We report on the prevalence of violence by clients towards female prostitutes in different work settings: questionnaire survey

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Violence by clients towards prostitutes has seldom been the focus of public and academic interest, yet it is a major health issue. Concern has mostly focused on the potential of prostitutes to transmit sexual infections, notably HIV, to their clients and subsequently partners. Features of female prostitution that have a direct impact on the health of prostitutes but not the health of others have therefore tended to be overlooked. The scant research that is available on violence by clients shows that prostitutes who work outdoors in particular routinely confront clients who are verbally, sexually, and physically violent towards them. We report on the prevalence of violence by clients against female prostitutes working either outdoors or indoors in three major British cities.

Methods and results

During 1999 three female researchers (SC, MB, and Catherine Benso) contacted 240 female prostitutes; 115 worked outdoors (40 in Leeds, 75 in Glasgow) and 125 worked indoors in saunas or flats (50 in Leeds, 75 in Edinburgh). We designed a structured questionnaire using previously validated measures to record personal characteristics, working patterns, drug and alcohol use (in the past six months), type and frequency of violence by clients (ever or in the past six months), and levels of attack reported to police. We contacted 156 (65%) prostitutes in their place of work and 84 (35%) through drop-in centres. We used SPSS for Windows to test for significance, and multivariate binary logistic regression analysis to identify variables most strongly associated with violence experienced ever or in the past six months.

The table shows that prostitutes working outdoors were younger, involved in prostitution at an earlier age, reported more illegal drug use, and experienced significantly more violence from their clients than those working indoors (81% (93 of 115) v 48% (60 of 125), \( \chi^2 = 29.2, df = 1, P < 0.0001 \)). Prostitutes working outdoors most frequently reported being slapped, punched, or kicked, whereas prostitutes working indoors

[Table: Odds ratios for various aspects of menorrhagia management both before and after educational intervention. Bars represent 95% confidence intervals]

5 Nixon R, Duffy S, Fender GRK, Prevor T, Day N. Randomisation at the trial data. There were no before and after differences in control practices, indicating that external confounders had no effect. The trend towards an increased chance of hysterectomy in intervention groups may be because they had already received appropriate first line treatment. These women may proceed to more appropriate surgery as a result of this intervention.

We thank all general practitioners who participated in the study and the regional postgraduate education office, Anglia and Oxford Health Authority, Fulbourn, Cambridge, without whose assistance it would not have been possible to complete the study.

Contributors: GRKF helped with audit design and implementation, audit management, data collation and analysis, and paper preparation and approval. AP helped with audit design and paper preparation and approval. He is also the guarantor. TG was involved in implementation of the audit, management, data collation and approval. RMN was involved in data collation and analysis and paper preparation and approval. SWD was involved in audit analysis and paper preparation and approval. NED was involved in paper preparation and approval. SKS was involved in paper preparation and approval.

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Competing interests: None declared.
Personal characteristics, drug use, and experience of client violence by prostitutes working indoors or outdoors. Values are numbers (percentages) of prostitutes unless stated otherwise

<table>
<thead>
<tr>
<th>Variable</th>
<th>Work setting</th>
<th>Mean (SD) age</th>
<th>Mean (SD) age first paid for sex</th>
<th>Mean (SD) years in prostitution</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outdoors (n=115)</td>
<td>Indoors (n=125)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD) age</td>
<td>25.7 (6.7)</td>
<td>26.4 (6.6)</td>
<td>0.003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD) age first paid for sex</td>
<td>19.6 (5.1)</td>
<td>22.7 (5.9)</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD) years in prostitution</td>
<td>4.8 (5.0)</td>
<td>4.3 (4.9)</td>
<td>0.446</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Main reason for prostitution:

- Household expenses and children: 32 (28) | 93 (74) | <0.001
- To pay for drugs: 72 (63) | 1 (1) | <0.001
- To save up for something: 9 (4) | 23 (18) | 0.001
- Other: 6 (5) | 8 (6) | 0.696

Illegal drug used in past six months: 107 (93) | 86 (69) | <0.001

Type of illegal drug used:

- Heroin: 90 (78) | 8 (6) | <0.001
- Other opiate: 45 (39) | 12 (10) | <0.001
- Tranquilisers: 43 (37) | 99 (79) | <0.001
- Crack cocaine: 37 (32) | 5 (4) | <0.001
- Amphetamine: 13 (11) | 38 (30) | <0.001
- Cocaine: 20 (17) | 19 (15) | 0.646
- Cannabis: 70 (61) | 62 (50) | 0.080
- Injected drugs in past month: 56 (49) | 4 (3) | <0.001
- Ever experienced client violence: 93 (81) | 60 (48) | <0.001
- Experienced violence in past six months: 58 (50) | 32 (26) | <0.001

Type of violence ever experienced:

- Stabbed, punched, or kicked: 54 (47) | 17 (14) | <0.001
- Threatened with physical violence: 45 (39) | 18 (14) | <0.001
- Robbery: 42 (37) | 12 (10) | <0.001
- Attempted robbery: 30 (26) | 6 (5) | <0.001
- Beaten: 31 (27) | 1 (1) | <0.001
- Threatened with weapon: 28 (24) | 8 (6) | <0.001
- Held against will: 29 (25) | 19 (15) | 0.053
- Attempted rape (vaginal or anal): 32 (28) | 21 (17) | 0.040
- Strangulation: 23 (20) | 7 (6) | 0.007
- Kidnaped: 23 (20) | 3 (2) | <0.001
- Forced to give client oral sex: 20 (17) | 4 (3) | <0.001
- Raped (vaginal): 25 (22) | 2 (2) | <0.001
- Attempted kidnap: 14 (12) | 1 (1) | <0.001
- Slashed or stabbed: 8 (7) | 0 | 0.003
- Raped (anal): 6 (5) | 8 (6) | 0.696

Reported at least one incident of client violence to police: 41/93 (44) | 11/60 (18) | <0.001

Working both indoors and outdoors would be an important step towards preventing or reducing the incidence of violence.

The sexual health of prostitutes is just one element of service need in circumstances where they confront potentially abusive clients. The range and content of comprehensive health services for prostitutes is an area that should be addressed with some urgency if levels of morbidity and mortality from violence by clients is to be reduced.

We thank all the women that participated in the study, the staff of the three outreach services in Glasgow, Edinburgh, and Leeds, and Catherine Benson for her contribution to the design of the questionnaire, data collection, and data entry.

Contributors: SC helped review the literature, helped collect and enter the data, performed the data analysis, formulated conclusions, wrote the first draft of the manuscript, and revised the manuscript. MH performed the data analysis, formulated the conclusions, and helped revise the manuscript. MB had the original idea for the study, helped review the literature, sought ethical approval and funding, helped with data collection, formulated the conclusions, supervised the overall conduct of the project, and helped revise the manuscript. GH had the original idea for the study, supervised the overall conduct of the project, and helped revise the manuscript. MB and GH will act as guarantors for the paper.

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Corrections and clarifications

Lipid concentrations and the use of lipid-lowering drugs: evidence from a national cross sectional survey

Because of an error on the part of the BMJ, the authors (Paola Primatesa and Neil R Poulter) of this paper (25 November, pp 1322-5) were said to have no competing interests, whereas in fact Professor Poulter has received funds from several pharmaceutical companies to attend symposiums, speak, organise education, consult, and support research and members of staff. Professor Poulter ticked our form to say that he had received this support but then ticked the box to say that he had no competing interests. Our form did not make sufficiently clear that we regard receiving funds for these reasons as being a competing interest. We failed to pick up on the inconsistency in Professor Poulter’s form, and we apologise to him for that. We have amended the form, which is on our website at bmj.com/cgi/content/full/317/7154/291/DC1#aut

Comment

Half of prostitutes working outdoors and over a quarter of those working indoors reported some form of violence by clients in the past six months. These levels of violence need to be addressed and reported attacks responded to more effectively in terms of service provision, police intervention, and judicial processes. Recognising that violence by clients occurs to women indoors cited attempted rape. Multiple logistic regression showed that working outdoors rather than indoors was associated with higher levels of violence by clients than was the city, drug use, and duration of, or age that women began, prostitution. Prostitutes working outdoors in Glasgow were six times more likely to have experienced recent violence by clients than those working indoors in Edinburgh. Only 34% (52/153) of prostitutes who had experienced violence by clients reported it to the police, and this was reported more often by prostitutes working outdoors than indoors (44% (41 of 93) v 18% (11 of 60), χ² = 10.4, df = 1, P < 0.0012).

Endpiece

Freedom of press

Freedom of press is limited to those who own one.

H L Mencken,
American editor, author, and critic, 1880-1956