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# **Intimate relationships and women involved in the sex trade: perceptions and experiences of inclusion and exclusion**

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*Dalhousie University, Canada, Bridges, Canada, Bridges, Canada, Dalhousie University, Canada, Dalhousie University, Canada and Dartmouth General Hospital and the Queen Elizabeth II Health Sciences Centre, Canada*

**ABSTRACT** This article reports on a qualitative study exploring the intimate (non-work) relationships of women involved in the sex trade. Women working in the sex industry and intimate partners of women in the industry were interviewed in order to understand how intimate relationships are perceived as influencing the women's general health and well-being. The research suggests that intimate relationships can, and do, provide a space for feelings of inclusion and safety that are perceived as positive forces in women's general health and well-being. At the same time, however, feelings and experiences of exclusion (fuelled by the dominant stigmatizing discourse related to prostitution) can enter into intimate relationships, and are perceived as having a negative impact on the women's well-being, particularly their emotional health. Although there are attempts to keep the women's work separate from the intimate relationship, cross-over between the two spheres does occur. The research suggests that health care and service providers need to look beyond the women's working lives, and understand the relationships between work and home, as well as the ways in which intimate relationships can influence women's lives and health through both positive and negative forces.

**KEYWORDS** *health and well-being; sex industry; social inclusion/exclusion; women*

**ADDRESS** Lois A. Jackson, School of Health and Human Performance, Dalhousie University, 6230 South Street, Halifax, Nova Scotia, B3H 3J5, Canada. [Tel: +1 902 494 1341; fax: +1 902 494 5120; e-mail: lois.jackson@dal.ca]

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## **Introduction**

Researchers in the field of social exclusion argue that individuals who experience and feel excluded from the dominant society suffer poorer health than those who feel and experience inclusion. Exclusionary forces negatively affect health through a variety of mechanisms and processes, and shape numerous unhealthy risk practices (Wilkinson, 1996; Galabuzi and Labonte, 2002; Kawachi and Berkman, 2003). Low-income communities who are excluded from the material goods and opportunities available to others have been found, for example, to feel a lack of control over their lives which affects health directly through psychophysiological pathways (such as those associated with stress), as well as indirectly through the impacts on health-related behaviours (Bolam et al., 2003). Dominant stereotypes and stigmas linked to excluded groups have also been reported to influence health care and service delivery practices (McLean et al., 2003). Ward and Coates (2006) report that among a materially deprived community in northern England there is a lack of trust in physicians because of the feelings of being excluded, and this mistrust sometimes translates into a lack of uptake in prescribed medications thereby directly impacting health outcomes.

Although there is an extensive body of literature linking feelings and experiences of exclusion to poor health outcomes, some have suggested that excluded groups are also 'resilient', and that there are informal sources of support within their lives that can, and do, offset some of the negative influences that emanate from being a member of an excluded group. Many argue that individuals can find solace and support in family and kin relationships (Stack, 1974; Dressler, 1985), and that intimate relationships help to counter the stress, anxiety and lack of access to needed formal services and supports within the public realm.

This article adds to the growing body of literature concerned with understanding the experiences of excluded or marginalized groups. Our focus is specifically on the role of intimate relationships in the health and

well-being of one particular excluded group – women involved in the sex industry. We present findings from a qualitative research study that examined how women in the sex trade perceive their intimate relationships as influencing their general health and well-being. We were not interested in specific health outcomes, but rather, perceptions of how the relationship affects general health and well-being.

There is a relative void within the research literature on the intimate lives of women in the sex industry, with the exception of a study by Dalla (2001). However, Dalla's research was carried out with 'streetwalking' women in a midsized Midwestern city in the United States, most of whom were participating in an intervention programme designed to help women leave the streets (Dalla, 2001: 1072). As such, her research centred on a select group of women. Dalla's research also emphasized relationships with family members in general, and the influence of these relationships on entrance into prostitution. Our study, in contrast, was aimed at exploring how women who work in different venues (e.g. on the streets, in escort agencies) perceive their intimate (non-work) relationship, and their understanding of how this intimate relationship affects their overall health and well-being. We were also interested in examining how intimate partners of women in the industry perceive the relationship as influencing the women's well-being.

Not only is there a clear suggestion within the social exclusion literature that the private or home lives of 'excluded' groups provide refuge from health-damaging experiences in the public realm, but there is also a growing body of evidence linking social support from one's partner to one's health and well-being (Day and Livingston, 2003; Poortinga, 2006). For many years, research has reported that social support is an effective mechanism for dealing with stress (Pearlin, 1989), and Day and Livingston (2003) indicate that women turn to their partner and friends for support more than do men. Other researchers have found that the survival of patients who have experienced a cardiac event depends highly on 'supportive ties to an intimate partner' (Mahrer-Imhog et al., 2007), thus highlighting the key role of an intimate relationship in one's health. Although not all research has found that social support is positively related to health, (Knoll et al., 2007), there does exist a wealth of research highlighting the health benefits of supportive relationships including intimate relationships (Pearlin, 1989).

There is also a substantial body of research documenting the violence and abuse that can occur within intimate relationships (see, for example, Dalla, 2001; Rajah, 2007), and this 'intimate partner violence' research draws our attention to the negative health impacts of some intimate relationships. As researchers have noted, intimate partner violence is not only about physical abuse, but includes sexual, financial and emotional abuse (Cohen et al., 2005). Given this research, as well as the social support literature, it is clear that intimate relationships may have *both* positive and negative

implications for one's general health and well-being, and that complex, even contradictory, experiences and feelings can exist at one and the same time within the context of any intimate partnership. One cannot assume, therefore, that relationships are either 'good' or 'bad' for one's health, but rather, one must consider the complexity of relationships and the ways in which they may have potentially different impacts on one's general health and well-being.

## Conceptual framework

There are numerous interpretations of the concept of social exclusion but there is general agreement that it is fundamentally about the processes through which individuals and groups are excluded from dominant social, economic and political structures, resources and decision-making activities (Saraceno, 2001). Mitchell and Shillington (2002) argue that the concept emerged in full force in Europe in the 1980s in response to the growing divide between those who are part of the labour market, and those who have been excluded from meaningful employment. Global restructuring processes that are affecting employment opportunities, the nature of work and consumption, social assistance programmes and other forms of governmental support, are identified as the key sources of the current divide between those in the labour force, and those who have few employment possibilities and no job security (Galabuzi and Labonte, 2002) – or what Bauman (2004) refers to as 'modernity's outcasts'.

The terms poverty and social exclusion are sometimes used interchangeably yet poverty is primarily interpreted in terms of economics or income, whereas social exclusion includes processes through which individuals and groups are kept from fully participating in an array of economic, social and political activities and opportunities (Santana, 2002). The focus is on *social relations*, and how such relations marginalize individuals and groups (Daly and Saraceno, 2002). Exclusionary processes are situated in diverse social relations including relationships outside of the formal labour market (Galabuzi and Labonte, 2002; Saloojee, 2003).

Women involved in the sex industry have historically been part of the 'excluded' but their exclusion is based on the *nature of their work* rather than their non-working status (Dalla, 2000). Within the Canadian context, which is where the research we are reporting on was carried out, prostitution itself is not illegal (Brock, 1998; Canadian HIV/AIDS Legal Network, 2005), yet the provision of sexual services for payment or in kind is the basis of the women's exclusion, and sex work is riddled with moral overtones (Davidson, 1998; Mitchell and Shillington, 2002).

McLean et al. (2003) argue that three specific forms of exclusion exist in the public realm: socio-economic, cultural and institutional. For women in the sex industry, their *socio-economic exclusion* is frequently the basis for

entering the trade because of their inability to provide an adequate standard of living for themselves and their families (McKeganey and Barnard, 1996; Dalla, 2000). For many, gender, class and race, and the interconnections between these forms of inequity, are primary factors influencing entrance into the sex industry, and keeping women involved in the sex industry on an ongoing basis. Even though social assistance exists in Canada as a 'safety net', it does not provide an adequate standard of living for women and/or their children, thus making employment in the sex industry an 'employment option' for many women from poor socio-economic backgrounds.

The behaviours or language of the excluded are often viewed as deviant or unacceptable, and this *cultural exclusion* has been shown to impact access to services and other resources (McLean et al., 2003). Cultural divergences between women involved in the sex industry and professional service providers explain why many women working in the industry prefer accessing community agencies where former sex trade workers operate as counsellors rather than agencies organized and staffed by professionals (Asthana and Oostvogels, 1996). The notion that service providers who have 'experiential knowledge', and understand what it means to live with the stigma associated with the trade, points to significant cultural divergences in world views between people working in the sex industry and others.

*Institutional exclusion* is the third component of social exclusion outlined by McLean et al. (2003), and it embodies forms of social control of marginalized groups. For women involved in the sex industry there are numerous stereotypes that justify processes of institutional control particularly by legal and social services. For example, female sex trade workers especially young women or teens are frequently conceptualized as 'victims' who are at the whim of 'pimps' and in need of protection or require rescuing by social services (Wahab, 2002). At the same time, women in the sex industry are 'blamed' for the abuse or violence that they experience, and are frequently further stigmatized when they seek services or supports after experiencing abuse at the hands of a client (Jackson and Hood, 2001).

It is in this context of multiple forms of exclusion operating within the public realm that we explored with women involved in the sex industry their perceptions of their intimate relationships, and the role of such relationships in their lives. There is a relatively large body of literature documenting the health implications of the exclusionary status of women working in the sex industry in terms of their working or public lives (Barnard, 1993; Jackson et al., 2005; Lewis et al., 2005; Jeffrey and MacDonald, 2006), but we know relatively little about the women's intimate (non-work) relationships and the role of these relationships in their general health and well-being. Our research was intended to provide a greater understanding of this excluded population as women who work *and* have private lives, rather than simply as a 'social problem' in need of help (Brock, 1998). A key objective of our research was to inform public health, health promotion, and social service providers' practices by highlighting an area of the women's lives that is often

obscured. Professional practices are all too often developed and executed based on a limited understanding of the women, since publicly they are identified more with their work than are people in other jobs (Brock, 1998: 11).

## Methods

The first component of the research involved two focus groups with women working in the sex trade ( $N = 16$ ) who had an intimate partner. These focus groups were carried out in order to gain input into, and assistance with, recruitment of partners for one-on-one interviews. Participants for the focus groups were accessed through a community agency that provides supports and services to sex trade workers.

The second component of the research entailed one-on-one interviews with women working in the sex trade, and one-on-one interviews with intimate partners. It is important to note, however, that not all of the intimate partners of women who participated agreed to be interviewed. Therefore, the partners interviewed were not necessarily the partners of the women who participated in the study but they *were* a partner of a women involved in the sex industry. In all instances, participants were asked if they were in an intimate relationship with a husband/wife, lover, common-law partner or significant other, and recruitment into the study was based on the person indicating that they were currently in such a relationship. Eight women and seven partners agreed to participate. All partners that we interviewed were male. (One female sex trade worker that we interviewed indicated that her partner was female but her partner was not interviewed.)

All of the women involved in the industry who were interviewed were recruited through the two focus groups detailed above. The partners were recruited through word of mouth (i.e. through the women who attended the focus groups or through the community agency that had contact with partners of women involved in the industry). All partners were interviewed by a male interviewer, and a female interviewer conducted all of the interviews with female sex trade workers. Discussions with the community agency that works with women in the sex industry suggested that same sex interviewers would be the most appropriate method for ensuring a high level of comfort for asking personal questions about relationships. Both interviewers had extensive experience working with people from vulnerable populations. The interviews with the women were conducted at a community agency with the exception of three interviews that were carried out at a nearby health clinic because of the temporary closure of the community agency. All partners were interviewed at a health clinic. All interviews took place in a room that ensured confidentiality, and each interview lasted on average one and a half hours.

The interview guide was developed by the research team, which included individuals with years of experience working with individuals involved in the sex trade, a former sex trade worker, and two individuals

who had previously conducted research with female sex trade workers. All participants were asked to take part in three consecutive audiotaped interviews over a period of approximately two to three months. Multiple interviews allowed for the development of rapport between participants and the interviewers, and provided a means of collecting detailed information. The first interview included questions about the participant's background (e.g. age), how they met their partner, and how the woman's work affects the relationship. The second interview probed issues related to the participant's sexual relationship, drug and alcohol use and (if appropriate) parenting. The third and final interview asked about the types of social supports available, and those that are utilized. At each consecutive interview, participants were asked if they wished to add any additional information about questions raised in the previous interview. Although not all participants participated in all three interviews, seven of the eight female sex trade workers and six of the seven partners participated in at least the first two interviews.

Table 1 provides a summary of the number of interviews conducted with each participant, and select socio-demographic information including the dominant venues within which the women work. In order to ensure that the identity of participants was protected, only a few selected demographic characteristics were collected. As Table 1 indicates, the women ranged in age from 20–39 years, and we interviewed three women who reported working mostly on the street, three who reported working for escort agencies and two 'other' (e.g. private homes). The partners that we interviewed were all male and ranged in age from 30–69 years. Four reported being currently unemployed, one retired, one on disability and one working in construction.

Following the interviews, the audio tapes were transcribed. Identifying information, instances of 'chatter' or unrecognizable talk were not transcribed. All transcripts were read and re-read by team members, and key codes were suggested and discussed until 12 were agreed upon (e.g. intimacy, safety, etc.). The transcripts were coded using AtlasTi which is a software package used for the management of qualitative data. Analysis of the coded themes was conducted through the constant comparative method as outlined by Strauss and Corbin (1998). All partner interviews were first read and re-read separate from the interviews with the women, and then themes and sub-themes across the groups, as well as within groups, were analysed.

The third component of the study involved the presentation of a preliminary analysis of data at a focus group<sup>1</sup> with women who participated in the study. Five of the eight women who participated in the interviews were part of the focus group. The objective of this focus group was to solicit the women's input into the analysis, and to obtain suggestions for dissemination of the findings. Partners were invited to discuss the preliminary findings in one-on-one sessions (in order to protect their anonymity which the



**Table 1 Participants' socio-demographic information**

Participants	Number of participants	Age range	Length of relationship	Employment	Number of interviews completed		
					First only	1 & 2 only	All three
Partners (all male)	7	1 (30-39) 5 (40-49) 1 (60-69)	Average - 6 years (Range - 1-9.5 years)	4 Unemployed 1 Retired 1 Construction 1 Disability Dominant venue of work	1	3	3
Women involved in the sex trade <sup>a</sup>	8	3 (20-29) 5 (30-39)	Average - 4 years (Range - -1 year - 9.5 years)	3 Street 3 Escort 2 Regulars/Private	1	4	3

<sup>a</sup> One same sex partner.

women argued was extremely important) but none of the partners was available, could be contacted, or wanted to participate. Therefore, we were unable to obtain partner feedback on the preliminary analysis.

Prior to the focus groups and one-on-one interviews, participants were provided a written consent form to review, and the interviewer/facilitator verbally reviewed the form. Verbal (rather than written) consent was obtained in order to ensure that no identifying information about participants was collected. To facilitate contacting participants for their second and third interviews, consent was obtained for a telephone contact number associated with a first name or pseudonym. All contact information was destroyed after the data were collected. Participants were also provided a small honorarium to compensate them for their time and involvement in the study. In addition, a handout with the names, addresses and telephone numbers of community supports and services was provided to all participants.

As per the requirements of the University Ethics Review Board that reviewed and approved the proposal, each participant (at the time of the focus group or interview) was informed of his/her obligations and responsibilities vis-à-vis informing their partner of their Human Immunodeficiency Virus (HIV) and/or Hepatitis C (HCV) status if positive.<sup>2</sup> The interviewers/facilitators did not, however, ask any questions about HIV or HCV status.

## **Findings**

We present below some key findings from the interview portion of the study. These findings highlight the complexity of the intimate relationships, and the ways in which the relationships appear to have different influences on the women's general health and well-being. Quotations from the interviews are identified according to whether they are from an interview with a male partner (e.g. MP#1), or with a woman involved in the sex trade (e.g. FSW#1).

### ***Setting the stage: background to the intimate relationships***

When discussing the history of their current intimate relationship, many of the participant conversations paralleled what individuals in any relationship might say. Participants spoke, for example, of meeting each other through friends or family members, or of knowing each other as children growing up together and coming into contact later in life: 'We met through friends and ended up together' (MP#7). In a couple of instances, participants met through drug-related activities or in the course of the woman's work: 'I was using drugs and she was using drugs and that's sort ... and we had a friendship and just built up from that' (MP#4). In one instance the interviewer asked if the partner knew the woman was working the streets when they first met, and the woman responded: 'Yeah, that's how we met you know.

Some guys would never take a working girl home to meet mom but he did and they knew' (FSW#2).

In discussing the background to their relationship, participants also recounted the length of time they had been together. Time in the relationship ranged from approximately one year to nine and a half years when both the women and the partners are taken into consideration. The average time in the relationship was four years for the women, and six years for the partners (see Table 1).

Time together was discussed not only in terms of the length of the relationship, however, but also in terms of the time the participants spent together on a day-to-day basis engaged in everyday activities such as having a coffee, reading, and having 'long conversations' about their lives. For many of the participants, doing everything together was presented as an important part of the relationship as it represented and characterized the love and strong feelings for one another. In many instances, it did not matter what they did – just that they spent time together.

*Interviewer:* So what do you think makes him happy in the relationship?

*Participant:* The things we do together the more time we spend together ... (FSW#1)

A few participants also spoke of the desire to be together forever, and the loving nature of the relationship: 'I love him. I wouldn't give him up for anybody' (FSW#1).

*Interviewer:* How do you think he feels about you?

*Participant:* I know he loves me. He's been in love with me his whole life. He has my name tattooed on his chest. Big heart that says [woman's name]. He's very proud of it ... (FSW#6)

At the same time as many of the intimate relationships were discussed as loving and caring, a few participants also spoke of the fighting and arguing that sometimes takes place because of financial difficulties, a partner's addiction or other challenges to the relationship such as jealousy related to another love interest: '... you couldn't find two greater people together when we're not fighting' (FSW#1). One woman commented that a couple of years earlier she had stopped working in the sex industry and the arguments were 'constant' because of the lack of money but, now that she is working again, the arguing over finances has reduced. According to this woman, her partner does not like the fact that she works in the sex trade, but the money she earns helps the relationship financially.

*Interviewer:* ...so how does he feel about your work in the sex trade?

*Participant:* He don't like it. I don't think any man would like, I don't even like it.

*Interviewer:* So how do you think it affects your relationship?

*Participant:* I think it's helped us really, in some ways, in other ways not.

*Interviewer:* How has it helped?

*Participant:* It brought us closer. I took a break a couple of years ago and there was never ever any money and the arguments were constant, over and over again. So when I work it's easier financially, and there's not that many arguments ... (FSW#2)

### ***Intimate relationships – feelings and experiences of inclusion and exclusion***

In discussing their relationships, participants not only spoke about the background to their relationship, where and how they met, and for some, the arguing and fighting that can and does take place in their relationship, but the women further talked about characteristics of the relationship that were linked to feelings and experiences of inclusion, and to general feelings of safety and well-being. Discussions with partners often confirmed such experiences (from the perspective of the partners). At the same time, there was also discussion of exclusionary feelings and experiences that were viewed as having health damaging effects in very general terms but particularly emotionally. The interviews did not capture the frequency of feelings or experiences of inclusion or exclusion, but the conversations do point to the often contradictory feelings and experiences that can exist within the context of intimate relationships.

**Feelings of inclusion and a sense of well-being** Feelings of respect, acceptance and trust within the intimate relationships were discussed by many of the women, and these 'inclusionary' feelings were associated with one's positive general health and well-being. Being wanted simply for whom one is, having equal status, and not being rejected because one works in the sex industry, permeated conversations about the intimate relationship, and linkages were made between these characteristics and one's happiness.

*Interviewer:* What makes you happy?

*Participant:* That she's [female partner] there and she don't care what I do. She don't down grade me for what I do she don't talk me down or run me down it's all about me, she talks about me and helps me ... (FSW#7).

*Interviewer:* So you've known him for seven-and-a-half years and what is important to you in the relationship?

*Participant:* Trust, respect.

*Interviewer:* And what does that mean?

*Participant:* Respect my children understand my children they're a part of me and it's one big package whatever you do to me is going to affect them as well so you can't talk down to me or the children. You have to respect us don't make me feel I'm less of a person (FSW#4).

Some of the partners were either un- or under-employed, or on disability, and experiences of socio-economic exclusion appeared to weigh heavily on their sense of self because they are not able to support financially their female partner and/or children. In this context, the intimate relationship also represented, for them, a place where they could feel wanted. The intimate relationship provided some relief from feelings of inadequacy for not being a breadwinner. There was a feeling that they could be accepted for who they are – rather than based on the public stigmatizing discourse. As one partner noted, ‘I love her for who she is and not what she does. She can see that and she loves me for the same reasons – just for me being the person’ (MP#4).

A number of the women spoke of past abusive relationships (either within the context of their family of origin or past intimate relationships), and insisted that having an abuse-free relationship and feeling safe were key in their current relationship: ‘He’s [her partner] very caring. I feel very safe around him. My ex before him sexually assaulted me and it’s important to me to feel safe so [name of partner] is like that’ (FSW#3). This sense of safety within their intimate relationship stands in contrast to their work in the public realm where there is always the potential for abuse, and where there are no formal occupational health and safety supports such as those that might be found in other occupations. The research literature suggests that women in the sex industry often support one another while working, and in some centres (such as the one in which this study took place) there are community-based services for women (McKeganey and Barnard, 1996; Dalla, 2001) that attempt to keep the women safe through ‘bad trick sheets’ that inform women of known abusive clients. Regardless, however, work in the sex industry remains a potentially dangerous job, and for some of the women the feeling of physical safety at home is very important, as is the emotional support that they obtain from their partner.

*Interviewer:* So what other things are important to the relationship?

*Participant:* Being there, being there like when I work the streets and I come home just having him being there. Money’s not important it’s the person it’s the closeness.

*Interviewer:* What does he do to make you feel better?

*Participant:* Runs a bath makes me feel good let’s me know that I’m special knowing that is important. (FSW#2)

**Stereotypes and stigma and feelings of exclusion** The conversations with the women and partners not only indicate that intimate relationships can provide a space where the women can feel and experience being accepted, wanted (regardless of what the dominant discourse says about you), physically safe and emotionally connected, but the interviews also suggest

that dominant stereotypes and derogatory language about women involved in the sex industry can, and do, cross into and enter the intimate relationship. In one interview, a woman indicated that when her male partner is drunk he sometimes becomes verbally abusive, and uses the stigma associated with her work as a means of degrading her: 'When he's drinking – yeah [he calls me] a crack head and a whore ...' (FSW#1). Although the partner's drinking is viewed as the basis and reason for the talk, the woman indicates that the language does make her feel of lesser status, paralleling the negative stereotypes she experiences within the public sphere. One male partner also commented that the money his female partner earns is 'easy' money. Yet another argued that, 'Yeah there's no respect for the money. You don't appreciate it when you earn it that way' (MP#4). The partners' discussions of the money the women earn as having a stigma associated with it, and being of 'lesser value' than money earned through other occupations, points to the moral overtones placed on the women's work by some intimate partners, even as the partners speak of the positive aspects of the relationship, and the importance of the women in their lives.

In one instance, a woman commented that she feared discussing 'bad dates' with her partner because he might tell her she is deserving of such violation. This woman argued that no matter what 'society' feels, she does not believe anyone deserves to be abused. She is not certain, however, that her partner feels the same way and avoids talking with him about this issue as a way of protecting herself from feeling emotionally hurt by her partner's use of the 'blaming discourse' – a discourse prevalent in the public sphere that justifies the absence of formal occupational health and safety measures for individuals in the sex industry:

It's the same as any woman and any service it's the same as the lady at the drug store offering her service. I don't think there's a difference and it's unfair that people say you deserve it [abuse] because of the type of work – it's not fair. ...and the way the conversation is going I'm afraid he [partner] might say I can't be violated and I don't want to go there. I don't want to hear that. (FSW#4)

One male partner, who indicated that he cared very much for his female partner, was adamant that 'ladies working the streets' are to blame if they are hurt or raped, and his words underline the fact that the stigma associated with the woman's work does not necessarily stay at work. Rather, it can enter the intimate relationship, potentially fuelling feelings of exclusion that can have negative implications for the women's health especially their emotional well-being: 'Well I'd have to say how do you rape a hooker? I mean she's put herself out there so how can it be rape?' (MP#1).

### ***Work and intimate relationships: creating separate worlds***

A number of participants – women and partners alike – spoke of the women's work relationships and intimate relationship as separate worlds, and various practices were commented upon that were aimed at creating a

symbolic, and at times physical, separation between the two spheres. The intimate relationship was felt to be based on emotional closeness, and the partner was perceived as special and not like clients. There was a clear need to separate this private world from the public realm because the former includes intimacy and positive feelings of love and acceptance which are presented as qualitatively different from the working world. Using condoms at work, but not within the context of home relationships was one often-commented-upon part of this process of separating the two worlds, and this has been reported by numerous other research studies (Blakely and Frankland, 1995; Jackson et al., 2005). Additional practices, however, were also discussed including not having physical contact for a period of time after the woman finishes work, not talking about the details of the woman's work and not allowing clients to come to the home. In some instances, these practices not only appeared to keep the work world separate from the private world, but also diminished feelings of within intimacy and emotional closeness within the relationship – at least for a period of time.

*Interviewer:* So how are you able to not talk about it?

*Participant:* Because it's just simple it's not important to me. She [her female partner] don't bring it up to me because she knows I hate it and she don't ask me none of it. I choose not to talk about it, and when I'm with her that's all that matters and she's cool with that ... (FSW#7)

*Interviewer:* Do you think your working has an effect on your relationship with him?

*Participant:* Yeah.

*Interviewer:* What kind of effect?

*Participant:* When I come home he won't talk to me and he'll sleep on the couch. (FSW#1)

*Participant:* I'll be honest with you, if I know [woman's name] has been working, I'll tell her not to touch me ... it bothers me. I'm kind of an old fashioned person ... It doesn't bother her if she's out doing tricks she still wants to come home and have sex with me but I can't handle it. (MP#1)

One woman argued that compared to a past unhealthy relationship, her current relationship is healthy because her partner does not want to know the details of her work relationships, but only about *her*, and whether or not she is safe. For this woman, there is a desire to keep talk about clients from entering into the relationship because in the intimate relationship *she* is important – and talk about clients lessens the importance of her and what she brings to the relationship. There is a clear attempt to keep feelings and experiences associated with work separate from those within the home sphere as the relationship with her intimate partner is special

and makes her feel wanted for 'her as a person' and not simply the sexual service she is providing:

... you know other men wanted to know how big the men's [clients'] penis was or how long it took him to get off. But with my boyfriend now he doesn't want to know stuff like that and that's part of the reason I'm with him, I like that about him ... we talk about if it was a good or bad date – not what type of service I provided. (FW#4)

In one interview, a male partner spoke extensively about the connections between the woman's drug use and her need to work in the sex industry in order to support her addiction financially. There was a clear distinction between the woman's work life and the intimate relationship, which the partner was trying to create as a safe haven. The partner juxtaposed the evils of the sex trade and the world of crack dealers to his own role as a caregiver. The woman's health and safety was viewed as in jeopardy because of the inter-relationship between her work and addiction, and the partner spoke of trying to keep her away from the friends that drew her into an unsafe place:

... we'll be doing great for a month, couple of months, and then she's into the crack and she's got this one girlfriend and I try to keep her away from her because she gets tangled with her, watch out she's gone ... (MP#1)

### ***Crossing the boundaries***

Although participants spoke of various practices that are utilized to try to protect the special nature of their intimate relationship, and keep it separate from work, there was also talk of practices that led to a blurring of the boundaries between work and home, and these practices related to the women's safety while working. A few participants indicated that because of the inherent dangers of the women's work, some women seek out and rely upon 'regular customers'. They 'know' the regulars and feel safer with these clients, yet some partners reportedly had feelings of jealousy because of the more familiar nature of this work relationship.

Some partners also reported attempting to fill the safety void within the woman work world by 'looking out' for the women when they are working and this required the partner to physically enter into the woman's work world:

Well we live on [name] street and once there was this rough guy who tried to get forceful to get some of the girls back out onto the street but I stepped in and protected them. I'm not a pimp but I'll protect when I need to ... (MP#3)

*Interviewer:* So what would [partner's name] do if he knew you were going out?

*Participant:* He'd drive me and sometimes he might watch for me. (FSW#3)

*Interviewer:* Did it make you feel safer to have him watching you?

*Participant:* Yeah knowing you had someone put the licence plate down and stuff ... (FSW#2)



In a few instances, there were fears that partners might be labelled a pimp during their attempts to provide safety and protection while the woman worked. Concerns about such a label appear to exist not only because pimping is a criminal offence, but also because this association places the partner within the woman's work world of the excluded, with all the associated negative stereotypes and stigma. Participants spoke in very derogatory terms about 'pimps', and partners were discussed as different and separate from pimps. Partners were conceptualized as protectors in a context where the women are afforded little formal protection from violence and abuse. One male partner spoke of an occasion when the woman was badly assaulted while working but she did not call the police for fear of being 'dragged through the mud'. The male partner wanted to seek revenge and cross into the woman's work world as a means of demonstrating his protector role. It was decided that this was not a good idea because of the potential negative repercussions of such actions but crossing over to this working of the 'excluded' was discussed.

... I felt obligated to seek out these guys to seek revenge but I don't want to go back to prison and these are the things we [he and his partner] talked out what to do because she didn't call the police because of what all this creates. It's very serious stuff but she didn't want to be dragged through the mud so we decided to let fate deal with these people ... (MP#4)

## **Conclusions and discussion**

The interviews that we conducted point to the intimate relationship as a place where women may feel accepted based on who they are – the 'real' person – and not simply as a woman who works in the sex trade. At the same time, however, the interviews indicate that the intimate relationship may contain experiences that fuel feelings of being excluded. Stereotypes and the stigma associated with the sex industry can at times enter into the intimate relationship, and can have negative emotional implications for the parties involved. Although the intimate relationship functions as a space for caring, and at times a healing place from exclusionary processes and the negative emotional and physical aspects of the women's work, the dominant discourses and negative stereotypes related to the women's work can also enter into the home relationship, thus affecting the feelings of inclusion and acceptance. Indeed, the discourse about women who work in the sex trade – a discourse of blame, contempt and disrespect – may be even more emotionally damaging to the women when utilized in the context of an intimate relationship, as one may be particularly vulnerable to the negative talk when one expects love and respect. One might cope with dominant stereotypes within the context of one's work, yet when this derogatory language is utilized within an intimate relationship it may be particularly hurtful and damaging to one's sense of self. Indeed the

'controlling' aspect of stigma and stereotypes may be especially potent in the context of an intimate relationship and thus may be extremely damaging to the women's emotional health.

Concrete practices aimed at separating the woman's work from the intimate relationship were discussed by many of the participants. For partners, the process of keeping the two worlds separate appears to be due in part to a felt need to disassociate from the stigmatizing and symbolically 'dirty' aspects of work in the trade, and to feel special and different from clients. For the women, such attempts at marking a line in the sand between the two spheres appear to be related to the desire to ensure that the intimate relationship is a space for feelings of love, respect and trust. Indeed some of the women indicated that they did not want to have any negative work-related feelings and experiences interfere with their intimate relationship. However, at the same time as the practices of separation were discussed, cross-over between the spheres was clearly evident, particularly when speaking about strategies aimed at ensuring the woman's physical safety at work. There was at times a blurring of the boundaries particularly when strategies of protection were employed to keep the woman safe at work.

This study is unique insofar as it provides an examination of female sex trade workers' perspectives of their intimate relationships *and* intimate partners' perspectives of the relationship. Relatively little is known about the intimate lives of women involved in the trade and how their work impacts their home lives, but even less is understood about how intimate partners perceive the influence of the women's work on the relationship. Our research entered into this new terrain, and in doing so sought to utilize a research process that would access this population in an appropriate and sensitive manner. The first step involved focus groups with a small group of female sex trade workers to talk with them about how best to access partners. In these focus groups it was clear that, at least from the women's perspective, there are some partners who will not disclose their identity, and are not interested in coming forward to participate in this type of research. Given that 'living on the avails' is a criminal offence, and living with a woman involved in the sex trade could be interpreted as living on the avails (Shaver, 1996; Lewis et al., 2005), partners' reluctance to participate is understandable. It may also be that partners who are the least comfortable with women working in the sex industry are the most likely *not* to participate in this type of research. If this is the case, the partners we spoke to may represent a group that is more comfortable with the woman's work than other partners although some of the partners we interviewed did express a level of uncomfortableness with the woman's work particularly because of the potential dangers associated with life in the sex industry, and in one instance because of the links between work in the industry and the woman's addiction.

Given that the women that we interviewed were recruited through a community agency that provides supports and services to women in the

sex industry, it is also possible that the women we interviewed represent a group that is more likely to be in 'crisis', and therefore more likely to have feelings and experiences of being excluded from dominant structures and processes than other women in the trade. For this reason, further research is needed to access women who are not reliant on such community services, to understand their perspectives on their intimate relationships and the role of such relationships in their lives and their general sense of well-being.

Exclusion is a dynamic, multidimensional concept that expresses individuals' feelings of powerlessness and relative powerlessness in different and complex situations and relationships. As our work, as well as Dalla's (2001) research involving street prostitutes in the United States suggests, intimate relationships can be challenging and hurtful. Unlike Dalla's research, however, women in our study also reported intimate relationships that were very positive and involved emotional supports and feelings of inclusion. Such differences between the studies may be related to the fact that we interviewed women who worked in settings other than on the streets, and also that we purposely recruited women who were in intimate relationships. Given this recruitment criteria, we may have had participants who were more likely than others to be in quite positive relationships. Nevertheless, our data are limited in that we do not know the frequency with which the feelings of inclusion or exclusion are felt, and how these feelings might be related to the amount of time the women work in the sex industry. For example, women who work in the trade on a daily basis (as opposed to occasionally) may experience more intense feelings of exclusion within the context of their intimate relationships if every day/night that they return from work their partner does not want to have intimate relations with them or touch them. Further research is needed to explore the intensity and frequency of the women's feelings of inclusion and exclusion, as well as the frequency of practices of exclusion on the part of partners.

It is also possible that women who work in communities where the sex trade is considered more acceptable may experience less intense feelings of exclusion in the context of intimate relationships if partners have less disdain for the women's work (given the greater community acceptance of sex work). Conducting research in different centres and countries with varied levels of acceptance of the sex trade would help to untangle such potential differences.

The social inclusion literature suggests that in order to transform current power dynamics that keep some groups excluded from health-promoting opportunities and relationships, emphasis needs to be placed on *including the excluded* in the discussions about how to challenge and change existing negative conditions (Saloojee, 2003). Our research was aimed at assisting in this process by integrating women involved in the trade in the research process and hearing their 'stories' about their intimate lives. More work is needed to continue to work *with* women (and men) involved in the trade,

to understand the experiences and processes that contribute to feelings of inadequacy and that affect one's general health and well-being. Moving beyond the conceptualization of women who work in the sex industry as simply 'victims' or 'criminals' will help in capturing the essence and complexity of their lives. There is a need for health care professionals, service providers and health promoters to work with women in the sex industry in a manner that is respectful and empowering, and that recognizes they are more than 'workers in the sex industry'. Defining the women solely in terms of their work fails to recognize the inter-connections between their working lives and the homes lives, as well as the ways in which these two worlds combine to shape the women's overall health and well-being. When providing services and supports to women in the sex industry, it is critical that health professionals and service providers provide support and services not only to the women but also to partners whose lives are also influenced by the women's work and the stigmatizing forces within the sex industry.

### **Notes**

1. Following the focus group with women, a roundtable discussion was held with 11 key stakeholders who provide services to women involved in the sex trade. The roundtable was held to discuss stereotypes and stigmas associated with the trade and how such stereotypes enter into practice.
2. The text that was read to participants as a requirement of the Ethics Committee that reviewed the study was as follows: If you have HIV/AIDS or are Hepatitis C positive, you have a legal responsibility to disclose your HIV/AIDS and/or Hepatitis C status to people who are potentially at risk by having contact with you. Some people believe you also have a moral responsibility to do so.

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### **Author biographies**

LOIS A. JACKSON is a Professor in Health Promotion at Dalhousie University (Nova Scotia, Canada). Dr Jackson is a social scientist whose research focuses on understanding how social contextual factors affect health and health-related practices among vulnerable populations. She has a particular interest in exploring the ways in which social inequities shape health-related practices, and has published both nationally and internationally. Currently, her research includes studies with injection drug users, young rural women, and women involved in the sex industry.

TOD AUGUSTA-SCOTT has worked at Bridges – a domestic violence counselling, research and training institute – for the last 12 years. He is the co-editor and contributor to the book *Narrative therapy: Making meaning, making lives* (SAGE, 2006).

His work is influenced by postmodernism, feminism and narrative therapy. He presents and publishes his work internationally.

MARILEE BURWASH-BRENNAN, MSW has been a social worker for the last 20 years. She worked in a women's shelter for 10 years and then became a family therapist addressing issues of domestic violence, sexual abuse and childhood trauma. She has also worked extensively with groups addressing these issues. Her work has been influenced by feminism and narrative therapy.

JEFF KARABANOW is a Professor at the School of Social Work and Cross-Appointed with International Development Studies and Health and Human Performance at Dalhousie University. His teaching interests involve community development, social policy, research methodology, organizational theory and international social work. Jeff has worked with street youth in Toronto, Montreal, Halifax, India and Guatemala. He has published numerous academic articles about street youth culture and has completed a film documentary looking at the plight of street youth in Guatemala City. His most recent work is a book titled *Being young and homeless: How youth enter and exit street life* (Peter Lang USA, 2004).

KARYN ROBERTSON is an Interdisciplinary PhD candidate at Dalhousie University. Karyn's background is in counselling psychology and interpersonal psychotherapy with a research focus on women's mental health through transitional phases of their lives including sexual development and childbirth. Currently she lives, works and studies in Montreal, Quebec, while raising three small boys.

BARBARA SOWINSKI is a Health Care Social Worker at the Dartmouth General Hospital and the Queen Elizabeth II Health Sciences Centre in Halifax, Nova Scotia. Ms Sowinski has over 12 years' experience in providing support services, advocacy and community resources to various target populations including single parent and marginalized families, persons living with HIV/AIDS, and women, men and youth involved in street prostitution.