

## CHAPTER TEN

# Prostitution: An Illustration of Occupational Stress in 'Dirty Work'

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### 10.1 INTRODUCTION

#### 10.1.1 Prostitution

Prostitution is arguably one of the oldest human service professions (Cloud, 2000). Despite its often illegal nature and the social and moral taint associated with it, it is not likely to disappear soon (Belk *et al.*, 1998). Prostitutes provide a valuable societal service in that they offer sexual services for persons who are lonely, who perhaps cannot find companionship elsewhere, or who are 'physically repugnant to others' (Carr, 1995).

We define a prostitute as someone who exchanges sexual services for money (Alexander, 1987). The simplicity of this definition masks an important diversity within this occupation (Dank, 1999). Prostitutes range from 'drug addicted street hustlers, teenage Thai girls sold by their parents to brothel owners, [to] high-priced career call girls working as independent entrepreneurs or for escort agencies and mainstream corporations' (Dank, 1999). There is considerable debate among feminists as to whether prostitution should be conceived of as legitimate work (liberal feminism) or as violence against women (radical feminism) (Jaggar, 1997; Simmons, 1999). Without engaging the particulars of this debate, we acknowledge it and we take the position that prostitution is work, and that prostitutes experience numerous stressors, some unique to their profession, and many common across occupations. While the majority of research into prostitution has dealt with women (who make up the majority of the worlds' prostitutes), we also address male prostitution for the sake of a comprehensive picture.

#### 10.1.2 Dirty Work

To understand the stress experienced by prostitutes, we will use the concept of 'dirty work', which was first introduced by Hughes (1951). He referred to dirty work as tasks within occupations that are perceived as physically disgusting or degrading. The social construction of dirty work was more fully explicated by

Ashforth and Kreiner (1999) to be work that was physically, socially or morally tainted. Work can be physically tainted if it is directly associated with garbage or death, or is performed under dangerous or harmful conditions. Social taint accompanies occupations that involve contact with stigmatised people or groups, or where the relationship of the worker to clients and others is submissive. An occupation is morally tainted when it is perceived of as sinful or of questionable nature (Ashforth and Kreiner, 1999). To truly be considered 'dirty' the work must be both 'necessary and polluting' (Ashforth and Kreiner, 1999). There are both high and low prestige dirty work occupations. Prostitution is an example of low prestige dirty work that carries all three forms of taint. It is also arguably perceived of as more 'evil' than 'necessary' by societies across the globe today. This has implications for the amount of effort that a prostitute will need to expend in order to maintain a positive self identity.

## 10.2 WORK STRESS FRAMEWORK

We conceptualise occupational stress within a traditional work stress framework (Pratt and Barling, 1988). In this framework, a stressor refers to an objective characteristic or event in the environment. Stress is the persons' subjective individual experience of the objective stressor. One individual may perceive role overload to be stressful – another may not. Strain refers to the psychological and/or physiological responses to stress.

### 10.2.1 Work Stress Framework Applied to Prostitution

From a review of the literatures on prostitution (and more broadly sex workers), a number of objective environmental stressors and subjective work stress that are present for prostitutes become apparent, as do strains of a psychological, behavioural and physical nature. We provide a conceptual model of our discussion in Figure 10.1.

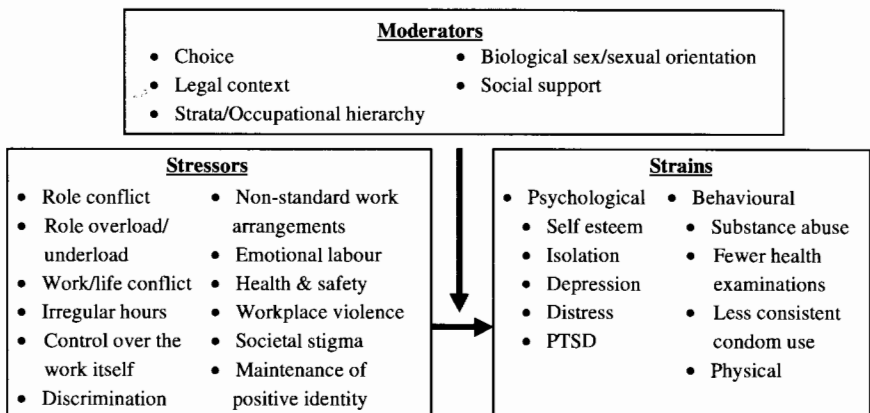


Figure 10.1 Conceptual Model of Occupational Stress in Prostitution.

Before embarking on this discussion, it is important to note that to our knowledge, there have been no studies directly investigating work stress in prostitution although some researchers have focused on post traumatic stress disorder in prostitutes (Farley and Barkan, 1998; Farley *et al.*, 1998) and some discuss psychological distress in prostitutes (Boyle *et al.*, 1997). Our model is best understood as a series of propositions, because many of the stressors and the relation to strains that we suggest have yet to be empirically tested with prostitutes.

### **10.3 TRADITIONAL WORK STRESSORS**

#### **10.3.1 Role Theory Stressors**

Many of the work stressors that prostitutes face are also faced by other human service workers. Role conflict is frequently cited as a stressor at work (Beehr, 1995). Role conflict is prevalent in prostitution, as it applies to work/non-work roles. Many prostitutes do not let their families know what they do for a living (Daley, 2001) and a majority find it difficult to maintain personal relationships due to the nature of their profession (Pyett and Warr, 1999; Pyett *et al.*, 1996).

Role overload (Narayanan *et al.*, 1999) and underload (Fisher, 1993) are also apparent in prostitution. The encounters with clients can be unpredictable, potentially high risk and excessively demanding. At the same time there can be long periods of 'downtime' between clients which can be tedious (Brewis and Linstead, 2000; Scambler and Scambler, 1999). The extent to which these stressors are present may vary based on the context in which the prostitute is working. Street walkers may be exposed to more role overload as the number of clients per shift tends to be greater for these workers than for 'indoor' workers. A New Zealand study found that nearly half of all indoor workers surveyed reported only one or two clients per shift, while three quarters of street workers surveyed reported three or more clients per shift (Plumridge and Abel, 2001). However, this same study also found that significantly more street workers (85%) than indoor workers (55%) had refused a client in the past 12 months, even though the percentage of women who reported wanting to refuse a client was the same (53% and 59% respectively). This may suggest that while indoor workers enjoy fewer clients per shift, they may lack the same level of choice in selecting their clients.

#### **10.3.2 Work/Life Conflicts and Hours of Work**

The interface between work and family is a significant stressor for many people (Barling and Sorensen, 1997). Prostitutes are no different in this respect. Many have children, and for those who retain custody of their children, childcare issues can be a stressor. The irregular hours of work (mostly in the evening and at night) make finding childcare difficult for many of these women (Harcourt *et al.*, 2001). This juggling of work and family is a stressor that has been extensively investigated with women holding jobs that are not stigmatised (Ernst Kossek and Ozeki, 1998), and may be exacerbated for those doing 'dirty work'.

In terms of family and personal relationships, perhaps the greatest evidence of spillover of work to life occurs in the prostitute's own sex life (Brewis and Linstead, 2000). Many women working as prostitutes report that they do not feel like having sex with their partners when they get home after work, that their relationships are under pressure due to the nature of their work, and that their partners are jealous of their male clients (Brewis and Linstead, 2000).

Irregular hours of work can also be stressor (Martens *et al.*, 1999). People working irregular hours report significantly more health complaints, less well-being and lower quality sleep compared to those working non-flexible work schedules (Martens *et al.*, 1999). Working on the street generally leads to a higher income and also offers greater flexibility in terms of the hours of work for many prostitutes (Harcourt *et al.*, 2001). This flexibility may allow women to meet family obligations, but also increase the risk of negative outcomes for them in terms of health (physical, well being and sleep) and safety as there is ample evidence that 'streetwalkers' are at increased risk of facing serious violence (Harcourt *et al.*, 2001).

### 10.3.3 Control over the Work Itself

As with other occupations the amount of control prostitutes experience with respect to how the actual work is done is a critical determinant of subsequent strain, and the classic demand-control model proposed by Karasek (1979) applies to prostitution. The notion that the organisational context in which the work is performed is more important in determining strain than personal characteristics of workers seems to be especially true with respect to prostitution. The outcomes for prostitution in terms of strains depend on contextual factors rather than individual variables (Plumridge and Abel, 2001). Prostitutes who work in situations where they perceive they have little control over the acts they perform with clients are likely to experience greater strain than prostitutes who perceive they have control over this aspect of the work (Pyett and Warr, 1999).

### 10.3.4 Discrimination

Many workers encounter discrimination based on age, sex, race, nationality, class and other categories in occupational settings. Prostitutes can also be the victims of age and 'appearance'-based discrimination. Age discrimination may be apparent but it does not coincide with what gerontologists would label 'old age'. Evidence from a study of table dancers suggests that being old may be socially constructed in the sex industry, and that a dancer may be considered old in her early 20s (Rambo Ronai, 1992). The loss of physical attractiveness means the loss of credibility and influence in this profession, and aging equates to a loss of attractiveness for most dancers (Rambo Ronai, 1992). Some of the alternatives available to the 'aging' table dancer include finding a 'sugar daddy' (an older man to marry), carving out a niche in the bar scene for herself (becoming a manager or using social skills to gain repeat business for the bar), or 'make[ing] up for visual appeal with wholesale sexual activity' (Rambo Ronai, 1992). Aging dancers who cannot create a niche

generally end up being employed in lower status clubs. As prostitutes age occupationally (which happens in young adulthood), they may find themselves with more limited occupational choices.

### 10.3.5 Non-Standard Employment Arrangements/Status Incongruence

Prostitutes work as contingent employees in the Netherlands, renting rooms from the brothel owner and hence being essentially self employed (Daley, 2001). The literature on non-standard work arrangements has found negative outcomes for people who are in these work situations but would rather be permanent, traditional full time employees (Ellingson *et al.*, 1998). Independent contractors such as these lack benefits that would be available if the person were an employee. In the Netherlands, brothel owners are fighting with the tax department about whether the prostitutes that rent their rooms are actually employees. At stake is who pays the social service costs for these prostitutes (Daley, 2001).

### 10.3.6 Emotional Labour

Emotional labour is defined as the 'act of displaying organizationally desired emotions during service transactions' (Morris and Feldman, 1996). Emotional labour is thought to be more prevalent in service occupations, as people who work in services generally are subjected to stronger norms about appropriate expression of emotion in certain situations (Schaubroeck and Jones, 2000). In particular what is disturbing to people is the disequilibrium or dissonance between how the worker feels and the emotions they must exhibit (Schaubroeck and Jones, 2000). This discrepancy between felt and expressed emotions has a negative effect on physical health (Schaubroeck and Jones, 2000).

Prostitutes are faced with unique demands in terms of emotional labour. Their work consists of acts that are intensely personal and intimate. They must feign affection and excitement to develop a regular clientele. One way that prostitutes cope with the emotional demands placed on them is 'categorization of different types of sexual encounters [as] relational, professional or recreational' (Brewis and Linstead, 2000). In this way they can maintain distance from the client encounter and maintain their self-identity (Brewis and Linstead, 2000). The literature also suggests that prostitutes maintain an emotional distance by the use of condoms in work or professional sex, and by refusing to kiss clients. Kissing 'is rejected because it is too similar to the kind of behaviour in which one would engage with a non-commercial sex partner; it smacks too much of genuine desire and love for the other person' (Brewis and Linstead, 2000).

### 10.3.7 Health and Safety Issues

Probably one of the most important stressors for prostitutes is health issues that arise due to the nature of the tasks that the job entails. Because prostitutes engage in more sexual relations than average (Karim *et al.*, 1995), they may be at greater

risk for venereal disease. The risk of HIV infection would also be a major stressor. Due to concern about public health and safety, a large number of studies have investigated the incidence of HIV infection among prostitutes. Many of these studies find that the incidence of HIV positive prostitutes is relatively small in U.K., Australia and United States, and that most cases of HIV infection in these countries are related to sharing of needles rather than unsafe sexual activity (Brewis and Linstead, 2000). However in some areas such as Latin America, India and sub-Saharan Africa, as many as 80% of prostitutes are estimated to be HIV positive (Brewis and Linstead, 2000).

Unwanted pregnancy is also a significant stressor. The choice faced is to have the baby or have an abortion. In some parts of the world, abortion remains illegal, and even in areas where it is legal, strong moral condemnation against abortion exists in significant segments of society. Most women (even those working as prostitutes) faced with an unwanted pregnancy do not easily choose abortion (Korn, 1996). The alternative of having the baby brings other stressors into the life of a prostitute. The pregnancy disrupts the ability to engage in sexual services at some point. Depending on their social context, prostitutes may not have access to good prenatal health care. If they are drug addicted (as many streetwalkers have been found to be c.f. Plumridge and Abel, 2001), such choices and stressors are exacerbated.

Practicing safe sex is extremely important to the majority of prostitutes who have been studied (Albert *et al.*, 1995; Brewis and Linstead, 2000; Karim *et al.*, 1995; Pyett and Warr, 1999). In occupational safety terms, condoms can be considered personal protective equipment. Over-and-above condoms, prostitutes will tend to use additional forms of birth control (i.e. the pill, IUD) to protect against unwanted pregnancy. Most prostitutes appear to be well educated about the health risks of unsafe sex in terms of sexually transmitted diseases, even in areas of the world where the HIV infection rate is high (Browne and Minichiello, 1995; Karim *et al.*, 1995). The problem does not appear to be one of insufficient knowledge on the part of prostitutes. Part of the difficulty is *not* in getting the *worker* to use the safety equipment but in this case convincing the *client* to use it, highlighting the importance of lack of control as a central work stressor.

The ability of a female prostitute to insist upon safe sex and the use of condoms varies. For example, in Nevada where brothels are legal, condom use is legally mandated (Albert *et al.*, 1998). Public health signs informing clients of the legal requirement to wear condoms are posted throughout the brothel (Albert *et al.*, 1998). This is in sharp contrast to the situation a prostitute will be exposed to in an illegal context where there is no support for the use of condoms during sexual acts (Karim *et al.*, 1995). Even in the Nevada brothels, some prostitutes report that clients are still reluctant to wear a condom, and workers must use techniques to encourage them to do so (Albert *et al.*, 1998). Studies in South Africa (Karim *et al.*, 1995), Australia (Pyett and Warr, 1999), and New Zealand (Plumridge and Abel, 2001) show that prostitutes have varying degrees of control over whether or not the client wears a condom, and many times the insistence on condom use can result in assault and rape. Physical assault and difficulties enforcing condom use tend to be more frequently reported by street workers than brothel workers. Similar to laws in Nevada, in Australian states where brothels are licensed condom use is legally mandated – although management may or may not strictly adhere to

regulations (Pyett and Warr, 1999). As in other industries, conditions that may improve the health or safety of workers are not always pursued by management or workers (Sells, 1994). Where management is perceived by prostitutes to be unsupportive regarding health and safety, a negative safety climate would ensue, with adverse health and safety implications (cf. Zohar, 2000).

It may appear that in environments where prostitution is legal condom use is supported and in turn the stressor of contracting HIV or becoming pregnant is reduced. In Nevada prostitutes are required to undergo weekly medical exams for gonorrhoea, herpes and venereal warts, and monthly blood tests for syphilis. They also must test negative to an initial HIV antibody test and test negative every month thereafter as a condition of employment (Albert *et al.*, 1995). If a prostitute tests positive for HIV in Nevada, her employment is immediately terminated. Arguably, this reflects a concern for public health rather than employee health and safety (Wilton, 1999). This illustrates the disdain which society holds for people who do dirty work, and highlights how dirty work exacerbates work stress.

### 10.3.8 Workplace Violence

As an occupational group, prostitutes face horrific workplace violence. A prostitute suffering from post traumatic stress disorder (PTSD) said of the failure of therapists to connect her history of violence with symptoms of PTSD: 'I wonder why I keep going to therapists and telling them I can't sleep, and I have nightmares. They pass right over the fact that I was a prostitute and I was beaten with 2 x 4 boards, I had my fingers and toes broken by a pimp, and I was raped more than 30 times. Why do they ignore that?' (Farley and Barkan, 1998). The risk of violence at work is increased in terms of frequency and/or specific kinds of violent acts for female prostitutes, compared to occupations that are less socially and morally tainted. Because prostitution is illegal in many jurisdictions, and is also subject to strong moral prohibition even when legal, the police can become a source of stress rather than a valuable source of support (Lewis and Maticka-Tyndale, 2000). Doctors and therapists may not provide adequate care to marginalised women as the above quote illustrates. Most violence is perpetrated by clients although some prostitutes report violence from voyeurs, residents and other sex workers (Harcourt *et al.*, 2001).

In terms of violence an Australian study found that 75% of the sample of prostitutes had experienced physical violence while at work. Physical violence included physical assault, rape at gun or knifepoint, robbery, threats, abduction and stalking (Harcourt *et al.*, 2001). A New Zealand study reported that 83% of respondents had experienced one or more violent events such as physical assault, threats, being held against their will, verbal abuse, rape, or being forced to have unprotected sex (Plumridge and Abel, 2001). There were significant differences between indoor and street workers in terms of the violence reported, with indoor workers experiencing significantly less than street workers. The percentages of female prostitutes reporting rape were approximately 33% in the Australian study, 27% of the street workers and 8% of the indoor workers in the New Zealand study. This is high in comparison to more socially acceptable occupations where even though approximately half of working women have experienced sexual harassment,

only rarely are women raped at work (Barling *et al.*, 2001). A recent study of frontline in-home employees of Regional and Community Health Boards asked employees about sexual harassment that they have experienced at work. They found that 1% reported being threatened with a weapon such as a knife or gun, and 1% of the women surveyed reported being raped at work (Barling *et al.*, 2001). While the study of frontline health workers does not report percentages that have experienced physical assault per se they do ask about workplace violence and show that 1% report being threatened with a weapon other than a knife or gun, 3.9% report that someone has tried to hit them and 4.5% report being threatened with a gun (Barling *et al.*, 2001). In contrast, 44% of the Australian sample, 41% of the street workers and 21% of indoor workers in the New Zealand sample reported being physically assaulted. These data show that prostitutes face more severe and more frequent workplace violence and sexual harassment than do other in-home workers.

Why do prostitutes experience such severe and frequent workplace violence? When people employed in socially acceptable occupations work within their 'traditional organizational environments, they can be afforded necessary protection if they are threatened with, or experience, sexual harassment or workplace violence' (Barling *et al.*, 2001). This does not hold for workers inside clients' homes. Outside of the traditional organisation protection is limited at best. In much the same way, prostitutes are not afforded any 'organisational' protection if they work on their own. Many rely on pimps to protect them. However this arrangement can also become a stressor as the pimp may take a large percentage of their income and also coerce them into doing things they would not otherwise do.

Another reason for increased workplace violence is related to the characteristics of the job. A recent study that differentiated between co-worker initiated and public initiated violence has developed a scale to measure risk for workplace violence based on job characteristics (LeBlanc and Kelloway, in press). Prostitutes would score high on this scale in terms of their risk for violence from the public. People may feel less restricted in the violence they direct against prostitutes because of the social and moral taint attached to this occupation and because the legal system does not protect these workers in the same way as other socially acceptable workers. In Australia, for example, the rape of a prostitute 'has been frequently treated with less severity than the theft of a product' (Brewis and Linstead, 2000). In 1991 the Supreme Court of Victoria in Australia upheld a ruling that 'a prostitute as a result of her work, would be less psychologically damaged by sexual assault than a "chaste" woman' (Brewis and Linstead, 2000). Many prostitutes have been murdered while at work but these murders do not tend to get the same amount of police concern and investigation that others do.

The social and moral taint that becomes associated with women in this occupation is apparent by the attitude expressed in letters to the editor of a local Spokane, Washington paper about the money being spent on investigations into several prostitute murders in that location. 'Why waste time on prostitutes?' was the theme of the comments. As the chief of the serial homicide squad comments 'If they had been teachers, the dollars would have flowed' (Hornblower, 2000). A similar situation occurred in Vancouver, Canada where 31 prostitutes had gone missing but it was not until their families and friends demanded that the police take action that anything was done (Wood, 1999). Similarly, two people admitted



setting fire to a brothel in Israel 'out of religious fervour against prostitution' (Lowe and Goldberg, 2000). This fire killed four women. The perpetrators pled guilty in order to receive a four year sentence.

The illegality of the profession, and the nature and consequence of dirty work, means that prostitutes 'find themselves in dark streets and defenceless situations. There are no eyes there. But there are predatory misogynists, serial killers, men who get off on violence. They see the women's vulnerability' (Wood, 1999).

## **10.4 STRESSORS UNIQUE TO PROSTITUTION AND DIRTY WORK**

### **10.4.1 Societal Stigma**

The concept of 'dirty work' suggests that prostitution is a low status occupation, and it is physically, socially and morally tainted (Ashforth and Kreiner, 1999). Prostitutes are well aware of the stigma attached to what they do for a living. Stigma can be a significant stressor for prostitutes and for others engaged in 'dirty work', and can render social validation problematic (Ashforth and Kreiner, 1999). The negative impact on self esteem is a stressor that people engaged in occupations that are less tainted do not have to deal with. When employed in a high status, untainted occupation, work can be central to a positive self-definition.

### **10.4.2 Effort to Maintain a Positive Identity**

One of the fundamental tenets of social identity theory is that 'individuals seek to enhance their self-esteem through their social identities', and one major component of self-definition is occupational identity (Ashforth and Kreiner, 1999). Someone employed as a prostitute will be constantly engaging in various ideological techniques to neutralise the negative connotations associated with the work they do. Ashforth and Kreiner (1999) have delineated three such techniques, namely reframing, recalibrating and refocusing that are used at the group level to transform the meaning of the stigmatised work. Reframing, for example, allows prostitutes to transform the stigma into a badge of honour by claiming they are providing an educational and therapeutic service rather than selling their bodies (Miller, 1978). These protective techniques enhance the self-definition of prostitutes, and may be considered coping mechanisms. At the same time, the necessity for engaging in such techniques take mental and emotional energy and can simultaneously become a stressor. As well the requirement of a strong group culture in order to support these ideological techniques may not always be present for prostitutes. Even with efforts to engage in these techniques, most members of dirty work occupations will retain some ambivalence about their jobs as they are still members of the larger society that is constructing their work as 'dirty' and they do have ongoing contact with persons outside their occupation (Ashforth and Kreiner, 1999).

Prostitutes must also construct their self-identity in circumstances that put pressure on the relationship between their professional and personal lives (Brewis and Linstead, 2000). The prostitutes' body (Brewis and Linstead, 2000) and

potentially their psyche is what is consumed by the client in the act of commercial sex, and this creates additional pressure to somehow create a division between the professional and the personal. Many of the techniques that prostitutes use to maintain this divide will be discussed as coping mechanisms.

## **10.5 MODERATORS**

Not all stressors, however, lead to strain, and under some conditions, some stressors may be more closely linked with strain. An understanding of how these relationships are moderated is critical for a comprehensive understanding of work stress.

### **10.5.1 Choice**

Until this point we have assumed that our discussion applies to people who freely choose to engage in prostitution as an occupation. Many workers (not just prostitutes) are limited in their career choices by social forces over which they have little control. Two examples in the sex industry where there is clearly no free choice involved are child prostitution (Anonymous, 1996) and illegal trafficking of human beings – generally women who are sold into sexual slavery (Hughes, 2000; Michelle, 2000). Children arguably do not have the capacity and understanding to make such a decision freely. There are also clearly situations where women are forced by brutal violence to remain in this occupation. In these cases, the strains resulting from the stressors of this work will be severe.

For others who, within the confines of social forces, choose to pursue this occupation, there are varying degrees of volition. Many are ‘neither entirely free nor completely enslaved’ (Jaggard, 1997). Some prostitutes will describe enjoying the work while others describe the work as ‘disgusting and degrading’ but perceive that they have no other options available to pursue (Brewis and Linstead, 2000). Thus, choice is perhaps best conceived of as a continuum which ranges from no choice whatsoever (children and slaves) to completely free choice and enjoyment. The less volition in choosing the occupation, the more negative the outcomes of the various stressors will be.

### **10.5.2 Legal Context**

The laws governing prostitution are varied and currently changing rapidly. There are three legal frameworks that can be distinguished when discussing the regulation of prostitution (West, 2000). Prohibition outlaws all prostitution. Abolition is a modified form of prohibition, and ‘allows the sale of sex but bans all related activities such as soliciting, brothel-keeping and procurement’ (West, 2000). The second framework is legalisation, in which the state regulates the industry through licensing or registration and mandatory health checks. Within this framework, outlets or workers not granted permits are subject to criminal prosecution (West, 2000). Legalisation currently exists in Nevada, USA (Nieves, 2001). The final

framework is decriminalisation which aims to normalise prostitution and remove the social taint which makes these workers vulnerable to exploitation (West, 2000). These frameworks are not mutually exclusive and in some countries (for example the Netherlands), a mix of all three may be evident (West, 2000).

There is some evidence that legalisation and decriminalisation may lessen the stressors associated with the various strains experienced by prostitutes (Wilton, 1999). For example, research shows a direct link between the amount of violence against prostitutes and the level of illegality of prostitution (Michelle, 2000). Hence, the legal context in which prostitution takes place will moderate the impact of the stressors on the strains with greater negative strains being experienced in situations where prostitution is regulated under a prohibitionist framework. In contrast, others suggest that in fact trafficking of women is greater in areas where prostitution has been legalised (Hughes, 2000). This argument would suggest a higher percentage of women forced into the occupation where it is legalised – hence higher strain in legalised frameworks. Clearly, therefore, research is needed to unravel just how the legal context moderates the effects of prostitution on well-being.

### **10.5.3 Occupational Hierarchy – Strata within the Occupation**

Prostitution is an occupation within which many strata exist (West, 2000). What may benefit one group within this occupation may well penalise another. As an example, the legalisation of brothels can sometimes accompany increased harassment of women who work on the street (West, 2000). Our review of the literature suggests that street workers are most vulnerable to distress because they seem to be faced with more extreme stressors, and a lack of social support.

### **10.5.4 Biological Sex and Sexual Orientation**

We have focused this discussion on female heterosexual prostitutes. Men also offer heterosexual and homosexual services as prostitutes, but much less research has investigated the experience of male prostitutes (Browne and Minichiello, 1996). The research that has been conducted with respect to male prostitutes finds that this group is also heterogeneous, and there is a hierarchical division according to place of work and type of service provided (Browne and Minichiello, 1996; Minichiello *et al.*, 1999). Most men working as prostitutes would be involved in providing sexual services to other men, as women are seldom the clients of commercial sex (Browne and Minichiello, 1996). Whether or not these men identify themselves as homosexuals, they are potentially subjected to even greater marginalisation than women providing services to men. They both engage in an occupation that is tainted physically, socially and morally and hence seen to involve dirty work, and adopt a sexual orientation that many in society would disdain. On the other hand male prostitutes would experience less violence at work than female prostitutes (Minichiello *et al.*, 1999). Transgender workers may be exposed to the most extreme forms of intolerance from the community and violence from clients (Harcourt *et al.*, 2001). One study found that transgender workers

were subject to the same degree of physical assaults and rapes as women prostitutes (Farley and Barkan, 1998). The authors concluded that to be female, or to appear to be female, meant that the prostitute was at increased risk of being a target for violence. Biological sex and sexual orientation are important moderators that need to be empirically examined in this context.

### 10.5.5 Social Support

Most prostitutes do not have adequate social support. A study conducted in Australia gives a sense of this lack of support: '...Daily life was characterised by profound social isolation which was most evident in the absence of family, friends or any personal support network around them' (Pyett and Warr, 1999). Lack of social support will have negative implications for the outcomes experienced by prostitutes, as 'social support systems buffer people against the negative effects of stress' (Geller and Hobfoll, 1994). Different sources of social support are related to strains experienced following disasters (Barling *et al.*, 1987). The stigma attached to dirty work and prostitution means that any social support that prostitutes receive will usually come from peers. It is less likely to come from friends, family or society. In addition to family, friends and co-workers, trade unions can act as important social supports and have been found to be a source of emotional support that can mitigate the psychological distress experienced by workers (Bluen and Edelstein, 1993).

While prostitution may be one of the oldest professions, organisations that campaign for the rights of prostitutes and may provide social support are a relatively recent development (Jenness, 1990). The Rode Draad (Red Thread) reports on an initiative to form a trade union to represent Dutch prostitutes (Anonymous, 2001). In New Zealand in 1987 health department officials recruited sex workers to form an organisation, the New Zealand Prostitutes Collective (NZPC), devoted to HIV prevention. This organisation engages in political activism to push the agenda of legislative reform in New Zealand (Lichtenstein, 1999). The Prostitutes Collective of Victoria Inc. (P.C.V.) is a community-based organisation in Australia that has been developed to involve and represent sex industry workers' concerns as a part of a world-wide prostitutes rights movement. The P.C.V. works for basic human rights, occupational health and safety rights for prostitutes, and breaking down the myths of prostitution which characterise women as good or bad (Prostitutes Collective of Victoria, n.d.). One study found that the only support available to the prostitutes in their sample was the outreach worker of P.C.V. (Pyett and Warr, 1999).

In the United States the San Francisco Coalition on Prostitution began as a network of prostitutes, dancers and performers in the sex industry. Currently, this Coalition emphasises community building and public education (San Francisco Coalition on Prostitution, n.d.). Also in the United States, COYOTE ('Call Off Your Tired Ethics') was founded by Margo St James in 1973 (Jenness, 1990). COYOTE works for the rights of all sex workers: strippers, phone operators, prostitutes, porn actresses and so on of all genders and sexual persuasions. COYOTE supports programmes to assist sex workers in their choice to change their occupation, works to prevent the scapegoating of sex workers, and to educate sex

workers, their clients and the general public about safe sex. COYOTE is a member of The National Task Force on Prostitution, and The International Committee for Prostitutes' Rights (COYOTE San Francisco, n.d.). In Canada the Sex Workers Alliance of Vancouver (SWAV) was founded in 1994 to fight for sex workers' right to fair wages and to working conditions that are safe, clean and healthy. Its members are people who work or have worked in the sex industry, and their friends (The Sex Workers Alliance of Vancouver, n.d.). Whether these and other organisations and initiatives are successful remains a question that requires empirical validation.

## 10.6 STRAINS, COPING MECHANISMS AND INTERVENTIONS

### 10.6.1 Strains

#### *Psychological*

There generally has been 'little consideration... given to the psychological problems suffered by the prostitutes themselves' (Carr, 1995), even though it appears that these are the most common and severe of all the strains this occupational group experiences. Studies that have been conducted with prostitutes show that the more common psychological strains experienced by prostitutes are low self esteem (Harcourt *et al.*, 2001), a profound sense of isolation (Pyett and Warr, 1999), depression (Boyle *et al.*, 1997), distress (El-Bassel *et al.*, 1997), and post traumatic stress disorder (Farley *et al.*, 1998; Farley and Barkan, 1998).

Sex traders (defined as women who had exchanged sex for money or drugs during the 30 days prior to the interview) have been found to score significantly higher than non-sex traders who also used drugs on two measures of psychological distress (El-Bassel *et al.*, 1997). This study controlled for age, ethnicity, pregnancy, recent rape, perceived risk for acquired immunodeficiency syndrome, current and regular crack use and current and regular alcohol use. One difficulty with research examining the levels of psychological distress experienced by prostitutes is determining if distress is related to factors associated with the work itself or with factors that pre-date entry into the occupation (Boyle *et al.*, 1997). A study that attempted to address this found that for female sex workers, involvement in the sex industry itself was not a source of psychological distress (Boyle *et al.*, 1997). Yet for women who scored from mild to moderate on the GHQ-28 (a general self report measure of psychological state including somatic symptoms, anxiety, insomnia, social dysfunction and severe depression), injecting drug use, leaving home prior to age 16, and wanting to leave the sex industry emerged as predictors of poor mental health. The authors of this study suggest that the risks to well-being associated with prostitution are magnified for persons with high levels of psychological distress. Similar conclusions were also drawn in another study (Romans *et al.*, 2001).

One significant outcome of prostitution may be post traumatic stress disorder (PTSD) (Farley and Barkan, 1998). Two studies that have investigated this strain have been conducted across cultures (in the United States, South Africa,

Thailand, Turkey, and Zambia). Overall, large percentages of prostitutes in both studies (68% in the San Francisco sample and 67% of the mixed country sample) met the DSM-III-R criteria for a diagnosis of PTSD. These samples reported a high percentage of prostitutes that want to leave the profession (88% and 92% respectively) and this could be one potential reason for the rates of elevated stress. These high percentages suggest that for the lowest on the occupational hierarchy and those who feel trapped, the strains experienced are severe. In terms of self esteem, these authors suggest that 'the hatred and contempt aimed at those in prostitution is ultimately internalised. The resulting self-hatred and lack of self-respect are extremely long-lasting' (Farley *et al.*, 1998).

### *Behavioural*

By far the most prevalent stereotype of the prostitute is the down and out drug addicted street walker. Some studies suggest that women working on the street are also more likely to be hard drug users (Pyett and Warr, 1999). In places where brothels are legal, it is generally illegal to use drugs on the premises and women who are proven drug users are not employed by management (Pyett and Warr, 1999). There is no direct evidence of a causal relationship between prostitution and drug use and this relationship could be bidirectional. It has been suggested that some prostitutes use soft drugs in order to cope with the job (Brewis and Linstead, 2000). Whether this is a negative outcome (strain) or a technique that prostitutes use to cope with work stress is difficult to determine. What remains clear is that drug use and prostitution often go hand in hand (Scambler and Scambler, 1999).

Other potential behavioural strains include less consistent use of condoms (Carr, 1995), and fewer regular health examinations (Boyle *et al.*, 1997). These are behaviours that have been found to be more common in prostitutes who are experiencing more extreme psychological distress, and who work in less protected environments (Pyett and Warr, 1999). Whether these are a result of work stress or just a function of the circumstances surrounding particular work environments is another question that currently remains unanswered.

### *Physical*

We found no studies in the work stress literature that investigate some of the more traditional physical strains (such as headaches or gastrointestinal disorders) that prostitutes face. This could be because more severe illnesses are typically associated with prostitutes, or it could be due to the marginalisation of this group. Prostitutes have many of the same health concerns as others, but generally do not get the same attention within healthcare systems and are often not comfortable within the healthcare system (Carr, 1995).

## **10.6.2 Coping Mechanisms and Interventions**

There are very few studies that investigate how prostitutes cope with the work stress associated with their profession. One study that looked at this question found that female prostitutes do rely on many of the ideological techniques described by

Ashforth and Kreiner (1999) to manage their day to day lives (Brewis and Linstead, 2000). Certain ideologies behind sex work, such as the argument that prostitutes are service workers who just happen to be selling their sexuality instead of their social skills, is one such technique (Brewis and Linstead, 2000). Other techniques are used to reframe what a prostitute does in terms of actually providing potential education to clients in terms of safe sex, and many will describe their work as 'healing' which implies that the work is about more than just 'satisfying the pent up sexual desires of lonely or frustrated men' (Brewis and Linstead, 2000). There are distancing techniques that many use to maintain boundaries between their personal and professional identities. Some of these have been discussed previously and include the use of condoms with clients but not in personal relationships, refusing to kiss clients, as well as rituals to transition from work to home (Brewis and Linstead, 2000).

Drug use is another way that prostitutes cope with the work stress associated with their occupation. As discussed above many use soft drugs to manage the stress. Indeed, Brewis and Linstead (2000) go so far as to suggest that because '...prostitution may by turns be boring, terrifying, unpredictable, disgusting and risky in potentially equal measure, how do...prostitutes make it through the working day psychologically speaking *without* resorting to the use of drugs?'

There have been very few, if any, interventions for work stress for prostitutes. We know of no studies looking at this issue and have not, in our review of the literature, come across case studies or examples of any programmes that have been initiated to relieve work stress or improve coping skills in this line of work. While there are programmes and treatment centres to enable prostitutes to exit from the occupation (Cole, 1998), there are no avenues of stress relief except for outreach programmes that provide condoms and some support to working women. Outreach programmes, however, have been criticised for their narrow focus on sexual health and HIV prevention (Rickard and Growney, 2001).

## 10.7 METHODOLOGICAL CHALLENGES

One of the main methodological challenges involved in studying this occupational group is the relative inaccessibility of this population (Browne and Minichiello, 1996). Most studies of both men and women involved in prostitution rely on convenience samples (Browne and Minichiello, 1996). In some instances researchers report that pimps or brothel management discourage participation in studies (Farley *et al.*, 1998), and the workers themselves may be hesitant due to distrust of authority, the intensely personal nature of the occupational tasks and the desire to protect their anonymity (Karim *et al.*, 1995). Another potential difficulty is the nature of the profession which means that any data used in a study is most often self report. Most organisations in this industry do not keep any useful records that could be used to answer research questions. As an additional methodological caveat, it must be noted that the majority of studies on which this discussion has been based are drawn from non-random samples within single countries. Finally, there is a lack of funding to support research into marginalised workers such as prostitutes (Browne and Minichiello, 1996), and this may well be true for research involving any type of dirty work.

## 10.8 IMPLICATIONS AND CONCLUSIONS

This chapter has reviewed the literature on prostitution and work stress in order to understand work stress experienced by prostitutes. The stressors and resulting strains and some potential moderators were discussed. Coping mechanisms used by prostitutes as well as interventions tried were also examined.

Prostitutes are arguably subjected to many stressors at work. Prostitution is atypical in terms of most human service work in that the work in many cases is illegal and carries with it forms of physical, social, and moral taint, factors which both are potentially significant sources of work stress. Some of the stressors that we have identified are also pertinent to other human service workers as well as to dirty workers more generally. Many of these are aggravated for prostitutes.

We conclude by considering the possible consequences of continuing to choose not to study the stress and strain associated with prostitution. The most obvious consequence would be continuing ignorance. There is, however, a larger issue. In his early writing on dirty work, Hughes (1951) pointed to the benefits of studying those social phenomena with the least prestige and we suggest his comments apply to the understanding of stress associated with 'dirty work'. If researchers paid more attention to workers in both low wage and low prestige 'dirty jobs', a lot more could be learned about the full range of work stress that workers must deal with. The lack of research attention to some of the potentially most stressful occupations may result in theories that do not reflect the full range of the phenomenon of interest – in this case the stress that human service workers face every day at work.

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