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Violence against sex workers in the UK

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In 2008, truck driver Steve Wright was found guilty of the murders of five street sex workers: Gemma Adams, Anneli Alderton, Paula Clennell, Tania Nicol and Annette Nicholls. All were drug users between the ages of 19 and 29. Wright dumped their remains in isolated spots around the town of Ipswich during a six-and-a-half-week period in 2006 (Malkin 2008). In 2010, PhD student Stephen Griffiths, who termed himself the 'crossbow cannibal', was convicted of the murders of street sex workers Shelley Armitage, Suzanne Blamires and Susan Rushworth, after body parts were found floating in the river Aire. The women, all drug users aged between 31 and 43, had disappeared over a period of just under a year (Carter 2010, Press Association 2010). The £300-an-hour call girl blogger Belle de Jour, revealed in 2009 to be Bristol research scientist Dr Brooke Magnanti, may appear to be working in a different industry to these women. However, in an interview with the Times in 2009, Magnanti described herself as 'very lucky' because she had not experienced violence. 'You need to be aware of your surroundings: if it goes wrong, how can I get out of this room; how can I get into a taxi; how can I brush someone off if I need to?' (Knight, 2009). In 2003 as Belle, she had written about an encounter with a fellow call girl in a public toilet.

I turned round to see A crouched on the floor, sobbing. I almost didn't stop. But something about the fragile bow of her heaving shoulders made it impossible to walk away.

"Are you okay?" I whispered, kneeling beside her.

It all came out in fits and starts - first man trouble, then family problems, then a recent surgery gone wrong, then the reason for the surgery. It turned out A was the victim of a particularly notorious rape several years ago. It was the anniversary of the incident.

"That was you?" I whispered. She nodded. "I'm so, so sorry."

The incident was reported in some papers as an attack in which the victim escaped, but all the girls knew the truth. No one gets away from a man with a hammer.

Although sex work is a multifaceted industry with a diverse workforce, a central feature is the risk, or experience, of violence. Sex workers are a resourceful group, who as individuals and communities have developed a complex set of coping and safety strategies. These do not often bring them into contact with statutory services: but social workers in these and third sector organisations who are aware of the issues and can operate without judgment may be able to offer support.

Introduction

In the last 30 years demand for commercial sex has soared in Western countries. Sex is now a multi-billion dollar industry, thriving alongside efforts by governments and police forces to regulate or obliterate it (Bernstein, 2001). This explosion of demand sits within the social and economic context of late capitalism, with its merging of public and private, extension of the service sector and commodification of experiences, including sexual ones (Bernstein 2001; Brents and Hausbeck 2007). It also reflects a general trend for commercial specialisation, encompassing text, image and video pornography, live sex shows, strip and lap-dancing clubs, telephone and cyber-sex companies, escort agencies, independent sex workers and organised sex tourism. Parts of this industry, such as soft pornography, lap-dancing clubs and high-class escorts are becoming more mainstream, with the ITV drama *Secret Diary of a Call Girl*, based on Belle de Jour's blog, averaging 1,242,125 viewers per episode for its first series and currently in planning for its fourth (Broadcasters' Audience Research Board, 2007). However, other sectors such as street prostitution remain marginal and stigmatised, with workers suffering from low wages and poor conditions (Brents and Hausbeck 2007, p.427-428).

This chapter looks at violence against sex workers participating in prostitution, who engage in sexual acts with another person or persons as part of a commercial transaction. This industry is divided into indoor and outdoor markets, outdoor workers soliciting on the street while indoor workers provide services in brothels/massage parlours/saunas, hotels or private homes.ⁱ There is no reliable data on the number of sex workers or their clients in the UK, since these populations remain largely underground. However, researchers working for the UK Network of Sex Work Projects estimate that there may be over 100,000 prostituted people (mostly women) in the UK (Cusick et al 2009). 70 percent of sex work is carried out indoors, a sector which is growing rapidly via the Internet (Kinnell 2008, p.110; Sanders 2006, pp.92-94). Sex workers are concentrated in towns and cities, and tend to reflect the ethnic composition of these areas. Women working in the sex industry normally enter it before they are 21 years of age, and many report childhood abuse or periods spent in care (Home Office, 2004). However, there are differences between street and indoor workers: women who work in indoor markets are less likely to be from socially excluded backgrounds, and it is common for them to have been involved in mainstream work and to have professional credentials. Indoor workers are also less likely to report chronic/acute illnesses and more likely to be registered with a GP, and have limited levels of drug use compared to the high levels of street workers (Sanders 2007). The average user of sexual services in the UK is male, around 30 years old, employed full time, married, and with no criminal convictions (Home Office, 2004). Studies internationally have highlighted the similarities between users of sex workers and so-called 'ordinary' men (Monto 2004, p.168), and paying for sexual services is rapidly becoming normalised. The National Survey of Sexual Attitudes conducted in 2001 found that 4.3 percent of British men admitted having paid for sex in the past five years (Home Office 2004, p.17).

Throughout the UK, the exchange of sexual services for money is not illegal. However, associated activities including street soliciting, advertising in telephone boxes, kerb crawling, pimping and brothel-keeping are criminal offences.ⁱⁱ In the 2000s, there was widespread debate about whether England and Wales should follow the example set by countries such as the

Netherlands and New Zealand and institute more permissive laws. However, ideas for initiatives such as tolerance zones for street prostitution (previously implemented in Scotland) and legalising small brothels were eventually abandoned by the New Labour government in favour of a tighter legal framework criminalising demand and attempting to deal with exploitation. In 2009, provisions in the Policing and Crime Act (applying to England, Wales and Northern Ireland) made it illegal for a client to pay for services from a sex worker who had been subject to force, even if the client thought they were freely consenting. The act also introduced tougher police powers in relation to kerb-crawling (making it illegal for the first time in Northern Ireland) and solicitation, and new powers to close brothels (UK Parliament, 2009). In Scotland, kerb crawling was outlawed in 2007, by the Prostitution (Public Places) (Scotland) Act (Scottish Parliament, 2007; McMillan, 2010): similarly, this Act was passed after a failed debate around introducing a more liberal legislative structure. Following the 2010 'crossbow cannibal' case, British Prime Minister David Cameron promised a review of prostitution legislation (Edwards and Whitehead 2010). However, at the time of writing this review was not under way and it was unclear what direction any discussion might take.

Prevalence of violence against sex workers

In general, it is highly likely that sex workers will experience violence. This can take a variety of forms ranging from harassment to robbery, physical assault, rape and murder. These acts may be perpetrated in both public and private spheres, by clients, pimps, other sex workers, intimate partners, police, or members of local communities (Benson 1998 cited in Sanders 2004; Campbell et al 1996 cited in Sanders 2004; Hubbard 1998a; May et al 2000; Sanders 2004). Street sex workers are thought to be at very high risk, particularly of more extreme forms of violence (Busch et al 2002; Jeal and Salisbury 2004b; Penfold et al 2004; Sanders 2008a). In a 2001 study of three British cities, it was found that 81 percent of street workers had experienced violence (Church et al 2001). A 1999 study of 193 street workers found that 68 per cent had experienced physical assault (Ward et al 1999), and in 2004, a study of 125 street workers in five cities found that three-quarters had experienced physical violence (Hester and Westmarland 2004). A 2004 study of 71 street workers in Bristol (Jeal and Salisbury 2004a)

found that rape and physical violence using weapons such as guns, machetes and chainsaws had been experienced by 73 percent. Between the early 1990s and early 2000s, at least 60 sex workers were known to have been murdered in the UK, most working on the street (Penfold et al 2004, p.366), and it has been estimated that street sex workers are twelve times more likely to die from violence at work than other women (Sanders and Campbell 2007, p.2).ⁱⁱⁱ

The high risk of violence faced by street sex workers is often attributed to the drug-saturated nature of these markets and the general levels of violence this creates, as well as the need for 'survival sex' with clients who may not have been adequately vetted (Sanders 2004, 2007). It can also be linked to the criminalisation of the sex worker, which creates the possibility of conflicts with police officers, encourages reprisals from members of the public, and means that sex work is undertaken at particular hours of the day and night (often the most dangerous ones) and clients are accepted in a hurry (Hubbard 2001; Penfold et al 2004; Sanders, 2004, 2007; Sanders and Campbell, 2007). Crackdowns on street sex work have been blamed for a cycle of arrests, convictions and fines (paid off through further sex work), and geographical displacement of sex workers as they avoid ASBOs and raids (Penfold et al 2004; Hubbard 2006; Kinnell, 2008; Sanders 2004, 2008b).

There is also a gender politics at work in the issue of sex workers and violence. The belief that sex workers can be treated differently from other women (Monto and Hotaling 2001) is partly due to the impression (and reality) that there will be few reprisals when they are attacked (Penfold et al 2004). In addition, research with clients indicates that although rape-supportive attitudes are not particularly prevalent, they may feel that the exchange of money discharges them from the consideration and respect associated with relationships (Plumridge et al 1997; Monto 2004). However, this 'discourse of disposability' around sex workers (Sanders 2007, p.793) observed among both clients and law enforcement is linked at a deeper level to their social marginalisation and position at the bottom of the hierarchy of femininity between Madonna and whore (Phipps 2009). Due to the matrix of push/pull factors which can structure the entry of sex workers into the industry, as well as evidence around the prevalence of

childhood sexual abuse experiences and dissociation strategies, some feminists see the buying and selling of sex as an intrinsic harm and sex work itself as a form of violence against women (see for example Dworkin 1981, Jeffreys 2008). Within this formulation, the sex industry is an ideal environment for aggressive misogyny because it is built upon men's rights to purchase and use women's bodies. However, this view is challenged by those who see sex work as a choice (Agustín 2007), and violence against sex workers as the product of a repressive society in which neuroses about sex are violently displaced on to the body of the liberated sex worker (Johnson 2006).

In contrast to the environment of the street, indoor sex work is often portrayed as consensual and non-violent (McElroy 1998; Weitzer 2000). Sanders (2006) argues that indoor workers operate in a professional and entrepreneurial occupational culture which helps protect them from harm. It is true that the location of indoor workers in the private sphere lessens street-based harassment and can lighten police regulation, although from 2000 onwards indoor markets became more of a focal point for law enforcement due to concerns about immigration and trafficking (Kinnell 2008). Indoor workers also tend to form stronger bonds with clients and to provide emotional input alongside sexual services, which may lessen some risks (Plumridge, Chetwynd and Reed 1997; Monto 2004; Sanders 2008a) but which may also create new ones, for instance the possibility of stalking (Phipps forthcoming 2012). There is certainly evidence of indoor workers managing their own businesses and having more control over their working environments and activities. However, the unregulated nature of indoor markets means that workers can still be exposed to exploitative management and unsafe working conditions (Sanders 2007). Additionally, the law against two or more indoor workers working together creates isolation and risk of robbery and violence (Sanders, 2006, 2007).

Furthermore, the statistics tell us that indoor sex work is not non-violent. In the study of three British cities mentioned above (Church et al 2001), 48 percent of indoor workers reported violence: this high level of victimisation is often overshadowed by the even higher figures on street workers. Kinnell's (2008, pp.116-136) study conducted in London between 2000 and

2005 found an average of 97 attacks on indoor workers per year. Indoor workers are also vulnerable to robbery by clients and harassment from local communities (Sanders 2005b; Sanders and Campbell 2007). Research on an online message board hosted by the organisation Support and Advice for Escorts found 118 incidents of violence reported by indoor workers in the UK between 2007 and 2009, many involving more than one type of offence. 25 percent of these involved physical and sexual violence, 25 percent robbery, and 30 percent physical and sexual harassment (including stalking). Almost half the incidents involved more than one sex worker, and a fifth involved 5 or more sex workers. Only 15 of these incidents had been reported to the police (Phipps forthcoming 2012). Research conducted internationally also shows risks to indoor workers: a Chicago study found that the types of violence perpetrated against them, namely sexual violence and being threatened with weapons, were often more serious than the physical violence which was a fact of life for street workers (Raphael & Shapiro 2004). It has been argued that a relatively small number of clients are responsible for this violence and that they may offend more than once (Penfold et al 2004, p366), which is supported by some of the empirical data. However, less extreme forms of violence such as harassment may be more widely perpetrated and yet normalised and therefore invisible (Phipps forthcoming 2012).

Experiencing violence and seeking support

There is little information on sex workers' experiences of violence and general emotional wellbeing (Jackson et al 2007). However, available evidence suggests that they feel the same psychological effects as other women: in other words, contrary to recent academic work suggesting that selling sex does not differ from selling other products (see for example Agustín 2007), sex workers are not immune to bodily trauma. A high percentage of sex workers suffer from posttraumatic stress disorder (PTSD), symptoms of which are acute anxiety, depression, insomnia, irritability, flashbacks, emotional numbing, and a state of emotional and physical hyperalertness (Farley and Barkan 1998). In a study conducted in the late 1990s, 67% of sex workers surveyed in five countries (South Africa, Thailand, Turkey, USA, Zambia) met the criteria for a diagnosis of PTSD, a rate similar to that of battered women, rape survivors, and

state-sponsored torture survivors (Farley et al 1998). There are also more general emotional stresses around managing unsavoury and potentially violent clients, witnessing violence, and knowing other workers who have been attacked and even killed (Romero-Daza et al 2003; Jackson et al 2007).

In addition to these emotional issues, there are physical injuries to be dealt with (Fick 2005), which can have a long-term effect. An extreme example is that of a street worker quoted in Giobbe (1992, p.126):

I've had three broken arms, nose broken twice, [and] I'm partially deaf in one ear....I have a small fragment of a bone floating in my head that gives me migraines. I've had a fractured skull. My legs ain't worth shit no more; my toes have been broken. My feet, bottom of my feet, have been burned; they've been whopped with a hot iron and clothes hanger... the hair on my pussy had been burned off at one time...I have scars. I've been cut with a knife, beat with guns, two by fours. There hasn't been a place on my body that hasn't been bruised somehow.

A variety of health problems are related to physical and sexual violence. High rates of the sexually transmitted infections chlamydia, gonorrhoea, pelvic inflammatory disease and Hepatitis C have been identified amongst sex workers, as well as frequent terminations of pregnancies and a high likelihood of infertility (Home Office 2004, p.42). HIV levels are indirectly linked to violence through intravenous drug use, a common coping mechanism (Surratt et al 2004). Sex workers often suffer chronic ill-health: an interview survey of 71 street workers in Bristol, of whom 73 percent had experienced extreme forms of violence, found that all reported long-term health issues and drug or alcohol dependency, and that STIs were up to 60 times more common than in the general population (Jeal and Salisbury 2004a). Women involved in sex work have an 80 percent chance of suffering depression (Bagley 1999), and links have also been made to low self-esteem and eating disorders (Fick 2005; Sanders 2005). These problems can all lead to an inability to work and loss of earnings, and sex workers who have been robbed can find themselves in debt and poverty (Phoenix 2000). Those who flee from

violent clients, the police or community retribution may become homeless, and for those who stay put, the threat of community or police violence can confine them to their homes (Fick 2005).

Long-term effects of violence can also include its normalisation as an aspect of the job, which can lead to further victimisation due to a lack of vigilance in accepting clients or acceptance of aggressive behaviour (Surratt et al 2004; Fick 2005; Sanders 2005). Conversely, the stress of having to remain watchful can cause fearfulness, anxiety and isolation and means that like other women, sex workers are highly likely to blame themselves when they are attacked (Fick 2005). Drug use connected to violence may create a cycle in which women become lax about vetting clients due to their need for a hit (Romero-Daza et al 2003; Jackson et al 2007). This all contributes to the repeat victimisation, often beginning in childhood, which has been identified among many sex workers (Surratt et al 2004). Sex workers' coping strategies, which have been likened to those of sexual abuse survivors, include blanking out, maintaining strict boundaries, avoiding intimate relationships, constructing rationalisation narratives and using clothing and beauty rituals to act in and out of the sex worker role (Sanders 2005). They often rely on these in the absence of other forms of support, since stigmatisation and social marginalisation mean that either help is not readily available or they are unlikely to seek it (Romero-Daza et al 2003; Fick 2005). Sex workers rarely approach statutory services, and although they may be registered with a healthcare provider do not often disclose their line of work, usually due to fear of judgment or prosecution (Jeal and Salisbury 2004b). They also have little contact with non-governmental services such as Rape Crisis (Surratt et al 2004).

The main source of support available to outdoor sex workers comes from sex work projects, which operate largely in cities and provide drop-in and outreach in the areas of sexual and mental health, and support and advocacy for women who have experienced violence. These projects operate within a non-judgmental framework, which makes sex workers more likely to seek them out than to avail themselves of statutory assistance (Jackson et al 2007). Indoor workers may also access these projects, and these workers may have additional provision from

(sympathetic) employers and online communities. As a result of their higher levels of education (Sanders 2007) and better access to information technology, many indoor sex workers are active on the Internet (Holt and Blevins 2007). A large number of Internet communities have formed around the sale and purchase of commercial sex, operating via websites or message boards on which sex workers post advertisements, clients post reviews, and sex workers post warnings about violent clients. This offers a platform for the establishment of norms and rules (Sanders 2006), as well as support and a form of community policing.

Tackling and preventing violence

Official policing of sex work can often be driven by morals rather than concerns for workers' health and safety (Sanders and Campbell 2007; Kinnell 2008), and recently in the UK there has been an emphasis on criminalising the purchase of commercial sex, which has been blamed for putting sex workers at risk by making them reluctant to report crimes (Campbell & Kinnell 2001; Penfold et al 2004; Pitcher 2006). However, it should be remembered that targeting clients does not necessarily involve criminalising the sex worker, and that since the early 2000s onwards law enforcement has become more sensitive to sex workers' safety (Hubbard 2006), with examples from this time and earlier of the winding down of specialist vice squads and strategies of targeting trafficking and exploitation and tolerating other forms of sex work believed to be more consensual (Matthews 2005). 'Tolerance zones' for street sex work introduced in cities such as Bolton, Manchester, Aberdeen, Glasgow and Edinburgh were thought to reduce the incidence of violence (ACPO 2004; Penfold et al 2004; Sanders and Campbell 2007), although this was not conclusively proven and the introduction of such initiatives at national level in England and Wales was rejected by the New Labour government, with attempts at liberalising legislation in Scotland also abandoned (Home Office, 2004, 2006).

A more likely deterrent to tackling violence is the fact that sex workers are generally regarded as implausible complainants by police and judiciary alike, particularly because of the assumption that a rape victim should be 'respectable' and sexually chaste (Phipps 2009). This is often at the root of the reluctance to report crime, which means that prevention and policing of

violence is undertaken by sex workers themselves, either through safety strategies adopted by individuals or in parlours and brothels, or informal monitoring of dangerous clients by sex work outreach projects and online commercial sex communities. Sanders and Campbell (2007) argue that a community-based understanding of crime prevention is evident amongst sex workers, receptionists, brothel and parlour owners and managers, outreach projects and male clients. In their study, safety strategies fell into three categories: managing the environment (installing security cameras and locks/bolts, employing reception/security staff, using rooms without windows); individual protection mechanisms (not wearing jewellery, keeping footwear on, limiting sexual contact/positions, using humour in tense/nervous moments); and collective control (working in groups, employing different methods of vetting clients prior to the transaction). However, indoor workers, particularly those who operate out of parlours or brothels with other staff or sex workers present, more easily put such strategies in place: and they only superficially address the hazards of sex work as a profession.

Informal policing of dangerous clients is achieved through gathering and distributing intelligence, historically a function performed by sex work projects, which receive and disseminate reports of violent incidents (Penfold et al 2004; Kinnell, 2008). Such 'ugly mugs' schemes define violence from the sex workers' perspective, focusing on acts such as condom removal and 'timewasting' (not keeping appointments) as well as more serious forms of physical and sexual violence. Web-based commercial sex communities operate similar systems on messageboards where sex workers place warnings about violent clients: these are particularly useful due to the fact that sex work projects face difficulties maintaining contact with service users (Kinnell 2008) and acquiring funding. This policing function is not currently fulfilled elsewhere, recognised in the government's 2009 Violence Against Women Strategy which backed the establishment of a nationwide 'ugly mugs' initiative (ACPO 2009; Home Office 2009). However, there is a limit to what such schemes can achieve in terms of criminal justice, as reports are often not passed on to police forces (Phipps forthcoming 2012). This community policing also reflects the fact that like all women, sex workers are expected to manage their

own exposure to violence, in the absence of state initiatives to deal with their dangerous working conditions (Sanders and Campbell 2007).

Social workers may come into contact with sex workers through substance abuse services, health clinics and hospitals, housing, homeless shelters, child protection and prisons (Williamson and Folaron 2003; Williamson and Baker 2009), and there are a number of ways in which they can assist those who have suffered violence. However, sex workers can be suspicious of social care professionals, due to issues around anonymity and judgment (Carter and Dalla 2006; Sanders 2005a; Sharpe 1998). Social workers must ensure that they deliver care without morality and with appropriate confidentiality, in order to create trust (Williamson and Folaron 2003; Sanders 2007). They also need to be sensitive to the emotional and physical issues sex workers face (Ward and Roe-Sepowitz 2009), while being aware that experiences and needs may radically differ depending on the type of sex work performed, geographical location, nationality and social positions such as class, 'race' and sexual orientation (Williamson and Baker 2009). It is important to avoid defining sex workers as victims, to respect their coping strategies and to work with, as well as broadening, their existing resources and networks.

Social workers may be able to provide support to sex workers who wish to report violence to the police. However, bearing in mind the troubled history of sex work and law enforcement, it is advisable not to insist that a sex worker does so. Alternatively, they can be encouraged to contact a local 'ugly mugs' scheme or to post a warning on a website, although the limitations of this in terms of achieving justice should be recognised. It is important not to pressure a sex worker to leave the industry as a response to violence, as this may create the impression that they are being judged, and in order to be sustainable this desire to leave must come from the client (Williamson and Folaron 2003). However, if a sex worker is considering exiting, there are a number of practical needs which must be met, such as for housing and alternative employment or education, access to benefits and financial advice, and help with physical and mental health, relationships, and any substance abuse or immigration issues. The 'cycle of change', originally developed by Prochaska et al in the context of drug treatment services, has

been used successfully by those engaged in supporting exiting sex workers (UK Network of Sex Work Projects 2008b).

Other social work tools which may be useful include motivational interviewing, solution-focused therapy, task centred casework and crisis intervention. Outreach can be used as a tool to build trust and relationships with sex workers, and it is essential to engage in partnership working with other agencies which can provide specialist services, information and support. There is little mainstream professional guidance on therapeutic options for sex workers (Carter and Dalla 2006), especially those who work indoors. Social workers are strongly advised to consult the good practice guidance developed by the UK Network of Sex Work Projects (UKNSWP), available on its website at <http://www.uknswp.org/>. Local sex work projects can also be a valuable resource, and the UKNSWP maintains an up-to-date list of these online. It is not ideal that the main source of professional support comes from independent agencies which face increasing difficulties obtaining funding. Nevertheless, social workers must operate within these constraints and attempt to achieve the best possible outcome for their clients. Above all, operating without judgment and engaging in reflective practice will help them to do this.

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ⁱ The term 'sex worker', as used in this chapter, will therefore refer to these workers and does not include strippers, lap dancers, phone and cyber sex workers or actors and models involved in pornography. This chapter also looks solely at women involved in sex work, in keeping with the focus of this book on violence against women. However, this is not to imply that male sex workers are not also at risk of violence.

ⁱⁱ A brothel is constituted by more than one sex worker working from an indoor premises: plans to review this definition in light of threats to the safety of lone sex workers were abandoned in 2006.

ⁱⁱⁱ Sex workers who have been subjected to coerced migration or trafficking are also thought to be at high risk of violence (Sullivan 2003), and migrant sex workers in general (who may work on the street or indoors and are thought to constitute around 37% of female sex workers in the UK) are highly unlikely to report crimes or seek support (UK Network of Sex Work Projects 2008a). However, trafficking is a complex phenomenon which could easily be the topic of a book chapter in itself, so it will not be covered here.