Exploring Domestic Violence towards Women Working in Prostitution

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The literature review and research report follow the style of the British Journal of Clinical Psychology. Referencing therefore follows British Psychological Society guidelines.

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Exploring Domestic Violence Towards Women Working in Prostitution

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Abstract

The aim of this thesis was to explore domestic violence towards women working in prostitution, an area which has been lacking in research, despite a small number of studies suggesting it may be a common feature of sex workers' lives. A review article firstly examines literature on domestic violence in the general population, specifically outlining theoretical models, and research into risk factors and treatment interventions. The second part of the review article examines research on sex workers' experiences of childhood abuse and later violence, both whilst working and in their personal relationships.

The research report outlines a qualitative study which aimed to explore sex workers' experiences of domestic violence. Interviews were carried out with seven women with experiences of domestic violence and prostitution, then analysed using grounded theory. This produced a model which describes a number of factors which are hypothesised to sustain or resist domestic violence within these women's lives. The analysis highlighted both the impact of prostitution on domestic violence and the experiences which sex workers have in common with the general population of women experiencing this form of abuse. Clinical implications of the research are examined. Finally a critical appraisal examines describes the researcher's reflections on the overall research process.

Part One: Literature Review

Domestic Violence and the Experiences of Women Working in Prostitution

Abstract

There has been a substantial body of literature examining domestic violence in the general population, however little on domestic violence towards sex workers. This review aimed to give a general overview of the literature pertaining to domestic violence in order for provide a context for investigating the research on violence, and domestic violence towards women in prostitution.

A large amount of domestic violence research has focused on identifying risk factors, however whilst a number of theoretical models have been proposed, no single, widely accepted theory adequately accounts for all the contributory risk factors identified by this research. A number of studies have also been carried out evaluating the effectiveness of interventions for domestic violence, although further research is needed.

Most research with sex workers suggests a high prevalence of both childhood abuse and ongoing violence, notwithstanding methodological limitations. However, research has focused on violence from pimps, clients and the general public, rather than within prostitutes' personal relationships. A few studies were identified which suggested high levels of domestic violence in sex workers' relationships, however more research needs to be carried out in this area.

Introduction

Within the last ten years, emphasis on tackling domestic violence has increased. In 2003, the Government published a consultation paper on domestic violence (The Home Office, 2003). The Department of Health (2000) also produced guidelines for health professionals. In contrast, violence towards prostitutes[1] has seldom been the focus of public or academic interest (Watts & Zimmerman 2002), although highly vulnerable to violence because of their working conditions and marginalised status in society. Ward *et al.* (1999) reported a death rate twelve times higher than expected for prostitutes in London. Giobbe *et al.* (1990) compared prostitution to domestic violence since similar methods are used by pimps and customers exercising coercive control over prostitutes, e.g. isolation, verbal abuse, economic control, intimidation, denial of harm and sexual assault.

Aims of the current review were (i.) to give an overview of the domestic violence literature, and (ii.) to examine research on violence against female prostitutes, particularly domestic violence. Attention was also paid to research informing service provision.

Domestic Violence

In the U.K., domestic violence accounts for one quarter of all violent crime and claims two women's lives every week. Lifetime prevalence of domestic violence

[1] For a discussion on issues of terminology see p.

against women in the U.K. has been estimated at 26% (Home Office, 1999). In this review, domestic violence refers to 'any violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs, and including physical, sexual, emotional or financial abuse.'[2] It ranges from verbal abuse, threats, intimidation, manipulation, physical and sexual assault to rape and murder. Rarely a one-off occurrence, it often substantially impacts on victims' health and well-being, commonly causing physical injuries and psychological problems including depression, anxiety, posttraumatic stress disorder (PTSD). Gleason (1993) found increased depression among shelter and community samples of women experiencing domestic violence, with 80% meeting major depression criteria in the previous six months. Astin *et al.* (1993) reported that 60% of women seeking services for domestic violence met PTSD criteria. Whilst recognised that men experience domestic violence, incidents may generally be less serious in terms of impact, injuries and need for medical help (Home Office, 1999). Since the current review focuses on female sex worker's experiences, only literature on women's experiences of domestic violence is included.

Theoretical explanations

Domestic violence has been studied across disciplines, leading to various theoretical explanations, broadly classified as intra-individual, psychosocial and socio-cultural. Some more influential theories, and those within the psychological tradition are outlined below.

[2] The definition used by both the Home Office and by police forces in England and Wales (Home Office, 2000).

Intra-individual theories

Domestic violence research has often focused on identifying psychopathological characteristics in male perpetrators and female victims, (e.g., Launius & Lindquist, 1988; Hastings & Hamberger, 1988), based on assumptions that 'faulty' personality characteristics can be located within them. Psychoanalytic explanations similarly attribute violence to intrapsychic conflicts within affected individuals' personalities. For example, women have been described as masochistic for tolerating or seeking out abusive relationships (e.g., Kleckner, 1978). These theories have been criticised for attributing blame for domestic violence onto women, rather than men (e.g., Dobash & Dobash, 1992), and ignoring socio-cultural factors. Its high prevalence suggests that additional factors contribute to domestic violence, particularly as relatively few individuals in these relationships are diagnosed with serious psychopathology (O'Leary & Jacobson, 1992).

Psychosocial theories

Social-learning theory, the most commonly cited psychosocial theory, proposes that violence is a learned behaviour, acquired through direct experience or observation of others' violence (Bandura, 1973, 1977; Goldstein, 1989). There is some support for this as men who have witnessed domestic violence as children have an increased risk of perpetrating. It does not, however, explain why women who have witnessed domestic violence do not perpetrate, nor why men who have not witnessed parental violence become perpetrators.

Other theories explain domestic violence in terms of interpersonal relating. Social conflict theory (e.g., Sprey, 1969) posits that violence is used to resolve conflicts; whether individuals resort to violence depends on factors such as skills in managing conflict, as well as frequency and severity of conflicts.

Socio-cultural theories

Feminist theories explain domestic violence as a consequence of patriarchal society, in which men's violence is an acceptable means of maintaining the subordination of women (e.g. Dobash & Dobash, 1979). Consequently, feminists have emphasised perpetrators taking maximum responsibility, and social sanctions to reinforce the unacceptability of domestic violence. Feminist theories have been particularly influential in emphasising socio-cultural influences, (Feldman & Ridley, 1995) however do not explain female-to-male violence, nor why only some men become perpetrators.

Integrative theories

Whilst adding to overall understanding, no theory discussed above comprehensively explains the multivariate factors which contribute to domestic violence. Consequently, integrative models have been proposed explaining domestic violence at different levels, including psychological, interpersonal and socio-cultural (e.g. O'Leary, 1993). Despite apparent validity and utility in incorporating multivariate

factors, integrative models have been criticised for lack of clarity regarding the relative contribution of different elements, or how they interact (e.g. Hearn, 1998).

The development and maintenance of domestic violence

Although the theories discussed help account for why men become violent, they do not adequately explain how domestic violence develops and is maintained within relationships. Consistent with feminist theories, the development of domestic violence has been described as a process by which perpetrators gain power and control over their partners (e.g., Smith, 2000; Mega *et al.*, 2000). Physical and psychological abuse, consisting of isolation, unpredictable attacks, accusation, humiliation and threats, serve to produce an environment of fear. O'Leary (1999) found that women rated psychological abuse as worse than all but the most extreme physical violence. Tolman (1989) found dominance, isolation, verbal and emotional abuse commonly featured in the relationships of 407 men and 207 women in a domestic violence program.

Walker (1977) hypothesised that inability to control or predict violence leads to women feeling powerless to act, similar to a state of 'learned helplessness' (Seligman, 1975). Others (e.g., Dobash & Dobash, 1992), have criticised the notion that women become passive recipients of abuse. Wauchope (1988) found that two-thirds of 3666 women experiencing domestic violence sought help from friends, relatives or services. Whilst in relationships, women also found active ways to protect themselves and their children (Poirer, 1997). Some studies, however, have found that women do not defend themselves for fear of worsening the situation (DeMaris & Swinford,

1996). DeMaris and Swinford (1996) also found that women who sought help from shelters, lawyers or therapists were more fearful than those who had not. This may be because increased fear led women to seek help, or because women were scared of reprisals from violent partners for seeking help. Leaving may not increase safety; 29% of separated women reported threats or assault from ex-partners within the previous year, putting them at greater risk than those in relationships (Home Office, 1999).

Research definitions

Definitional differences have complicated research as some studies have investigated repetitive physical and emotional abuse used as a means of control, whereas others include any violence occurring within relationships. Studies employing the former definition have generally recruited from clinical populations or shelters. Particularly with perpetrators, however, those receiving help may be unrepresentative of the wider domestic violence population. In contrast, studies employing the latter definition have tended to use population surveys which are more representative, but may include isolated incidents of minor aggression, and so may have less relevance for those in ongoing abusive relationships. A substantial body of research has investigated risk factors for domestic violence (see Hotaling & Sugarman, 1986, 1990 and more recently, Riggs *et al.*, 2000 for comprehensive reviews), the most widely reported of which are discussed below.

Perpetrator risk factors

Hotaling & Sugarman (1986, 1990) reviewed 52 studies, and found low socio-economic status (SES), frequent alcohol use, experiencing or witnessing parental violence, low assertiveness and self-esteem were the most consistently supported risk factors for perpetration of violence. Similarly, Holzworth-Monroe *et al.* (1990) found that lower SES and unemployment increased perpetration risk, however, emphasised that domestic violence occurred across demographic groups. Witnessing parental domestic violence seems a better risk indicator for perpetrating than experiencing abuse (e.g. Aldarondo & Sugarman, 1996). However, additional factors may mediate this relationship as not all men who have witnessed domestic violence as children become perpetrators (Riggs *et al.*, 2000).

Alcohol and drug use or dependence have been identified as both general risk factors and precipitators to violence (Kantor & Straus, 1990; Pan *et al.*, 1994). Research has consistently found higher rates of domestic violence amongst men who are heavier drinkers (see reviews by Leonard, 1993, 2001). Leonard *et al.* (1985) found that men currently diagnosed with alcohol problems were three times more likely to be aggressive towards partners than those without or with previous alcohol problems. Alcohol use has also been associated with worse violence (e.g. Martin & Bachman, 1997).

Holtzworth-Monroe and Anglin (1991) found lower assertiveness when comparing perpetrators with non-perpetrators, who were usually also more angry and hostile, particularly when conflicts involved jealousy or threats of abandonment. It is unclear,

however, whether low assertiveness and increased hostility are specific to domestic violence perpetrators as studies have rarely included non-violent, maritally-dissatisfied men (Riggs *et al.* 2000).

Psychological problems are well-documented risk markers for perpetration of domestic violence, including depression, post-traumatic stress disorder (PTSD) and borderline personality disorder (Riggs *et al.*, 2000). Maiuro *et al.*, (1988) and Vivian and Malone (1997) found abusive men scored higher on the Beck Depression Inventory (BDI) than non-violent men. In a general population sample, Pan *et al.* (1994) found a 20% increase in depressive symptoms associated with a 74% increase in severe violence (e.g. beating up, punching). Among Vietnam veterans, 43% of those with PTSD reported perpetrating domestic violence, more than twice the likelihood of those without (Riggs *et al.*, 1999). Given increased risk of perpetration among men with psychological problems, Riggs *et al.* (2000) suggested that men seeking psychiatric or psychological treatment should routinely be assessed for history and perceived risk of violence.

Risk factors for experiencing domestic violence

In contrast to research with perpetrators, consistent correlates which predict victimisation have proved more difficult to find (Riggs *et al.*, 2000). The only consistent correlate identified by Hotaling and Sugarman's (1986) review was witnessing parental violence, however, this has been contradicted by other reviews (Pagelow, 1984; Sedlak, 1988). Additional discriminating variables which may mediate this risk have been suggested, e.g., marital conflict (Hotaling & Sugarman,

1990) and perceived legitimacy of violence (Herzberger, 1983). Similarly, whilst two reviews consistently identified high rates of childhood victimisation among domestic violence victims (Hotaling & Sugarman, 1984; Sedlack, 1988), this did not discriminate when studies used comparison groups comprising women in non-violent, conflictual relationships (Riggs *et al.*, 2000). Nevertheless, Weaver and Clum (1996) found rates as high as 71% for childhood physical abuse and 53% for sexual abuse among domestic violence victims. Whilst early studies attempted to identify psychopathology within female victims (Stark *et al.*, 1981), associated mental health problems are now thought to be consequences of domestic violence, rather than predisposing factors (Riggs *et al.*, 2000).

Interpersonal risk factors

Couple-level factors repeatedly identified by research include previous relationship aggression, relationship conflict, and verbal aggression within the relationship (Hotaling & Sugarman, 1986, 1990; Riggs *et al.*, 2000). Previous aggression within the current relationship has been identified as one of the biggest risks for further violence (Riggs *et al.*, 2000). Feld and Straus (1989) found that nearly 50% of men who had been violent prior to initial assessment were also violent the following year, compared to 10% of those previously non-violent. Hotaling and Sugarman (1990) found that of 42 risk factors, marital conflict was the most powerful discriminating factor between groups of increasing violence severity, ranging from no verbal abuse to severe physical violence.

In summary, whilst factors have consistently been identified that predispose men to perpetrating, the existence of specific factors increasing women's likelihood of experiencing domestic violence remains unclear. Experiences of childhood victimisation, however, may increase conflict within women's relationships, itself a significant risk factor for domestic violence. Other potential contributory factors remain under-researched including the nature and role of cognitions, despite many conceptualisations and interventions assuming that they mediate the relationship between emotional arousal and behaviour (Feldman & Ridley, 1995). In addition, despite extensive discussion about the importance of power in domestic violence, few studies have investigated the involvement of power dynamics (Malik & Lindahl, 1998).

Domestic violence interventions

Domestic violence interventions include those aimed at individuals and services, as well as social and legal interventions. However, the majority of research has focused on evaluating programs for male perpetrators (Wathen & Macmillan, 2003).

Interventions for women experiencing domestic violence

Two recent systematic reviews concluded a lack of good evidence regarding the effectiveness of interventions for women experiencing domestic violence (Ramsay *et al.* 2002, Wathen & MacMillan, 2003). Wathen and MacMillan (2003) found no methodologically sound studies on the effectiveness of shelters, despite reviewing all comparative studies of interventions to which primary healthcare professionals could

refer. The only study identified as of fair quality[3] was a randomised control trial (RCT) investigating advocacy counselling following a shelter stay (Sullivan & Bybee, 1999). This did not achieve a 'good' quality rating because of reliance on self-report data, not validated by medical or police records, however, this maybe an overly strict criterion undermining the credibility of women's accounts.

Intensive ten-week advocacy counselling was focused on devising safety plans and accessing community resources, such as housing, employment and social support (Sullivan & Bybee, 1999). At two-year follow-up, among 242 of the original 284 participants, women receiving counselling reported improved quality of life, less depressive symptoms, significantly less physical violence over time, and increased effectiveness in obtaining community resources than controls who had only accessed a shelter. Ten percent of controls experienced no violence in the two-year follow-up period compared to 25% of the intervention group. Although re-abuse levels seem high (76% and 89% for the intervention and control group, respectively), they referred to any episode of re-abuse during the two-year period. Sullivan (1998) has argued that re-abuse may be an inappropriate measure since women often have no control over this even if they have left partners, and are frequently forced to return to abusive relationships for economic or other reasons.

Domestic violence screening

Given its high prevalence, ongoing debate exists about domestic violence screening for all women presenting at healthcare services. In a recent systematic review,

[3] According to design-specific criteria based on the evidence-based methods of the Canadian Task Force on Preventative Health Care, Woolf *et al.* (1990)

Ramsay *et al.* (2002) reported that most studies found screening led to increased identification of women experiencing domestic violence by health professionals, although six of nine studies used weak designs and gave inconsistent results. Although most women favoured screening (e.g., Friedman *et al.*, 1992; Caralis & Musialowski, 1997), many health professionals did not (Richardson *et al.*, 2001).

Given the lack of evidence for the effectiveness of interventions for women identified through screening, Ramsay *et al.* (2002) concluded it was premature to introduce universal screening. They, however, only identified five non-UK studies investigating such interventions, none of which used randomised control designs, and only two of which included violence reduction as an outcome measure. The most robust study did find reduced violence following counselling and advocacy support for women identified in antenatal clinics (Parker *et al.*, 1999). The other study did not detect reduced violence following advocacy (Muellman & Feighny, 1999), however, recorded visits to an emergency department rather than self-report, so probably underestimated violence.

Ramsay *et al.* (2002) reported that four out of five studies found increased referral to other agencies following screening, but identified only two studies investigating increased service use. One found increased shelter use, but employed a weak design (Muellman & Feighny, 1999). The second (Fanslow *et al.*, 1998, 1999) evaluated an intervention which trained emergency department staff to recognise signs and symptoms of domestic violence, ask appropriate case-finding questions, assess risk and provide appropriate intervention (including assessment of depression, counselling about legal options, and safety planning), as well as referring onto community and

social services. Staff training led to significant increases in use of treatment interventions, immediately post-training at the target site compared to a control site. Unfortunately, changes were not maintained at one-year follow-up, attributed to lack of ongoing staff training.

Despite current lack of evidence that screening reduces domestic violence, some authors and healthcare organisations (see Bauer & Shadigian, 2002) have recommended its implementation because of effectiveness in identifying victims, which may facilitate women accessing appropriate help. The NHS Executive (1998) recommended routine screening in antenatal settings, however, the Department of Health (2000) suggested the implementation of universal screening required further development and research validation.

Interventions for perpetrators

Interventions aimed at perpetrators of domestic violence have generally been cognitive-behavioural or based on the Duluth model (Pence & Paymer, 1993), a feminist psycho-educational approach, challenging men's use of power and control over their partners and aiming to change behaviour to encourage more equal relationships (Babcock *et al.*, 2004). In the UK, standardised cognitive-behavioural interventions have often been the treatment of choice (Gadd, 2004). However, reviews have found both interventions had only small effects on reducing domestic violence with little difference between them (e.g., Davis & Taylor, 1999; Babcock *et al.*, 2004).

Despite current evidence suggesting limited effectiveness, Babcock *et al.* (2004) warned against dismissing interventions for perpetrators given the prevalence and seriousness of domestic violence, even small effects may benefit a substantial number of women. They highlighted limitations in existing research, including problems with random assignment, high treatment attrition and low follow-up response. Some studies also relied solely on police reports, despite only about one in five assaults being reported to the police (Rosenfeld, 1992).

Babcock *et al.* (2004) suggested that small treatment effects may be due to poor quality interventions and ineffective community responses to domestic violence. A few studies in which interventions have been very effective support this (e.g., Taft *et al.*, 2001, Waldo, 1988). Taft *et al.* (2001) enhanced treatment adherence by including motivational interviewing (Miller & Rollnick, 1991), reminder phone calls and hand-written notes following intake and missed sessions, leading to very low attrition. Waldo (1988) used relationship enhancement (Guerney, 1977), an emotion-focused approach aimed at improving relationship skills. Both studies, however, employed quasi-experimental designs comparing treatment completers with drop-outs. This may have enhanced results since those motivated to complete treatment may be less likely to re-abuse than drop-outs. Babcock *et al.* (2004) concluded that interventions for perpetrators should be improved, incorporating elements with some evidence of effectiveness as in the two studies above, and that there needs to be more well-designed research evaluating such interventions.

Social, policing and legal interventions

In their review, Wathen and Macmillan (2003) identified few comparative studies evaluating social, policing or legal interventions. However, in a U.S. retrospective cohort study Holt *et al.* (2002), found that 12-month civil protection orders resulted in significant (80%) reductions in police-reported violence in the following year compared to cases without protection orders. In contrast, two-week temporary orders were associated with significant increases in psychological abuse.

Summary of findings on interventions

Good quality research evaluating interventions for women experiencing domestic violence is lacking, precluding firm conclusions being drawn regarding their effectiveness. Whilst there are also problems with research on interventions for male perpetrators, existing studies have suggested only limited effectiveness in reducing domestic violence. The remainder of this review focuses on violence towards sex workers, including the few studies pertaining to their experiences of domestic violence.

Prostitution and Violence

Terminology

Ongoing debate exists about the most appropriate term to describe women working in prostitution. In the 1980's, prostitutes' movement activists coined the term 'sex work' to describe a range of commercial sex activities including erotic dancing, pornography and sex writing. Many, but not all sex workers prefer this term as it emphasises

selling sex as an occupation, and is considered less stigmatising than the term 'prostitute' (Overs & Longo, 1997). Others, including some feminists, resist the term 'sex work', arguing that prostitution is not just another profession, but part of a larger system of patriarchal subordination of women (Raymond, 1998). Sex workers' advocates, however, challenge the traditional conception of female prostitutes as victims and men as clients/exploiters, emphasising that many women are not forced into prostitution, but actively choose work in the sex industry. This may be for economic reasons as prostitution is often better paid than other employment options traditionally available for many women (International Prostitutes Collective, 1999). This is clearly a complex issue as whilst many women choose to engage in prostitution for economic and other reasons, some girls and women in prostitution are vulnerable to exploitation and have limited options because of fleeing abuse or homelessness. Additionally, although forced prostitution may be less common in the UK than previously, groups supporting sex workers acknowledge that many sex workers are problematic drug users (UK Network of Sex Work Projects, 2004), vulnerable to abuse through a male-dominated drug scene (Miller, 1995).

In the current review, the terms 'sex worker' and 'prostitute' were used interchangeably. Firstly, since during the author's own research, she worked with a project supporting sex workers in which both the organisation and individual women referred to themselves as 'prostitutes'. Secondly, whilst the author would not wish to stigmatise sex workers and would support them in gaining more rights, she wished to acknowledge that some women may have limited choices, and that prostitution often exposes them to multiple abuses which may be less visible if perceived of as any other job.

Legal issues

Although not illegal to sell sex in Britain, the existing laws around activities associated with prostitution make it almost impossible to do so legally, and primarily penalise sex workers rather than clients or pimps. The Disorderly Houses Act 1751 criminalises brothels, massage parlours and prostitutes who work from their own homes. The Street Offences Act 1959 criminalises soliciting impacting on street sex workers. Recently, anti-social behaviour orders have been used against female street workers, effectively criminalising them, although they have been rarely used against kerb crawlers (UK Network of Sex Work Projects, 2004).

Prostitutes' rights organisations have long argued for decriminalisation of prostitution, maintaining that its criminalisation increases sex workers' vulnerability to violence (International Prostitutes Collective, 1999). In addition to increasing the stigmatisation of prostitutes, the law deters women from working together in premises which would decrease their vulnerability to violence, as this constitutes a brothel, and brothel-keeping is illegal. Police targeting of street workers and their clients encourages them to work in more isolated areas, at unsafe times, and to take less time assessing potential clients for risk. Women may also need to work more to pay off fines incurred when prosecuted. Finally, women and children convicted of prostitution-related offences are categorised as 'sex offenders' making it difficult to exit prostitution and find other work.

Methodological issues and problems with research

Although, prostitution occurs globally, 'there is quite simply no such thing as a representative sample of women selling sex' (McKeganey & Barnard, 1996). Prostitutes work across different settings: the streets, brothels, massage parlours, escort agencies, and only some have pimps. They vary widely in age, some starting in adolescence; some women have long careers in prostitution, while others only occasionally sell sex for money and/or drugs. Although the co-existence of prostitution and drug misuse is well documented, the percentage of sex workers that are problem drug-users varies greatly between studies, depending on work setting and geographical location (e.g. Ward *et al.*, 1993; Plant, 1997). Sub-cultures of prostitutes vary between different countries, cities, and between urban and rural areas. Therefore, studies should clearly define their samples, as research on one sub-group of prostitutes may not be generalisable to others.

Many studies have focused on prostitutes' potential to transmit sexually transmitted infections (STIs; e.g., Plant *et al.*, 1989), although research has shown that sex workers have relatively low risk of STIs, including HIV, due to high condom use (e.g., Ward *et al.*, 2004). Boynton (2001) highlighted the risks posed to prostitutes and that they are frequently blamed for causing health problems, whilst their own health needs are often overlooked. It is forgotten that many begin working when young, sometimes as children, may have suffered past abuse, and are vulnerable to ongoing victimisation.

Much of the research literature fails to address the physical and emotional harm which some argue is intrinsic to prostitution (e.g. Farley *et al.*, 1998). In addition, sex workers are rarely recognised as individuals with life histories. Dalla (2001) has argued that prostitutes' personal realm is neglected, as it is harder to ignore and marginalise them if recognised as someone's daughter, mother or wife.

The role of pimps

There is a consensus that some individuals, particularly teenagers, are coerced into starting and staying in prostitution by pimps who are often violent (May *et al.* 2000; Sanders, 2001). There is less agreement about the prevalence of 'pimping'; some studies have found most sex workers operate independently (e.g., Pheterson, 1996; McKeganey & Barnard, 1996; Sharpe, 1998), whilst others have suggested that most have pimps at some time (Barry, 1995). Most research has been conducted in the U.S. and continental Europe, with relatively little on the nature and extent of pimping in the UK. May *et al.* (2000), however, investigated pimping in four British cities, interviewing 33 female prostitutes (16 of whom had pimps) and 16 pimps. They concluded that far from all sex workers had pimps, but those who did, were at significant risk of physical and emotional abuse.

Several researchers have commented on the ambiguous nature of relationships between sex workers and pimps. The reported subjective experience of those pimped is often of a close emotional tie. Miller (1986) found that prostitutes were reluctant to refer to 'pimps', instead talking of 'my man'. Recent studies have commented on the changing nature of pimping as increasing drug dependence has increasingly replaced

physical coercion as the process trapping women in sex work. Miller (1995) argued that women have not gained increased autonomy, as their exploitation continues due to reliance on male-dominated drug scenes, through which they continue to give most of their earnings to men who exercise financial and sexual control over them.

Childhood abuse

Childhood victimisation, particularly sexual abuse, has recurrently been cited as a causal factor for entry into prostitution (Branningan & Gibbs Van Brunschot, 1997). The percentage who have been abused, however, varies widely between studies. Silbert and Pines (1981a, b) found that 62% of 200 street prostitutes in San Francisco were childhood victims of physical abuse, and 67% had been sexually abused. This is far greater than the general population prevalence, estimated at 20% for female sexual abuse internationally (Finkelhor, 1994), with similar physical abuse rates against girls in the U.S. and Canada (e.g., MacMillan *et al.*, 1997; Briere & Elliott, 2003).

Unlike much subsequent research, Silbert and Pines (1981a) ingeniously employed trained ex-prostitutes to conduct interviews. This may have led to greater openness amongst interviewees, because of perceiving ex-prostitutes as less judgmental about them. Nevertheless, this study has been criticised (e.g., Brannigan & Gibbs Van Brunschot, 1997) as prostitutes' ages were unevenly distributed with 60% under 16 years old, and only 10% between 16-21 years old, suggesting an unrepresentative sample.

Similarly high abuse levels were reported by Bagley and Young (1987) amongst 45 ex-prostitutes, with childhood sexual abuse the major predictor of mental health disturbance in their subsequent careers, although women who leave prostitution may be dissimilar to those remaining. In contrast, Opaneye & Surtees (1998) found that only 27.3% of 33 (out of an estimated population of 40-60) street prostitutes in Middlesborough reported childhood sexual abuse. This much lower figure may have been due to the use of questionnaires; Farley *et al.* (1998) found that in Zambia where interviewers had previously established relationships with street prostitutes, 83% reported childhood sexual abuse, compared to 58% in four countries where participants responded by questionnaire. These differences, however, could reflect cross-cultural differences between countries. Another reason for under-reporting, especially in questionnaire-based studies, was highlighted by Farley and Barkan (1998) who reported that many prostitutes seemed profoundly uncertain about what constituted 'abuse'; some had been recruited into prostitution aged 12 or 13, yet denied being molested as children.

In a study of 105 New York street-based sex workers, those with an abuse history were significantly more likely to use crack cocaine (94% vs. 79%; El-Bassel *et al.*, 2001). Client sexual abuse was also associated with childhood abuse. Therefore, as a result of earlier trauma, women continued to be caught in a cycle of drug and client abuse.

Brannigan and Gibbs Van Brunschot (1997) highlighted additional methodological problems of the child sexual abuse research. The definition of abuse varied between studies, and some included women with brief experiences of prostitution. Most

employed samples of convenience rather than random samples, despite abuse levels varying depending on whether women are sampled from psychiatric services, prostitution rights organisations, or street versus off-street locations. Branningan and Gibbs Van Brunschot (1997) also pointed out that high abuse levels does not imply a causal factor for entry into prostitution. They found that dysfunctional family backgrounds better distinguished prostitutes and students than actual abuse levels.

Similarly, Dalla (2001) argued that the inconsistency and contradictory nature of evidence reveals the complexity of identifying causal pathways into prostitution. In her qualitative analysis, with 31 female interviewees with current or previous experience of street prostitution in a U.S. city, three themes emerged from women's descriptions of their families whilst growing up. Firstly, parental alcoholism and substance abuse were often reported, and overwhelmingly occurred alongside domestic violence. Secondly, many accounts suggested severance of the parent-child bond, most reporting lack of attachment or closeness to anyone during childhood. Twenty-three women felt abandoned by key individuals at critical points in development, some were removed from homes because of parental death, domestic violence or drug abuse. Thirdly, 26 of the 31 women reported sexual abuse, most frequently by stepfathers, often over some years, beginning when very young (aged 2-4) and frequently by numerous individuals. Most children did not tell anyone, as there was nobody to tell, to protect their mothers, or had told someone but were not believed. This detailed analysis suggests that solely investigating abuse may obscure more complex, emotionally detrimental factors in prostitutes' family backgrounds.

Dalla (2001) commented that her research was limited by only meeting with prostitutes once, perhaps preventing them more openly discussing painful issues. In addition, most were trying to leave prostitution, so may not be representative of street prostitutes in general. Notwithstanding these limitations, Dalla (2001) concluded that entry into prostitution resulted from the culmination of multiple interdependent personal and contextual factors. Women who became prostitutes were embedded within interpersonal systems that both led to initial experiences of sex work and played a crucial role in how and when they could exit prostitution.

In summary, despite methodological problems reported by Brannigan and Gibbs Van Brunschot (1997), the larger and better-designed studies have consistently reported much higher childhood abuse levels among sex workers compared to the general population. However, additional factors in women's backgrounds may also contribute to an increased likelihood of involvement in prostitution.

Violence following entry into prostitution

Similarly, to the child abuse literature, research on violence following entry into prostitution indicates high levels of physical and sexual assault. In Silbert and Pines (1981a, b) study, 65% of women reported client physical abuse, and 78% forced perversion. More than three-quarters stated there was nothing they could do about it, and only 1% mentioned reporting incidents to the police. Two-thirds of women with pimps had been physically abused by them. More than half of women accepted abuse as a way of life, felt they deserved it, or it signified their pimp caring about them. In conjunction with other parts of their study (e.g., Silbert & Pines, 1981a), indicating

high levels of childhood abuse and exploitation, Silbert and Pines (1981b) concluded that prostitutes became hopelessly trapped in an endless cycle of victimisation, such that ongoing violence and abuse led to a kind of 'psychological paralysis', characterised by self-depreciation, passivity and inability to change destructive behaviour as they perceived limited options and blamed themselves for victimisation.

In a more recent UK study, of the 51% of female street sex workers attending a Glasgow drop-in centre who completed questionnaires, 47% reported violence and 39% sexual assault whilst working; 32% had been threatened with a weapon (Gilchrist *et al.*, 2001). Church *et al.* (2001) compared the prevalence of client violence against 240 prostitutes working in saunas, flats or outdoors in Leeds, Glasgow and Edinburgh, using questionnaires. The street prostitutes were younger, had started prostitution earlier, used more illegal drugs and experienced significantly more client violence. They most frequently reported being slapped, punched or kicked, whereas indoor workers most frequently cited attempted rape. Half of street prostitutes compared to a quarter of indoor workers had experienced client violence in the previous six months.

In a Canadian qualitative study, despite the interview not containing any questions on abuse or violence (as the aim was to investigate service needs), the extent that narratives described such topics was startling and provided their research paper's focus (Nixon *et al.* 2002). They interviewed 47 women, who had started prostitution under 18 years old (two-thirds beginning aged 15 or less), about half of whom were current sex workers. Many had friends or acquaintances who had been murdered; half reported violence or threats from pimps, although as participants were not directly

asked abuse or violence, figures could be underestimates. Some women were frightened to leave or access services fearing retaliation from pimps, although actual numbers were not reported. At least half of women mentioned extreme client violence including gang-rape, rape at gun point, forced engagement in degrading sexual acts, strangulation, torture and being run over, often resulting in hospitalisation or serious injuries including miscarriages and broken bones. Several women commented on constantly fearing 'bad dates', not knowing if they would return alive. Numerous women reported needing to be intoxicated to work as they were so frightened. The women perceived extreme violence as normal or expected, and some spoke of becoming desensitised or numb in order to deal with it.

Nixon *et al.* (2002) also reported violence by service providers, most commonly the police. Whilst some women had good relationships or were neutral about the police, nine of the 47 had been assaulted, sexually assaulted or propositioned by police, others had been harassed or verbally assaulted. Many women would not seek police help, fearing criminal charges, arrest or assault. Fear of negative judgement also prevented prostitutes accessing services. Nixon *et al.* (2002) commented that due to abuse experienced as children and adults, some women had such low self-esteem and internalised self-hatred that they stopped caring about themselves, perpetuating a cycle sustaining them in prostitution. Several women said prostitution helped them gain control and overcome feelings of powerlessness stemming from childhood abuse. One woman said:

'It's like being an abused wife, I guess. After a while you think that there's nothing else you can do, that nobody else wants you.' (Nixon *et al.*, 2002, p.1033).

One limitation of Nixon *et al.*'s (2002) study was its focus on experiences during adolescence, when more vulnerable to victimisation. However, as it was retrospective and some women had been sex workers for years, the researchers could not always verify that narratives related to involvement during adolescence. Nevertheless, as all participants started prostitution aged under 18, the findings may not apply to those who enter as adults. Furthermore, only women connected with services were included approximately half having left prostitution, so they may be unrepresentative of sex workers in general.

In UK qualitative study, Phoenix (2000) used focused life interviews to explore the conditions in which 21 women, aged between 18 and 44, were sustained within prostitution. Interviewees worked from various city locations, and all had extensive experience of 'poncing' (financial exploitation often achieved by threats). Most women discussed how past victimisations (especially sexual and/or physical abuse) had 'turned' them into prostitutes. All participants commented that prostitution furthered their impoverishment, dramatically heightened their likelihood of experiencing sexual and physical violence, and increased dependency on men (who as ponces were often violent). The women believed that poncing was inescapable, inevitable and that they could offer no effective resistance. In addition, the criminal justice system created conditions used to justify continued involvement in prostitution to pay fines for soliciting and avoid prison. However, the study only included non-

drug users, therefore, findings may not apply to all prostitutes, many of whom have significant drug problems (McKeganey & Barnard, 1996).

Psychological distress and violence

Given the extent of abuse in childhood and following entry into prostitution, psychological difficulties amongst sex workers could be predicted. Indeed, both Vanwesenbeeck (1994) and Silbert and Pines (1982) noted dissociative symptoms among prostitutes, which often occur in post-traumatic stress disorder (PTSD). Vanwesenbeeck (1994) reported that dissociation was significantly related to violence in childhood and during sex work.

Farley *et al.* (1998) investigated violence incidence and PTSD symptomatology using a 23-item questionnaire and the PTSD Checklist (PCL), which has high reliability and validity. Across five countries, 81% of women in prostitution had been physically threatened (including 68% with a weapon) and 73% physically assaulted; 67% met diagnostic criteria for PTSD, and 85% met criteria for partial PTSD (i.e., two of the three criteria for PTSD; Houskamp and Foy, 1991). This was comparable to PTSD incidence among women experiencing domestic violence, which ranges from 45 to 85% (Houskamp & Foy, 1991; Kemp *et al.* 1991; Saunders 1994). Despite cultural and sampling differences, Farley *et al.* (1988) found no differences in PTSD symptomatology between countries. In the U.S., when lifetime violence was examined (including childhood abuse, rape and physical threats/assaults), only six percent of women reported no violence (Farley & Barkan, 1998). The more types of

violence reported, the greater the severity of PTSD symptoms and the greater the likelihood of meeting diagnostic criteria.

The application of psychiatric terminology to women who have been harmed by men's enforcement of power over them including use of violence, however, has been criticised for pathologising women and dismissing the oppression they face (e.g., Brown, 1992). Nevertheless, Farley *et al.* (1998) contended that PTSD diagnoses require external stressors, implying that psychological symptoms result from material conditions oppressing women. Recently, interest has emerged in positive adaptations to trauma, including violence (e.g. Tedeschi, 1999). Tedeschi and Calhoun (1995) suggested that more than half of individuals who have experienced traumatic events reconstruct schemas to produces world-views and related behaviour that are perceived as beneficial, not only for managing trauma, but for living life more fruitfully than pre-trauma. Tedeschi (1999) defined posttraumatic growth as the tendency for these individuals to describe important changes in relationships, perception of self and philosophy of life, following extreme trauma. Whilst posttraumatic growth has been reported following violence, including rape and sexual abuse (e.g. Burt & Katz, 1987; McMillan *et al.*, 1995), it has not yet been studied amongst sex workers.

In summary, research has shown high levels of physical and sexual violence towards sex workers, which has been linked to increased psychological distress, particularly PTSD. However, most studies have investigated violence from clients, pimps, and the general public rather than domestic violence.

Domestic violence

In a prospective survey, Day (1996) found that whilst 58% of 193 women across all sectors of the London sex industry reported previous assault, only 40% of recent assaults were by clients; the remaining 60% were from strangers, partners, family and the state (e.g., police officers), and those involving domestic violence were particularly harrowing. Alarmingly, at least one prostitute was murdered by a boyfriend during the study. Day (1996) concluded that prostitutes faced high rates of violent assault in both their professional and personal lives, such that services should not solely focus on violence risk from customers, but also others, including partners.

El-Bassel *et al.* (2001) found that whilst over half of 105 New York street prostitutes had experienced client abuse, 73% had experienced domestic abuse. However, respondents with regular intimate partners were less likely to experience client abuse, suggesting that partners may have protected women or may have been pimps.

A British study found that almost three-quarters of 17 prostitutes with partners who were not pimps experienced domestic violence which, although not of the same intensity as for a second group with pimps, was routine, and for nine women resulted in broken bones or hospital stays (May *et al.*, 2000). Nevertheless, these women viewed their relationships differently, and more positively than those with pimps. Half of women with pimps stated that escaping their pimp was significant in enabling them to leave prostitution. In contrast, most of those without pimps believed their partners would be happy if they exited prostitution. Among 15 male partners of sex workers, 12 reported problematic drug use, and 11 reported their female partners

bought everything with earnings from prostitution, although only two were happy about their partners' work. This suggested high levels of financial abuse, possibly supporting male partners' drug use.

In Nixon *et al.*'s (2002) study, at least 22 out of 47 women experienced domestic violence; eleven were coerced into prostitution by boyfriends. Although men exhibited characteristics of pimps (i.e. forcing women into prostitution and taking their earnings), the women rarely referred to them as such. Similarly to other women experiencing domestic violence, respondents admitted that violence from pimps or boyfriends was a significant barrier to leaving their abusive environment and accessing services.

Dalla (2001) similarly found that whilst sex workers distinguished between relationships with partners and pimps, differences were subtle; both were prone to violence/abuse, both fathered children and often introduced women into prostitution. Seven of the 31 women reported that their partners were also their pimps; eight partners were former clients. Many partners encouraged prostitution because the money supported drug habits. Most women described a succession of relationships devoid of emotional content, nurturance or support, based primarily on 'sex and drugs' and mostly characterised by violence. Despite receiving multiple injuries whilst working, partners caused more injuries and worse violence, often leading to numerous hospitalisations. Several women described being beaten weekly but few sought help. Dalla (2001) suggested that many women, when offered a relationship, felt they should not decline.

Phoenix (2000) reported that whilst at some points interviewees demarcated 'ponces' from boyfriends, elsewhere the distinctions were dissolved. In their discourses, women 'symbolically transformed' their relationships with exploitative, often violent men from 'business' or abusive relationships into loving, romantic and most importantly, non-prostitute related relationships. Phoenix (2000) commented that women drew on prominent discourses of romantic love, dictating that women's desires are converted into a focus on their partners' desires (e.g., Person 1988). This was highlighted by one woman:

> *'I'd give him the fucking world. I'd give him all my money and he'd beat me up. But I carried on giving him my money. You do, don't you when you love someone?'* (Phoenix, 2000, p.47).

Also commonly reported was that continued involvement in prostitution was the cost of maintaining intimate relationships:

> *'Then you get mixed up with someone and you have to do it again to help him, keep a hold of him and because you love him.'* (Phoenix, 2000, p.49).

Phoenix (2000) concluded that all men became both (i) boyfriends and potential ponces, and (ii) ordinary men doing what came naturally (i.e. sex) and abnormal, dangerous men. Their accounts demonstrated this as men were conflated with violence and danger, such that all men became risky. However, men were also perceived as necessary for money, suggesting women may have accepted violence to survive.

Service interventions

Many studies highlighted a need for improved services including interventions designed for victimised street prostitutes (e.g. Silbert and Pines, 1981b). In Opaneye and Surtees' (1998) British study, women welcomed a drop-in centre, providing sexual health information, advice, STI/HIV tests, drinks and free condoms, but suggested further facilities for counselling, self-defence and assertiveness training. Opaneye and Surtees (1988) recommended that services provide opportunities for learning, improving social skills, assertiveness and self-empowerment.

Given, the proportion of injecting drug-users among street prostitutes in Glasgow (95%), Gilchrist *et al.* (2001) recommended methadone services at drop-in centres to diminish violence vulnerability by reducing the need to work in order to fund heroin addiction. Studies have demonstrated the effectiveness of methadone programs in reducing drug use and drug-related harm (e.g. Marsh, 1998; Ball & Ross, 1991). Bellis (1993) found that half of 45 drug-using prostitutes remained in methadone treatment at one-year follow-up, reducing personal income from prostitution and crime by 58%.

Nixon *et al.* (2002) reported that fear of violence, lack of knowledge about resources and scarcity of appropriate services prevented women obtaining support. Some women spoke positively about programs run by women, especially ex-prostitutes. Nixon *et al.* (2002) advocated early intervention before women experience extreme, seriously detrimental levels of violence. They suggested that prostitution services should be similar to domestic violence services, which respond well to women who

successively return to abusive partners before eventually leaving. Similarly, sex workers (particularly adolescents) often move in and out of prostitution, before finally leaving. Nixon *et al.* (2002) concluded that domestic violence services had much to offer regarding survivors' rights and autonomy, whilst promoting protection and safety. Although prostitution services need to be specialised, they should have the same goal of preventing violence/abuse against women and children.

Discussion

Much is now known about the nature, prevalence and impact of domestic violence in the general population, as well as contributory risk factors, although no single, widely accepted theory integrates them. Despite many interventions based on men's use of power and control over their partners, little research examines power dynamics within abusive relationships. Future researchers should address this, as well as considering how research can lead to integrated understandings of why and how domestic violence often occurs. There is a pressing need for better designed studies investigating the effectiveness of interventions for women experiencing domestic violence using a range of outcome measures such as quality of life, social support, and re-abuse rates. Better quality research is also needed to evaluate interventions for male perpetrators, although effort firstly needs to be focused on improving interventions.

As mentioned previously, sex workers are a diverse group, making it difficult to draw generalisations from any single study on prostitution. Nonetheless, the literature consistently reports high levels of childhood abuse among prostitutes from various

populations. Most studies, however, investigate street prostitutes who more frequently use drugs and where abuse levels are likely to be higher. Several authors (e.g., Silbert & Pines, 1981b; Nixon *et al.*, 2002) have commented on how childhood abuse leads to a cycle of victimisation, whereby women become involved in prostitution, which exposes them to high risk of violence from clients, the general public and potentially pimps. This is supported by research indicating high levels of often-extreme violence, although most studies focus on street prostitutes who may be at greater risk. More research should include sex workers from off-street locations.

There is a much less research investigating violence within prostitutes' intimate relationships. The most robust study by Cohen *et al.* (2000) reported high domestic violence prevalence among New York prostitutes. The only British study identified also reported high levels of (May *et al.*, 2000), although involved small numbers. More research is needed into the prevalence of domestic violence among UK prostitutes.

Qualitative studies also suggest domestic violence is commonly experienced by prostitutes, and have contributed to a richer understanding of their experiences. Some authors (e.g., Miller, 1986; Phoenix, 2000) have found that prostitutes' relationships are not clear-cut. Whilst women themselves often differentiate between pimps and partners, researchers have commented that distinctions are sometimes blurred, making the study of domestic violence towards prostitutes more complex. Only one qualitative study relating to British prostitutes' experiences of domestic violence was identified, and no studies began with the aim of exploring domestic violence.

Therefore, there is a need for more qualitative studies on domestic violence, particularly within the UK.

The high levels of psychological distress found among prostitutes (e.g. Farley *et al.*, 1998) highlights a need for prostitution services to focus on violence. Whilst some services have been successful in accessing prostitutes, e.g. drop-in centres and outreach services, their remit has often solely been on health promotion. Further suggestions from the research include counselling, self-defence, assertiveness training, specialist services for drug-using prostitutes, as well as services run by women (especially ex-prostitutes) and based on existing service models for domestic violence. Such services should also ideally be evaluated with outcome research.

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Part Two: Research Report

Exploring Domestic Violence towards Women Working in Prostitution

Abstract

Background: A limited number of research studies have suggested that sex workers experience high levels of domestic violence.

Aim: The aim of this study was to carry out an exploration into domestic violence towards sex workers.

Method: A grounded theory analysis was carried out on the interview transcripts of seven women with experience of prostitution and domestic violence, including two project workers who supported sex workers.

Results: A model was developed which described eight factors that contributed to sustaining or resisting domestic violence within prostitute women's lives. This model was examined in relation to the existing literature on domestic violence. The applicability of the model to both other sex workers and non-prostitute women was explored, together with its clinical applications.

Conclusion: Whilst the model proposed identified a number of factors which may have put these sex workers at increased risk of domestic violence, as well as compounding the potential impact of domestic violence, many of their experiences had parallels in the general domestic violence literature. Therefore, it is considered that the model developed may be useful for understanding how both sex workers and women in general may be sustained within and attempt to resist domestic violence in their relationships.

Introduction

Awareness of domestic violence as a healthcare issue has increased over recent years. The Department of Health (2000) clearly stated in their resource manual for healthcare professionals that health services have a pivotal role in the identification, assessment and response to domestic violence. Due to its psychological impact, the likelihood of psychologists encountering women with experiences of domestic violence was also emphasised.

Sex workers may be at particular risk of domestic violence because of their marginalised status in society, increased likelihood of being in exploitative relationships, and greater likelihood of themselves or their partners misusing substances. It may also be harder for them to access mainstream domestic violence services, due to mistrust and professionals' negative judgements.

Many studies have found increased levels of childhood abuse towards prostitutes (e.g. Farley *et al.*, 1998) and emphasised the continuation of abuse into adult life (Silbert & Pines, 1981b). Whilst several studies have highlighted the extent of violence from clients, pimps and the general public towards sex workers (e.g., Church *et al.*, 2001), only a minority have investigated domestic violence. The few studies which have either discovered or directly asked about domestic violence, suggest that it is commonly experienced by prostitutes (e.g., El-Bassel *et al.* 2001). In a sample of 17 British prostitutes, May *et al.* (2000) found that almost three-quarters routinely experienced domestic violence. Despite this seemingly high prevalence, no studies to date have focused specifically on exploring domestic violence towards sex workers.

Research aim

The aim of the present study was to conduct an in-depth exploration of the nature and impact of domestic violence towards sex workers, focusing on coping, blame and factors which enable or hinder support-seeking. The purpose was to inform service provision for prostitutes, and potentially other vulnerable women experiencing domestic violence who face barriers to services, such as drug users, or women with mental health problems.

Rationale for qualitative methods

Given the dearth of previous research and exploratory nature of the study, a qualitative methodology was indicated. It has been argued that much existing research on prostitution further dehumanises sex workers and stigmatises them as delinquent individuals (Dalla, 2001). In contrast, qualitative methods aim to empower by giving marginalised women a voice as experts in their own experiences. Qualitative methods also allow the study of individuals within a context providing a richer understanding of the complexities of their lives. This enables them to be viewed as real women in difficult situations with needs that are hard to ignore. Finally, qualitative research aims to explore and incorporate individual differences, rather than attempting to fit participants into population norms, which may not apply to prostitutes in alternative situations or geographical locations.

Method

Research Design

The present study employed Grounded Theory (see Henwood & Pidgeon, 2003; Charmaz, 1995, 2003) to guide data collection and analysis of semi-structured interviews with seven women with experience of prostitution and domestic violence. Grounded Theory was selected as it is a rigorous approach emphasising theory development, suitable for studying the development, maintenance and change of individual psychological processes, interpersonal relations, as well as the reciprocal effects between individuals and larger social processes. This was pertinent to the present study which aimed to investigate individual women's experiences of interrelating with abusive partners, whilst placing their accounts within the broader social context of prostitution.

The researcher's initial reflections

During the study, the researcher was a third-year clinical psychology trainee with previous experience of conducting quantitative, but not qualitative research. She had little academic knowledge or professional experience of either prostitution or domestic violence, but was interested in marginalised individuals in society, and particularly in women's experiences. With no personal experience, the researcher found it difficult to imagine herself either in an abusive relationship, or working in prostitution. She considered that her own background and life experiences were probably different than most of the interviewees, so was curious to understand more

about their experiences. Finally, she considered that it is important that perpetrators rather than victims are seen as responsible for domestic violence.

Recruitment and participants

Participants were recruited through a city-centre voluntary sector service for sex workers, which provided advice, information, support, counselling, free condoms, computer courses and referrals to other agencies. Using the principles of purposive sampling (see Silverman, 2000), the researcher aimed to interview a range of sex workers of different ages, working across various settings and including drug-users and non-drug-users.

The researcher also interviewed two project workers, both with prior experience of prostitution and domestic violence, who currently had co-ordinating roles, as well as directly supporting the women. It was hoped they could provide a broader service-level perspective, informed by both their personal and professional experiences of domestic violence. This was particularly relevant to the research aims that included considering how women can be supported by services, as well as barriers to services.

Seven women, aged 24 to 51, were interviewed, including the two project workers. The average age of the five women, excluding the project workers was 35. Six women were of White British and one of Afro-Caribbean origin. All had started sex work between the ages of 16 and 25, and had worked for an average of 15.9 years. They had all worked on the streets, three had also worked in saunas, four in their own homes, one had been an escort, and one had worked abroad. Excluding the project

workers, four women were current sex workers; the remaining woman had recently decided to leave prostitution. During the study, five women were single, and two women had current relationships, one of which involved domestic violence. Of the four current drug-users, all were using crack cocaine; three also used heroin, and three, methadone.

Interview Schedule Design

An initial semi-structured interview schedule (see Appendix 1) was designed to cover the following:

1. The nature of domestic violence within relationships.
2. The impact of domestic violence, and ways of coping.
3. Blame and responsibility around domestic violence.
4. Availability of emotional and practical support.
5. Availability of refuges/opportunities to escape domestic violence.
6. Ease of disclosing domestic violence, and seeking help.
7. Ways services can help, and barriers to help.

Narrative-style interviewing

Following initial questions aimed at reducing anxiety, the researcher introduced a narrative-style question (see Hollway & Jefferson, 2000), encouraging participants to tell their story. Hollway & Jefferson (2000) have recommended narrative-style interviewing when eliciting painful subject matter, as significant personal meanings

may be revealed in the way participants recount their stories. Another advantage was that participants could decide what was relevant, rather than being restricted by the researcher's pre-conceptions. This was judged particularly important, especially in earlier interviews, as this was a new area of research. The interview schedule was adapted for project workers (See Appendix 2).

Theoretical sampling

As the research progressed, interview schedules were updated to explore areas of interest and to check out analytical ideas, arising from analysis of initial interviews. This was consistent with the principle of theoretical sampling of new data, which extends theory by checking out emerging ideas, extending richness and scope, and adding qualitative variety to the core data (Henwood & Pidgeon, 2003).

Conducting interviews and ethical considerations

The local NHS research ethics committee gave ethical approval for the study in February 2005. One concern was the possibility of risk to the women if perpetrators became aware of their participation in the research. Therefore, extra care was taken around confidentiality. Interviews were conducted in private rooms at the service where the women were recruited, ensuring familiarity, confidentiality, and safety for both participants and researcher. Interviewees were given a £15 payment to show appreciation for their time and participation.

Before beginning interviews, the researcher checked if participants had read and understood the information sheet (previously given to them), and obtained written consent (see Appendices 3 and 4 for copies of the information sheet and consent form). The researcher also read out a brief introductory paragraph, (see Appendix 5) summarising the information sheet, and making explicit what was meant by domestic violence, i.e., verbal, emotional, sexual and physical abuse. Interviews varied between 45 and 90 minutes, and were recorded on audio-tape.

Although, the researcher attempted to cover areas of interest, she did not adhere rigidly to interview schedules, again wishing to be partly guided by what the participants considered important, particularly in earlier interviews. Even when the researcher intended to ask specific questions, some women came prepared to tell their story, which given the difficult nature of domestic violence, from an ethical and human perspective she felt should be respected.

Following interviews, the researcher asked how participants were feeling, how they found the interview, and whether they would like support from a project worker. Participants were also given the option of referral to a project counsellor, and a list of contact numbers for support/advice services relevant to domestic violence.

Transcription

The researcher transcribed five-and-a-half interviews, according to guidelines set out by Burman (1994), altering or removing names and other identifying information to

maintain confidentiality. The remaining one-and-a-half interviews were transcribed by a secretary[4], then checked and amended by the researcher.

Data analysis

Initial and focussed coding

Transcripts were studied in detail, assigning initial codes to each line of data. In accordance with Charmaz's (2003) recommendations, the researcher tried constructing codes which remained close to what participants said, so that initial line codes were grounded in specific instances and events. The researcher then re-examined transcripts and initial codes, describing the essence of what was happening in the data producing more general codes at a higher level of abstraction, which could be applied to more instances of data. This process of focussed coding reduced the number of codes, enabling comparisons within and across transcripts, helping to establish which codes appeared repeatedly and thus seemed more significant.

Forming categories and memo-writing

The researcher then grouped together similar focussed codes, within and across transcripts, enabling decisions about which codes appeared important for describing more generalised processes and making analytical sense of the data. These codes were raised to a higher category level. Categories were also constructed by examining groups of focussed codes, and describing what appeared to be going on,

[4] The secretary worked independently from the project where the women were recruited, and was paid from the study's research budget.

either because the process was specifically named by a participant or because it made analytical sense of the codes. As categories were formed, the researcher referred back to transcripts to see whether they fitted the data, whilst also seeking out instances which may not fit, a process known as negative or deviant case analysis (see Silverman, 2000). The researcher then wrote memos to define categories, exploring how they might link together, as well as continuing to compare instances within and between categories, known as 'constant comparison' (Glaser & Straus, 1967). These procedures enabled the researcher to become more analytic, and move towards developing theory by making sense of how different processes interact and impact on each other. Ideas were constantly checked out by referring back to transcripts, such that there was a continual 'flip-flop' between theorising and grounding ideas in the data (Henwood & Pidgeon, 2003).

Enhancing quality

The quality criteria used in qualitative research differ from those used in quantitative research (e.g. Lincoln & Guba, 1985). Methods used to enhance quality in the present study are discussed below:

1. Reflexivity and transparency

   Qualitative perspectives emphasise the researcher's role in interpreting data, which is seen to vary depending on his/her pre-existing knowledge, ideas and values. In order to reflect on this, the researcher kept a reflective journal, recording impressions and ideas throughout the research process, as well as considering her

own views and attitudes to the topics studied. The researcher also recorded her impressions post-interview.

As the researcher initially coded, then developed more analytic codes and categories, she ensured everything was kept either as a written or computer document. This 'paper trail' both enabled her to keep track of the interpretative process, and meant that anyone following it should understand how conceptual ideas and conclusions were reached.

2. Incorporating multiple perspectives on the data

   In order to add to the overall interpretation, a qualitative support group facilitator with experience of grounded theory, and peer researchers coded various transcript segments. In addition, as the researcher constructed and developed categories, she discussed ideas with her research supervisor who had read the transcripts, to see if they made sense and 'fitted' the data.

3. 'Grounding' the research

   In order to demonstrate that interpretations were 'grounded' in the data, several illustrative quotes were included in the analysis section. Silverman (2000) emphasises ensuring that 'findings' are genuinely based on a critical evaluation of all the data rather than a few well-chosen examples, so the theory described is relevant to all participants at different points in the interview. Therefore, all data were included in the analysis, using the constant comparative method already described, seeking out deviant cases that did not fit neatly into categories. By

incorporating deviant cases, a more comprehensive final model was reached, which attempted to explain both differences and similarities.

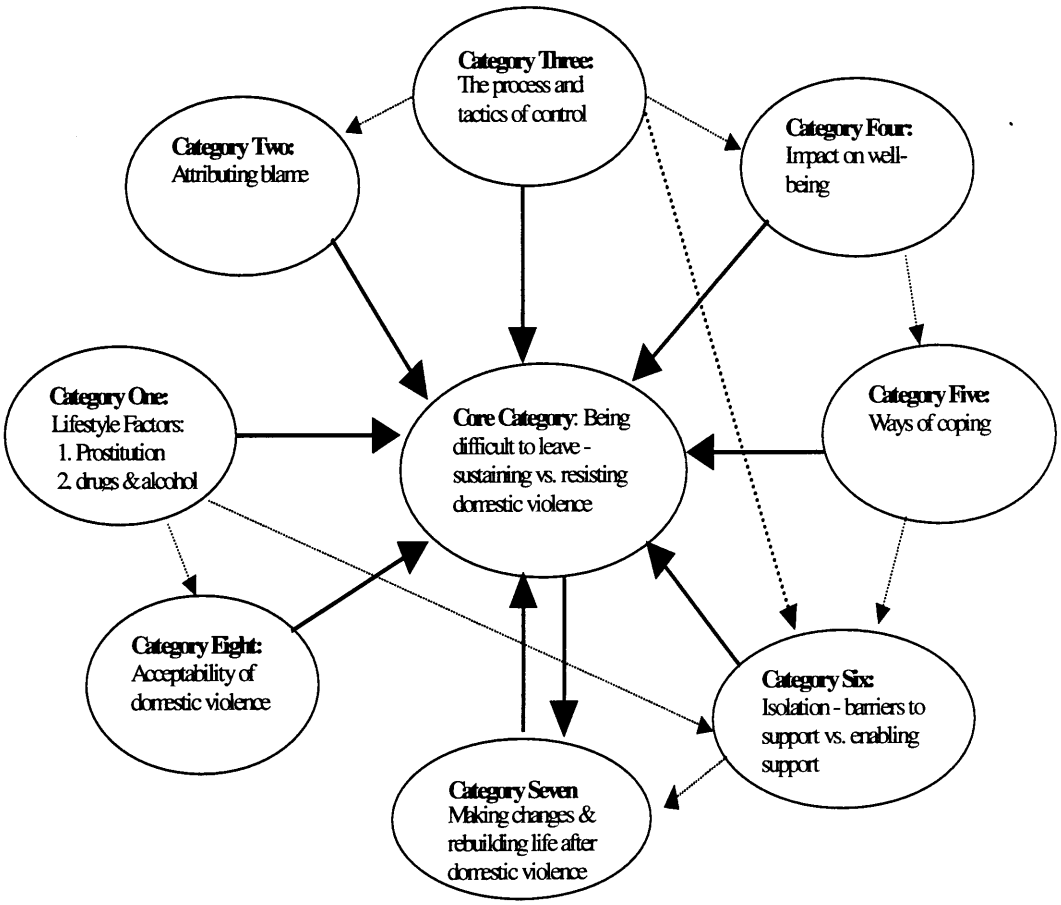
4. Describing contextual features

   As qualitative research is considered to be local and specific to context, it is not generalisable in the same way as quantitative research. This does not, however mean that findings cannot be applied elsewhere, as they may be transferable to other similar contexts (Lincoln & Guba, 1985). In order for readers to assess transferability, contextual features of the current study were explicitly described.

Analysis

From a grounded theory analysis of the data, a model was developed containing eight main categories contributing to a core category, shown below in Figure 1. The direction of arrows represents relationships between categories, explored further in the discussion section. Each main category was referred to by all participants, and is described below with quotes to illustrate meaning. Whilst the categories generally referred to personal experiences, the workers, in particular also discussed other sex workers.

Figure 1 - Model of categories that sustained or resisted domestic violence



Core category: Being difficult to leave - sustaining vs. resisting domestic violence

All participants referred to difficulty leaving abusive partners, sometimes deciding to leave, but then staying or returning.

'No matter what 'e did to me, I couldn't leave.' (Jane, 181-182; additional quotes, Q1 & Q2 in Appendix 6).

This suggests the existence of factors sustaining women within abusive relationships. The main categories describe how domestic violence was either sustained or resisted in women's lives by themselves, partners, their social networks or wider society, and so contribute to the core category - being difficult to leave. The core category describes reasons why women stayed within relationships and the difficulties faced leaving or making changes. Some women talked about not wanting to leave their partners, whilst all referred to reasons for staying, including children, love, dependency, fear of being alone, and seeing positives in their relationship or partner.

'Ten out of ten on every other score, but the violent bit.' (Pat, 669).

'I was so like dependent, and I got, I felt like I couldn't function when he wasn't there.' (Vicky, 292-294; additional quotes, Q3-Q6 in Appendix 6).

Five women talked about fear sustaining them within relationships; four women feared leaving in case their partners came after them or their family. Dianne thought fear stopped women finding solutions to escape abusive relationships.

'I didn't tell my mum or my dad, or anyone, and I, I, 'cos I was pretty, you know, scared, and whatever, and I did...I couldn't get away from 'im for a long time.' (Amy, 156-159; additional quotes, Q7 & Q8 in Appendix 6).

Reaching a critical point: Deciding to end the relationship/make changes

Four women spoke about reaching a point at which they felt compelled to make changes or end the relationship. This was linked to partners' drug use, increased violence, or concerns for children.

'This is, is, is got to stop, not only for me, for, for the children.' (Julie, 972-973; additional quote, Q9 in Appendix 6).

Two women decided to make changes during or following a period of separation. In response to a question about what had changed to stop her being scared, Kim replied:

'Probably the strength of the solidness that I'd gained while he was in prison.' (179-180).

The process of change was not easy; some women took desperate measures to leave; trying to leave sometimes led to threats or violence; three women attempted more than once before leaving successfully.

'How I left 'im in the end, I, I, I literally had to leave [name of city]. I 'ad to run, run for my life, and 'e came looking for me, everywhere I went, 'e came looking.' (Jane, 329-330; additional quotes, Q10 & Q11 in Appendix 6).

Finding it difficult following leaving

Six women referred to difficulty adjusting following their abusive relationships, for example, talking about their 'head being all over the place', still loving their partners, or fearing them which seemed well founded as three partners did pursue women, threatening them or becoming violent.

'He used to come round, and try to cause violence.' (Julie, 953-954; additional quotes, Q12 & Q13 in Appendix 6)

Category One: Lifestyle factors

Prostitution

Four women stated that domestic violence towards prostitutes was common.

'I think it's common. I think it 'appens a lot.' (Amy, 121).

Five women spoke about violence from clients which may normalise abuse; clients thought that they could get away with violence as prostitutes would not go to the police.

'Punters think they can treat you however they like, because, "Well, how can she go to the police? What, and tell them she's a prostitute."' (Jane, 992-994).

Both workers said that women do not go to the police, thinking they will not be believed, should not have been working as a prostitute, or because of a view that violence 'goes with the job'. One worker suggested that clients thought that they could abuse prostitutes because they have paid for their time. She stated that both clients and partners viewed particularly street prostitutes as second-class citizens who were more deserving and accepting of abuse, because of breaking socially accepted norms. This suggests that violence towards prostitutes is seen to some extent as acceptable which links to category seven, 'The acceptability of domestic violence'.

'If she can sell her body, you know what I mean, she's not gonna be adverse to having the odd slap around, or it's second nature to her.' (Julie, 57-58; additional quotes, Q14 & Q15 in Appendix 6).

This view may encourage low self-worth among women themselves, possibly leading to them being more accept of domestic violence. Julie stressed the importance of emphasising the unacceptability of any violence, and both workers advocated encouraging women not to accept client violence.

'You can encourage women, even if they are working in prostitution - "Yeah, so!" You know what I mean? "That, that, that still can't 'appen to yer."' (Julie, 1076-1078).

Julie said that when she worked in prostitution, domestic violence from pimps (who had personal relationships with a number of women) was accepted within the community. Although less common now, Pat talked about abusive pimps being involved with younger prostitutes. The workers also talked about women being vulnerable to abuse and exploitation, because of homelessness and isolation as families did not know they were sex workers, or had disowned them. This links to category six, which describes factors that increase isolation.

'Domestic violence can make you so isolated, in the same way as prostitution, you feel isolated, because sometimes you're living within prostitution where your family don't know about it.' (Kim, 415-418).

Street prostitutes were particularly easy targets for men who wanted to abuse women.

'If somebody wanted me for business and hated females, and hated prostitutes, we'd, you know where they're gonna come.' (Kim, 703-704).

Julie talked about women working indoors also being vulnerable to abuse, for example, from massage parlour owners.

'It's open to so much abuse, it's unbelievable!' (644-645).

Dianne talked about being more likely to meet selfish or 'gangster-type' men in prostitution.

'Boyfriends that you end up, like going out with, are there for their self a lot, for prostitution.' (Dianne, 564-565).

Drugs and alcohol

Women's or their partners' substance use contributed to domestic violence by increasing fear, paranoia, conflict or violence.

'When he's had a few to drink, he tends to sort of push me around.' (Pat, 623; additional quotes, Q16 & Q17 in Appendix 6).

Two women mentioned partners forcing women to work to earn money for drugs; two women referred to drug-use leading to less trust and thus increased isolation within their social networks and/or the prostitute community.

'I think the drugs has got a lot to do with it, er, if you've got a girl that's not using drugs, she's not going to mix with a girl that's taking drugs.' (Kim, worker, 942-944; additional quotes, Q18 & Q19 in Appendix 6).

Dianne talked about drug-use in conjunction with violent, 'gangster-type' men; Jane said she become involved with an abusive, drug dealing partner because of her drug habit. Drug dependency also made it harder for women to leave relationships, and access refuges.

Category Two: Attributing blame

All interviewees described attributions made by themselves, partners and others about who was to blame for domestic violence.

Not understanding domestic violence

Six women talked about other women or friends not understanding their situations, particularly why they remained with violent partners; four women felt it was difficult to understand without personal experience.

'Until you've been in... a relationship like that, it's 'ard to understand where the woman's coming from because I've done it myself; you just automatically think, "Well, why don't you leave the guy?"' (Vicky, 735-737).

Interviewees struggled to make sense of how they got into abusive relationships, and their own or partners' behaviour, describing their experiences as 'crazy', 'mad' or 'weird'. Lack of understanding led to participants being blamed by both others and themselves.

'You just think, "Well, what was going off in my head at that particular time? Was it...?" I don't know, and I can't work it out.' (Julie, 171-172).

Being blamed

Four women talked about either being blamed for or seen to deserve domestic violence by their partners or others.

'They sort of end up blaming you. "Aw'll, it's your own fault for staying there."' (Vicky, 752-753; additional quote, Q20 in Appendix 6).

Blaming self

Two women spoke about internalising partners' or others' blame; six women referred to blaming themselves for provoking violence through their behaviour, personal attributes or preceding events.

Interviewer: *Right, so people, people kind of blame...*

Jane: *Then you blame yours..., then you start to blame yourself for, thinking that it was your own fault and that you deserve it.* (67-68; additional quotes, Q21-Q23 in Appendix 6.)

Two women blamed themselves for relationship problems, or changes that occurred in their partners, and linked this to remaining in the relationship:

'I felt guilty and felt that it was my fault he'd changed into that person.' (Jane, 452-453).

Participants also blamed themselves for getting into, or staying in relationships, leading to anger or guilt, often staying with them afterwards.

'What kind of woman would put up with all that for so long?' (Jane, 323-324).

Pat (the only woman currently in an abusive relationship) particularly talked about provoking, 'asking for' and deserving violence. She did not seek support because of viewing domestic violence as her problem, such that she needed to change.

'I, I am a bit pushy, pushy person like, I won't stop shouting about, I will not shut up, I've got to have the last word, and it gets him violent, psyched out.' (68-70).

In contrast was Amy's emphatic response about who was responsible:

'He was, definitely, yeah definitely. I didn't go looking for him to go and get violent, to go and get hit.' (817-818).

Excusing men vs. seeing men as responsible

Six interviewees justified domestic violence or excused their partners, often attributing blame to themselves, or external factors.

'And, it must be hard for 'im as a bloke, 'avin a woman, 'avin a neurotic woman, that, that's, you know, got two little babies.' (Vicky, 591-592; additional quotes, Q24-Q28 in Appendix 6).

Some participants equated violence with masculinity, for example, talking about men's way of 'channelling that aggression and anger'. Vicky implied that violence was caused by subconscious drives rather than men intentionally causing harm (see quote Q29 in Appendix 6). Interviewees also felt sympathy for violent partners whom they perceived as weak, insecure or victims with their own problems:

'And I'd feel so, so guilty. I'd feel, "Oh'll well, poor, poor thing!"' (Jane, 439-440).

Conversely, six women attributed responsibility to men, either directly or indirectly, by expressing anger towards partners, referring to them as 'bastards', evil, without morals, or talking about 'his problem'.

'He's a wicked, wicked, evil man.' (Jane, 979; additional quote, Q30 in Appendix 6).

One worker emphasised the importance of attributing responsibility to men rather than blaming other factors:

'It's you, you bastard, you hit me, not the fucking al... the alcohol bottle didn't hit me, the drugs never hit me, you did!' (Kim, 1004-1005).

Category Three: The process and tactics of control

Category three describes how domestic violence developed and was maintained through various tactics that men used to gain control over women. Control played a

key role in domestic violence, and ranged from maintaining dominance in the relationship to controlling almost every aspect of women's lives:

'She didn't have control of her own life really, er, and that to me, that little sentence says it all.' (Kim, worker, 30-31).

If women tried to resist control by saying, "no", or not doing as partners wanted, they commonly became violent (see Appendix 6 for quotes, Q31 & Q32).

Forging the relationship - encouraging attachment

Key to control was participants' attachment to their partners. Three women described their relationships as initially 'pretty good' or 'beautiful'; five women said that their relationships began without violence, which usually emerged some months later.

'At the beginning of the relationship there was no violence. It came a long time after.' (Kim, 102-103).

In contrast, Amy stated that her relationship started out violent; two other women talked about some abusive or controlling behaviour being present from the beginning. Six women described how men encouraged attachment by professing love, making them feel special, being jealous and possessive, apologising following abuse and promising it would never happen again.

'He'd give me everything, anything I wanted.' (Amy, 147; additional quotes, Q33 & Q34 in Appendix 6).

Four women were either relatively young (under 19) or mentioned being vulnerable or naïve when they began their relationships:

'I was only 18 then so that was quite some time ago. It was my first relationship...' (Amy, 850-851).

Pat left home aged 13 and Julie began prostitution at 16, suggesting vulnerability to exploitation from men. Three women talked about young prostitutes being vulnerable to abusive relationships.

Domestic violence develops

In most cases abuse escalated from more positive beginnings, with physical violence emerging later (quote Q35 in Appendix 6). Some women talked about not realising their relationships were becoming abusive.

'It's done so subtly at the time, over sort of like a period of time, a progression of, you know, things... It's not sort of like, erm, overnight, sort of thing, and when it's happening, you don't sort of like see, see, see it happening.' (Vicky, 251-254).

Three women referred to the relationship or their partner changing, once the relationship was established.

'You don't just fall in love with a monster, do yer? They be... they become a different person. They become a monster.' (Vicky, 583-585; additional quotes Q36-Q37 in Appendix 6).

Psychologically abusing

All the women talked about psychological abuse, often seen as worse than physical violence. Partners psychologically abused women by inducing fear through violence, threats and intimidation, and inducing guilt by blaming them for violence, accusing them of doing things wrong, and equating violence and control with love.

'He'd say, sort of like tell me that he loves me so much, and that, it's, say after 'e beat me in the street because a man looked at me, 'e'd say, "It's only because I love you and I don't want to lose you."' (Jane, 430-433; additional quotes, Q38 – Q42 in Appendix 6).

The women cited numerous examples of partners making them feel worthless through verbal abuse, degradation, humiliation, criticism, rejection or threats of rejection, as well as through sexual violence or having other sexual partners

' 'e made me pull out my tampax in front of all 'is friends.' (Jane, 124-125; additional quote, Q43 in Appendix 6).

Encouraging isolation and dependency

Men further enforced their power by encouraging isolation and dependency on them through controlling many aspects of women's lives, including restricting their movement, discouraging them from seeing others, taking control of decision-making and dictating what they were allowed to do. Love also became conditional upon women obeying their partners.

'He likes to feel that I need him, that I can't do without him.' (Pat, 471-472 additional quotes, Q44-Q46 in Appendix 6).

Domestic violence becoming established

The women's abusive relationships varied from approximately two years for Dianne, Pat and Jane to between ten and 29 years, for Vicky, Julie and Kim; four women had children with their abusive partners.

All the women referred to violence associated with arguments or conflict, sometimes about 'something stupid' (see Appendix 6 for quote, Q47). Two women, however, talked about violence occurring for little or no reason.

'Sometimes I didn't 'ave to say nothing, and like he'd go all funny... and if I answer him back in the wrong way, he didn't like it.' (Dianne, 303-307).

Three women talked about escalating physical violence which for Jane was associated with a change from violence following arguments to it occurring for no reason, and nearly everyday (quote, Q48 in Appendix 6). The women talked about regular abuse ranging from nearly daily to ongoing 'bouts of violence', which for some seemed expected or predictable.

'One little, "Oh, I'm sorry", and a kiss and a cuddle makes everything better sort of thing, and all the slaps, and shouting gets forgot. Do you know what I mean? Until the next time, and the next time, and the next time.' (Vicky, 219-223).

All the women referred to extreme physical violence, including being knocked unconscious, hit with objects, weapons, strangulation, and in one case, stabbing.

'One time when I was pregnant, he dragged me down the stairs, and I'd, erm...nearly, nearly strangled me.' (Vicky, 151-152; additional quotes, Q49 & Q50 in Appendix 6).

Once control was established, men were able to financially abuse women. Four women, three of whom were then working in prostitution, referred to partners living off their income.

'I was a cash point. I think I was a flexible card, an easy way of er, making him survive.' (Kim, 132-133).

The workers talked about partners, particularly drug users, using violence if women did not earn enough money or return on time. Three women talked about younger women being forced into prostitution by pimps with whom they often had relationships.

Category Four: Impact of abuse

Affecting well-being

Six women talked about the emotional impact of domestic violence, including feeling upset, distressed, angry, ashamed and guilty.

'I was always crying on my own.' (Amy, 496-497).

'When he started doing it, I was so, so, cor...so ashamed!' (Jane, 43-44; additional quote Q51 in Appendix 6).

Fear was the most commonly mentioned emotion, with two women fearing for their lives.

'I thought, "Oh my God! I'm gonna die!" I really, really did think, "I'm gonna die!'" (Jane, 316-317).

Five women mentioned that domestic violence, particularly psychological abuse affected their ability to think clearly, 'did their heads in', or made them feel crazy.

'Well, I don't think I really thought much at that time, 'cos like, my 'ead was in bits really.' (Dianne, 495-496).

Five women mentioned other impacts, including depression, panic attacks, insomnia, irritable bowel syndrome, weight loss and agoraphobia.

'I used to have panic attacks, and because like, I couldn't go out the house on my own.' (Vicky, 290-291; additional quote, Q52 in Appendix 6).

Three women described symptoms suggestive of post-traumatic stress disorder (PTSD).

'I, I just could not bear it within... this distance to a man without shaking from 'ead to toe.' (Jane, 819-820).

All the women talked about feeling trapped, hopeless or lost, which appeared to effect their likelihood of help-seeking.

'I thought it was hopeless, they was never gonna come to you; I was destined to die there.' (Jane, 660-661; additional quote, Q53 in Appendix 6).

Affecting children

Four women referred to domestic violence impacting on their partners' or own children. Five women talked about protecting children, or not coping with them seeing violence.

'It would upset me a lot because it was in front of my daughter.' (Amy, 169-170; additional quotes, Q54-Q55 in Appendix 6).

Category Five: Ways of coping

Resisting domestic violence: resisting partner's control vs. trying to avoid violence by submitting

All the women talked about resisting domestic violence, five resisted control by standing up to their partners, saying, "No", refusing to do as their partners wished, expressing their own views, or fighting back, verbally or physically, often leading to increased violence. Alternatively, five women mentioned coping by avoiding violence through accepting their partners' control.

'If he slapped me, I'd slap him back in front of his friends, and you know what I mean, nine times out of ten, I would always come off worse.' (Julie, 162-164).

'More often than not I'd end up like, backing down, and just agreeing with him, just for, just for peace.' (Vicky, 168-169; additional quote, Q56 in Appendix 6).

Women also resisted abuse by avoiding their partners, sometimes taking extreme measures (quotes, Q57 & Q58 in Appendix 6).

Four women resisted returning to partners, although frequently retaining positive feelings for them, and despite partners seeking continued involvement (quote, Q59 in Appendix 6).

Hoping/thinking things will be okay

Four women described hoping or thinking their situations would improve or remain satisfactory. This appeared linked to self-blame, as women thought if they changed, their relationships would improve.

'I stayed really because I thought it would work out. You know, when you think, oh, it might be you in the relationship, so give it a chance.' (Dianne, 281-283).

Being 'blind', minimising or denying abuse

Four interviewees referred to being 'blind' or not realising what was happening in their relationships, and being 'taken in' by their partners. Being 'blind' caused the women to idealise their partners, believe their apologies, or consider abuse as part of their partners' love. Two women talked about love blinding them.

'Regardless of whether they're an arsehole, you don't see that, do you? All you see is, "Aw'll, I think they're great!" "He's lovely!" When really they're a fucking twat!' (Vicky, 452-454; additional quote, Q60 in Appendix 6).

Five women either minimised violence, or denied their relationship was abusive.

'We're just a hundred percent with each other! It's just that little bit of fuckin' silliness that goes on, now and again.' (Pat, 684-686; additional quote, Q61 in Appendix 6).

In contrast to being 'blind', three interviewees talked about reaching a stage of realisation whereby they recognised the abuse, or their ability to make changes (see Appendix 6 for quotes, Q62 & Q63).

Using drugs and alcohol

Two women talked about heroin removing painful emotions, helping them cope. The workers also talked about drugs and alcohol helping women to cope with abusive relationships, or to overcome fear whilst working in prostitution.

'It [heroin] put me in a bit of a way, but it sorted my head out. Yeah, yeah, it definitely helped me leave it, definitely helped me leave, that is what helped me leave.' (Amy, 655-661; additional quote, Q64 in Appendix 6).

Individual ways of coping

Six women referred to other coping mechanisms, including acceptance, 'bottling up' feelings, concentrating on the present, withdrawing, or just getting on with it. Two women said that children calmed the situation or helped them cope (quotes, Q65-Q67 in Appendix 6).

Category Six: Isolation - barriers to support vs. enabling support

All the women described experiencing isolation which seemed key to sustaining them within abusive relationships.

'Sometimes, they've got nowhere else to go, only to stay in that relationship.' (Kim, worker, 875-876; additional quotes, Q68-Q70 in Appendix 6).

As described in categories one and two, partners and lifestyle factors encouraged isolation. This category describes additional factors that either increased isolation or enabled women to obtain support from others.

Talking/seeking help vs. not talking

All the interviewees mentioned difficulty talking to others about domestic violence, including friends and other sex workers. This seemed particularly difficult at the

time, because of shame, embarrassment, viewing it as their problem or fearing the consequences of talking.

'I didn't really find it easy to talk to any of my friends about it, or any other working girls or, even like Kim, or any people here.' (Jane, 21-23; additional quote, Q71 in Appendix 6).

Actual or perceived, negative or unhelpful responses from others meant women were less likely talk or seek support, feeling it was pointless and that others did not want to know. Even after relationships had ended, some interviewees found it difficult to discuss their experiences.

Three women mentioned fearing the consequences of going to the police, or services taking action. Vicky felt this discouraged women from speaking out. Similarly, Amy did not tell her family about the abuse, worried their reaction would worsen her situation.

'If they go, er, telling people that their husband beats them up, and that, you know, they're gonna go to prison, and they might lose their kids.' (Vicky, 726-728; additional quotes, Q72 & Q73 in Appendix 6).

Despite difficulty talking, all interviewees referred to instances of seeking help or support. Two women had used the project[5], and both workers talked about supporting women with domestic violence.

[5] The project refers to the service from where the women were recruited, and where both project workers were employed.

'She actually, sh... over the last year, started to open up, and she's been coming here for about three years.' (Julie, 670-671).

It was generally perceived that talking was helpful; three women mentioned benefits of services where they could talk about domestic violence, which seemed easier than talking to friends or those around them (see quote, Q74 in Appendix 6).

Engendering trust vs. not trusting others

The women talked about not trusting friends or other prostitutes who they thought would gossip, give unhelpful advice, 'grass them up' to their partners, or would not want to help. This was linked to individuals' 'mixed-up' lives or involvement with drugs. Women also gave examples of when people in their social networks had let them down.

'I don't trust them. You can't tell your best friend your secrets, 'cos your best friends will always fuck you up.' (Dianne, 540-541; additional quote, Q75 in Appendix 6).

Kim, one of the workers, talked about the prostitute community no longer being trusting, as it had been when she worked as a prostitute[6], partly due to increased drug use.

'Other girls will mug other girls, so it, it happens, so that's where probably that trust has gone.' (979-980).

[6] Kim had worked within prostitution in various settings for 20 years, starting 32 years ago.

Three women talked about not trusting their partners, or their partners being unfaithful. In contrast, four women referred to the project and its workers engendering trust, through its good reputation in the community, confidence in staff's ability, their willingness to help, and knowing and having positive relationships with staff.

'It's not 'cos it's their job, it's because they want to do it.' (Vicky, 632-633; additional quotes, Q76 & Q77 in Appendix 6).

Kim, one of the workers, emphasised that developing trust, enabling women to disclose domestic violence, took time (see Appendix 6 for quote, Q78). Unfortunately, Julie mentioned that women did not know workers in statutory services who were sometimes in temporary posts.

Being available vs. not wanting to know

Two women felt people around them knew about the abuse despite attempts to hide it, implying that they offered no help. When women did disclose their experiences, four women said that others still did not want to get involved.

'You see your friends, and they see that you've got black eyes, and things, and they know, they're not stupid, they know what's going on.' (Jane, 25-26; additional quote, Q79 in Appendix 6).

In contrast, Pat said that she had many friends to go to, who asked why she was upset, although she did not tell them. Three women felt project workers were available and had time for them, as well as offering immediate help, individual sessions and other facilities including college courses.

'They're here for you, and it's, you know, being a prostitute, you need that 'cos, because there's not a lot of people that will talk to us, there's not a lot of people at all that, that have got time for us.' (Amy, 538-539; additional quote, Q80 in Appendix 6).

The project workers also emphasised staying involved with women as change was a process that took time.

'It's letting them know, "When you're ready, I'm here", that's all; you know it's not about forcing them to come in that door. ' (Kim, 1100-1101).

Three women said that apart from the project, there were no services available to help them.

'There wasn't somewhere I could go and talk about it.' (Vicky, 708).

Judging, criticising and blaming vs. listening and understanding

All the women mentioned others judging, criticising or advising, without listening or fully understanding their situations.

'People could kind of, you know, be a bit more sympathetic and helpful towards you, instead of just, you know, like criticising you.' (Jane, 59-60; additional quote, Q81 in Appendix 6).

Both workers talked about the importance of not being judgmental. Two women spoke about feeling understood, and not judged at the project, which Pat linked to a worker's own experience of domestic violence.

'They don't judge you, they, you know what I mean, they understand.' (Vicky, 624-625).

Inflexibility, telling women what to do vs. flexibility, giving control

Five women said that friends or family told them to leave their partners, sometimes criticising or rejecting them, when they did not.

'"Leave him, he's a little shit," and this and that, "if you don't leave him, I'm not talking to you", 'cos friends can say that.' (Kim, 245-246; additional quote, Q82 in Appendix 6).

Vicky talked about refuge staff, who thought they knew best, pressurising her to leave her partner, and offering no alternative support.

'They were pushing me to, to leave, leave my partner, and erm, and leave the family home to go to this refuge when that's not really what I wanted. What I wanted was support.' (Vicky, 701-703).

The project workers talked about inflexibility as a barrier to services, comprising bureaucracy, time delays, excessively strict rules, and problems getting sex workers into refuges, particularly drug-users. Julie described working with other services to develop a refuge for drug-using women to escape domestic violence.

'If a woman has got, erm... an heroin problem, for example, we're, we would have so many hurdles to jump even to get her into a refuge.' (Julie, 520-522).

The workers also emphasised not taking an expert position or making assumptions about women's situations, rather viewing them as individuals.

'I don't know about you, I don't know what you're going through.' (Kim, 899-900).

They stated the importance of not forcing women to leave relationships, or giving up on them, but staying involved and working at their pace. They also stressed the need for immediate help.

'The way I work with clients in here, it's their journey, it's not my journey.' (Kim, 214-215).

Two women spoke positively about workers at the project not dictating to them.

'If you come and talk to a counsellor, I do find they don't tell you what to do, they listen more.' (Dianne, 49-50).

Offering safety

Both workers had helped women into refuges and highlighted the importance of providing safety. Dianne talked about feeling safe at the project. Amy talked favourably about the police offering her refuge in another city, and taking out an injunction against her partner.

'It's like being around your mum, kind of, where you feel safe, and I know if I had any trouble, I could come here, and she would never let me, Julie would never let no-one in to hurt no-one, so I knew that was okay.' (Dianne, 453-455; additional quote, Q83 in Appendix 6).

Contact with women in similar circumstances

Four women, including both project workers, emphasised the importance of community and meeting women in similar circumstances (additional quote, Q84 in Appendix 6).

'It's the people you know, it's everybody in here, we're all going through something, we've either all been through the same thing or, or something similar.' (Amy, 555-557).

Lack of knowledge

Two women talked about lack of knowledge preventing them getting help. Two women had thought domestic violence only comprised physical abuse. In contrast, Pat knew about refuges, but did not want to use them.

'I didn't go to the police, or nowt like that because I, you know, he was my fella. I didn't think... I know now! Don't get me wrong! I know now, and I think, yeah, you know what, I'd 'ave gone to them!' (Amy, 152-155; additional quote, Q85 in Appendix 6).

Working with other services

Both workers talked about supporting women to prosecute and working together with other services, such as rape crisis, a local domestic violence worker, a counsellor, refuges, the police and the drug action team (see Appendix 6 for quote Q86).

Category Seven: Making changes and rebuilding life after domestic violence

All participants described changing through their experiences of domestic violence. Kim particularly talked about rebuilding her life following her relationship.

Changing thinking, behaviour or lifestyle

All interviewees spoke about positives gained from their experiences, such as feeling stronger and wiser. Both workers said their experiences helped them support other women.

'It's just made me a better person, I've, I've gained from it, not lost from it.' (Vicky, 423; additional quotes, Q87 in Appendix 6).

Interestingly, Amy talked about having to think positively, rather than regretting her experiences, suggesting this may represent a way of coping, making sense of, or adjusting to painful experiences. This was supported by Kim:

'I'll never say it damaged me, it learnt me, and I'm glad that I got out of it because sometimes when I look back, I mean what I've done, you know, er, so I think that's what made me strong because I've got out of it.' (462-465; additional quote, Q88 in Appendix 6).

Conversely, three women referred to anger, regret, or wishing they had acted differently, whilst two women described not regretting their experiences, and Kim no longer felt anger or regret.

'I sometimes felt like I should have been like, stronger, and should have, like dealt with it in, in a better way.' (Vicky, 201-202; additional quotes, Q89 – Q91 in Appendix 6).

Participants described changing their thinking, including re-attributing blame onto their partners, or in Kim's case actually realising she was in an abusive relationship. Five women talked about not wanting to get into violent relationships again, or changing what they wanted from relationships. Three women said they would now end relationships if they became violent, despite possibly loving their partners.

'I would stop the relationship. I wouldn't say, "I forgive you" this time.' (Kim, 395-396; additional quote, Q92 in Appendix 6).

Indeed, Julie had prosecuted a subsequent partner when he became violent. Two women, however, met second abusive, but non-violent partners, although were no longer with them. Vicky said that she still would become involved with her partner, although would do things differently. This was perhaps due to her blaming circumstances rather than him for the abuse (see Appendix 6 for quote, Q93). Two women had given up drugs, and one was attempting to. Dianne had also decided to leave prostitution.

'I'm not gonna be doing that again now, and I've changed all my life now, I've realised it's not prostitution I want.' (Dianne, 556-557).

Becoming more wary

Five women talked about increased wariness of men, and took time to commit to relationships. Jane talked about her experiences increasing her aggression.

'Now, I think I need to know somebody for a few months, a little bit about their history.' (Dianne, 666-667; additional quotes, Q94 – Q96 in Appendix 6).

Two women described being better judges of men, including clients, although both had experienced extreme client violence, and Pat had also experienced a number of abusive relationships.

'I see things, and see it coming, you know, like if a client picks me up, stops in the street, and I get so much of a glimpse of a funny feeling, I won't go.' (Jane, 508-511).

Despite increased wariness, three women mentioned not perceiving men negatively, although Julie, one of the workers, said that some women who experienced domestic violence were hostile towards men.

'I don't hate men, I don't, you know, all men aren't like that.' (Vicky, 389-390).

Category Eight: Acceptability of domestic violence

All participants made statements relating to the acceptability of domestic violence among themselves, men and wider society.

Seeing domestic violence as a normal part of life vs. realising it is not normal

As children, five women had either witnessed domestic violence or experienced abuse themselves, such that abuse may have been viewed as a normal part of life. This was

supported in three interviews, as well as being explicitly stated by Pat, who seemed to see abuse as part of her identity (see Appendix 6 for quote Q97).

'I was abused as a, from my father as well, so I sort of like, all through my life, I've had sort of like, I've been controlled by males in my life.' (Vicky, 433-435).

Conversely, three women referred to domestic violence as though it was abnormal, talking about their experiences as 'crazy' or 'mad'.

'You never thought, "Right, well I am leading a normal life 'ere".' (Julie, 980; additional quotes, Q98 & Q99 in Appendix 6).

General violence as part of life

Five women mentioned seeing violence in their everyday lives, including on the streets, by the general public, among friends, associates and family, as well as from clients as discussed in Category One, 'Lifestyle factors'.

'I see it a lot out there, and that, when I'm... yeah I do, but not just with working girls, or, you know, not just with us, you know, it's even normal.' (Amy, 96-97; additional quote, Q100 in Appendix 6).

Valuing toughness in men

Four women talked about tough or violent men having status or being desirable. Violence was equated with masculinity by two women, as though a normal part of being a man.

'Just like the street cred, and that's what I like, somebody with a reputation.' (Dianne, 575-576; additional quotes, Q101 & Q102 in Appendix 6).

Unacceptability of domestic violence

Viewing domestic violence as unacceptable came up in all the interviews, and all those directly asked stated that it was unacceptable, unless women initiated violence.

'Hitting no-one, hitting anyone's not acceptable, is it?' (Pat, 734)

This view, however, did not seem constantly held, particularly whilst women were in abusive relationships. In addition, some women appeared to blame themselves for 'accepting' the unacceptable.

'There was spouts of violence which we both accepted.' (Julie, 185-186; additional quotes, Q103-Q105 in Appendix 6).

Summary of findings

From the analysis of seven interviews a model was produced (as shown in Figure 1) which explicated how domestic violence was either sustained or resisted within these

sex workers' lives. The core category was named, 'Being difficult to leave - sustaining vs. resisting domestic violence' to emphasise the greater weight of factors sustaining women within abusive relationships. All of the factors contributing to this core category were subsumed under eight main categories, as described above.

Discussion

Interpretation of findings

The aim of the current study was to explore sex workers' experiences of domestic violence using a grounded theory analysis. From the analysis of interviews with seven women with experience of prostitution, a model was generated (as shown in Figure 1 above) that describes how domestic violence was sustained and resisted within their lives. Whilst the analysis was grounded in these seven women's accounts, the project workers, particularly, also talked about other sex workers. Therefore, the model refers to the experiences of more prostitute women than solely the interviewees.

The Model and Core Category: Being difficult to leave - sustaining vs. resisting abuse

As shown in Figure 1, eight categories contributed to either sustaining or resisting domestic violence within these prostitute women's lives. On balance, however a greater weight of factors kept them within abusive relationships, which was reflected in the naming of the Core Category: Being difficult to leave. All interviewees talked about difficulty leaving abusive partners, some did not want to, and some feared leaving. Included under the core category were reasons given for staying in abusive relationships, such as for the children, because of love, or seeing positives in their partner or the relationship. Further factors, hypothesised to sustain these women within abusive relationships and encompassed within the model's main categories, are

discussed below. Previous research with non-prostitute women has similarly found numerous factors which prevent them escaping domestic violence (e.g., Barnett & LaViolette, 1993; Gondolf, 1990).

Life in prostitution contributing to domestic violence

Category One: Lifestyle factors describes how life in prostitution impacted on domestic violence, and thus how these sex workers may have been at greater risk of domestic violence than women in the general population. Both the women's statements and the ease that participants were recruited suggested that domestic violence may have been common within this prostitute community. A few previous studies have also found domestic violence to be a common feature of sex workers' lives (e.g. Cohen *et al.*, 2000; May *et al.*, 2000). Possible reasons for this are discussed below.

1. Compounded violence and the acceptability of violence towards sex workers

From the analysis of the women's narratives, it was hypothesised that life in prostitution strongly impacted on the acceptability of domestic violence (category eight). Firstly, clients, partners, society and sometimes the women themselves seemed to view violence towards sex workers as to some extent acceptable. Indeed high levels of general violence towards prostitutes has been found in previous research (e.g., Farley *et al.*, 1998). This may be because sex workers are often stigmatised as 'whores' or 'bad girls'. Similarly, one of the project workers suggested

that the acceptability of violence may be due to prostitute women being viewed as of lower status, because of breaking socially accepted norms.

Although all the interviewees stated that domestic violence was unacceptable and should not happen, some also made statements implying a certain level of acceptability, including talking about the normality of domestic violence. This may have been linked to witnessing or experiencing abuse in childhood, as well as seeing general violence in their everyday lives, for example both women who had been abused as children talked about violence or control from men being normal to them. Previous researchers have suggested that childhood abuse leads to a cycle of victimisation whereby women become involved with prostitution which exposes them to further risk of violence from clients or pimps (Silbert & Pines, 1981b; Nixon *et al.*, 2002).

Although this study did not focus on childhood abuse, two of the women mentioned abuse by their fathers, and four had witnessed domestic violence as children. This is consistent with previous research which has found a high prevalence of either childhood abuse, or emotionally detrimental environments such as those in which domestic violence occurs, among sex workers (Farley *et al.*, 1998; Dalla, 2001). Research has also identified childhood abuse as a consistent risk factor for domestic violence towards non-prostitute women (Hotaling & Sugarman, 1984; Sedlack, 1988). Similarly, witnessing parental violence has been identified as a risk factor for domestic violence in one review of the research (Hotaling & Sugarman, 1986), although not in others (Pagelow, 1984; Sedlack, 1988). Therefore, for some women who have experienced or witnessed abuse/violence in childhood, as well as

experiencing violence in the course of sex work, male abuse may be seen as a normal part of life, such that they may be less likely to resist domestic violence.

2. Greater substance use

The majority of interviewees and their partners used drugs, which along with alcohol contributed to risk of domestic violence by increasing conflict and violence, as well as increasing the possibility that sex workers would be forced out to earn money for drug use. In addition, drug use within the women's social networks led to less trust and increased isolation, potentially making it more difficult for them to change their situations. Previous research has found that whilst not all sex workers use drugs or alcohol, a substantial proportion have substance misuse problems (e.g. McKeganey & Barnard, 1996). In the general population, alcohol and drug use or dependence have been found to be both general risk factors for the perpetration of domestic violence, as well as precipitators to violence (Kantor & Strauss, 1990; Pan *et al.*, 1994). In addition, whilst some studies have found increased drug and alcohol use by victims of domestic violence (e.g. Kantor & Strauss, 1989), others have disputed this is a risk factor for domestic violence (e.g., Hotaling & Sugarman, 1986). Other evidence suggests that substance misuse may be a response to ongoing abuse, (e.g., Roberts *et al.*, 1997). Indeed, two interviewees in the present study described using heroin to cope with their experiences of domestic violence.

3. Increased isolation and barriers to support

Life in prostitution was also hypothesised to have a strong influence on category six which included factors contributing to isolation, and barriers to support. Isolation, discussed further below, was conceived as a key factor impacting on maintaining the women within situations of domestic violence. This was encouraged by life in prostitution as some women were isolated from their families and often did not trust those in their social networks.

Sex workers may also face more barriers to help and support than women in the general population. Some interviewees talked about how the criminalisation of prostitution meant that both clients and women themselves viewed sex workers as unlikely to go to the police over incidents of violence whilst working. This may also extend to incidents of domestic violence, as sex workers may not expect a sympathetic reaction from police. Sex workers may also have difficulty accessing mainstream services because of anticipating negative judgements. Indeed, at least one woman in the current study mentioned feeling more comfortable in the prostitute project than in other services.

Other factors mentioned which may increase the vulnerability of sex workers to abuse, exploitation and domestic violence, were homelessness, and being exposed particularly by working on the streets.

Therefore life in prostitution is hypothesised to have a direct impact on sustaining domestic violence, as well as indirectly through two other main categories 'the

acceptability of domestic violence' and 'isolation and barriers to support vs. enabling support'. This means that sex workers may be at increased risk of experiencing domestic violence, as well as finding it more difficult to obtain support and escape abusive relationships.

Life in prostitution may also impact on the remaining categories, also identified as important in sustaining or resisting domestic violence in these sex workers' lives. These categories, however, are also likely to have some relevance for non-prostitute women. Therefore, themes encompassed by the remaining categories will be discussed in relation to the literature on domestic violence towards non-prostitute women in order to examine the potential relevance of the current model to the wider population of women experiencing domestic violence.

The key role of isolation in sustaining domestic violence

Whilst sex workers may be particularly prone to isolation due to the factors mentioned above, non-prostitute women may also become isolated within abusive relationships. In the current study, isolation was encouraged by partners and perceived or actual negative responses from others, such as not wanting get involved, criticising, blaming or telling women to leave their partners. Women feared approaching services, in case actions were taken against their wishes or which may have increased risk of violence from partners. In addition, some women described feelings of shame and embarrassment, as well as thinking of domestic violence as their problem, which prevented them disclosing the abuse and seeking help. These factors are also likely to be relevant to non-prostitute women. The key role of

isolation in sustaining domestic violence for all women has been supported by prior research, for example, Crowell & Burgess (1996) found that both social isolation and ineffective community responses contributed to women in the general population's risk of domestic violence.

Cultural views of masculinity and the acceptability of domestic violence

In the current study, some of the women equated dominance or violence as a normal part of masculinity, as well as talking about tough men having status or being desirable. Whilst prostitute women may be more likely to come into contact with violent, 'gangster-types', broader cultural views of masculinity also often value toughness in men, and see dominance and violence as associated with manhood (see Hearn, 1998, p.36-37). Therefore, this is also likely to be relevant to non-prostitute women. Indeed, the acceptability of domestic violence is consistent with feminist theories which postulate it as a culturally sanctioned means of maintaining power and control over women (e.g., Dobash & Dobash, 1997). Furthermore, many domestic violence programs for male perpetrators focus on challenging the acceptability of men's use of violence to maintain power and control over their female partners.

Attributions of blame

The extent to which sex workers were blamed by themselves, male partners or others was also hypothesised to contribute to either sustaining or resisting domestic violence, and is likely to have relevance for all women experiencing domestic violence. Perceived or actual lack of understanding both from others and by themselves,

particularly about why they got into and remained in abusive relationships, was linked to blame by some of the women. Much early research tried to identify psychopathology within women victims of domestic violence (e.g. Launius & Lindquist, 1988). This suggests an underlying assumption that there is something wrong with women who experience domestic violence. Although awareness of domestic violence has increased over the past decade, it is likely that similar attitudes still persist in society. This may contribute to women rather than men both being blamed and feeling to blame for domestic violence, which may deter women from seeking help.

The process and tactics of control

Similar processes and tactics of control, to those identified in the current analysis, have been described thoroughly in the general domestic violence literature, so will not be discussed in detail here (e.g. see Mega *et al.*, 2000). However, previous research has found that financial abuse may take a particular form for sex workers, in that their partners may force them out to earn money from prostitution (Nixon *et al.*, 2002). Although some of the women in the current sample mentioned this occurring to other sex workers, only one actually talked about experiencing this form of abuse. Not all participants, however, were working in prostitution throughout their abusive relationships. Nevertheless, three women referred to their partners living off their earnings from prostitution.

The impact of domestic violence, ways of coping and rebuilding life

The sex workers in this study described experiencing a range of emotions in response to domestic violence, including fear, anger, distress and feeling crazy, as well as longer-term impacts on their psychological and physical well-being. This is perhaps unsurprising, as the detrimental impact of domestic violence on non-prostitute women's mental health has been clearly documented within the research literature (e.g., Gleason, 1993; Astin *et al.*, 1995).

Walker (1977) introduced the concept of 'battered women's syndrome' to describe the effects of domestic violence on women, which she compared to a kind of 'learned helplessness' similar to that Seligman (1975) described in dogs subjected to repeated electric shocks. The women, in the current study, talked about domestic violence leading to them feeling trapped, hopeless, lost, and affecting their ability to think clearly which could be hypothesised as consistent with such a response. The notion of 'battered women's syndrome', however, has been criticised for implying that women are passive victims of abuse who do nothing to change their situations when, in fact, research has shown that most women do make active help-seeking attempts (Wauchope, 1988; Gondolf, 1988). Indeed, the majority of the sex workers in the present study talked about active attempts to resist their partner's control, as well as seeking help, and leaving or attempting to leave their partners. The women did sometimes submit to their partner's control, however, this was often in an attempt to avoid physical violence. Nevertheless, some interviewees referred to inability to think clearly, as well as feelings of fear and hopelessness, sometimes influencing their help-seeking or ability to change their situations. Therefore, the impact of domestic

violence may effect sex workers' ability to make changes at certain times, and thus is hypothesised to contribute to the Core Category, 'Being difficult to leave'. This, however, does not appear consistent with pervasive helplessness as Walker (1977) proposed.

The impact of domestic violence on sex workers should also be considered in the broader context of their experiences, including an increased likelihood of having experienced other abuse/violence, and being subject to the double stigmas of prostitution and domestic violence. These compounded experiences may lead to an increased sense of isolation and hopelessness.

The women appeared to use psychological strategies to cope with ongoing abuse, including thinking things would get better, and minimising or denying abuse. Some talked about not seeing the reality of the abuse (being 'blind') which may be partly linked to domestic violence affecting ability to think clearly, as mentioned above. Kearney (2001), however, who synthesised the results of 13 North American qualitative research reports on non-prostitute women's responses to domestic violence, talked about an intentional turning off of the awareness in order to survive the immediate present. Therefore, 'blindness' may also represent a coping strategy.

Love was identified by some of the sex workers in the current study as having a role in causing blindness. This perhaps relates to the women's investment in maintaining 'a loving' relationship, and is supported by the fact love was often identified as a reason for staying. Similarly, Kearney (2001) found that non-prostitute women often held deeply internalised desires for romantic love. Social and cultural expectations of

romantic love often include care giving and self-sacrifice by women (Person, 1988; Kearney, 2001), such that some women may feel obliged to accept some abuse in order to please their partners and maintain their relationships.

Whilst perhaps helping women cope, these psychological strategies may also have contributed to maintaining them within their abusive relationships. In contrast, some of the sex workers talked about reaching a point of realisation, seeming to signify a turning point in deciding to change their relationships. A similar process was identified by Kearney (2001) who talked about non-prostitute women going through a phase of increasing realisation of the intolerability of their situation, which was permeated by emotional pain, and may explain why it is sometimes easier for women to remain 'blind' to the realities of their situation.

In addition to the negative impact of domestic violence, all of the women spoke about positives gained from their experiences, particularly feeling stronger and wiser. This is consistent with the concept of posttraumatic growth following a range of traumas including violence, whereby survivors, through coping and readjusting to trauma, make positive adaptations to their identity, philosophy and goals (Tedeschi, 1999).

Applicability of the findings

As the current sample reflected some of the diversity among prostitutes (working across different settings, different ages, current and ex-prostitutes, and the majority, but not all having used drugs) the findings may be transferable to a range of sex workers. The model may also be relevant to female drug-users, and women who have

experienced or witnessed abuse as children, as these were common features of the women interviewed. The findings may also apply to women who are isolated or face barriers to services, for example, women with mental health problems. Finally, as some similar findings have been found in the general domestic violence literature, the current model may also be useful for understanding processes which sustain or resist non-prostitute women within abusive relationships.

Critique of the study

A potential limitation of the study was that not all interviewees were working in prostitution throughout the abusive relationships described, in at least two cases, because their partners had not wanted them to. This may have influenced the findings, although all participants, apart from one, had experience of prostitution prior to the abusive relationships described. In addition, for all but one woman, the accounts of domestic violence were retrospective. Consequently, the women's perspectives may have changed since they were in abusive relationships, and their recall of experiences may have been distorted by memory. One advantage of this, however, was that insight was gained into how the women's perspectives had changed over time, since ending their relationships.

This particular group of women were also all currently accessing support from a project for sex workers, therefore, the findings may be less relevant to women who do not access services. In addition, all interviewees spoke highly of the project and its workers. Although this seemed genuine and confidentiality was explained, the

women may have been more positive as they were recruited though and interviewed at the project.

It has been argued that grounded theory studies should continue until theoretical saturation. This refers to the point at which further data collection no longer contributes to the development of theoretical ideas (Henwood & Pidgeon, 2003). Whilst Rennie *et al.* (1998) suggested that saturation often occurs after five to ten interviews, it is unclear whether the current study reached this since it may have been possible to further develop categories by conducting more interviews. Another possibility would have been to conduct follow-up interviews with the women to explore categories further. New material may have emerged in second interviews due to increased rapport with the researcher.

Consistent with theoretical sampling, the researcher checked out initial emerging ideas with subsequent participants (Henwood & Pidgeon, 2003). Due to time limitations, she was not able to employ a second form of theoretical sampling, involving the seeking out of participants, different from those already interviewed, in order to extend the richness and scope of theory. Nevertheless, as discussed above, the group of participants did reflect some of the diversity within prostitute populations, which may increase the applicability of the model to a wider range of sex workers.

There is some debate around whether grounded theory research inevitably leads to the development of a comprehensive theoretical framework (Henwood & Pidgeon, 1995). Indeed, the current model may not be comprehensive due to uncertainty around

theoretical saturation, however, it does provide some useful understandings of how sex workers may be sustained within abusive relationships, as well as factors which may support them to resist and potentially change their situations.

Clinical implications of the findings

Given the high prevalence of domestic violence, and the increased likelihood of mental health problems (Riggs *et al.*, 2000), clinical psychologists are likely to work with both perpetrators and victims. Despite the Department of Health's recommendations that health professionals' training courses should contain teaching on domestic violence (Department of Health, 2000), in the author's experience, this is not currently given priority within clinical psychology courses. However, the current model may be useful for psychologists and other professionals, working with women experiencing domestic violence, particularly those with similar complex needs as some of the interviewees, who may face barriers to services, including, drug-users or women with mental health problems.

The analysis highlighted how difficulty understanding domestic violence can lead to those in the women's social networks blaming them. This may be why the sex workers in the current study identified understanding from others as being important. Difficulties understanding may also lead to professionals becoming disillusioned and frustrated, particularly if women cannot leave or repeatedly return to abusive partners. The current model may be useful both for clinical psychologists and other professionals to provide an understanding of the complexity of factors sustaining women within violent relationships, often for a number of years. The current findings

also suggest the importance of helping women make sense of their own experiences and behaviour, in order to combat feelings of self-blame, hopelessness and isolation.

It is also important for professionals to recognise that leaving relationships may not be the best option, as both the current study and previous research has found that leaving can lead to threats, or further, often more extreme violence (Wilson & Daly, 1993). Therefore, women should not be pressurised into leaving, which as some of the women in the current study identified, is rarely helpful. Despite not currently wishing to leave, women may, however, still benefit from support from both statutory and voluntary agencies. In fact providing support may be key to combating the isolation which was found both in this study, and previous research to maintain women within abusive relationships.

In the current study, the women tended to find it easier to talk to project workers than those in their social networks. Important factors in enabling this included being available, showing understanding, being trustworthy, ensuring safety, flexibility and giving women control rather than telling them what to do. Some participants valued contact with women in similar circumstances. These factors are essential for supporting sex workers who may struggle to access mainstream services, but are likely to be helpful for any woman experiencing domestic violence. Giving women control seems especially important as they often have little within abusive relationships.

The project workers also highlighted the importance of staying involved with women, and of change being a process, which is consistent with Prochaska *et al.*'s (1992)

model of behaviour change, which postulates that individuals move between different stages of change including pre-contemplation, contemplation, action, maintenance and relapse. Some of the coping strategies identified in the current study, (e.g., being blind, not recognising or minimising the abuse, and emphasising the positives of their situation or partner), suggest a pre-contemplation stage in which women may not recognise abuse as a problem, and thus are not ready to make changes. Motivational interviewing (Miller & Rollnick, 1991) may be useful for working with women who are currently ambivalent about changing their situations.

Nevertheless, as described by interviewees, the reality of partners coming after women and causing worse violence should not be underestimated, which may prevent women making changes. In addition, it is important that society places the emphasis of responsibility for change on men rather than women, for example, through intervention programs for men, as well as legal measures. Women should, however, have access to support from health, social and voluntary agencies which may enable them to escape abusive relationships.

The women in this study appeared to move between different stages in their recognition of abuse as a problem, and wishing or being able to change. Most women, despite sometimes having very limited resources, managed to end their relationships. The changes in participants' thinking and behaviour found in this research may be helpful for giving hope to frustrated and despondent clinicians. It is also important for clinicians to be aware of the possible use of minimisation and denial in the assessment of risk, particularly if children are involved, as women may underplay the extent of the violence that they are experiencing.

Another relevant factor, particularly to those working with sex workers, was the normality of violence and abuse in the women's lives, which may sometimes make it difficult to challenge the acceptability of domestic violence. A narrative therapy approach may be useful to help women explore the validity of alternative views, challenging what may have become a dominant narrative in their lives (e.g., White & Epston, 1990).

Women experiencing domestic violence have often received help within the voluntary sector (Department of Health, 2000). Most clinical psychologists are only likely to work with domestic violence victims who experience significant mental health problems. In recent years, however, the Department of Health (2000) has identified health professionals' responsibility in reducing domestic violence. Clinical psychologists have skills in generating formulations to understand the complexity of women's situations, as well as other skills identified by the current interviewees as important, e.g., listening, engendering trust and showing understanding. Given the prevalence of domestic violence and increased likelihood of mental health problems, perhaps clinical psychologists should take a more proactive role in working with domestic violence, for example, by working with the voluntary agencies which women are more likely to access. Sex workers experiencing domestic violence are even less likely to access mainstream health services. However, they are more likely to have complex needs with which clinical psychologists are trained and skilled to work. It would, therefore, be useful for the profession to think about how such women's needs could be met, perhaps again by working in conjunction with more accessible voluntary sector services.

Future research

Future research could use similar methods to investigate domestic violence towards sex workers in different geographical locations, continuing until it is clear that theoretical saturation is reached. It would also be beneficial to include women who solely work in off-street locations, do not use drugs, and do not currently access services, as well as more women recently or currently experiencing domestic violence. It would also be useful to explore ways in which services can support other women experiencing domestic violence who face barriers to services, e.g., drug-users and those with mental health problems, perhaps using an action research approach.

Conclusion

In conclusion, the current research produced a model which describes how domestic violence was sustained and resisted within a group of sex workers' lives. However, as discussed above, aspects of this model may also be useful for clinical psychologists and other professionals working with a wider population of women experiencing domestic violence to provide an understanding of the factors which keep women in abusive relationships, as well as offering ideas about how to best support women.

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Critical Appraisal

This critical appraisal was constructed from my reflective journal kept throughout the research process, written reflections following interviews, and final reflections upon completion.

Conception of the research

I was encouraged to think about research ideas in the first year of my clinical psychology training course. This caused considerable anxiety as I had previously struggled to think of ideas in my previous studies at undergraduate and postgraduate level. I was not aware of what gaps there were in the literature or where to start looking. I dutifully attended a research fair to which local clinicians were invited. However, relatively few clinicians attended, and I was left feeling uninspired and still rather anxious.

Although we were advised to choose a methodology which fitted the research question, I was clear that I wished to carry out qualitative research. This was not because I wanted to avoid statistics, or thought it would be an 'easy option', as course staff emphasised that this was not the case. I had undertaken quantitative research projects in previous degree courses, and had found the process somewhat frustrating. I found it difficult to relate the findings to peoples' experiences - so what, if students with suicidal ideation used problem-focussed coping slightly less than those without? Whilst I appreciate that quantitative research has increased the knowledge base in psychology, I wanted to carry out research that felt more meaningful in terms of

individuals' lived experiences. I felt that this was particularly important in order to maintain my motivation and engagement with the research process. I also wanted the opportunity to try out something different and learn new skills whilst in training, as I was aware that I would be less likely to attempt something so challenging afterwards.

The idea of researching domestic violence and prostitution was suggested to a fellow trainee who decided against pursuing it. Whilst I did not have much theoretical knowledge about either area, this captured my interest. I was aware that many women experience domestic violence, often over prolonged periods of time and with detrimental effects on psychological well-being, yet this was not something that had been covered or even really talked about during training. As a trainee in clinical psychology, I felt this to be a serious omission as I was sure that clinical psychologists often come into contact with women who have experienced domestic violence. I felt that it was important to be able to think about and try to understand abused women's experiences. Not having personal experience of domestic violence, I found it difficult to think of myself remaining with an abusive partner. I was, however, aware that many women find it difficult to leave their partners, and felt that I needed to understand this better.

I was also interested in the experiences of individuals who are marginalised in society, and therefore may find it difficult to access the resources they need when experiencing abuse and accompanying mental distress. I was aware that women working in prostitution are a stigmatised group, and felt that it would be particularly interesting to explore their experiences of domestic violence. Whilst I could not imagine working as a prostitute, I did not feel judgmental about those who did. I felt

that I had a very privileged life with many more choices compared to the majority of women working in prostitution, and was interested to find out more about their experiences.

After conducting an initial literature review, I found that there was indeed a gap in the research on domestic violence towards sex workers. Domestic violence towards women working in prostitution also seemed an important area to investigate, given the high prevalence of childhood abuse and other experiences of violence in sex workers' lives (Farley *et al.*, 1998). In addition, my research supervisor thought it would be possible to access women working in prostitution through a voluntary sector service.

Setting up the research

During the second year of training my supervisor and I met with an NHS drug worker who worked within a project which supported women working in prostitution. The drug worker, however, raised concerns about whether the sex workers would be willing to talk about domestic violence, as they often did not disclose this to her despite working with them for some time. Although, she suggested more general research into the women's lives, I was aware that similar research already existed, and unsure how this would be applicable to clinical psychology. Another idea suggested was to focus on sex workers' intimate relationships, and hope that the women would talk about domestic violence; I was concerned, however that they may choose not to, or may not have actually experienced domestic violence. I also felt that for ethical reasons, I needed to be explicit about my interests, rather than potentially encouraging women to talk about domestic violence when they had not agreed be interviewed

about this. Whilst the drug worker's concerns had caused me to feel more anxious about the study, I still believed that it was possible as I had read a number of research papers in which sex workers had talked about experiences of violence or childhood abuse.

Unfortunately, this service was unable to support the research. As I was now potentially left without a sample, my supervisor and I considered alternatives ways of accessing sex workers, for example, through GPs working in particular areas of the city. Another option was to interview individuals who worked with sex workers. Fortunately, another trainee knew about an organisation in another city that supported sex workers. I telephoned one of the co-ordinators of the project, and was pleasantly surprised by her positive response. During a subsequent meeting, she spoke enthusiastically about the project, and the possibility of supporting the research. She also said that she could already think of a few possible participants. She also consented to me interviewing workers from the project, who also had previous experiences of working in prostitution. As a result of this meeting, I felt relieved and gained renewed enthusiasm about the research.

Choosing Grounded Theory as an approach

This was partially a pragmatic decision, as there seemed to be more knowledge and expertise of grounded theory locally. The qualitative group facilitator had experience in grounded theory research, and other trainees were planning to use grounded theory, which I thought would be helpful for peer learning and support. In addition, grounded theory was hailed as a methodologically sound and rigorous approach, and seemed to

fit with the requirements of a doctoral level piece of work, as well as seeming less of a break with the more scientific tradition within psychological research than some other methodologies.

Ethics committee

My next hurdle was to obtain ethical approval from the local NHS ethics committee. Completing the form was a lengthy and arduous process, not made any easier by purchasing a house, and moving during the summer of my second year, as well as having to complete other course assignments. I came to realise that completing the form and producing accompanying documents, such as the research proposal, participant information sheet and interview schedules, was at least equivalent to the work required for other course assignments. Eventually, I managed to submit the ethics application in October, however, with minor amendments and Christmas delaying the process, I did not get final approval until February. I realised that I was on a tight schedule, but felt determined to work hard and complete the research by the deadline at the end of June of the same year.

Constructing interview schedules

I initially constructed interview questions around a number of areas of interest, however being new to qualitative research, I was unclear whether my focus was too broad or narrow. Although I raised this at the next qualitative support group[7], I was

[7] This group was set up to support trainees carrying out qualitative research, and was facilitated by a course tutor with experience in grounded theory research.

still rather confused. Some grounded theorists, e.g., Glaser (1998) have suggested keeping the focus as broad as possible, whilst others such as Charmaz (1995) have argued for a greater focus. As this was a new area of research, I reflected that it would be advantageous to have a relatively broad focus; however, as I recognised that it was important for the research to have some relevance to clinical psychology, I also wished to cover certain areas, such as ways of coping and how services could support women. In the end, I wrote rather too many questions, but resolved to attempt to be partially guided by what the women themselves chose to talk about. I also included a narrative-style question, after a few warm-up questions, to encourage the women to tell their story.

Conducting interviews

The project co-ordinator with whom I originally spoke organised the first interview with another worker at the project. I was quite apprehensive about this, as I had not met her, and she had the final say on whether the research could continue. Fortunately, she was as friendly and enthusiastic about the research as the first worker. The interview seemed to go well, as she had a lot to say, and the interview ended up running over time. I was a little worried that we had covered too many areas, rather than going into more depth, however, I reflected that perhaps this was acceptable for a first interview. Subsequent interview appointments were organised by the co-ordinator, and to my surprise, she appeared to find participants relatively easily. In fact, she was so keen to get the interviews organised that I had to encourage her to slow down, so that I could start to analyse earlier interviews in order to shape

subsequent ones, a principle that is consistent with Grounded Theory (Henwood & Pidgeon, 2003).

My second interview was with a young sex worker in her twenties who I referred to as Jane. I was struck by the extent of the violent and horrific experiences that she had been through. I felt quite humble listening to her, and the fact that she had managed to cope in some way with these experiences and to leave her controlling partner. Although Jane had received counselling from a prison chaplain, I was concerned that her experiences still seemed quite raw, and she became upset during the interview. Nevertheless, Jane stated that she had 'enjoyed' the interview, although recognised this was not the right word to use. She said that the questions were good, as they allowed people to talk at the level to which they felt able, which reassured me somewhat.

Each subsequent interview seemed very different in nature from the last; some interviewees, such as Jane appeared very open about their experiences, whilst other women seemed more guarded. A number of the women made positive comments about their experience of being interviewed which was reassuring, as I was aware that I was asking about painful experiences. As I started analysing earlier interviews, I changed the schedules to further explore interesting areas which emerged, and to test my theoretical ideas. I found, however, that the last three interviews seemed more stilted, and wondered if this was because I was more imposing of my ideas, rather than allowing the women to have control over the process and to tell their story.

Transcription of interviews

I found the process of transcribing the interviews to be emotionally challenging, as it required repeatedly listening to and staying with painful material. This was particularly the case for Jane's interview which contained descriptions of extreme and sadistic violence. I also found the fifth interview with a woman referred to as Pat, particularly difficult to transcribe. She had experienced violence and abuse both in childhood and in various adult relationships, such that she seemed to expect violence and accept it as part of her life, or even as part of her identity, which caused me to feel both despondent and angry.

The more I became involved in the research, the more distasteful and harder to bear I found the topic. I felt lucky that I had never experienced domestic violence. However, I recognised that whilst some of the women's experiences may have been extreme, domestic violence is still common, despite women having greater equality in Western Society, and it being increasingly viewed as unacceptable. I wondered if this was partially linked to certain attitudes in society that somehow tended to blame women for not leaving partners or for 'asking for it', perhaps reflected in the difficulty women have in successfully prosecuting violent partners.

Analysis and conceptualisation of the data

I found initial line-by-line coding of the data relatively straightforward, as it involved staying close to what the women had actually said. As I moved towards focussed coding and attempting to form categories from the data, I became increasingly aware that the meanings I ascribed to the data may have been different from individual women's meanings. If time had allowed, it could have been useful to go back to the

women to ask questions which further explored the categories, in order to get a richer sense of the women's experiences, and the different meanings attributed to them.

The process of coding and analysis was anxiety provoking, and at times, overwhelming. There seemed to be so much data to make sense of, and it was difficult to know how I would produce a model which would give some level of integration to the women's individual and diverse accounts. My initial model was more complex than the final version, such that I wondered how I would manage to write-up all the categories within the word limit provided.

Writing-up

I found writing-up the most laborious and least engaging part of the research process, partly because it came towards the end of what seemed like an endless task, and I was becoming increasingly weary. I think it was also nerve-wracking as I knew that this would be the final product of the research process into which I had invested so much time, and its worth would be judged by others. I was relieved as I got sections back from my supervisor that were acceptable, and even had some positive feedback. I felt pleased that I was managing to communicate my ideas to others, and to make some sense of the research. However, as predicted, my analysis section was far too long. The process of redrafting and trying to cut-down this and my literature review was time-consuming and frustrating. It was difficult to know how to cut-down my analysis, as the original categories seemed to fit together in the model. I could not quite believe it when I eventually achieved this!

Final reflections on the research process

I experienced the research process as both anxiety provoking and challenging. This was not helped by increased time pressure, as I was late in receiving ethics approval, and had a lot of work to develop my original literature review that I completed in the first year of training. In addition, each stage of the research took much longer than I envisaged despite consistently working hard. I was also increasingly irritated at how much of my own time, and personal life the research impinged on, particularly as it was not completed by the deadline. However, despite this, I also enjoyed several aspects of the research. Although nerve-wracking, I found carrying out interviews to be a positive experience. I remained interested in the research topic throughout. I found the process of grounded theory exciting as I felt that I was making sense of and creating something new out of the women's accounts. Overall, I was glad that I had chosen a qualitative approach, both because I had learnt new skills and remained engaged by the research.

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Appendix One - Initial Interview Guide

Introductory questions (about domestic violence within the prostitute community)

"If a woman working in prostitution was experiencing domestic violence within her relationship with a partner, how easy do you think it would be for her to talk to other women about?"

"What might make it difficult?"
"What would make it easier?"

"Are you aware of other women in prostitution experiencing domestic violence?"
"Could you tell me more about this?"

"Do you think that domestic violence towards women working in prostitution is common?"
"What makes you say this?"

Personal experiences

"Could you tell me about a time when you have experienced domestic violence?"
"Could you tell me about the relationships with men in which you have experienced domestic violence?"
"Could you tell me a bit more about the violence that occurred? What did it consist of - e.g., verbal abuse? physical violence?"
"How often did the '_____' occur?"
"How long did this go on for?" (months/years)
"Could you tell me about any other relationships you've had which were abusive?"

Coping with domestic violence

"How have these experiences effected you?"
"How have you coped with /managed the _____?"

"What has been or would have been helpful in helping you to either cope with or leave these situations?"

"When you were/are experiencing the hitting was there anyone you could turn to for support (either emotional or practical help?)"
"What made this more difficult/easier?"
"Did you or do you have anywhere you could go or could have gone to escape from the hitting? Could you tell me about this?"
"What makes it difficult to talk about experiences of violence?"
"What do you think would help?"

Services

"Could you tell me about any services that you can/could have accessed to help you with your situation?"
"What makes it difficult/easy to access these services?"
"What would help?"
"What would stop you from approaching services for help?"
"If this was different do you think you would access services for help?"

Continued involvement in prostitution

"Do your experiences with _____ have any effect on your involvement in prostitution?"
"Do you think your experiences with _____ had any effect on your continuing involvement with prostitution?"

Impact on relationships with men

"How did this effect how you saw your relationship with _____?"
"How have these experiences effected the way you see men? Could you tell me more about this?"

Meaning attributed to the domestic violence

"What do you think lead to the domestic violence?"
"What do you think it says about him that he hit you?"
"What do you think it says about you?"
(Follow-up any references to blame/responsibility around the domestic violence)

General prompts

"Can you tell me more about that?"
"What did you think about that?"
"How did you feel about that?"
"Can you give me an example?"
"What does that mean to you?"

Ending the interview/debriefing

"Is there anything else you would like to tell me that I may not have asked about?"
"Thank you for taking part in the interview. I am interested to know how you found it? How are you feeling now?"
"Would you like any support from one of the POW support workers or to see the counsellor?"
"I have put together a list of services that you may find helpful, including services/helplines for domestic violence."

Appendix Two - Initial Interview Guide for Project Workers

Introductory questions (about domestic violence within the prostitute community)

"Could you tell me about the time when you first became aware of domestic violence in the prostitute community?"

"How common do you think domestic violence is in the prostitute community?"

"What makes you say this?"

" Could you tell me about a time you have come into contact with domestic violence in the community?"

"If a woman working in prostitution was experiencing domestic violence within her relationship with a partner, how easy do you think it would be for her to talk to about?"

"What might make it difficult?"

"What would make it easier?"

"What impact do you think experiences of domestic violence have on the women? How do you think it effects them?"

Coping with domestic violence

"How do you think the women cope with/manage situations of domestic violence?"

"What has been or would be helpful in helping the women to either cope with or leave situations of domestic violence?"

"Do you think they have others to turn to for support (either emotional or practical help?)"

"What makes this more difficult/easier?"

"Do you think women have anywhere to go to escape domestic violence? Could you tell me about this?"

"What might make it difficult to talk about experiences of violence?"

"What do you think would help?"

Services

"Are you aware of services that women can have access to help with situations of domestic violence? What are these?"
"What makes it difficult/easy to access these services?"
"What would help?"
"Is there anything that you think stops women from approaching services for help?"
"If this was different do you think they would access services for help?"

Impact on relationships with men

"Do you think domestic violence effects how women view men? In what way?"

Meaning attributed to the domestic violence

"Why do you think domestic violence occurs/is more common in the prostitute community?"
"I am interested to know what you think about the issues of blame and responsibility within relationships where domestic violence occurs"
"If women were to talk openly about their experiences of domestic violence and ask for help, how to you think they would be viewed by others?"

Continued involvement in prostitution

"Do you think that domestic violence has any effect on women's involvement in prostitution?"
"Do you think that domestic violence has any effect on women's continued involvement in prostitution?"

Personal experiences

"Do you have anything to add about what we've talked about from your own personal experiences of domestic violence that may either fit in with this or be different?"

"I was wondering if you could tell me, if you feel comfortable, telling me a bit more about your own experiences of domestic violence?"
"Could you tell me about any relationships with men in which you have experienced domestic violence?"
"Could you tell me a bit more about the violence that occurred? Did it consist of verbal abuse? physical violence?"
"How often did the '_____' occur?"
"How long did this go on for?" (months/years)
"Could you tell me any more about any other abusive relationships you may have had?"

General prompts

"Can you tell me more about that?"
"What did you think about that?"
"How did you feel about that?"
"Can you give me an example?"
"What does that mean to you?"

Ending the interview/debriefing

"Is there anything else you would like to tell me that I may not have asked about?"
"Thank you for taking part in the interview. I am interested to know how you found it? How are you feeling now?"
"If you feel it would be helpful to talk about your experiences further, your GP can make a referral to an NHS primary care counsellor. Is this something you would like to follow-up?"

Appendix Three - Information Sheet for Participants

(To be printed on University of Leicester headed paper)

Study Title: Exploring Women Working in Prostitution's Experiences of Domestic Violence

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask us if there is anything that is not clear or if you would like more information. Please take as much time as you need to decide whether or not you wish to take part.

Thank you for taking time to read this.

What is the purpose of the study?

I am interested in trying to understand the experiences of women working in prostitution, who have been through domestic violence. I am particularly interested in women's views of what has been or might be helpful in coping with or leaving situations of domestic violence, as well as any barriers to accessing help. I hope that this knowledge will be useful for developing services which may be useful to women working in prostitution who are experiencing domestic violence.

Why have I been chosen?

I am interested in speaking to a number of women who may have different views and experiences which will add to a broader understanding of domestic violence experiences. I hope to speak to about 6 to 8 women.

Do I have to take part?

You do not have to take part. It is up to you to decide whether you would like to or not. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you decide not to take part or to withdraw at any time this will not affect any support or services you may receive.

What happens if I decide to take part?

If you decide to take part, I will be asking you about your experiences in an interview of between half an hour to an hour and a half. I will ask questions about your experiences of domestic violence and about what may have helped you cope with these experiences, as well as things that have been unhelpful. You do not have to answer any questions you don't wish to. I would also be interested in anything you think is important to discuss in relation to this topic.

So that I can think about and understand what you tell me, I will be recording the interview on tape. You do not have to use real names if you talk about anyone during the interviews. However, so that interviews are anonymous, I will change all names and any information that could identify you when I write up the research. Interviews will take place at the [removed for confidentiality] building in a private room. I will also ask you to complete a very brief questionnaire asking for additional information which may have not been covered in the interview, such as

the number of years you have worked in prostitution, which settings you work in and whether or not you use drugs and/or alcohol. This questionnaire will not have your name on and will remain completely confidential. However, you do not have to answer anything that you do not wish to.

If you are willing, I may ask you to take part in a second interview, which will follow the same format. However, this is unlikely.

Following interviews, I will listen to and think about what you and other women have told me. I will look for similarities and differences between the accounts in order to come to try to come to an understanding of these experiences. I will then write up the research which I aim to get published.

What are the possible disadvantages of taking part?

It is possible that you may find talking about experiences of domestic violence upsetting. If you become upset you can decide to have a break or stop the interview at any time. I will also give you information on how to get further support if you feel you want it.

What are the possible benefits of taking part?

There are no direct benefits for you in taking part in this research study. However, in a similar study, women working in prostitution generally said that they enjoyed taking part in research interviews. The information gained from this study may also help services in knowing how to help women experiencing domestic violence.

What if something goes wrong?

In the unlikely event that you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action but you may have to pay for it. However, as part of my training, I am an employee of Leicestershire Partnership NHS Trust, so feel unhappy about any aspect of how you have been approached or treated during the course of the study, the normal National Health Service complaints mechanisms should be available to you.

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential. The only exceptions to this would be if you told me anything about another person who was at serious risk of harm or where child protection issues are involved. Any other information about you will have your name and address removed so that you cannot be recognised from it. I will be using selected quotes from interviews when the study is written-up, however, these will have any names or information which could identify you removed.

What will happen to the results of the research study?

When the study is completed, which it is expected will be by October 2005, it will be written up for submission to the University of Leicester. A copy of the written-up study will be stored at the University of Leicester. It is also planned to publish the study in an academic journal and to present the results to local services. You will not be identified in any written or verbal reports of the research. A summary of results will be available from the researcher if you wish to read this.

Who is organising and funding the research?

The research is being organised by Kate Doherty, Trainee Clinical Psychologist, based at the University of Leicester and employed by the Leicestershire Partnership NHS Trust. The study is funded by the University of Leicester.

Who has reviewed the study?

The study has been developed through discussions with various staff members at Leicester University, School of Psychology – Clinical Section. It has been reviewed and approved by Leicestershire NHS Local Research Ethics Committee. Approval does not guarantee that you will not come to any harm if you take part. However, approval means that the committee is satisfied that your rights will be respected, that any risks have been reduced to a minimum and balanced against possible benefits and that you have been given sufficient information on which to make an informed decision.

Contact for Further Information

If you would like to discuss the study further you can leave a message for me (Kate Doherty) on 0116 223 1648 and I will call you back.

If you decide to take part in the study you will be given a copy of this information sheet and a signed consent from to keep.

Thank you for taking time to read this information sheet and thinking about taking part in the study.

Version 2: 12th January 2005

Appendix Four - Consent Form

(Form printed on headed paper)

Participant Identification Number:

Title of Project: Exploring Women Working in Prostitution's Experiences of Domestic Violence

Name of Researcher: Kate Doherty

Please initial box

1. I confirm that I have read and understand the information sheet dated ..... (version .....) for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ☐

3. I agree to my interview being recorded on audio-tape, on the understanding that the data will be securely stored and destroyed following study completion. ☐

4. I agree to selected quotes from interviews being used in the write-up and reporting of results. (These will not include any real names or use any material that could identify you.) ☐

5. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent (if different from researcher)	Date	Signature
Researcher	Date	Signature

1 for participant; 1 for researcher

Version 1: 16th October 2004

Appendix Five - <u>Introduction for participants</u> (to be read out by researcher)

"I am interested in finding out about the experiences of women working in prostitution who have experienced domestic violence within their intimate relationships, in other words, in their relationships with boyfriends, partners or husbands. It has been estimated that about one in four British women experience domestic violence at some time in their lives. When I refer to domestic violence, I mean verbal and emotional abuse, (e.g., threats, bullying, intimidation and manipulative behaviour), as well any form of physical violence, sexual assault, including any form of unwanted or forced sexual contact.

I am aware that this is a difficult subject to talk about, so if there is anything that I ask that you would prefer not to answer that is fine. If you do feel upset at all from the interview, you can talk to [name] or [name] afterwards. There is also a counselor at [name of prostitute project], who you can arrange to see if you want some further support for your experiences. All your answers will be anonymous. When I write up the research I will change any details that could identify you. If you want to take a break at anytime for a drink or cigarette, just let me know. You are also free to withdraw from the research at any time.

I have a number of areas that I would like to cover in the interview, but I am also interested in what you think is important. Is there anything you would like to start off with?"

Appendix Six - Additional Participant Quotes

Core category: Being difficult to leave - sustaining vs. resisting domestic violence

Q1: *'They know who your friends are, where you would go and stay, where you might go out for a drink, so sometimes you 'ave to just change it all, and go somewhere completely different.'* (Dianne, 78-80)

Q2: *'I kept going with bruised eyes, and crying, and saying, 'That's it, I've had enough', but how many times do we say that, how many times do I say I'm gonna stop smoking.'* (Kim, worker, 248-250).

Q3: *'He's stuck by me through everything, so far, so yeah, yeah, he gave up a lot to be with me, Kate, he did, a hell of a lot.'* (Pat, 429-431).

Q4: *'He was the father of my kids, as well, and my kids, you know, my kids were very close to him, and I didn't want to break the family home up.'* (Vicky, 229-231).

Q5: *'I accepted a lot of shit, basically because I loved him.'* (Kim, 593-594).

Q6: *'I just run back, and I can't be away from him; I love him to bits, Kate, you know, he's my fuckin' life.'* (Pat, 172-173).

Q7: *'My partner's still come to my flat, and find me, and say, kicking me around, "If you don't come back," and, "I'm gonna do this, and that," and I'd been scared and*

think, "I don't want anything happening like to harm any member of my family, or I don't want nothing happening, so better I go back.'" (Dianne, 104-107).

Q8: *'Do you know what's more frightening? The fact that, not, not the, the violence, not the, not the verbal abuse, not... what is more frightening, what I was more scared of was being left on my own.'* (Vicky, 279-281).

Reaching a critical point: Deciding to end the relationship/make changes

Q9: *'It got to the stage, I couldn't really go back no more, because I took like two years of it, and the person was on drugs, as well at the end of the relationship. It just got too violent.'* (Dianne, 108-110).

Q10: *'I spoke to the father, at the time, I says to 'im, "Look, it didn't work with the two children; it's not going to work with three," etc., etc., so then 'is true colours come back out, because there was this big violent outburst.'* (Julie, 997-1000).

Q11: *'You know, I tried a couple of times to run and leave 'im, and got grassed up.'* (Jane, 341-344).

Finding it difficult following leaving

Q12: *'I needed to, to deal with myself, look after myself, get myself back on track'* (Vicky, 659-660).

Q13: *'Even up until six months after I 'ad run from him, I think I still loved him.'* (Jane, 530-531).

Category One: Lifestyle factors

Prostitution

Q14: *'A lot of partners of prostitute women, who work in prostitution, whether they sort of like to admit it or not, will sort of see that woman as a second-class citizen because she's having sex with other men, and not seen as the norm, so they have got that sub-conscious thing.'* (Julie, worker, 570-574).

Q15: *'The punters think if they picked you up off the street, you are going to accept more, either, what is, whatever type of abuse, or you're gonna do it cheaper, or you know, you know, it's because you're just a whore.'* (Julie, worker, 619-622).

Drugs and alcohol

Q16: *'I think he was irritated a lot because like we haven't got no drugs because he was 'iding taking the drugs from me.'* (Dianne, 157-158).

Q17: *'I relapsed and got back on, on, on heroin, and that was, things just got worse.'* (Vicky, 198-199).

Q18: *'Some of the drug-users, like say rag, crack, heroin, and whatever, I've, I've seen them actually, just get... you know, forced out, you know, is, is, "You will go out and get the money", and if they don't get the money they get a beating, you know if they ain't come back with the money for the drugs'.* (Julie, worker, 770-774).

Q19: *'This is where the community within prostitution sometimes is falling out, there, there's no together because of the prices, and I believe drugs has a part of that.'* (Kim, worker, 1040-1042).

Category Two: Attributing blame

Being blamed

Q20: *'I was always, erm...sort of seen in that part of the community to be, erm, somebody who needed to be slapped down, because I was so outspoken.'* (Julie, 158-159).

Blaming self

Q21: *'...and probably in his own little way he did blame me, that it was my fault, and I, and I believed that...then I started to believe that.'* (Kim, 287-288).

Q22: *'Yeah, if I was just friendly with 'im, then he wouldn't hit me.'* (Pat, 639-640)

Q23: *'I blame myself, probably I shouldn't have said it the way I've said it; it's my fault, that's why he's hit me.'* (Kim, 54-55).

Excusing men vs. seeing men as responsible

Q24: *'Then I started to believe that, that every time he hit me, I'd make excuses, or it was because I was a bit late, or I didn't have the dinner on, or er, I didn't wash and iron his clothes, I made excuses.'* (Kim, 288-291).

Q25: *'He's a person, and he's got fuckin' problems, and he's got feelings to do with himself, and I suppose it's harder for a bloke to deal with things like that than it is for a woman.'* (Vicky, 553-555).

Q26: *'I mean I don't feel no resentment toward him now, you know, I, I don't hate him; I don't, you know, "You bastard!" You know, "I'd never fuckin' speak to you again!" It was just unfortunate that, you know, things had turned out the way they did.'* (Vicky, 579-582).

Q27: *'I mean he's got to be violent. He strikes out because he can't win an argument.'* (Pat, 615-616).

Q28: *'...it was all about him, because I wasn't really saying the 'urtful things that he said; I wasn't doing the 'urtful things he was doing. I was giving everything I could give him, doing my best, and it was like in fear, I was getting a hundred percent back.'* (Dianne, 289-293).

Q29: *'That's their way of getting a bit of manhood back, in't it? And, not that they're doing it intentionally. It's sort of subconscious, in't it? Like a subconscious yearning to be, erm, be the man about the 'ouse.'* (Vicky, 558-561).

Q30: *'...it was all about him, because I wasn't really saying the 'urtful things that he said; I wasn't doing the 'urtful things he was doing. I was giving everything I could give him, doing my best, and it was like in fear, I was getting a hundred percent back.'* (Dianne, 289-293).

Category Three: The process and tactics of control

Q31: *'He started making me dress like a bloke, like wearing baggy jeans and big jumpers with 'oods on. I'd 'ave to wear a baseball cap. I couldn't put make-up on. I had to have my hair cut short, and if I went out in the street, I'd have to look down at the floor. If I, if I made eye contact with anybody, a bloke especially, 'e'd start pummelling me.'* (Jane, 75-79).

Q32: *'He kept pushing and pushing, and in the end, he turned round and said, "How dare you say, "No" to me! Whatever girl I want, whenever I want her she's mine, whether she likes it or not," and he was going to grab me, and ripped my top.'* (Jane, 880-883).

Forging the relationship - encouraging attachment

Q33: *'He was quite, quite controlling and manipulating to, to a degree right from the start, then, as things sort of progressed through, through the relationship, it started getting, erm, quite physical at times.'* (Vicky, 98-101).

Q34: *'There's a lot of verbal abuse, don't get me wrong, like when he's had a drink, I'm "a fucking slag!" and just silly words, but there's always a sorry behind it.'* (Pat, 747-749).

Q35: *'While you're obeyed to what they want you to do, really, you're doing everything that they want, it's all like love, but as soon as you say, "No, I don't want to do that," that's when the attitude comes in.'* (Dianne, 255-259).

Domestic violence develops

Q36: *'I find once you get settled, and you get your feet in under the table, and you actually feel like you're living like a married couple, the, I, I, I feel that's when things change a bit.'* (Jane, 492-494).

Q37: *'It was all good in the beginning, yeah. Like, what can I say, about three months into the relationship, but things started to change.'* (Dianne, 392-394).

Psychologically abusing

Q38: *'Mental abuse is so much more serious than the physical, because what's in your head, and what stays with you after, you know, is what you need support with.'* (Jane, 771-773).

Q39: *'When a person shouts, you do go into yourself. You become that little girl again, and scared to say anything.'* (Kim, 390-395).

Q40: *'He said he were coming back, and he said that if I hadn't changed my mind by the time he come back, I, I would never get the chance to change my mind again.'* (Jane, 934-936).

Q41: *'He'd make me feel...guilty. He'd make me feel like I was the one doing it.'* (Jane, 429-430).

Q42: *'He would say, probably, er, "Where have you been? You've come in later", and this, and that, and, and then the hit would start, and I, I used to think, "Well, yeah, well is it me, because I've come in an hour later from working?'"* (Kim, 281-284).

Q43: *'He'll call 'er fat, and tell 'er that she'll never get anybody, she's ugly, nobody would ever, nobody would ever want her.'* (Jane, 719-720).

Encouraging isolation and dependency

Q44: *'...'cos they draw things in your 'ead, sort of give you the mental torture, as well, it's sort of like, "You can't go nowhere, you can't..." you know, "no-one's gonna help you out.'"* (Amy, 186-188).

Q45: *'It got to the stage where I wasn't allowed to go to the shop, I wasn't allowed to take my mobile phone out with me.'* (Dianne, 111-113).

Q46: *'You get to the point where he's making all the decisions, and he's controlling everything, and you don't get a say in anything.'* (Vicky, 258-259).

Domestic violence becoming established

Q47: *'A lot of the violence which used to surround us was like, spontaneous. You know, it could be, erm..., could have been something stupid, you know, like an argument over who's cooking dinner.'* (Julie, 222-224).

Q48: *'There wouldn't even 'ave to be an argument anymore. You know, there wouldn't even, we wouldn't of even 'ad to 'ave sp... spoke a word to each other or been in the same room for e... even a minute. I'd just know, just from the look on 'is face, then I'd, I'd feel it; I'd just go cold. He'd walk in the room and do the things what I said be..., he'd lock the door, turn the stereo up, shut the window, shut the curtains, and just... beat the hell out of me.'* (Jane, 245-250).

Q49: *'He's fuckin' smashed one of those great, big demi-johns, you put water in the bottom, clapped me with that, punched me around a bit in the nose, black eye, and then, er, kicked me back to fuck; I could hardly walk for days.'* (Pat, 120-123).

Q50: *'He were using, like a knuckle-duster, and keep punching me feet, and punching them, and punching them, and I was screaming in agony, and he was saying, "I'm gonna break every little bone in your feet. You'll never walk on them again."'* (Jane, 911-914).

Category Four: The impact of domestic violence

Affecting well-being

Q51: *'I think that's what made me angry 'cos all I done or felt was love for this person.'* (Kim, 312-313).

Q52: *'I got to the stage where I was that depressed, I was at the doctors, like through feeling very depression, and everything, like my face was coming out with loads of spots, I was feeling run down, I was losing weight; weight was just dropping off me, and I didn't feel good at all.'* (Dianne, 168-172).

Q53: *'You feel, well it's pointless talking about. It's pointless telling anybody.'* (Jane, 66-67).

Affecting children

Q54: *'She was never hurt through the domestic violence physically, but mentally she, you know, she's got to have felt hurt.'* (Kim, 475-476).

Q55: *'It's the only, only time I ever really think that going to one of them places, if there's like children involved, because there's no way my kids will be brought up around violence like myself.'* (Pat, 412-415).

Category Five: Ways of coping

Resisting domestic violence: resisting partner's control vs. trying to avoid violence by submitting

Q56: *'I'd make sure I stand my ground. I'm thinking, "Oh right, why am I gonna pretend that I'm wrong when I know that I'm not, just to make you 'appy, no.'"* (Dianne, 628-630).

Q57: *'Any time I seen him, I just run.'* (Jane, 933-934).

Q58: *'She collects rubbish out of tips, she'll tell you, and puts it in there [her house]. You know, I think she's on the verge of eviction from the council, so he will not come in.'* (Julie, worker, 366-368).

Q59: *'Even now, like we've moved on after all these years, and whatever, even if 'e come to me now, and says, "Julie, can me and you try again?" I would say, "No", even though, again, it looks ok on the surface, but I would never put myself back in that situation.'* (Julie, 1013-1017).

Being 'blind', minimising or denying abuse

Q60: *'That word 'coerce' you don't look at, you know, you don't think that person is using you, you don't think that person is gonna hurt you, and when it happens you still believe it's because that person cares.'* (Kim, worker, 266-269).

Q61: *'I'd probably lie to me back teeth, and say I'm not in a domestic violence relationship. It's only now, and, and reflecting back, yes, I was, I own it, I was in one.'* (Kim, 63-65).

Q62: *'She realises that she's not gonna be...a doormat, being pushed around, and cornered, and bullied, and she 'as got a mind, and can speak for herself, and make decisions for herself.'* (Vicky, 313-316).

Q63: *' "It's a cycle of abuse, right", but sometimes people don't want to hear that, so you have to keep, you know, it's like a light comes on in the head.'* (Julie, worker, 686-688)

Using drugs and alcohol

Q64: *'When I did get back into using heroin, a big part of it was just to erm, it was an avoidance from...what was going on, and that, yeah, avoiding the conflicts and avoiding the emotions.'* (Vicky 802-805).

Coping in their own way

Q65: *'I just kn... knuckled under, and just sort of rode it out.'* (Vicky, 285).

Q66: *'I bottle it up; I keep it locked up a lot.'* (Pat, 333).

Q67: *'My kids sort of got me through it, really.'* (Vicky, 505-506)

Category Six: Isolation (barriers to support) vs. enabling support

Q68: *'They haven't got the time, they don't want to hear, so isolation then, isn't it? You become more in their control, and, and even the male knows that 'cos you've got nobody, so they, they then become even more powerful.'* (Kim, 449-452).

Q69: *'I was on my own. I didn't have any family around me, and that, so I felt sort of quite shut off.'* (Vicky, 101-102)

Q70: *'I'm a bit of a loner though, like when I go out to work, I don't stand with a bunch of other girls.'* (Pat, 552-553).

Talking/seeking help vs. not talking

Q71: *'If I had a broken rib, I'd never admit to the hospital it was my partner.'* (Kim, 87-88).

Q72: *"I thought I'd just make it worse. I thought, yeah they'll send him to prison, maybe, maybe they'll just let him go, and maybe he'll come looking for me for going to the police on him."* (Jane, 852-854).

Q73: *'I think they would have gone too mad, you know, probably would have stormed in and gone crazy at him, and made things worse, they could have made things worse for me and me child.'* (Amy, 878-881).

Q74: *'I find talking to someone that was xxx*[1]*, like you say, a counsellor, coming to talk to Julie, or Kim, talking to them kind of people, that's to me like a stepping stone, because like they've got all different doors what can be opened to get you that kind of help.'* (Dianne, 38-41).

Engendering trust vs. not trusting others

Q75: *'I didn't have any friends in [name of city] that would help me. I knew all of them would sell me out for a stone*[2]*. I knew all of them would sell me out for a ten-pound deal of drugs.'* (Jane, 333-335).

Q76: *'They're well known in the, in like the inner-city areas, and everything, and people talk good about the work that they do.'* (Dianne, 515-516).

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[1] 'xxx' refers to a segment of the interview that could not be transcribed.
[2] Street name for crack cocaine.

Q77: *'I can speak to people like Kim, and that, because I know it won't go no further.'* (Pat, 22-23).

Q78: *'It takes time to build up that trust, er, like a little, I'll give you a little scenario; we worked with a client on and off for about two and a half years, client then came into the project, and wanted to flee domestic violence after two and a half years of knowing her.'* (Kim, worker, 11-14).

Being available vs. not wanting to know

Q79: *'A lot of women, you know, don't like getting involved, and that, because they think, "Aw'll, you know, I've heard it all before, every time I see you, you're moaning this, moaning that, and then the next minute you're, you're back with him."'* (Vicky, 743-746).

Q80: *'Everybody's [in the project] got time for you, individual, you know, if you want, a one-to-one, you can, you can just go and get a one-to-one with somebody within minutes.'* (Amy, 557-559).

Judging, criticising and blaming vs. listening and understanding

Q81: *'A friend's just like, they want to know your business, and whatever, slag off your partner, but they don't know the real reasons, what has really happened.'* (Dianne, 56-58).

Inflexibility: telling women what to do vs. flexibility: giving them control

Q82: *'Some friends, it's like they would like, want to tell you how to run your life.'* (Dianne, 48).

Offering safety

Q83: *'If he comes anywhere near the street, and whatever, and where I'm gonna be, he'll get, all I've got to do is pick up the phone, and he'll get took away from me, so I thought, "That's brilliant! That's what I need."'* (Amy, 244-246).

Contact with women in similar circumstances

Q84: *'She thought it was lovely to be able to come down and speak to other women, who'd most probably been through a... you know, she'd never really contacted with any prostitutes.'* (Julie, worker, 667-670).

Lack of knowledge

Q85: *'I could have gone, made out I was going shopping in town, and come here, got Kim, got Kim to ring up the women's refuge. They could have come and picked me up, and I'd 'ave never 'ad to see 'im again, but I didn't know that those things were an option.'* (Jane, 681-684).

Working with other services

Q86: *'The vice squad has let us pass on information informally, but there's no statements, no nothing, so the woman can remain anonymous. They do their job, so then we can be working with that client.'* (Julie, 458-460).

Category Seven: Making changes and rebuilding life after domestic violence

Changing thinking, behaviour or lifestyle

Q87: *'I've learnt an 'ell of a lot over the years on a personal level which sometimes I do transfer into the project, and it's been invaluable.'* (Julie, worker, 1004-1006).

Q88: *'I have to think of it like that, and I will always see that I have to think positive about things like this.'* (Amy, 311-312).

Q89: *'He's changed his, you know, his attitude toward it, which, which is good, but it still pisses me off, because why did it have to happen to... why couldn't it happen in another relationship.'* (Julie, 191-193).

Q90: *'If I could go back now, I, I would 'ave 'ad 'im; I would have sent him away for such a long time.'* (Jane, 837-839).

Q91: *'I don't cry no more, I don't look back, I don't feel sorry for me-self anymore.'* (Kim, 559-560).

Q92: *'I wouldn't want to hear that it won't happen again, 'cos I've heard that many times before, and I do not believe as an individual it will ever stop, 'cos once something starts you can't just push it under the carpet.'* (Kim, worker, 384-387).

Q93: *'I would probably still get into a relationship with him, but... 'cos of the, the time, it was just bad timing, I think.'* (Vicky, 427-428).

Being more wary

Q94: *'I don't just rush into relationships anymore, you know, I don't, 'cos like then, I just moved in with him, and I , I don't do that, I don't live with them.'* (Jane, 481-483).

Q95: *'You're not so quick, to erm, be so easily led; you're not so quick to be... erm, swept of your feet, sort of thing, by this guy that tells yer, you're the best thing since sliced bread.'* (Vicky, 399-401).

Q96: *"My initial reaction was to... get 'er, kind of thing, I mean get 'er before she can get me, and I never used to be like that, I didn't; I'd sooner walk away from a fight, I wasn't an aggressive person at all, but now, it don't take a lot."* (Jane, 606-609).

Category Eight: Acceptability of domestic violence

Seeing domestic violence as a normal part of life vs. realising it is not normal

Q97: *'I don't think I'd feel normal if something like that didn't go off occasionally with me. I'd think there was definitely something wrong, you know, so as I say, it's just part of me.'* (Pat, 235-238).

Q98: *'A lot of people like to take over people's lifes after you, you meet each other.'* (Dianne, 657-658).

Q99: *'Yeah, it's mad! I experienced all violence, and everything, before I was even... a prostitute.'* (Amy, 60-61).

General violence as part of life

Q100: *'My mum, and a couple of my uncles, I remember because everybody, everybody was brought up in that sort of background, they waited for him and they gave him a good hiding.'* (Julie, 96-98).

Valuing toughness in men

Q101: *'The pimp enjoyed it, obviously, because for whatever, he got status in that sort of community, because the more women who sort of obeyed him , and within this sort of competition syndrome...'* (Julie, worker, 130-133).

Q102: *'He wants to be the man. He wants to be the provider, yeah so, and he kicks off, now and again just to...'* (Pat, 478-479).

Unacceptability of domestic violence

Q103: *'I think, "Why the fuck's this happening to me? What have I done to deserve this?" But then, when I sit and think, you know, sometime, you know I probably have deserved it. I shouldn't 'ave done that.'* (Pat, 313-315).

Q104: *'I loved him, you know, and probably I, I, I went into that is, you know, this is how it should be.'* (Kim, 594-595).

Q105: *'I always swore that no man could do that to me, and I really believed that I wouldn't take it. Do you know what I mean? But when it actually came round to where, where I was being like, you know, abused, mentally and physically... I did take it, and I didn't I didn't, I didn't do anything to stop it.'* (Jane, 420-424).