Violence in the working environment of sex work and substance use in a group of Mexican women

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Original article

SUMMARY

Objective

The aim of this paper is to explore the violence that women sex workers experience in carrying out their activities, and if it is associated with alcohol use and the consumption of other substances such as cocaine, marijuana, and tobacco.

Method

This is a descriptive, non-experimental study, developed with a nonrandom sample of 103 sex workers selected for convenience. The selection criteria were being between 18 and 65 years of age, being a sex worker, and being literate. An expressly-designed instrument consisting of a semi-structured interview was used.

Results

Regarding the workplace, 50.8% of the sample worked in bars, 39.0% on the streets, and 10.2% in cabarets. More than a half reported having suffered violent experiences in the workplace; of these, 95.8% experienced physical violence, 26.0% sexual violence, and 24.0% emotional violence. Regarding the actors involved in violent episodes, they were other sex workers (97%), clients (77.2%), owners or employees of bars (30.2%), and police (25.0%). Regarding substance use, 98% of the sex workers reported having consumed alcohol in the past month; 23.3% cocaine, and 11.7% marijuana. Likewise, 40% smoked tobacco. Seventy-five percent of the sex workers generally pressured them into drinking alcohol and a high percentage reported that they consumed it because of the demands of bar or cabaret managers.

The experiences of workplace violence were associated with cocaine use ($\chi^2 = 6.417$ [100, 1] df p <.05) and tobacco ($\chi^2 = 7.486$ [100.1] gl p <.01). This association remained if violence had occurred in the last month. Alcohol consumption was associated with experiences of physical violence ($\chi^2 = 5.180$ [100.1] gl p <.05), and emotional abuse ($\chi^2 = 4.514$ [100.1] gl p <.05).

Discussion

The results show that violence is a common experience in the working environment of these women, and that this is carried out by multiple actors. Findings highlight that sex workers point to other sex workers as those who exercise more violence. Heavy alcohol use and the use of other drugs are associated with this violence, requiring future studies to explore this link in more depth. The findings are discussed, with recommendations for the treatment of these problems in female sex workers.

Key words: Work setting, violence, sex workers, addiction.

RESUMEN

Objetivo

Conocer la violencia que viven las trabajadoras sexuales en el ejercicio de su actividad y si ésta se asocia con su consumo de alcohol y otras sustancias.

Método

Es un estudio de campo tipo no experimental, descriptivo, con una muestra no probabilística de 103 trabajadoras sexuales seleccionadas por conveniencia. Se utilizó un instrumento diseñado *ex profeso*, consistente en una entrevista semi-estructurada.

Resultados

El 50.8% trabajaba en un bar, el 39.0% en la calle y el 10.2% en un cabaret. Más de la mitad (52.4%) refirió haber vivido experiencias violentas en el lugar de trabajo; de éstas, el 95.8% sufrió violencia física, el 26.0% violencia sexual y el 24.0% violencia emocional. Respecto a los actores involucrados en episodios violentos, en el 97.9% de los casos fueron compañeras de trabajo, en el 77.2%, clientes; en el 30.2%, propietarios o empleados de los bares y en el 25.0%, la policía.

El 98% de las trabajadoras sexuales reportaron haber consumido alcohol en el último mes, el 23.3% cocaína y el 11.7% mariguana. Cabe señalar que 40% fuma tabaco. El 75% de las trabajadoras sexuales se reporta como bebedora alta. El 97% informó que generalmente los clientes las presionan para beber alcohol y un porcentaje similar refirió que consumen por las exigencias de los encargados de los lugares de trabajo.

Las experiencias de violencia en el trabajo se asociaron con el consumo de cocaína [χ^2 = 6.417, (100, 1) gl p<.05] y de tabaco [2=7.486 (100,1) gl p<.01]. Esta asociación se mantuvo si la violencia había ocurrido en el último mes. El consumo de alcohol se relacionó con las experiencias de violencia física [χ^2 =5.180 (100,1)gl p<.05], y de violencia emocional [χ^2 =4.514 (100,1)gl p<.05].

Discusión

Los resultados muestran que la violencia es una experiencia frecuente en su ambiente de trabajo, y es ejercida por múltiples actores; destaca el que se mencione a otras trabajadoras sexuales como quienes la ejercen, lo que no se reporta en la bibliografía. El consumo de alcohol y otras drogas se asocia con esta violencia, por lo que debe explorarse más este vínculo en futuros estudios. Se discuten los hallazgos, haciendo recomendaciones para la atención de esta problemática en las mujeres.

Palabras clave: Ambiente laboral, violencia, trabajadoras sexuales, consumo de alcohol, consumo de drogas.

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INTRODUCTION

Sex work includes "adult and young women, men, and transsexual people receiving money or goods in exchange for sexual services, whether regularly or occasionally, and who may or may not consciously define these activities as their main source of income".¹ In some cases, it is a temporary activity that is usually carried out when sex is exchanged due to basic needs or for protection (known as sex for survival). It may occur in formally-organized environments such as that of bars, *table dancing*, nightclubs, hotels, bordellos, brothels, homes for social events, or as *escorts*. Alternatively, it may occur in a flexible manner on the street or as self-employment.² Each one of these spaces has their own rules and working conditions.

Sex work itself can have important repercussions on the physical and mental health of those who carry it out, given the multiple situations that place sex workers in conditions of vulnerability for different reasons on a daily basis. The sociocultural aspects related to stigma and discrimination generate serious violations and abuses of their human rights, which are rarely considered in discussions around gender violence.³ As such, without an attitude change regarding the perception of women who carry out sex work, and while the discourse considering these women as "disposable" persists, so too will the situation of a vulnerable sexual minority being criminalized for their activities and seen as second-class citizens.⁴

All over the world, the standardized mortality rates for sex workers are six times higher than in the general population (and the rate of murder is 18 times higher); the highest for any group of women.⁵ As indicated by Goodyear and Cusick,⁵ "death and violence are just one part of the spectrum of persistent physical and emotional morbidity".

In particular, sex workers on the street confront a range of intersecting social problems: poverty, incarceration, substance abuse, risk of infection from HIV, history of child abuse, and partner violence.⁵⁻⁷

These women have a greater risk of suffering assaults, rape, and other forms of physical violence.^{3,8-10} Furthermore, their activities take place in the same spaces as street violence and other criminal activities,⁸ leading to thinking that they are living in a cycle of violence starting in childhood that is difficult to break.⁴

This violence has also been attributed to gender inequality and discrimination against women, as well as the attempts of many men to exercise sexual control over women. The trading of sexual commodities implies the use of sexual violence. This is understood as the imposition of unconsented sexual relations; of positions, gestures, acts, or ways of dressing; abuse and rape; insults and accusations during sexual relations; as well as revenge, blackmail, threats, and beatings if there is resistance to sexual relations. In addition to this are other forms of discrimination that increase violence such race or social class.⁸ It is therefore not surprising that at a global level, between 50% and 100% of street sex workers report having experienced physical, sexual, and economic violence in carrying out their activities.⁴ It should be noted that most countries have laws considering any aspect of sex work illegal, and these legal provisions are frequently used by police and clients to justify harassment, extortion, and violence against sex workers.¹

Even if these women are exposed to multiple manifestations of violence throughout their lives, it is interesting to consider what happens in the context of carrying out sex work and whether that is associated with the consumption of alcohol or other substances, on the basis that there is also a very high percentage of substance use in this population. Around 50% to 75% of sex workers in different contexts and countries consume or abuse alcohol,^{68,11} while in the case of drugs, cocaine, crack, marijuana, and heroin use are particularly notable, the percentages of consumption depending on the country and the region. Some 78% of sex workers in a United Kingdom⁹ investigation and 30% of participants in another carried out in the United States⁶ reported drug use, and in the border zone of Mexico, 18% of women demonstrated having injected in the previous 30 days.⁷ The UK study indicated that 32% used crack, 17% cocaine, and 61% marijuana,9 while the US study showed 80% cocaine and crack use, and 18.9% marijuana use.6 The women who worked on the street reported higher drug consumption, which alludes to greater conditions of vulnerability.

The many types of adversity and violence experienced by sex workers suggest that substance use could be a mechanism to cope with sex work on a daily basis,⁶ although it is also known that abusive substance consumption is associated with experiences of violence in childhood^{12,13} and partner violence,¹⁴ the latter being particularly associated with high alcohol consumption.¹⁵ This is an exploratory work that seeks to provide information for more specific studies to be carried out.

METHOD

A non-experimental and descriptive study was carried out in 2010 on sex workers in the Municipality of Tula de Allende, Hidalgo State, located just over 40 miles from Mexico City.

Participants

A total of 103 sex workers were recruited by means of a sample of convenience. The selection criteria were having between 18 and 65 years of age, being a sex worker, being literate, and accepting the invitation to participate. Of those 103 participants, 63.1% were between 18 and 30 years old. In terms of level of education, 30.4% had elementary or less, 39.2% went to middle or secondary school, 21.6% went to high school, and 4.9% had incomplete degree studies. In

terms of civil status, 49% were single, 28% lived with a partner, and 14% were separated. Some 67.0% came from different parts of the country, 31.0% were from Mexico City, and 2% were from outside the country. The article by González et al. included in this same issue of SALUD MENTAL presents a table describing the participants' characteristics.

Instrument

An expressly-designed instrument was used which was applied by means of a semi-structured interview. The following areas were analyzed for this work: a) sociodemographic information, b) characteristics of sex work (spaces, activities carried out, time working, schedule, reasons for going into sex work, and number of clients), c) problems with violence at work (types and actors involved), and d) alcohol and drug use.

Procedure

The field work took place in 2010 in a Health Jurisdiction where the women attended a medical review that was essential in order to obtain permission to work. The interviews were held in that center and lasted for an average of two to three hours. They were conducted with the women's consent and they were provided with detailed information about the objectives and characteristics of the research. They were also assured of the confidentiality and anonymity of their participation. The women could abandon the study at any time they wished, with no repercussions on the review carried out by the Jurisdiction. The project from which the information in this article was gleaned was approved by the Ethics Committee at the National Institute of Psychiatry Ramón de la Fuente Muñiz.

Information analysis

Frequency analysis was completed in order to describe both the sociodemographic characteristics of the sample as well as the experiences of violence in the working environment and the use of alcohol and drugs. In the case of the latter, an analysis was also conducted of the most frequently reported events according to the records of open questions. An χ^2 analysis was conducted to determine the association between violent experiences and substance consumption.

RESULTS

According to the interviewees, the spaces in which sex work primarily takes place are bars (50.8%), the street (39.0%), and in cabarets (10.2%). The main activities taking place are: a) drinking with the client, b) dancing with or for the client (*table dancing*), and c) sex work.

In terms of time doing sex work, 63.0% had been doing it for between one and five years, and 24.0% for more than five years. Some 53.9% had a mixed working schedule (day and night-time), and 46.1% only worked at night. The working schedule for more than 40% was between 40 and 60 hours per week, while nearly 30% worked between 11 and 40 hours.

In terms of the reasons for beginning sexual work, 37.2% stated that they did it on the advice of their friends, 33.1% because they did not have any money and/or their partner was out of work, and 12.3% because the managers of the places where they worked as waitresses, cashiers, etc. suggested that they do sex work in order to improve their earnings.

Some 19.6% of the women reported that their best night would have an average of four clients; 11.3% reported five, and 10.3% reported six. On the worst night, 57.3% advised having no clients, and 28.1% reported one.

Experiences of violence in the place of work

Some 52.4% of the workers interviewed advised having experienced violence in their place of work. Some 95.8% suffered some sort of physical violence such as slaps, blows to the body, shoves, kicking, hair-pulling, bites, injuries –with weapons or some other object–; they had ice or drinks thrown at them, they were burned with cigarettes, and they were deprived of their freedom.

Some 24.0% of the women reported having suffered emotional violence, psychological abuse, hostility, verbal abuse –insults, shouts, jokes, criticisms, threats– humiliation, contempt, devaluation, and retaliation on the part of clients. There were also fights between clients or colleagues.

In terms of sexual violence, 26.0% reported sexual harassment and abuse, being forced to have unprotected sex, sex in ways that were not agreed, and rape.

In terms of the actors involved in the violent episodes, 97.9% referred to work colleagues for taking clients away from them, 77.2% were clients, 30.2% were bar owners or employers, and 25.0% were police (Table 1).

Substance use

In terms of substance use, 98% of the sex workers reported having consumed alcohol in the previous month; 23.3% had taken cocaine, and 11.7% had taken marijuana. It should be noted that 40% of the interviewees smoked tobacco.

Some 75% of the sex workers were recorded as heavy drinkers, 13% had frequent consumption, 9% had light consumption, and only 3% did not drink at all. Some 37.6% consumed more than 20 drinks on one occasion, and 42.5% had between 12 and 20 drinks per occasion. Some 23.5% drank every day, 26.5% drank almost daily, and 33.3% drank on three or four days per week.

Table	1.	Experiences	of	violence	in	sex	work	(N=10))3)
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Actor	Physical violence	Emotional violence	Sexual violence				
Clients 77.2%	 slaps aggression blows to the body pushes, shoves hair-pulling bites injuries (weapons and objects) throwing ice or drinks cigarette burns deprivation of freedom 	 psychological abuse hostility and verbal abusel insults, shouts, jokes, criticisms, threats humiliation, contempt, devaluation witnessing fights between clients 	 sexual abuse sexual harassment being forced to have unprotected sex being forced to have sex in unagreed ways criticisms of sexual performance sexual violation/rape 				
Colleagues 97.2%	fights over clientsblows in the bathroom	retaliationwitnessing fights between colleagues					
Person in charge of the bar 30.2%		threatsrretaliation	 abuse sexual harassment sexual exploitation				
Police 25.5%		extortionlack of protection	 abuse of authority groping sexual harassment				
Partner/pimp		• partner abuse					

Some 47.8% of the women indicated consuming alcohol in order to be sociable, 42% did it to cope with tension, 39% mentioned that drinking is part of the business because they needed to earn more, 37% did it to feel confident with men, 30.1% to fill an emotional need, and 16.8% to be able to tolerate drunk clients.

Some 97% of the women advised that clients generally pressure them into drinking alcohol and a similar percentage referred to drinking due to the demands of the venue managers so that clients will drink more, and therefore the venue will make more money.

Violent experiences and substance abuse

An analysis was made of the report of violent experiences at some time in their lives and within the previous month, and of physical, sexual, and emotional violence at some point in their lives, in relation to the consumption of marijuana, cocaine, and tobacco, and the patterns of alcohol consumption by means of χ^2 tests. Given that there was a very low percentage of light drinking, this was recoded with frequent drinking (21%) and compared with heavy consumption (75%).

Table 2 shows that having experienced violence in the environment of sex work at some time was associated with a greater consumption of cocaine (34.6% vs. 12.8% of those who had not experienced this) [χ^{2} = 6.417, (100, 1)gl p<.05]. The same was also the case with tobacco (54.7% *vs.* 27.7%) [χ^{2} =7.486 (100,1)gl p<.01]. The women who had experienced physical violence in their work reported a significantly higher level of alcohol consumption (88.6%) than those who

did not (69.6%) [χ^2 =5.180 (100,1)gl p<.05]. Those who had experienced emotional violence in this area reported more frequent to light alcohol consumption (50%) than women who did not report it (18.2%) [χ^2 =4.514 (100,1)gl p<.05]. The women who experienced violence in the previous month reported significantly higher cocaine consumption (40% *vs*. 13.6% [x2=9.074 (100,1)gl p<.01], tobacco (61% *vs*. 28.8%) [x2=10.272 (100,1)gl p<.001] and heavy consumption of alcohol (90.2% *vs*. 69.5%) [x2=6.071 (100,1)gl p<.05].

DISCUSSION

This is an exploratory study that shows at least some results as a starting point for more in-depth knowledge about the link between violence in the environment of sex work and the consumption of alcohol, tobacco, and illegal drugs. However, we consider it of paramount importance, given the non-existent bibliography in Mexico dealing with these women in terms of their living conditions and the physical and mental health problems they experience. This study is a way of making this stigmatized population more visible and giving an account of their many needs.

As can be seen, half of the sex workers interviewed based their activities in bars, and two-fifths of them worked on the street, both during the day and at night, for long hours. They had already been working in the sex trade for several years. It is notable that the reasons for getting involved in sex work are primarily financial ones, having it suggested by friends or colleagues in the places they worked. Contrary to what occurs in other spheres, there were no interviewees who reported having started sex work in order to pay for

		At some time			Physical violence at some time			Sexual violence at some time				Emotional violence at some time				In the last month				
	No (n=48)		Yes (n=52)		No (n=55)		Yes (n=45)		No (n=86)		Yes (n=14)		No (n=88)		Yes (n=12)		No (n=59)		Yes (n=41)	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Marijuana consumption	3	6.4	9	17.0	4	7.3	8	17.8	9	10.5	3	21.4	10	11.4	2	16.7	4	6.8	8	19.5
Cocaine consumption	6	12.8	18	34.6*	11	20	13	29.5	19	22.4	5	35.7	21	23.9	3	27.3	8	13.6	16	40**
Tobacco consumption	13	27.7	29	54.7**	19	34.5	23	51.1	36	41.9	6	42.9	34	38.6	8	66.7	17	28.8	25	61***
Alcohol consumption pattern																				
• Heavy	34	70.8	44	84.6	39	69.6	39	88.6*	66	76.7	12	85.7	72	81.8	6	50	41	69.5	37	90.2
 Frequent to light 	14	29.2	8	15.4	17	30.4	5	11.4	20	23.3	2	14.3	16	18.2	6	50*	18	30.5	4	9.8*

Table 2. Experiences of violence at work and substance abuse (N=103)

***p<.001. ** p<.01. * p<.05.

drugs.⁶⁹ As such, it was financial need that was the primary motivator for these sex workers.

It is also notable that, as reported in other studies, these women effectively work in conditions of violence that make them extremely vulnerable. Half of the sex workers had been exposed to violence - particularly physical violence, but also sexual. This is in concordance with other studies, although they are victimized in multiple ways. Even though they reported violence on the part of their clients, violence on the part of fellow sex workers were the primary sources, and violence from bar owners and the police is added to this.

In terms of substance use, practically all of the sex workers interviewed reported having consumed alcohol within the last month; an extremely high percentage considering the prevalence reported for women in the general population. This consumption seems to be provoked by its easy availability and the strong pressure from both clients and bar owners for the women to drink while they work. The role played by other types of violence both with partners and throughout women's lives will have to be analyzed at another time.

In terms of the consumption of other drugs, this work concurs that the most widely used drugs are cocaine and marijuana; heroin consumption in this population does not occur as it does in other countries or in the border zone.⁷ However, tobacco stood out as an important problem, which could also be used as a coping mechanism for anxiety.

The limitations of this study are its sample size, its intentional selection, and the instrument, such that it is possible that these results could not be generalized for all sex workers in the area. Some of the results present certain validity problems due to being gathered with an expressly-prepared instrument that had not previously been proven.

Even so, this work provides valuable information to be considered by the healthcare services that these women attend to be able to continue working. An exploration and treatment of the multiple types of violence they experience is required, along with treatment for abuse of and dependency on alcohol, tobacco, cocaine, and marijuana, in a way that is respectful and does not violate their human rights. While noting the importance of tackling the context in which these women live in a structural manner, there should at least be access to healthcare treatment that makes it possible to break the cycle of violence and improve as far as possible the physical and mental health of these women, caring for them adequately like the members of society that they are.

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