



REVIEWING THE OCCUPATIONAL RISKS OF SEX WORKERS IN COMPARISON TO OTHER 'RISKY' PROFESSIONS. JULY 2017

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Sex Work and Homicide

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This briefing paper is based on a scoping literature review of existing research on homicide and sex work as well as empirical analysis of a database of sex worker homicides in the UK between 1990 - 2016. It is part of a wider Wellcome Trust Seed Award project, which aims to understand how occupational health and safety differs between sex workers and other professions which are established as 'risky' because of the elevated prevalence of violence/homicide in the workplace and poor mental health.

The UK Context

According to a database¹ of sex worker homicides there were 180 sex workers murdered in the UK between 1990 and 2016. We reviewed the contents of this database and cross-referenced it against other available sources, predominantly local and national media, where information was missing. We identified 110 of the homicides in the database as being directly work-related (occupational) because the sex worker was killed either by a client, in a sex working workplace or last seen alive in a known street sex work area. Thirty-seven of the homicides we classed as non-work related² as the perpetrators were family members, partners or friends of the victim. Thirty-three of the homicides we were unable to classify in this way because of lack of information.

Cis-gendered women represented the vast majority of victims (n=105) of occupational homicide with two cis-gendered male victims and three trans women victims. Eighty-five of the victims were street based sex workers

compared to 24 indoor workers (work setting not known for one victim). The trends around work sector have, however, changed quite dramatically since 2010. Between 1990 and 1999, 85% (n=28) of sex work occupational homicide was committed against street based sex workers. The overall numbers of homicides increased significantly in 2000 to 2009 but the percentage of street based victims remained the same at 85% (n=50). Between 2010 and 2016, however, this pattern has reversed and there are now more indoor sex workers killed (59%, n=10) than street based sex workers (41%, n=7). This could, in part, reflect the changing working practices for sex workers with the rise of internet facilitated indoor working resulting in a significant decline in street based sex working.

The vast majority of victims (where ethnicity and nationality were known, n=100) were of white British ethnicity (n=77, 77%) with white Eastern European victims the next largest group (n=9, 9%). There were smaller numbers of mixed race (n=6), Black (n=5) and Asian (n=2) victims of various national identities. The proportion of homicide victims that are migrant sex workers has increased in recent years. In the 20 years between 1990 and 1999 only 6% (n=5) of sex work occupational homicide victims (where nationality/migration status is known) were migrant sex workers compared to 94% (n=77) who were British born. Since 2010 this proportion has dramatically increased to 50% (n=8), exactly the same number of British born victims. This may be reflective of changes in the overall makeup of the sex industry with increasing numbers of migrant workers (Ward and Aral 2006) and/or suggest that offenders are specifically targeting migrants because of their potentially increased vulnerability.

The solve rate for sex worker occupational homicide improved substantially in the 2000s and since 2006 every single case has been solved with the offender convicted. It is also important to note that this current decade has the lowest number of sex worker homicides on record since the database was created. Between 2010 and 2016, twenty-seven sex workers were murdered in total (17 while

¹ Currently being kept and updated by National Ugly Mugs
² We acknowledge, however, that 'non-work related' homicides could still be connected to sex work in some way e.g. some of the

domestic violence cases could be triggered by sex work stigma. It is hard to make these more marginal calls without detailed case information.



working) compared to 91 (60 while working) in 2000 – 2009 and 62 (33 while working) in 1990 – 1999.

The risk of homicide in sex work

In a study conducted in Colorado Springs, USA over 4 decades researchers concluded that cis-gendered female sex workers (their sample was overwhelmingly made up of street based sex workers), while they were actively working, were 18 times more likely to be murdered than women of the same age and race from the general population (Potterat et al 2004). This estimate is based on just one geographical location so we cannot know if the same results would be found in other studies, although other estimates have tended to be higher. For example, it was estimated that female sex workers were 60 to 120 times more likely to be murdered in Vancouver, Canada than women from the general population (Lowman and Fraser 1994). In a UK based study of sex workers in London, cis gendered female sex workers' mortality rate was recorded as 12 times higher than women from the general population and murder was identified as one of the leading causes of death (Ward, Day and Weber 1999: 342).

Using data on occupational homicide in the UK from the period 1991 to 2000 (Coggon et al 2009) we conducted a very tentative comparison between the murder rates of sex workers compared to women bar staff and caterers, which according to this research were the occupations with the highest proportional mortality ratios³ for homicide among women. Even though our research design identified policing, social work and nursing as comparator jobs, we concluded that the rates of homicide were so low in these occupations that they were not useful for comparative purposes. Based on this data from 1991 – 2000 it appears that **sex work is the job in the UK with the absolute greatest risk of occupational homicide for women**. Female sex workers were murdered in numbers 5 times greater than female bar staff (in the period 1991 – 2000) and the number of female sex workers in 1999⁴ was estimated to be well below the number of female bar staff (n=121,000)

³ Number of deaths within a population due to a specific disease or cause divided by the total number of deaths in the population during a time period such as a year.

⁴ A 1999 estimate of the numbers of sex workers in the UK suggested there were approximately 80,000, this includes all genders (Cusick et al 2009).

around a similar time⁵ (2001). Female sex workers were killed twice as often as female caterers (in the period 1991 – 2000) even though there were potentially almost 4 times more women working as caterers (n=297,000)⁶ than sex workers around the same time.

It is important to be aware that this comparison was done using data from twenty years ago. In addition, the data itself is not entirely complete e.g. the estimate of the sex worker population used is from 1999 and the data on numbers of women in other occupations is from 2001. Furthermore, it is notoriously difficult to accurately estimate the number of sex workers working at any given time (Cusick et al 2009). We do not know, therefore, if the same results would be obtained on homicide risk in sex work based on more current and robust data, especially given the reduction in sex worker homicides in the UK since 2010.

Recommendations

Future research on sex worker homicide must consider the social and legal contexts in which sex work takes place and how this may impact on vulnerability to homicide. Adopting simple safety strategies is often made impossible because of the criminal laws that exist against sex work. We know that brothel-keeping laws in the UK force indoor sex workers to work alone, which is troubling in light of the fact that the most effective strategy for reducing occupational homicide in the retail sector was ensuring that workers were not working alone at night (Loomis et al 2002).

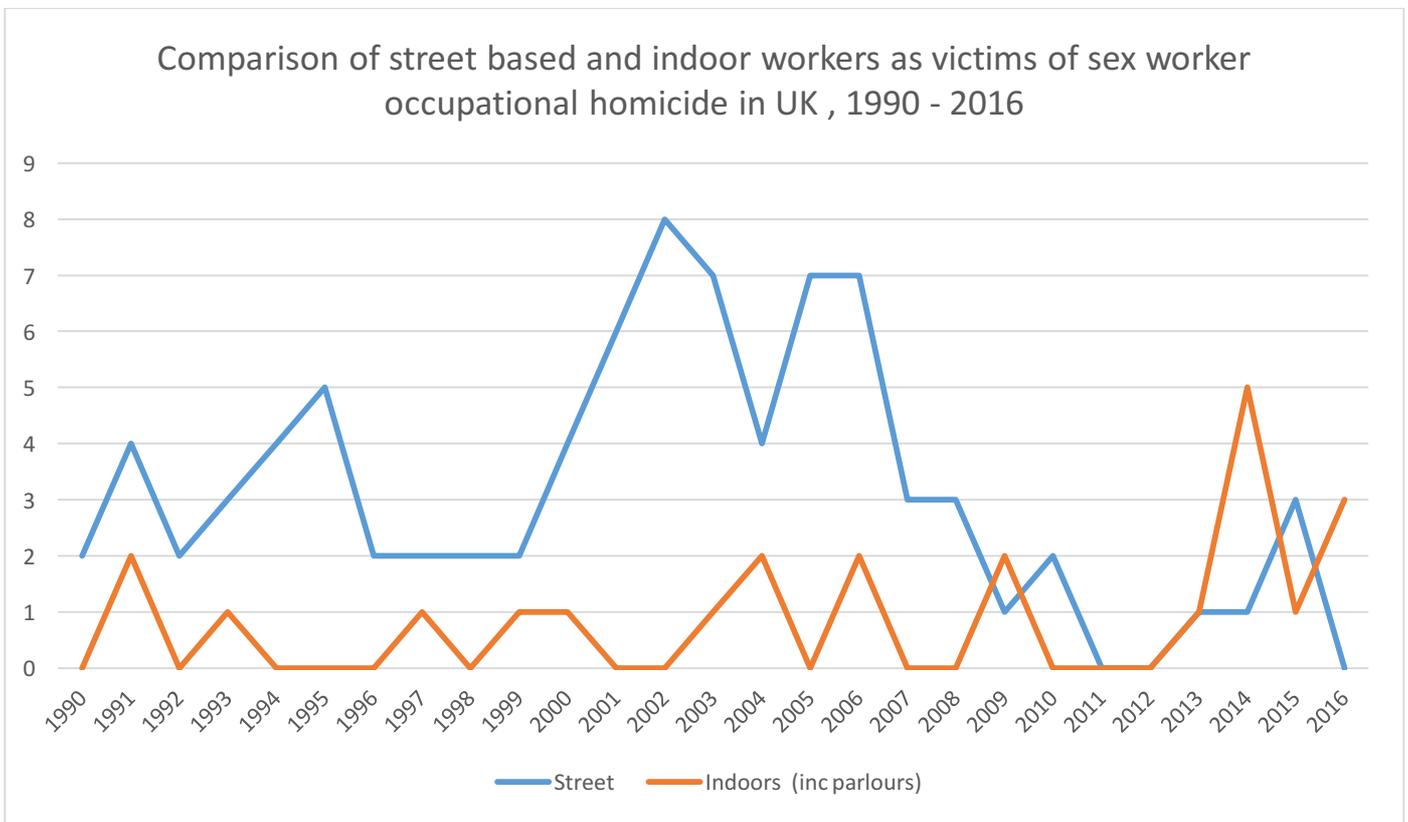
Legal change though cannot occur in isolation and much has to be done to challenge and counter the, still pervasive, stigma that exists against sex workers, making them so vulnerable to all forms of violence, including homicide. Only with a combination of anti-stigma work alongside meaningful legal and policy change that prioritizes sex worker safety can there be any hope of addressing the tragedy of sex worker homicide.

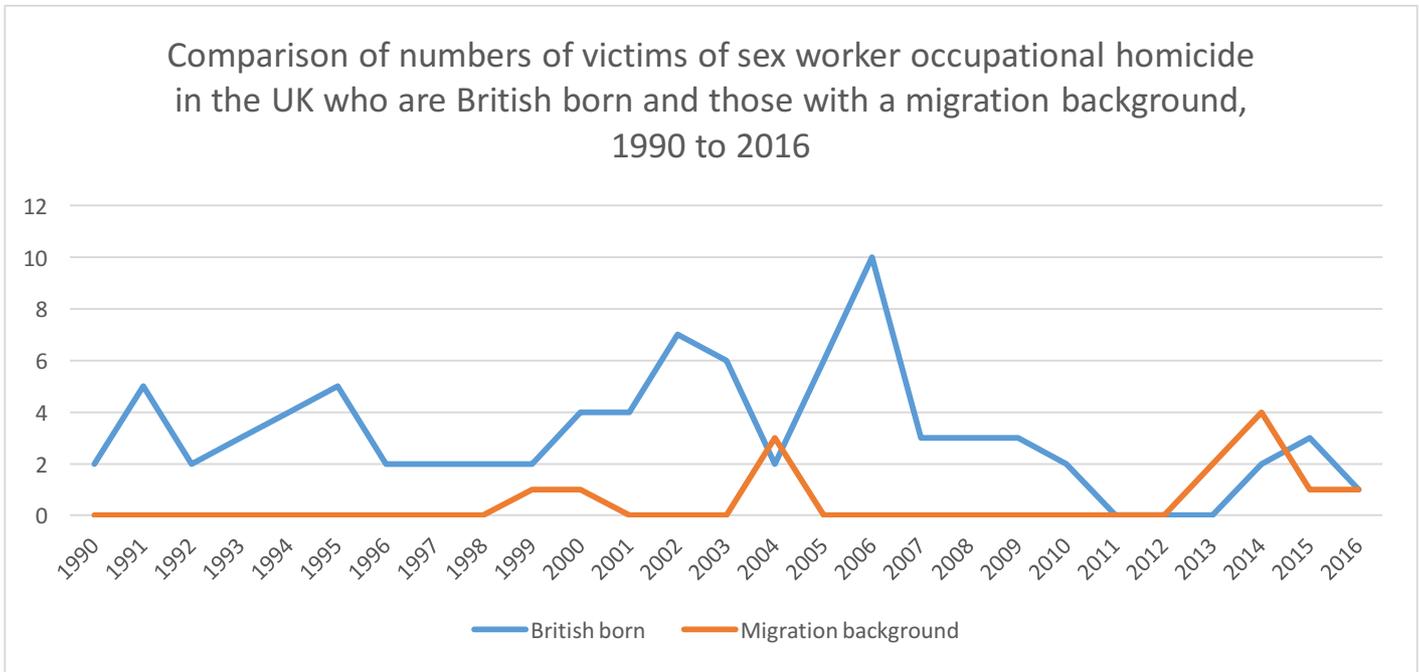
⁵ See Office for National Statistics, <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentbyoccupationemp04>

⁶ Ibid



Appendix – Basic Analysis of UK Sex Worker Homicide Database





References

Coggon, D., Harris, E. C., Brown, T., Rice, S., & Palmer, K. T. (2009). Occupational mortality in England and Wales, 1991-2000. *Office of Public Sector Information, London*.

Cusick, L., Kinnell, H., Brooks-Gordon, B., & Campbell, R. (2009). Wild guesses and conflated meanings? Estimating the size of the sex worker population in Britain. *Critical Social Policy, 29*(4), 703-719.

Loomis, D., Marshall, S. W., Wolf, S. H., Runyan, C. W., & Butts, J. D. (2002). Effectiveness of safety measures recommended for prevention of workplace homicide. *JAMA, 287*(8), 1011-1017.

Lowman, J. & Fraser, L. (1994) *Violence against persons who prostitute: The experience in British Columbia*. Available at http://publications.gc.ca/collections/collection_2014/jus/J3-7-1996-14-eng.pdf

Potterat, J. J., Brewer, D. D., Muth, S. Q., Rothenberg, R. B., Woodhouse, D. E., Muth, J. B., et al. (2004). Mortality in a long-term open cohort of prostitute women. *American Journal of Epidemiology, 159*(8), 778-785.

Ward, H., Day, S., & Weber, J. (1999). Risky business: health and safety in the sex industry over a 9 year period. *Sexually transmitted infections 75*(5), 340-343.

Ward, H. & Aral, S. O. (2006) Globalisation, the sex industry, and health. *Sexually Transmitted Infections, 82*, 345-7