A continuum of risk? The management of health, physical and emotional risks by female sex workers

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Abstract  This paper describes the findings from a 10-month ethnographic study of the female sex industry in a large British city. I argue that sex workers construct a continuum of risk which prioritises certain types of dangers depending on the perceived consequences and the degree of control individuals consider they have over minimising the likelihood of a risk occurring. Although health-related matters are a real concern to many women, because they generally have comprehensive strategies to manage health risks at work, this risk category is given a low priority compared with other risks. The risk of violence is considered a greater anxiety because of the prevalence of incidents in the sex work community. However, because of comprehensive screening and protection strategies to minimise violence, this type of harm is not given the same level of attention that emotional risks receive. By using a continuum of risk to understand how sex workers perceive occupational hazards in prostitution, further understanding can be gained about the nature of risk in prostitution, sex workers’ routines and the organisational features of the sex industry. In addition, the implications for health policy are discussed, suggesting that the emotional consequences of selling sex should be considered as much as the tangible, physical risks of prostitution.

Keywords: sex workers, risk, prostitution, emotions, violence, protection strategies

Introduction: risk and sex work

Over the past decade this journal has highlighted some important and pioneering research findings about the sex industry in the Western world. Scambler et al. (1990) discuss the impact of HIV and AIDS on how women sell sex, Green et al. (2000) explain the risks associated with crack cocaine use in prostitution, while Rhodes and Cusick’s (2000) exploration of intimacy is
of particular relevance for understanding how emotions influence unprotected sex and condom use. This is complemented by Warr and Pyett (1999) who found that sex workers were at risk in their private life because of the meanings attached to condom use in the commercial context. Barnard (1993) draws our attention to the level of violence that sex workers face and Whittaker and Hart (1996) describe the nature of indoor sex markets and the different types of risk that women face indoors compared to those on the street. Plumridge et al. (1997) explore the clients perspective of condom use and describe some masculine discourses through which the sex worker – client relationship can be understood.

This paper adds to the understanding of the female sex industry in Britain and is distinct in three ways. First, it presents empirical findings from an ethnographic study that explores the concept of occupational risk from the sex workers viewpoint; second, it focuses attention on the types of risk experienced amongst sex workers who mainly work from indoor sex markets such as licensed saunas, brothels or as escorts; third, I argue that, although health and violence are real concerns to many sex workers, the emotional risks of selling sex, in particular the chance of ‘being discovered’, is prioritised in the hierarchy of harms.

The sociological concept of risk can be understood not only as an objective, calculable event associated with certain actions, but relative to the individual and their social circumstances. Scholars argue that risk behaviour needs to be understood as a socially organised phenomenon rather than conceptualised only from the viewpoint of individual rationality. Social structures influence risk, and individuals respond to the dangers around them. Douglas (1992) examines how the social and cultural environment must be taken into consideration when understanding individual risk behaviour. Douglas (1986) suggests that individuals not only assess an objective possibility of risk but also take into account their own ability to react and cope. Warr and Pyett (1999: 291) also explain how individuals cope with risks by interpreting the world around them and reacting to their social circumstances. Rhodes (1997: 210) argues for a ‘socially situated’ paradigm of risk behaviour that encompasses both the actions of individual behaviour and the interplay with social factors. Rhodes (1997: 216) considers that social relationships need to be included in any theorising of risk because of the necessary power dynamics that are involved in risk behaviour: ‘Risk behaviour is not simply the outcome of “individual choices”, it is the outcome of “negotiated actions”’.

Recently, the gendered nature of risk has been theorised in relation to the specific hazards that women face. Chan and Rigakos (2002) describe how the nature of risk is different for various social groups and that women's taking and avoidance of risk is inherently gendered: ‘What constitutes risky behaviour is filtered through a masculine lens that conditions what we identify and define as “risky”. Moreover, when women do take exceptional risks, the tendency is to conflate women’s exceptional risk taking with “amorality” as in the case of promiscuity’ (Chan and Rigakos 2002: 743). Walklate (1997:
44) suggests that there is a gendered conceptualisation of risk that encourages a preoccupation with risk avoidance and calls for an 'explanation of risk as a gendered concept subjectively experienced'. Other scholars note how concepts of risk avoidance are related to assumptions of femininity: ‘Dominant notions of femininity tend to represent the careful avoidance of danger . . . they are more often portrayed as the passive victims of risk than as active risk takers’ (Lupton 1999: 161).

Women who work as prostitutes, by contrast, appear to be risk taking by the standards of others in the community and are excluded from the rights to protection granted to other citizens, and are placed outside acceptable conceptions of femininity. Failure of women to take appropriate actions to prevent risks and danger are considered immoral and to lack citizenship responsibilities. Stanko (1996: 51) points out that there are public discourses in relation to female safety that consider those women who do not follow the rules of responsibility are either ‘asking for it’ or are outside the realms of public protection.

As Miller (1991) argues, however, the ‘voluntary’ nature of female risk taking must be understood within the social, economic and political situation that shapes the constraints and opportunities in women’s lives. My research explores how a group of women who are marginalised in society interpret risk through what Douglas (1992) calls a contextual approach that uses qualitative work to explore cultural, individual and interactional aspects. Although the women in my study defined themselves as making an economic choice to sell sex and said they were free from coercion, it must be recognised that they were making decisions within a particular set of social, economic and political constraints that are defined by inherent gendered power relationships.

Evidence in my study suggests that the women actively weigh up the costs and benefits of an action and make calculated decisions to determine the outcome. The probability of encountering risks is not only determined by varying dispositions to risk taking and risk avoidance but also by competing preferences. Sex workers were constantly juggling three preferences: the desire to stay physically safe, the desire to maintain their sanity and the desire to earn money. The nature of selling sex and the sex industry in Britain means that often individuals are faced with competing preferences. The desire to stay safe and remain sane is often at odds with the desire to earn money. The outcome of these competing preferences is determined by an individual’s propensity to avoid or take risks.

The original aims of this project were to explore the perception of risk amongst female sex workers, mainly in indoor sex markets, and the strategies they created to manage occupational hazards. A central objective was to explore how different types of occupational risks impacted on women's personal and professional relationships. The majority of academic findings on prostitution establish the relationship between physical health, prostitution and ‘risky’ behaviour. My hypothesis was that this bias towards the tangible
distorts our understanding in several ways. First, it focuses our attention on those aspects of prostitution that are most culturally visible, which emphasises the mores of street prostitution and implies that they apply to prostitution as a whole. Second, the concentration on disease and drug use not only blurs the whole picture of prostitution but distorts the emphasis on certain occupational risk while neglecting others. As an observer, it is hard not to presume the dominance of physical danger in the hierarchy of ‘harm’ that constitute the risks of sex work. Staying close to the perspectives of the women in my study has allowed me to identify how they rank the risks they face. The experience of sex workers shows that other harms – in particular, the risk of breaching the barrier around one’s private life and the fear of ‘being discovered’ – can figure as large.

It is worth suggesting at this point, that other mainstream occupations experience danger and risk as part of their everyday working practices, yet do not attract the same degree of attention as the sex industry (for instance see Hobbs et al. 2003). The concentration on risk in the sex industry can be understood by what Scambler (1997: 112) describes as the ‘paradox of attention’ whereby the interest paid to prostitution reflects the excitement and titillation prescribed to the illicit nature of commercial sex, rather than a realistic account of the mundane, routine nature of swapping sex for money.

It could be suggested that women who do not work in prostitution also consider the issues related to health, physical harm and the negative emotional consequences that arise from intimate, sexual relationships on a similar scale to what is suggested in this paper. It may be the case that sex workers are a group of women on the extreme end of a spectrum of women who contemplate risks in relation to sexual activity. Women who are not sex workers are subject to safety discourses regarding how to conduct themselves, what to wear, which places to visit and with whom, in order to prevent violence from strangers. The emphasis on the woman’s responsibility to keep themselves safe means that their lives are both consciously and unconsciously interwoven with safety strategies (see Stanko 1996). Perhaps then, all women construct a hierarchy of harm in relation to the consequences of intimate sexual relationships and create corresponding strategies to prevent such damage occurring.

The study and methodology

This paper summarises some of the findings from a 10-month ethnographic study of the female sex industry in a British city, during 2000–2001. Like other studies, I approached a sexual health project that had been working with the sex industry, and was able to spend over 1,000 hours observing the indoor sex markets such as licensed saunas, brothels, women working from home or as escorts and, to a lesser extent, street prostitution. Although the activities surrounding the selling of sex are illegal in Britain, it is the street market that is heavily policed while indoor prostitution is tolerated or ignored.
The sample was purposively selected using three criteria. All the respondents defined their involvement in prostitution as voluntary; they were all aged 18 years or over and British citizens. They were all able to choose how to manage many aspects of their occupation. As Scambler (1997: 113) states, 'There is a neglected group of women, proportionately more of them off-street workers from middle class backgrounds, who exercise conscious choice in turning to sex work'. This group were captured through 55 in-depth interviews with the following women: 23 sauna workers, 10 women who worked in brothels, 8 women who worked alone from rented premises, 5 street workers, 4 women who worked from home, 3 sauna owners and 2 receptionists.

The socio-demographic details of the sample reflect the general characteristics of the indoor sex market in the local area. The majority of women were White European (45/55), six others described themselves as Asian and a further four were of African-Caribbean origin. The age range of respondents who sold sex was 18–52 years, while the oldest respondent, who owned a sauna, was 55 years old. The mean age was 33.5 years, reflecting the general older profile of women who work in indoor markets. The average age of entry into prostitution was 23.1 years – higher than that found in other studies because of the concentration of indoor workers in the sample. Only four women confirmed they were using heroin and/or cocaine and all of these were currently on the street. Twenty-eight women lived with their partner while 11 others described themselves as single. Forty-one women were mothers and of these 21 described themselves as lone parents. Thirteen respondents said they kept their prostitution secret from their partner. Fifteen had histories of sexual abuse in childhood and had been in the local authority care system. Thirty-three respondents had worked in more than one market and 16 women had had experience of the street. Virtually all of the interviewees had had other jobs. Often these jobs were unskilled, manual work such as cleaning, catering or caring. Eight women, however, had professional qualifications in education, nursing, psychology and middle management.

Results

To formulate an argument that places the perceptions of occupational health hazards, the threat of violence and emotional risks experienced by sex workers on a continuum, the results section will be divided into three. The first section describes how sex workers in this ethnography understood occupational risks in relation to their health. Second, I present the findings around the prevalence of and response to violence from male clients. Third, the relationship between selling sex and emotional risks will be described. It must be said from the outset, that because the respondents in this study were mainly women who worked from indoor markets, this environment had a significant bearing on their perceptions of risk.
Health-related risks

Women who worked in indoor sex markets were generally aware of the issues relating to the potential health risks of selling sex for money, and all women interviewed confirmed that they always used condoms with clients for all sexual acts. Respondents had acquired specialist professional knowledge as well as created their own strategies to minimise health risks in prostitution. Remembering that the respondents were contacted initially through a sexual health promotion project, this is an expected finding, as this group of women are in regular contact with specialist health professionals and attend the genito-urinary clinic.

Speaking with the women and observing their behaviour over a period of time highlighted that health-related matters were not considered to be the most serious danger compared to other types of risks that sex workers face in their everyday professional lives. Diane had worked in saunas for the past 10 years, had four children and had successfully brought up her family in a suburban part of the city. She explained how health risks were considered to be one of the more straightforward and manageable pitfalls of sex work: ‘There are other stressful parts to this job, and the clinic is always there if something goes wrong. Your health is your own responsibility, so we can protect ourselves’.

Sex workers described two key health risks related to their work: clients forcing unprotected sex or condoms breaking, leaking or coming off, all of which could cause sexually transmitted infections and HIV. The use of caps and contraception meant that pregnancy was usually not considered a work-related health risk. However, health risks were not considered the most destructive type of occupational hazard for the following reasons. First, most women believed, and said it was their experience, that clients who purchase commercial sex from indoor markets were usually compliant with the discourses of safe sex and were willing to accept the ‘house rules’ of the establishment and the personal rules of the worker. Second, and related to the first rationalisation, sex workers maintained that men who wanted unprotected sex would go to the street market where they were more likely to find women willing to barter for high prices in exchange for non-condom use. ‘It is on the street where men can get cheap sex without [a condom], cos’ the girls are all desperate for drugs’ (Cassie, sauna).

Thirdly, veterans of the sex industry were extremely confident in their working practices and routines regarding their assertiveness over male clients and their command of the sexual transaction. Women explained how the routinisation of the service was built around achieving compliance, particularly with condom use. This translated into a sense of control over the commercial transaction: ‘Nothing bad happens in the sauna because the girls were always much more strong minded than the clients and they know exactly how to deal with the situation’ (Aliya, sauna). ‘I try not to show that I am nervous, as then you are not in control. I am really confident. I just give them instructions, gently but forcefully put the condom on and tell..."
them what to do’ (Dora, sauna). This supports Barnard’s (1993) findings that control over the client encounter is critical for sex workers to achieve compliance. Fourth, there was a belief amongst the women who worked in collective establishments such as saunas and brothels that in the event that a client would be non-compliant by trying to force unsafe sex, help was nearby. The threat of third party intervention was considered a deterrent to dangerous customers. Also, various checking systems were in place that reinforced women’s feelings of safety in collective working environments (see below).

Rationalisations that reduced the priority given to health risks relied on two further premises. First, sex workers did not only depend on the rules of the establishment set down by the owner such as ‘no anal sex and condoms always to be used’ (May et al. 2000: 26). Wider cultural norms within the sex work community reinforced safe sex as an integral aspect of the commercial sexual transaction in the indoor sex markets. The women I contacted who worked in the indoor markets vehemently reinforced these rules. For instance, a moral hierarchy existed which placed sex workers outside the community if they did not comply with the rules. Explaining the sex acts that are considered unacceptable, Katrina who had worked in various sex markets over nine years said: ‘Oral without [a condom] to completion, there is anal [sex] . . . the girls are getting more degrading. I see me as a worker and them as dirty prostitutes. How can you have sex without, anal without? You are playing Russian roulette with your life. I wouldn’t do it, I have been offered money for it and it is tempting but no thanks, it is your health’. The prevalence and expectation of condom use meant that risks to health were generally not an everyday occurrence for most indoor workers.

Secondly, condom use was considered entrenched in sex workers’ practices to the extent that it was rarely discussed or reflected upon unless there was an extraordinary event such as a client forcing unprotected sex. For most of the indoor workers who had experienced street and indoor prostitution, condoms were said to be ‘like wearing a hard hat if you are a builder, you never go to work without protecting yourself’ (Anita, sauna). Taken together with the fact that some women saw only regular clients whom they had known for some years (the longest-standing commercial relationship was 10 years) and because many clients were over the age of 50 and considered to be less aggressive but, instead, nervously compliant, the chances of a client resisting condom use were not considered an immediate risk in the way that other risks were a significant preoccupation.

The risk of physical violence
In contrast to health risks, violence was an occupational hazard that sex workers considered more readily. Sixteen out of 55 women described violent encounters with dangerous customers involving rape, kidnap, intimidation and physical assault. This reflects the wider literature on the prevalence of violence against women who work in prostitution that has been firmly
established by researchers in Britain (Benson 1998, Church et al. 2001, Kinnell 1992, O’Kane 2002, O’Neill 2001: 90–3, Ward et al. 1999) and worldwide. In my study, however, it was clear that although the majority (34 of the 55 women interviewed) had never encountered harm through prostitution, there was considerable awareness of and fear around the likelihood of violence from male clients. This was evident in three ways.

First, even women who worked alone in rented apartments had access to local knowledge regarding the extent and nature of violent incidents. There was a formalised system of reporting incidents relating to violence in the sex work community through a scheme called the ‘Ugly Mugs’ that was coordinated by the sexual health project. This system is popular throughout Britain and works on the basis that sex workers report incidents of violence (anonymously if preferred or with the option of logging the attack with the police). A description of the perpetrator is taken, in particular car registration numbers, and this information is broadcast to the local, and increasingly national, sex work community through flyers, word-of-mouth and the Internet (see Davis 2002). In the city where this project was conducted, between the period 1989–2002 over 400 reports had been made of violent incidents against female sex workers from male clients. This system of collecting and broadcasting violent attacks, robberies and rapes contributes to an increasing awareness amongst women of the dangers of the sex trade and therefore reinforces the need for sex workers to be proactive in preventing violence.

Secondly, the reasons why not all women working as prostitutes experience high levels of violence can be explained by the strategies that workers construct to prevent an incident happening or to deal with a threatening encounter. The likelihood of violence propelled the majority of respondents to construct screening strategies and a range of precautions, deterrents and protection mechanisms so to avoid or manage violence from clients.

The initial stage of managing the risk of violence is made before sex workers have face-to-face meetings with clients, take telephone calls or walk the street. On assessing the potential risks in a certain environment, sex workers create precautionary measures to prevent an incident. A popular precaution in all markets was the use of a chaperon. Several participants said friends were involved in making their work safer: they waited outside a hotel room, house or were present when clients visited their home: ‘My friend actually came up to the room with me, and I told him that my friend was there and he didn’t mind’ (Dora, sauna). Steadfast rules are in place to prevent robbery. Forty-five of the 55 sex workers always took the payment before a transaction, hiding it or stashing it with a third party: ‘I let them in, take the money off them, tell them to get undressed. I go out of the room, get my condom and put my money away and come back in the room and do ‘em’ (Tracy, working premises). These precautions are usually decided beforehand, after consulting colleagues or as a result of learning from a mistake.
The second stage of protection is assessing a client during the negotiation and transaction phase. Women learn which types of client may not honour the contract and apply various rules that discriminate against men in terms of age, ethnicity, dress, accent, appearance and the type of car a ‘punter’ is driving. These rules are based on previous negative experiences, localised stereotypes of certain groups and ‘street folklore’ regarding which clients are safe and which are not. Managing violence at work by assessing types of characters has been discussed in other volatile situations where the chance of violence is a regular feature of the environment. Hobbs et al. (2003: 120) describe how doorstaff in the night-time economy use ‘strategies forged through experience and performance’ that accumulate in a ‘process of selection’ of who is likely to be a troublemaker.

Another popular protection strategy is the use of deterrents. Because there is often not time to thoroughly screen clients, and since the likelihood of choosing a violent client is high, sex workers rely on persuading men not to harm them. The threat of a third party intervention was a popular deterrent in all markets. Neesha learned that using the threat of a boyfriend lurking round the next corner normally acts as a deterrent even though in reality she had no such protector: ‘I tell them that I have got a man who watches me and he will take the registration number and he knows where I take the punters’. Security is hired to discourage clients who contemplate robbing the establishment or attacking the worker. Drivers accompany workers because women fear clients could have a weapon or that several men could be hiding in the house: ‘You never go on an escort unless you have an escort yourself’ (Felicity, escort).

The final stage in managing the risk of violence in the sex industry is remedial protection. As reported by other researchers in relation to weapons used by street sex workers (Benson 1998, McKeganey and Barnard 1996) indoor workers reported using kitchen utensils, baseball bats, lighters and bleach in self-defence. Some sex workers are not afraid to use serious force to prevent personal injury. Astrid insists on using violence against any client who threatens her while Beryl reflects on an incident that happened 20 years earlier on the streets:

We have CS gas here and everything and I wouldn’t be afraid to use it. We have an alert buzzer and in the bedroom we have a pickaxe handle. And if I had my way I would kill someone if I had the chance (Astrid, working premises).

You have got to put up a fight. I mean I have had a gun at my head and the knife and been strangled before I came in the flats. . . . Later when I saw this guy do it to another girl I was out there kicking the car and smashing the window. And when this guy got another girl I knew where he was taking her so we jumped in the car with a couple of us and we had the bastard. He was getting it (Beryl, working premises).
It is not simply the case that the sex workers who were not attacked applied protection strategies while those who were attacked did not. The risk of physical harm can be calculated in relation to the environment. Working in the indoor sector is considerably safer than working on the streets, often because there are more people present and greater opportunity to assess clients. Street workers sell sex in environments that do not allow thorough screening because there is only a short amount of time available to make a decision on the trustworthiness of a client (see Barnard 1993). Therefore, the constraints and opportunities of each market determine strategies of protection and the likelihood of risk. The preponderance of complex strategies to prevent violence highlights the fact that sex workers are aware of the threat of violence and respond appropriately. In the hierarchy of harms, however, although violence scores above health concerns, there are other types of pitfall connected to selling sex to which sex workers assign higher risk profiles.

**Emotional risks**

The literature on occupational hazards in prostitution tends to define risk in terms of health and sometimes violence. It is only recently that acknowledgement has been given to the emotional stress of selling sex and the related health implications (see Rickard 1998: 127). Empirical studies have attempted to assess the psychological effects of selling sex. Involvement in prostitution has been linked to post-traumatic stress disorder (Farley et al. 1998), depression (Bagley 1999, Chudakov et al. 2002), eating disorders (Cooney 1990) and drug use (Sterk 2000). Although no causal inferences can be made directly from these studies, they indicate that for some women, prostitution may contribute to psychological distress. This can also be supported by recent research that documents pragmatic, symbolic and psychological defence mechanisms used by sex workers to separate their private life from work (Boynton 2002: 8, Brewis and Linstead 2000, Day 1994, O’Neill 2001: 89, Phoenix 2000, Warr and Pyett 1999). Hoigard and Finstad (1992) found that the public and the private worlds of the female sex worker were divided by blanking out techniques, retaining physical boundaries, keeping to time, hiding appearance and avoiding emotional relationships with (long-term) customers. My study contributes to this growing body of evidence by not only describing further emotional management techniques (see Sanders 2002, 2004), but in this paper I argue that sex workers are more concerned with preventing emotional risks because the risks related to health and violence can be effectively managed.

Sex workers in my study identified the emotional consequences of selling sex as a significant, persistent concern that demanded more strategic thought and planning compared with other risks. The possible negative impact of selling sex was described in three ways: first, the emotional implications for managing sex as work and sex as pleasure; second, the risks posed by the threat of ‘being discovered’ working as ‘a prostitute’; and third, the potential failure of emotional management strategies. These will be discussed below.
Some sex workers described how their form of work was emotionally risky because the negative emotions generated by the commodification of their bodies affected their social identities and relationships. For instance, disgust generated by bodily contact with a stranger influences how women feel about other types of physical interaction. I interviewed Sharon not long after she had returned to work in a sauna after taking a six-month break. Sharon reflected on how an absence from the sex industry had made her realise how the physical, intimate nature of sex work is detrimental to her private relationships: ‘I go home and to be mauled again you don’t want to be mauled again and it makes you feel dirty’.

One way of resisting the threat to personal relationships is to create separate meanings for sex at work and sex at home. The quote from Seema below, summarises the majority of respondents’ understanding that sex with a male client is vastly different from that with their lover, partner or husband:

When you are working you are having sex, you are not making love you are having sex . . . so when you go back in your personal relationship you are doing the same but you are putting feelings to it, so it is not the same. I could not kiss a punter, I would not want anything to do with their mouth because I have to kiss my baby. And you would not want to kiss your man. Sex is with Durex so you are not really touching them (Seema, sauna).

Limiting access to certain body parts and sexual acts was a universal emotional management technique amongst respondents: ‘If I have done the same client a million times, they still get the same spiel: don’t kiss, don’t do anal and you can only kiss and touch on top [part of the body]’ (Krystal, working premises). Strict exclusion zones enable specific body parts, acts and physical responses to be reserved for private relationships. Edwards (1993: 103) summarises how some body parts are commodified while others are preserved, enabling women to ‘sell their body and keep their soul’.

Another group of sex workers responded to the risk of emotional damage by using sex only as a money-making tool by refusing to engage in private sexual relationships. Ten interviewees decided to abolish private sexual relations while they were involved in prostitution in order to prevent emotions in their professional world colliding with those in their private world: ‘I could not work if I was in a relationship as I have done it before and it didn’t work. It is too confusing and there is also never any time for me’ (Melinda, works from home); ‘I haven’t really got a regular boyfriend because it interferes with work’ (Katrina, working premises). Women explained that private relationships often failed, not because of their own inadequate mechanisms for separating work and pleasurable sex, but because male romantic partners could not separate out the different forms of sexual behaviour: ‘Men can’t take it, they are jealous, or want to take your money, and they can’t see the difference [in the types of sex] so they bring it all back on you’ (Leigh,
working premises). For those who did not engage in private relationships, sex was relegated to the economic realm.

The second way that emotional risks took precedence over other forms of risks was in relation to the need to keep sex work hidden. All but three of the 55 interviewees kept their work secret from people in their private life. The majority of women had gained money through prostitution for a number of years while at the same time preventing their partners, relatives, children and friends finding out about their illicit behaviour. Diane, like many mothers I met who worked in the sex industry, could not comprehend telling her family, especially her children, about how she earned a living: ‘I have got four teenagers. Can you imagine what they would think if they knew I worked here [sauna]. I see their reactions to prostitution on TV, and if I told them they would be devastated. I’m their mum’.

Leigh summarises why ‘being discovered’ is for her a 24-hour preoccupation that constantly reminds her of work: ‘I have to hide it [sex work] all the time: my clothes, where I am going, my health, the way I look after my body. If he [husband] knew, then he would suspect and that would be it, marriage finished’. Sex workers were often consumed by the constant worry whether anyone suspected, or whether they would meet someone they knew at work, or an item such as condoms or lingerie would be found at home. Having to hide everything connected with work (daily routine, money, friendship circles, clothing, equipment, condoms, etc.) from the private sphere, while at the same time avoiding revealing details about the home life at work, was a continual effort that required more time and energy than other occupational hazards. The threat of emotional risks is placed above that of health or the threat of violence because emotional strategies have to be created and sustained in the private sphere as well as the public work arena. For some women who had left prostitution, the risk of being discovered remains with them, as there is always the chance that someone might find out about their history. For these reasons, women said that avoiding ‘being discovered’ was sometimes more important than preventing violence: they could recover from a beating but if loved ones discovered the truth, the personal and emotional loss would be insurmountable.

The third finding was that although many women were aware of the damage caused by prostitution, and constructed techniques to manage the threat to emotional wellbeing, it was certainly not the case that all of the women I encountered in the sex industry were proficient in avoiding psychological damage. Those who did not adopt separating strategies left their emotions and identity exposed: ‘I do get down. It is hard and you get low days. Some days I hate what I do, I try and block it out. It is hard sometimes. . . . I don’t talk to anyone about it, it is better that way. The less I talk about it the less real it is’ (Louise, street). Strong negative emotions that are not managed can have dangerous consequences especially in relation to substance misuse and self-esteem: ‘Last year I did go through a bad patch when I was drinking a lot just to get away’ (Kelly, sauna). Others told of their
spiral of selling sex to buy drugs while at the same time depending on drugs to get them through the emotional trauma of having sex with a stranger for £10.

**Discussion and conclusions**

The traditional empirical focus on sexual behaviour and drug use in commercial sex uncovers the complex issues that expose sex workers to health risks. Risks to health, however, cannot be considered in isolation but must be contextualised as one hazard on a continuum of risks that sex workers engage in and are exposed to. The findings from this study regarding the strict use of condoms amongst indoor sex workers supports the general trend that establishes a high rate of condom use (Cusick 1998, Day and Ward 1990, McKeganey *et al.* 1992, Ward *et al.* 1999) and offers an alternative view to the suggestion that sex workers are misinformed about the health risks in prostitution to the extent that ‘sexual risk-taking with clients [is also] associated with off-street forms of prostitution’ (Kinnell 1991: 91). Comprehensive awareness of health issues could be explained by the intense health-promotion work that has taken place with sex workers over the past decade, that continues in over 90 projects in Britain (see Cooper *et al.* 2001). It may indeed be the case, as suggested by Gysels *et al.* (2002) from a study of sex workers in a Ugandan trading town, that women who are entrepreneurial are more skilled in negotiating safe sex and therefore have a different risk profile to those who are dependent on drugs and work from unsafe, unregulated street markets.

An important rationalisation amongst sex workers in my study was that taking care of health risks was a point of individual responsibility, and while there was an ever-present chance that a condom could break or a client could force unprotected sex, this was an unusual event. This meant that sex workers understood health risks as a controllable feature of their work and, armed with the correct scientific information, and tools such as condoms, caps, contraceptive pills, regular health checks and so forth, health risks were less of a worry. Instead, because indoor sex workers considered condom use an integral practice of their work, other more subtle risks were given more attention and strategic intervention.

Violence from clients was considered to be a hazard that was less predictable, more prevalent and therefore increasingly risky compared to health-related risks. Assessing the likelihood of physical harm from clients was a difficult judgement call and therefore minimising violence was a more pressing concern. Reducing the likelihood of physical risks was prioritised through a complex system of precautions, screening, deterrents and remedial protection. These mechanisms were evident at both an individual level as well as through rules and systems in establishments. The awareness and effort owners, managers and workers put into reducing violence, while at the same time maximising profit, meant that violence usually scored a higher
priority than the risks related to health, but was still not the most preoccupying hazard for sex workers. This study found that sex workers constructed their understanding of risk not only on the basis of tangible harms. Often women said that they could recover from physical injuries but there were other kinds of occupational dangers that would bring irreparable damage to their private sphere.

Sex workers considered the emotional and psychological consequences of selling sex as a hazard equal to that of physical violence and health-related concerns. One reason for this is that unlike physical harm, the emotional consequences of selling sex do not stop when a woman leaves the sauna or street. Emotional risks are not confined to the place or hours of work, but are to be guarded against always; at home, in private and even when women are no longer involved in prostitution. The emotional consequences of selling sex require sustained psychological processes throughout a woman’s social relationships. Another reason why emotional risks were prioritised was because the risks relating to ‘being discovered’ were considered to be somewhat out of their control. The chances of a family member witnessing a sex worker in an environment such as a sauna or hotel could be minimised by choosing specific geographical locations and types of markets carefully, but much of whether women were ‘found out’ was left to chance. Women felt that often they had little control over the emotional risks in prostitution, and therefore these pitfalls were to be guarded against over what has been considered in the literature to be more obvious harms.

This paper has argued that some sex workers, particularly those who work from indoor markets, construct their understanding of risk in relation to their personal situation and prioritise risks depending on the perceived consequences or outcomes. I suggest that sex workers use a continuum of risk that gives increasing attention and strategic planning to emotional risks, followed by the risk of violence from clients and finally, health-related risks. This continuum can be understood first, in relation to the level of control sex workers perceive they have over the likelihood of a particular risk happening and second, the severity of the consequences of the risks.

Sex workers rationalise the outcomes relating to non-condom use by relying on the excellent health care services available, their knowledge of what to do should such an occasion arise, and peer support. Equally, being robbed would mean inconvenient material loss, but the physical injuries are minimised despite the high incidence of severe, even fatal, physical harm experienced by some sex workers. However, the consequences of emotional risks such as being discovered working as ‘a prostitute’ could mean the end of a relationship, family breakdown, stigmatisation and irreparable emotional distress.

The level of control sex workers feel they have over the likelihood of a risk occurring determines the ranking of harms. For instance, practical systems of personal safety, collective rules and shared codes of conduct inform the management of health risks and violence. However, although sex workers make concise decisions about where to work, how to hide their money-making
activities and design secrecy strategies, the chances of being ‘found out’ present risks to their emotional wellbeing over which they have minimal control.

Understanding how sex workers construct profiles of risk regarding the occupational hazards they face in prostitution is essential for health policy-makers. At a local level, some of these findings can be used to influence health-related policy and projects specifically designed for sex workers. Although Romans et al. (2001) found no evidence that sex work increases psychiatric morbidity, the stigmatised nature of prostitution renders mainstream public health strategies less effective. Specialist services, as described by Cooper et al. (2001), engage those who work in the sex industry at a local level to promote the safety of women in prostitution. Such projects are ideally placed to challenge assumptions that risks for sex workers are only health related. For instance, Rickard and Growney (2001) facilitated a health promotion aid by recording sex workers’ experiences. A tape was created with the specific aim of using stories to share occupational safety tips. Such a practical tool could be devised concentrating on the emotional strategies that sex workers use to protect themselves and keep their private relationships free from interference from their jobs. Such policy initiatives would address the points raised in Making it Happen. A Guide to Delivering Mental Health Promotion (Department of Health 2001) that highlight the importance of health services taking an integrated approach to physical and mental health needs. The connections between mental health and physical wellbeing have been established through rigorous research and should be considered vital amongst populations who use their bodies as sites of economic labour.

These findings also have wider policy implications regarding the social organisation of the sex industry in Britain. The legalities around selling sex place women’s mental as well as physical wellbeing at risk. Pressure to hide their work, live a ‘double life’, fabricate stories to their families and partners in order to avoid stigma and marginalisation result in significant psychological stress. By legitimating sex work as a profession the structural inequalities that leave many women vulnerable could be addressed, enabling women to organise themselves in public and private without fear of committing an offence. Protective relationships with the police could also be established and resources could move away from criminalisation, fines, arrests, court appearances, probation and imprisonment through anti-social behaviour orders.

My argument does not intend to diminish or deny the seriousness or prevalence of violence or the established health risks in prostitution, but instead draws attention to how sex workers construct profiles of risk that place forms of harm on a continuum. Risk behaviour in prostitution cannot only be understood from a medical or epidemiological viewpoint as the wider social and cultural circumstances of sex workers’ lives are as important to their wellbeing in their understanding of what is a risky outcome. Issues of secrecy, privacy, maintaining familial and personal intimate relationships, self-esteem and identity are at the core of what sex workers consider to be
consequences of their work. These perceptions inform how sex work is practised and ultimately how prostitution is organised.

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Notes
1 All names have been changed to protect interviewees’ anonymity but the sex market remains the same.

References


