

Violence Research Programme

Client Violence Against Prostitute Women Working From Street and Off-Street Locations: A Three City Comparison

KEY FINDINGS

- ◆ Two thirds of female prostitutes had experienced client violence.
- ◆ Prostitutes working on the street experienced more violence than women working indoors.
- ◆ Prostitutes working on Glasgow's streets were 6 times more likely to have experienced client violence than those working indoors in Edinburgh; they were 4 times more likely to experience client violence than indoor workers in Leeds.
- ◆ Women working indoors still faced physical, economic and sexual violence from their clients, including serious assaults.
- ◆ Many street prostitutes began working in prostitution to support a drug habit.
- ◆ Only one third of prostitutes had reported client violence to the police.
- ◆ Streetworking prostitutes most often reported being 'slapped, kicked or punched'; over a third reported 'robbery' by clients, and 28% reported 'attempted rape.'
- ◆ Women working in saunas may experience poor working conditions, are not protected by employment laws, and have little recourse in the face of exploitative managers and owners.

RESEARCH TEAM

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Health concerns with regard to prostitution centre on sexual risk of infection (mainly to clients, and their non-prostitute partners). There has been a tendency to overlook those features of sex work that affect directly the health of prostitutes, but do not have any obvious health consequences for others. Client violence to prostitutes is one such topic. The lack of systematic data on the prevalence, nature and extent of violence against prostitutes in the UK perpetuates the general invisibility of this problem, which in turn hampers the likelihood of effective institutional and social responses to client violence. We have undertaken the first UK study, based in Glasgow, Edinburgh and Leeds, designed to measure the prevalence of client violence against female prostitutes.

About the Study

A total of 240 streetworking and indoor working prostitutes completed structured questionnaires in 3 British cities: Glasgow (n=75 street), Edinburgh (n=75 indoor) and Leeds (n=40 street and n=50 indoor). Questions focussed on self-reported numbers of times that women had experienced physical, sexual and other violence from their clients, 'ever' and in the last six months. Client violence was measured using a tick list of 15 types of violence. Biographical data were collected, including drug use. In-depth interviews were also undertaken with 90 prostitutes in their homes, in saunas/massage parlours, in private flats used for the purposes of selling sex and in prostitute drop-in agencies. The interview covered: history of prostitution; appraisal of clients and negotiation of the encounter; control and safety with clients; experiences of bad clients; personal relationships with non-paying private partners; interaction between prostitution and private life.

Who were the women?

The average age of the women we interviewed was 27 years (range:16 - 46 years). Streetworking prostitutes were on average younger (26 years) than their indoor counterparts (29 years). The average number of years worked in prostitution was 5 years, although women in Leeds had worked longer than those working in the other 2 cities. Indoor workers reported more clients than women working from the street, but the latter reported working more hours. The majority of streetworking prostitutes reported that the main reason for working was to fund an illegal drug habit (62.7%). In Glasgow most women reported injecting heroin (81.3%). In Leeds cocaine use was more prevalent than in Glasgow. Indoor working women never reported drug use as the main reason for working; for these women household expenses, children and debt were the main reasons for prostitution. Alcohol use during work hours was higher among indoor workers (34%) compared to street prostitutes (14%).

Experience of violence

Reported experience of client violence over the lifetime was high (63%). In the past six months, 37% had experienced some form of client attack. Women working from the streets reported higher levels of violence than their indoor counterparts and this applied to 12 of the possible 15 types of violence listed on the questionnaire; they were also more likely to sustain injury than women working indoors, and were subject to combinations of assault that involved economic, sexual and physical elements. Incidents of client violence against streetworkers were reportedly of longer duration and were less likely to be interrupted by third parties. Streetworking prostitutes most often reported being 'slapped, kicked or punched' (47%). Over a third (37%) reported client 'robbery' and 28% reported 'attempted rape' (vaginal or anal). Indoor prostitutes were most likely to report vaginal or anal 'attempted rape' (17%). Saunas in Leeds were often smaller in size, with women more likely to report having to work alone in the building. Most Edinburgh saunas employed the services of a receptionist to mediate contact

between prostitutes and clients, which undoubtedly plays an important role in preventing or reducing the (relative) severity of outbreaks of violence.

Factors associated with violence

Disagreements between clients and prostitutes tended to relate to the money to be paid, the sexual services offered and the quality and duration of services rendered. However the possibilities for containing potential violence were very much affected by the setting. On the streets women largely work alone. Prostitution is a competitive, individualised business and there is little scope for women to work in pairs for safety. The criminality associated with soliciting makes it important for both prostitute and client to compress the negotiation period to avoid the attentions of both police and public. When a client approaches a woman, she must make fast decisions as to the advisability of getting to a car or walking into a dark alley with him. In her haste to get out of public sight, a woman has to rely on intuitive judgement. Once with the client, the scope to call on the help of others where things go wrong is limited. The illicit nature of prostitution ensures that street sex is generally sold in dark, lonely places out of public view.

Indoor sex work is undertaken in a range of premises. This includes private flats and houses, small establishments such as former shops, and large, multi-roomed, sauna/massage parlours. However, indoor sex workers have the territorial advantage of working in a known environment. The company of others underlines the prostitute's advantage in the situation, particularly where there is an overt managerial presence. Receptionists and/or managers mediate the contact between prostitute and client. Nevertheless, there is scope for disagreement over the style, cost and delivery of the sexual service which could and did result in physical violence in some instances. Being indoors does not, in itself, protect against potential client violence.

Other important factors relate to the numbers of other women working and the means available to the woman of attracting attention if she is in any difficulty. It was not unusual to come across saunas where just one woman was working alone in an otherwise empty building for a full 12-hour shift. It was often not possible to monitor clients or raise the alarm. If the situation does get out of control, women have to rely on methods such as stamping on the floor to alert those below or ringing a neighbouring night-club to get assistance from friendly bouncers. In one case the telephone on the premises accepted only incoming calls, further restricting the opportunities to inform others of any problems.

Women's experience of client violence: In their own words

The difference in vulnerability faced by women working the street compared to those indoors is best exemplified by in-depth interview data. We have deliberately taken one of the most extreme violent experiences provided by an indoor sex worker in order to contrast this with one that was typical of those reported by street prostitutes:

- Indoor worker:: We had done the business and he had had a shower.....I got dressed.... saying nice to see you again, blah blah...The next thing he just....attacked me.
- Interviewer: How did he do that?
- Indoor worker: All of a sudden.....it were just like...total change - he just punched me, just straight in my mouth.
- Interviewer: There was no warning?
- Indoor worker: There was no warning at all, he just did it, he just did it... I was that

Research Findings

shocked because I was on the floor then, like my God what's going on...by this time he was kicking hell out of me. He started kicking my body. I was on the floor, he was kicking me in the head, in my face. I mean the time he finished with me there was lumps all over me head. The whole attack must have lasted I would say 30/40 seconds.

Street worker: Anyway I says, 'Are you looking business?' He says, 'Yes, get in.' And I took him down to this car park, and I got money off him...I started doing the business with him, and he started being proper aggressive while I was doing the business...I said, 'Your time's up,' and he justgrabs me and starts going all mad, started going off his head.

Interviewer: Was he hitting you?

Street worker: Yes, he were on top of me on t' seat. I were laid back, and I slided up and I got the back door open....struggling, and he put his hand over me mouth...I tried to wriggle up and out t'back door, and he's...on top of me, and covering me mouth...(I was) suffocating. I went dizzy and I come round, and I fought him...I just bit his hand, and then he let go for a split second and I wriggled free. And I flew over car park and he chased me. Then he went back and got in his car.

Reporting Violence

Although most women reported having experienced client violence, only 34.2% had reported incidents to the police. Streetworking prostitutes were most likely to report violence; 44.1% compared to 18.6% of indoor workers. Street prostitution is highly policed and there are few women who, over time, can escape prosecution for street offences; the same is not true of indoor sex work. The high value placed by indoor sex workers on the preservation of their anonymity is a strong disincentive to reporting incidents of violence in the workplace. Sauna managers were more inclined to sort out problems between prostitutes and clients internally. Across both sex work sectors there were women who lacked confidence that their accounts of client violence would be believed, whilst others could not face the prospect of reporting the incident and possibly having to go to court.

Policy Implications

Most health services currently provided for female prostitutes focus on their sexual health. With such a high prevalence of client violence this research highlights the need to complement these services with those that seek to reduce the incidence of violence, as well as to support women affected by it. Because a large proportion of street prostitutes first became involved in prostitution to support a drug habit, addressing their dependency problems should be a high priority.

There needs to be a major overhaul of the current system to address fully women's concerns regarding self-referral to police, and their doubts about the willingness of the criminal justice system to see them as victims of serious crime. Reporting rates will not otherwise reflect the true extent of client violence to prostitutes in the UK.

Making visible client violence is an important step on the road to its prevention. However, the problem of client violence is entwined with social norms of appropriate female behaviour. The sale of sex flouts these norms and this in the eyes of some is sufficient justification for the vilification and victimisation of prostitutes. To change this situation requires not just informative statistics but a willingness to engage with the thinking that selling sex renders a woman unworthy of the same respect as the rest of the population.