard to the social circumstances, levels of exploitation, types of victimisation and general poor health and working conditions among prostitutes in this city. Unlike the work of Logan, it is hoped that the data within this thesis have emerged at a time when society is ready to use them in order to improve the health and safety of prostitutes at work.

Appendix 1.

Questionnaire:

'Women's Health & Safety at Work'

QUESTIONNAIRE ON

WOMEN'S HEALTH AND SAFETY AT WORK

This survey is about your work and how it can be made safer
- it has nothing to do with police or social services.

You do not have to give any details that will identify you,
and all your answers will be strictly confidential.

Your co-operation is voluntary, and refusing to take part will not affect
the services you currently receive.

THE QUESTIONNAIRE SHOULD TAKE ABOUT 25 MINUTES TO COMPLETE.

Questions can be answered by ticking boxes ☑, circling 'yes' / 'no',
or by writing your own answer.

Please start by filling in the date today _____

and the time now _____

MRC Medical Sociology Unit, 6 Lilybank Gardens, Glasgow, G12 8RZ. Tel. 0141 357 3949
Genesis Leeds Project, Oxford Chambers, Oxford Place, Leeds. Tel. 0113 2430036 or 245 0915

This questionnaire is for women who have been working as sex workers / prostitutes in the last year. The questions are about you, your work, and about your health and safety, so that outreach services and policy makers understand your needs.

Have you exchanged sexual services (even if this is not full intercourse) for money, gifts or drugs in the last year?

Please circle either yes or no.

YES > Please start answering the questions from page 1

NO > Thank you for your interest in the survey. Currently the survey is only based on women who have worked within the sex industry in the last twelve months, but if you are interested in the results - these will be available at a later date from the Genesis outreach project. Please hand back this questionnaire without filling it in.

Completed questionnaires should be sealed in the envelope provided.
You then hand it back to the researcher, or to any member of the outreach service or post it directly to the research unit in Glasgow (envelope is post paid and addressed).

YOUR CURRENT WORK

1a. How do you currently meet clients /punters?

Tick any that you use even if just occasionally

in the street/ red light district		through another working woman	
sauna or massage parlour		by advertising my service	
escort agency (sit in)		someone else gets them for me	
escort agency (from home)		regular clients contact me directly	
through pubs, clubs or bars		other method (please specify below)	

b. Where do you currently have sex with clients?

Tick any that you use even if just occasionally

outside (alley, open space, car park)		room in a sauna/massage parlour	
a room in a hotel (include call-outs)		a flat or room that is *not* my home	
in client's car		my own home	
in client's house or flat		other (please specify below)	

2a. Apart from sex work, are you currently...

Please circle 'yes' or 'no

Studying in further education?	yes / no	
In part time work?	yes / no	>what job?
In full time work?	yes / no	>what job?

b. Apart from sex work, what other jobs have you ever done?
(write 'none' if no other jobs)

ABOUT YOUR WORK

3. Please circle yes, no or sometimes for these statements about your current work:

a) I can refuse to see a client if I wish — yes / no /sometimes

b) I can choose the sexual services I offer to clients — yes / no /sometimes

c) I have a minder that looks out for me at work — yes / no /sometimes

d) I use a false working name — yes / no /sometimes

e) I talk to other woman about dangerous clients — yes / no /sometimes

f) I feel safe at work — yes / no /sometimes

g) My job is full of stress — yes / no /sometimes

h) My work interferes with my private relationships / sex life — yes / no /sometimes

i) I have made good friends at work — yes / no /sometimes

j) I enjoy my job — yes / no /sometimes

k) I will be doing this work in five years time — yes / no /maybe

YOUR LAST WEEK AT WORK

IN THE LAST FULL WEEK (from yesterday to the same day last week)...

4a. How many days have you worked? ☐ days

b. How many clients have you had? ☐ clients

c. How much have you earned? £ ☐

d. At what times of the day were you working? (e.g. 10am - 4pm, 8pm - midnight)

_____

5a. What is your reason for doing this work now? *Please tick all that apply*

Someone forces me to do it	☐	Money for drugs	☐
I like the work	☐	Money for alcohol	☐
Money for my children	☐	Money for going out / socialising	☐
Money for rent, bills, food etc	☐	To save up (e.g. for a holiday)	☐
Other - please specify	☐		

_____

b. If you are forced to work, who forces you? *please tick one box*

boyfriend / husband	☐	
pimp	☐	
other working woman	☐	
other	☐	>who? _____

YOUR CLIENTS

6a. In the last year what have clients given you in exchange for sexual services (even if only occasionally)? *Please tick all that apply*

money ☐ gifts ☐ drugs ☐ rent ☐ other ☐ *please specify below*

_____

b. On average how many minutes do you spend with each client? ☐ minutes

c. How many of your clients do you consider as 'regulars'? (those that always or often come to you) *Circle one answer only*

all clients are regulars | most or nearly all are regulars | just one or two are regulars | I have no regular clients

7a. How often have you used condoms with your CLIENTS in the last year for... *Tick one box in each row*

	always	sometimes	never	not applicable
VAGINAL SEX	☐	☐	☐	☐
ORAL SEX	☐	☐	☐	☐
ANAL SEX	☐	☐	☐	☐

b. In the last month how many times has a condom broken, torn or slipped off? ☐ times

YOUR MOST RECENT CLIENT

8a. When did you last provide a service to a client? _____

b. Where were you?

outside (alley, open space, car park)		room in a sauna/massage parlour	
a room in a hotel		a flat or room that is *not* my home	
in client's car		my own home	
in client's house or flat		other (please specify below)	

_____

c. **What service did you provide?** *please tick all that apply*

vaginal sex - WITHOUT a condom		vaginal sex - WITH a condom	
oral sex to him - WITHOUT a condom		oral sex to him - WITH a condom	
anal sex - WITHOUT a condom		anal sex - WITH a condom	

d. **Did you do any of the following?** *please tick all that apply*

Kissing him (mouth to mouth)		Client gave me oral sex	
He touched my breasts/ 'playaround'		Anal fingering (my finger > his anus)	
Masturbating him / hand relief		Anal oral (my mouth > his anus)	
S & M / bondage / CP		Use of sex toys to him (e.g. dildos)	
Watersports (pissing)		Use of sex toys to me (e.g. dildos)	
Massage			

e. Any other service?

_____

f. How long did you spend with him? minutes

i. How much did he pay you? £

ABOUT YOUR PAST WORK

9a. At what age were you first paid for any kind of sexual service?
(even if this was not sexual intercourse) years old

10a. Please tick ONE box in THE FIRST COLUMN to show where you worked the first time, In the second column tick to show where else you have ever worked.

Method of working	the first time *(tick one box)*	ever worked *(tick all that apply)*
Street (red light area)		
Sauna or massage parlour		
Private flat (advertising)		
Working in another woman's flat/house		
Escort agency		
Approaching men in bars, clubs or hotels		
Other method (please specify here)		

b. Which other cities have you worked in as a sex worker?

_____

c. How many years in total have you worked in the sex industry? years
(include breaks/periods not working)

EXPERIENCE OF VIOLENCE

In order to protect you in your work, it is necessary to know about the violence you have experienced. All information you give is strictly confidential.

11. Have you ever been... *Please tick all that apply*

attacked by other women at work? ☐
attacked by a pimp at work? ☐
attacked by a manager at work? ☐
attacked by a private partner? ☐
forced to work by someone else? ☐
involved in pornography? ☐
kidnapped or abducted? ☐
None of these ☐

12a. How many times have you been... *please write a number in each box*

raped by a client? ☐
physically attacked by a client? ☐

If you have NEVER been raped or attacked - please go to Q.13a.

b. Where did the rape(s) take place? *Please tick all that apply*

outside ☐
client's car ☐
client's flat ☐
friend's flat ☐
hotel ☐
my flat ☐
sauna / parlour ☐
other ☐

c. Did you report this/any rape(s) to the police? *please tick one box*

☐ yes ☐ no ☐ not every time

d. Where did the physical attack(s) take place? *Please tick all that apply*

outside ☐
client's car ☐
client's flat ☐
friend's flat ☐
hotel ☐
my flat ☐
sauna / parlour ☐
other ☐

e. Did you report this/any physical attack(s) to the police? *please tick one box*

☐ yes ☐ no ☐ not every time

HEALTH AND LIFESTYLE

13a. Thinking of yesterday how many...

pints of beer, lager or cider did you have? ☐

Glasses of wine did you have? ☐

shorts / singles of spirits did you have? ☐

cigarettes, cigars or roll-ups did you have? ☐ don't include hash, dope etc.

b. How often do you drink alcohol at work? *tick one box only*

every time ☐ most times ☐ occasionally ☐ rarely ☐ never ☐

14a. Which of the following drugs you have taken in the LAST MONTH? *tick all that apply*

Sleeping tablets or tranquillisers	☐	Amyl/Butylnitrates (Poppers)	☐
Cannabis resin (dope, blow)	☐	LSD (trips, acid)	☐
Temazepam (jellies, eggs, beans)	☐	*DF118's*	☐
Temgesics (tems)	☐	Glues / solvents	☐
Barbiturates	☐	Amphetamines (speed, sulph)	☐
Mogadon	☐	Methadone	☐
Heroin	☐	PCP (Angel Dust)	☐
Cocaine	☐	Magic mushrooms	☐
Crack / Rock	☐	'E' / Ecstasy	☐

Any other drug not listed here ☐ > which drug? _____

None of the drugs listed here ☐ If none please go to Q16.a

14b.When did you last inject yourself or were injected by someone else with drugs?
please tick one answer

in the last month ☐
in the last 3 months ☐
last year ☐
in the last 5 years ☐
over 5 years ago ☐
never ☐ If never, please go to Q.14d

c. Which drug did you last inject or were you last injected with?

Heroin ☐
Barbiturates ☐
Amphetamines ☐
Cocaine ☐
Other ☐ >(please specify) _____

d. How much do you spend on drugs each WEEK?
(do not include cigarettes and alcohol) £ ☐

15a.How often do you take drugs at work?
(do not include cigarettes and alcohol) *tick one box*

every time ☐ most times ☐ occasionally ☐ rarely ☐ never ☐

YOUR HEALTH

This section is about your health to see whether women in your work have particular health service needs.

16a. Are you registered with a local doctor (GP)? yes / no

b. If yes, does your doctor know that you do sex work? yes / no

17. When did you last have... *(write 'never' if you have never had this)*

	DATE?	WHERE?
A general VD/STD check up?		
A cervical smear test?		
HIV test?		

>Ever been positive? yes / no

>Was this positive? yes / no

18a. How old were you when you first had sexual intercourse ? ☐ years old

19a. How old were you when you had your first pregnancy ? ☐ if never go to Q 20.

b. How old were you when you had your first child? ☐

c. Have you ever had to terminate a pregnancy ? yes / no

d. If yes, how many times? ☐ times

e. Have you ever had a miscarriage? yes / no

f. If yes, how many times? ☐ times

g. How many children have you had ? ☐ children

20. Tick the boxes to show which of the following you have EVER had.

Candida (thrush)	☐	Gonorrhoea	☐
Genital/anal warts	☐	Chlamydia	☐
Scabies	☐	Pubic lice (crabs)	☐
Syphilis	☐	PID(pelvic inflammatory disease)	☐
Genital herpes	☐	Bacterial vaginosis / BV	☐
NSU (non specific urethritis)	☐	Trichomoniasis Vaginalis / TV	☐

YOUR PRIVATE PARTNERS

These questions may seem personal, but I am asking them to find out whether you do different things in your private life as opposed to your work with clients.

21a. Which contraception do you use with your private partners (husbands, boyfriends).
tick all that apply

Condom (sheath / 'Durex')	☐	Rhythm method / Safe period	☐
Spermicidal creams	☐	partner's vasectomy	☐
The pill	☐	you have been sterilised	☐
Injected contraceptive (Depo Provera)	☐	don't have periods (menopause)	☐
Cap or Diaphragm	☐	Withdrawal (man pulls out before climax)	☐
Coil, loop or intra-uterine device	☐	Other (please specify below)	☐
No contraception	☐	_____	

22. How often in the last year have you used condoms with PRIVATE PARTNERS for...
Tick one box in each row

VAGINAL SEX	always ☐	sometimes ☐	never ☐	not applicable ☐
ORAL SEX	always ☐	sometimes ☐	never ☐	not applicable ☐
ANAL SEX	always ☐	sometimes ☐	never ☐	not applicable ☐

23a. How many private male sexual partners have you had in the last 6 months? ☐

If none go to Q25

b. How many of them had injected drugs in the last 5 years? ☐

24a. The last time you had sex with a private male partner, what did you do?
please tick all that apply

vaginal sex - WITHOUT a condom	☐	vaginal sex - WITH a condom	☐
oral sex to him - WITHOUT a condom	☐	oral sex to him - WITH a condom	☐
anal sex - WITHOUT a condom	☐	anal sex - WITH a condom	☐

b. Was your most recent private male sexual partner...
please tick one box only

- ☐ your regular partner (husband or steady boyfriend)?
- ☐ a new / recent boyfriend?
- ☐ a casual partner (e.g. one night stand)?
- ☐ other (please specify) > _____

ABOUT YOU

25. How old are you? your age ☐

26a. Please tick the box which best describes your ethnic background.

White	☐	Pakistani	☐
Black Caribbean	☐	Bangladeshi	☐
Black African	☐	Chinese	☐
Black (other)	☐	Asian (other)	☐
Indian	☐	Other (please specify)	☐

_____

b. Where were you born? Town>_____ Country>_____

27a. Have you ever been in Local Authority Care? yes / no

b. If yes, at what ages were you in care? from age _____ to age _____

28a. At present are you... *please circle yes or no*

in school?	Yes / no
in full time education?	Yes / no
in part time education?	Yes / no

c. What is your highest qualification?

CSEs or equivalent	☐	Vocational qualification	☐
O' levels / GCSEs /or equivalent	☐	Degree or Higher degree	☐
'A'Levels / Highers or equivalent	☐	None	☐

29a. Do you have any criminal convictions? yes/no

b. If yes, what are they for?

_____

30a. Have you ever been homeless? yes/no ☐

b. If yes, at what age were you first homeless? ☐

c. Which type of accommodation do you live in now? *please tick one box*

My own house or flat	☐	B&B / Hotel	☐
Rented house or flat	☐	Hostel	☐
With parents	☐	Bedsit	☐
with other family or friends	☐	Homeless	☐
		Other	☐ >

d. Please write the FIRST part of your postcode (you cannot be identified by this).

☐☐☐☐▒▒▒

(do not write the second part of postcode)

31. Tick one box to show your current marital / partner status.

Married	☐	Single (widow, divorcee)	☐
Living as married	☐	Single - never married	☐

32a. How many children in your household are YOU responsible for (care for)? ☐

If none, go to Q 33.

b. How many of these children are under 5 years old? ☐

33. Who have you told about your sex work?

My partner (or most recent partner)	☐	My parents	☐
Only very close friends	☐	Other family members	☐
Most of my friends	☐	Anyone who asks	☐

Please use this space if you would like to make any comments...

ABOUT THE SURVEY

One of the purposes of this survey is to write a report on your working conditions. I would like to include your own views and experiences in the report and am therefore conducting some short interviews (about 40 minutes) with individual women.

If you would be willing to talk to me about your work, please let me know, or tell one of the outreach workers. I will arrange the meeting at your convenience.

My name is Stephanie, I am a researcher with the Medical Research Council and can be contacted at
Genesis Leeds Project, Oxford Chambers, Oxford Place, Leeds.

Tel: 0113 2430036 or 2450915

SURVEY RESULTS

When the survey is complete a summary of the results will be available for you to collect from the outreach office or drop in.

THANK YOU FOR YOUR HELP

Completed questionnaires should be sealed in the envelope provided.
You then hand it back to the researcher, or to any member of the outreach service or post it directly to the research Unit in Glasgow (envelope is post paid and addressed).

Appendix 2.

Preliminary results feedback sheet

MRC Medical Sociology Unit, 6 Lilybank Gardens, Glasgow, G12 8RZ. Tel. 0141 357 3949
Genesis Leeds Project, Oxford Chambers, Oxford Place, Leeds. Tel. 0113 2430036 or 245 0915

WOMEN'S HEALTH AND SAFETY AT WORK SURVEY

Thank you to all the women that took part in the survey in October/November 1995

The survey was very successful and many of you were keen to find out what happened to the results - so this is a short summary of some of the information. Other results will be distributed after the second round of interviews (March/April 1996).

The second interviews are being conducted with women working on the street, in pubs,bars,hotels and women working through agencies - if you know any working women that would take part or you would like more information about the survey, please let me know. You can contact me at the Genesis Leeds Project office.

Thanks - Stephanie

WHO TOOK PART?
A total of 57 working (or ex-working) women took part:
So far results are only available for the 46 women that said they had worked in the last year (Nine of these women had regular jobs too).

Of these:

10 worked on the streets
27 worked in saunas
6 worked privately
1 worked through pubs or bars

BASIC RESULTS

- Women were an average age of 27 years old
- 82% were born in Yorkshire - mainly Leeds.
- 44% were single (never married), 28% were single (after separation, divorce or widowed) and 24% were cohabiting/living with their partner.
- The majority of women(76%) were living in rented accommodation in Leeds
- 76% had children
- 39% had been in Local Authority Care
- 57% had been homeless at least once (at average age of 19 yrs)

WHEN DID WOMEN START WORK?

On average women were first paid for sex when they were 18 years old.
63% met their first client on the street, 22% in a parlour and others used private flats.
Women had experience of working in an average of 3 different cities (including Leeds) and had worked in prostitution for an average of 7.3 years.

WHY DO WOMEN WORK?

Some women had been forced to work the very first time, but currently women reported the following reasons for working. 35% to get money for their kids, 35% to get money for rent, bills etc., 28% money to spend on themselves and 8.7% money for drugs. (some women reported more than one reason)

WORKING CONDITIONS

Women reported working an average of 39.6 hours per week (many women were working 12 hour sauna shifts) and on average women said they saw about 16 clients in a week. 52% of women reported having regular clients and women spent an average of 24 minutes with their clients. (this is high as most people in the survey worked indoors)

FEELINGS ABOUT WORK

Many women(69%) reported making good friends in their work, but 56% said the work was stressful. Twenty-eight percent of women said they always or sometimes enjoyed their job. Twenty-six percent of women thought they would be doing this work in five years time, 56.5 % said they would not and 18% thought they may still be working.

CONDOM USE

Of the women that provided sex the majority reported always using condoms. For vaginal (100%), oral(89%) and anal sex(100%), (women may not offer all three services). Women reported a wide range of other services supplied to clients including massage, uniforms, watersports and just talking.

SAFETY AT WORK

Many women(54%) reported being attacked at work, and ten women reported rape. These attacks were most frequent in client's cars, in open spaces or in client's flats.

SEXUAL HEALTH

Women reported that they regularly went for check ups at the GU clinic. 91% of women had had a smear test, 39% had been vaccinated for Hepatitis b' and 50% had been for an HIV test (none reported positive). The most common STD's women had' had in their lifetime were: non specific urethritus and pubic lice, (both 17.4%), and on average women had had a total of 1.3 sexually transmitted diseases in their lifetime.

PLEASE NOTE THAT THESE RESULTS ARE PRELIMINARY AND UNDER REVIEW
WHEN THE RESULTS HAVE BEEN CHECKED I WILL HAND OUT ANOTHER LEAFLET

Appendix 3.

Tables of results referred to in Section II

Table1. Demographic characteristics by current workplace

	Street *n = 39*	*Sauna* *n = 51*	*Flat* *n = 18*	*p value*	*Total* *n = 108*
Age: Mean (SD)	25 (5.1)	27.1 (7.0)	30.9 (9.9)	ns	26.9 (7.2)
Age Range	16 - 36	18 - 46	17 - 50		16 - 50
	n (%)	**n (%)**	**n (%)**		**n (%)**
Ethnicity					
White	36 (92.3)	43 (84.3)	17 (94.4)	ns	96(89)
Black	1(2.6)	5(9.8)	1(5.6)		7(6.5)
Asian	2(5.1)	1(2)	0(0)		3(2.5)
Mixed Race	0(0)	2(3.9)	0(0)		2(1.9)
Place of birth					
Leeds	20 (51.3)	28 (54.9)	13 (72.2)	ns	61 (56.5)
Other Yorkshire	6 (15.4)	15 (29.4)	3 (16.7)		24 (22.2)
Other UK	13 (33.3)	6 (11.8)	2 (11.1)		21 (19.4)
Non UK	0 (0)	2 (3.9)	0 (0)		2 (1.9)
Relationship status					
Single (neither married nor cohabiting)	26 (66.7)	36 (70.6)	6 (33.7)	ns	68 (62.9)
Motherhood					
Ever had children	32 (82.1)	33 (64.7)	13 (72.2)	ns	78 (72.2)
Responsible for children at home	30 (51.3)	23 (45.1)	9 (50.0)	ns	62 (57.4)
Single mother	12 (30.8)	19 (37.25)	2 (11.1)	ns	33 (30.5)
Accommodation					
Own home	4 (10.3)	7 (13.7)	7 (38.9)	0.019 df2	18 (16.6)
Rented property	24 (61.5)	40 (78.4)	9 (50.0)	0.051 df2	73 (67.6)
With family/friends	3 (7.7)	3 (5.9)	0 (0)	n/a	6 (5.6)
Temporary (hostel/refuge)	5 (12.8)	1 (2.0)	1 (5.6)	n/a	7 (6.5)
Homeless	3 (7.7)	0 (0)	1 (5.6)	n/a	4 (3.7)
Housing stability				n/a	
Current housing transitory	11 (28.2)	4 (7.8)	2 (11.1)	0.027 df2	17 (15.7)
Has criminal convictions	25(84.6)	17(33.3)	8(44.4)	0.000 df2	50(46.2)
Current work / education					
In education at present	3(7.7)	5(9.8)	1(5.6)	n/a	9(8.3)
Has non-prostitution job	1(2.6)	3(5.9)	1(5.6)	n/a	5(4.6)

Table 2. Recent drug use, alcohol and smoking by workplace

	Street n = 39	*Sauna n = 51*	*Flat n = 18*	*p value*	*Total n = 108*
	n (%)	**n (%)**	**n (%)**		**n (%)**
Recent drug use					
Any drugs in last month	25 (64.1)	38(74.5)	14(77.8)	ns	77 (71.3)
Injected in the last month	2 (5.1)	1(2.0)	1(5.6)	n/a	4 (3.7)
Drugs used in last month					
Sleeping tab / anti-depressants	9 (23.1)	8 (15.7)	8 (44.4)	0.045 df2	25 (23.1)
Cannabis	21 (53.8)	25 (49.0)	8 (44.4)	ns	54 (50)
Amphetamine	3 (7.7)	17 (33.3)	4 (22.2)	0.015 df2	24 (22.2)
Cocaine	4 (10.3)	0 (0)	1 (5.6)	ns	5 (4.6)
Acid / Ecstasy	5 (12.8)	13 (25.5)	4 (22.2)	ns	22 (20.4)
Poppers / Solvents	2 (5.1)	3 (5.9)	1 (5.6)	ns	6 (5.6)
Crack	15(38.5)	2(3.9)	1(5.6)	0.000 df2	18(11.1)
Heroin	9(23.1)	2(3.9)	1(5.6)	0.012 df2	12(11.1)
Methadone or DF118s	5(12.8)	1(2.0)	1(5.6)	ns	7(6.5)
Money spent on drugs in last month (drug users only)	*n=25*	*n=38*	*n=14*		*n=77*
Mean	£308.50	£36.60	£58.33	0.023 df2	£62.01
Range	10 - 1,200	4 - 160	30 - 160		4 – 1,200
Ever take drugs before or during work					
Yes	17(43.6)	12(23.5)	9(50)	0.050 df2	38(35.2)
Alcohol use					
Had alcohol yesterday	10(25.6)	18(35.3)	3(16.7)	ns	31(28.7)
Units of alcohol yesterday	9.2 units (0.5-20)	5.3 units (1-14)	4.3 units (4-5)	ns	6.2 units (0.5-20)
Ever drink before or during work					
Yes	22(56.4)	34(66)	6(33.3)	0.030 df2	62(57)
Smoking:					
Non smoker	5(12.8)	7(14.0)	2(11.1)	ns	14(13.1)
Smokes under 15/day	3(7.7)	7(14.0)	5(27.8)		15(14.0)
Smoke 15+/day	31(79.5)	36(72.0)	11(61.1)		78(79.9)

Table 3. Motivation to work and working conditions by workplace

	Street n = 39	*Sauna n = 51*	*Flat n = 18*	*p value*	*Total n = 108*
Total years in prostitution					
Mean (range)	6.6 (2m-20)	5.8 (2m-23)	9.2 (2m-32)	ns	6.6 (2m-32yrs)
Motivation to work	***n (%)***	***n (%)***	***n (%)***		***n (%)***
I am forced to work	1(2.6)	0(0)	0(0)	n/a	1(1)
I like the work	0(0)	1(2.0)	1(5.6)	n/a	2(1.9)
Money for...					
Rents, bills, household	22(56.4)	39(75.5)	14(77.8)	ns	75(69.4)
Saving up	6(15.4)	34(66.7)	13(72.2)	0.000 df2	53(49.1)
Going out / socialising	8(20.5)	17(33.3)	10(56)	0.031 df2	35(32.4)
Children's expenses	18(46.2)	26(51)	7(38.9)	ns	51(47.2)
Drugs	10(25.6)	4(7.8)	3(16.7)	0.037 df2	18(16.7)
Alcohol	1(2.6)	1(2.0)	0(0)	ns	2(1.9)
Other	3(7.7)	3(5.9)	1(5.6)	ns	7(6.5)
Form of pay in past year					
Money	39(100)	51(100)	18(100)	ns	108(100)
Drugs	6(15.4)	1(2)	2(11.1)	n/a	9(8.3)
Gifts	16(41)	17(33.3)	11(61.0)	ns	44(40.7)
Where women meet clients					
Street	39(100)	0(0)	0(0)	0.000 df2	39(36.1)
Parlour	0(0)	51(11)	0(0)	0.000 df2	51(47.2)
Private Home	0(0)	0(0)	18(100)	0.000 df2	18(16.7)
Escort ('call outs')	0(0)	10(19.6)	2(11.1)	0.014 df2	12(11.1)
Pubs, Hotels, Bars	5(12.8)	1(2.0)	0(0)	n/a	6(5.6)
Through other women	2(5.1)	0(0)	1(5.6)	n/a	3(2.8)
Advertise	0(0)	0(0)	13(72.2)	0.000 df2	13(12.0)
Regulars contact me	7(17.9)	4(7.8)	10(55.6)	0.000 df2	21(19.4)
Other	1(2.6)	0(0)	2(11.1)	n/a	3(2.7)
Where have sex with clients					
Outside	24 (61.5)	0 (0)	0(0)	0.000 df2	24(22.2)
Clients car	32 (82.1)	0 (0)	1(5.6)	0.000 df2	33(30.6)
Clients home	17 (43.6)	6 (11.8)	2(11.1)	0.001 df2	25(23.1)
Hotel	8(20.5)	11(21.6)	6(33.3)	ns	25(23.1)
Own home	18 (46.2)	0(0)	10 (55.6)	0.000 df2	28(25.9)
Other room	7 (17.9)	2(3.9)	9 (50.0)	0.000 df2	18(16.7)
Parlour room	0 (0)	51(100)	0 (0)	0.000 df2	51(47.2)
Working times					
Mean days worked in last week (range)	4.9 (1-7)	3.6 (1-7)	4.0 (0.5-7)	0.004 df2	4.2 (0.5-7)
Mean no. hours worked/day	4.3 (1-8)	11.6 (2-24)	6.9 (0.5-14)	0.000 df2	8.2 (0.5-24)
Calculated mean hours worked in last week	22.6 (1-56)	40.7 (4-84)	34.9 (2-98)	-	33.21 (1-98)
Clients per week					
Mean no. clients in last week (range)	16.3 (1-57)	15.9 (4-50)	14.5 (1-35)	ns	15.85 (1-57)
Mean no. minutes with client (range).	13.1 5-30	26.5 15-40	30.72 10-120	0.000 df2	22.38 5-120
Calculated client contact/week	3.5hrs	7 hrs	7.4 hrs	-	5.9
Earnings					
Mean earnings in last week (range)	£360.38 (20-1,500)	£367.60 (100-1000)	£750 (20-1,500)	0.02 df2	£428.22 (20-1,500)
Calculated earnings per client (wkly wage/wkly no. of clients)	£22.50	£23.12	£51.72	-	£32.44
Calculated hourly earnings	£15.94	£9.03	£21.48	-	£15.48

Table 3. (continued) Current working conditions by workplace

	Street *n = 39*	*Sauna* *n = 51*	*Flat* *n = 18*	*p value*	*Total* *n = 108*
Proportion of regular clients	**n (%)**	**n (%)**	**n (%)**		**n (%)**
All/most	13(34)	19(40)	13(70)	0.025 df3	45(43.9)
Some/none	20(67)	33(60)	5 (30)		58(53.7)
Main services provided to clients					
Vaginal sex	37 (94.8)	50 (98)	17 (94.4)	ns	104 (96.3)
Oral sex	32 (82)	49 (96)	16 (88.8)	ns	97 (89.8)
Anal sex	3 (5.8)	2 (3.9)	2 (11.1)	n/a	7 (6.5)
Condom use with clients in the last year for ...					
Vaginal sex	***n=37***	***n=50***	***n=17***		***n=104***
Always	36 (97.3)	49(98)	16(94.1)	*ns*	101 (97.1)
Sometimes	1(2.7)	1(2.0)	1(5.9)		3 (2.9)
Never	0(0)	0(0)	0(0)		0 (0)
Oral sex	***n=32***	***n=49***	***n=16***		***n=97***
Always	30(93.8)	47(95.9)	14(87.5)	*ns*	91 (93.8)
Sometimes	2(6.3)	1(2.0)	1(6.3)		4 (4.1)
Never	0(0)	1(2.0)	1(6.3)		2 (2.1)
Anal Sex	***n=3***	***n=2***	***n=2***		***n=7***
Always	3 (100)	2 (100)	1 (50)	*n/a*	6 (85.7)
Sometimes	0 (0)	0 (0)	1 (50)		1 (14.3)
Never	0 (0)	0 (0)	0 (0)		0 (0)
Service provided to last client					
Vaginal sex WITH condom	20(54.1)	45(88.2)	13(72.2)	0.002 df2	78(73.6)
Touching breasts	9(24.3)	47(92.2)	13(72.2)	0.000 df2	69(65.1)
Masturbating client	19(51.4)	38(74.5)	12(66.7)	ns	69(65.1)
Fellatio WITH a condom	15(40.5)	35(68.6)	13(72.2)	0.014 df2	63(59.4)
Massage	1(2.7)	46(92.0)	10(55.6)	0.000 df2	57(54.3)
S & M / bondage / CP	5(13.5)	9(17.6)	3(16.7)	ns	17(16.0)
Client gave woman oral sex	1(2.7)	7(13.7)	6(33.3)	0.007 df2	14(13.2)
Sex toys used on woman	1(2.7)	7(13.7)	2(11.1)	ns	10(9.4)
Sex toys used on client	1(2.7)	6(11.8)	2(11.1)	ns	9(8.5)
Watersports (urinating)	1(2.7)	1(2.0)	3(16.7)	n/a	5(4.7)
Anal fingering to client	0(0)	3(5.9)	1(5.6)	n/a	4(3.8)
Anal sex WITH condom	0(0)	1(2.0)	1(5.6)	n/a	2(1.9)
Kissing (mouth to mouth)	0(0)	1(2.0)	1(5.6)	n/a	2(1.9)
Fellatio WITHOUT a condom	0(0)	0(0)	1(5.6)	n/a	1(0.9)
Anal oral (woman to client)	0(0)	0(0)	1(5.6)	n/a	1(0.9)
Vaginal sex NO condom	0(0)	0(0)	0(0)	n/a	0(0)
Anal sex NO condom	0(0)	0(0)	0(0)	n/a	0(0)
Other service	4(10.3)	11(21.6)	7(38.9)	0.043 df2	22(20.4)
Calculated mean (SD, range) no. of services provided to last client	1.9 (SD 1.2) (0-5)	5.0 (SD 1.6) (2-10)	4.9 (SD 2.4) (1-12)	-	3.9 (SD 2.2) (0-12)

Table 4. Responses to questions on workplace conditions and feelings

	Street *n = 39*	*Sauna* *n = 51*	*Flat* *n = 18*	*p value*	*Total* *n = 108*
I can refuse to see a client if I Wish	**n (%)**	**n (%)**	**n (%)**		**n (%)**
Yes	36(92.3)	44(86.3)	16(88.9)	ns	96(88.9)
Sometimes	1(5.1)	2(3.9)	1(5.6)		4(3.7)
No	2(2.6)	5(9.8)	1(5.6)		8(7.4)
I can choose the sexual services I offer to clients					
Yes	36(92.3)	47(92.2)	17(94.4)	ns	100(92.6)
Sometimes	2(1.4)	2(1.9)	0(0)		4(3.7)
No	1(2.6)	2(3.9)	1(5.6)		4(3.7)
I have a minder that looks out for me at work					
Yes	7(17.9)	16(31.4)	7(38.9)	ns	30(27.8)
Sometimes	28(71.8)	30(58.8)	10(55.6)		68(63.0)
No	4(10.3)	5(9.8)	1(5.6)		10(9.3)
I talk to other woman about dangerous clients					
Yes	33(84.6)	44(86.3)	11(61.1)	0.042 df4	88(81.5)
Sometimes	2(5.1)	1(2.0)	0(0)		3(2.8)
No	4(10.3)	6(11.8)	7(38.9)		17(15.7)
I have made good friends at Work					
Yes	25(64.1)	34(68.0)	7(38.9)	0.008 df4	66(61.7)
sometimes	4(10.3)	11(22)	9(50)		17(15.9)
no	10(25.6)	5(10)	2(11.1)		24(22.4)
I feel safe at work					
yes	16(41.0)	39(76.5)	13(72.2)	0.05 df4	68(63)
sometimes	17(43.6)	8(15.7)	2(11.1)		27(25)
no	6(15.4)	4(7.8)	3(16.7)		13(12)
I use a false working name					
yes	15(38.5)	42(82.4)	15(83.3)	0.000 df4	72(66.7)
sometimes	2(5.1)	0(0)	0(0)		2(1.9)
no	22(56.4)	9(17.6)	3(16.7)		34(31.5)
My job is full of stress					
yes	24(61.5)	25(49.0)	7(38.9)	ns	56(51.9)
sometimes	9(23.1)	13(25.5)	5(27.8)		27(25)
no	6(15.4)	13(25.5)	6(33.3)		25(23.1)
My work interferes with my private life / sex life					
yes	17(43.6)	25(49.0)	12(66.7)	0.05 df4	54(50)
sometimes	3(7.7)	12(23.5)	1(5.6)		16(14.8)
no	19(48.7)	14(22.5)	5(27.8)		38(35.2)
I enjoy my job					
yes	7(17.9)	10(19.6)	4(22.2)	0.015 df4	21(19.4)
sometimes	3(7.7)	15(29.4)	8(44.4)		26(24.1)
no	29(74.4)	26(51.0)	6(33.3)		61(56.5)

Table 4. (cont.d) Workplace conditions and feelings

	Street *n = 39*	*Sauna* *n = 51*	*Flat* *n = 18*	*p value*	*Total* *n = 108*
I will be doing this work in five years time	**n (%)**	**n (%)**	**n (%)**		**n (%)**
yes	7(17.9)	11(21.6)	3(16.7)	ns	21(19.4)
maybe	11(28.2)	16(31.4)	7(38.9)		34(31.5)
no	21(53.8)	24(47.1)	8(44.4)		53(49.1)
Who have you told that you do sex work?					
My partner	32(82.1)	31(60.8)	9(50)	0.027 df2	72(66.7)
Only close friends	20(51.3)	28(54.9)	11(61.1)	ns	59(54.6)
Most friends	20(51.3)	13(25.5)	5(27.8)	0.031 df2	38(35.2)
My parents	18(46.3)	17(35.3)	10(55.6)	ns	45(41.7)
Other family members	17(43.6)	18(35.3)	5(27.8)	ns	40(37)
Anyone that asks	5(12.8)	1(2)	1(5.6)	n/a	7(6.5)

References

Abraham, K. (1922) Manifestations of the female castration complex., International Journal of Psycho-analysis, **3**, pp. 1-29.

Astemborski, J., Vlahov, D., Warren, L., & Nelson, K. (1994) The Trading of Sex For Drugs or Money and HIV Seropositivity Among Female Intravenous-Drug-Users. American Journal of Public Health, **84**(*3*), pp. 382-387.

Bagley, C. & Young, L. (1987) Juvenile prostitution and child sexual abuse: a controlled study., Canadian Journal of Community Mental Health, **6**(*1*), pp. 5-26.

Barnard, M. (1992) Working in the dark: Researching female prostitution. In Women's Health Matters. H. Roberts. Routledge: London: pp. 141-156.

Barnard, M. (1993) Violence and vulnerability: conditions of work for street working prostitutes., Sociology of Health and Illness, **15**(*5*), pp. 683-705.

Barnard, M. & McKeganey, N. (1996) Sex Work on the Streets: prostitutes and their clients. Buckingham, Open University Press.

Barrett, D. (1997) Child Prostitution in Britain: Dilemmas and practical responses. London: The Children's Society.

BBC (2001) Prostitution is £700m industry. British Broadcasting Corporation Online News Articles. Wednesday, 11 April, 2001, http://news.bbc.co.uk/2 /hi/uk_news/ 1271028.stm

Becker, H. (1963) Outsiders. New York., Free Press.

Bell, L. (1987) Good Girls/bad Girls: sex trade workers and feminists face to face. The Women's Press: Toronto, Canada.

Benson, C. (1999) Violence Against Female Prostitutes: Experiences of Violence, Safety Strategies and the Role of Agencies. Department of Social Science Report, Loughborough University. ISBN 0907274234.

Benson, C. & Matthews, R. (1995) National Vice Squad Survey. School of Sociology & Social Policy, Middlesex University. ISBN: 1 85924 079 8.

Benson, C. & Matthews, R. (1996) Report of the Parliamentary Group on Prostitution. School of Sociology & Social Policy, Middlesex University. ISBN: 1 85924 118 2.

Bernstein, E. (2001) The Meaning of the Purchase: Desire, demand and the commerce of sex. Ethnography **2**(*3*), pp. 389-420.

Bindman, J. & Doezema, J. (1997) Redefining Prostitution as Sex Work on the International Agenda. Anti-Slavery International.

Bloor, M. (1995) The Sociology of HIV Transmission, Sage Publications: London.

Bloor, M., Barnard, M., Finlay, A & McKeganey, N.(1993) "HIV-Related Risk Practices Among Glasgow Male Prostitutes - Reframing Concepts of Risk Behaviour.". Medical Anthropology Quarterly, 7(2), pp. 152-169.

Bloor, M., Frischer, M., Taylor, A., Covell, R., Goldberg, D., Green, S., McKeganey. N., & Platt, S. (1994) Tideline and turn? Possible reasons for the continuing low HIV prevalence among Glasgow's injecting drug users. Sociological Review, **42**(*4*), pp.738-757.

Bloor, M., McKeganey, N., Finlay, A., & Barnard, M.(1992) The Inappropriateness of Psychosocial Models of Risk Behaviour For Understanding HIV-Related Risk Practices Among Glasgow Male Prostitutes. AIDS Care, 4(2), pp. 131-137.

Boyle, S. (1994) Working Girls and their Men. Smith Gryphon Limited:London.

Bracey, D. (1979) Baby Pros: Preliminary Profiles of Juvenile Prostitutes. John Jay Press: New York.

Bryan, J. (1967) Apprenticeships in Prostitution. In Sexual Deviance. J. H. Gagnon. and W. Simon. (eds). Harper & Row: New York, pp. 146-64.

Bullough, V., & Bullough, B. (1978) Prostitution: An Illustrated Social History. Crown Publishers: New York.

Cameron, S., Peacock, W. & Trotter, G. (1999) Reaching Out, Nursing Times, February 17, **89**(*7*), pp. 34-36.

Caputi, J., (1989) The Sexual Politics of Murder. Gender and Society, **3**, pp. 437-56.

Caprio, F. & Brenner, D. (1961) Sexual Behavior: Psycho-Legal Aspects. Citadel: New York.

Carr, S., Goldberg, D., Elliott, L., Green, S., Mackie, C. & Gruer, L. (1996) A primary health care service for Glasgow street sex workers – 6 years experience of the 'Drop-in Centre', 1989-1994. AIDS Care, **8**(*4*), pp. 489-497.

Carr, S., Green, S., Goldberg, D., Cameron, S., Gruer, L., Frischer, M., Mackie, T., & Follett, E. (1992) HIV prevalence among female street prostitutes attending a health-care drop-in centre in Glasgow., AIDS, **6**(*12*), pp. 1553-1554.

Casey, M., Day, S., Ward, H., & Ziersch, A. (1995) Sexual health services for prostitutes in the UK. Europap (UK): London.

Central Statistical Office (1996) Social Trends No.26. HMSO: London.

Chaisiri, N., & Danutra, P. (1993) Prevalence of syphilis and anti-HIV-1 seropositive among prostitutes in two urban areas of Thailand. Abstract No. PO-C14-2896 International Conference on AIDS, Berlin.

Chiasson, M., Stoneburner, R. et al. (1989) Risk factors for HIV-1 infection in STD clinic patients: evidence for crack-related heterosexual transmission. Abstract no. T.A.P.112. 5th International Conference on AIDS, June 4-9, Montreal.

Chaisson, M., Stoneburner, R., Hildebrandt, D., Ewing, W., Telzak, E., & Jaffe, H. (1991) "Heterosexual transmission of HIV-1 associated with the use of smokeable freebase cocaine (crack)." AIDS, **5**, pp. 1121-1126.

Choisy, M. (1961) Psychoanalysis of the Prostitute. Philosophical Library: New York.

Church, S., Henderson, M., Barnard, M., & Hart, G. (2001) Violence by clients towards female prostitutes in different work settings: questionnaire survey, British Medical Journal, **322** (*3*), pp. 524-525.

Cohen, B. (1980) Deviant Street Networks: Prostitution in New York City. Lexington: London.

Cohen, J. & Alexander, P. (1995) Female Sex Workers: Scapegoats in the AIDS Epidemic. *in* Women at Risk: Issues in the Primary Prevention. A. O'Leary and L. Jemmott (Eds.) Plenum Publishing Corporation: New York.

Cohen, E., Navaline, H., Metzger, D. (1994) High-risk behaviours for HIV: A comparison between crack-abusing African-American women. Journal of Psychoactive Drugs, **26**(*3*), pp. 233-241.

Collins, P. (1997) Personal communication. Telephone conversation with drugs agency in Leeds.

Coolican, H. (1999) Introduction to Research Methods and Statistics in Psychology, 3rd Edition, Hodder Arnold H&S: London.

Cusick, L. (1998a) Female prostitution in Glasgow: Drug use and occupational sector. Addiction Research, **6**(*2*), pp. 115-130.

Cusick, L. (1998b) Non-use of condoms by prostitute women. AIDS Care, **10**(*2*), pp. 133-146.

Darrow, W. (1990) Prostitution, intravenous drug use, and HIV-1 in the United States. *in* AIDS, Drugs and Prostitution. M. Plant. Routledge: London, pp.18-40.

Darwin, C. (1998) The Origin of Species. Gramercy Books: London ; ISBN: 0517123207.

Davis, K. (1937) The Sociology of Prostitution. American Sociological Review, **2**, pp. 744-55.

Davis, N. (1971) The prostitute: developing a deviant identity. *in* Studies in the Sociology of Sex. J. Henslin. Appleton-Century Crofts: New York, pp. 297-322.

Day, S. (1990) Prostitute women and the ideology of work in London. *in* Culture and AIDS. D. Feldman, A, Praeger (eds) New York, pp. 93-109.

Day, S. (2001) 'Violence in sex work' online rapid response to Church, S., et al (2001) Violence by clients towards female prostitutes in different work settings: *questionnaire survey*, British Medical Journal, **322** (*3*), pp. 524-525.

Day, S., Ward, H., & Harris, J. (1988) Prostitute women and public health. British Medical Journal, **297**, pp. 1-7.

Day, S., Ward, H., & Perrotta, L. (1993) Prostitution and risk of HIV: male partners of female prostitutes. British Medical Journal, **307**(*7 August 93*), pp. 359-361.

Day, S., Ziersch, A., Ward, H., & Casey, M. (1996) Country report of the UK. EUROPAP: European intervention projects, AIDS prevention for prostitutes. R. P.Mak. (Ed.) Academia Press: Gent, pp. 321-362.

De Beauvoir, S. (1949) The Second Sex. Pan Books: London.

DeGraaf, R., van Zessen, G. et al. (1996) Segmentation of heterosexual prostitution into various forms: a barrier to the potential transmission of HIV. AIDS Care, **8**(*4*), pp. 417-431.

DeGraaf, R., van Zessen, G. et al. (1997) Condom Use by Dutch Men with Commercial Heterosexual Contacts: Determinants and Considerations. AIDS education and prevention **12**, pp. 411-423.

De Graaf, R., Vanwesenbeeck, I., van Zessen, G., Straver, C., & Visser, J. (1994) Male prostitutes and safe sex: Different settings, different risks. AIDS Care, **6** (3), pp. 277-288.

De Graaf, R., Vanwesenbeeck, I., van Zessen, G., Straver, C., & Visser, J. (1995) Alcohol and drug use in heterosexual and homosexual prostitution, and its relation to protection behaviour. AIDS Care, **7**, pp. 35-47.

Delacoste, F. & Alexander, P. (eds) (1987) Sex Work: Writings by women in the sex industry. Virago Press: London.

Denovan, A. (1999) Personal communication. Telephone conversation with the project leader of 'Base 75', the Glasgow based prostitute drop-in centre: Glasgow.

Department of Health (2000) Safeguarding Children Involved in Prostitution. Department of Health: London.

Deren, S., Sanchez, J., Shedlinn, M., Davis, W., Beardsley, M., Jarlais D., & Miller, K. (1996) HIV risk behavior among Dominican brothel and street prostitutes in New York City. AIDS Education and Prevention, **8** (5), pp. 444-456.

Deren, S., Goldstein, M., Williams, M., Stark, M., Estrada, A., Friedman, S., & Young, A. (1996b) Sexual orientation, HIV risk behaviour, and serostatus in a multisite sample of drug- injecting and crack-using women. Women's Health: Research on Gender, Behaviour, and Policy **21**(*1*), pp. 35-47.

Deutsch, H. (1945) The Psychology of Women: Psychoanalytic Interpretation: Volume 2. New York, Grune and Stratton.

Ditmore, M. (1999) Addressing Sex Work as Labour. Network of Sex Work Projects Prepared for the Working Group on Contemporary Forms of Slavery Geneva, June 21.

Dobash, R. & Dobash, R. (1979) Violence Against Wives, Free Press. New York.

Dorfman, L., Derish, P., & Cohen, J. (1992) Hey Girlfriend - an Evaluation of AIDS Prevention Among Women in the Sex Industry. Health Education Quarterly, **19**(*1*), pp. 25-40.

Dworkin, A. (1997) Life and Death. Unapologetic Writings on the Continuing War Against Women. The Free Press: New York, London, Toronto, Sydney, Singapore.

Edgington, R. (1997) Policing Under-age Prostitution: A Victim-based Approach. *in* Child Prostitute Dilemmas and Practical Responses. D. B. (Ed.), The Children's Society, London, pp. 19-31.

Edwards, S. (1981) Female Sexuality and the Law. Martin Robertson: Oxford.

Edwards, S. (1987) Prostitutes: Victims of Law, Social Policy and Organised Crime. *in* Gender, Crime and Justice. P. Carlen and A. Worral (Eds.) Open University Press: Milton Keynes.

Edwards, S. (1989) Protecting the Honour of Innocent Men. *in* The Boys in Blue: Challenge to the Police. C. Dunhill (Ed.), Virago: London.

Edwards, S. (1993) England and Wales. *in* Prostitution - An International Handbook on Trends, Problems and Policies. N. J. Davies. (Ed.). Greenwood Press: London, pp. 108-128.

Edwards, S. (1997) The legal regulation of prostitution: A human rights issue, *in* Rethinking Prostitution: Purchasing Sex in the 1990s, G. Scambler and A. Scambler (Eds.) Routledge: London, pp. 61-82.

English Collective of Prostitutes (1997) Campaigning for Legal Change. *in* Rethinking Prostitution: Purchasing Sex in the 1990s. G. Scambler. &. A. Scambler. (Eds.). London, Routledge, pp. 83-102.

Estabenez, P., & Fitch, K. (1993) HIV and female sex workers. Bulletin of the World Health Organisation, **71**(*3-4*), pp. 397-412.

Farrar, M. (1995) Social crisis and its representation 2: Chapeltown, Leeds' Regenerating Cities, issue 7, pp. 51-53.

Faugier, J., Hayes, C., et al. (1992) Drug using prostitutes, their health care needs, and their clients, School of Nursing Studies, University of Manchester, Manchester, UK.

Fenton, K., Korovessis, C., Johnson, A., McCadden, A., McManus, S., Wellings, K. et al (2001) Sexual Behaviour in Britain: reported sexually transmitted infections and prevalent genital Chlamydia trichomatis infection. The Lancet **358**(*December 1*), pp. 1851-1854.

Finch, J. (1993) Ethics and Politics of Interviewing Women *in* Hammersley, M. (Ed.) Social Research: Philosophy, Policy and Practice, Sage/OU Press:London.

Finkelhor, D. & Browne, A. (1988) Child sexual abuse: A review and conceptualisation. *in* Family abuse and its consequences: New directions in research. G. Hotaling, D. Finkelhor, J. Kirkpatrick and M. (Eds.) Sage: Straus. California, pp. 270-284.

Fisher, T. (1997) Prostitution and the Victorians, St Martins Press: London.

Flowers, P., Smith, J., Sheeran, P., & Beail, N.(1997) Health and Romance: Understanding unprotected sex in relationships between gay men. British Journal of Health Psychology, **2**, pp. 73-86.

French, D. (1992) Working : My Life as a Prostitute. Gollancz Paperbacks: London.
Furedi, A. (1992) Who's Screwing Who? New Woman, p. 73.

Gillies, P. & Parker, R. (1994) Cross-cultural perspectives on sexual behaviour and prostitution, Health Transition Review, suppl **4**, pp. 257–71.

Glover, E. (1945) The Psycho-pathology of Prostitution. Institute for the Scientific Treatment of Delinquency: London.

Goffman, E. (1963) Stigma: notes on the management of spoiled identity. Prentice Hall: Englewood Cliffs, N.J.

Golding, R. (1991) Policing Prostitution. Policing **8**(*Spring*), pp. 60-72.

Goldstein, P. (1979) Prostitution and Drugs. Lexington Books: Massachusetts.

Gossop, M., Powis, B., Griffith, P., & Strang, J.(1995) Female prostitutes in south London: use of heroin, cocaine and alcohol, and their relationship to health risk behaviours. AIDS Care, **7**(*3*), pp. 253-260.

Gray, D. (1973) Turning out: A Study of Teenage Prostitution. Urban Life and Culture. (*January 1973*), pp. 401-425.

Green, S., Goldberg, D., Christie, P., Frischer, M., Thornson, A., & Carr, S.(1993) Female streetworker - prostitutes in Glasgow: a descriptive study of their lifestyle. AIDS **5**(*3*), pp. 321-335.

Greenwald, H. (1958) The Call Girl: A social and psychoanalytic study. Ballantine: New York.

Hammersley, M. & Atkinson, P. (1983) Ethnography Principles in Practice. Routledge: London.

Harcourt, C. & Philpot, R (1990) Female prostitutes, AIDS, drugs, and alcohol in New South Wales. *in* AIDS, Drugs and Prostitution. M. Plant. (Ed.) Routledge: London, pp. 132-158.

Heidensohn, F. (1985) Women and Crime. Macmillan Education Ltd.: Hampshire, UK.

Hirschi, T. (1962) The professional prostitute. Berkeley Journal of Sociology **7**, pp. 33-49.

Hochschild, A. (1983) The Managed Heart. University of California Press: London.

Hoffman, H., Wallace, J. et al. (1992) The high HIV incidence in New York City streetwalkers may have peaked in 1990. Abstract no. POC 466O VIII International Conference on AIDS/III STD World Congress., Amsterdam, Netherlands.

Hoigard & Finstad. (1992) INITIALS Backstreets: Prostitution, money and love. Polity Press: Cambridge.

Holmes, K & Aral, S. (1991) Behavioural Interventions in developing countries. *In* Wasserhiet J et al (Eds.) Research Issues in Human Behaviour and STDs in the era of AIDS, Washington DC, American Society for microbiology.

House of Commons Hansard Written Answers. (1998) Children convicted of soliciting in the UK, UK Parliament Hansard Written Answers. http://www.parliament.uk/ hansard/hansard.cfm

Hubbard, P. (1997) Red-light districts and Toleration Zones: Geographies of female street prostitution in England and Wales. Area **29**(*2*), pp. 129-140.

Inciardi, J. (1995) Crack, crack house sex, and HIV risk. Archives of Sexual Behaviour **24**(*3*), pp. 249-269.

Jackman, N., OToole, R., & Gels, G. (1963) The self-image of the prostitute. Sociological Quarterly. **4**, pp. 281-286.

Jackson, L., Highcrest, A., & Coates, R. (1992) Varied Potential Risks of HIV-Infection Among Prostitutes. Social Science & Medicine **35**(*3*), pp. 281-286.

Jaget, C. (Ed). (1980) Prostitutes: Our Life. Falling Wall Press: Bristol.

James, J. (1975) Mobility as an Adaptive Strategy. Urban Anthropology **4**, pp. 349-64.

James, J. (1976) Motivations for entrance into prostitution. The Female Offender. L.Crites, Lexington Books, pp.177-205.

James, J. (1977) Prostitutes and Prostitution. *In* Deviants: Voluntary Actors in a Hostile World. E. Sagarin and F. Montanino, General Learning Press :Foresman.

James, J. (1980) Self-destructive behaviour and adaptive strategies in female prostitutes. *In* The Many Faces of Suicide. N. Farberow (Ed.) McGraw-Hill Book company: New York, pp. 341-359.

James, J. & Davis, N.(1982) Contingencies in Female Sexual Role Deviance - the Case of Prostitution. Human Organization **41**(*4*), pp. 345-350.

James, J. & Meyerding, J.(1977) Early Sexual Experience and Prostitution. American Journal of Psychiatry, **134**, pp. 1381-90.

Jeffreys, S. (1997) The Idea of Prostitution. Spinifex: Melbourne, Australia.

Johnson, A., Mercer, C., & Erens, B.(2001) Sexual Behaviour in Britain: Partnerships, practices and HIV risk. The Lancet, **358**, pp. 1835-42.

Johnson, A., Wadsworth, J. et al. (1994) Sexual Attitudes and Lifestyles, Blackwell Scientific Publications: Oxford.

Kinnell, H. (1989) Prostitutes, their clients and risks of HIV infection in Birmingham. Outreach Report, Birmingham SAFE Project.

Kinnell, H. (1991) Prostitutes' Perceptions or Risk and Factors Related to Risk-taking. *In* AIDS: Responses, Interventions and Care. P. Aggleton, P. Davies and G. Hart, The Falmer Press, London, pp. 79-94.

Kinnell, H. (1993a) Cocaine Use in Birmingham 1988 - 1992. Outreach Report, Birmingham SAFE Project.

Kinnell, H. (1993b) Prostitute's exposure to rape: Implications for HIV prevention and for the legal reform. Outreach Report, Birmingham SAFE Project.

Kinnell, H. (1996) Personal communication. Conversations during the pilot study visit to Birmingham SAFE project. Birmingham.

Kinnel, H. (2001) Murderous clients and indifferent justice: Violence against sex workers in the UK. Research for Sex Work **4**, pp. 3-4.

Krug, E., Mercy, J., Dahlberg, L., & Zwi, A. (2002) The World Report on Violence and Health, The Lancet, **360**(*9339*), pp. 1083-8.

Lee, M. & O'Brien, R.(1995) The Game's Up: Redefining Child Prostitution. The Children's Society: London.

Leigh, B. & Miller, P. (1995) The Relationship of Substance Use With Sex to the Use of Condoms Among Young-Adults in 2 Urban Areas of Scotland. AIDS Education and Prevention ,**7**(*3*), pp. 278-284.

Lemert, E. (1951) Prostitution and the Prostitute. Social Pathology. McGraw-Hill Book Company: New York.

Lichtenstein, H. (1961) Identity and sexuality, Journal of the American Psychoanalytical Association, **9** *April*, pp. 42–67.

Lindesmith, A. & Levin, Y. (1937) The Lombrosian Myth in Criminology. The American Journal of Sociology **42**, pp. 652-671.

Logan, W. (1843) An exposure, from personal observation, of female prostitution in London, Leeds, and Rochdale, and especially in the city of Glasgow, Glasgow Pamphlet. Consultation document, Glasgow University Library.

Lombroso, C. & Ferrero, X. (1895) 'La Delinquente':La donna delinquente, la prostituta e la donna normale, a cura di Lombroso G, Bocca. Torino, pp. 1923: 396.

Lowman, J. (1992) Street Prostitution Control - Some Canadian Reflections on the Finsbury Park Experience. The British Journal of Criminology **32**(*1*), pp. 1-17.

Lowman, J. & Fraser, L. (1996) Violence Against Persons Who Prostitute: The Experience in British Columbia. Technical Report No. TR1996-14e. Ottawa: Department of Justice Canada, 1996.

Maerov, A. (1965) Prostitution: A survey and review of 20 cases. Psychiatric Quarterly **39**, pp. 675-701.

Maher, L. (1996) Hidden in the Light - Occupational Norms Among Crack-Using Street- Level Sex Workers. Journal of Drug Issues **26**(1), pp. 143-173.

Maher, L. (1997) Sexed Work: Gender, Race and Resistance in a Brooklyn Drug Market. Clarendon Press: Oxford.

Mak, R. (Ed). (1996) EUROPAP: European intervention projects, AIDS prevention for prostitutes. Academia Press: Gent, The Netherlands.

Malamuth, N. (1981) Rape Proclivity among Males". Journal of Social Issues. **37**, pp. 138-157.

Mann, J., Nzilambi, N., & Piot, P. (1988) HIV Infection and Associated Risk-Factors in Female Prostitutes in Kinshasa, Zaire. AIDS, **2**(*4*), pp. 249-254.

Marx, R., Aral, S., Rolfs, R., Sterk, C., & Kahn, J. (1991) Crack, Sex, and STD. Sexually Transmitted Diseases, **18**(*2*), pp. 92-101.

MASH (2003) Manchester Action on Street Health, Online report, http://www.mash.org.uk/main.html

Matthews, R. (1993) Kerb Crawling, Prostitution and Multi-Agency Policing Report No. 43, Police Research Group: Crime Prevention Unit Series: Home Office Police Department.

Matthews, R. (1997) Prostitution in London: An Audit, Middlesex University: London.

Matza, D. (1969) Becoming Deviant. Prentice Hall: Englewood Cliffs, New Jersey.

McIntosh, M. (1981) Who Needs Prostitutes? The Ideology of male sexual needs. *In* Controlling Women: The Normal and the Deviant. B. Hutter and G. Williams (Eds.), Croom Helm: London.

McKeganey, N. & Barnard, M. (1992a) Prostitution, drugs and HIV-related risk behaviour. AIDS, Drugs and Sexual Risk: Lives In The Balance. N. McKeganey and M. Barnard (Eds.), Open University Press, Milton Keynes, pp. 71-88.

McKeganey, N. & Barnard, M. (1992b) Selling Sex: female street prostitution and HIV risk behaviour in Glasgow. AIDS, **4**(*4*), pp. 395-407.

McKeganey, N., Barnard, M., Leyland, A., Coote, I., & Follet, E. (1994) How Many Prostitutes? Epidemiology out of Ethnography. *In* Challenge and Innovation: Methodological Advances in Social Research on HIV/AIDS. M. Boulton (Ed.) Taylor & Francis: London, pp.111-122.

McKeganey, N. & Barnard, M. (1996) Sex work on the Streets: Prostitutes and their clients. Open University Press: Milton Keynes.

McLeod, E. (1982) Women Working: Prostitution Now, Croom Helm: London.

McLeod, J. (2000) Routes Out: Supporting women to leave prostitution. Annual Report, Glasgow Alliance; Routes out of Prostitution SIP, 3rd Floor, Candleriggs, Glasgow.

Miller, J. & Schwartz, M. (1995) Rape Myths and Violence Against Street Prostitutes. Deviant Behaviour, **16**(*1*), pp. 1-23.

Mirlees-Black, C. & Byron, C. (1999) Domestic Violence: Findings from a new BCS self compete questionnaire. Research, Development and Statistics Directorate, Home Office: London. ISSN. 1364-6540.

Mitchell, A. (2002) Personal Communication. Telephone conversation with Leeds Social Services: enquiring about the numbers of women in Leeds that have been in Local Authority Care, September 2002.

Morgan-Thomas, R. (1992) HIV and the sex industry. *In* Working with women and AIDS. J. Bury and S. McLaclan, Routledge: London, pp. 71-84.

Morgan-Thomas, R., Plant, M.A., Plant, M.L., & Sales, D. (1989) Risks of AIDS among workers in the "sex industry": some initial results from a Scottish study. British Medical Journal **299**(*15 July 1989*), pp. 148-149.

Morgan-Thomas, R., Plant, M.A., Plant, M.L., & Sales, D. (1990) Risk of HIV infection among clients of the sex industry. British Medical Journal, **301**, p. 525.

Morrison, C., Ruben, S., & Wakefield, D.(1994) Female street prostitution in Liverpool. AIDS **8**(8), pp. 1194-5.

Newman, F., Cohen, E., Tobin, P., & MacPherson, G. (1985) "Historical perspectives on the study of female prostitution." International Journal of Women's Studies, **8**(*1*), pp. 80-86.

NSWP (1997) Making Sex Work Safe. Handbook of the Network of Sex Work Projects, ARRTAG, Farringdon Point, 29-35 Farringdon Point, London.

Oakley, A. (1981) Interviewing women: a contradiction in terms. *In* Helen Roberts (Ed.) Doing Feminist Research. Routledge & Kegan Paul: London, pp. 30-61.

ONS, Office of National Statistics (1998) Social Trends, 28, The Stationary Office: London.

O'Neill, M. (1994) Researching Prostitution and Violence: towards a feminist praxis. *In* Women, Violence and Male Power, Hester, M., Radford, J. and Kelly, L. (Eds.), Open University Press: Milton Keynes.

O'Neill, M. (1997) Prostitute women now. *In* Rethinking Prostitution: Purchasing sex in the 1990s. G. Scambler and A. Scambler (Eds.), Routledge: London, pp. 3-28.

Onorato, M., Klaskala, W., Morgan, W. (1992) High and rising HIV incidence in female sex workers in Miami, Florida despite stable HIV prevalence over time. Abstract No. POC 4195, VIII International Conference on AIDS/III STD World Congress, Amsterdam, The Netherlands.

Padian, N. (1988) Editorial Review: Prostitute women and AIDS: epidemiology. AIDS **2**, pp. 413-419.

Parent-Duchatelet, A. (1836) De la Prostitution dans la Ville de Paris. Chez J. B. Balliere: Paris.

Perkins, R. (1991) Working girls : prostitutes, their life and social control. Canberra.

Perkins, R. & Bennett, G. (1985) Being a Prostitute. Allen and Unwin: Australia.

Phoenix, J. (1999) Making Sense of Prostitution, Macmillan.

Phoenix, J. (2000) Prostitute Identities: Men , money and violence. British Journal of Criminology, **40**, pp. 37-55.

Pheterson, G. (Ed) (1989) A Vindication of the Rights of Whores. The Seal Press: Seattle, USA.

Philpot, C., Harcourt, C., & Edwards, J. (1991) A Survey of female prostitutes at risk of HIV infection and other sexually transmitted diseases. Genitourinary Medicine, **67**, pp. 384-388.

Pollock, N. (2001) Personal Communication. Conversation with Detective Chief Inspector Nanette Pollok, Strathclyde Police: Glasgow.

Pyett, P., Haste, B., & Snow, J. (1995) Profile of workers in the sex industry, Faculty of Health Sciences, LaTrobe University, Melbourne, Australia.

Pyett, P., Haste, B., & Snow, J. (1996a) Risk Practices for HIV infection and other STDs amongst female prostitutes working in legalized brothels. AIDS Care, **8**(*1*), pp. 85-94.

Pyett, P., Haste, B., & Snow, J. (1996b) Who Works in the Sex Industry - a Profile of Female Prostitutes in Victoria. Australian and New Zealand Journal of Public Health, **20**(*4*), pp. 431-433.

Pyett, P & Warr, D. (1999) Women at Risk in Sex Work: Strategies for Survival. Journal of Sociology, **35**(*2*), pp. 17-24.

Rhodes, T., Bloor, M., Donoghue, M., Haw, S., Ettore, B., Platt, S., Frischer, M., Hunter, G., Taylor, A., Finlay, A. et al. (1993) HIV Prevalence and HIV Risk Behaviour Among Injecting Drug-Users in London and Glasgow. AIDS Care, **5**(*4*), pp. 413-425.

Rhodes, T., Donoghue, M., Hunter,G., & Stimson, G. (1994) HIV prevalence no higher among female drug injectors also involved in prostitution. AIDS, **6**(*3*), pp. 269-275.

Roberts, N. (1992) Whores in History: Prostitution in Western Society, Harper Collins: London.

Rosenblum, K. (1975) Females Deviance and the Female Sex Role: A Preliminary Investigation. British Journal of Sociology **26**, pp. 169-85.

Ryan, M. (1839) Prostitution in London, with a Comparative View of that of Paris and New York. Balliere: London.

Sandford, J. (1977) Prostitutes. Abacus: London.

Scambler, G. & Scambler, A. (1995) Social-Change and Health Promotion Among Women Sex Workers in London. Health Promotion International, **10**(*1*), pp. 17-24.

Scott, G. (1995) Medical Services for Female Prostitutes in Lothian. ANSWER (AIDS News Supplement to the Weekly Report): **11**, pp. 1-3.

Silbert, M. & Pines, A. (1981) Occupational Hazards of Street Prostitutes. Criminal Justice and Behaviour, **8**(*4*), pp. 395-399.

Silbert, M. & Pines, A. (1982a) Entrance into Prostitution. Youth and Society, **13**(*4*), pp. 471-500.

Silbert, M. and Pines, A. (1982b) Substance Abuse and Prostitution. Journal of Psychoactive Drugs, **14**(*3*): 193-197.

Silbert, M. & Pines, A. (1983) Early sexual exploitation as an influence in prostitution. Social Work, **28**, pp. 285-289.

Silbert, M. & Pines, A. (1984) Pornography and Sexual Abuse of Women. Sex Roles, **10**(*11-1*), pp. 857-868.

Sjoberg, G. & Nett, R. (1968) A Methodology for Social Research, Harper and Row: New York.

Smart, C. (1976) Women, crime and criminology : a feminist critique. Routledge: London.

Smart, C. (1989) Feminism and the power of law. Routledge: London.

Smith, J. (1997) Misogynies: Reflections on Myth and Malice, Vintage: London.

Somerset, C. (2001) What the Professionals Know: The trafficking of children into, and through, the UK for sexual purposes. ECPAT: London.

Stanko, E. (1999) Everyday Violence, Pandora: New York.

Stewart, A. (2000) Where is she tonight? Glasgow. Report of Glasgow Base 75 Outreach Project.

Sudman, S. & Bradburn, N (1982) Asking questions. Jossey-Bass Publishers: San Francisco.

Sumner, C. (1994) The Sociology of Deviance: An Obituary. Open University Press: Milton Keynes.

Swann, S. (1997) Barnardos Street and Lanes Project Report - The First Year - Lessons Learned. Barnardos, Bradford.

Tait, W. (1840) Magdalenism an inquiry into the extent, causes, and consequences of prostitution in Edinburgh by William Tait. Rickard: Edinburgh.

Taylor, A. (1993) Women Drug Users. An Ethnography of a Female Injecting Community, Clarendon Press: Oxford.

Taylor, A., Frischer, M., McKeganey, N., Goldberg, D., Green, S., & Platt S. (1993) HIV Risk Behaviours Among Female Prostitute Drug Injectors in Glasgow. Addiction, **88**(*11*), pp. 1561-1564.

Thomas, W. (1907) Sex and Society: Studies in the Social Psychology of sex. University of Chicago Press: Chicago.

Thorp, A (2003) Research Paper 03/62: The Sexual Offences Bill 128-2002-03, Online resource: http://www.parliament.uk/commons/lib/research/rp2003/rp03-062.pdf

Tirelli, U., Rezza, G., Giuliani, M., Caprilli, F., Gentili, G., Lazzarin, A., Saracco, A., & DeMercato, R. (1989) HIV seroprevalence among 304 female prostitutes from four Italian towns. AIDS, **3**(*8*), pp. 547-548.

Travis, A. (1997) London sex industry worth £194m. The Guardian 26th September, p. 5.

van den Hoek, J., Coutinho, R., van Haastrecht, H., van Zadelhoff, A., & Goudsmit, J.
(1988) Prevalence and risk factors of HIV infections among drug users and drug-using prostitutes in Amsterdam. AIDS, **2**(*1*), pp. 55-60.

Vanwessenbeeck, I. (1994) Prostitutes' Well-Being and Risk. VU University Press: Amsterdam.

Vanwesenbeeck, I., deGraaf, R., vanZessen, G., Straver, C., & Visser J.(1993a) Condom use by prostitutes: behaviour, factors and considerations, Journal of Psychology and Human Sexuality, **6**(*1*), pp. 69-91.

Vanwesenbeeck, I., deGraaf, R., vanZessen, G., Straver, C., & Visser J.(1993b) Protection Styles of Prostitutes' Clients: Intentions, Behaviour and Considerations in Relation to AIDS. Journal of Sex Education and Therapy, **19**(2), pp. 79-92.

Vera, M., Alegria, M, Richter, D., & Reininger, B. (1992) STDs,HIV status and risk taking behaviour in female Hispanic sex workers. Abstract no. POC 4614 VIII International Conference on AIDS/III STD World Congress, Amsterdam, The

Netherlands.

Walcowitz, J. (1980) Prostitution and Victorian Society: Women, class and the state. Cambridge University Press: London.

Ward, H., Day, S., Mezzone, J., Dunlop, L., Donegan, C., & Farrar, S. (1993) Prostitution and risk of HIV: female prostitutes in London. British Medical Journal, **307**(*7 August 1993*), pp. 356-358.

Ward, H., Day, S., & Weber, J. (1999) Risky business : health and safety in the sex industry over a nine year period. Sexually Transmitted Infections. **75**(*5*), pp. 340-343.

Ward, H. & Green, A., (2000) Crack Cocaine and Prostitution in London in the 1990s. Sociology of Health and Illness, **22**, pp. 27-39.

Weatherburn, P. and Project SIGMA (1992) Alcohol Use and Unsafe Sexual Behaviour: Any connection? *In* AIDS: Rights, Risks and Reason. Aggleton, P., Davies, P.& Hart, G. (eds), The Falmer Press: London, pp. 119-132.

Whittaker, D. (1995) Ethics and feelings: exploring issues raised in health services research with women sex workers. Dissertation for MSc in Medical Sociology, Royal Holloway and Bedford New College, London University, unpublished.

Whittaker, D. & Hart, G. (1996) Research Note: Managing Risks: The social organisation of indoor sex work. Sociology of Health and Illness, **18**(*3*), pp. 399-414.

Whyte, W. (1943) Street Corner Society. University of Chicago: Chicago.

Wilcock, S. (1998) The Lifeline Sexwork Project Report. Lifeline Sex Work Project: Manchester.

Winick, C. & Kinsie, P. (1971) The Lively Commerce: Prostitution in the United States. Quadrangle: Chicago.

Wolfenden Committee (1957) Homosexual Offences and Prostitution Cmd 247722. London, HMSO.

Wolfers, I. (1999) Appropriate Health Services for Sex Workers. Research for Sex Work Newsletter **2**, pp. 1-3.

Wood, E. (2000) Working in the Fantasy Factory, Journal of Contemporary Ethnography, **29**(*1*), pp. 5-31.

Woods, A. (1996) Safe sex and parlour work: Condom use by women parlour workers in and out of work. New Zealand AIDS Foundation National Office. P. Davis. Auckland, Auckland University Press.

Woolley, P., Bowman, C., & Kinghorn, G.(1988) Prostitution in Sheffield - Differences Between Prostitutes. Genitourinary Medicine, **64**(*6*), pp. 391-393.

World Sex Guide (2003) http://www.worldsexguide.org/WSGMainPage.html?PHPSESSID=a76d4d393dfbf5a41e1e89766ff180e1

Statutes

Children Act, 1989
Contagious Diseases Act, 1864
Contagious Diseases Act, 1866
Contagious Diseases Act, 1869
Criminal Justice Act, 1982
Disorderly Houses Act, 1751
Obscene Publications Act, 1959
Obscene Publications Act, 1964
Street Offences Act, 1959
Sexual Offences Act, 1956
Sexual Offences Act, 1985
Vagrancy Act, 1824