

1 **Ankara İli Genelevlerinde Çalışan Seks İşçilerinin Şiddet Deneyimleri ve Sağlıkla İlgili** 2 **Mesleksel Riskleri**

3

4 **Özet:**

5 **Amaç:** Fuhuş sektöründe çalışan genelev kadınlarının mesleksel risklerini, uğradıkları şiddeti
6 ve Ankara'daki çalışma koşullarını ortaya koyarak sorunu literatür eşliğinde tartışmaktır.

7 **Hastalar ve Yöntemler:** Bu araştırma 138 genelev kadınıyla birebir görüşme yoluyla
8 gerçekleştirilmiş olup, 40 sorudan oluşan görüşme formuyla genelev kadınlarının
9 sosyodemografik özellikleri, aile özellikleri, çeşitli yönleriyle fuhuş sektöründe bulunma
10 durumları, yaşadıkları şiddet deneyimleri ve mesleksel riskleri ele alınmıştır.

11 **Bulgular:** Çalışmaya katılan genelev kadınlarının % 22.5'inin 21-30, % 39.9'unun % 31-40
12 yaş aralığında oldukları görülmüştür. Eğitim yılı ortalaması 5.9 ± 3.5 (0-14)'dir. Kadınların %
13 48.5'i çocukluklarında fiziksel istismara uğradıklarını belirtirlerken, % 13'ü cinsel istismara
14 uğradığını bildirmiştir. Son bir yıldır cinsel ilişki sırasında ne sıklıkta müşterilerinin kondom
15 kullandıkları sorulduğunda, kadınların sadece % 55.8'i her zaman yanıtını verirken, kadınların
16 % 97.1'i müşterilerin kondom kullanmamak için ısrarcı olduklarını belirtmiştir. Kadınların %
17 14.5'i müşterileri tarafından fiziksel şiddete maruz kaldığını belirtmiş olup, %70.3'ü sözlü
18 şiddete maruz kaldığını bildirmiştir. Kadınların % 10.1'i bu sektörde çalışırken cinsel
19 saldırıya uğradığını belirtmiştir.

20 **Sonuç:** Seks işçileri en az öteki insanlar kadar insan haklarına sahip olmalı, onlara yönelen
21 her türlü şiddet ortadan kaldırılmalı ve yaşadıkları sosyal ortamın koşulları düzeltilmelidir.
22 Seks işçileri için en önemli sağlık risklerinden olan cinsel yolla bulaşan hastalıkların meslek
23 hastalığı olarak ele alınması yönünde yeni düzenlenmeler getirilmelidir.

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25 **Anahtar Kelimeler:** fuhuş, seks işçisi, kadına yönelik şiddet, insan hakları, cinsel yolla
26 bulaşan hastalıklar.

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The Experiences of Violence and Occupational Health Risks of Sex Workers Working in Brothels in Ankara.

Abstract:

Aim: The aim of this study was to reveal and discuss occupational health risks, violence against sex workers working in brothels and their working conditions in Ankara.

Materials and Methods: The study included 138 sex workers. Data were collected at face to face interviews with a questionnaire composed of 40 questions about socio-demographic features, familial characteristics, reasons for becoming a sex worker, experiences of violence and occupational health risks.

Results: Twenty-two point five percent of the women were aged 21-30 years and 39.9% were aged 31-40 years. The mean time of education was 5.9 ± 3.5 (0-14) years. Forty-eight point five percent of the women were exposed to physical abuse and 13% of the women were exposed to sexual abuse in their childhood. Fifty-five point eight percent of the women reported that their clients always used condoms, but 97.1% of the women noted that their clients insisted on not using a condom. Fourteen point five percent and 70.3% of the women were exposed to physical and verbal violence from their clients respectively. Ten point one percent of the women suffered sexual abuse while working.

Conclusion: Sex workers, like other people, should have human rights, all types of violence they face should be eliminated and the social conditions they are exposed to should be improved. Sexually transmitted diseases, the most important health risk of sex workers, should be considered as occupational diseases toward new regulations.

Key words: Prostitution, sex worker, violence against woman, human rights, sexual transmitted diseases.

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56 INTRODUCTION

57 Sex work is considered as a threat to public health, public order, decency, economy, safety
58 and women's rights (1). Sex workers in most countries are stigmatized, exposed to
59 discrimination and sexual abuse and prosecuted (2).

60 Sex workers in Turkey, like those in other countries, are outlawed by the society, they
61 and their problems are ignored and their health is cared for only to prevent diseases in their
62 clients and the public, but not to protect their health.

63 There are 56 licensed brothels with about 3,000 sex workers in these brothels in
64 Turkey. It has been reported that there are about 100,000 female and transgender sex workers
65 in Turkey. Thousands of sex workers work in the streets, brothels, massage parlors, bars,
66 night clubs, and even on buses and minibuses mainly in İstanbul and Ankara (3).

67 Regulations for sex work in Turkey are directed only towards the working conditions
68 of registered female sex workers working in brothels. The only regulation for sex workers
69 working in brothels and their working conditions is the Statute of Brothels and Brothel
70 Women and Prevention of Sexually Transmitted Diseases, which was put into effect in 1961
71 and which is still in effect. According to this statute, women have to be at least 21 years old
72 and Turkish citizens to work in brothels. They also have to be examined in a Skin and
73 Sexually Transmitted Diseases Hospital twice a week (4).

74 Sex work has many occupational health risks. Sex workers suffer from verbal and
75 physical violence, are exposed to sexual assault and have to work in unsafe places. Sex
76 workers working in brothels account for the overwhelming majority of sex workers.
77 Therefore, we aimed to investigate the occupational risks, violence and working conditions
78 which sex workers in brothels are exposed to in Turkey and to discuss them in the light of the
79 available literature.

80 There have been few studies on the health status of sex workers, their relationships
81 with society and experience of violence. This can be attributed to the difficulty in contacting
82 sex workers working in brothels and the idea that sex workers should be considered as
83 participants in studies. We also had difficulty in accessing sex workers and therefore, we had
84 to select sex workers working in the brothels and visiting the Skin and Sexually Transmitted
85 Diseases Hospital in Ankara for screening.

86 **METHODS**

87 This study was conducted in the Skin and Sexually Transmitted Diseases Hospital in
88 Ankara. The hospital's primary clients are registered sex workers. Annually, approximately
89 200 registered sex workers make regular visits to this hospital. According to Turkish laws, all
90 registered prostitutes in the area must make regular visits to this hospital to be screened for
91 gonorrhea, syphilis and AIDS. When women first apply for sex work, they undergo tests for
92 hepatitis B and are vaccinated if they need it. Cervical cultures are obtained and a test for
93 gonorrhea is performed twice a week and a syphilis test and an AIDS test are made every
94 three months for all registered sex workers. The results of each visit are recorded.

95 The study included 138 out of 174 female sex workers attending the Skin and Sexually
96 Transmitted Diseases Hospital for their routine examinations and volunteering to participate
97 in the study. Written informed consent was obtained from all the participants and data were
98 collected with a questionnaire at face to face interviews between April 2007 and August 2007.
99 Approval was obtained from the ethical committee of the Medical School of Gazi University.

100 The questionnaire was composed of 40 questions about socio-demographic features,
101 familial characteristics, reasons for becoming a sex worker and occupational health risks.

102 **Statistical Analysis**

103 Depending on the type of variables tested, Pearson's Chi-square test or Mantel-
104 Haenszel Chi-square test was used to determine the difference/relation between variables used

105 to define demographic characteristics, sex work background and experience and occupational
106 health risks the women faced. Pearson's chi-square test (χ^2) was used to determine the
107 difference between two nominal variables. Mantel-Haenszel Chi-square (MH χ^2) test was
108 used to determine the linear relation between two ordinal variables. Gamma was used to
109 assess associations between two ordinal variables. Gamma, also called Goodman and
110 Kruskal's Gamma, is a symmetric measure which varies from -1 to +1, based on the
111 difference between concordant pairs and discordant pairs. Spearman's rho correlation
112 coefficient was used to determine the correlation between two rank-ordered scales.

113 **RESULTS**

114 The study included 138 out of 174 female sex workers attending the Skin and Sexually
115 Transmitted Diseases Hospital for their routine examinations and volunteering to participate
116 in the study. Missing responses in the questionnaire were not included in the statistical
117 analysis.

118 *Demographic characteristics*

119 Thirty-nine point nine percent of the women were aged between 31-40 years. Twelve
120 point three percent of the women did not even attend primary school, 7.2% were primary
121 school drop out 43.5% were primary school graduates and 37% of the women had a higher
122 level of education. Sixty point one percent of the women were from urban areas and 39.9%
123 were from rural areas. Sixty-two point nine percent of the women were divorced and 69.3%
124 had children. Forty-five point two percent of the women came from families with low socio-
125 economic status (Table 1).

126 *Sex work background and experience*

127 Forty-seven point eight percent of the women had a work experience of 1-10 years.
128 The mean age of first sexual intercourse was 16.3 ± 3.2 (10-22) years (Table 2) and 34.6% of

129 the women had their first sexual intercourse before the age of 15. Sixty point one percent of
130 the women had their first intercourse unwillingly.

131 There was a significant relation between their age at first sexual intercourse and
132 education and as the duration of education increased, so did their age at first sexual
133 intercourse ($r = 0.339$, $P < 0.001$) (Table 2).

134 ***Occupational health risks***

135 The primary risk factors are problems with condom use, sexually transmitted diseases
136 (STD), alcohol and tobacco use and frequent abortion.

137 Concerning the question “How often do the clients use condoms?”, 55.8% of the
138 women noted that the clients always use condoms, 97.1% of the women reported that the
139 clients do not want to use condoms and 89.1% of the women reported that the clients offer
140 more money in order not to use condoms. Eighteen point two percent and 63.8% of the
141 women were exposed to physical and verbal violence respectively since they asked the clients
142 to use condoms (Table 3). There was a significant relation between age and condom use (MH
143 $\chi^2 = 6.3$, $p = 0.012$). As age increased, condom use significantly decreased (Gamma = - 0.303,
144 $P = 0.005$). There was a significant relation between age and verbal violence due to request
145 for condom use (MH $\chi^2 = 6.6$, $P = 0.010$). As age increased, the frequency of verbal violence
146 significantly decreased (Gamma = -0.272, $P = 0.012$). There was a significant relation
147 between the place where the women were raised and frequency of condom use. The women
148 from urban areas used condoms more frequently than those from rural areas ($\chi^2 = 7.5$,
149 $P = 0.006$). There was a significant relation between the frequency of condom use and work
150 experience. As the duration of work experience increased, the frequency of condom use
151 significantly decreased (Gamma= -0.277, $P = 0.020$). Thirty-five point five percent of the
152 women noted that they had STD. Thirty-five point five percent of the women had had many
153 abortions. There was a significant relation between education and the frequency of abortion

154 (MH $\chi^2 = 11.0$, P = 0.001). As education increased, the frequency of abortion significantly
155 decreased (Gamma = -0.386, P = 0.001). There was a significant relation between a sex work
156 duration and the frequency of abortion (MH $\chi^2 = 4.8$, P = 0.029). As the sex work background
157 increased, so did the frequency of abortion (Gamma = 0.240, P = 0.023). There was a
158 significant relation between marital status and physical violence due to the request for
159 condom use. Widowed women suffered from more violence than divorced women ($\chi^2 = 13.6$,
160 P = 0.009). Eighty-seven point seven percent of the women were smokers, 55.1% were using
161 alcohol and 2.8% were using other substances (Table 3).

162 *Gender-based violence*

163 *Childhood physical and sexual abuse*

164 Twenty-nine percent and 13% of the women noted that during their childhood they had
165 suffered physical violence and sexual abuse respectively. Twenty-seven point seven percent
166 of the women exposed to sexual violence did not answer the question “Who abused you
167 sexually?”, 33.3% admitted that their close relatives sexually abused them and 22.2% reported
168 that their stepfather abused them.

169 *Sex work related violence*

170 Fourteen point five percent of the women reported that they were exposed to physical
171 violence by their clients and 70.3% noted that they were exposed to verbal and emotional
172 violence by their clients (Table 4). There was a significant relation between age and client
173 violence (MH $\chi^2 = 8.4$, P = 0.004). As age increased, the frequency of client violence
174 significantly decreased (Gamma = -0.572, P = 0.002). There was also a significant relation
175 between a sex work background and client violence (MH $\chi^2 = 4.5$, P = 0.035). As the sex
176 work background increased, the frequency of client violence significantly decreased (Gamma
177 = -0.516, P = 0.007). Nine point one percent of the women suffered from adult sexual assault
178 by non-partners. Thirty-four point one percent of the women had a history of suicide attempts.

179 In fact, 51.1% of the women had made one suicide attempt, 36.2% had made several suicide
180 attempts and 12.8% had made many suicide attempts (Table 4). Cross match statistics are
181 shown in Table 5.

182 **DISCUSSION**

183 Sex workers included in this study were vulnerable to verbal and physical violence
184 and sexual assault, experienced different types of violence and suffered from both physical
185 and psychological damage due to the risks they faced.

186 The distribution of the women by **age** showed that 62.4% of the women were aged
187 between 21-40 years, which is consistent with the finding in the literature that most of the sex
188 workers were young women (5, 6, 7). In addition, in Turkey the legal age for women to work
189 in brothels is 21. Therefore, none of the women included in this study were younger than 21
190 years.

191 **Insufficient education** is one of the most important factors predisposing to sex work.
192 Gender discrimination is an important barrier to the education of women. At present,
193 unemployment is a serious problem and unfortunately women with insufficient education
194 have difficulties in finding a job and tend to become sex workers. In the present study, the
195 mean duration of education was 5.9 ± 3.5 (0-14) years and 12.3% of the women were illiterate
196 and 43.5% of the women were primary school graduates. In a study of female sex workers
197 working in brothels in 2003 by Simsek from Turkey, 45% of the women were primary school
198 graduates and 24% of the women had no education. We performed the present study five
199 years after the study by Simsek and revealed that although the number of the women with no
200 education decreased, there was no change in the number of the women receiving five-year
201 education. This indicates that the sex workers working in brothels still had insufficient
202 education.

203 As for **duration of work experience**, 14.5% of the women had work experience of

204 over 20 years. This suggests that the women did not consider sex work as transient but a
205 permanent occupation.

206 **Physical and sexual abuses** are factors which encourage women to become sex
207 workers. Shoham et al. emphasized that parental neglect, exposure to maltreatment and abuse
208 in childhood played an important role in becoming prostitutes (8). Brawn and Roe-Sepowitz
209 commented that low-socio economic status, familial violence, chaotic and insufficient familial
210 relationships, experience of sexual intercourse early in life and sexual abuse were the main
211 causes of prostitution (9). Many studies have revealed that sexual abuse in childhood and
212 adolescence have negative impacts such as post traumatic stress disorder, depression and
213 suicidal tendency in the short and long term and that there is a relation between early sexual
214 intercourse, considered a risky sexual behavior, and becoming a sex worker (9, 10, 11).

215 Consistent with the literature, in the present study 29% of the women endured physical
216 violence and 13% of the women suffered from sexual abuse in childhood.

217 **Economic conditions** are another important factor leading to prostitution (12, 13, 14).
218 In fact, 44.9% of the women included in the present study came from low-income families.
219 Wong et al. in a study of female sex workers in Hong Kong revealed that most of them
220 worked to provide financial support for their families (15). Ward and Day in their study
221 reported that most of the female sex workers had two choices: either poverty or sex work and
222 that they took the risk of being a social outcast since the disadvantages of poverty outweigh
223 those of sex work (1).

224 In the present study, the women had their first sexual intercourse at quite an early age.
225 Thirty-four point six percent of the women had their first sexual intercourse before they were
226 fifteen and the mean age of first sexual intercourse was 16.3 ± 3.2 years. Sixty point one
227 percent of the women were raped in their first sexual intercourse. The women in Turkey
228 mostly do not exercise their right to refuse early marriage and especially in rural areas early

229 marriages are traditionally favoured. Many women younger than 18 in the rural areas have
230 religious marriage contracts. Most of the women having their first sexual intercourse
231 unwillingly had that experience as a result of religious marriage contracts in childhood.

232 In the Sexual and Reproductive Health Study conducted by Society for Sexual
233 Education, Treatment and Research in 2006, values concerning sexuality and virginity were
234 investigated. Sixty-three percent of the men completely agreed with the statement “virginity
235 shows female decency” and 65% of the men completely agreed with the statement “Women
236 should remain virgins until they get married (16).

237 In Turkey sexual intercourse before marriage is not approved. Social stigma towards
238 women having sexual intercourse before marriage and reactions from their families cause
239 hopelessness in these women and make them feel that they have no other choice except sex
240 work.

241 As for **smoking and substance abuse**, 87.7% of the women were smokers, 55.1% of
242 the women were taking alcohol and 2.8% of the women were using other substances. In
243 general, the women declined to answer the question about substance abuse. However, two
244 women were using marihuana and two women were taking drugs. According to data from the
245 Turkish Population and Health Survey in 2008, 22% of the women aged 15-49 years were
246 smokers (17). It is striking that the rate of the female sex workers who smoked was four times
247 higher than that of the female smokers in the general population.

248 Nearly all studies on female sex workers have revealed that the women experience
249 verbal, physical and psychological violence. In a study by Farley and Haling, 82% of the
250 female sex workers suffered physical violence, 83% were threatened by their clients with
251 guns, 68% had sexual assaults and 84% were homeless (18). Potterat et al. reported that
252 female sex workers were exposed to lethal and non-lethal violence by their clients (19).
253 Lowman in a study in Canada between 1992 and 1998 reported that 86 female sex workers

254 were murdered and that the murderers of 16 women were clients, one was a procurer and nine
255 were others (20).

256 Consistent with the literature, the female sex workers in this study reported their
257 experiences with different types of violence. Thirty-nine point nine percent of the women had
258 suffered physical violence from their intimate partners, 14.5% received physical violence
259 from clients and 9.1% had suffered adult sexual assault by non-partners.

260 **STDs** are the most important occupational risks for female sex workers. It has been
261 shown that the rate of males having sex with sex workers in Turkey is high (21). In a study
262 conducted in several big cities in the USA, 2-3% of men were found to be clients of female
263 sex workers on the streets during 2-5-year observations (22).

264 In the present study, concerning the questions “Which sexually transmitted diseases
265 have you had and how often have you had them?”, 49 women noted that they had STDs and
266 69 women noted that they never had STDs. Of 49 women having STDs, 36.7% had
267 gonorrhoea, 30.6% had syphilis and 16.3% had vaginitis.

268 During the one-year study period, 26 out of 174 women examined at the Skin and
269 Sexually Transmitted Diseases Hospital had gonorrhoeal infection.

270 The most effective method of preventing STDs is the use of a condom. Clients’
271 attitudes play an important role in the use of condoms. In a study of the use of condoms in sex
272 workers and clients, the rate of the participants who knew about AIDS and used condoms
273 increased over the years. In fact, 51% of the sex workers knew about AIDS between 1992 and
274 1993 and the rate increased to 97% in 1999. In addition, the rate of the sex workers using
275 condoms was 19% between 1992 and 1993 and increased to 78% in 1999 (23).

276 In the present study, 55.8% of the women responded “always” to the question “How
277 often do clients use condoms?”. This shows that about half of the women did not use condoms
278 regularly. It may be that the women did not have sufficient information about STDs and could

279 not refuse the money offered by their clients for sex without condoms. In addition, isolated,
280 discriminated, despised and deprived of their rights, these women might have disregarded the
281 risk of diseases.

282 Ninety-seven point one percent of the women noted that clients did not want to use
283 condoms and 89.1% of the women reported that clients offered money in order not to use
284 condoms. This causes an unfair competition between the women working as sex workers due
285 to financial difficulties. The women commented that when they insisted on using condoms,
286 the clients who did not want to use condoms preferred the women accepting unprotective sex.
287 Especially the older women with fewer clients agreed to have sex without condoms due to
288 financial reasons.

289 In a study of immigrant sex workers in Europe, clients were found to agree to pay
290 more in order not to use condoms, which created a higher risk especially for immigrant sex
291 workers. It is thought that these sex workers more frequently took risk due to financial
292 reasons (24). In the present study, 18% and 63,8% of the women were exposed to physical
293 and verbal violence respectively since they asked clients to use condoms.

294 **Ill-health** refers to both physical and mental illnesses (25, 26). It is known that sex
295 workers are isolated from society (14, 27). Sex workers are exposed to poor health conditions
296 including physical threats. It has been reported that the rate of the sex workers suffering from
297 violence while working varies from 35% to 94% (27, 28). Romans et al. found no difference
298 in physical health between sex workers and the general population (29). There have not been
299 any comparative studies on the health status of female sex workers working in brothels and
300 street sex workers in Turkey. In the present study, concerning chronic health problems,
301 13.8%, 5.1% and 2.9% of the women suffered from hypertension, diabetes and depression
302 respectively.

303 Thirty-four point one percent of the women noted that they had made one, a few or

304 many suicidal attempts. Okman reported that 1.8% of women in Turkey committed suicide
305 (30). The high rate of suicides in our study can be attributed to the poor mental health status
306 of these women. A study of various groups of sex workers female brothel workers, private
307 sole-operators and female street sex workers in Australia and New Zealand showed no
308 difference in physical health problems between these groups, but revealed that scores on poor
309 mental health were four times higher among the women working illegally. It may be that
310 these women might have already had poor mental health status before becoming a sex worker
311 and that the higher risk factors related to sex work might have affected their mental health
312 (27).

313

314 **CONCLUSION**

315 Sex workers are at the highest risk of STDs. They are incriminated for spreading STDs
316 in society. They are cast out from the society to protect public health, they have to work under
317 poor health conditions and they mostly are not given the chance to have a healthy sexual
318 relationship. Although sex workers are screened for STDs at every turn on the basis of the
319 idea that they spread STDs, the clients' role in the spread of these diseases is disregarded.

320 STDs, one of the most serious health risks of sex workers, should also be considered
321 as an occupational health disease. In Turkey, occupational infectious diseases in the Statute of
322 Social Insurance Health Processes are divided into four, and the expression "people having
323 contact with infectious diseases due to their profession" in the fourth group probably refers to
324 health professionals. The Health Council of the Social Insurance Institution decides whether a
325 disease not listed in the statute is an occupational disease and whether patients with
326 occupational diseases should be offered treatment when the Social Insurance Institution is no
327 longer responsible for it. Therefore, occupational infectious diseases suffered by sex workers
328 should be incorporated into the list of occupational diseases by the Health Council of Social

329 Insurance Institution. If sex workers are considered as employed and eligible for insurance,
330 STDs acquired by them at work can be categorized as occupational diseases.

331 New regulations should be made so that diseases such as cervical cancer due to HPV
332 and HIV contracted after they start work can be considered as occupational diseases. Thus sex
333 workers found on their regular follow-ups to have contracted these diseases can benefit from
334 the rights offered to other employees in the statute.

335 Total disregard for sex workers' rights and the screening of sex workers for STDs just
336 to protect public health increase their feeling of being outcasts. Sex workers, like other
337 people, should have human rights, all types of violence they face should be eliminated, the
338 social conditions they are exposed to should be improved, their financial status should be
339 improved and their right to retire should be safeguarded. New regulations including all these
340 improvements should be adopted.

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343 **REFERENCES**

- 344 1. Ward H, Day S. What happens to women who sell sex? Report of a unique occupational cohort.
345 Sex Transm Infect 2006; 82: 413-17.
- 346 2. Wolffers I, Belen N. Public health and the human rights of sex workers. The Lancet 2003; 361:
347 1981.
- 348 3. Kuntay E, Cokar M. Cinsel saglık ve ureme sagligi alaninda ulusal ve yerel medya yoluyla
349 savunuculuk projesi, Bilgilendirme Dosyasi 8: Seks Ticareti, Cinsel Egitim Tedavi ve Arastirma
350 Dernegi Yayinlari, İstanbul (in Turkish) 2007.
- 351 4. <http://www.mevzuat.adalet.gov.tr/html/5189.html>
- 352 5. Dandona R, Dandona L, Kumar GA, Gutierrez JP, McPherson S, Samuels F et al. ASCI FPP
353 Study Team. Demography and Sex Work Characteristics of Female Sex Workers in India. BMC
354 Int Health Hum Rights 2006; 14: 5.

- 355 6. Buckingham RW, Moraros J, Bird Y, Meister E, Webb NC. Factors Associated with Condom Use
356 Among Brothel-Based Female Sex Workers in Thailand. *AIDS Care* 2005; 17: 640-47.
- 357 7. Simsek S, Kisa A, Dziegielewska SF. Sex workers and the issues surrounding registration in
358 Turkey. *J Health Soc Policy* 2003; 17: 55-69.
- 359 8. Shoham SG, Rahav G, Markovski R, Ber I, Chard F, Rachamin Y et al. Family variables and
360 stigma among prostitutes in Israel. *J Soc Psychol* 1983; 120: 57-62.
- 361 9. Brawn KM, Roe-Sepowitz D. Female juvenile prostitutes: exploring the relationship to substance
362 use. *Child Youth Serv Rev* 2008; 30: 1395-1402.
- 363 10. Beitchman JH, Zucker KJ, Hood FE, Dacosta GA, Cassavia E. A review of the long-term effects
364 of child sexual abuse. *Child Abuse Negl* 1992; 16: 101-118.
- 365 11. Senn TE, Carey MP, Vanable PA. Childhood and adolescent sexual abuse and subsequent sexual
366 risk behavior: Evidence from controlled studies, methodological critique, and suggestions for
367 research. *Clin Psychol Rev* 2008; 28: 711-35.
- 368 12. Do Espirito Santo ME, Etheredge GD. And then I became a prostitute... Some aspects of
369 prostitutes in Dakar, Senegal. *Soc Sci J* 2004; 41: 137-46.
- 370 13. Sieberg KK. Prostitution. *Criminal dilemmas, Understanding and Preventing Crime*, Springer
371 Pub. Second Ed., Germany 2005, p. 49-74.
- 372 14. Dalla R. Exposing the "Pretty Woman" myth: a qualitative examination of the lives of female
373 streetwalking prostitutes. *J Sex Res* 2000; 37: 344-53.
- 374 15. Wong W, Holroyd E, Gray A, Ling D. Female street sex workers in Hong Kong: moving beyond
375 sexual health. *J Women Health* 2006; 15: 390-99.
- 376 16. Karabey S, Muftuoglu N. Cinsel sađlık ve üreme sađlığı alanında ulusal ve yerel medya yoluyla
377 savunuculuk projesi, Cinsel Eđitim Tedavi ve Arařtırma Derneđi Bilgilendirme Dosyası-7, 2007;
378 s.26-29 (in Turkish).
- 379 17. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, Türkiye Nüfus ve Sađlık Arařtırması, 2008,
380 Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, Sađlık Bakanlıđı Ana Çocuk Sađlığı ve Aile
381 Planlaması Genel Müdürlüğü, Bařbakanlık Devlet Planlama Teřkilatı Müřteřarlıđı ve TÜBİTAK,
382 Ankara, Türkiye 2009 (in Turkish).

- 383 18. Farley M, Haling N. Prostitution, violence and posttraumatic stress disorder. *Women & Health*
384 1998; 27: 37-49.
- 385 19. Potterat JJ, Brewer DD, Muth SQ, Rothenberg RB, Woodhouse DE, Muth JB et al. Mortality in a
386 long-term open cohort of prostitute women. *Am J Epidemiol* 2004; 159: 778-85.
- 387 20. Lowman J. Violence and the outlaw status of (street) prostitution in Canada. *Violence Against*
388 *Women* 2000; 6: 987-1011.
- 389 21. Akın L. Türkiye’de cinsel yolla bulaşan enfeksiyonların epidemiyolojisi. *Türkiye Klinikleri J*
390 *Med Sci* 2006; 26: 655-65 (in Turkish).
- 391 22. Brewer DD, Roberts JM, Muth SQ, Potterat JJ. Prevalence of male clients of street prostitute
392 women in the United States. *Hum Organ* 2008; 67: 346.
- 393 23. Ford K, Wiraman DN. Condom use among brothel-based sex workers and clients in Bali,
394 Indonesia. *Sex Health* 2005; 2: 89-96.
- 395 24. Mardh PA, Genc M. Migratory prostitution with emphasis on Europe. *J Travel Med* 1995; 2: 28-
396 32.
- 397 25. Boyd C. Customer violence and employee health and safety. *Work, Employment & Society* 2002;
398 16: 151-69.
- 399 26. Lindblom K, Linton S, Fedeli C, Bryngelsson I. Burnout in the working population: Relations to
400 psychosocial work factors. *Int J Behav Med* 2006; 13: 51-59.
- 401 27. Seib C, Fischer J, Najman J. The Health of female sex workers from three Industry sectors in
402 Queensland, Australia. *Social Science & Medicine* 2009; 68: 473-78.
- 403 28. Church S, Henderson M, Barnard M, Hart G. Violence by clients towards female prostitutes in
404 different work settings: questionnaire survey. *Br Med J* 2001; 322: 524-25.
- 405 29. Romans S, Potter K, Martin J, Herbison P. The mental and physical health of female sex workers:
406 A comparative study. *Aust N Z J Psychiatry* 2001; 35: 75-80.
- 407 30. Okman T. Türkiye’de intihar istatistiklerinin metodolojisi, sistemi ve eğilimi, *Kriz*
408 *Dergisi* 1997; 5: 43-57 (in Turkish).
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412 Table 1. Demographic characteristics of sex workers working in brothels in Ankara

Demographic characteristics	n (%)
Age, (n = 138)	
21-30 years	31 (22.5)
31-40 years	55 (39.9)
41-50 years	36 (26.1)
51 years and over	16 (11.6)
Education, (n = 138)	
Never attended primary school	17 (12.3)
Primary school drop out	10 (7.2)
Primary school graduates	60 (43.5)
Women with a higher level of education	51 (37.0)
Place where raised, (n = 138)	
Rural	55 (39.9)
Urban	83 (60.1)
Marital status, (n = 135)	
Single	34 (25.2)
Divorced	85 (62.9)
Widowed	16 (11.9)
Children, (n = 137)	
No	42 (30.7)
Yes	95 (69.3)
Families' economic status, (n = 135)	
Low	61 (45.2)
Moderate	57 (42.2)
High	17 (12.6)

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Table 2. Sex work background and experience of sex workers working in brothels in Ankara

Sex work background and experience	n (%)
Work in prostitution, (n = 138)	
1-10 years	66 (47.8)
11-20 years	52 (37.7)
21 years and over	20 (14.5)
First sexual intercourse, Mean±SD (Min-Max)	16.3 ± 3.2 (10-22)

SD;Standard Deviation

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439 Table 3. Occupational health risks of sex workers working in brothels in Ankara (n = 138)

Occupational health risks	n (%)
Condom use	
Condom use	
Sometimes	24 (17.4)
Mostly	37 (26.8)
Always	77 (55.8)
Clients' insistence for not using condoms	
Yes	134 (97.1)
No	4 (2.9)
Offered extra money for sex without condom	
Yes	123 (89.1)
No	15 (10.9)
Physical violence due to request for condom use	
Never	113 (81.9)
Sometimes	11 (8.0)
Always or mostly	14 (10.2)
Verbal violence due to request for condom use	
Never	50 (36.2)
Sometimes	31 (22.5)
Always or mostly	57 (41.3)
Sexually Transmitted Diseases (STDs)	
Suffering from STDs	
Yes	49 (35.5)
No	89 (64.5)
Frequency of abortion	
None	23 (16.7)

Once	24 (17.4)
A few times	42 (30.4)
Many times	49 (35.5)
Substance use	
Cigarette smoking	
Yes	121 (87.7)
No	17 (12.3)
Alcohol intake	
Yes	76 (55.1)
No	62 (44.9)
Drug use	
Yes	4 (2.8)
No	134 (97.1)

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459 Table 4. Childhood physical and sexual abuse, sex work related violence and sex work

460 related suicide attempts of sex workers working in brothels in Ankara

Gender-based violence	n (%)
Childhood physical and sexual abuse	
Childhood physical abuse, (n = 138)	
Never	71 (51.4)
A few times	27 (19.5)
Frequently	40 (29.0)
Sexual abuse, (n = 138)	
Never	120 (87.0)
A few times	10 (7.2)
Frequently	8 (5.8)
Sex work related violence	
Physical violence by clients, (n = 138)	
Never	118 (85.5)
A few times	16 (11.6)
Frequently	4 (2.9)
Emotional abuse by clients, (verbal violence), (n = 138)	
Never	41 (29.7)
A few times	59 (42.7)
Frequently	38 (27.6)
History of sexual abuse, (n = 138)	
Yes	14 (10.1)
No	124 (89.9)
Sex work related suicide attempts	
Suicide attempt (ever), (n = 138)	
Yes	47 (34.1)

No	91 (65.9)
Suicide attempt frequency, (n = 47)	
Once	24 (51.1)
A few times	17 (36.2)
Many times	6 (12.8)

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Table 5. Cross match statistics

Condom Use	Age				Place where raised	
	21-30 years n (%)	31-40 years n (%)	41-50 years n (%)	51years and over n (%)	Rural n (%)	Urban n (%)
Sometimes	2 (6.5)	8 (14.5)	11 (30.6)	3 (18.8)	15 (27.3)	9 (10.8)
Mostly	8 (25.8)	12 (21.8)	12 (33.3)	5 (31.3)	16 (29.1)	21 (25.3)
Always	21 (67.7)	35 (63.6)	13 (36.1)	8 (50.0)	24 (43.6)	53 (63.9)
Statistics	MH $\chi^2=6.3$, p=0.012				MH $\chi^2=7.5$, p=0.006	

Physical violence by clients	Age				Work in prostitution		
	21-30 years n (%)	31-40 years n (%)	41-50 years n (%)	51years and over n (%)	1-10 years n (%)	11-20 years n (%)	21 years and over n (%)
Never	21 (67.7)	48 (87.3)	33 (91.7)	16 (100.0)	52 (78.8)	46 (88.5)	20 (100.0)
A few times	8 (25.8)	6 (10.9)	2 (5.6)	0 (0.0)	12 (18.2)	4 (7.7)	0 (0.0)
Frequently	2 (6.5)	1 (1.8)	1 (2.8)	0 (0.0)	2 (3.0)	2 (3.8)	0 (0.0)
Statistics	MH $\chi^2=8.4$, p=0.004				MH $\chi^2=4.5$, p=0.035		

Frequency of abortion	Education				Work in prostitution			
	Never attended primary school	Primary school drop out	Primary school graduates	Women with a higher level of education	1-10 years	11-20 years	21 years and over	
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	
None	1 (5.9)	1 (10.0)	7 (11.7)	14 (27.5)	15 (22.7)	7 (13.5)	1 (5.0)	
Once	2 (11.8)	1 (10.0)	9 (15.0)	12 (23.5)	13 (19.7)	8 (15.4)	3 (15.0)	
A few times	2 (11.8)	5 (50.0)	24 (40.0)	11 (21.6)	19 (28.8)	15 (28.8)	8 (40.0)	
Many times	12 (70.6)	3 (30.0)	20 (33.3)	14 (27.5)	19 (28.8)	22 (42.3)	8 (40.0)	
Statistics	MH $\chi^2=11.0$, p=0.001				MH $\chi^2=4.8$, p=0.029			
Verbal violence due to request for condom use	Age				Marital status			
	21-30 years	31-40 years	41-50 years	51years and over	Physical violence due to request for condom use	Single	Divorce d	Widowed
	n (%)	n (%)	n (%)	n (%)		n (%)	n (%)	n (%)
Never	7 (22.6)	18 (32.7)	15 (41.7)	10 (62.5)	Never	29 (82.9)	72 (83.7)	12 (70.6)
Sometimes	7 (22.6)	15 (27.3)	7 (19.4)	2 (12.5)	Sometimes	1 (2.9)	10 (11.6)	0 (0.0)
Always or mostly	17 (54.8)	22 (40.0)	14 (38.9)	4 (25.0)	Always or mostly	5 (14.3)	4 (4.7)	5 (29.4)
Statistics	MH $\chi^2=6.6$, p=0.010				$\chi^2=13.6$, p=0.009			