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June 2008

**Decriminalisation: A harm minimisation and human
rights approach to regulating sex work**

Gillian Abel

**A thesis submitted for the degree of
Doctor of Philosophy
of the University of Otago, Dunedin
New Zealand**

June 2010

ABSTRACT

This thesis takes a community-based participatory approach, using mixed methods to examine the impact of the decriminalisation of sex work in New Zealand through the lens of a public health discourse of harm minimisation. The key question addressed in this thesis is whether decriminalisation has minimised the harms experienced by sex workers. Rather than taking a narrow view of harm minimisation and looking merely at the practices of sex workers, I have taken a more holistic stance, taking into account structural social issues which contribute to the health and wellbeing of sex workers. Data were collected through a survey of 772 sex workers and in-depth interviews with 58 sex workers in Auckland, Wellington, Christchurch, Napier and Nelson. Estimates were done of the number of sex workers in these cities which show little change post-decriminalisation compared to estimates done prior to decriminalisation. There has been some change in the shape of the industry with more people working privately in the suburbs and fewer in the brothels and escort agencies but little change in size of the street-based sector. Such minimal change in the size of the sex industry is not surprising as the underlying motivations for working in this industry have not changed in a decriminalised environment. As this thesis demonstrates, structural factors (such as economic climate, employment opportunities, welfare, housing and sickness benefits) are associated with the entry into sex work rather than the way the industry is regulated.

Theories of social exclusion and stigma are utilised in the thesis to show how sex workers have been cast predominantly as a deviant population, associated with disease, crime and drugs. The media often make use of these associations in reporting on sex workers, which leads to heightened public anxiety and campaigns to exclude sex workers from society. Even in a decriminalised environment in New Zealand, such campaigns continue, which has meant that although decriminalisation has given sex workers in New Zealand human rights, they continue to experience stigmatisation. This thesis found that sex workers have poorer self-reported mental health than the general population of New Zealand and some of this poorer perceived mental health could be due to their ongoing stigmatisation.

This is not to say that decriminalisation has not been a success. As this thesis demonstrates, sex workers in New Zealand have more control over their work environment, including their safety and their sexual health, since the passing of the Prostitution Reform Act (2003). The Act has given them legal, employment and occupational health and safety rights which has made it easier to negotiate services and safer sex with clients, has made it easier for managed sex workers to refuse to see certain clients without penalties from management and has improved the relationship between sex workers and police. The fact that sex workers can make use of the law has given them a sense of legitimacy and respectability which was absent under laws that criminalised them. The provision of human rights to sex workers through the decriminalisation of the sex industry has led to the minimisation of harm to New Zealand sex workers.

ACKNOWLEDGEMENTS

This thesis has been a journey which has provided me with much satisfaction. I had been warned of the personal burdens of doing a PhD and how this would impose on my life, but to the contrary, I have enjoyed the experience immensely. The field of sex work research is a fascinating one and I was fortunate to have done the research for this PhD at a particularly interesting time in New Zealand, with the change to decriminalisation through the enactment of the Prostitution Reform Act (2003).

This research could not have been done without the support and collaboration of the New Zealand Prostitutes' Collective (NZPC). I have developed friendships with members of NZPC which will endure past this research and will hopefully thrive through future collaborative research projects. In particular, I would like to thank Catherine Healy, Anna Reed and Calum Bennachie for making this research possible. Carrying out such rigorous research in this field without their full commitment would have been impossible. I would also like to acknowledge Hannah, Tracy, Patricia, Raechelle, Annah and Jo who helped immensely with recruiting participants and collecting data. They all made extremely valuable contributions to the success of the overall project. In addition, thank you to all the sex workers who gave their time so willingly in discussing their perceptions and experiences of the sex industry. It is important that their voices are represented in research and I hope that I have done them justice in the presentation of the findings of this thesis.

I had three supervisors for the PhD who each played an important role. Elisabeth Wells provided her expert advice on the quantitative side of this research. I would like to thank Elisabeth for always encouraging and supporting me, having her door always open to my constant questions and dilemmas and guiding me with her pencil and paper over some complex statistical issues. Both my other supervisors, Lisa Fitzgerald and Cheryl Brunton, were my co-investigators in the larger funded project. Lisa provided her expert

knowledge in qualitative research methods in guiding me through this part of my thesis. She moved to the School of Population Health, University of Queensland half way through the PhD but continued to participate fully in my supervision. Our friendship has meant that she was always available to me both by telephone and email when I needed to share my thoughts on how to proceed with various theoretical and analytical angles. Cheryl has provided her wide ranging knowledge in both the overall project as well as this thesis and has given me much collegial support.

I would also like to acknowledge the Department of Public Health and General Practice, University of Otago, Christchurch and in particular our Head of Department, Professor Les Toop. I joined the Department in 1997 as a staff member and would have to go a long way to find more supportive colleagues. I appreciated their encouragement when I hinted that I might like to undertake a PhD and the support given to complete it in a timely fashion. Thank you to Verna Braiden who proof read the final version and I am sure any errant commas have been tamed and banished under her careful eye.

Finally, I would like to thank my family, Martin, Claire and Mike for believing that I had it in me to do this.

PREFACE

I have been involved in the field of sex work research since 1997 when I came to work in the Department of Public Health and General Practice, University of Otago, Christchurch on a Health Research Council (HRC) funded project led by Dr Elizabeth Plumridge. This study looked at the safer sex practices of Christchurch sex workers. (This study is described in more detail in Chapter Four). The study was carried out at a time when most of the activities associated with sex work were criminalised and was at that time the largest study to have been done in the field of sex work research in New Zealand. In June 2003, sex work in New Zealand was decriminalised through the passing of the Prostitution Reform Act (PRA). I had worked with New Zealand Prostitutes' Collective (NZPC) on the study done prior to decriminalisation and had developed and maintained a good relationship with them. They approached me after the passing of the PRA to conduct a study looking at the impact of this Act on the health and safety practices of sex workers. As we had baseline data from the earlier study, it was feasible that some comparisons could be made pre- and post-decriminalisation. A proposal was developed and was submitted to, and funded by, the HRC.

I was the lead investigator on this large study and my co-investigators were Dr Lisa Fitzgerald and Dr Cheryl Brunton. There were several research questions which we aimed to address which were posed within separate categories:

Sex workers understanding of the PRA and official information

1. What are sex workers' experiences and understandings of the health and safety requirements of sections 7-10 of the PRA?
2. How aware are sex workers' of the information resources developed by the Ministry of Health as well as the Occupational Safety and Health Service Guide and how useful are these in practice?

3. Do sex workers consider that their clients understand the health and safety requirements of the PRA and does this impact on the negotiation of safer sex practices?

Implications of the PRA

4. How has the introduction of the PRA affected sex workers' safer sex negotiations and have any barriers to negotiation been removed by the PRA?
5. How has the introduction of the PRA affected different sectors of the sex industry (i.e. street, parlour, private), their ability to control or manage their roles in these environments, and can any specific occupational health risks be identified within each sector?
6. What effect has the introduction of the PRA had on entry into sex work and has it facilitated movement between sectors of the sex industry?
7. Have local council bylaws enacted under the PRA impacted on the intentions of the PRA with regard to the health and safety practices of sex workers?

Other contextual questions which need to be addressed following the implementation of the PRA

8. What are sex workers' understandings of their health needs and how has the health sector responded to these needs?
9. What do sex workers know about, and how do they access, sexual and other health services?
10. Are there any relationships between aspects of sex work and health risk behaviours?

In exploring whether the decriminalisation of sex work has had an impact on minimising harm experienced by sex workers, I selected three of these research questions (questions 4-6) and also posed a further research question. These four research questions are addressed in this PhD thesis:

1. What impact has the introduction of the PRA had on entry into sex work and movement between sectors of the industry?
2. How do sex workers in different sectors of the sex industry (i.e. street, managed, private) manage and control their working environment following prostitution reform?

3. What changes do sex workers perceive in their ability to negotiate safer sex following the introduction of the PRA?
4. What are sex workers' perceptions of emotional health in a decriminalised environment?

The other research questions from the larger project were addressed separately in collaboration with my co-investigators.

The research was important in the review of the PRA. Sections 42-46 of the PRA required that the Act be reviewed within five years of enactment. A Prostitution Law Review Committee (PLRC) was appointed under the Ministry of Justice to oversee the review. We were commissioned by the Ministry of Justice to provide a report which would address many of the tasks detailed in the evaluation framework (Crime and Justice Research Centre, 2005). We worked closely with the Ministry of Justice and the PLRC in keeping them informed of the progress of the research. The report produced by the research team (Abel et al., 2007) provided a substantial part of the evidence drawn on in the final review report (Prostitution Law Review Committee, 2008).

In addition to this important report, we have published a paper on the impact of decriminalisation on the number of sex workers in the five study locations (Abel et al., 2009) which is adapted from Chapter Five of this thesis. Another paper on young street-based sex workers' transition into adulthood was published in the *Journal of Youth Studies* and includes some of the findings presented in Chapter Eight (Abel and Fitzgerald, 2008). We have been successful in negotiating a contract with Policy Press in the United Kingdom to edit a book on the New Zealand experience of decriminalisation (Abel et al., 2010). I presented some of the findings from Chapters Nine, Ten and Eleven of this thesis in two of the chapters of this book.

We have also closely supervised two students who have produced working reports for the study: one conducted a content analysis of the news print media post decriminalisation (Pascoe et al., 2007) and the other produced a report on the analysis of the preliminary

focus groups conducted in this research (Weir et al., 2006). We supervised the latter student in his Masters dissertation where he looked at the implementation of the occupational health and safety guidelines in the brothel sector following decriminalisation (Weir, 2007).

As New Zealand has been the first country to decriminalise all sectors of the sex industry, there has been extensive interest by academics in other countries, most notably in Canada, in hearing about the findings of this research. We have been invited to present keynote addresses on two separate occasions in Victoria, British Columbia and have presented in special symposia on sex work research at the 2007 and 2009 World Sexual Health Conferences in Sydney, Australia and Göteborg, Sweden respectively. I have provided my experience and insight on the topic of sex work to the Attorney General of Canada and the Attorney General of Ontario for the hearing entitled: “The Safe Haven Initiative”: Constitutional Challenge to Canada’s Prostitution Laws.

As has been discussed, therefore, the findings from this thesis have already been widely disseminated and this was necessary given worldwide interest. There is still much left to publish and more questions have been raised which require further research. Rather than finishing with the submission of this thesis, it is merely the beginning.

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CHAPTER 1: INTRODUCTION

*As a feminist I look forward to a time when we can experience greater individual autonomy **and** collective responsibility. In the meantime we need to ensure that women working as prostitutes are not criminalized, stigmatized or treated as social junk, and that the children involved in prostitution are supported by welfare and social services that intervene through harm minimization practices and policies, **not** through practices and policies that criminalize these young people further. Until we have a thorough understanding of the issue of prostitution from the multiple standpoints of those involved we cannot begin to understand the complexities of prostitution and the lives of those involved. Responses to prostitution should occur with the help of the women involved, the ordinary women who are sold, who choose, who are forced, who drift into prostitution in the context of hegemonic heterosexuality and patriarchal capitalism in postmodern times. Renewed methodologies for social research that incorporate the voices of citizens through scholarly/civic research as participatory research can raise our awareness and understanding of the complexity of lived experience and wider social processes and structures. Moreover, they may also produce critical reflexive texts that may inspire and motivate social change (O'Neill, 2001:189-90).*

In 1949, New Zealand was one of 50 countries to sign a United Nations' resolution which favoured decriminalisation of sex work. Following this, many countries decriminalised the act of prostitution, but continued to legislate against related activities (Brewis and Linstead, 2000b). This was the case in New Zealand prior to 2003, where sex work itself was not illegal, but associated activities such as soliciting, brothel keeping, living on the earnings of prostitution and procurement were criminalised. This created an environment in which violence, exploitation and coercion could flourish (Lowman, 2000; World Health Organization, 2005). Sustained social action over nearly two decades, which involved advocacy and lobbying by New Zealand Prostitutes' Collective (NZPC), politicians across the political spectrum, women's rights activists, academics and other volunteers was effective in bringing about legislative change. In June 2003, New Zealand became the first country to decriminalise sex work when the Prostitution Reform Act

(2003) (PRA) was voted on and passed by a majority of one vote in Parliament¹. This legislation represented a shift from regulating sex work from a moral perspective to acknowledging the human rights of this section of the population. Decriminalisation meant that prostitution was acknowledged as service work and sex workers in New Zealand were able to operate under the same employment and legal rights accorded to any other occupational group. There is a paucity of research looking at the impact of decriminalisation on the health and safety of sex workers and this thesis provides evidence to assess the effects of this legislation.

1.1 Sex work or prostitution

Sex work, for the purposes of this thesis, is defined as the exchange of sexual services for monetary gain or favours (including food, accommodation, drugs and alcohol) and excludes indirect services such as exotic dancing, stripping, pornography and phone sex. Throughout this thesis I will use the terms 'sex work' and 'sex workers' instead of the more pejorative terms 'prostitution' and 'prostitutes' unless it fits within the context of the argument.

Sex workers' rights groups have argued for sex work to be seen as work like any other service work and the terms 'prostitute' and 'prostitution' are seen as derogatory (Jenness, 1993; Lichtenstein, 1999). The term 'prostitution' is frequently associated with strong moral overtones whilst 'sex work' stresses the 'work' nature of the services.

The idea of sex worker is inextricably related to struggles for the recognition of women's work, for basic human rights and for decent working conditions.

(Kempadoo and Doezema, 1998:3)

¹ New South Wales, Australia decriminalised sex work in 1995, but some street-based workers remained criminalised. Other states of Australia have legalised sex work. New Zealand, as a nation, was the first to decriminalise all sectors of the sex industry.

Yet there have been challenges to the prostitution as work stance, the most vociferous of which have come from radical feminists. They contest the notion of 'choice', arguing that there is a "gender power dynamic (which) is intrinsic to prostitution" (Sullivan, 2007:37) and thus, no woman freely chooses to sell her body for sex (Barry, 1995; Farley, 2004; Pateman, 1988). Radical feminists contend that inequality and subordination underpin prostitution and this should be viewed as coercion and not agency (Sullivan, 2007). However, this denial of women's choice or agency to work in the sex industry is argued by others to be a denial of their human rights (Csete and Saraswathi Seshu, 2004; Doezeema, 1998). More liberal feminists insist that "the position of the prostitute cannot be reduced to one of a passive object used in male sexual practice, but instead can be understood as a place of agency where the sex worker makes active use of the existing sexual order" (Chapkis, 1997:29) ².

More middle ground sex work researchers argue that polarising dichotomies, such as 'exploitation' or 'work', are flawed as they do not take into account the heterogeneous nature of sex workers across time and place (Benoit and Shaver, 2006). As is argued throughout this thesis, the sex industry is segmented. Some participants in this study were more vulnerable to exploitation than others, yet exploitation is also present in other occupations and is not unique to sex work (Benoit and Shaver, 2006). The use of the term 'sex work' in this thesis emphasises sex workers' rights and accepts that whilst for some who have less access to resources there are fewer alternative occupational choices, it would be problematic to deny their agency in working in this industry. This is discussed further in Chapter Eight.

1.2 A segmented industry

Sex workers are not a homogenous population (eg: Plumridge and Abel, 2001; Vanwesenbeeck, 2001). Sex workers may work under a system of management, either in a brothel or for an escort agency. They may also work alone or with other workers, from their own home or rented premises. Alternatively, they could work on the street. As will

² The arguments made by feminists will be discussed in more detail in Chapters Two, Eight and Eleven.

be discussed in Chapters Eight and Nine, there are a number of reasons why people decide to work in the sex industry and also different motivations behind selecting what sector to work in within the industry.

Location plays an influential role in constructing people's experience of work and their exposure to risk (Whittaker and Hart, 1996). Each sector has different occupational risks. Most research studies focus on street-based workers, who represent a small segment of the sex worker population, constituting only around 10-20% of sex workers in all developed countries (Scambler, 1997; Vanwesenbeeck, 2001; Vanwesenbeeck, 2005; Weitzer, 2005a). However, they constitute a particularly vulnerable segment of the industry (Kinnell, 2006; Lowman, 2000). They are the sector of the industry that experience more violence, are more likely to be involved in drug use and are less likely than their 'indoor' counterparts to use condoms in every commercial transaction (Benoit and Millar, 2001; Plumridge and Abel, 2001; Sanders, 2004b; Vanwesenbeeck, 2001). Street-based workers are also likely to be less educated, of lower socio-economic status, more likely to report behaviour disorders in childhood and adolescence and more likely to have been sexually abused prior to entering the industry than 'indoor' workers (Vanwesenbeeck, 2001). The media, like many researchers, also tend to focus on street-based workers, perhaps because they are the most visible sector of the sex industry. Thus, stereotypes of what a sex worker is are perpetuated, conflating all sex workers under the rubric of 'deviant' fallen women or 'victims'. Yet, the majority of sex workers do not fit the popular stereotype of drug addicted, immoral, pimped street-based worker who works in an environment of violence, crime and hopelessness. Many are autonomous and able to "evade public and (even) self-labelling as outsiders or outcasts" (Scambler, 1997:118).

In addition to an industry segmented by location of work, sex work is also segmented by gender. Although the majority of sex workers are female, there are also male and transgender/transsexual workers who work in the industry. In research, male and transgender sex workers are often ignored but gender, too, plays an important part in

people's experience of the sex industry³. This thesis highlights the segmented nature of sex work in New Zealand and the need to consider sex workers of all genders, from all sectors, as their motivations for working in the industry, their experiences of working and their strategies to manage their working environment and physical and mental health and wellbeing differ. The findings from this thesis therefore provide a more complete picture of sex work than most studies which concentrate on a specific sector of the industry.

1.3 Research approach

This thesis aims to explore whether the decriminalisation of sex work has had an impact on minimising harm experienced by sex workers. There are four research questions addressed in this thesis:

1. What impact has the introduction of the PRA had on entry into sex work and movement between sectors of the industry?
2. How do sex workers in different sectors of the sex industry (i.e. street, managed, private) manage and control their working environment following prostitution reform?
3. What changes do sex workers perceive in their ability to negotiate safer sex following the introduction of the PRA?
4. What are sex workers' perceptions of emotional health in a decriminalised environment?

A community-based participatory research approach was taken which is recognised as best practice when doing research with the sex worker population (Benoit et al., 2005; Lewis and Maticka-Tyndale, 2000a; Shaver, 2005). Sex workers are marginalised and often suspicious of researchers' intentions, so it is particularly beneficial to have a relationship of trust between representatives of the sex work community and the research

³ Indigenous populations in colonised countries are also most often over-represented in the sex worker population (Abel et al., 2007; Benoit and Millar, 2001). In New Zealand, almost two thirds of street-based sex workers identify as Maori, and Maori and Pacific are more likely than other ethnic groups to identify as transgender (Abel et al., 2007). This thesis does not, however, include an ethnic analysis. This will be done subsequent to this thesis in consultation with Maori.

team. My research colleagues and I worked in partnership with NZPC, who represented the community of sex workers in New Zealand. NZPC were the gatekeepers to the sex worker population and were full participants in the design of the research, the fieldwork and the analysis. Both quantitative and qualitative data was used to explore the experiences of sex workers in five cities of New Zealand: Auckland, Wellington, Christchurch, Napier and Nelson. The quantitative data provided an overall description of post-decriminalisation perceptions of the 772 survey participants. The qualitative data provided a rich contextual exploration of the experiences of 58 sex workers. Mindful of the segmented nature of the sex industry, we ensured that managed, private and street-based workers, as well as female, male and transgender sex workers were represented in both samples.

I envisaged giving equal weight to both quantitative and qualitative data sources when embarking on this thesis, but in the analysis and write-up found that most of the research questions posed could only be drawn out through in-depth exploration of the participants' narratives. I was able to draw greater understandings of how social structures determined participants' health and wellbeing by exploring what health and safety practices meant to them and the explanations they gave for their experiences (Williams, 2003).

1.4 A social approach to health

The public health stance towards sex work has generally been a pragmatic one. Prohibitionist laws have never achieved their aim of eradicating sex work and have only served to drive the industry underground, where sex workers are vulnerable to a number of harms (Davis and Shaffer, 1994; Jordan, 2005; World Health Organization, 2005). The public health emphasis has therefore been on minimising harm through acknowledging this and decriminalising all activities associated with sex work. In doing so, the human rights which have been denied to people who voluntarily decide to work in this industry, are ensured.

Public health and human rights are both concerned with protecting and promoting the well-being of all in society and human rights are essential in addressing the underlying

determinants of health (World Health Organization, 2007). Determinants of health are those key social, economic and cultural factors that influence the broader patterns of health and illness within any population (National Health Committee, 1998a). A social model of health or a 'new public health' approach focuses on the determinants of health and illness by locating people within social contexts (Germov, 2005). The new public health approach has less of an emphasis on individual risk factors but has applied a sociological lens to examining how behaviour choices shape and are shaped by society, analysing these choices within the context of structural opportunities and constraints (Giddens, 1986; Lin, 2002).

Epidemiology is central to public health research, focussing on how diseases are distributed amongst different populations and the risk factors associated with this distribution (Frohlich et al., 2001; Mulhall, 2001). However, it has been argued that social epidemiology has looked too narrowly at the social factors associated with health inequalities and has not reflected more broadly on the role social organisations, process and relationships play in the generation of inequalities (Frohlich et al., 2001; Williams, 2003). The tendency to examine the relationship among risk factors with no theoretical framework, ignoring the reason risk factors exist, why they affect some people and how these risk factors are interrelated, has been critiqued by those who favour context studies (Frohlich et al., 2001).

.. there has been a lack of attention to the development of concepts which will help explain why individuals and groups behave the way they do in the context of wider social structures – to link agency and structure
(Williams, 2003:140).

Agency implies that individuals make choices in a rational manner, weighing up advantages and disadvantages, critically evaluating the situation, before choosing a course of action (Cockerham, 2005). However, merely focussing in a decontextualised way on individuals' lifestyle choices and putting pressure on people to change these lifestyles leads to victim-blaming and does not take into account the structural causes for

the choices made (Richmond and Germov, 2005). Agency can never be free of structure as choices are not made in a social vacuum (Demers et al., 2002). A structural approach acknowledges the role institutions, social relationships and resources play in constraining or enabling courses of action (Cockerham, 2005). Therefore, instead of solely focusing on sex workers at the individual level and their risk-taking behaviours, in this thesis I have also sought to understand the societal factors and mechanisms which have placed this population 'at risk of risks' (Frohlich et al., 2001:778; Link and Phelan, 1995).

1.5 Map of the thesis

This thesis looks at whether decriminalisation is indeed effective as a harm minimisation strategy. Chapter Two provides a brief discussion of the theoretical perspectives that underpin much of the discourse about sex work: radical and liberal feminist perspectives, moral perspectives, sex workers' rights perspectives and public health perspectives. These theoretical perspectives frame the different stances countries take to regulating the sex industry. This chapter gives a description of various options which have been employed in the regulation of the sex industry in different parts of the world. These regulations range on the spectrum from total abolition of sex work to criminalisation of the client, criminalisation of the sex worker, legalisation and decriminalisation.

The background to the enactment of the PRA is provided in Chapter Three where the way the sex industry was regulated in New Zealand prior to 2003 is discussed as well as the response of the New Zealand Government to the HIV/AIDS 'epidemic', the establishment of the New Zealand Prostitutes' Collective (NZPC) and the process of lobbying for legislative change. The chapter concludes with a discussion of the purposes of the PRA and a summary of the sections of the Act.

The literature on the health and safety of sex workers is examined in Chapter Four. Many studies have concentrated on HIV/AIDS and STI prevalence among sex workers, depicting sexual health as the primary health risk for sex workers. However, I also examine the literature on safe sex negotiation and practices, mental health, substance use,

violence, coercion, use of health services and the role regulatory officers play in the health and safety of sex workers.

Chapter Five provides an account of the estimation made of the number of sex workers in the five locations of the study. One of the concerns expressed by many opponents of the PRA was that decriminalisation would necessarily bring with it an increase in the number of people entering the sex industry. As a consequence, one of the tasks set out for the review of the PRA stipulated that investigations should be done to assess the impact the PRA had on the size and scope of the sex industry. This chapter describes the methods used to achieve this estimation and discusses the findings in relation to the public debate on this issue. A version of this chapter has been published in the *Journal of Social Policy* (Abel et al., 2009).

The methodology used in this thesis is described in Chapter Six. A comprehensive discussion on community-based participatory research is augmented with the steps we took to ensure that this approach did not detract from the rigour of the research but instead enhanced the credibility of the study. The research questions posed were addressed through a mixed methods approach. Methods used in both the quantitative and qualitative phases of the study, including sampling, data collection and analysis are discussed in detail. Issues relating to how to present data when working both in a participatory way and using mixed methods are also presented in Chapter Six. A description of the quantitative and qualitative samples obtained in the study, giving personal characteristics of participants by sector of work, gender and, in some cases location, is provided in Chapter Seven.

The findings of the research are presented in Chapters Eight to Eleven. The reasons sex workers provide for their entry into sex work and their discussion on exiting the industry are explored in Chapter Eight where I return to a more comprehensive discussion of the notion of 'choice' as briefly alluded to in section 1.1. I argue that there is a continuum of choice, with some sex workers choosing to enter and remain in the sex industry in the face of an array of other possibilities. Other sex workers, however, whilst still

maintaining their agency, had fewer resources available to them to provide a range of alternative choices. The participants in this study discussed reasons for working in the sex industry, including economic, social and identity influences. Although all participants were working at the time of the study, many had left the industry for a period of time and returned, predominantly for these same reasons. They discussed their reasons for leaving and also how they thought about eventually leaving the industry. Some of the findings from this chapter in relation to young street-based workers entering the industry have been published in the *Journal of Youth Studies* (Abel and Fitzgerald, 2008).

Control and management of the working environment is addressed in Chapter Nine. Following decriminalisation, there was some movement between sectors of the industry with many managed workers electing to move to the private sector. In this chapter I explore the motivations behind choosing a particular sector to work in and the different risks of violence posed in the managed, private and street environments. Participants in each sector gave accounts for managing their particular environment to minimise the risk of violence. Participants' perceptions of their human rights following decriminalisation are explored as this was central to the purposes of the PRA.

Safe sex and the ability to more easily negotiate safe sex in a decriminalised environment are examined in Chapter Ten. The PRA addressed safer sex by stipulating that all reasonable steps should be taken to use protection during penetrative and oral sex and minimise the risk of acquiring or transmitting a sexually transmitted infection. The Ministry of Health, in consultation with sex workers, developed posters and flyers to raise awareness amongst brothel owners, clients and sex workers on sexual health rights of sex workers. Sex workers in this study discussed these in relation to their safer sex practices as well as strategies they used to ensure their sexual health. They discussed their access to sexual health services and the dilemma for some as to whether or not to disclose their occupation to their health practitioner.

Sex workers' perceptions of their mental health have been reported as lower than that of the general population in other countries (Benoit and Millar, 2001; Prostitution Licensing

Authority, 2004). Chapter Eleven examines whether this was the case in New Zealand in a decriminalised environment. Stigma has been identified as an important contributor to sex workers' poorer mental health and a comprehensive exploration of stigma experienced by the participants in this study post-decriminalisation is provided in this chapter. Goffman's (1990) writings on stigma are critiqued in light of the growing literature which problematises his lack of accounting for structural conditions which lead to the reproduction of inequality and exclusion (Link and Phelan, 2001; Parker and Aggleton, 2003; Riessman, 2000; Scambler, 2007; Scambler and Paoli, 2008). Participants argued how they actively resisted stigma rather than, as Goffman suggested, internalising their shame. They also discussed the different roles they played in the private and public domains and how they endeavoured to maintain a separation of these roles. The stress of keeping the roles separate was also a risk to their mental health. A synopsis of the findings from Chapters Nine, Ten and Eleven was included in two chapters of our edited book (Abel et al., 2010).

Chapter Twelve provides a discussion of the contribution of this thesis to public health research. In drawing together the research findings, I argue that the decriminalisation of sex work in New Zealand has given sex workers human rights and this has been effective in minimising harm. O'Neill (2001) in the opening quote of this chapter, contended that harm minimisation practices and policies were the only way to intervene to ensure that sex workers were not stigmatised and treated as 'social junk'. As is argued in this thesis, decriminalisation has minimised many of the harms experienced by sex workers in New Zealand yet they continue to experience stigmatisation. I present the voices of sex workers in this thesis which may raise understanding and awareness of their experiences and the wider social processes and structures at play in New Zealand. This, as O'Neill (2001) argues, may provide the impetus for further social change.

CHAPTER 2: HARLOT, NUISANCE, VICTIM OR WORKER: DOMINANT PERSPECTIVES UNDERPINNING THE REGULATION OF SEX WORK

2.1 Introduction

This chapter provides some background to the different ways sex work is regulated worldwide and the dominant philosophical assumptions which underpin these regulatory frameworks. The most influential discourses that have informed sex work legislation are moral, radical feminist, liberal feminist, sex workers' rights and public health discourses.

The moral perspective draws on some radical feminist theories of the subordination of women but also constructs sex workers as a threat to public morality and traditional family values. Such discourses have been evident in countries which seek to criminalise sex workers, such as the United States (with the exception of the state of Nevada), Canada and the United Kingdom. Moral discourses are also evident in countries which opt to legalise sex work. Legalisation involves a strict system of licensing to control sex workers which frequently leads to a two-tier system, with a small legal sector and a larger illegal sex industry operating within the same country, as is evident in the state of Nevada (USA), the Netherlands, Germany and the states of Queensland and Victoria in Australia.

Radical feminist discourses have served to frame sex work as a form of sexual exploitation and violence against women. The concern for radical feminists is to abolish sex work though the decriminalisation of the sex worker (who is seen as the victim) and the criminalisation of the client. The central tenet is that by tackling the demand side of the sex industry it will lead to the eventual abolition of sex work. This form of legislation has been adopted in Sweden and is spreading to the other Nordic countries.

Liberal feminists argue for the right of women to freely choose whether they wish to work in the sex industry or not, sex workers' rights activists see sex work as a work issue, to be regulated as any other service work, and public health professionals take the pragmatic approach of harm minimisation. All three perspectives maintain that under any other form of regulation aside from decriminalisation, the human rights of sex workers are compromised. Currently, only New Zealand and New South Wales, Australia have decriminalised sex work⁴.

This chapter will examine all the above discourses in more detail and illustrate how these discourses are drawn on by examining cases studies of the different ways sex work is regulated.

2.2 Regulating sex work from a moral perspective

Moral discourses⁵ underpin the regulation of sex work in countries in which sex workers are criminalised and are also evident in countries where sex work is legalised. There are two dominant moral discourses which have shaped policy debate on sex work in many countries: a public nuisance and a moral order discourse (Kantola and Squires, 2004a).

2.2.1 *Public nuisance discourse*

The public nuisance discourse depicts sex workers as dirty, disease-ridden, having no morals and associated with a criminal underworld; a stereotype often fuelled by media reporting. Sex workers are constructed as a threat to public morality and hygiene with an emphasis on the need for measures of control to contain this threat (Kantola and Squires, 2004a). They are framed as vectors of disease and hubs for dangerous activities such as drugs and crime, placing 'good' citizens in the community at risk. The association

⁴ There has been much confusion with the terms legalisation and decriminalisation and in some literature it is incorrectly claimed that countries such as Germany and the Netherlands have decriminalised sex work (eg: Harcourt et al., 2005).

⁵ Traditional moral discourses drew on the Bible to define 'unchaste' women as sinful and immoral (Outshoorn, 2001). In modern times, this discourse has changed somewhat and while sex workers are less frequently referred to as sinful, they are framed as sexually exploited and victims of poverty or trafficking (Outshoorn, 2001). Discourses of appropriate gender, sexual and racial roles are deployed in society which delineate between those who conform to the norms of society and those who transgress moral boundaries (Hubbard, 1998b).

between sex work and crime and drugs is often erroneous as in most cases sex work is only allowed to exist in areas of cities which are already linked with the underworld (Davis and Shaffer, 1994).

Goffman (1990:12) theorised that when coming into contact with a stranger, we ascribe normative expectations to that person based on limited knowledge of them. This Goffman described as a “virtual social identity”. Once we discover evidence that this person possesses an attribute that is not desirable and different from normal, we reframe our characterisation of the person to their “actual social identity”. Undesirable attributes “which are incongruous with our stereotype of what a given individual should be”, comprise a stigma. People with a stigma are seen as “not quite human” and based “(o)n this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his (sic) life chances” (Goffman, 1990:15).

Sibley has contributed to this growing body of literature on the theory of difference and has suggested that there is an ‘othering’ of deviant groups of people who do not fit the “contours of normality” (Sibley, 1995:40). He contends that sexuality is fundamental to people’s world-views and their relationships with others and is therefore a source of difference. In societies in which monogamous heterosexuality is normative, distinctions are drawn between ‘respectable’ women and sex workers with dubious sexual values. Sex workers are often depicted as the “embodiment of vulgar and conspicuous sex” (Hubbard, 1998b:66); predatory sexual actors who pose a threat to traditional community values anchored in marriage and the family (Bondi, 1998). Sex workers’ presence in public, like any other ‘deviant’ population group, is seen as compromising ‘normal’ family space. This difference causes anxieties as it is seen as polluting and threatening, not normal and therefore ‘other’, creating a distancing in both social and spatial relationships (Sibley, 1998). Moral panics arise over contested spaces, where communities are intent on excluding the offending ‘other’ who are a threat to core values and by this exclusion, eliminating difference (Sibley, 1995). Sibley has argued that the exclusion of deviant groups such as sex workers from public spaces has created social boundaries, which have enabled dominant groups, often comprising white, middle-class

heterosexuals, to marginalise and control groups who do not conform to the 'normative' way of behaving (Hubbard, 1998a; Sibley, 1995).

The media play a key role in identifying sex workers as 'deviant' and 'other' and as such are instrumental in fuelling moral panics which increase public anxiety around sex work (Hubbard, 1998b; Hubbard, 2000; Hubbard, 2002a; O'Neill et al., 2008). Such moral panics are often followed by reactive government policies to try and diffuse the moral panic (Hubbard, 2002a; O'Neill et al., 2008). Such reactive policies are evident in kerb crawling⁶ legislation in countries like the United Kingdom (UK) and Canada, which has been invoked to protect 'innocent women' from unwanted solicitation and harassment.

2.2.2 Moral order discourse

In contrast to the public nuisance discourse, the moral order discourse constructs sex workers as innocent victims, requiring protection and relocation (Kantola and Squires, 2004a).

There are still many governments with moral objections to prostitution. At the international level, however, most are politically savvy enough to cloak moral indignation in terms of "victimization of women" (Doezema, 1998:45).

This discourse has arisen following an emerging debate about trafficking in people, particularly children, for sexual exploitation. It draws on elements of traditional morality, child welfare concerns, international human rights agendas and on feminist perspectives of sexual domination (Kantola and Squires, 2004a). There are overlapping elements of these discourses despite other areas of contention (Kantola and Squires, 2004a), yet they all share a preoccupation with the protection of innocent victims of trafficking and tend to ignore the voluntary sex worker.

⁶ Kerb crawling is defined as the persistent solicitation of women for the purposes of prostitution either on foot or from or near a motor vehicle (Westmarland, 2006).

The trafficking debate, Weitzer (2007b:467) contends, bears:

all the hallmarks of a moral crusade... framing a condition as an unqualified evil; creation of folk devils; zealotry among leaders who see their mission as a righteous enterprise; presentation of claims as universalistic truths; use of horror stories as representative of actors' experiences; promulgation of huge and unverified numbers of victims; and attempts to redraw normative boundaries by increased criminalization.

Trafficking rhetoric has gained momentum since the mid-1990s with reports world-wide of the millions of children and women trafficked both within and between countries (Sanghera, 2005). The United Nations Optional Protocol on Trafficking defines the trafficking in persons as:

the recruitment, transportation, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (United Nations, 2004: article 3:42).

Ditmore (2005:116) argues that this definition can be dangerous as individual autonomy could be “overruled by a subjective, external judgement as to the desirability of an activity”. Women who migrate voluntarily, with the full knowledge that they will be working in the sex industry can be conflated with helpless women and children, forced against their will to a life of slavery and sex work: both acquiring the label of trafficked victims. As is discussed in section 2.3.1, radical feminists deny that women freely choose to work in the sex industry but view sex work as inherently coercive and exploitative.

They resist the distinction between 'free and forced prostitution' with claims that all prostitution is forced (Raymond, 1998; Sullivan, 2007). All women who migrate to work in the sex industry are deemed trafficked (Raymond, 1998). Whilst not denying that there is some trafficking of people around the world to work in the sex industry, it is often overstated raising alarm amongst the public as well as policy makers (Davies, 2009; Weitzer, 2007b).

Moral discourses are evident in countries which seek to criminalise sex workers and are also evident in countries which have legalised sex work. Two case studies are discussed below: criminalisation of sex work in the United Kingdom (UK) and legalisation in the state of Victoria, Australia.

2.2.3 *Criminalisation of the sex worker: United Kingdom*

Criminalisation of the sex worker may take the form of prohibition, where sex work is illegal, or, as is more often the case, it may take a modified form of abolition which allows for the sale of sex but bans all related activities. It is a legislative approach which draws heavily on moral 'public nuisance' discourses (Kantola and Squires, 2004a; Kantola and Squires, 2004b; Westmarland, 2006) and this is evident in policy debates in many western countries, including the UK. Although sex work itself is not illegal in the UK, many offences associated with the industry are, including soliciting, brothel keeping, living on the earnings of prostitution, procuring sexual intercourse and non-licensing of massage parlours or brothels. In most cases, the laws regulating these activities are invoked through old laws (Hancock, 1991). Some of these laws seek to protect sex workers from third parties and some are meant to protect the public from the 'nuisance' effects of prostitution (Davis and Shaffer, 1994).

These laws make it impossible for sex workers to sell sex without committing a number of offences. The regulations tend to increase the vulnerability of sex workers by driving them underground, where fear of detection and arrest override concerns for health and safety (Davis and Shaffer, 1994; Jordan, 2005). Criminalised sex workers have none of the rights accorded to workers in other occupations and therefore they are open to

coercion and exploitation by managers, pimps⁷ and clients. No health and safety guidelines govern working conditions and adverse experiences such as being physically assaulted, threatened with physical assault, being held against their will, being forced to have unprotected sex, having clients refuse to pay for their service and having money stolen, are common occurrences in the lives of many sex workers, especially those working on the streets (Plumridge and Abel, 2001). There are also psychological consequences to criminalisation as the arrest process itself is humiliating and degrading, their occupation may have previously been unknown to family and friends and the stigma given to sex work can often have harmful psychological effects. The consequences of having a criminal record are also far reaching. It may make it even more difficult for sex workers to exit the industry as they may not be able to find other employment. They also may have limitations put on travel and obtaining mortgages or other loans (Davis and Shaffer, 1994).

Prior to 2000, the UK was principally concerned with the public nuisance effect of sex work. Under the Sexual Offences Act 1985, persistent soliciting in a street or public place was penalised through a fine of up to £1,000 (Westmarland, 2006). Although street-based workers represent merely one tenth of sex workers in the UK, police have used their powers of arrest disproportionately on this sector, often in response to community activism (Hubbard, 2004). Street-based workers have been moved to other less visible areas, creating zones of toleration⁸ which some have argued has placed them in far more vulnerable positions (Hubbard, 2004). When these toleration zones undergo gentrification, and are revitalised for white, middle-class families, attempts are made to

⁷ Pimps are usually associated with street-based work. Some street-based workers have a 'manager' who takes a proportion of their earnings in return for looking after their safety and finding clients.

⁸ Tolerance zones are sometimes recognised by city councils as designated areas where sex workers can operate without fear of prosecution. Commentators such as McKeganey (2006), who has conducted extensive research among street workers in Scotland, have argued that identifying an area where sex work is possible without fear of arrest would be a way of reducing some of the harms experienced by sex workers. McKeganey contends that toleration zones would reduce some of the pressures that sex workers are subjected to during the course of their activities as well as providing better provision of street-based services. Such measures, he argues, would go some way to reducing the marginal status of sex workers. This is in opposition to other arguments that such zones leave sex workers in more vulnerable positions.

exclude people like sex workers and the homeless, who do not fit within this category, from the environment (O'Neill et al., 2008). Society therefore tries to make these populations less visible, the result being to force sex workers underground. Davis and Shaffer (1994:2) contend that any policy decision which is based on keeping prostitution invisible is doomed to failure:

Invisibility means we don't need to look closely at prostitution or our response to it because we have the illusion that it is only a marginal part of our society. Invisibility means that this is unlikely to change since the individuals who are in the best position to explain why things aren't working or what in fact the problem really is – eg. the prostitutes themselves – have no way of being heard, since being invisible also means being inaudible.

In 2002, the Criminal Justice and Police Act 2001 made kerb crawling an arrestable offence, and in 2004 further stringent steps were taken by making it possible to disqualify a kerb crawler from driving (Westmarland, 2006). In this way, government sought to 'disrupt the market' by focusing on the demand side of sex work (Westmarland, 2006). Kerb crawling and soliciting are just two of the over 25 criminal offences which relate to sex work in the UK (Westmarland, 2006) but they are the ones most persistently policed.

More recently, the trafficking debate has also been influential in amendments to the regulation of sex work in the UK. In December 2000, the UK signed the United Nations Convention against Transnational Organized Crime and in 2001 became a signatory to the European Union Draft Framework decision on combating trafficking in human beings (Kantola and Squires, 2004a). Whereas kerb crawling and soliciting legislation was brought about through community activism, trafficking then emerged as an issue through international and European influence (Kantola and Squires, 2004a).

The Home Office produced a consultation paper entitled "Paying the Price" in 2004 which was used to inform a coordinated prostitution strategy. The language used in this

paper drew heavily on moral perspectives. In his foreword to the consultation paper, the Home Secretary stated:

We want this paper to inform the development of a clear view of the brutal realities of prostitution so that its impact can be properly considered in the context of wider policy making – promoting civil renewal and community safety by addressing practical approaches to violence and exploitation, to problematic drug use, to a reduction in serious crime and in people trafficking (Home Office, 2004:6).

This statement stressed the need to keep innocent citizens safe from sex workers, linking sex work with crime and also calling on the need to protect innocent victims of trafficking. The Home Office advocated the use of Anti Social Behaviour Orders (ASBOs) legislated for through the Crime and Disorder Act, 1998 to protect communities from the nuisance associated with sex work (Sanders, 2005b). ASBOs carry a penalty of up to five years' imprisonment and can be used both to protect a community against alarm, distress and harassment and as a tool to rehabilitate the offender (Sanders, 2005b). ASBOs have been criticised for being used discriminatorily in application to sex workers and have not been a deterrent to working (Jones and Sager, 2001 as cited in Sanders, 2005b).

In 2006, the Coordinated Prostitution Strategy was implemented. This Strategy continues to draw on a public nuisance discourse but also frames this within a more protective moral order discourse. Reforms to the old laws were proposed which would take a “rehabilitative ‘staged’ approach” with a focus on the buyers of sex and attempts made to point sex workers towards services that may assist them in exiting the industry (Westmarland, 2006:27). The Strategy highlighted the importance of eradicating the most visible sector, the street workers, with particularly directive statements:

We also have a range of measures – civil and criminal – to address the nuisance associated with street prostitution. Street prostitution must not be

accepted or ignored. Local partnerships must find ways to listen to the concerns of communities and work with them to find a lasting solution (Home Office, 2006:2).

Although the Home Office drew on the 'prostitution as nuisance' discourse, they also went on to articulate a 'prostitution as abuse' perspective to clearly state that the focus of enforcement would shift from the sex worker to the kerb crawler in the hope of disrupting the market by deterring clients (Westmarland, 2006). On their website, they provide a series of pejorative unsubstantiated (Cusick et al., 2009; Davies, 2009; O'Connell Davidson, 2006) "facts" on prostitution:

- *Most women involved in street-based prostitution are not there through choice. They are among the most vulnerable people in our society. Nearly all prostitutes are addicted to drugs or alcohol.*
- *Many of them have been trafficked into the country by criminals, and are held against their will. Many were abused as children, and many are homeless.*
- *Kerb crawlers, on the other hand, have a choice. Men who pay for sex are indirectly supporting drug dealers and organised crime groups, and funding violence and abuse (Home Office, 2009).*

The advice for control of the off street sector of the industry is more ambivalent but invokes the need for protecting innocent victims of sex work:

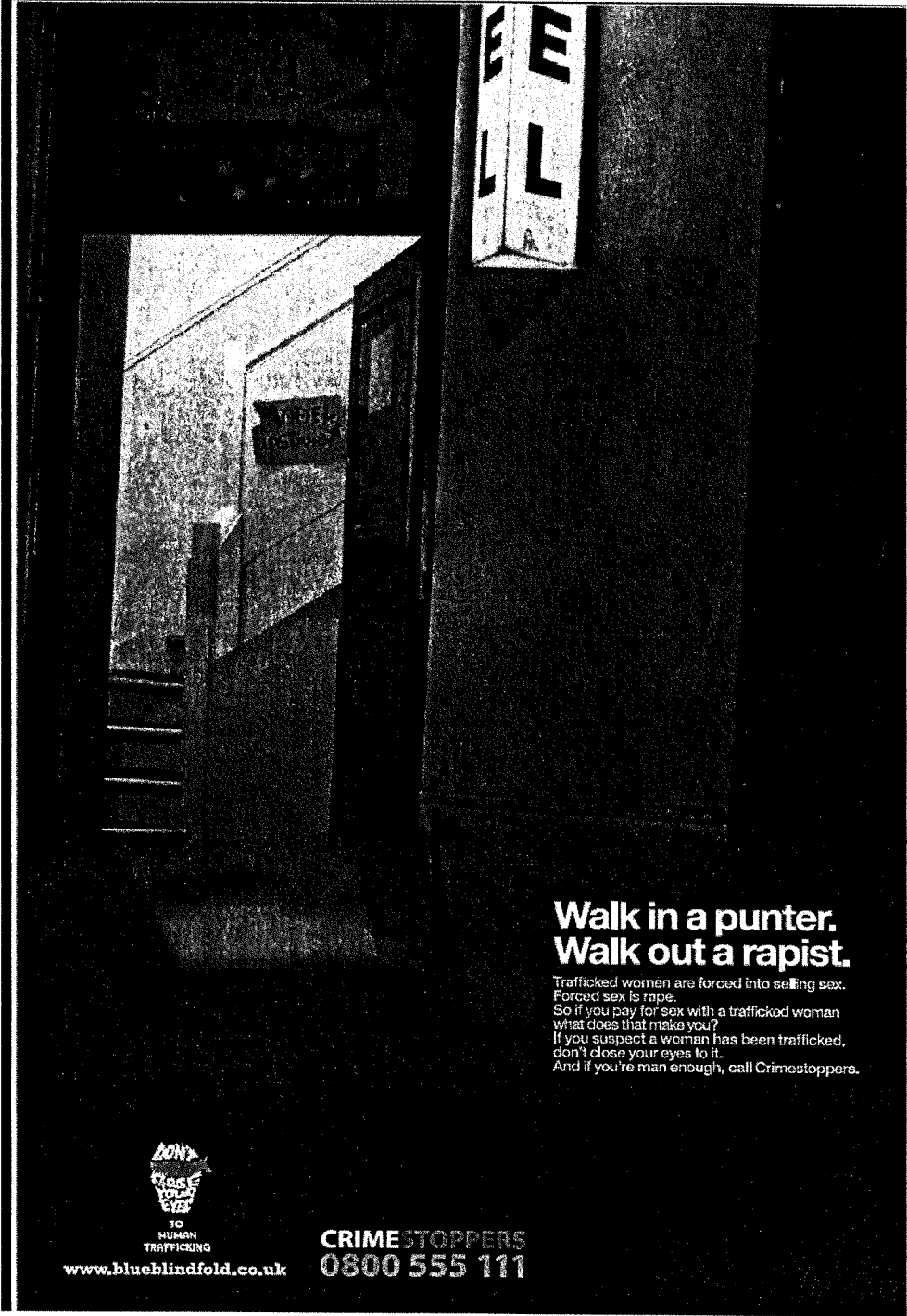
While some premises appear to operate discreetly, others can cause considerable nuisance in the neighbourhood. It is also clear that working off street can be as dangerous and exploitative as working on the streets. While some respondents to Paying the Price consider this to be a sensationalist view of off street prostitution, the Government must address sexual exploitation wherever it exists, and particularly when it involves the most

vulnerable members of our communities – including children and women trafficked from abroad for the purposes of prostitution (Home Office, 2006:60).

On the 5 May 2008, the Home Office (2008) sought to further demonise clients when they began a poster campaign to “raise awareness ... of the exploitation and trafficking involved in off street prostitution”. The caption to the poster read “Walk in a punter. Walk out a rapist” (see Figure 2.1 overleaf).

Although the Home Office has made unsubstantiated claims of between 140 and 1,400 women and children per year being trafficked into the UK to work in the off-street sector of the sex industry, few victims of trafficking have been identified by police, vice squad and immigration service visits to massage parlours (O'Connell Davidson, 2006). In 2003, although 295 women were found to be immigrants working illegally in the sex industry, only five were found to be victims of trafficking (O'Connell Davidson, 2006). In their critique of the Strategy adopted by the Home Office, Boynton and Cusick (2006) commented on the lack of understanding shown concerning risk and the implications the laws would have on health outcomes for sex workers and their ability to access health care. They highlighted the negative consequences the policing of kerb crawling would have; most notably that displacing workers would increase the prevalence of acquisitive crime and that there would be a reduction in sex workers' negotiation powers leading to increased violence, unsafe sex practices and increased public disorder. They also noted that the lack of clarity on how the Strategy would be implemented in the off street sector had left these workers feeling uncertain about how it would affect them. One private worker proclaimed that although there were some benefits for indoor workers, the legislation did not do sex workers any favours, and that ignoring the voice of sex workers and sex workers' rights movements and the complexities of their experiences was “part of creating the very problems they say they wish to solve” (Juliet, 2006).

Figure 2.1: Home Office Poster (off street prostitution)



2.2.4 *Legalisation: Victoria, Australia*

Reducing harm to sex workers is not necessarily the reason that legalisation of the sex industry is often advocated but rather, drawing on moral rhetoric, is an attempt to control the industry by keeping it limited to certain areas where it will not offend the wider population (Arnot, 2002; Davis and Shaffer, 1994; English Collective of Prostitutes, 1997). Some European countries, such as the Netherlands and Germany, and some states of Australia, including Victoria, Queensland and South Australia, have legalised sex work. Legalisation permits sex work in certain forms but it is usually heavily regulated through the licensing of sex workers and sex work establishments within zoned areas (English Collective of Prostitutes, 1997; Jordan, 2005). Municipalities have complete control over the granting or refusing of licenses and thus the number of legal brothels and sex workers has been greatly limited (Jordan, 2005; Lewis and Maticka-Tyndale, 2000b). Many sex workers are unwilling to work in the legal brothels where brothel owners are often exploitative (Scambler and Scambler, 1997a). A limited number of legal brothels can lead to a situation where there are always a number of sex workers who wish to work legally available to replace those who are unhappy with their conditions of work. There is thus little incentive for brothel owners to change unfair business practices. Sex workers who do not wish to work under unfair conditions instead elect to work illegally which then creates a two-tier system. Illegal workers are vulnerable to exploitation and violence and are less accessible by health and social workers (Scambler and Scambler, 1997a).

In the state of Victoria, Australia, the passing of the Planning (Brothels) Act 1984 gave the government the ability to regulate and control the location of brothels (Sullivan, 2004b). This Act came about because of the growing recognition of the inevitability of sex work (Arnot, 2002; Sullivan, 2004b). There was, however, no recognition given to the gendered nature of sex work and little attention was given to the most vulnerable sex workers: street-based and illegal brothel workers (Sullivan, 2004b). Following the passing of the Planning (Brothels) Act, an enquiry was set up led by a feminist law professor, Marcia Neave (Sullivan, 2004b). The recommendation of this enquiry was that a licensing system be set up for brothels. This enquiry led to the passing of the Prostitution Regulation Act 1986, where brothels were allowed to operate provided they

had special planning permits (Perkins and Lovejoy, 2007; Sullivan, 1999). Not only did this Act make it possible to be legally employed in a brothel but it was also theoretically possible for private sex workers to work from their homes. In reality, however, few licenses were granted by local councils who failed to treat sex work like any other business and this meant that most sex workers continued to work illegally (Sullivan, 1999). In addition, the Act increased penalties for sex workers who worked illegally and so most sex workers in Victoria were vulnerable to exploitation (Sullivan, 1999).

In the 1990s, the increased attention given to trafficking and child prostitution led to more vociferous feminist debates in Victoria to end trafficking and sex tourism (Sullivan, 2004b). In 1995, the Prostitution Control Act was passed in Victoria which increased the range and scope of penalties aimed at illegal sex work (Sullivan, 1999). This Act requires escort and brothel operators to obtain a license to operate a legal business (Sullivan, 1999). All other forms of sex work, such as working from unlicensed premises and on the street continues to be criminalised. The Business Licensing Authority oversees the licensing of brothels. Regulations require that applicants (and associates of applicants) have no criminal record. Licenses are expensive and have been limited to certain non-residential areas and to a very few businesses in these areas, resulting in a shortage of legal employment for sex workers (Arnot, 2002; Sullivan, 1999). This has forced many sex workers to operate illegally. Because of the shortage of legal work, some brothel owners have been able to exploit their workers and this has resulted in poor working conditions for those sex workers who wish to work legally (Arnot, 2002). Other legal brothels have been attentive to the health and safety of sex workers on their premises although mostly sex workers are paid as sub-contractors and not employees and thus do not have the benefits of being employed, such as having annual and sick leave (Sullivan, 1999).

Brothel operators must provide their employees with condoms as well as safer sex education material for employees and clients. Sex workers are legally required to undergo sexual health checks with monthly swabs and three monthly blood tests and it is a criminal offence for a sex worker to work with a sexually transmitted infection (STI)

(Metzenrath, 1999). Certificates showing that someone does not have an STI are only valid until the next occasion of sexual intercourse and thus it is argued that the requirement of compulsory testing is futile (Metzenrath, 1999). It instead provides clients with more incentive to pressure sex workers into unprotected sex, as they believe that they are 'clean'.

Street-based sex workers have been exposed to greater risk than brothel workers, in large part due to their criminalised status. The absence of legal protection and their lack of peer and community support contribute to the difficulties they experience in negotiating safe sex (Pyett and Warr, 1997). Pyett and Warr (1997; 1999) were concerned by the number of women in their study who were reluctant to report violent crimes, such as rape and assault, to the police due to perceptions of disconnection from the justice system because of their illegal status. They have advocated for decriminalisation of all forms of sex work in Victoria, which would improve the safety and autonomy of all sex workers and reduce the stigma which contributes to their low self-esteem.

2.3 Regulating sex work from a radical feminist perspective

Feminist thinking is polarised on the subject of sex but as Chapkis (1997) argues, there is no clear division into two cohesive schools of thought. Within radical feminism, there are those who accept some sexual practices within a loving relationship whilst others oppose all practices of sexuality "as expressions of male dominance of women" (Chapkis, 1997:12). Liberal feminists, on the other hand, are also split into "those who understand sex to be inherently benign; those who see sex as potentially oppressive but only for those women who "choose" to embrace an identity of "victim"; those who view sex as neither inherently empowering nor oppressive but a contested terrain in which women must organize and demand their rights; and those who understand sex to be a cultural practice open to subversive performance and resignification" (Chapkis, 1997:12). Both radical and liberal feminist debates on sex work have been influential in the regulation of the sex industry. In the Scandinavian countries, the radical feminist discourse has

predominated. Radical feminist perspectives on sex work are discussed next, followed by a case study of the regulation of sex work in Sweden.

2.3.1 *Radical feminist discourse*

Some feminists have criticised restrictions on women's sexual behaviour and called for a sexual liberation which would work for both men and women, whilst others consider sexual liberalisation as an extension of male privilege (Rubin, 1984). The latter group are more radical in their views and understand sex work as sexual exploitation and violence against women, equating 'prostitution' with rape, sexual harassment, domestic violence, incest and child sexual abuse (Barry, 1995; Farley and Barkan, 1998; Jeffreys, 1997; Sullivan, 2007). Inequality and subordination of women are seen as the underpinnings of 'prostitution'. Thus radical feminists do not recognise 'prostitution' as work and resist more liberal calls to define 'prostitution' as 'sex work' (MacKinnon, 2001; Sullivan, 2007). In viewing sex work as violence, radical feminists never see this as a 'choice', but a violation of human rights (Sullivan, 2007).

Barry, a key proponent of the argument for 'prostitution as violence' asserts that whether or not there is consent, when a human body is objectified to sexually service another, violation has occurred (Barry, 1995). She contends that sex work is "structured to invoke women's consent" given the condition of class domination which promotes oppression (1995:24). She leaves no place for individual agency or choice for women to consent to sex work, arguing that although agreeing to go with a client and exchange sex for money appears to be a choice, it is in fact merely an "appearance of choice" as an act of survival (1995:33). Sex workers are thus seen as passive victims with no control over the commercial sexual transaction and any arguments that are presented by sex workers to the contrary are met with claims of a 'false consciousness' or 'false sense of control' (Barry, 1995; Farley, 2004; Jeffreys, 1997).

Radical feminists critique their more liberal counterparts' argument that there is a clear distinction between free and forced prostitution⁹.

⁹ The liberal feminist perspective is discussed in section 2.4.1.

These distinctions are then used to make some forms of prostitution acceptable and legitimate, revising the harm that is done to women in prostitution into a consenting act and excluding prostitution from the category of violence against women. The sex industry thrives on this language and these distinctions. When distinctions are made between forced and free prostitution, for example, it becomes insurmountable for many, if not most, women in prostitution to prove that they have been forced (Raymond, 1998:1).

Raymond (1998) argues that “prostituted women’s” experiences in the workplace would comprise sexual harassment, sexual violence and sexual abuse in any other workplace. The exchange of money transforms these abuses into “a “job” performed primarily by racially and economically disadvantaged women in the so-called first and third worlds, and by overwhelming numbers of women and children who have been victims of childhood sexual abuse” (Raymond, 1998:2). Overall (1992) concedes that danger, injury, coercion, choice, and loss of personal power and control are not elements unique to sex work and totally absent from other forms of employment, hence should not be used as reasons for condemning sex work. However, she goes on to argue that:

.. (s)ex work is an inherently unequal practice defined by the intersection of capitalism and patriarchy. Prostitution epitomizes men’s dominance: it is a practice that is constructed by and reinforces male supremacy, which both creates and legitimizes the “needs” that prostitution appears to satisfy as well as it perpetuates the systems and practices that permit sex work to flourish under capitalism (p724).

Radical feminists argue for abolition of the sex industry to counter the victimisation of ‘prostitutes’ in a patriarchal society through decriminalisation of sex workers but criminalisation of the clients, whilst strengthening laws that repress the procurement and pimping of sex workers. This discourse has been predominant in the regulation of the sex

industry in Sweden. It is believed that if there were no customers there would be no market for the victims of the trade, i.e. the sex workers, and thus sex work will ultimately be eliminated (Farley and Barkan, 1998; Svanstrom, 2006). The Swedish model is outlined in the following section.

2.3.2 *Criminalisation of the client: Sweden*

Radical feminists claim that prostitution is an institutionalised form of male violence towards all women has been influential in policy debate in Sweden, where legislative changes have ensured that clients and not sex workers are criminalised (Hunter, 1991). It is also illegal to claim or live off the earnings of another's sexual labour, an aspect of the law aimed to protect women from exploitative pimps (Ostergren, 2006). Sweden was the first country to prohibit the buying of sex and supporters of this stance have heralded Sweden as signalling to the world that sex work is not acceptable in a gender-equal society (Gould, 2001).

The Swedish government has explicitly noted that the female body cannot be looked upon as merchandise which can be bought or sold All trade is based on the fact that there are customers and demand. If there were no customers looking upon women's bodies as objects, there would be no market where the victims for this trade could be offered and exploited (Ministry of Gender Equality, Margaretha Winberg, Riksdagsprotokoll 2000/01:67, 15 February, section 1, cited in Svanstrom, 2006).

The fact that this legislation was enacted in 1999 is due to a particularly strong radical feminist movement in Sweden (Kulick, 2003; Svanstrom, 2006). Although a Commission set up in 1993 to investigate options for regulation had recommended both the criminalisation of the client and the sex worker, this stance was criticised by some experts and taken up by the media. It was claimed that such legislation would obscure the fact that sex work was about men's power over women and that punishing the sex workers would mean punishing the victims of sex work (Gould, 2001; Svanstrom, 2006). The idea that sex work was voluntarily chosen as a profession was rejected as an argument, with claims made that 'nobody willingly sells their body for money' and that

women enter the industry either because of poverty, dependence on drugs or because they are trafficked (Gould, 2001). No input from sex workers or sex work organisations was sought in any of the debates informing the legislation (Gould, 2001; Kulick, 2003; Ostergren, 2006).

A 'fear of the foreign' added impetus to legislative change when it was apparent that Sweden was about to join the European Union (EU). Media reports at this time sensationalised the invasion of foreign sex workers from Eastern Europe into western cities (Gould, 2001; Kulick, 2003). Although Sweden's sex worker population was low¹⁰ there were fears that this influx would greatly increase the number of workers in Sweden.

Although many groups in Sweden who opposed criminalisation of the client¹¹ put forward arguments that such legislation would drive the sex industry underground leading to an increase in violence, unsafe sex practices and exploitation of sex workers, proponents claimed that much of the industry was already underground and the law would decrease the demand for paid sexual services. There were also arguments that there would be complications in implementing the law. As sex with a sex worker was not illegal but the purchasing or attempt to purchase a 'temporary sexual relation' was, it would be a difficult action to prove if both parties denied it (Kulick, 2003). Indeed, since the law has been in force, very few offences have reached the courts (Kulick, 2003).

The legislation had an immediate effect of reducing the number of workers on the streets of Stockholm and Göteborg, but numbers have since started to increase (Kilvington et al., 2001). Government reports evaluating the law have all concluded that there has been no significant drop in numbers (Kulick, 2003). Commentators have proposed that the initial reduction in number of workers seen on the street did not mean that the number of sex workers had decreased but that they had chosen less visible ways of making contact

¹⁰ Estimations of the number of sex workers in Sweden prior to the enactment of the law were about 2,500 workers in a population of 8.5 million (0.3 per 1000) with an estimated 1,000 working on the street (Kilvington et al, 2001; Kulick, 2003; Svanstrom, 2006).

¹¹ Groups opposing the criminalisation of the client were the National Board of Police, the National Social Welfare Board, the Attorney General, and the National Courts Administration (Kulick, 2003).

with clients (Kilvington et al., 2001; Ostergren, 2006). This posed a number of threats to sex workers' health and safety by driving the industry underground where they were vulnerable to exploitation and abuse and less easily accessed by health and social workers.

The limited research coming out of Sweden which is available in English highlights that sex workers are finding it difficult to adequately assess clients prior to getting into their car as clients are more nervous and wish to conduct business in a more rapid manner (Ostergren, 2006). Sex workers are also reporting more emotional stress under the current legal system. The implications of the living on the earnings of sex work means that some workers are reluctant to reveal to landlords what they are doing or alternatively, are exploited by landlords and having to pay exorbitant rents (Ostergren, 2006). This particular clause in the legislation also makes it illegal to work indoors under a system of management or work with others; environments which are safer than working on the streets. In addition, little attention has been given to male and transgender sex workers. Proponents of the law, however, defend the stance that has been taken, saying that it sends a message to society that sex work is unacceptable and does not belong in Sweden (Kulick, 2003).

2.4 Regulating sex work from a rights-based perspective

Another way of regulating sex work is through the decriminalisation of the sex industry. Decriminalisation draws on liberal feminist, sex workers' rights and public health discourses. These discourses are discussed below, followed by a case study of decriminalisation in New South Wales, Australia.

2.4.1 *Liberal feminist discourse*

In contrast to radical feminists, from a liberal feminist perspective, women have the right to self-determination, especially with regard to their bodies and sexuality. Foucault (1990:95) theorised that “(w)here there is power, there is resistance” and that “resistance is never in a position of exteriority in relation to power”. He argues the existence of multiple points of resistance within power relationships and some liberal feminists have

drawn on this argument in critiquing radical feminists' denial of sex workers' agency in working in the sex industry (Nagle, 1997; O'Connell Davidson, 1998; Scoular, 2004; Sullivan, 2004a). Nagle (1997:7) maintains that the more radical feminist approach to sex work "fails to theorize a positive autonomous view of female sexuality, instead reproducing much of society's deeply held ambivalence about female sexual agency".

Sullivan (2004a:137) argues that although consent is implicated in power relations, "freedom is understood as a practice conducted in resistance to power". She therefore contends that feminists need to work to "establish conditions which support and enable the consensual capacity of sex workers". Chapkis (1997:29) too, argues that rather than seeing sex work as reinforcing male domination, it could be viewed as a place for "ingenious resistance and cultural subversion". Far from being passive recipients of male domination, Chapkis (1997) and Sullivan (2004a) maintain that many sex workers actively resist men's power and control within sexual interactions by charging a fee for what is normally given freely. In so doing they are taking control of the sexual interaction and dictating what they are willing to provide for that fee.

Denying freedom of consent to work as a sex worker is problematic as it means that no distinction can be made between sex work and rape (Sullivan, 2004a). This would mean that it would be difficult for sex workers to pursue charges of rape against a client as police and the court system may not take such charges seriously. Sullivan (2004a:138) maintains that instead of taking punitive measures against sex workers and/or their clients, sex workers' freedom and consensual capacity will be maximised when sex workers have "safe and legal working conditions, access to other employment options, access to the criminal justice system and a politico-legal system that encourages the development of new rights as workers for prostitutes".

Liberal feminists therefore argue that the abolition of prostitution is an act of repression (Jenness, 1993) and that decriminalisation of sex work would be a pre-condition for improvements in working conditions, which would include empowering workers in their interactions with clients and managers (Sullivan, 1991; Sullivan, 2004a). It is argued that

it is the denial of sex workers' human, civil and employment rights which leads to the abuse and exploitation prevalent in the sex industry (O'Connell Davidson, 2006).

2.4.2 Sex workers' rights discourse

Since the early 1970s, sex workers' rights activists have begun organising themselves into collectives to advocate for the rights and welfare of sex workers. The first sex workers' rights organisation emerged in 1973 in the United States when COYOTE (Call Off Your Old Tired Ethics) was established in San Francisco under the leadership of Margo St James (Jenness, 1993). The overarching goal of COYOTE has been to decriminalise sex work and to dispel myths of the victimised, abused 'prostituted' woman promulgated by radical feminists. By the mid-1980s, however, with the emergence of the HIV/AIDS crisis, and the "scapegoating" of sex workers as vectors of its transmission into the heterosexual population, much of the emphasis of COYOTE's activities has gone into counteracting constructions of sex work as a 'social problem' (Jenness, 1993). Since the 1970s and 1980s, other sex workers' rights organisations have been established in most first world countries and since the 1990s in many third world countries. The discourses of such organisations have had a variable influence on law reform worldwide and in many cases have played a part in the implementation of health and occupational initiatives (West, 2000). Sex worker organisations in the United States and the United Kingdom, for example, have had little influence in informing law reform but have had an important role to play in developing health initiatives (West, 2000). However, in New Zealand, the Netherlands and some Australian states, effective advocacy of sex workers' rights groups has led to significant gains in the deregulation of the sex industry (Abel et al., 2010; West, 2000).

The key issue for sex workers' rights proponents is the notion that sex work is a work issue; that it is service work that should be respected and protected like work in any other service occupation (Alexander, 1997; Jenness, 1993; Simmons, 1999). Sex workers' rights groups maintain that most sex workers choose to work in the sex industry and the rights and ability of these individuals to exercise this agency should be supported (Simmons, 1999). Sex workers' rights activists acknowledge that there are many pathways into sex work. While some women may indeed enter sex work because of

conditions of poverty with limited alternatives available, they contend that it would be demeaning and a violation of human rights to reduce sex work to a lack of choice or agency (Csete and Saraswathi Seshu, 2004). They have thus sought to make a distinction between free and forced prostitution in response to radical feminists' denial of agency in decision-making and their contentions of prostitution as abuse (Doezema, 1998). They are vocal in their condemnation of radical feminists practice of excluding sex workers' voices from "feminist spaces", providing a "false, misleading and biased portrayal" of their experiences (Fawkes, 2005:23).

Along with the right to choose sex work as an occupation, sex workers' rights activists argue that sex workers must have the right not to be subject to public harassment, such as stigmatisation, rape, violence, denial of health care, denial of protection by and under the law and denial of alternative opportunities. This is seen as a human rights issue. Lack of legal protection and occupational rights, as sex workers' rights activists argue, increase sex workers' vulnerability to sexually transmitted infections and leaves them lacking in the information, materials and authority to adequately protect themselves (Alexander, 1997; Bindman, 1998; Cabezas, 1998). The primary goal therefore, of sex workers' rights groups is the elimination of all laws regulating sex work so that sex workers can lead less victimised lives. Laws prohibiting sex for sale ensure that sex workers remain open to abuse and have no legal recourse to action against the perpetrators of the abuse (Alexander, 1997; Jenness, 1993; Overs and Druce, 1994; Simmons, 1999). Thus, sex workers' rights groups advocate for the decriminalisation of the sex industry and the regulation of the industry in line with other service industries.

2.4.3 Public health discourse

With the advent of HIV/AIDS in the 1980s, marginalised populations such as homosexuals, injecting drug users and sex workers were heralded as vectors of the disease, placing 'decent' people at risk (Harcourt, 1994). It was at this time that a harm minimisation (also referred to as harm reduction or risk reduction) approach came to the fore as a solution to the spread of this disease amongst injecting drug users (Rekart, 2005; Roe, 2005; Sanders, 2004a). This approach was conceptualised as pragmatic in that it involved a shift away from goals of eliminating drug use as a priority to recognising that

services which would reduce the risk of harm from drug use were essential to avoid personal and public health disasters (Open Society Institute, 2001). Interventions included the establishment of needle exchange services and drug replacement, as well as support services providing health and drug education, HIV and STI screening, counselling and medical referrals (Open Society Institute, 2001).

Historically, there have also been many links drawn between sex work and the transmission of STIs such as syphilis, which have led to legislation for contagious disease control and requiring the isolation of known carriers. This has served to further stigmatise a population who often find it difficult to take adequate protective health measures because of economic and social restrictions (Chan and Reidpath, 2003; Harcourt, 1994). In many countries, including New Zealand, harm minimisation is the predominant philosophy underpinning HIV/AIDS and STI control and informs public health policy. The priority has been to reduce disease transmission through advice on safer sexual practices and to help in the implementation of such practices.

Chan and Reidpath (2003) provide a critique of such traditional harm minimisation approaches, arguing that educating sex workers on HIV/AIDS and informing them of their responsibility in preventing transmission implies that they would then make rational choices to protect themselves and others. Yet they contend that the assumption that sex workers are vectors of diseases serves to marginalise and blame sex workers without taking into account issues of poverty, gender, public fear and the law. Such structural and political issues need to be taken into account and integrated with health education for a more effective health promotion approach to the sex industry (Chan and Reidpath, 2003; Frieden et al., 2005; Scambler and Scambler, 1995). Public health workers have recently, therefore, been challenged to take a more holistic approach to health promotion for sex workers (Wolffers and van Beelen, 2003). As well as HIV and other STIs, occupational health and safety issues, which include sexual and physical violence and coercion, are major health and safety concerns for sex workers and thus the protection of sex workers' human rights needs to also be addressed for successful harm minimisation. This would necessarily require a harm minimisation approach to also take a human rights approach

and encompass law reform to create safer working environments (Sanders, 2004a). Some harm reductionists have endeavoured to take a neutral approach (Lenton and Single, 1998), not tending to take any stance on decriminalisation or legalisation. These practitioners have however, tended to take a very narrow view of harm minimisation, focusing on the medical means of promoting health and have been less concerned with structural social issues which also contribute to the overall health and wellbeing of sex workers (Sanders, 2004a).

A rights-based approach to harm minimisation in sex work has enabled the growth of health promotion projects to promote and advise health care and condom use to sex workers through the use of peer education. Research has highlighted how harm minimisation programmes work best when sex workers are involved as decision makers and actors in the programmes (Chan and Reidpath, 2003; Ditmore and Saunders, 1998; Sanders, 2004a; Wolffers and van Beelen, 2003). The Network of Sex Work Projects, an organisation which links sex worker health programmes around the world, found that rates of HIV/STIs among sex workers are lowest when they have control over their work conditions, have access to condoms and other safe sex materials and have respect for their basic human and legal rights (Ditmore and Saunders, 1998).

Decriminalisation of the sex industry has been advocated by public health workers in New Zealand and elsewhere as a strategy for harm minimisation. By repealing the laws that criminalise all activities associated with sex work, sex workers' autonomy would increase as well as the capacity for sex workers to protect themselves (Pyett and Warr, 1999).

2.4.4 Decriminalisation: New South Wales, Australia

Decriminalisation aims to promote social inclusion by recognising sex workers' human rights and addressing their working conditions which, under a criminalised system, make them vulnerable to exploitation (West, 2000). It encompasses the complete removal of the laws governing sex work and sex work-related offences. The sex work industry then becomes subject to the same controls and regulations as those under which other businesses operate (Jordan, 2005). Decriminalisation is seen by liberal feminists, sex

workers' rights activists and public health professionals as the only way to protect the human rights of sex workers and minimise the amount of harm incurred by their occupation. Scambler and Scambler (1997a:185) noted that decriminalisation would:

... remove the anomaly of a gender-biased body of legislation exclusive to a particular area of work and prepare the ground for de-marginalizing women sex workers and restoring basic citizenship and other rights to them.

The laws regulating sex work in New South Wales (NSW) were amended over the period from 1979 to 1995. Prior to 1979 most of the activities associated with sex work in NSW were criminalised and as a consequence, the exploitation of sex workers was common, even by police who took bribes from sex workers in return for not arresting them (Donovan and Harcourt, 1996; Frances and Gray, 2007; Perkins and Lovejoy, 2007). As Frances and Gray (2007) and Sullivan (2004b) argue, the impetus for law change in 1979 came about through the concerted efforts of Australian feminists and sex workers. In 1979, NSW decriminalised soliciting, thus enabling sex workers to legally work on the street, privately or in a brothel. However, other activities such as living on the earnings and owning or operating a business in which commercial sexual exchanges occurred was still deemed a crime. When street-based sex work began to expand from the Kings Cross area of Sydney into surrounding suburbs, partly as a response to the continuing restrictions on brothel operation, the Labour government amended legislation in 1983 to restrict legal soliciting zones to areas that were not 'near' a dwelling, school, church or hospital (Frances and Gray, 2007; Perkins and Lovejoy, 2007). This law was further amended in 1988 to state that soliciting was not permitted 'within view from' any of these locations. In 1995, through amendments to the Disorderly Houses Act (1943) and the Summary Offences Act (1988), brothel keeping was decriminalised and owners, managers and other brothel staff were allowed to legally live on the earnings of sex work (Perkins and Lovejoy, 2007; Scott, 2003).

NSW achieved recognition for having the least oppressive regulations on sex work but there are still arguments that some continuing restrictions have prevented all sex workers

in NSW from achieving their full human rights. Much of the sex industry in NSW is decriminalised, however there are still restrictions on where street-based sex workers may operate (Donovan and Harcourt, 1996; Scott, 2003). In this way the NSW Government has sought to erase the more visible sectors of the sex industry which they characterised as constituting a danger to the community and a public nuisance. The private sector is also regulated and licensing of brothels by local councils is required. Planning laws have frequently been interpreted too rigidly and applications for licensing outside of designated zones have been successfully blocked by local councils (Harcourt et al., 2005; SWOP, 2003). The definition of brothel has also not been clarified and premises where one or two workers operate fall under the definition of brothel. This has meant that many private workers work illegally as they find it difficult to comply with council requirements to operate within designated areas (Harcourt et al., 2005). Non-resident sex workers are also marginalised as legally they are not entitled to work as a sex worker in NSW (Donovan and Harcourt, 1996). Such a two-tiered system has necessarily resulted in a legal and an illegal sector to the sex industry. Although to date there is little research on the health and safety of sex workers in NSW and the impact of decriminalisation, there are claims that police corruption in relation to sex work has diminished (Donovan and Harcourt, 1996) and in terms of sexual health, the prevalence and incidence of sexually transmitted infections (STIs) amongst female sex workers in NSW is extremely low (Donovan et al., 2008).

2.5 Conclusion

This chapter has provided a synopsis of the dominant discourses which underpin the way sex work has been regulated in different countries. Where moral discourses prevail, governments tend to enforce restrictive policies in an attempt to limit or control the sex industry. Where radical feminists have influenced policy-making, clients and not sex workers are targeted in an attempt to abolish the sex industry. Liberal feminist, sex workers' rights and public health perspectives promote the decriminalisation of the sex industry. However, only in New South Wales and New Zealand have these more rights-based perspectives been successful in influencing the way in which sex work is regulated.

In other countries, rights-based perspectives, although gathering increasing momentum, have largely been ignored.

Liberalism has been the dominant political ideology of New Zealand from the days of early colonisation and this has shaped the laws of this country (Duncan, 2007). New Zealand was the first country to introduce women's suffrage and take the lead in changing laws that affected women's reproduction rights (Barnett et al., 2010; Duncan, 2007). New Zealand was also one of the first countries to decriminalise consensual homosexual acts between males aged 16 years and over, and also in introducing a needle exchange programme for injecting drug users (Barnett et al., 2010). This strong public health and human rights culture meant that introducing further social policy to decriminalise sex work was not as unattainable as it may be in many other countries. The next chapter discusses the background to decriminalisation of sex work in New Zealand, culminating in the enactment of the Prostitution Reform Act in 2003.

CHAPTER 3: BACKGROUND TO DECRIMINALISATION OF THE SEX INDUSTRY IN NEW ZEALAND

3.1 Introduction

This chapter provides a brief account of how sex work was regulated in New Zealand prior to the passing of the Prostitution Reform Act (PRA). Although sex work itself was not illegal, all associated activities were, which effectively criminalised sex workers. This situation continued until June 2003 with the enactment of the PRA. In examining the context within which this change in the regulation of sex work occurred, the New Zealand government's response to the advent of HIV/AIDS in the 1980s is discussed. Although at that stage there was little support for the decriminalisation of sex work, the Department of Health did contract New Zealand Prostitutes' Collective (NZPC), a newly established sex workers' rights organisation, to provide an HIV prevention programme to sex workers in New Zealand. Shortly after their establishment, NZPC began raising awareness to the harms caused by the laws which criminalised sex workers' activities and their effective networking resulted in a successful campaign for decriminalisation. This campaign highlighted the powerful role of non-governmental organisations (NGOs) in New Zealand and how it was possible to forge alliances between divergent groups. The chapter concludes with a detailed discussion of the purposes and content of the PRA.

3.2 Regulation of sex work in New Zealand prior to 2003

Sex work in New Zealand was not illegal prior to 2003 but all related activities were criminalised through the invocation of clauses of a number of existing Acts. Section 26 of the Summary Offences Act 1991 stipulated that it was an offence for a sex worker to offer sex for money in a public place:

Soliciting is applicable to any person who offers his or her body or any other person's body for the purpose of prostitution.

However, clients were not criminalised as it was not an offence to pay or to offer to pay for sex. Double standards existed therefore, in that a sex worker could be convicted of soliciting and incur a criminal record but in the eyes of the law, the client had committed no offence.

It was an offence to keep or manage a brothel under section 147 of the Crimes Act (1961).

1. *Everyone is liable to imprisonment for a term not exceeding five years who –*
 - (a) *Keeps or manages, or acts or assists in the management of any brothel; or*
 - (b) *Being the tenant, lessee, or occupier of any premises, or any part thereof to be used as a brothel; or*
 - (c) *Being the lessor or landlord of any premises, or the agent of the lessor or landlord, lets the premises or any part thereof with the knowledge that premises are to be used as a brothel, or that some part thereof is to be so used, or is wilfully a party to the continued use of the premises or any part thereof as a brothel.*
2. *In this section, the term "brothel" means any house, room, set of rooms, or place of any kind whatever used for the purposes of prostitution, whether by one woman or more.*

If police raided brothels, the presence of safer sex literature and condoms could be used as part of a pattern of evidence to achieve conviction against operators of venues and sex workers. Brothel owners ran their businesses under the front of massage parlours which were a legally permitted enterprise. The Massage Parlours Act 1978 provided for the licensing of massage parlour operators, but did not refer to the provision of commercial

sexual services. Sex workers were vulnerable to coercive and exploitative practices by owners or managers of the businesses and had little recourse to the justice system. The Massage Parlours Act also prohibited the employment of individuals under the age of 18 years and people with drug or sex work related criminal records in parlours.

It was also illegal under the Crimes Act (section 148) to live off the earnings of the prostitution of another person, which meant that partners or adult children of sex workers could be committing an offence by being supported by their spouse or parent.

Everyone is liable to imprisonment for a term not exceeding five years who knowingly –

(a) Lives wholly or in part on the earnings of the prostitution of another person; or

(b) Solicits, or receives any payment, reward, or valuable consideration for soliciting, for any prostitute.

In addition, under section 149 of the Crimes Act, it was an offence for any person to procure sexual intercourse for another person:

Everyone is liable to imprisonment for a term not exceeding 5 years who, for gain or reward, procures or agrees or offers to procure any person for the purposes of prostitution with any other person.

It was in this regulatory climate that New Zealand Prostitutes' Collective was established.

3.3 The establishment of New Zealand Prostitutes' Collective

In 1987, nine sex workers from Wellington met with a view to setting up an organisation to represent sex workers in New Zealand (Healy et al., 2010; Jordan, 1991). They were concerned with management practices in massage parlours, sex workers' lack of legal and employment rights and their concern with the unfairness of the laws which regulated

sex work activities (Healy et al., 2010). They were soon joined by other sex workers and took on the name of New Zealand Prostitutes' Collective (NZPC). NZPC were approached by an official in the Department of Health shortly after their formation, and meetings were held with a view to setting up an HIV prevention programme for sex workers.

The emergence of HIV/AIDS created global concern in the 1980s and strategies were developed to minimise the spread of this disease. The response of the New Zealand government to the advent of HIV/AIDS was in the form of legislation, not only to minimise the spread of disease, but to safeguard the human rights of certain population groups (Paterson, 1996). Some population groups were identified as being more likely than others to be responsible for the spread of this disease to the general population: men who have sex with men, injecting drug users and sex workers. The Homosexual Law Reform Bill was passed in 1986 which decriminalised consensual homosexual acts between males aged 16 years and over (Davis and Lichtenstein, 1996). In May 1987, the Department of Health introduced the needle and syringe exchange scheme (Needle Exchange Programme), which allowed for the sale of needles and syringes through approved pharmacies to injecting drug users (Kemp, 1996). At the time there was little support for the decriminalisation of sex work. However, subsequent to their meetings, the Department of Health began funding the NZPC in 1988 as a health promotion exercise in line with the Ottawa Charter, which had been ratified by the World Health Organisation in 1986 (Lichtenstein, 1999). The rationale for funding was that in order for HIV prevention work to be effective, sex workers should be recruited as peer educators (Lichtenstein, 1999).

The 'social problem' of sex work has, since the 1980s, been firmly anchored in a concern over public health and the transmission of HIV/AIDs and STIs. This was despite mounting evidence that in the developed world, HIV/AIDS prevalence is low among sex workers, with infections occurring almost exclusively among sex workers who are also injecting drug users (Potterat et al., 2004). Despite research having shown that sex workers have high levels of condom use (Benoit and Millar, 2001; Fox et al., 2006;

McKeganey et al., 1992; Plumridge and Abel, 2001; Ward and Day, 1997; Ward et al., 1999), they continue to be scapegoated as vectors of transmission of HIV/AIDS into the heterosexual population (O'Connor et al., 1996; van Haastrecht et al., 1993). Nevertheless, NZPC became an important health provider in the voluntary sector, and through arrangements with the Department of Health, which subsequently became the Ministry of Health, has obtained funds for drop-in centres in six cities nation-wide¹², providing outreach work to sex workers, not only in the main centres but also in surrounding smaller towns.

The establishment of the NZPC gave sex workers a collective voice as advocates for law reform on behalf of sex workers and provided them with a legitimacy that had been absent until that time (Lichtenstein, 1999; West, 2000). They have played an active role in educating the public and the media about issues affecting sex workers and were strong lobbyists for decriminalisation.

3.4 Lobbying for decriminalisation

NZPC began actively lobbying for decriminalisation very soon after their establishment. They were successful in networking with powerful (and diverse) women's organisations like the Business and Professional Women's Federation, the National Council of Women, Maori Women's Welfare League and the Young Women's Christian Association, as well as academics, other organisations and politicians (Barnett et al., 2010). They increasingly raised awareness of the harms incurred by the existing laws around sex work as well as the inconsistencies in the law. For example, whereas NZPC was funded by the government to deliver an HIV prevention programme which included distributing safer sex messages and condoms to sex workers, police continued to charge sex workers and massage parlour operators with prostitution-related offences using the presence of condoms and safer sex literature as evidence (Barnett et al., 2010). NZPC threatened to refuse funding from the Ministry of Health unless an interdepartmental committee was

¹² Branches of NZPC are located in Wellington (National Branch), Auckland, Christchurch, Dunedin, Tauranga and New Plymouth.

set up to address these inconsistencies. This committee was established, and included the Ministry of Women's Affairs, Police, Department of Health and Ministry of Justice and a report on the effects of the current legislation was commissioned (Healy et al., 2010).

In 1994, NZPC began working with lawyers, academics, students and others to draft the Prostitution Reform Bill. A campaign team was put together comprising National Party Member of Parliament (MP) Hon Katherine O'Regan, Labour MP Tim Barnett, representatives of NZPC, as well as representatives of progressive Christian and women's networks. Of importance to note is that there was bipartisan support for decriminalisation with members of both the left of centre Labour Party and right of centre Nationalist Party prepared to lobby for regulatory change. The Bill was eventually introduced into Parliament on 21 September 2000 as a Private Member's Bill by Tim Barnett. It was placed into the private members' ballot box and on 11 October 2000 was drawn out and spoken to in Parliament on 8 November 2000. In his first reading speech, Tim Barnett thanked the people involved in developing the Bill for their dedication. He pointed out to the assembled MPs that:

[t]he dangers in the sex industry relate to health and the abuse of power. That is why this bill places safer-sex obligations on brothel owners, bans coercion, gives sex workers the right to decline a commercial sexual service, and sets an age limit of 18 (Barnett, 2000).

The Bill was passed through to the Select Committee stage by a vote of 87 to 21. A Select Committee was formed to look at the Bill and changes were made, going through two further readings in Parliament. It was finally voted into law on 25 June 2003 by 60 votes to 59 with one abstention. The close final vote has led to ongoing debate and campaigning generated by groups opposed to it and there have been attempts to have the Act repealed or at the least amended.

There are a number of features of New Zealand's parliamentary system which made it possible for the Prostitution Reform Bill to pass successfully through to enactment.

Parliament in New Zealand is run under a mixed-member proportional (MMP) system where citizens cast two ballots in an election: one for a local constituency representative elected by first past the post (FPP) and one for a national party list. Seats are allocated in Parliament in proportion to the number of party votes cast which makes multiparty politics possible. As the Prostitution Reform Bill was introduced to Parliament as a Private Members' Bill and not a Government Bill, it could not be assumed that a government coalition would support the Bill. Support was needed from other parties. Individual Members of Parliament were lobbied with support gained from a variety of politicians with contrasting values (Barnett et al., 2010). Lobbying was directed at raising awareness of the harms associated with the criminalisation of sex work.

The concept of harm minimisation did enable those with a strong personal antipathy towards sex work to accept that the driving need was for law to focus on minimising harm. For other politicians, sex workers and other organisations, human rights were at its heart (Barnett et al., 2010:64).

3.5 Prostitution Reform Act

3.5.1 Purposes and content

The new legislation represented a shift in policy attitude from a moralistic to a public health and human rights approach. The specific aims of the Act, as stated in section 3, clearly reflected a harm minimisation approach and took into account the human rights of sex workers:

The purpose of this Act is to decriminalise prostitution (while not endorsing or morally sanctioning prostitution or its use) and to create a framework that –

- a) safeguards the human rights of sex workers and protects them from exploitation;*
- b) promotes the welfare and occupational health and safety of sex workers;*
- c) is conducive to public health;*

- d) *prohibits the use in prostitution of persons under 18 years of age;*
- e) *implements certain other related reforms (2003).*

Following the enactment of the PRA, the sex industry could operate under the same health and safety rules as any other New Zealand industry. The Department of Labour's Occupational Safety and Health (OSH) consequently developed guidelines intended for sex industry owner/operators, the self-employed, employers, managers and workers (Department of Labour, 2004). The development of the guidelines was an inclusive process. The starting point was the guidelines developed in New South Wales, Australia by Scarlett Alliance (a sex workers' rights organisation) and the Australian Federation of AIDS Organisations (Edler, 2000). NZPC collaborated with Scarlett Alliance to enable the Department of Labour to adapt the guidelines for the New Zealand context, in consultation with sex workers and brothel operators. The adapted guidelines include information on the roles and responsibilities of all involved in the sex industry, including operators, managers, receptionists, and private and managed workers, under the PRA and the Health and Safety in Employment Act 1992. They also outline requirements for sex worker health, sexual health education for clients and management, workplace amenities and psychosocial factors, such as security and safety from violence, alcohol, drugs, smoking in the workplace, complaints, employee participation in the ongoing process for the improvement of health and safety, and workplace documents.

3.5.2 *Health and safety requirements*

Operators of businesses under the law are required to adopt and promote safer sex practices by: taking all reasonable steps to ensure that their workers and clients use appropriate protection in all services which carry a risk of acquiring or transmitting sexually transmitted infections (STIs); ensuring that workers and clients are given health information and that this information is clearly displayed in brothels; not implying that a medical examination of a sex worker means the sex worker is not infected with an STI; and take all reasonable steps to minimise the risk of sex workers or clients acquiring or transmitting STIs (section 8). A business operator who fails to comply with these requirements is liable to a fine of up to \$10,000. Advertisements for brothels run prior to the law change had sometimes advertised the women working within their establishments

as “clean”. This implied that sex workers in other establishments may not be “clean” and that medical certificates guaranteed absence of any STIs. Section 8 acknowledges that medical certificates showing an absence of STIs are only valid at the time of testing and endeavours to counteract discourses of sex workers as “dirty” by promoting safer sex cultures within the legislation.

Under section 9, sex workers and clients are also compelled to take all reasonable steps to ensure that they use adequate protection during penetrative and oral sex and minimise the risk of acquiring or transmitting a STI. In addition, sex workers and clients are also required not to state or imply that because they have had a medical examination, they are not infected with an STI. Any person who contravenes section 9 is liable to a fine of up to \$2,000. Section 9 stops short of making condoms mandatory. Initially, this was a section pushed for mostly by politicians and was not entirely supported by NZPC, who were reluctant to create an environment in which sex workers would be ‘policed’ in their condom use. Eventually, however, they acquiesced as a concession to political reality. NZPC were concerned that if a situation arose within a transaction with a client where the client removed a condom or forced a sex worker to have sex without a condom, the client could claim that the sex worker had been compliant. This would mean that the sex worker could be charged with contravening section 9 of the Act. NZPC felt that clients or operators might use this against a sex worker if they held a grudge against them and the possibility existed that they, and not the sex worker, would be believed.

Posters and leaflets were developed by the Ministry of Health to promote the objectives of Section 8 and 9¹³. Sex workers were involved in the design of these posters. Separate posters were developed for operators, sex workers and clients.

¹³ These posters may be viewed at the following web addresses:
<http://www.healthed.govt.nz/resources/healthandsafetyinformationforopera.aspx>
<http://www.healthed.govt.nz/resources/healthandsafetyinformationforsexwo.aspx>
<http://www.healthed.govt.nz/resources/informationforclientsl.aspx>

3.5.3 Advertising restrictions

Restrictions are placed on advertising for commercial sexual services with advertisements on radio and television, cinemas and in the print media (with the exception of the classified advertisements section) deemed an offence and liable for summary conviction (section 11). In the case of a body corporate, conviction on the above charges would incur a fine not exceeding \$50,000 and in all other cases a fine not exceeding \$10,000. Brothels are able to advertise for staff and use the word “brothel”, which makes it clear to potential applicants what is expected of them. Prior to legislative change, obscure advertisements were used which sometimes led people to apply for jobs with no understanding that sex work was involved. Many brothels and individuals are also now advertising on websites which is not covered under section 11 of the Act.

3.5.4 Territorial authorities delegated powers

Under the PRA, territorial authorities (TAs) are given powers under sections 12-14 to regulate signage and location of brothels at a local level. In the case of signage (section 12), a TA can prohibit signage if it is likely to cause nuisance or offence or is incompatible with the character of that area. Any bylaws made under section 12 are made as any other bylaw under the Local Government Act 2002 (LGA). Similarly, bylaws regulating for the location of brothels (section 14) may be made under the LGA.

Resource consents, under the Resource Management Act 1991, are not normally required for land use relating to sex work businesses (section 15) unless specifically noted in the relevant District Plan. TAs, in granting or refusing resource consent, must take into account whether the business will cause nuisance or offence to the general public or whether it is incompatible with the character of the area.

3.5.5 Protections for sex workers

Section 16 provides protection for sex workers by making it an offence, with a penalty of up to 14 years imprisonment, for anyone to induce or compel another person to provide, or continue to provide, commercial sexual services, or claim any earnings derived from sex work. Individuals, thus, may not use an occupational position or prior relationship with a sex worker, or threaten or bribe a sex worker to provide a sexual service. The Act

also provides for the right of refusal to provide commercial sexual services and consent can be withdrawn at any stage in the transaction (section 17). Refusal to work as a sex worker also does not affect any entitlements to a benefit under the Social Security Act 1964 or the Injury, Prevention, Rehabilitation, and Compensation Act 2001 (section 18). Sections 16-18 were designed to protect sex workers against exploitative management practices, such as the use of bribes or threats to provide particular sexual services. However, these sections can also provide protection against clients.

3.5.6 Application of the Immigration Act 1987

Section 19 of the PRA deals with the application of the Immigration Act 1987. It stipulates that no permit can be granted to a non-resident who provides, or intends to provide, commercial sexual services, or who intends to operate or invest in a commercial sexual business. If the holder of a temporary or limited permit under the Immigration Act does not comply in this regard, the permit may be revoked.

3.5.7 Underage sex workers

Prohibitions are placed on people who assist anyone under the age of 18 years in providing sexual services, anyone who receives earnings from such services, or anyone who contracts someone under the age of 18 years for commercial sexual services (sections 20-22). The Act allows for a prison term of up to seven years for anyone contravening these sections. No person contravenes sections 20-22 for providing legal advice, counselling, health advice or any medical services to a person under 18 years of age and no person under the age of 18 years can be charged as a party to the offence.

3.5.8 Powers of entry

Sections 24-33 of the Act deal with powers of entry. Under the PRA, Medical Officers of Health (MOoH) are designated as inspectors of brothels. A MOoH may appoint a suitably qualified or trained person for his/her district to carry out this task. Under section 26, an inspector may enter premises if they have reasonable grounds to believe that it is being used as a sex work business. However, an inspector may not enter a private home unless he/she has the consent of the occupier or is authorised by a warrant of inspection issued by a District Court Judge, Justice, Community Magistrate or Registrar of a District Court.

On entry to any premises under section 26, an inspector must produce identification and evidence of his/her designated power and a warrant (if required). A summary conviction for obstructing an inspector may incur a fine not exceeding \$2,000.

Under sections 30-33, police may enter premises with a warrant (issued by a District Court Judge, Justice, Community Magistrate or Registrar of a District Court) if they have reasonable grounds to believe that section 23 has been contravened through the use of persons under the age of 18 years in sex work or if the operator is not in possession of a certificate as stipulated in section 34.

3.5.9 *Operator certificates*

Sections 34-41 deal specifically with operator certificates: every operator of a sex work business is required to hold a certificate which may be granted by the Registrar of any District Court. Operators not in possession of a certificate are liable on summary conviction to a fine not exceeding \$10,000. On application for a certificate, a Registrar must issue this if the applicant has paid the prescribed fee, supplies a properly completed application form, attaches a photocopy of a form of official identification, supplies a recent photograph, and is 18 years or older. Under section 36, an applicant may be disqualified from holding a certificate if he/she has committed an offence under the Crimes Act 1961 that is punishable by two or more years' imprisonment, an offence under the Arms Act 1983 that is punishable by imprisonment, or in relations to the Misuse of Drugs Act 1975. An applicant disqualified from holding a certificate may apply for a waiver under section 37 of the PRA. Operator certificates are renewable annually. Registrars may cancel a certificate if the operator is convicted of an offence referred to under section 36 or if a waiver of disqualification is cancelled. Operators are required to produce their operators' certificate if a member of the police produces identification and has reasonable grounds to believe that he/she is operating a brothel (section 40). Under section 41, it is stipulated that court records concerning the identity of applicants for certification, applicants for waivers of disqualification and certificate holders may be searched only by the applicant or holder concerned, the Registrar and the police (but only for the purpose of investigating an offence). Anyone who contravenes

this section by obtaining and using information is liable on summary conviction to a fine not exceeding \$2,000.

3.5.10 *Review of the Act*

A unique requirement for policy in New Zealand was the need for the Act to be formally evaluated. A review of the operation of the Act within three to five years and the establishment of a Review Committee were legislated for under sections 42-46 of the PRA. The Act required that the number of sex workers in New Zealand was assessed as soon as practicable after the commencement of the Act. Following this, a review of the Act within five years should assess the impact of the Act on the number of persons working as sex workers in New Zealand, assess the nature and adequacy of the means to assist people to avoid or cease sex work, consider whether any amendments to the Act were advisable, consider whether any future review was indicated and report on the findings to the Minister of Justice.

Prior to the enactment of the PRA, in his second reading of the Bill in Parliament, Tim Barnett highlighted the lack of rigorous research on the efficacy of decriminalisation:

One of the difficulties faced by the Select Committee was that when New South Wales reformed their prostitution law in 1995, they set up no evaluation system and facts have been hard to come by. This has enabled bizarre lies to be told. New Zealand law reform must be and will be better than that (Barnett, 2003).

The Prostitution Law Review Committee was appointed by the Minister of Justice to consist of 11 members¹⁴, chaired by Paul Fitzharris, a retired Assistant Police

¹⁴ In terms of Section 43 of the PRA the Minister of Justice had to appoint:

- 2 persons nominated by the Minister of Justice; and
- 1 person nominated by the Minister of Women's Affairs after consultation with the Minister of Youth Affairs; and
- 1 person nominated by the Minister of Health; and
- 1 person nominated by the Minister of Police; and
- 2 persons nominated by the Minister of Commerce to represent operators of businesses of prostitution; and
- 1 person nominated by the Minister of Local Government; and

Commissioner. The Crime and Justice Research Centre, Victoria University of Wellington was contracted by the Ministry of Justice to develop an evaluation framework to address the main review tasks (Crime and Justice Research Centre, 2005). They suggested methods to underpin the research, including a survey of sex workers, interviews and focus groups with sex workers and other key informants and an enumeration of the impact of the PRA on the number of workers in the sex industry. They also suggested consultation with relevant government agencies and a review of policies and services in response to the PRA, and retrieving and analysing relevant secondary data (eg number of convictions under sections 20 to 22 of the Act, or number of complaints dealt with by Medical Officers of Health).

3.6 Conclusion

Until 2003, New Zealand regulation of the sex industry was consistent with moral perspectives, depicting sex workers as public nuisances and a threat to family values. However, in 2003, after a period of effective advocacy and lobbying from NZPC, women's organisations, other interest groups and some parliamentarians, the government adopted a public health and human rights stance to the regulation of the industry and repealed all the laws which effectively criminalised the activities associated with sex work. This was in recognition of the harm caused by these policies. In doing so, New Zealand joined New South Wales in decriminalising sex work and placed itself in the forefront of world interest as to whether this would be an effective strategy in reducing harm. There is scant research on the impact of decriminalisation on the sex work industry and the research presented in this thesis will go a long way to redressing that gap in knowledge. There is however, a large literature on health and safety of sex workers and this will be examined in the following chapter.

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- 3 persons nominated by the New Zealand Prostitutes' Collective (or, if there is no New Zealand Prostitutes' Collective, by any other body that the Minister of Justice considers represent the interests of sex workers.

See <http://www.justice.govt.nz/prostitution-law-review-committee/member-bios.html> for the profiles of members of the Review Committee.

CHAPTER 4: HEALTH AND SAFETY OF SEX WORKERS

4.1 Introduction

Following the enactment of the Prostitution Reform Act (PRA) in 2003, there was a need to explore whether decriminalisation had had any impact on the health and safety of sex workers in New Zealand. The existing literature on health and safety of sex workers in New Zealand and other developed countries had to be examined and then discussed in the context of the findings of research post-decriminalisation. This chapter explores this literature.

Vanwesenbeeck (2001:276) argues that many of the health and safety problems experienced by sex workers are compounded by legislation which effectively criminalises all their activities.

Prohibitive and restrictive policies are common worldwide, and a growing body of evidence shows that they violate sex workers' civil and workers' rights, enhance the power of third parties (clients, managers, pimps, traders, traffickers), and undermine sex workers' social and occupational status, as well as their health and wellbeing. Moreover, they never succeed in reaching their goal of abolishing the sex industry.

Many commentators have called for the decriminalisation of sex work to combat adverse health outcomes, which include violence, coercion and exploitation, and which could pave the way for more effective negotiation of safe sex and increased mental, social and physical wellbeing of sex workers (Alexander, 1999; Benoit and Millar, 2001; Lowman, 2000; Pauw and Brener, 2003; Plumridge and Abel, 2001; Pyett and Warr, 1997; Pyett and Warr, 1999; Scambler and Scambler, 1997a; Vanwesenbeeck, 2001). However, as

few countries have decriminalised sex work there is little research literature to reinforce claims that decriminalisation does enhance the health and safety of sex workers.

This chapter provides an overview of the literature on the health and safety of sex workers, concentrating on research done in New Zealand and other developed countries¹⁵. Research has tended to focus on the sexual health of sex workers and this is often depicted as the most important aspect of their general health. However, stigmatisation and marginalisation have an impact on their mental wellbeing (Day and Ward, 2007; McKeganey, 2006) and more recently this is being acknowledged with increased attention focused on these in research studies as well as the associated use of substances such as alcohol and drugs with sex work (Brewis and Linstead, 2000a; Day, 2007; Sanders, 2005d). The physical safety of sex workers is compromised by their increased risk of violence, coercion and exploitation. Sex workers are not a homogenous population however, and as discussed, different sectors of the sex industry have different experiences of violence and exploitation.

Consideration of the determinants of health, which have the greatest influence on a population's health through perpetuating health inequalities, are then discussed (Beaglehole et al., 2004; National Health Committee, 1998b). These factors are important in motivations to enter sex work and also provide barriers to exiting the industry. Also important to the health and safety of sex workers is their ability to access both health and protective services. It has been noted that stigmatisation and marginalisation impede this access and research reviewing this aspect of health and safety is presented.

Much of what is known of the health and safety practices of New Zealand sex workers in recent times has come from a longitudinal prospective study done by researchers at the

¹⁵ Although there is also a wealth of literature from developing countries, populations are culturally diverse with key differences in socio-economic levels, and gender and class equalities. In addition, developing countries are often at different stages of the HIV/AIDS epidemic from developed countries, which does have implications for workers in the sex industry. It is therefore more relevant to this thesis that the emphasis lies on experiences of sex workers working in developed countries.

University of Otago, Christchurch¹⁶. This study will be drawn on extensively in this thesis as it provides some baseline data on the health and safety of sex workers in New Zealand prior to decriminalisation¹⁷. As this thesis makes comparisons between the situation in New Zealand pre- and post- decriminalisation, a synopsis of the methodology, strengths and limitations and demographic description of participants in a study done in the late 1990s in Christchurch, New Zealand is provided first in this chapter. Another study from Victoria, British Columbia, Canada, will also be drawn on extensively in this chapter as it utilises a similar methodology. A brief description of the methods of this study is also given and its results discussed later in this chapter.

4.1.1 Health and safety of Christchurch sex workers: baseline data

The Christchurch study involved a partnership between researchers at the University of Otago, Christchurch and the New Zealand Prostitutes' Collective (NZPC). Data was collected between 1997 and 1999. The study entailed multiple in-depth interviews with 31 women in Wellington and Christchurch over this three year period, followed by a cross-sectional survey of Christchurch female sex workers. Peer interviewers were trained in in-depth interviewing techniques by the researchers and questionnaires were administered by two trained NZPC outreach workers. Peer interviewers are invaluable in research with marginalised populations and this is recognised as best practice as it increases the ability to establish rapport with participants and encourages participation (Benoit et al., 2005; Berg, 1999; Boynton, 2002).

An estimation of the number of female workers in the Christchurch sex industry done prior to the survey in 1999 yielded a total of 375 sex workers (Plumridge and Abel, 2000b). The quantitative arm of the study sampled to saturation and was able to collect information from 303 female sex workers which represented 81% of the estimated population. The response rate cannot be calculated, however, as it was not possible to establish the number of women who were contacted and asked to participate but who refused, as these records were not kept (Plumridge and Abel, 2001). The combination of

¹⁶ Henceforward, this study will be referred to as the Christchurch study.

¹⁷ A number of tables giving a summary of the main findings of this study are included as Appendix 1.

longitudinal qualitative data with this cross-sectional quantitative data was a particular strength of the study (Plumridge and Abel, 2000b). It enabled estimates of prevalence as well as a rich and contextual exploration of health and safety practices of Christchurch sex workers.

The Christchurch study provides a valuable comparison to the Christchurch sex industry post-decriminalisation. One of the limitations to this study, however, was that the focus was on female sex workers and thus no information on the health and safety practices of transgender and male workers was obtained. In addition, the sample may not be representative of the entire population of sex workers in New Zealand. The extent to which the characteristics of Christchurch sex workers can be attributed to workers in other parts of New Zealand and elsewhere is unknown. The demographics of Christchurch are such that there are fewer Maori and Pacific Island people in that city than in the large cities in the North Island. The proportion of workers on the street compared to 'indoor'¹⁸ venues appears to be larger in Christchurch than the other major centres in New Zealand. In 2001, police estimates reported that street-based workers comprised 3% of the total sex worker population in New Zealand (New Zealand Police, 2001)¹⁹. The 1999 estimate of street-based workers in Christchurch identified 106 street-based workers, comprising 28% of the Christchurch sex worker population.

This study highlighted a particularly segmented industry, where the characteristics of the street-based and 'indoor' sectors were different in a number of ways. Most participants were between the ages of 15 and 44 years, although street-based workers tended to be younger than 'indoor' workers (Plumridge and Abel, 2001). The survey found that 11% of participants on the street reported being younger than 18 years compared to only 1% of 'indoor' workers; 49% of street-based workers were 18-21 years compared to 17% of 'indoor' workers (Plumridge and Abel, 2000b). Street-based workers were significantly

¹⁸ 'Indoor' sex work includes venues such as massage parlours, escort agencies, private workers working from home or a private shared venue, as well as bars and other indoor venues.

¹⁹ There were many limitations to this estimate, however, as it comprised a canvas of some police staff on their insight into the industry and was not nation-wide (Prostitution Law Review Committee, 2005).

more likely than ‘indoor’ workers to report that they started work before the age of 18 years: 62% of street-based workers compared to 20% of ‘indoor’ workers (Plumridge and Abel, 2000b).

‘Indoor’ workers in the Christchurch study were better educated than street-based workers: 35% of ‘indoor’ workers reported having some tertiary education compared to 9% of street-based workers. Just over half (54%) of street-based workers reported less than two years of secondary school education compared to 21% of ‘indoor’ workers (Plumridge and Abel, 2001). This study concluded that the sex industry was a segmented one with important public health implications (Plumridge and Abel, 2001). This important finding has been drawn on in many studies internationally (eg: Cusick, 2006; Potterat et al., 2004; Weitzer, 2005b; Weitzer, 2009). The differences between ‘indoor’ and street-based workers was not only evident in personal characteristics, as described above, but was also noted in their different profiles of risk (Plumridge and Abel, 2001). These differences are discussed in the subsequent sections on health and safety.

4.1.2 *Study of sex workers in British Columbia, Canada*

In 1999, the same year that the Christchurch study completed data collection, a study began in Victoria, the capital of British Columbia, Canada (Benoit and Millar, 2001)²⁰. Victoria had a similar number of residents (317,000) to Christchurch at that time and comprises 13 municipalities which make up the Capital Regional District (CRD). The Canadian study adopted a participatory approach, which the researchers termed a “community-academic partnership” (Benoit and Millar, 2001:9). They worked closely with a sex workers’ outreach organisation (PEERS), training exited sex workers to fulfil the tasks of interviewing, data entry and transcribing.

They recruited 147 sex workers who were currently working, through PEERS, advertisements and personal contact and, in addition, recruited 54 participants who had been out of the industry for a minimum of two years, giving a total of 201 participants²¹.

²⁰ This study will be called the Canadian study henceforward in this thesis.

²¹ A summary of the personal characteristics of the participants is provided in Appendix 2.

It is not possible to say what proportion of the total number of sex workers in the CRD area this represents as no estimations of the size of the industry had been done. The authors acknowledged that their sample could not be taken to be representative of sex workers in the CRD area. The findings of the Canadian study are discussed in the following sections on the health and safety of sex workers.

4.2 The general health of sex workers

4.2.1 Sexual health

Historically, female sex workers have been alleged to be a source of sexually transmitted infections (STIs), based on the assumption of a high number of sexual contacts rather than any detailed knowledge of transmission vectors (Hubbard, 1998b). Such assumptions have led to attempts to control sex workers rather than STIs (Ward and Day, 1997). The Contagious Diseases Act(s) of 1864, 1866 and 1869 in the United Kingdom, which were also adopted in the colonies, including New Zealand, were particularly harsh on sex workers. The Acts provided for any woman identified as a “common prostitute”²² to be forced to undergo fortnightly medical examinations (Doezema, 1998; Faugier and Sargeant, 1997). Originally the Acts were intended to protect military officials from venereal disease but they were later extended to include the civilian population. The assumption guiding this legislation was that sex workers were the vectors of diseases, such as syphilis and gonorrhoea, and they needed to be controlled to protect children and men, who were depicted as morally blameless victims (Edwards, 1997). Women found to be infected with an STI were incarcerated in locked hospitals until they were ‘cured’, which lengthened from an original three month period to nine months (Doezema, 1998). These Acts were repealed in 1886 when the focus shifted to measures designed to end vice (Doezema, 1998). However, many countries still require sex workers to attend

²² The term “common prostitute” was often applied indiscriminately to women, and especially women from working-class backgrounds, who were found to be on their own at a certain time and place. These women could then be detained and forced to submit to internal examination (Doezema, 1997). In contemporary times in the United Kingdom, women are labelled as “common prostitutes” when they have received two police cautions for loitering or soliciting before going to court (English Collective of Prostitutes, 1997). Women are thus assumed guilty and labelled prior to any conviction.

sexual health clinics and be able to provide proof of attendance to regulatory authorities (Ward and Day, 1997). This is particularly evident in countries such as Germany and the state of Victoria in Australia, where legalisation provides for measures to control sex workers (see Chapter 2, section 2.2.4).

In contemporary times, the advent of HIV/AIDS has again intensified interest and concern in the sexual health of people working in the sex industry. Since the mid-1980s, there has been wide-spread panic concerning HIV/AIDS and sex workers have been increasingly marginalised (Hubbard, 1998b). As discussed in Chapter Two, discourses of disease have frequently been deployed to position sex workers as the deviant 'Other' in attempts to exclude them from environments, and in particular, the streets (Hubbard, 1998b).

Public health researchers and epidemiologists have been at the forefront of examining the prevalence and incidence of HIV/AIDS and STIs in the sex worker population and developing health promotion strategies around safer sexual practices (Alary et al., 1994; Cwikel et al., 2003; Day and Ward, 1997; O'Connor et al., 1996; van Haastrecht et al., 1993), typically identifying sex workers as a population involved in transmitting STIs (O'Connor et al., 1996; van Haastrecht et al., 1993). They have also reported on the importance of developing good STI services for workers and their clients in order to prevent HIV/AIDS, tacitly suggesting that STI services are the most relevant services for sex workers (Day and Ward, 1997). This emphasis on sex workers and risk of HIV/AIDS and STIs has continued to dominate public health research, despite evidence that the incidence of HIV among non-drug-using sex workers working in the West is low (McKeganey et al., 1992; Plant, 1997; Potterat et al., 2004; Ward and Day, 1997; Ward et al., 1999). In the case of HIV infected, drug-using sex workers, the likelihood that the disease is transmitted via shared needles and syringes is higher than through commercial sex (McKeganey et al., 1992; Plant, 1997; Vanwesenbeeck, 2001). As McKeganey et al. (1992) argue, the image of sex workers as transmitters of HIV infection has largely come from the situation in sub-Saharan Africa, where sex work has indeed played a key role in

the transmission of that disease. However, the extrapolation from developing to developed countries is not appropriate.

Sex workers in some sectors of the sex industry have personal characteristics that increase the risk of STIs and other health problems (O'Connor et al., 1996). Sex workers located in brothels have been found to be more likely to report consistent condom use compared to street-based workers (May and Hunter, 2006; Vanwesenbeeck, 2001). This has been attributed to street-based workers' relatively quick working routine, little time to negotiate with clients for fear of police intervention and the higher levels of violence experienced on the street. Drug-using sex workers are more likely to be working on the streets (May and Hunter, 2006; Plant, 1997; Plumridge and Abel, 2001) and are often more likely to supply sexual services without a condom when offered economic incentives (May and Hunter, 2006). Thus, research focused on street-based populations are more likely to find a higher prevalence of STIs and less frequent use of condoms than research done on more representative samples of the sex worker population.

Sex workers are very conscious of their health needs and the majority do take precautions to reduce the risk of contracting STIs (O'Neill, 1997). Research looking at the safer sex practices of sex workers consistently report high levels of condom use (Benoit and Millar, 2001; Fox et al., 2006; McKeganey et al., 1992; Plumridge and Abel, 2001; Ward and Day, 1997; Ward et al., 1999). Condom use has been reported to be dependent on knowledge of HIV/AIDS and STIs (Minichiello et al., 2001); clients' compliance (Pauw and Brener, 2003), the relationship between the client and sex worker (Cusick, 1998; Pauw and Brener, 2003); the financial security of the sex worker (Cusick, 1998; Nemoto et al., 2004); substance use (Cusick, 1998; May and Hunter, 2006; Nemoto et al., 2004; Pauw and Brener, 2003); the nature of the sexual service (McVerry and Lindop, 2005; Plumridge and Abel, 2001); and the incidence of forced unprotected sex (Cusick, 1998; Pauw and Brener, 2003).

The survey of Christchurch sex workers found that women in both street-based and 'indoor' sectors reported high levels of condom use, and a high level of control over their

use with little discussion of the issue with clients (Plumridge and Abel, 2001). None of the participants reported thinking that it was safe to have vaginal or anal sex without a condom and very few (4%) reported thinking it was safe to offer other sexual services, like oral sex, without a condom. Hand relief²³ was an exception, with 67% of 'indoor' and 40% of street-based workers reporting it was "OK" to offer this service without a condom. Although 54% of street-based workers and 58% of indoor workers reported having had unprotected sex within the previous 12 months, this result is more a reflection of a poorly-worded question than an indication of condom use within sex work (Plumridge and Abel, 2000b). The question did not distinguish between condom use in their work situation and condom use within their personal lives. Research has found that sex workers are using condoms consistently with clients and infection rates are low, yet their condom use is lower when engaging in sex with personal partners (Albert et al., 1998; Benoit and Millar, 2001; Cusick, 1998; Cwikel et al., 2003; Nemoto et al., 2004; Pauw and Brener, 2003; Plant, 1997; Pyett and Warr, 1997; Ward et al., 1999). Pyett and Warr (1997:543) found in their study of sex workers in Melbourne, Australia that condoms were not used by most women in their private relationships with explanations being that "condoms made it feel like another 'job'".

The Canadian study found that most participants used condoms for high-risk sexual activities such as vaginal (90.9%) and anal (94.7%) sex, with fewer reporting using condoms for oral sex (83%) and hand jobs (43.3%) (Benoit and Millar, 2001). However, only 28.4% of participants involved in intimate relationships reported using condoms during sexual intercourse with their partners. This, the authors reported, was similar to the Canadian general population's reports of condom use within their private sexual relations.

Ethnographic research done in Glasgow, Scotland illuminated various accounts of why sex workers do not use condoms with clients on certain occasions (Cusick, 1998). Some of the women in this study spoke of relationships with regular clients which developed

²³ Hand relief does not involve penetrative sex. Sex workers masturbate the client with their hand until the client climaxes.

into non-commercial relationships or where the commercial relationship persisted but the client was the sole client. In such cases, the condom became a symbol of the change in the relationship. In the first instance, ceasing condom use was a signifier that the relationship had developed into a non-commercial one, and in the latter instance, non-use of the condom was a way of managing the business relationship for longer term commercial advantage. In some instances, non-use of condoms was attributed to the urgency to earn money after a quiet shift when shift fees were still to be paid and in other instances non-use of condoms was because of powerlessness within a violent encounter with a client where unprotected sex was forced. Clients often resist condom use through threats or enticements and street-based workers are more likely to experience difficulties in enforcing condom use (Kinnell, 2008; Pyett and Warr, 1999). Brothel workers who are not supported by management insistence on condom use, experience competition from other workers as well as pressure from clients (Pyett and Warr, 1999).

Vanwesenbeeck's (2001) review of the literature revealed that the contextual factor most likely to have an effect on condom use amongst both male and female sex workers is the economic situation of the sex worker, and especially so during periods of economic recession. Pyett and Warr (1997) however, found that the women in their study reported that financial inducements were not sufficient to engage in unsafe sex, even if they were in need of drugs. Although older brothel-based workers in their study reported being confident in their negotiations with clients, younger women were more likely to be passive in their negotiation of the sexual encounter. Sex workers in this study who were least likely to use condoms were younger women who worked in the least protected environments, including the street. Many of these workers were heavy drug users and had experienced violence and abuse. McVerry and Lindop (2005) too, found that older women were more confident in refusing specific services requested by clients than young women. Older women were also more likely to take on the role of sexual health educator in their interactions with both clients and younger women.

Male sex workers, identifying as gay, appear to be at greater risk of unsafe sex, especially those working from their own homes where familiarity and trust often leads to receptive

anal sex without condoms (Vanwesenbeeck, 2001). Receptive anal intercourse is considered the most risky activity for the transmission of AIDS amongst male sex workers (Davies and Feldman, 1997). Davies and Feldman (1997) argue that health promotion messages need to take into account the process of decision-making which leads individuals to make unsafe choices in sexual encounters. In their multi-methods study²⁴ of 81 young men engaged in sex work in South Wales, anal sex was more often entered into with regular clients than with casual clients, indicating that “decisions are being made at the level of the encounter or of the relationship” (Davies and Feldman, 1997:45). The authors report that condoms were used in 31% of sessions with clients but in only 7% of sessions with non-paying partners, confirming the symbolic importance of condoms in the context of their personal lives.

A qualitative study of transgender workers in San Francisco found most reported consistent condom use but financial hardship did cause some participants to violate this code (Nemoto et al., 2004). Some participants in this study reported that having unprotected sex with paying clients gave them a “sense of validation as women” (2004:729). Sex with personal partners was viewed differently to sex with paying clients and unprotected sex within a romantic relationship was seen as a way of increasing intimacy and connection, and intensified feelings of emotional fulfilment and positive self-worth. Many of the participants reported that they were willing to take the increased risk of infection with HIV in exchange for these positive emotional connections.

There is an abundance of research, too numerous to discuss in this thesis, on sex workers’ sexual health. There has been criticism of the focus on this aspect of sex workers’ health, especially the preoccupation with HIV/AIDS and STIs, as this tends to emphasise sex workers as the ‘problem’ and obscures other dimensions of their everyday lives (Alexander, 1999). Vanwesenbeeck (2001:247) noted that a search of the literature in PsychLit for the period 1990-2000 revealed 423 citations on sex work, half of which

²⁴ Non-participant observation, semi-structured interviews and a questionnaire were all used to collect data from the 81 men.

carried “the words STD, AIDS, HIV, safe(r) sex, or condom use even in their titles, and many more refer to HIV related issues in their texts”. Identifying and treating STIs is indeed important for sex workers’ health as well as for protection of clients, but this narrow focus may obscure other health problems and issues that are prevalent among people who work in the sex industry. These less frequently examined issues are discussed in the remainder of this chapter.

4.2.2 Mental health

It has been argued that “(c)riminalisation and stigma are associated with significant mental health problems; they make workers vulnerable to violence; they foster misinformation about the industry and workers’ health needs; and they also make contact with health professionals difficult” (Day and Ward, 2007:187). Stigmatisation imposes a burden on the social lives of sex workers (Vanwesenbeeck, 2001). Few sex workers reveal their occupation to family members and friends, which creates a double-life leading to stress, more obvious among female sex workers (McKeganey, 2006; McVerry and Lindop, 2005; Pyett and Warr, 1999; Vanwesenbeeck, 2001). The emotional costs for a woman disclosed as working in the sex industry do not end at the workplace but are carried over into her private life (Sanders, 2006a). McKeganey (2006) noted the mental stress expressed by participants in his qualitative investigation of Scottish street-based workers. Participants made clear distinctions between their working and private lives and likened the move from one to another as to ‘throwing a switch’ (2006:158). McKeganey contends that this is necessary for their psychological survival. One of the most important factors for sex workers in maintaining mental wellbeing is keeping work and personal life separated (McVerry and Lindop, 2005).

Female ‘indoor’ workers who took part in the in-depth interviews in the Christchurch study were acutely aware of the stigma associated with sex work (Plumridge, 1999a). Many did not inform their families that they were working in the industry, saying that their parents would be ‘horrified’ or ‘devastated’ if they knew. Many talked about their private relationships and how their work was repeatedly brought up through accusations during domestic disputes. These participants were aware that sex work was socially despised but argued that it was no more morally repugnant than a casual sexual exchange

with a 'one-night stand'. They further distinguished between paid sex and casual sex by proclaiming the former to be safer as it was more likely to involve condom use and as such was more morally creditable. They still, however, found difficulty in bringing relationships into the equation. A good, loving relationship was still the standard to which most participants aspired and most declared that they would not be able to work in sex work if they had a relationship as it would feel like 'cheating'. Women, who were in relationships whilst working, found this tension especially hard to resolve. One of these participants talked about the guilt she felt after having sex with clients if she did not force herself to have sex with her husband when she went home. These women were unable to resolve the emotional conflict between their roles in relationships and sex work. The 'indoor' workers were, however, in contrast to the street-based workers. Although street-based workers acknowledged that sex work took a toll on relationships, this was attributed to the inability of men to cope with the social stigma of sex work and not the moral dilemma of cheating within the relationship. The street-based workers interviewed did not consider that a male partner should have any right to object to their sex work. With the exception of one street-based worker, all the other street-based workers interviewed did not feel it necessary to morally account for their work.

It has been argued that male sex workers are less likely to experience the same degree of stigmatisation as females as they are better able to avoid being sexually objectified (Browne and Minichiello, 1996b). Some of Browne and Minichiello's participants articulated a male sex drive discourse in which male sexual needs must be satisfied, thus explaining their work as filling a gap in the market. Yet, conversely, the Canadian study reported that males were more likely than females to report mental illness and suicide attempts (Benoit and Millar, 2001).

Some of the experience of mental ill-health by participants in the Canadian study was attributed to the stress related to the sexual activities performed (Benoit and Millar, 2001). Another explanation for poor mental health was attributed to the stigmatisation felt from the general public. This was enhanced through the illegal nature of their work. There was little difference between accounts of mental health given by those working in

the industry and those who had exited. Exited workers continued to feel stigmatised and were no less likely to experience depression than their working counterparts. The Canadian study reported that participants were often subject to harassment by members of the public and police were not always supportive of them when laying complaints (Benoit and Millar, 2001).

Vanwesenbeeck (2005) contended that burn-out-enhancing factors were related to stigmatisation through negative social reactions and victimisation. Her study comparing indoor sex workers in the Netherlands with two comparison groups; female nurses and a group of people in treatment for work-related problems, found that sex workers did not exhibit a higher level of burn-out than the comparison groups (Vanwesenbeeck, 2005). However, they were more likely than both comparison groups to exhibit depersonalisation or cynicism to their work. Vanwesenbeeck (2005) argued that a level of cynicism and depersonalisation could be a positive coping strategy to negative experiences in sex work. However, in her study it was not a healthy mechanism but was associated with a higher level of emotional exhaustion. More positively motivated sex workers were more able to acquire better working conditions and were more able to safeguard themselves against negative experiences and were at less risk of burnout. Older workers were more able than younger ones to adapt to the demands of the job. She clarified that findings may be different if the study were to be conducted with street-based workers who are a more vulnerable group.

A New Zealand study, done prior to decriminalisation, surveyed²⁵ 29 female sex workers in Dunedin and Wellington and 680 women from other professions (control group) and found no evidence of increased psychiatric morbidity amongst the sex worker sample (Romans et al., 2001). The authors noted that there was no evidence to suggest that sex workers were any more likely to suffer lower self-esteem or have poorer social relationships than women in other professions. However, they were more likely to have been assaulted, both physically and sexually, than their non-sex-working counterparts.

²⁵ This study utilised the General Health Questionnaire.

Sex worker participants in this study did identify difficulties with working in the sex industry because of its illegal status at the time and the associated stigma.

4.2.3 *Substance use*

There is a differential use of alcohol and drugs within the different sectors and localities of the sex industry (Plant, 1997; Sanders, 2006a). Sex workers in massage parlours and escort agencies are less likely to engage in illicit drug use, often because management place restrictions on their use (Plant, 1997; Sanders, 2006a). Within the media, sex work is often associated with the occurrence of drug-related crimes (Hubbard, 1998b). Some commentators assert that sex workers who use drugs are most often addicted prior to entering the sex industry (Benoit and Millar, 2001; Hubbard, 1998b; Potterat et al., 1998; Pyett and Warr, 1999). Potterat et al. (1998) surveyed 237 sex workers recruited through an STD Clinic and HIV Counselling and Testing Clinic in Colorado Springs. Most (86%) reported regular drug use²⁶: 66% used drugs prior to entering sex work, 18% started drug use and sex work at the same time and 17% began using drugs after starting sex work. McKeganey (2006) however, found that many street-based women in Scotland only started taking drugs following their entry into sex work, which in turn tied them into the sex industry as they had to then continue to fund their acquired habit. Pyett and Warr (1999) too, found that almost all the street-based workers and half the brothel workers in their study of sex workers in Melbourne were injecting drug users and in only a few cases did heavy drug use precede entry into the sex industry. It has been noted by some commentators that because of the easy availability of drugs in the locations where street-based sex work takes place, there is a likelihood that those workers, who prior to working had not taken drugs, would eventually start using drugs themselves (May and Hunter, 2006).

²⁶ Drug use includes marijuana as well as other drugs.

The Christchurch study asked about drug and alcohol use before or during work in the two weeks prior to completing the questionnaire (Plumridge and Abel, 2001)²⁷. There were no significant differences in reporting alcohol use between street-based and 'indoor' workers, with around half (54%) of participants stating that they never drank alcohol at work. However, although 56% of women reported never using drugs at work, there was a significant difference between the proportion of street-based workers (76%) and 'indoor' workers (33%) who did use drugs at work. Street-based workers who used drugs whilst working were most likely to report that drugs helped them "get through work" whilst 'indoor' workers were more likely to state that they "liked the feeling" or it was "part of their social life". Whilst 'indoor' workers spoke in in-depth interviews of some pleasurable aspects of sex work, street-based workers depicted sex work as 'horrible' and clients as 'dirty old men' (Plumridge, 1999b). These workers recounted few strategies other than drugs to emotionally 'manage' sex work.

The Canadian study reported that there were no real differences between sex workers and the general population in terms of the frequency of alcohol consumption (Benoit and Millar, 2001). As no data was collected on amounts consumed on any one occasion, no determination could be made as to whether there were any differences in this regard. The report of drugs used within the previous six months revealed that 40.9% of participants had used crack/cocaine, 31.3% had used heroin and 7.1% had used crystal methamphetamine/speed. The participants who were currently working in the sex industry were more than twice as likely as those who had exited the industry to have used drugs in the previous six months. Contrary to the findings of other studies (Plant, 1997; Plumridge and Abel, 2001) where drug use amongst street-based workers has been found to be substantially higher than amongst 'indoor' workers, the Canadian study found that street-based workers in their sample were only slightly more likely to report an addiction

²⁷ Information on specific drugs used was not collected as there were concerns that this would deter potential participants from completing the questionnaire. At the time of this study, sex work was criminalised in New Zealand and there were concerns about gaining the trust of sex workers to participate in the research. Asking about another illegal activity was considered to pose a threat to the study.

to drugs than 'indoor' workers. Many reported taking drugs to help them get through work but other participants reported that their addiction predated their entry into sex work.

4.3 The physical safety of sex workers

4.3.1 Violence

Arguably, one of the most important health issues facing sex workers is violence and this is often encouraged by the illegal status of sex work (Alexander, 1999; Kinnell, 2006). With the likelihood of violent crimes not being reported to the police by sex workers, clients are more likely to resort to violence to resolve any dispute arising out of the sexual transaction (Kinnell, 2006; Kinnell, 2008; Lowman, 2000). Sex workers are also vulnerable to more predatory types of violence which is distinguishable from situational types of violence, which involves for example, violence arising over a transactional disagreement. Predatory violence is premeditated and often rationalised by the perpetrators because of sex workers' "moral-political marginalization" (Lowman, 2000:1006). Lowman (2000) concludes that the main obstacle to safe working conditions for sex workers is the prohibition and stigmatisation of sex work. He argued that street-based work in Canada is the most dangerous form of work in Canada, with sex workers disproportionately represented among female murder victims. Goodyear also cites mortality rates for sex workers in the United Kingdom as six times the rate of the general population (Goodyear, 2007).

Criminalisation has been correlated with sexual and physical violence amongst female and transgender street-based workers (Shannon et al., 2009). Kinnell (2006:142) argues against a legal framework which criminalises sex workers as it:

.. makes all forms of sex work more dangerous, while proposals for making sex work safer are rejected lest they 'encourage prostitution', indicating that many view violence against sex workers as an important deterrent to discourage the sale of sex, and a punishment for those who do.

Her study of the London Ugly Mugs List²⁸ between 2000 and 2002 revealed that violent attacks were reported far more frequently by street-based workers than indoor workers (Kinnell, 2006; Kinnell, 2008). A number of organisational features of indoor work, including the presence of other workers, a 'maid'²⁹ or a partner on the premises, as well as closed circuit television were seen as sufficient deterrents to extreme violence in this location. There were 205 reports made by indoor workers during this time period of which only 13 were for sexual assault: only three of these 13 were for rape. Robbery was the most commonly reported offence committed against indoor workers, the author proposing that the possibility of money being kept on the premises created an incentive for such attacks as well as the perception by offenders that their victims would be unlikely to report the offence to the police. In the United Kingdom, indoor work is criminalised when more than one person works from a particular premises; it is only legal to work alone from privately owned premises. Many robberies with assault therefore go unreported to the police because of the illegal nature of the business. Women operating alone but within the legal system are placed at greatest risk of violent assault.

Sex workers' rights organisations argue that "(b)y signalling to men that prostitute women are criminals and that violence against them will be dealt with leniently, the prostitution laws make it more dangerous for women to work" (English Collective of Prostitutes, 1997:93). It has been suggested that police sometimes take less seriously the rape, attack or murder of women deemed to be 'prostitutes' than if the equivalent attack was on a 'respectable' woman (Kinnell, 2008). Some court officials have in the past upheld this philosophy, as illustrated by the report of the prosecuting Attorney General, Sir Michael Havers, during the Yorkshire ripper trial in May 1981, when he referred to the victims and stated that "some were prostitutes, but perhaps the saddest part of this

²⁸ The Ugly Mugs List is a list compiled by outreach projects for sex workers of descriptions of clients and others who have committed an offence against a sex worker. This could include robbery, assault, removal of condom or other abusive act. The list is distributed amongst all workers as a preventative tool.

²⁹ A maid is often employed by a sex worker working privately in the United Kingdom and she "assesses clients' behaviour, imposes rules regarding who is appropriate to enter and monitors the client throughout his visit" (Sanders, 2005d:21). Very often the maid is an older woman who has worked previously as a sex worker.

case is that some were not. The last six attacks were on totally respectable women” (cited in English Collective of Prostitutes, 1997:94).

Clients have been found to be the main perpetrators of violence against sex workers (Benoit and Millar, 2001; Shannon et al., 2009; Valera et al., 2001). A study of Washington street-based workers reported that 61% had been physically assaulted since entering sex work, with 75% of assaults having been perpetrated by clients (Valera et al., 2001). In addition, 44% reported being raped since entering sex work, with 60% of these participants reporting a client had raped them. A prospective observational study looked at gender-based violence experienced by 267 female and transgender street-based workers in Vancouver, Canada and reported that 57% of their participants had experienced at least one incident of violence within the 18-month observational period, with just over half of these incidents perpetrated by clients (Shannon et al., 2009). The most commonly reported violent incidents perpetrated by clients were physical assault or beating (67%), rape or sexual assault (49%), assault with a weapon (44%), strangling (27%) and abduction or kidnap (26%). The Canadian study in Victoria also reported clients being responsible for robbery, stalking and physical and sexual assaults (Benoit and Millar, 2001). The majority (67.2%) of their participants reported having to receive treatment for physical injury incurred during their work and 36.3% reported having to be hospitalised due to injuries. Male participants were more likely to report being physically injured but were less likely to be hospitalised than female participants.

The majority of participants in the study carried out in Victoria, Canada reported being exposed to some form of abuse in their work (Benoit and Millar, 2001). Street-based workers were more likely to experience violence and this was most often attributed to the work environment, having to stand out on the streets. Similar to the kerb-crawling legislation in the United Kingdom (English Collective of Prostitutes, 1997), solicitation laws in Canada have added to the vulnerability of street-based workers to violence, as they have limited time to assess a client before getting into the car. Pyett and Warr (1997; 1999) reported that all the street-based workers in their study of Melbourne sex workers

had experienced violence during the course of their work³⁰. Similar to the Canadian study findings, the illegal nature of street-based work meant that most of these attacks were not reported to the police.

Most women (83%) in the Christchurch study reported some violent or adverse experience during the time of working in the sex industry (Plumridge and Abel, 2001). Street-based workers did however, experience more (and more severe) violence and harassment than 'indoor' workers. Compared to 'indoor' workers, street-based workers were significantly more likely to have had money stolen by a client (42% vs 25%); have been physically assaulted (41% vs 21%); been threatened with physical violence (65% vs 26%); been held somewhere against their will (23% vs 13%); been raped (27% vs 8%); and forced to have unprotected sex (21% vs 9%).

4.3.2 *Exploitation*

The 'indoor' working environment is acknowledged as being safer than working on the street due to the proximity of other workers (Benoit and Millar, 2001; Pyett and Warr, 1997; Pyett and Warr, 1999). Legal brothel workers in Melbourne reported feeling safe with a set procedure of payment, service and the right to legal protection (Pyett and Warr, 1999). Canadian participants from the escort sector also reported that the ability to screen out dangerous clients and acquire a more regular clientele ensured a safer working environment (Benoit and Millar, 2001). However, some escort workers did report that not all operators protected them from dangerous clients and many operators would continue to send workers out to known aggressive clients. In many cases they were also reluctant to call the police when there were incidents involving an abusive client.

While street-based workers may work in an environment which is considered to hold greater risks of violence, 'indoor' workers face different challenges, such as exploitation and coercion, in their work environment. Participants in the Christchurch study spoke of management practices which did not allow them the opportunity of refusing clients

³⁰ As discussed in Chapter Two, legal sex work in the state of Victoria, Australia is limited to licensed brothels and escort agencies and registered private workers. Street-based work and unlicensed sex work are still subject to criminal sanctions under the Prostitution Control Act 1995 (Pyett, 1999).

(Plumridge, 1999b). One participant reported such a high turnover of men booked to her on an occasion when she was working out of town that she had no time to shower or even dress between clients. She was only given \$50 for each transaction with management pocketing the rest. Others gave accounts, similar to the Canadian study participants, of managers not supporting them when clients were abusive. The survey data revealed that more than half (58%) of participants had felt pressure to accept a client when they had not wanted to, but street-based workers (85%) were significantly more likely than 'indoor' workers (55%) to report refusing a client in the previous 12 months (Plumridge and Abel, 2001). Although street-based workers were more likely to report violence, dirtiness and demands for unsafe sex as grounds for refusal, 'indoor' workers were more likely to cite a previous bad experience with that client.

The Canadian study found that although street-based workers and private workers operating out of their own homes were able to keep 93-100% of their earnings, escorts and other 'indoor' workers were only able to keep a mean of 78% of their earnings (Benoit and Millar, 2001). The authors clarify that very few of the street-based workers in their study had pimps or minders and therefore this would be a reason for the difference in take-home money between street-based and escort workers. Some agencies were reported to take more of a share than others. The authors concluded that escort workers in their sample were vulnerable to economic exploitation by some 'indoor' venues that operate in a similar way to sweatshops. Escort workers in the Canadian study also had little choice in the clientele and the services that they provided to the clients (Benoit and Millar, 2001). Resistance would often result in loss of a job or a fine.

Escorts in the Canadian study also reported having less control over the number of clients they saw in a shift than street-based and private workers. They were more likely to report pressure to service as many clients as possible and were also at the whim of the operator as to whether they were assigned any clients at all. They were subject to fining for trivial offences such as being late for work or parking their car in the wrong place. In contrast, street-based workers reported more freedom in controlling the pace of their work than escort workers. Their only limitation was, because of the greater visibility of street-based

work, they were often limited to working late at night. Home-based workers reported having the most flexibility in their work place.

4.4 The Determinants of Health

So far, this chapter has looked at the general and physical health of sex workers. Looking at health in its broader sense, it is important to take into account the way that social, cultural and economic factors affect health. From a public health stance, the determinants of health play a crucial role in the attainment of population health. These determinants include income, employment, education, housing, culture and ethnicity, population-based services and facilities, and social cohesion (National Health Committee, 1998b). Many of these determinants play a role in the decision of individuals to enter as well as exit the sex industry, as well as their use of services.

4.4.1 Entry into sex work

O'Neill (1997) documents a variety of reasons for entry into the sex industry. She highlights factors such as emotional neediness, homelessness, poverty, history of abuse, peer pressure, peer association and residential care experience as some of the many reasons for entering the sex industry. Weldon (2006) argues that researchers often focus on the psychology of why people enter the sex industry, wanting to engage sex workers about their childhood, upbringing and living circumstances. She contends that doing something undesirable for money or compensation is often seen as deviant:

when in fact that element is about the most normal thing about the decision to enter the industry ... a sex worker can apply for a job in one day, work that night, and make enough money to pay a bill the next day. There is no substitute for this in our society, and until we acknowledge the unique economic need sex work fulfils, and acknowledge money as a motivation for working in the sex industry, there can be no useful approach to solve any of the problems in and around the sex industry (Weldon, 2006:14).

Economics has been seen to play a key role in entry to the sex industry and explanatory in their continuation of sex work (O'Neill and Campbell, 2006; Willman-Navarro, 2006). It has been argued that many enter the industry in response to poverty, which highlights the need to be aware of changes in society, such as the unemployment benefit, employment rates, taxes and economic recession, which increase the likelihood of people entering the sex industry (English Collective of Prostitutes, 1997; O'Neill, 1997).

The Christchurch study reported that over half (54%) of participants in the survey had children and although no questions were asked directly about reasons for entering sex work in the survey, the researchers did ask what the money earned on entering sex work was mainly used for (Plumridge and Abel, 2000b). The majority of indoor workers (43%) reported that they used the money to pay for household expenses, such as bills, food and rent (Plumridge and Abel, 2000b). A large number of street-based workers (33%) also reported household expenses as a main use of their money. However, street-based workers (38%) were significantly more likely than 'indoor' workers (7%) to report that they used the money to pay for drugs (Plumridge and Abel, 2000b).

Transgender workers sometimes have few options for careers outside of the sex industry because of discrimination in the way they dress and act (Worth, 2000). Worth's (2000) study of transgender workers in Auckland, New Zealand, revealed that, as for female workers, there were strong economic reasons for her participants to enter the sex industry. Participants in this study argued that they would rather be doing other work but they were unable to get other employment and they could not survive on the unemployment benefit. All were from socio-economically disadvantaged homes and had left school and home at an early age, often precipitated by the way they were treated because of their gender identity.

Respondents in the Canadian study reported a variety of reasons for their entry into sex work (Benoit and Millar, 2001). Around a third (34.5%) of respondents reported entering the industry because they were curious or enticed into the industry by the lure of quick and easy money. However, 28.5% reported that they were under economic duress, having

no alternative way to support children or pay bills. A further 17.5% reported that their involvement with drugs played a major role in their decision to enter the industry.

McKeganey (2006) too, found that the reason most street-based workers in the four main cities of Scotland gave for entering the sex industry was one of economic need. In some cities in Scotland, for example Glasgow, McKeganey estimated that up to 90% of street-based workers were injecting drug users. It was therefore not uncommon for participants in the Scottish study to say that they entered the industry to fund their drug habit. Some of their participants also described previous sexual abuse as children and some had gone through the foster care system.

Other studies of street-based sex workers have also documented the link between sex work and physical or sexual abuse during childhood (Pyett and Warr, 1999; Valera et al., 2001). Vanwesenbeeck (2001) conducted a review of social science research done in the period 1990-2000. She highlighted the number of studies done during this decade which had made links between a history of child abuse and institutionalisation and entry into sex work. However, she argued that most of these studies were carried out amongst street-based workers and that these studies were not representative of the sex worker population. This applied also to drug use and entry into sex work. Although important to acknowledge, this specific group of sex workers comprise only a small percentage of the total number of sex workers.

Vanwesenbeeck (2001:262) queried the preoccupation of researchers with investigating the association between early victimisation, homelessness and drug abuse and entry into the sex industry:

Considering the fact that this is not a new observation, the question arises as to why so many researchers keep focusing on these aspects. As a matter of fact, if it were in the interest of these researchers to “save” prostitutes from entering the profession, they would better be advised to investigate why so many victims of early victimization do not enter the field. In this

context, protective factors could be identified that lead these individuals to resist sex work as a form of counter-phobic behaviour, head off stigma as a consequence of abuse, or prevent victims from drift into prostitution.

Nadon's (1998) study of 45 young sex workers recruited a comparison group of 37 non-sex-working young people. The authors had highlighted that previous research in this area had serious methodological flaws as they lacked comparison groups, or had comparison groups which were significantly different to the cases with respect to age or socio-economic status. The authors took care to match the cases and controls in respect to age, race and family socio-economic status, and recruitment took place from some of the same locations as those used to recruit the sex working group of participants. The aim of the study was to compare why some young people became involved in sex work whilst others did not³¹. The mean age of entry into sex work for the sex worker group was 14 years. The sex worker group did not differ significantly from the comparison group with regards to childhood sexual abuse (68% and 57% respectively) and the comparison group reported higher levels of childhood physical abuse than the sex worker group (71% and 48% respectively). However, the sex worker group were significantly more likely to be classified as runaways compared to the comparison group (87% and 61% respectively). Parental alcohol use, personal drug and alcohol use and self-esteem did not differ significantly between the two groups. The comparison group did report greater levels of family dysfunction than the sex worker group. The authors concluded that there were high levels of childhood abuse, runaway behaviour, drug and alcohol use and dysfunctional families among young sex workers and this corroborated findings from other research. Yet, they argue, these factors were equally common amongst non-sex working young people and therefore background factors may be "insufficient conditions to justify prostitution activity" (1998:220).

³¹ The researchers collected information on sexual abuse through sexual victimisation scales, physical abuse which had been repetitive and/or had resulted in injury, runaway behaviour, interparental violence, family functioning, parental alcohol use, adolescent substance use, adolescent alcohol use, self esteem, family socio-economic status, as well as using a lie scale to assess whether participants were providing socially acceptable responses.

4.4.2 *Exiting the sex industry*

Exiting the industry has been described as a process, which often involves numerous exit-re-entry cycles (Dalla, 2006). Dalla (2006) conducted a prospective longitudinal study in the United States, interviewing (first in 1998/99 and again in 2001/02) 18 sex workers who had exited the sex industry. Five of her participants had exited the sex industry before the first interview and stayed out for the period of time of interviewing. Four of these five women reported critical events, such as experience of violence or loss of children, as sparking the decision to exit the industry. Themes identified from the women's talk of things which assisted them in remaining out of the industry were the contribution made by counsellors and other agencies in the form of formal support; the informal support provided by family, partners and children; the severing of ties with old acquaintances in the sex industry and the drug scene; the ability to earn a living wage in a 'straight' job; and the support provided by their religion, church and church community. The thirteen other women in their study who had initially exited the sex industry, had setbacks and returned to the industry during the course of interviewing. Themes emerging from these interviews on events precipitating the return to sex work were the loss of a new or long-term relationship; maintaining ties with people involved in sex work and drug use; lack of job stability; and not fully utilising support services. Dalla (2006) maintained that although the majority had returned to sex work, it did not mean that the exit attempt had not been valuable and that after a number of such attempts, many sex workers do successfully exit the industry.

One of the few studies investigating how and why sex workers exit the industry has been done in Sweden, where prostitution policy is interventionist and the focus is on developing programmes to help sex workers in the exiting process (Mansson and Hedin, 1999). Mansson and Hedin (1999) write from a radical feminist perspective in which sex work is depicted as dark and destructive. They characterise the exit from sex work as happening within a number of stages which starts, as Dalla (2006) found in her study, with a turning point or critical moment, which could be as a result of an adverse event, such as a violent attack, or because of a positive event, such as falling in love or getting another job. The authors maintain that participants in their study described feelings of

repulsion for their bodies and a contempt for men. They argue that the most important factor in successfully breaking from sex work is the woman's own coping strategies and "how she overcomes the strains and hardships of prostitution" (1999:76) as well as her earlier life experiences. They also report the importance of reliable social relations and institutions within the sex worker's environment.

The Canadian study reported that 70.6% of their respondents had left the sex industry at least once and come back and more than half had exited three or more times (Benoit and Millar, 2001). The majority of participants returned to the sex industry because of economic necessity, either because they could not survive on the amount they were getting from the 'straight' jobs they could get with minimum education and training, or they needed to make quick money, or they needed to fund their drug habit. However, a number of participants cited a lack of social support to make a clean break and start a new life as well as the intrinsic feeling of belonging that they got from working in the industry. Sometimes a criminal record was cited as a reason why they could not get a straight job.

It is important to note that not all experiences in sex work are bad and that exiting the industry also means losing some of the perceived benefits gained from the work. Only 13% of street-based workers and 7% of 'indoor' workers in the Christchurch study reported that there were no benefits to working in the sex industry (Plumridge and Abel, 2000b). Both street-based (55%) and non-street-based workers (54%) in the Christchurch study were most likely to report that the money gained from working in the sex industry was the main benefit gained from sex work. The Canadian study noted the sense of belonging and feeling of camaraderie some workers experienced from working in the sex industry and the loss of this when exiting the industry can be detrimental to staying exited (Benoit and Millar, 2001). Although only 12% of Christchurch street-based workers reported making new friends as a benefit from working in the industry, 31% of 'indoor' workers described this as an important aspect of working (Plumridge and Abel, 2000b). 'Indoor' workers were more likely than street-based workers to report personal gains (eg: new friends, becoming more assertive, gaining more skills, gaining a better education and

enjoyment of sex) from working in the sex industry. These perceived gains may make exiting from the industry a problematic experience.

4.4.3 Health and support services

With a prevailing preoccupation with the sexual health of sex workers, the focus of health and support services for sex workers has been on their sexual health needs, HIV prevention and harm minimisation (Alexander, 1999; Pitcher, 2006). Although this continues to be a priority, there has more recently been a recognition of the need for health care services to provide a range of care to provide for mental health needs, drug and alcohol (ab)use, emergency accommodation, advice on health and physical safety, nutrition, exiting support and primary health needs amongst others (Alexander, 1999; May and Hunter, 2006; Pearce, 2006; Pitcher, 2006). Housing, in particular, has been identified as an area requiring attention for many sex workers (and most especially street-based workers) who are often homeless (Shannon et al., 2009). Homelessness increases sex workers' vulnerability to exploitation and violence and creates yet another barrier to health and support services' access to these workers (Pitcher, 2006). Outreach workers often face dilemmas of finding emergency accommodation for young people, who are homeless and working the streets, with little funding available for this purpose (NZPC, personal communication). Homelessness and difficulties in accessing drug treatment programmes are structural factors correlated with gender-based violence against female street-based workers (Shannon et al., 2009).

It is proposed that the most effective way to provide health care services which are acceptable to sex workers is to involve them in the design and running of the services (Alexander, 1999; Pitcher, 2006). Sex workers' rights and grassroots organisations have become increasingly important in recent years, offering drop-in as well as community-based outreach options for the delivery of health services, condoms, emergency assistance, advice and health promotion messages to sex workers. Many combine with

other agencies to work together to provide a more integrated, holistic service for sex workers (O'Neill, 1997)³². In so doing a wide variety of services can be offered, including housing, drug services and treatment, social services, sexual health and various support services. Sex workers' organisations will often take on an advocacy or mediation role in putting clients in contact with other agencies, helping them through the initial stages of contact (Pitcher, 2006). There needs to be recognition, however, of the diversity of the sex worker population in terms of sector (street-based or indoor), gender identity, ethnicity, language and age and that the needs of each group (or individual) may differ (Pitcher, 2006). Services, therefore, need to be flexible as well as non-judgemental, respecting the choices made by their clients (Pitcher, 2006).

Young people in sex work are an especially vulnerable group. Many young people do not identify as sex workers but do exchange sex for money, drugs, accommodation or other 'favours' (Pearce, 2006). Shaw and Butler (1998) argue that to prevent abuse, prevent entry to the sex industry, provide shelter and address employment issues, there needs to be a range of services providing for young people working in the sex industry. They maintain that these services should not be different from existing services accessed by other young people who do not work in the industry, for example, young people who are homeless, living in poverty, taking drugs or who are at risk. Separation would only serve to isolate young people in sex work even further. They identified that services needed to be integrated with inter-agency collaboration. Given the marginal status of this population of young people, effective services are the ones which can provide confidentiality, peer support and safe shelter.

³² In Christchurch for example, New Zealand Prostitutes' Collective (NZPC) works with numerous other agencies to provide support for sex workers in that city. In addition to their own outreach workers (both volunteer and NZPC employed) providing safer sex information and condoms to workers in all sectors of the industry, they also link in with outreach workers from Youth Cultural Development (YCD) and the Youth Health Centre to provide a support service for underage sex workers. They work closely with Sexual Health Services to provide a free clinic in their offices one day every week. Other agencies/organisations that work with NZPC to provide an integrated service include the New Zealand AIDS Foundation, Community and Public Health, The Roger Wright Centre (needle exchange), the Women's Alcohol and Drug Networking Group, Hepatitis C Resource Centre, the New Zealand Police and the Prison Services.

Pearce (2006) concurs with this approach, reiterating the need to work in partnership with young people, involving them in decision-making in managing their support programme. Pearce identified that many agencies working with young people tend to concentrate on one aspect of their life, for example, substance misuse, whilst ignoring other issues such as sexual exploitation. This author thus argues for a more cohesive multi-agency approach to working with young people who have been sexually exploited.

A criminalised legislative framework creates a situation where sex workers are less willing to access services. There have been many commentators who have reported on the distrust sex workers have towards health care workers (Benoit and Millar, 2001; Neilsen, 1999; Pitcher, 2006; Plumridge and Abel, 2000a; Ward and Day, 1997). Much of this distrust arises out of sex workers' fears of judgemental and discriminatory attitudes of health care professionals. There is a perceived threat posed by visiting doctors, psychologists and other health professionals (Ward and Day, 1997) and it has been noted that sex workers prefer non-medical healthcare providers because of perceptions that doctors would not be accepting of their profession (Benoit and Millar, 2001). When sex workers do not reveal their occupation to their doctors, it makes it difficult for the doctors to provide appropriate care and support. The proportion of participants in the Canadian study who reported having had a cervical smear in the previous year was lower than the general Canadian population. Within a crisis situation, these respondents were more likely to report turning to a partner, friend, family member, therapist/counsellor or sex worker organisation. Male participants were more likely than female participants to report finding difficulty in gaining support.

The Christchurch study found that only 12 of the 302 respondents did not go for sexual health checks (Plumridge and Abel, 2000a). General Practitioners (GPs) were the most commonly used medical provider for sex workers accessing sexual health services. Of the 251 (83%) women who reported having their own GP, 135 (54%) reported going to that GP for sexual health checks. However, only 84 (62%) of these 135 workers disclosed that they were sex workers to their GP. Older women were more likely to disclose to their GP,

whereas none of the women under 18 years who went to their GP for sexual health check-ups disclosed their occupation.

Ward and Day (1997) found that many workers in their study (the Praed Street Project), carried out at a health clinic based within a hospital genitourinary service in the United Kingdom, had considerable health needs but were not accessing any health services. The clinic provided for diagnosis and treatment of STIs, screening for HIV and cervical cancer, hepatitis B vaccination, advice on risk reduction, counselling and a range of referrals. They subsequently established an outreach service providing condoms and health advice and also advertising the services of the drop-in centre. The aim of the Project was to improve access and remove barriers to the use of clinics by sex workers as they recognised that access to standard health care for sex workers was limited due to their stigmatisation and marginalisation. Some women in their study utilised the services of the clinic on a weekly basis, whereas others took several contacts before they might attend the drop-in clinic and several more before having a sexual health check-up. Some of the sex workers they encountered during their outreach programme were distrustful and had little confidence in the health workers attached to the clinic.

4.4.4 Police and protective services

In the United Kingdom, reporting of violent attacks on sex workers to the police has been limited (Kinnell, 2006). Street-based workers who reported violent incidents to the London Ugly Mugs List were less likely than 'indoor' workers to report these attacks to the police (15% vs 38%), with most indicating that they did not think the police would be sympathetic to their case. Kinnell (2006) reports that often the police call on the assistance of sex workers, clients and other witnesses to violent attacks, whilst at the same time running anti-kerb-crawling operations. The resultant lack of cooperation in their enquiries leads to a number of unsolved crimes against sex workers. Kinnell (2006) goes on to talk of a sex worker who provided details to the police of a violent attack which had taken place earlier that day, only to have been given a police caution because she had revealed her occupation in her statement.

Shannon et al. (2009) argue that the excessive use of force by the police on street-based workers in particular reduces the likelihood that female sex workers will report incidents to police. When female street-based workers operate from more remote locations in order to stay out of sight of the police, they are more likely to be pressured into unsafe sex with clients. Shannon et al. (2009:5-6) cites this as demonstrating “the potential unintended adverse consequences of enforcement based approaches to sex work”.

In general, women in the Christchurch study were more likely to report using informal friendship and work relationships to deal with the aftermath of adverse work experiences than report these to the police or other ‘helping’ professionals (Plumridge and Abel, 2000b). ‘Indoor’ workers were less likely to experience severe adverse events than street-based workers. They were therefore more likely (68%) than street-based workers (38%) to indicate that they would not report a bad experience to the police because they did not think it was serious enough. However, street-based workers were more likely than ‘indoor’ workers to report that they did not believe that the police would help (25% vs 19%) and they did not want to reveal that they were sex workers to the police (21% vs 8%). Most participants (66%) felt that some police cared about their safety, with only 18% reporting that most cared and only 15% reporting that none cared. There was little difference between street-based and ‘indoor’ workers. NZPC (74%) and other workers (85%) were important sources of information for advice on physical safety, yet on entry into sex work, 27% of workers received no information on how to deal with clients.

Almost all participants in the study carried out in Victoria, Canada reported an alienation from the protective services of the police and a reluctance to report any violent experiences to them (Benoit and Millar, 2001). They reported that because of the nature of their occupation, the police would be unlikely to take their complaints seriously and that they could expect little assistance from them. Many had also experienced belittlement or other emotional distress at the hands of police. The authors noted, however, that in more recent times police had made greater efforts to improve relations with sex workers through more effective community-based policing and working with sex worker advocacy organisations with a focus on enhancing the safety of sex workers.

4.5 Conclusion

This chapter has discussed the health and safety issues pertinent to the sex worker population. It is apparent that research has tended to concentrate on street-based sex work, which is the most visible sector of the sex industry. This sector comprises, however, only a small portion of the sex worker population and the results of such research cannot be generalised to the entire sex worker population. Research has shown that the street-based sector is a more vulnerable sector, with reports of higher rates of violence, STIs and drug-taking and less likelihood of condom use than sex workers located in 'indoor' venues. Workers in 'indoor' venues, however, also face risks, but these are different because of the environment in which they carry out their work. Exploitation and coercion is more prevalent amongst 'indoor' workers than street-based workers, especially in areas where pimps or minders are not commonly involved with street-based work. Bad management practices can mean that 'indoor' workers are subject to exploitation and coercion from managers and owners of the venues in which they work which impacts on their physical as well as mental health.

Despite a focus on the sexual health of sex workers, it is apparent that the majority of sex workers are using condoms consistently with clients but less often with private partners and that the prevalence of HIV/AIDS and STIs is low in non-drug-using sex workers. It would therefore seem that there is little evidence to warrant this preoccupation with sex workers' sexual health when the limited research which has been done on other aspects of their health has revealed the effects management practice, as well as stigmatisation and marginalisation, have on the mental health of sex workers. Violence is another important issue for sex workers, especially so for those working on the street, where the majority of workers have experienced abuse in some form from clients. Issues like violence, exploitation and coercion are difficult to address within a criminalised legislative environment as sex workers have little faith in, or access to, the legal system. Many crimes perpetrated against sex workers go unreported because there is often little trust that police will take offences against sex workers seriously. Lack of trust is also an issue in sex workers' ability to access health services.

It has been proposed that many of the adverse health and safety issues experienced by sex workers would be ameliorated within a decriminalised system. New Zealand took this step in 2003 and the research done for this thesis provides the first data in exploring whether the legislation has minimised the harm experienced by sex workers. The four research questions posed at the beginning of this thesis includes the need to examine any impact the legislation has had on entry into sex work and movement between sectors of the industry. Whilst reasons for entering sex work is explored in Chapter Eight and movement between sectors following decriminalisation is discussed in Chapter Nine, it is important to first look at the impact the PRA had on the number of people entering sex work. The next chapter discusses an estimation done of the size of the sex industry in five locations of New Zealand.

CHAPTER 5: ESTIMATING THE IMPACT OF DECRIMINALISATION ON THE SIZE OF THE SEX INDUSTRY

5.1 Introduction

This chapter describes the findings of one of the phases of the larger Health Research Council funded project: the estimation of the number of sex workers working in the sex industry in the three main centres in which sex work takes place in New Zealand, namely, Christchurch, Auckland and Wellington. Two smaller rural areas, Nelson and the Hawkes Bay, were also included in the estimation³³. The chapter starts with a brief discussion of the estimated size of the sex industry in New Zealand at the time of decriminalisation, as well as the limitations of the methods which were utilised to carry out the estimations. The methods used in this study to estimate the different sectors of the sex industry are then described, followed by a detailed discussion of the results of this estimation. These results are then placed within the context of the public debates regarding the numbers of sex workers, particularly on the street, post-decriminalisation.

Gaining an accurate estimation of the number of workers in the sex industry is a difficult task, in part because they constitute a marginalised population. Although the industry is now decriminalised in New Zealand, there are still suggestions of continuing stigmatisation of sex workers, which affects the likelihood of disclosure of their occupation (Weir et al., 2006). Sex work is also a transitory occupation, with sex workers moving in and out of the industry, some remaining for only a short period of time and others entering and exiting the industry a number of times over a long period. It is however, important that best estimates are made as, to effectively deliver services to this

³³ As will be discussed in the next chapter, Christchurch, Auckland, Wellington, Nelson and Hawkes Bay are the locations in which the study took place. A rationale for the selection of these locations will be provided in the Methodology chapter.

section of the population and cater for their varying needs, there needs to be an understanding of the size and make-up of the industry. As has been well documented, the sex worker population is not homogenous and there are issues which are more pertinent to certain sectors than others (O'Connor et al., 1996; Plumridge and Abel, 2001). It is important to have an understanding of the size of the different sectors when doing research with this population, as all sectors need to be well represented within the research.

5.2 The estimated size of the industry at the time of decriminalisation

New Zealand Prostitutes' Collective (NZPC) have estimated that there are around 8,000 sex workers in New Zealand at any one time (Prostitution Law Review Committee, 2005). All NZPC branches collect statistics from parlour, escort and private workers and some branches also routinely collect numbers of workers on the street. NZPC outreach workers worked in partnership with researchers in the Christchurch study in 1999 (as discussed in Chapter Four) and estimated then that there were 375 sex workers in that city (Plumridge and Abel, 2000b).

The Ministry of Justice commissioned research to assess the nature and extent of the sex industry in New Zealand at the time of the passing of the Prostitution Reform Act (PRA) (Prostitution Law Review Committee, 2005). They utilised two separate data sources. The first data source was a telephone survey of police staff in all areas of the 12 New Zealand Police Districts, requesting their information and insight into the industry. The second data source was NZPC, who conducted an audit of numbers of advertisements for commercial sexual services in Wellington and Auckland.

The estimates from the police source identified a total of 5,932 sex workers in the areas canvassed. Workers in massage parlours made up the majority of sex workers (44%), followed by private workers (24%), street-based workers (11%) and rap/escort (10%)³⁴

³⁴ Rap/escort parlours were businesses operative prior to decriminalisation, which offered in-house services but were not legally permitted to offer massages (Prostitution Law Review Committee, 2005).

and escort workers (10%) and ship workers (1%) (Prostitution Law Review Committee, 2005). The total number of workers from all sectors was estimated as 3,390 workers in Auckland, 400 workers in Wellington and 528 in Canterbury (Prostitution Law Review Committee, 2005). The NZPC data source reported 151 advertisements for commercial sexual services in Wellington and 469 in Auckland. They estimated that 50-70% of sex workers in Auckland and Wellington worked in massage parlours, 20% in escort agencies and 10% on the street or privately.

The Prostitution Law Review Committee (PLRC) highlighted in their report that most existing estimations of the size of the industry have limitations (Prostitution Law Review Committee, 2005). The limitations of the police survey are numerous and were recognised by the PLRC. Massage parlour workers were required under the Massage Parlours Act 1978 to provide their names to the proprietors of a parlour, to be held on a register of names. Police uplifted these names and recorded them on a register. They also gathered other names, including those of private workers and street-based workers. Private workers' names were obtained by imposing requirements on newspapers, requiring their advertising departments to see proof of police registration before accepting advertisements. Some newspapers refused to do this and continued publishing advertisements, while others stopped publishing all adult entertainment advertisements. The police obtained the names of street-based workers by asking them directly. The resultant register was cumulative and names were not removed when workers exited the industry. As the industry is acknowledged as being a particularly transitory one, with people regularly entering and exiting the industry, the cumulative register would be large. Any estimates of the current size of the industry would thus be an overestimation. The PLRC also identified that police in the different areas canvassed differed in their reported knowledge of the industry in their areas, with some providing more plausible figures than others. Some police respondents maintained that their figures were accurate; others admitted that all they were providing was an 'intelligent guess'; while others indicated that they had no idea of numbers and would not be able to provide an estimate (Prostitution Law Review Committee, 2005).

Each count was conducted over a two week period³⁵. The estimation was carried out at a time of the year when the weather was still warm as there had been some suggestions that fewer sex workers work in the colder months, especially street-based workers. With seasonal variations in mind, a further estimate of the street-based population in Christchurch was done in May 2006 to allow comparisons with an estimate done in that city in May 1999. Comparisons pre- and post-decriminalisation were only possible in Christchurch as no estimations using comparable methods had been done elsewhere in the country prior to decriminalisation.

Different enumeration strategies were adopted for the different sectors of the sex industry. The different strategies had been determined on the basis of the considerable informal knowledge of the industry acquired by the NZPC. All strategies used in this study had been used previously in the Christchurch-based 1999 study (Plumridge and Abel, 2000a; Plumridge and Abel, 2000b; Plumridge and Abel, 2001).

NZPC outreach workers visit brothels regularly to distribute safe sex supplies and educational information and to talk to new workers. Numbers of workers within each brothel and escort agency were collected by the outreach workers during these visits. Businesses which had no affiliation with NZPC were contacted and asked to provide information on the number of workers employed in their establishments. In some cases, businesses may have overstated the number of workers in their business, whilst others may have understated. For example, in Auckland, where there are some comparatively large establishments, these businesses tended to provide the requested information as rounded numbers: such as 50 or 100 workers, rather than a count. It is also possible that some businesses regarded this information as commercially sensitive.

³⁵ For Auckland and Wellington, this took place from 17 February to 3 March; for Christchurch from 11 to 24 February; for Hawkes Bay from 8 to 25 February; and for Nelson from 11 to 22 February. The areas of Auckland included in the estimation were from Orewa in the north to Papakura in the south. Christchurch estimates were from the greater Christchurch City area, including the suburbs on the outskirts of the city, but not the wider Canterbury area. The Wellington estimate included the wider Wellington areas of Porirua and Hutt Valley. The estimations for the smaller rural areas included the towns of Napier and Hastings in the Hawkes Bay and Nelson City, excluding the wider Nelson Bays area.

Numbers of workers working privately were estimated through systematic study of advertisements in the 'Escort' columns of the local daily and community newspapers for a two week period in February. In addition, recognised commercial sex sites on the internet, where sex workers were known to advertise, were examined for all regions. Some private workers work alone and others work together in small groups from the same premises. They do, however, most often advertise separately using their own phone numbers. Phone numbers and names were entered onto a database and sorted to reduce duplicate counting for people advertising under different names or using multiple phone numbers. These numbers were then called to confirm whether the person was still working or whether they had additional adverts under different names or numbers. Numerous calls were made at different times of day if there was no response in an attempt to verify that the person was still actively working in the industry.

Street-based worker numbers were estimated by outreach workers from NZPC and other associated organisations through head counts in the field, both before and after midnight on several busy nights over the two week period. Staff and volunteers from these organisations work solely with street-based workers and know most of them personally, thus reducing the chance of double counting. Some street-based workers advertise on the web and there would be a possibility of double counting as private workers. When outreach workers were aware of street-based workers who advertised on the web, these were removed from the list of private workers and when phone calls were made, workers were asked to identify if they were private or street-based workers.

There is the potential to underestimate street-based workers as sex workers may vary the times that they come out onto the street and this may fall out of the timeframe in which the outreach workers were in the field. The outreach workers did vary their times of going out into the field in all locations where street-based work is carried out and Christchurch and Wellington outreach workers included street-based workers in the final count who they knew were working but who were not present at any of the estimation times. Auckland outreach workers did not do this and therefore, the estimation of street-based workers in this city is most likely to be an underestimation.

5.4 Results of the estimation

Numbers of workers were collated within three different sectors of the industry. Brothel workers and escort workers were categorised together as both have a system of management in place. This sector is referred to as the managed sector. Private workers were defined as those workers who either worked privately on their own or who worked with others from shared premises. The third group was the street-based sector.

Estimations within the different locations of the research would suggest that previous figures were an overestimation (see Table 5.1). The number of sex workers in Auckland was half that estimated at the time of decriminalisation (1,513 versus 3,390). Wellington (377 versus 400) and Christchurch (392 versus 528³⁶) also had fewer numbers than were reported in the PLRC (2005) report. However, comparisons between the Christchurch estimations done in 1999 and this study suggest that numbers may have increased slightly from 375 in 1999 to 392 workers in the 2006 estimation (see Table 5.2). This is the only city where pre- and post-decriminalisation comparisons are meaningful as the methods of estimation were identical. Hawkes Bay was estimated to have 74 sex workers, with the majority located in Napier, and Nelson was estimated to have 40 sex workers. The NZPC had provided previous rough estimates for these areas as 100 in Hawkes Bay and 50 in Nelson (NZPC – personal communication, October 2005).

Table 5.1: Estimation of numbers of sex workers in five areas of New Zealand in February/March 2006

	Total workers	Private workers	Street workers	Managed workers
Auckland	1513	551	106	856
Christchurch	392	90	100	202
Wellington	377	140	47	190
Hawkes Bay	74	42	0	32
Nelson	40	27	0	13
TOTAL	2396	850	253	1293

³⁶ It should be noted that the PLRC estimate was for the larger Canterbury area, including South Canterbury, which was excluded from this study's estimation.

Table 5.2: Estimations of sex workers in Christchurch in May 1999 and February 2006

	Total workers	Private workers	Street workers	Managed workers
Christchurch Feb 2006	392	90	100	202
Christchurch May 1999	375	36	106	233

The majority of sex workers (1,293) over the five centres of estimation were working in the managed sector (see Table 5.1). In Auckland, 57% of sex workers worked in this sector, 51% in Christchurch and 50% in Wellington. The private sector was smaller in Christchurch (23%) than in either Auckland (36%) or Wellington (37%). In the two smaller towns, the majority of sex workers worked privately and there were no recorded street-based workers. In total, only 10% of the sex workers in the five centres worked on the street. As a proportion of sex workers, street-based work represented 7% of the industry in Auckland, 13% in Wellington and 26% in Christchurch.

As a proportion of the population, the ratio of sex workers to population numbers in Auckland was 1:898; in Christchurch the ratio was 1:919; Wellington was 1:1232; Nelson was 1:1158 and Hawkes Bay was 1:2026. These ratios were calculated using 2006 population estimates (Statistics New Zealand, 2006)³⁷. The regional population estimates included only the areas in which the estimates of sex workers took place.

If the estimates in Christchurch are compared to those collected in 1999 using identical methods, it is apparent that there has been little change in numbers of sex workers in that city. A total of 392 workers were estimated in 2006 compared to 375 in 1999 (see Table 5.2). There is little difference in numbers on the street. Prior to decriminalisation, Christchurch had a higher proportion of street-based workers than other centres in New Zealand. This remains unchanged following decriminalisation. Street-based workers comprised 28% of the sex industry in Christchurch in 1999 compared to 26% in 2006.

³⁷ Population estimate for Auckland (1,358,100); Christchurch (360,400); Wellington (464,600); Hawkes Bay (149,900); and Nelson (46,300).

In February 2006, a total of 77 street-based workers were seen on the streets in Christchurch. A further 23 were included in the count as they were known to outreach workers but had not been seen during the observation period³⁸. In May 2006, 72 street-based workers were seen in the observation period and this only included four of the people not seen but included in the February estimation. Therefore, 19 people included (but not seen) in the estimation of street-based workers in Christchurch in February were still not seen in May. Thirty four workers were seen in February but not in May and 29 people were seen in May but not observed in February. This highlights the transitory nature of street-based sex work, with many exiting and entering the industry within the space of three months.

Seasonal variations were not apparent and lower temperatures did not have a noticeable influence on the numbers of workers on the street. The temperatures in February/March 2006 ranged from a minimum of 3.5°C to a maximum of 26°C, with the average temperature being 14°C (Burwood Weather Station, 2006) and 77 street-based workers were seen on the street. In May, the minimum temperature recorded was -0.6°C and the maximum 18.3°C, with an average of 10°C (Burwood Weather Station, 2006) and 72 street-based workers were seen.

There does appear to have been a trend of movement from the managed sector to the private sector. In 1999, the managed sector comprised 62% of the sex worker population in Christchurch and the private sector 10%. The proportions in 2006 were 51% and 23% respectively. These differences were significant with workers in Christchurch less likely to be working in the managed sector in 2006 (RR: 0.82; 95% CI: 0.72-0.93) and more likely to be working in the private sector (RR: 2.36; 95% CI: 1.64-3.38) than in 1999.

³⁸ Outreach workers had included street-based workers who were not seen in the estimation period in 1999, thus making comparisons possible.

5.5 Re-estimation of the street sector in the three main centres

A second estimate of the size of the sex industry in study locations was carried out in 2007 (see Table 5.3). Following the 2006 estimation, street outreach workers in Auckland, Wellington and Christchurch developed databases, listing every recording of a sex worker on the streets. In so doing, these cities have now built up a comprehensive list of who is working on the streets and these names are only removed when they confirm that somebody is no longer working or has relocated to another city. Thus, more accurate figures are now available of numbers of street-based workers. Not all are seen on the street every week.

Table 5.3: Re-estimation of numbers of sex workers in five areas of New Zealand in June-October 2007

	Total workers	Private workers N (% of Total workers in city)	Street workers N (% of Total workers in city)	Managed workers N (% of Total workers in city)
Auckland	1451	476 (33)	230 (16)	745 (51)
Christchurch	402	89 (22)	121 (30)	192 (48)
Wellington	389	121 (31)	44 (11)	224 (58)
Hawkes Bay	65	28 (43)	0 (0)	37 (57)
Nelson	25	17 (68)	0 (0)	8 (32)
TOTAL	2332	731 (31)	395 (17)	1206 (52)

Christchurch’s list of street-based workers as at June 2007 had 121 workers although in any given fortnight, only 70-77 workers were noted by outreach workers as working. In June 2007, a two-week period of observation identified 73 workers. In February 2006, 77 street-based workers were seen and in May 2006, 72 street-based workers were seen in the estimation weeks. The numbers of street-based workers in this city is stable, with little difference between summer and winter recording. The number of street-based workers is also comparable to pre-decriminalisation estimations done in May 1999. Although street-based workers may enter and exit the industry periodically, the overall number appears to be constant. Similarly, the number of private and managed workers in Christchurch in October 2007 was comparable to the February 2006 estimation. Eighty-

nine private workers and 192 managed workers were counted in 2007 compared to 90 and 202 respectively in 2006.

In June 2007, Wellington had fewer street-based workers than had been recorded in February/March 2006. There were slightly more managed workers recorded in October 2007 than in February 2006 (224 versus 190) and slightly fewer private workers (121 versus 140). The overall number of sex workers in Wellington in 2007 was, however, comparable to that recorded in 2006.

As mentioned previously, the original count done in Auckland is likely to be an under-estimation of the number of street-based workers in that city. The outreach workers involved in the count did not conduct the count in the same manner as the Wellington and Christchurch workers. They failed to draw up a list of all known street-based workers, including the workers who were not seen but were known to be working, in the final count for the estimation period in February/March 2006. Following this estimation, outreach workers began compiling a list of all street-based workers. In June 2007, this list comprised 230 street-based workers, a considerable increase from the 106 identified in the 2006 estimation period. Twenty-one of the 230 workers on the Auckland list were very rarely seen on the street. Much of this discrepancy can be attributed to the non-inclusion of the street-based workers not seen on the street in the 2006 estimate. The outreach workers, however, noted that they had seen an influx of sex workers on the street in the six to eight months prior to June 2007. Of the 230 street-based workers on the Auckland database, 86 had begun work within the last 12 months and 144 had been working for longer than a year. Numbers of private and managed workers changed little from the 2006 estimate, with slightly fewer recorded in each sector in the 2007 estimate.

There were fewer sex workers estimated in October 2007 in both Nelson and the Hawkes Bay compared to February 2006 (25 versus 40 in Nelson; 65 versus 74 in Hawkes Bay). Many private workers who advertise in Nelson, travel there to work from either Wellington or Christchurch (NZPC, private communication). The discrepancy in the number of private workers could be that fewer were travelling to Nelson in the period of

time in which the 2007 estimation was done and only the local private workers were advertising at that time.

The estimation of 17% street-based workers over the five locations of the study does not reflect the overall percentage of street-based sex workers in New Zealand. According to NZPC and police, there is little or no street-based sector outside the cities of Auckland, Christchurch and Wellington. As no estimate was done of the size of the sex industry in other regions of New Zealand, it is not possible to give an accurate percentage of street-based sex workers in this country. However, if the estimation of the total number of sex workers in New Zealand is taken as 5,932 as reported in the PLRC report (2005), which is acknowledged as an overestimation, and a very conservative estimate of 4,000 based on informal knowledge of the industry in the rest of New Zealand, it can be inferred that street-based workers constitute 7-10% of sex workers in New Zealand.

The majority of sex workers (87%) in the five locations of the study were female (see Table 5.4) and the managed sector consisted almost entirely of female workers. In Christchurch, Nelson and Hawkes Bay there were no male or transgender managed workers and there were very few in Auckland and Wellington. The majority of transgender workers were street-based with a few working privately. Male sex workers worked predominantly in the private sector with some on the street.

Table 5.4: Gender of sex workers in June-October 2007 estimation by city and sector

	Female N (%)	Male N (%)	Transgender N (%)
Auckland:			
Managed	740 (99)	4 (0.5)	1 (0.5)
Private	398 (83)	50 (11)	28 (6)
Street	109 (47)	31 (14)	90 (39)
Christchurch:			
Managed	192 (100)	0 (0)	0 (0)
Private	74 (83)	10 (11)	5 (6)
Street	101 (84)	3 (2)	17 (14)
Wellington:			
Managed	222 (99)	2 (1)	0 (0)
Private	97 (80)	17 (14)	7 (6)
Street	14 (32)	0 (0)	30 (68)
Hawkes Bay:			
Managed	37 (100)	0 (0)	0 (0)
Private	21 (75)	4 (14)	3 (11)
Street	0 (-)	0 (-)	0 (-)
Nelson:			
Managed	8 (100)	0 (0)	0 (0)
Private	17 (100)	0 (0)	0 (0)
Street	0 (-)	0 (-)	0 (-)
TOTAL	2030 (87)	121 (5)	181 (8)

5.6 Public debates about numbers of sex workers

It is important to examine the context in which the estimations took place in New Zealand and the public debates that were occurring about the size of the sex industry. Many opponents of the PRA predicted that there would be an increase in numbers of sex workers in the industry following decriminalisation. There were newspaper reports that the number of sex workers had increased by 40% since the industry had been decriminalised, citing post-decriminalisation estimations in the report produced by the PLRC (Espiner, 2005). However, the media were comparing these estimations with a

2001 survey of police, which was not nationwide and was, therefore, not directly comparable with the PLRC report (Fitzharris, 2005).

Pascoe et al. (2007) noted in a critical analysis of print media following decriminalisation, that the debate in the media has been moralistic, with associations drawn between sex work and crime, public nuisance and increasing numbers of underage sex workers. No column space was given to debating public health issues, despite the fact that public health concerns were the driver for law reform. The review of 440 articles published in the main daily newspapers between June 2003 and November 2006, found that sources most often cited by the print media were local and central body politicians (41% of articles), who offered opinions on the state of the industry post-decriminalisation, based on anecdote rather than hard evidence. The street-based sector was especially targeted for recriminalisation by those politicians opposed to the legislation.

In particular, there was much media attention on the Manukau City Council, which attempted to have street sex work recriminalised through the Manukau City Council (Control of Street Prostitution) Bill 2005³⁹.

This Bill was introduced to Parliament in December 2005, but ultimately defeated in October 2006. It proposed to:

- make it an offence to solicit for prostitution in a public place; and
- apply to both prostitutes and their clients; and
- apply to conduct connected to prostitution; and
- create new infringement offences; and
- provide the police with powers to require information to be supplied and to arrest offenders (Manukau City Council, 2005).

³⁹ Manukau City is one of the five district council areas which make up the greater Auckland region. Estimates for Manukau City are, therefore, included in the total estimate for Auckland.

The then Mayor of Manukau, Sir Barry Curtis, argued that the decriminalisation of sex work had created problems in controlling sex work for local authorities as councils had to “.. deal with a serious increase in prostitutes soliciting on the street” (Burt, 2006). Curtis maintained in an interview on Radio New Zealand (12 September 2006) that he was not against the PRA and was supportive of sex workers operating from brothels but “...not on the street for all to see”. The Bill received support from MPs, such as David Carter from the National Party, who said that he and other MPs had warned that the PRA (2003) would lead to an increase in street sex workers (New Zealand Press Association, 2005). The New Zealand Herald, in its report with the headline “Manukau right on prostitution” stated that “[r]ather than confining prostitution to certified places, the new law appears to have increased the number of street walkers in Manukau City” (The New Zealand Herald, 2005, 10 December). Other councils, such as the Christchurch City Council, attempted to lobby for a similar Bill to control street sex work.

The United Future Party, whose members all voted against the PRA (2003), led an independent review of the PRA (2003). The 2005 national election saw the Labour Party elected by a small majority, which required them to negotiate with minor parties to vote with them in parliament on confidence and supply issues. To this end, an agreement was struck, which allowed United Future to conduct an independent review of the PRA (2003), separate from the official review stipulated under sections 42-46 of the Act. A working group was then formed, which heard submissions from community groups, city councils and residents in the major centres of New Zealand. Their three areas of interest were street soliciting, underage involvement in sex work and local authority control over brothel zoning (Marian Hobbs – personal communication, October 2006). A United Future MP was cited in the media as saying that the group’s main aim was to eradicate street sex work (Chapple, 2007). He argued that as brothels were legal, there was no need for street sex work. His “key recommendation” was that New Zealand should adopt the Swedish system and criminalise the clients of sex workers (Chapple, 2007).

As has been discussed in previous chapters, research has shown that criminalisation of the street sector increases the vulnerability of sex workers by driving them underground,

where fear of detection and arrest override concerns for health and safety (Davis and Shaffer, 1994; Jordan, 2005). A study carried out in Christchurch prior to decriminalisation, reported violence as a common occurrence for street-based workers (Plumridge and Abel, 2001). In the United Kingdom, where street workers are often moved to less visible toleration zones, they have been placed in more vulnerable positions where they are targets for violence (Hubbard, 2004). In Canada, research has shown that toleration zones have failed to reduce the overall prevalence of street-based prostitution (Canadian HIV/AIDS Legal Network, 2005; Lowman, 1998). Sex workers working on the streets in Canada are comparatively worse off when compared to other workers in their experience of violence and harassment (Benoit and Millar, 2001). In the state of Victoria, Australia, where legal sex work is limited to licensed brothels and escort agencies, street-based sex workers have been exposed to greater risk than brothel workers, in large part due to their criminalised status (Pyett and Warr, 1997). They are afforded no legal protection and are therefore reluctant to report violent crimes to the police (Pyett and Warr, 1997; Pyett and Warr, 1999). Commentators on Swedish policy argue that, when clients of sex workers were criminalised, the numbers of workers on the street did not decline (Kilvington et al., 2001), they simply went underground, where they were vulnerable to exploitation and abuse and less easily accessed by health and social workers.

The above issues will be discussed in greater detail in the chapters which detail the findings of the health and safety practices of sex workers, yet the relevance of the arguments these research projects have made are important to consider when discussing the recriminalisation of a sector of the sex industry. Such evidence-based public health arguments have been noticeably absent from all the public debates in New Zealand following decriminalisation. Gail Sheriff, a Christchurch City Councillor, who was a firm advocate for a Bill to recriminalise street work, was particularly dismissive of harm minimisation: “All we do is get preached to and told if you don’t have it there you’re going to push it underground. As far as I’m concerned, it can go underground as far as it likes” (McKenzie-McLean, 2006).

5.7 Conclusion

The Prostitution Law Review Committee (PLRC) endorsed the findings of our estimations and they were satisfied that the PRA had not had an impact on the number of people involved in sex work. Any perceived increase, they argued, was due to the increased visibility of street-based workers as they could now openly solicit clients in a public place without fear of arrest (Prostitution Law Review Committee, 2008). Similarly, indoor workers and brothel owners could be more open about their occupation. The Committee did recommend, however, that there should be ongoing monitoring of the number of people entering the industry.

More than half the number of sex workers in the areas studied worked within the managed sector of brothels and escort agencies. Over a third of sex workers worked privately, either from their own home or with other private workers from shared premises. Only one tenth of all sex workers worked on the street and this proportion is consistent with previous estimates. Concerns have been expressed by some commentators that numbers of workers on the street has increased post-decriminalisation. This is unsupported by the evidence provided in this chapter. This is the most visible sector of the industry and does attract more attention from the media and others. Yet the three estimates that have been done in Christchurch during the course of this research shows that the number of workers on the street has remained stable and consistent with pre-decriminalisation estimations. Almost no difference is apparent between estimates done at different times of the year. There were two estimations done in Wellington and these also showed a stable total number of workers. Unfortunately, the first estimation of street-based workers in Auckland was not comparable to Wellington and Christchurch in that sex workers, who were known to be working but who were not seen by outreach workers during the time of the estimation, were not included in the count. Subsequent more accurate and inclusive estimations have shown, however, that there are 230 street-based workers in the entire Auckland area, which represents approximately 16% of the industry in that area. The database of street-based workers which NZPC outreach workers have developed will be a very useful tool for monitoring street-based worker numbers over time.

The evidence that the number of workers on the street has not increased following decriminalisation would suggest that calls by abolitionist groups to recriminalise the street-based sector on the basis of increased numbers are unwarranted. Moreover, criminalising street-based work would create a two-tiered sex industry, with a legal and an illegal sector. This has implications for harm minimisation for a sector of the industry that will not disappear if recriminalised but will be left even more vulnerable. Similarly, criminalising the clients of street-based workers would force street-based workers to operate in less visible ways, increasing their vulnerability to violence and exploitation.

The research goes on to further explore decriminalisation as a harm minimisation strategy. This chapter went some way to addressing the first research question posed in this thesis: what impact has the PRA had on entry into sex work and movement between sectors of the industry? Motivations for working in the sex industry are discussed in Chapter Eight. The finding in this chapter that more sex workers in Christchurch work in the private sector and fewer in the managed sector post-decriminalisation is also explored in more depth in Chapter Nine. Chapter Nine also addresses the second research question by exploring how sex workers manage and control their working environment following the enactment of the PRA. The ability of sex workers to negotiate safe sex and their perceptions of emotional health in a decriminalised environment is explored in-depth in Chapters Ten and Eleven respectively. The next chapter provides details of the methodology employed to address these research questions.

CHAPTER 6: STUDY METHODOLOGY AND METHODS

6.1 Introduction

This chapter provides a detailed account of the methodological approach and the methods used in carrying out the study. It begins by discussing community-based participatory research (CBPR), which is an approach regarded as best practice when doing research with marginalised groups of people, such as sex workers. This approach underpinned all the methods utilised in the research. There are many challenges to undertaking research using a participatory model. It involves the active participation of community partners in all stages of the research and often community partners are not comfortable with rigorous research processes. It requires a greater time commitment from the researchers to ensure that this is accomplished, although some compromises have to be made along the way. The challenges that arose in this research are discussed in the chapter but overall the rewards of working with our community partners outweighed these challenges. It would not have been possible to have achieved the large number of participants that we did without the participation of our community partners and indeed, there are few studies of sex workers worldwide which have achieved such a large sample size.

Mixed-methods research, utilising both quantitative and qualitative methods, was undertaken and the merits of doing this are described, where the philosophical underpinnings of each paradigm are discussed. In keeping with the principles of CBPR, the data collection tools were developed in a participatory way and were informed by focus groups conducted with representatives of the sex worker population as well as other key stakeholders. The description of the methods used in the research begins by discussing the quantitative arm of the research, with the development of the questionnaire, the methods used to sample the survey population, the process of quantitative data collection and analysis of the questionnaire data. A description of the qualitative arm of the research attends to the selection of the sample, the semi-structured

in-depth interviews undertaken to collect data and the theoretical thematic analysis of the data.

This was a large and complex study design which has produced findings to assist in the evaluation of the policy which decriminalised sex workers. The detail of this study is described below.

6.2 Community-based participatory research

Community-based participatory research (CBPR) is a partnership approach to research, in which all partners contribute their own unique strengths to enhancing the “understanding of a given phenomenon and the social and cultural dynamics of a community, and integrate the knowledge gained with action to improve the health and well-being of community members” (Israel et al., 2003:54). Participatory models of research draw on both critical theoretical and constructivist perspectives. The ontological assumption is that reality is produced historically through social, political, economic, cultural, ethnic and gender factors, which crystallise over time (Guba, 1990; Israel et al., 1998). Through dialogue and interaction between the researcher and the participant, findings from the research, which are acknowledged as being value-mediated, can be used to effect social change. The goals and methods used in participatory research take into account the structures controlling people’s lives, focussing not only on the negative aspects but revealing the positives and working for social justice (Wallerstein and Duran, 2003).

Internationally, there is increasing interest in developing innovative, multi-methodological approaches to explore marginalised populations⁴⁰ and approaches which

⁴⁰ Marginalised populations are those populations who are disadvantaged and who tend to be excluded from the social rights enjoyed by other residents (Beiser and Stewart, 2005; Romero et al., 2003). These populations share common characteristics. They are often stigmatised and marginalised from the rest of society, are distrustful of outsiders and often unwilling to participate in research (Benoit et al., 2005; Liamputtong, 2007). These characteristics can pose problems for traditional research methods, which are often ineffective with marginalised populations and raise a number of ethical problems, risks and challenges (Romero et al., 2003).

are finding increasing popularity are ones which are collaborative and truly community based (Benoit et al., 2005; Minkler and Wallerstein, 2003). These approaches require a shift in the purpose of doing research from merely amassing knowledge for the use of academic and policy audiences, to a purpose which will be beneficial to the populations or communities involved, where participants are active players in the social construction of knowledge, empowerment and social change (Lewis and Maticka-Tyndale, 2000a; O'Neill, 1996). Beaglehole et al. (2004:2086) claim that working in partnership with communities is of utmost important for public health practitioners as it builds "community and political support for effective health policies".

Traditional research methods can serve to strengthen inequality, taking an 'outside expert' approach which often leads to community interventions which are disappointing (Minkler and Wallerstein, 2003). Their concepts and findings very often represent the perspective of elite groups, are accessible primarily to experts and devalue personal experiences and everyday knowledge held by non-elite people (Cancian, 1992). Such research methodologies involve researchers identifying particular 'problems' within communities or populations, posing research questions, making decisions on research methods to be utilised in the collection and analysing of data and developing interventions or recommendations for the alleviation of the 'problem'. Members of the research population participate as subjects in the research and have little influence on the research process and the reports and publications produced by the research (Lewis and Maticka-Tyndale, 2000a). In many instances the 'problem' as seen from the perspective of the researcher differs from the community perspective and resultant interventions are often not successful. In New Zealand, Maori have become increasingly frustrated with traditional research methods for these same reasons. Their concerns led to the development in the 1990s of indigenous methodologies, referred to as Kaupapa Maori research (Tuhiwai Smith, 1999). Tuhiwai Smith (1999:170) claims that Western methodologies which recorded various aspects of Maori social life, were validated as scientifically sound but did not advance the knowledge of Maori people and created "distorted notions of what it means to be Maori". As Tuhiwai Smith asserts, Maori concerns lie in the fact that methodology is often based on matching a 'problem' with

appropriate research strategies and collecting data to ensure the validity and reliability of the study. Inferential leaps and generalisations about how Maori society works are made with few gains made in improving conditions for Maori. The development of Kaupapa Maori approaches located research within Maori struggles for self-determination and social justice. The assumption underpinning Kaupapa Maori research is that it will always involve Maori, either as individuals or communities (Tuhiwai Smith, 1999).

There are parallels which can be drawn between CBPR and Kaupapa Maori research. In contrast to traditional research methods which place the participant as subject, CBPR involves an active and ongoing partnership between the researchers and the community at all stages of the research process with the aim to improve public health. Through the direct involvement of the participants in the research process, there is a power sharing which means that participants are less likely to be exploited in the research relationship (Liamputtong, 2007). It is argued that health improvements will only be achieved with research embedded in the local knowledge and with the active support of community members (Baum, 1995).

Traditional researchers are often uneasy with methodologies which give control of research to untrained participants, arguing that this does not constitute 'good' research and compromises scientific rigour. Others argue however, that participatory methods do not necessarily undermine scientific rigour (which is often predicated on objectivity) but offer alternative and strengthened scientific standards (Bradbury and Reason, 2003; Cancian, 1992; Fadem et al., 2003). Cancian (1992:633) suggests that "... drawing on the active participation and collective knowledge of community members will produce more valid descriptions and explanations". Both Cancian (1992) and Bradbury and Reason (2003) provide alternative possibilities for assessing the scientific standard or quality of participatory research, claiming that: maximising participation in the decision-making process; ensuring methodological and methods choices are appropriate and relational; incorporating social action into the research; legitimising knowledge by showing that it works in a practical situation; and improving opportunities for debate amongst diverse groups of researchers by challenging previous assumptions and presenting new

interpretations; all have profound implications for the validity of the research. Less control over the research does not necessarily equate to less scientific rigour. It is important to recognise the differences in understanding of an issue between the researcher and the community and the impact that this may have in practice. What is required by such methodological approaches is more time, patience and ability to negotiate with community partners (Allison and Rootman, 1996). The research process may be slower in the initial phases because of the emphasis on participation but with vigilance and the guiding hand of the researcher, research can achieve a high degree of rigour (Denner et al., 1999). Some compromises may have to be made along the way but by building relationships with community groups and working in partnership, research is more likely to reflect the perspectives of marginalised populations.

This is not to say that CBPR is without its difficulties. Studies on the sex worker population in Canada, which have utilised this approach, have documented several challenges faced during the course of the research (Benoit et al., 2005; Lewis and Maticka-Tyndale, 2000a; Shaver, 2005). It takes time to develop a relationship based on trust between academics and community members and researchers have to work hard to allay the community's initial suspicions (Benoit et al., 2005; Lewis and Maticka-Tyndale, 2000a). The priorities and timelines required by research funding agencies may not fit with the timeline of the community (Lewis and Maticka-Tyndale, 2000a). The intricacies of the research process are foreign to community groups and there can be impatience with the need to follow a rigorous procedure. As Lewis and Maticka-Tyndale (2000a) assert, when doing research with marginalised populations, the goal of the research should be to benefit the population and promote social change. This is often in conflict with university requirements for publications to promote the careers of academics, when academics are faced with publishing findings which may be harmful to the population. Similar challenges arose whilst carrying out this study and some of these are elaborated further in this chapter. Yet despite these challenges, there is an agreement that the advantages to taking a participatory approach outweigh the challenges and that this approach addresses many of the ethical challenges in doing research with a marginalised population (Benoit et al., 2005; Brooks-Gordon, 2008; Lewis and Maticka-Tyndale, 2000a; Shaver, 2005).

In light of the argument that CBPR is acknowledged as best-practice for conducting research with the sex worker population, the design of the study was undertaken in a collaborative fashion. We conducted the research in partnership with the New Zealand Prostitutes' Collective (NZPC). The relationship I have with the NZPC is a long-standing one, dating back to the mid-1990s. The entire process of the research, from the identification of research questions, to the development of the data collection tools, the collection of data, write-up and dissemination of the research results was done as a partnership. There were many challenges to planning a study that was not only rigorous and addressed the needs of an academic audience, but also achieved a standard of rigour where it could inform policy. In addition, there were other audiences to consider as I was mindful that the research should also benefit the NZPC, the community of sex workers and other groups in the wider community. The remaining sections of this chapter will document the research process and the challenges faced.

As discussed in the preface to this thesis, the larger study which this thesis draws on was funded by the Health Research Council of New Zealand and received additional funding from the Ministry of Justice. Ethical approval was granted for the study by the Multi-region Ethics Committee.

6.3 Mixed-methods research – the paradigm debate

This thesis aimed to explore whether the decriminalisation of sex work has had an impact on minimising harm experienced by sex workers. This was achieved by addressing the following research questions:

1. What impact has the introduction of the PRA had on entry into sex work and movement between sectors of the industry?
2. How do sex workers in different sectors of the sex industry (i.e. street, managed, private) manage and control their working environment following prostitution reform?

3. What changes do sex workers perceive in their ability to negotiate safer sex following the introduction of the PRA?
4. What are sex workers' perceptions of emotional health in a decriminalised environment?

I utilised a mixed-method approach to address the aims of this thesis, specifically an embedded 'concurrent transformative strategy' as discussed by Creswell (2009:215-216) which is based on the ideologies of critical theory and participatory research. This approach is "guided by the researcher's use of a specific theoretical perspective as well as the concurrent collection of both quantitative and qualitative data". The research questions drive the methodological choices taken. In answering the research questions, quantitative data was used to describe the phenomena and in some cases, comparisons were drawn with data collected in Christchurch prior to decriminalisation⁴¹. The qualitative data was used to explore the meanings and interpretations the participants gave to the phenomena, which provided a broader contextual understanding. The findings of this research therefore provided a rich description of how the PRA has impacted on the health and safety of sex workers, with an exploration of the lived experience of sex workers of legislative change in New Zealand.

Using both quantitative and qualitative methods within a single research study is common practice but it has to be acknowledged that these methods have distinct paradigmatic differences. The assumptions that underpin the two paradigms: what constitutes reality (ontology); how the researcher gains knowledge of that reality (epistemology); and the ways of knowing that reality (methodology), mean that they will inevitably involve the study of different phenomena (Sale et al., 2002). Quantitative, or positivist, research arises from the premise that there is an objective reality that can be empirically measured (Guba, 1990). Objectivity is key in the relationship between the researcher and participants to ensure scientifically rigorous research. Qualitative research, on the other hand, is situated within an interpretivist paradigm, which posits that there are multiple versions of reality and that these versions are socially constructed (Guba, 1990; Sale et

⁴¹ This earlier study was carried out in 1999 and was discussed in detail in Chapter Four, section 4.1.1.

al., 2002). Meanings and interpretations of reality are co-constructed between the researcher and the participants within the context of the situation (Sale et al., 2002). The epistemological debates between the prized objectivity of positivist research and the more subjective approaches of the interpretivist paradigms have been well documented, with many purists on both sides seeing the quantitative methods and qualitative methods as fundamentally incompatible (Baum, 1995; Guba, 1990; Hansen, 2006; Johnson and Onwuegbuzie, 2004; Sale et al., 2002).

Public health research has tended in the past to focus on epidemiological methods, using statistical methods to look at causation (Baum, 1995). Contemporary times have seen public health researchers incorporating a more complex socio-environmental approach, which is less amenable to such investigations (Baum, 1995; Leung et al., 2004). A multi-disciplinary approach has now been recognised as crucial to understanding the underlying determinants of health and “provide the evidence base for health policy making by use of appropriate methods to answer appropriate questions to inform policy” (Beaglehole et al., 2004:2085). Quantitative methods, such as surveys, provide valuable information on public health issues which require quantification, answering such questions as How many? How often? and What change? (Baum, 1995). Qualitative methods, on the other hand, provide a greater understanding of wider contextual factors, such as economic, political, social and cultural factors which influence health, as well as the interactions between different players within any public health issue (Baum, 1995:464). Such methods are most appropriate for research with marginalised populations, allowing the researcher to contextualise the experiences of the participants and in so doing, examine socially meaningful behaviour (Liamputtong, 2007). Yet public health is concerned with describing and understanding communities and as such, different methodological techniques are required (Baum, 1995). Researchers need to take an eclectic approach to method selection, to address the research questions in the best possible way (Johnson and Onwuegbuzie, 2004). In doing so, it is possible to investigate a research problem from a number of angles to provide a more comprehensive, broader understanding (Green and Thorogood, 2005; Hansen, 2006), clarifying each phenomenon examined within the research problem by each method (Brannen, 2005; Sale et al., 2002). This is different

from using qualitative research to validate the findings of quantitative research, an approach often referred to as triangulation. Many commentators have seen this approach as problematic given that positivist and interpretivist paradigms differ in ontological assumptions of the nature of reality and epistemological assumptions of the nature of the relationship between the researcher and the participants (Brannen, 2005; Green and Thorogood, 2005; Sale et al., 2002). Triangulation would entail using the two approaches to explore the same phenomenon, and as Sale et al. (2002:49) argue, the “phenomenon under study is not the same across methods”.

The research questions posed in this thesis are complex: some underpinned by positivist assumptions, where actions and behaviours of the participants are paramount, and others by interpretivist assumptions, where there is a need to look at the meanings participants give to these actions and behaviours (Brannen, 2005). In accordance with the underlying principles of CBPR, it is important that the voices of vulnerable populations, such as sex workers, are represented to provide the participants’ perspectives. Utilising quantitative data in addition to the in-depth talk will provide a greater understanding of this population and therefore be more likely to effect social change (Brannen, 2005).

This thesis has utilised a quantitative and qualitative approach in a complementary way to provide a broader understanding of the impact of decriminalisation on the lives of sex workers, using qualitative data to elaborate or expand upon the results of the quantitative data, as well as to explore phenomena that are not amenable to quantitative investigation. In so doing, the complexity of sex workers’ lives may be better revealed in a multi-dimensional way.

6.4 Setting the context for the research

A CBPR approach includes the perspectives of participants (Wolffers, 2004). Their input into the development of the data collection tools is necessary to accurately reflect their needs and experiences in the final analyses. To facilitate this input, focus groups were conducted for exploratory purposes to inform the development of the later stages of the

research (Bloor et al., 2001). This early phase of the research allowed the research team to gather data which would inform the content of a questionnaire and also inform the development of a semi-structured interview guide for in-depth interviewing.

Three focus groups were conducted with NZPC key informants, including staff, associates, volunteers, outreach workers and sex workers in regular contact with NZPC. The focus groups explored issues with the implementation of the PRA and the impact on the health and safety practices of sex workers, providing contextual data in the everyday language of participants. Using focus groups for preliminary exploration has been found to be beneficial in allowing researchers to explore in-depth sensitive topics, when relatively little is known on the topic, where prior research is lacking or where hidden or marginalised populations have knowledge concealed from others (Rice and Ezzy, 1999; Vaughn et al., 1996). Members of marginalised populations are sometimes distrustful of researchers and are not used to having their views heard and valued (Tuhiwai Smith, 1999). By using focus groups within a participatory approach to research, participants are empowered to take an active role in the research (Minkler and Wallerstein, 2003; Rice and Ezzy, 1999). Focus groups are also well recognised as an ancillary method alongside other methods and provide a contextual basis for survey design (Bloor et al., 2001).

A semi-structured interview guide was developed by the lead researchers⁴². All three focus groups were held in NZPC branch offices and varied in duration between one hour and twenty minutes and two and a half hours⁴³. There were 7-12 participants in each focus group and they represented the diversity of sectors within the sex industry, with

⁴² See Appendix 3.

⁴³ The first focus group was held in Christchurch during September 2005. Twelve participants took part in this focus group which consisted of two street youth outreach workers, four NZPC staff members, one brothel manager, three brothel workers, one private worker and one ex-street worker. Conversation flowed freely with the majority of participants actively contributing. The second focus group was held in Wellington in October 2005. The seven participants included two NZPC staff members, two transgender workers, two brothel workers and one street worker. The conversation was not as free flowing as the Christchurch focus group and this may have been due to the confined space of the office, which did not easily accommodate so many people. The third focus group was held in Auckland in November 2005 with eight participants. Participants included three NZPC staff members, one transgender worker, one street worker, one male worker, one brothel worker and one ex-private worker. The room was not ideal for the focus group as it was extremely hot and when the window was opened, traffic noises drowned out the conversation.

street, brothel, escort, private, female, male and transgender workers participating. All participants were provided with an information sheet and a consent form to participate in the study⁴⁴. The focus groups produced rich descriptions of the issues that the participants thought were relevant and should be explored in more depth within the research. There were seven themes which emerged from the focus group discussions:

- The most dominant theme was one of empowerment post-decriminalisation, which included newly acquired employment, occupational and legal rights;
- The continuing stigmatisation of sex workers by media and the general public;
- The inconsistencies in understandings of stakeholders on the specific rights of sex workers and their responsibilities under the PRA;
- The healthier environment for sex workers under the PRA;
- The contradictory talk of the relationships between individual sex workers and the police with sex workers in some sectors and in some cities perceiving a change in their relationship with police whilst others were more ambivalent;
- Movements into and within the sex industry and the perceived shortage of sex workers or clients;
- The difficulties of exiting the sex industry (Weir et al., 2006).

These themes informed the development of a questionnaire which was conducted amongst sex workers, as described in the following section, as well as a semi-structured interview guide which was used in in-depth interviews as described in section 6.10.

6.5 Questionnaire design

Quantitative survey research is particularly useful in gathering information, opinions, attitudes and practices from a population in a relatively inexpensive and timely manner (Daly et al., 1997). Questionnaires are most commonly used to collect survey data and it is most important to ensure that the questionnaire is well designed to reduce any non-sampling error (Department of Statistics New Zealand, 1992).

⁴⁴ See Appendix 4.

Research partners need to be involved in the design of research tools, such as questionnaires or interview guides. Local knowledge ensures that the questions posed are relevant and appropriate and the language used is pertinent to the target audience (Lewis and Maticka-Tyndale, 2000a). The starting point for the development of the questionnaire was the questionnaire which was developed for the 1999 study of Christchurch sex workers. Staff from NZPC were provided with a copy of this and a meeting was held on 6 December 2005 to discuss the questionnaire. The 1999 questionnaire was discussed among eight NZPC representatives and three researchers and differences of opinion debated. With issues raised in the focus groups in mind, it was decided that questions needed to be developed on rights and obligations under the Act and also on occupational health and safety issues. It was also agreed that there was a need to look at the general health of sex workers with a view to comparisons with other occupational groups⁴⁵.

Changes and additions were made to the questionnaire following this meeting. Questions on general and mental health from the SF-36 scale were incorporated into the questionnaire. A survey of Queensland sex workers had utilised these questions (Prostitution Licensing Authority, 2004), which would make comparisons across the studies possible. This scale is also used in the National Health Survey in New Zealand which would allow for comparisons to be made between sex workers and the general population (Public Health Intelligence, 2004). Other new questions were devised, questions from the 1999 survey adapted to better wording and provide more alternatives and some 1999 survey questions were left unchanged.

A redrafted questionnaire was emailed to NZPC staff and researchers with requests for comment. It was evident there were still some problems of what questions should and should not be asked and the wording of other questions and another meeting was scheduled for 23 February 2006. Eight NZPC staff attended this meeting with two researchers. Final changes were made to the questionnaire following this meeting and it was again emailed to all NZPC staff and researchers for final comment.

⁴⁵ See appendix 5 for a description of the development of the questionnaire.

A meeting was held on 29 March 2006 with the research assistants from NZPC in Auckland, Christchurch and Wellington, to provide training in the delivery of the questionnaire. These research assistants were to provide training to other staff members and outreach workers of NZPC within their branches. The questionnaire was then piloted within the three centres to assess both the appropriateness of the questions and the interviewing techniques of the interviewers. There were a total of 15 pilot questionnaires completed, five in each centre. Some final, wording changes were made to the questionnaire after the piloting exercise.

The final questionnaire consisted of 68 questions with a number of sub-questions⁴⁶. Questions 1-11 were basic background questions covering demographic details such as age, ethnicity, gender, children and education, as well as details on the length of time participants had worked in sex work, any breaks from the industry and reasons for these, any other work engaged in and age at entry into sex work. Questions 12-19 asked about their sex work. This included questions about the sector they worked in, the reasons for entering the industry as well as reasons for staying in the industry and their disclosure of their work to family and others. Questions 20 to 37 related to health, including general health, mental health, substance use, occupational health and safety, knowledge of rights and health services access. The final set of questions concerned their experiences of work. These questions looked at issues of coercion, services offered, safer sex negotiation, bad experiences, attitudes regarding police, access to advice and information on keeping themselves safe, methods of payment for work and benefits of sex work.

6.6 The quantitative sample

It is very difficult to gain a statistically representative sample of marginalised populations, such as sex workers (Lewis and Maticka-Tyndale, 2000a). In countries where activities associated with sex work are criminalised, they constitute a hidden

⁴⁶ See Appendix 6 for full questionnaire.

population and thus, there is no adequate sampling frame (Benoit et al., 2005; Heckathorn et al., 2001; Liangputtong, 2007; Romero et al., 2003). This makes random sampling impossible and purposive sampling is more likely to be used when researching populations like sex workers (Benoit et al., 2005). In New Zealand, the sex worker population are newly licit and as such, it is arguable that they are no longer 'hidden'. However, societal acceptance of sex work as an occupation is often underpinned by moral judgements and for this reason many sex workers continue to keep their occupation secret (Weir et al., 2006). Although this study had estimated the number of workers in the geographical locations of the study and it may have been possible to attempt to randomly select individuals on the street, private workers and brothels, the disadvantages of doing so outweighed the advantages. There was prolonged discussion between NZPC, the consulting statistician and the research team about the method of sampling to be utilised in the study. NZPC maintained that random sampling would elicit a level of distrust among those selected to participate and the response rate would likely be very low, thus compromising the external validity of the study. In taking a CBPR approach, it is understood that sometimes compromises have to be made which may affect the rigour of a study but the knowledge organisations such as the NZPC have about their community is of utmost importance and cannot be overlooked. This study therefore did not sample randomly but there was still a need to represent the overall cultural make-up of the population within the sample (Berg, 1999). There are strategies that can be employed to increase the likelihood of reflecting the diversity of the sex industry. A robust estimate of the size of the sex industry within the locations of the research, as well as the gender and sector make-up of the workers within each location, allowed informed sampling within each micro-grouping. Having community partners with an in-depth knowledge of the industry in each location also improved the likelihood of gaining access to the diversity of sex workers. However, the representativeness of the sample cannot be assessed, which does pose a problem for external validity.

The target population for this research were sex workers in Auckland, Christchurch, Wellington, Napier and Nelson⁴⁷. There was only one exclusion criterion: sex workers whose English was not sufficient to understand the questions without the aid of an interpreter, were excluded from the study. There were three reasons for this decision. Firstly, because of the sensitive nature of the topic and the personal questions asked within the questionnaire, having an interpreter present would have compromised the confidentiality of the participants. Secondly, we did not have the funds to employ translators. Thirdly, foreign sex workers are doubly vulnerable, due to their occupation and minority ethnicity status, and some may not be working legally. They are, therefore, likely to be distrustful of the research and would be less likely to participate. This is a section of the sex worker population requiring further investigation but careful thought needs to be put into developing an effective and ethical methodology.

Different sampling strategies were undertaken in the different locations of the research. In Christchurch, as many participants as could be recruited into the study were sampled. The study done in Christchurch in 1999, prior to decriminalisation, employed this sampling strategy and in order to make comparisons possible in that city pre- and post-decriminalisation, a similar strategy had to be used. As there are fewer male and transgender workers than female workers, and fewer street-based workers than workers operating from indoor venues, all male, transgender and street-based workers who could be identified in all the locations of the study were invited to take part in the survey. This was done in order to make meaningful comparisons between sectors and gender. As Napier and Nelson have smaller numbers of workers, this method of sampling was employed in these locations to enable the investigation of any significant differences between small city and big city workers. Although it would have been beneficial to the study to sample female private and managed workers in Auckland and Wellington in a similar way, financial constraints and the logistics of recruiting sufficient NZPC staff to

⁴⁷ Auckland, Christchurch and Wellington are the three largest cities in New Zealand and these are the cities within which most of the sex worker population are located. However, it was also necessary to consider whether there were any differences in experiences between big city and smaller city sex workers. For this reason it was decided to also collect data in the cities of Napier and Nelson.

conduct the interviews within a relatively short timeframe, meant that it was only possible to sample a proportion of these populations. In Auckland, we aimed to sample 315 of the female private and managed sectors, which represented 25% of this population. In Wellington, where the sex worker population is smaller than in Auckland, we aimed to recruit 120 participants, which represented 42% of the population of female private and managed workers. It was estimated that this would yield an overall sample of 1,000 participants. These sampling strategies resulted in unequal selection probabilities which may introduce bias to the study. This was controlled for by weighting the sample to a known population distribution and this will be discussed at greater length in section 6.8.2 and in Chapter Seven, section 7.2.2.

6.7 Quantitative data collection

Recruitment of participants into the study and the collection of reliable information are more readily accomplished when working in partnership with relevant community organisations, making use of peer interviewers. Community partners can vouch for the trustworthiness of the researchers and the relevance of the study, which works to benefit the research (Lewis and Maticka-Tyndale, 2000a). Once trust has been established with initial participants, obtaining additional participants is more easily achieved (Lewis and Maticka-Tyndale, 2000a).

Information sheets were provided to all participants giving details of the study⁴⁸. Participants were reimbursed with a cash payment of \$15. The questionnaire took between 35-45 minutes to complete. Questionnaires were delivered face-to-face by a trained peer interviewer. The locations in which the interviews took place varied. Sex workers who accessed NZPC were asked to participate in an interview when they visited one of the branches. If the time was not appropriate, they were asked to return at a more convenient time. Interviewers approached brothel workers through their routine outreach visits and several interviews took place in the lounges of brothels. Brothels which were not affiliated to NZPC, were telephoned and brothel managers asked to relay information

⁴⁸ See Appendix 7.

about the study to their workers. Several brothels placed flyers with details about the study and contact details on their notice boards. Private workers were telephoned and asked to come into NZPC branches to participate in the interview or were offered the possibility of an interviewer coming to their home. Street outreach workers approached street-based workers on the street. Many completed the questionnaire at nearby cafés, some in the interviewers' parked cars and others went back to NZPC offices with the interviewers. In the smaller cities of Nelson and Napier, interviewers from Christchurch and Wellington travelled to the respective locations to undertake the interviews. These interviews took place in participants' place of work, their homes or in the interviewers' motel rooms.

Although interviewers had all been trained in delivering the questionnaire in a standardised way, some questionnaires were returned incomplete⁴⁹. This was mostly due to interviewer error. The questionnaire was long and time-consuming and not all questions were completed in full. For example, when a question provided many options which all required a "yes", "no", "don't know" or "didn't answer" response, only the options that were answered in the affirmative were marked. This resulted in a high non-response rate to some questions. Interviewers were encouraged to pay attention to such detail but the need to conform to the rigorous procedures of the research process was not a priority when both interviewers and interviewees were concerned about the time commitments of completing the questionnaire. Often respondents were on a break from work at the time of the interview and were concerned about returning to work.

6.8 Quantitative analysis

6.8.1 Data checking and cleaning

Data was entered into EpiInfo version 3.3.2 by a data entry specialist. The number of variables in the questionnaire exceeded the maximum that EpiInfo could cater for and therefore data was entered into four separate files. One hundred questionnaires were

⁴⁹ See Appendix 8 on missing data.

randomly selected using a random selection programme (RANDSAMP, T. McLennann) and all entries within these questionnaires were checked for accuracy. Of a total of 33,100 non-text variables (331 entries per questionnaire), there were 92 wrong entries, giving an error rate of 2.78%. Thirty-five percent of the questionnaires had at least one data entry error. This was deemed unacceptably high and a check was therefore completed of all variables in all questionnaires and corrections made.

After data checking, the four files were exported into Excel and then imported into SAS 9.1, where they were merged into one file. Internal validity checks were carried out by calculating frequencies on all questions among the whole sample. Anomalies were checked and recoded. Checking of skip options was completed and responses made to questions, which should have been skipped, were removed.

6.8.2 *Data analysis*

6.8.2.1 *Recoding of variables*

Workplace and ethnicity variables were recoded from the old to the new variables. Place of work was recoded with responses to 'parlour/brothel' and 'escort agency' collapsed into one variable termed "managed sector" and responses to 'private from home or somewhere else (on your own)', 'private shared flat or place/working with others' and 'bars' collapsed into a variable termed "private sector". As multiple responses were allowable for ethnicity, participants recording more than one ethnic identity were classified to one ethnicity using the priority scale Maori, Pacific, Other, New Zealand European. This process ensures that the total number of responses equals the total study population. There are recognised weaknesses in following this procedure as it detracts from the concept of self-identification. However, a total response output can be difficult to interpret and analyse.

6.8.2.2 *Weighting of sample*

As described in section 6.6, different strategies were used to sample participants in different cities as well as within different sectors of the sex industry. The response rate to the questionnaire will be described in Chapter Seven but it should be noted here that there were different response rates for the different sectors of the industry. Disproportionate

sampling and inequalities in the selection frame and procedures create unequal selection probabilities and are corrected by weights inverse to those probabilities (Kish, 1965). Weighting of a sample to a known population distribution will adjust for differences in sampling rates and will also adjust for the difference in response rate of different sectors of the industry (Kalton, 1983). Unequal weights were applied to control for bias. However, although bias is controlled, the unequal weights also increase imprecision through increasing the standard error of the estimates. Therefore, SAS Version 9.1 Survey Procedures were used, as these use weights for point estimates and also take into account weights for standard errors.

6.8.2.3 Analysis of contingency tables

Most of the results presented in this study compare responses of participants across the different sectors, gender or different geographical locations of the study. A chi-square test for contingency tables provides an overall test of significance, based on the assumption of the null hypothesis of no difference. The greater the difference between the expected and the observed estimates, the larger the calculated chi-square (Kirkwood, 1988). However, the chi-square test for contingency tables does not provide multiple comparisons and if the reader wishes to make comparisons between particular pairs, for example private workers' and managed workers' participation in volunteer work, note should be taken of the standard errors provided in the tables. These standard errors provide an indication of the range within which the true estimate lies. There is a 95% probability that the true estimate lies within 1.96 standard errors above or below the reported estimate (Kirkwood, 1988). A rough rule of thumb to see if there is a statistically significant difference at the 0.05 level between a pair of estimates is to see if the difference between the estimates is more than three times the larger standard error (Wolfe and Hanley, 2002). Statistical significance can occur with some overlap between the 95% confidence intervals for each estimate.

6.8.2.4 Finite population correction

The number of sex workers sampled for participation in this study represented about one third of the sex worker population in the locations of the study. Therefore, the finite population correction was not negligible.

“If a sample is from a population of finite size, for example the houses in a village, the sampling variation is considerably smaller than σ/\sqrt{n} when a large proportion of the population is sampled. It would be zero if the whole population were sampled, not because there is no variation among individuals in the population, but because the sample mean is then the population mean. A second sample (i.e. the whole population) would automatically give the same result. A **finite population correction** (f.p.c.) is therefore applied when working out the standard error. The formula becomes:

$$\text{s.e. with f.p.c.} = \frac{\sigma}{\sqrt{n}} \sqrt{\left(1 - \frac{n}{N}\right)}$$

where N is the population size and n/N is the **sampling fraction**” (Kirkwood, 1988:18).

It is generally felt that the f.p.c. can be ignored if the sample does not exceed 10% of the population (Moser and Kalton, 1972). Although this study’s sample does exceed 10% of the population, the f.p.c. was not applied in this analysis. Failure to use the f.p.c. errs on the conservative side and therefore some of the associations will not be observed that would have been found if the f.p.c. had been used. This to some extent compensates for the multiple comparisons made within some tables.

6.9 The qualitative sample

The qualitative phase of this study included one-on-one in-depth interviews. The aim was to sample up to 60 sex workers across the five locations of the study. In terms of a qualitative study, 60 participants is a large sample size (Britten, 1995; Hansen, 2006). Unlike quantitative studies where a large, representative sample is often desired, qualitative samples are large enough if the data collected is rich enough to support a highly detailed, in-depth analysis (Hansen, 2006; Rice and Ezzy, 1999). Sex workers were sampled purposively, using maximum variability sampling, within all the locations

of the study. This method of sampling provides for information-rich cases to be included in the study and captures the diversity of the industry within the final sample (Hansen, 2006). This strategy is useful for identifying common patterns which cut across the diversity of the sample and also allows for exploration of the differences (Patton, 1990). Potential participants were approached either through telephone calls or when outreach workers accessed them in NZPC offices, brothels, escort agencies, streets or private homes. Attention was given to gaining participation of female, male, transgender, street, brothel, escort and private workers as well as small city and big city workers. Efforts were also made to contact potential participants who had no affiliation to NZPC so as to reflect the diversity of the industry within the sample.

6.10 Qualitative data collection

A semi-structured interview guide was developed for use in in-depth interviews following analysis of the focus group discussions⁵⁰. Semi-structured interviews are flexible, loosely-structured and have areas of interest defined for exploration in the course of the interview (Britten, 1995). Questions are phrased in an open-ended, non-directive manner with probes used to encourage elaboration (Hansen, 2006). Their flexibility allows the adjustment of the interview guide after some interviews have been completed to incorporate the exploration of new ideas that may have emerged from the earlier interviews (Hansen, 2006).

Semi-structured interviews take the form of a conversational narrative, which is created jointly by the interviewer and the interviewee (Romero et al., 2003). They enable the exploration of the meanings and interpretations participants give to their experiences in sex work in a confidential manner (Rice and Ezzy, 1999). Sex workers are often suspicious of researchers and how the information they provide will be utilised. For this reason, peer interviewers were used to carry out the interviews, as rapport with the

⁵⁰ See Appendix 9.

participant is vital in the collection of rich, in-depth information. It may be that some participants would not wish to reveal certain practices to NZPC outreach workers and this should be acknowledged as a limitation of the research. However, they might be more likely to reveal sensitive information to an interviewer who had had similar experiences to them than they would to an unknown academic who had never worked in the sex industry.

In-depth interviewing is a difficult task and the quality of the information collected is largely dependent on the skills of the interviewer (Britten, 1995; Rice and Ezzy, 1999). Five interviewers were trained in in-depth interviewing techniques and some were more adept at interviewing than others. In some cases, interviewers had a particular area of personal interest which they pursued more vigorously than other topic areas, often in a very directive way. In many instances there was also inadequate probing of particularly relevant issues which arose during the interviews. However, the interviews did produce rich, contextual data on the working lives of sex workers post-decriminalisation.

Two interviewers were trained in Christchurch. One of the interviewers was an NZPC staff member, who had a lot of contact with brothel and private workers and also provided the outreach work for Nelson. She completed the managed and private worker interviews in Christchurch as well as the five interviews in Nelson. The other Christchurch interviewer was a street outreach worker and she completed all the interviews with street-based workers.

Two interviewers were trained in Wellington. Both were full-time staff members of NZPC. One of the interviewers was male and the other female. The female interviewer completed the three Napier interviews.

In Auckland, one interviewer was trained to undertake all the interviews. She was employed part-time as a research assistant and part-time as an NZPC outreach worker to brothels.

Participants were provided with information sheets and written or oral consent was taken to participate in the study⁵¹. Each participant was reimbursed with \$30 cash in appreciation of their time. The interviews lasted between 30 - 120 minutes, with the average interview taking an hour to complete.

6.11 Qualitative analysis

The interviews with sex workers were digitally recorded and transcribed to word accuracy. A theoretical thematic analysis was undertaken. Thematic analysis is a method used extensively in qualitative research to identify, analyse and report patterns in data (Aronson, 1994; Braun and Clarke, 2006). Meaning is sought in the accounts and/or actions of participants, taking into account how the broader social and political context impinge on these meanings (Braun and Clarke, 2006; Holloway and Todres, 2003). In many instances, researchers undertaking thematic analysis have taken a passive stance, where they are guided by the data rather than pre-established hypotheses or assumptions (Daly et al., 1997; Hansen, 2006; Rice and Ezzy, 1999). However, as Braun and Clarke (2006) assert, analysis does not take place in an epistemological vacuum and the underlying assumptions, ideas and conceptualisations of the researcher are theorised as shaping or informing the data. A theoretical thematic analysis takes a constructionist approach where events, realities, meanings and experiences of the participants are examined as effects of a range of discourses operating within society (Braun and Clarke, 2006). It is understood that meanings and experiences are socially produced and the analysis "... seeks to theorise the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided" (Braun and Clarke, 2006:85). Although this is an inductive analytical method where themes or patterns identified as being important to the participants were coded for, my theoretical and analytical interests played an important role in the identification of themes.

⁵¹ See Appendix 10 for the Christchurch information sheet and consent form. Information sheets were tailored for each location so that relevant contact information could be provided.

It is a requirement for rigorous qualitative research that the researcher be reflexive to the role he/she plays in the social setting in which the research takes place, as well as be reflexive on their theoretical stance (Hansen, 2006). In so doing, findings are not reported as facts or a transparent window into the participants' worlds, but as interpretations of experiences and how these interpretations arose (Berg, 2004:154). Reflexive awareness includes being explicit about the steps taken throughout the research and how decisions were made and being aware of both the interaction between the interviewer and the participants and also how political, social and historical contexts have shaped the data collected (Green and Thorogood, 2005).

My position as an academic within a university public health department influenced many of the assumptions that I brought into the research. Public health specialists take a broad view of health, considering social, economic, environmental and global impacts on a population's health. Promoting the social and mental health of people is important and one of the key strategies that health promoters advocate is building healthy public policy (Naidoo and Wills, 2001). Also key to public health is the prevention of disease. To this end, harm minimisation strategies have been advocated, especially from the 1980s in relation to drug use (Rekart, 2005; Roe, 2005; Sanders, 2004a). As discussed in Chapter Two, some public health specialists take a narrow view on harm minimisation for sex workers and have not focussed on the structural social issues which impact on the health and well-being of sex workers (Lenton and Single, 1998; Sanders, 2004a). They, therefore, do not take a stance on decriminalisation. However, research has shown the lack of human rights afforded to sex workers under criminalised systems is detrimental to their health and well-being and this can only be addressed through legislative change (Alexander, 1999; Benoit and Millar, 2001; Lowman, 2000; Pauw and Brener, 2003; Plumridge and Abel, 2001; Pyett and Warr, 1997; Pyett and Warr, 1999; Scambler and Scambler, 1997a; Vanwesenbeeck, 2001). Effective legislative change requires that the community itself be involved in the planning and decision-making. As a public health researcher, I had an expectation that decriminalisation might be a positive move towards the reduction of harm amongst sex workers and to the extension of their human rights but

because of the paucity of research, there was no evidence to support this assumption. The intent of this thesis is to make some contribution to addressing this lack of knowledge.

In addition, I have had a close working relationship with some members of NZPC through earlier research projects for eight years prior to the start of this research. Thus I have an obligation to them to produce research which is useful to them as an organisation and provide them with a way forward. Consequently, I have endeavoured to not only focus on the negatives of sex work but also have given attention to the positives of their work. There are tensions between wanting to produce useful and positive research for an organisation and presenting findings which may be unpalatable to them. Negative findings cannot be hidden and must be presented when writing up the research but this should be done in a thoughtful and considered way in consultation with the organisation.

The process I undertook in the analysis of the qualitative data has been documented by a number of qualitative academics (Aronson, 1994; Attride-Stirling, 2001; Braun and Clarke, 2006; Daly et al., 1997; Hansen, 2006; Rice and Ezzy, 1999).

- The transcripts were all read prior to the start of coding. This was to familiarise myself with the data as I had not been present at the interviews, nor had I transcribed the interviews myself. Whilst reading the interviews, I took notes and recorded preliminary analytical ideas.
- The data collected were sorted into data sets, which are extracts from all the data divided into topics of particular analytical interest, eg: all the talk of the participants around their experiences at the time of entering the sex industry were combined into one data set.
- The data in each data set were read and re-read and coded for features of specific interest.
- The coded segments of the transcripts were sorted into overarching themes and sub-themes and then refined. Themes which were not supported by sufficient data were discarded and others collapsed together.
- A detailed analysis of each theme was written within an analytic narrative with extracts from the talk of the participants provided to give sufficient evidence for

the theme. The themes were discussed within the context of the existing literature and social and political environment of sex workers in New Zealand.

Israel et al. (2003) state that CBPR does not necessarily mean that all partners are involved to the same degree in all phases of the research. In terms of data analysis, they argue that while community partners may not take part in the initial analysis of the data, they should be involved in the interpretation which may mean that additional analyses may need to be conducted. All preliminary analyses in this thesis were provided to members of NZPC and comments sought on the interpretation of the data. They provided additional perspectives to the data analyses which were incorporated into the final write-up.

Names of all participants have been changed in the presentation of the qualitative analysis to protect their identity.

6.12 Summary of participative approach and the challenges faced

This study took a CBPR approach as outlined in section 6.2 of this chapter. Whilst an account of how NZPC participated in all phases of this research was threaded throughout the chapter where relevant, it may be helpful to summarise this to illustrate the extent of their involvement.

- As discussed in the Preface, NZPC contacted me after the passing of the Prostitution Reform Act with a view to carrying out research to explore the impact of the Act on the health and safety of sex workers. They were the instigators of the research.
- A meeting was held in Wellington at the Ministry of Health in September 2004, with representatives of the Ministry, NZPC and the research team attending. Research questions to be addressed in the proposed research were discussed and the final questions, identified in the Preface, were those which addressed the interests of all three groups.

- NZPC were integral in the design of the data collection tools. Numerous meetings were held between representatives of NZPC and the research team to decide what questions should be asked in both the survey and in-depth interviews.
- Survey and in-depth interview participants were recruited by NZPC volunteers and outreach workers. To ensure that the diversity of sex workers was represented in both samples, the research team provided oversight in this process.
- NZPC volunteers and outreach workers were trained by the research team in interviewing techniques and they carried out both the quantitative and qualitative data collection.
- The research team undertook all the preliminary analyses but NZPC participated in interpreting the findings of the research.
- NZPC has been involved in the dissemination of findings from the research. Catherine Healy (National Co-ordinator of NZPC) was a co-editor of a book we have published and other members of NZPC co-authored a chapter in the book. NZPC members have also given public talks where they have disseminated some of the findings. All papers produced from the study are seen and commented on by NZPC prior to submission. This included this PhD Thesis.

As highlighted in this chapter, the involvement of NZPC in this study improved the overall rigour as they provided an important gatekeeper role into the sex worker community. I have also discussed some of the challenges we found in carrying out this research in a participatory way. The most significant challenges are summarised below.

- The amount of time it took to design and finalise the questionnaire exceeded our expectations. We had a number of meetings where we discussed each question in the questionnaire until consensus was achieved. Some questions required prolonged debate. For example, while NZPC wanted to make comparisons regarding mental health between the sex worker population and the general population, they were resistant to the SF36 questions. It was

necessary to ask these questions if we wanted to make comparisons as these were the questions used in the National Health Survey of the general population in New Zealand. They did not like the wording of the questions and wanted to change that and we found it difficult to explain that changing the questions would compromise the validity of the instrument. They eventually acquiesced to having the questions in the questionnaire but their distaste for them meant that in delivering the questionnaire, we had some incomplete responses.

- We had envisaged giving an accurate estimate of non-response rate for the quantitative arm of the study and requested that NZPC keep a record of who they asked to take part in the research and who refused, along with personal characteristics such as sector of work and gender. This was not done particularly well as some recruiters failed to see the importance of this.
- There was a prolonged discussion between the statistician advising on the project and NZPC regarding the sampling for the quantitative arm of the study. Whilst the statistician would have preferred that we random sample, this was objected to by NZPC who felt that this method would not be acceptable to sex workers. As NZPC were the partners with expertise in this community, we agreed to a purposive sample.
- The delivery of the questionnaire could have been improved but was another area in which the steps needed to ensure research rigour were not taken up by the community organisation. The questionnaire was extensive and did take a long time to complete. Some questions were not completed correctly as interviewers attempted to get through this as quickly as possible.
- Some of the in-depth interviews reflected particular interests of the interviewers with some detailed questioning on specific areas of the semi-structured interview guide with a lack of depth in other areas.
- The time taken to get all the interviewing for both the quantitative and qualitative arms of the study was also longer than expected.

The benefits of working in partnership with NZPC outweighed these challenges. Despite sometimes heated debates, there is commitment on both sides to carrying out future research as a partnership. There is a significant amount of trust between us and in disseminating the research through the media, NZPC prefer us to take the lead. Because research in the field of sex work can be taken up negatively by the public, NZPC do attempt to be seen as notionally removed from the process. Their view is that as academics, our research will be viewed as 'scientific' and 'valid' and would therefore be less likely to attract scepticism. If they were too closely connected, their perception is that the public are likely to dismiss the research findings as less credible.

6.13 Conclusion

There were many challenges faced in designing and carrying out this study. Working in partnership with NZPC in a community-based participatory approach was both a rewarding and a challenging experience. The main challenge was to achieve a research process that was both rigorous and would stand up to academic critique but would also include the active participation of our community partners. There were numerous delays in the process as differences of opinion were discussed at length before compromises were reached. If the findings of this research are to be utilised to effect social change and be useful to the wider sex work community, it is necessary to take the time to ensure that decisions which may hamper the research are not taken rashly. Academically rigorous research can influence policy but the findings of this research would not have been rigorous without the active participation of NZPC. This partnership approach to research underpinned the selection of the research methods. Quantitative and qualitative data were utilised in a complementary way to reveal the complexity of sex workers' lives. NZPC worked in partnership with the researchers to develop the data collection tools for both the qualitative and quantitative arms of the study. NZPC staff were trained by the research team to administer the questionnaire and conduct the in-depth interviews with sex workers in five research locations.

In addition to the challenges faced in the research process, there were challenges to writing up this study. The mixed method approach taken meant that both the quantitative and qualitative findings had to be presented in a cohesive way. Traditionally, these methods have been written up in diametrically opposed ways. The challenge was to develop a way to integrate the findings and present both the qualitative and quantitative analysis in a compelling way. It was important to represent the interwoven nature of both sets of data so that together they could provide a deeper understanding of the impact that decriminalisation had had on minimising harm in sex work (Goodrick and Emmerson, 2008). It would have detracted from this depth to have separated out the quantitative and the qualitative findings. Purists on either side may be concerned with the presentation of data in this thesis. However, the way I have integrated the findings is not done with the intent to supplant traditional ways of presenting findings, but to broaden established ways of presentation (Goodrick and Emmerson, 2008).

It was also a challenge to present data which related to different sectors of the sex industry as well as different gender identifications. Because of the small number of male and transgender participants it was not possible to present quantitative results by both gender and sector simultaneously. In most cases, however, findings clearly distinguish between street-based, managed and private sex workers and where relevant, also between female, male and transgender participants. The remainder of this thesis presents these analyses. The next chapter provides a description of the characteristics of both the quantitative and qualitative samples.

CHAPTER 7: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SURVEY AND QUALITATIVE SAMPLES

7.1 Introduction

Before presenting the findings of this study, it is important to understand the characteristics of both the sample of sex workers who participated in the survey and those who took part in in-depth interviews. As alluded to throughout this thesis, sex workers are not homogenous and therefore, to ensure the rigour of the study, the diversity of sex workers should be represented the samples. This chapter provides a description of both the survey and the qualitative samples.

Section 7.2 reviews the sampling strategy used for the survey as well as the response rate. The sampling strategy has the potential to introduce bias to the study, which was corrected by utilising weights to adjust for differences in sampling rates and response rates in the different sectors and geographical locations of the study. A detailed discussion of this precedes a description of the location and percentage of survey participants in each sector of the industry. The personal characteristics of the participants, including ethnic identification, gender, age, age of entry into sex work, education, parenthood and activities outside of the sex industry are then discussed, looking at differences between sectors and between geographical locations of the study. Information on the length of time the participants had been working in the sex industry and whether they had worked prior to decriminalisation is provided, acknowledging the limitations of cross-sectional surveys, which capture more long-term than short-term sex workers. A short discussion is given on the differences in demographic characteristics between ethnic groups. The quantitative sample description concludes with a comparison between the Christchurch female study participants and the participants in the 1999 survey of Christchurch female sex workers. As this study makes some comparisons pre- and post-

decriminalisation by comparing this study's data with the 1999 study, it is necessary to carefully consider the characteristics of the samples at each point in time.

Section 7.3 provides a very brief overview of the personal characteristics of the participants in the in-depth interviews.

7.2 Survey sample

As discussed in Chapter Six, the recruitment of participants for the survey sample differed by geographical location, as well as by gender and sector of the industry. To summarise, it was planned to approach as many transgender, male, street-based, Napier, Nelson and Christchurch sex workers as possible to participate in the survey. Although it would have been beneficial to the study to sample female private and managed workers in Auckland and Wellington in a similar way, constraints meant that we aimed to sample 25% of the female managed and private sex worker population in Auckland and 42% in Wellington.

A limitation of this study is that it is not a national study. Sex work does occur in other centres of New Zealand not included in this study. However, the main centres have been included and it would be unlikely that experiences would be markedly different for sex workers in other locations.

7.2.1 Response rate

There was good coverage of the different sectors of the industry and this was represented in the final sample. The response by sex workers to the research was positive and the majority of sex workers who were approached to complete the questionnaire, were happy to participate. The estimation of number of workers in the different sectors within the different locations of the study was done six months prior to the start of data collection and during this time, it is possible that more workers could have entered the industry in certain sectors or moved from one sector to the other. It is also possible that some workers could have relocated from one geographical location to another. This may have accounted for a low response rate in certain sectors and also could account for the

recruitment of more participants in other sectors than were originally estimated, as was the case for transgender street-based workers and Christchurch female private workers (see Table 7.1 for response rates). As discussed in Chapter Five, the Auckland estimate of street-based workers was an under-estimate given that the street-based workers who were not observed during the period of the estimation, were not included in the final count. As many transgender workers work on the streets of Auckland, this could also account for some of the discrepancy between estimated number of transgender workers and number of transgender survey participants.

Table 7.1: Sampling plan, response rates and weights for different sections of the sex worker population

	Estimated number in population	Number planned for sample	Number obtained	Response rate [†]	Weight [‡]
Male Workers	206	206	48	0.23	4.29
Transgender Street-based Workers	67	67	74	1.10	0.91
Transgender Private/Managed Workers	62	62	19	0.31	3.26
Christchurch Female Street-based Workers	86	86	77	0.90	1.12
Christchurch Female Managed Workers	202	202	100	0.50	2.02
Christchurch Female Private Workers	42	42	47	1.12	0.89
Auckland Female Street-based Workers	63	63	33	0.52	1.91
Auckland Female Managed Workers	823	206	179	0.85	4.60
Auckland Female Private Workers	434	109	50	0.46	8.68
Wellington Female Street-based Workers	16	16	6	0.38	2.67
Wellington Female Managed Workers	190	80	67	0.84	2.84
Wellington Female Private Workers	97	41	34	0.82	2.85
Nelson and Napier Females	108	108	38	0.35	2.84

[†] Response rate = number obtained/number planned for

[‡] Weight = number estimated/number obtained. This takes account of intentional differences in selection plus non-response (see section 7.2.2).

There was low participation in the survey by Auckland female private workers as well as male private workers throughout the locations of the study. This is not surprising given that they are a more isolated sector, often operating from the suburbs. Interviewers were reliant on contacting potential private worker participants by telephone. It would possibly be easier to refuse to take part in research when the approach is not made face-to-face. A high proportion of male workers (83%) and many transgender workers work privately and interviewers found them very difficult to access. Thus only 23% of the estimated number of male sex workers was recruited into the study. There are no known differences between those private workers who agreed to participate and those who refused, other than Asian ethnicity.

Asian sex workers were underrepresented in the final sample. There were a large number of Asian private workers whose English was insufficient to understand the questionnaire and the same was true for managed participants in some of the Asian brothels. Asian workers were also suspicious of the research and in most cases, even when their English was sufficiently good, refused to take part in the survey. Although many Asian brothel owners did not allow access to workers on their premises, a few did and so there was limited participation by Asian workers.

NZPC have indicated that certain brothels do not allow them on their premises to conduct outreach work. In accordance with this, 10 of the estimated 76 brothels in Auckland and two brothels in both Christchurch (of 20 brothels in total) and Wellington (of 15 brothels in total) refused to allow interviewers onto their premises to administer the survey to sex workers working in their establishments. Some of the sex workers from these businesses did go into NZPC offices to participate in the survey. However, in Christchurch, there was a disappointing response rate recorded for female managed workers. This may be attributable to poorer recruitment of participants in this sector by interviewers.

The proportion of female street-based workers in Auckland and Wellington who participated in the study was lower than proposed (52% and 38% respectively). The low response rate is not attributable to refusals as there were very few outright refusals to

participate by street-based workers. Interviewers in these locations were however less vigilant in their recruitment of female street-based workers and tended to put more effort into recruiting managed and private workers.

It was planned to sample the entire sex worker population in Napier and Nelson but this did not occur. There is no branch of NZPC in either of these cities, which made it more difficult for interviewers to contact all potential participants. The estimation of 70 sex workers in Hawkes Bay included workers in both Napier and Hastings, with Napier being the busier city of the two with regard to sex work. However, as recruitment was only done in Napier, 70 sex workers was an overestimate of the population of sex workers in that city. The response rate would therefore be higher than that recorded but still lower than planned.

The final sample had good coverage of the variety of sex workers in the five locations, consisting of sex workers who had previous contact with NZPC, as well as participants who had had no contact with NZPC prior to the research. Although the majority of participants did indicate that they attended NZPC drop-in centres in Auckland, Wellington and Christchurch, around one third in Christchurch and Auckland indicated that they did not (see Table 7.2). It is possible that Wellington would have more coverage of the variety of workers in that city as the Wellington Branch is also the National Branch of the NZPC and they have a bigger profile in that city.

Table 7.2: Percentage participants accessing NZPC in Auckland, Christchurch and Wellington

	Auckland N=329 %	Christchurch N=244 %	Wellington N=141 %
Attendance at NZPC drop-in centre:			
Yes	65.4	67.2	82.3
No	34.6	32.8	17.7

Frequency missing data = 16

7.2.2 *Location and sector of participants*

A total of 772 questionnaires were completed across the five locations of the study (see Table 7.3). In Auckland, 333 questionnaires were completed, representing 22% of the estimated population of sex workers in that city. In Christchurch, the proportion of the estimated population who participated was 63%, in Wellington 40%, in Hawkes Bay 31% and in Nelson 48%. Different venues for sex work were then collapsed into a street-based sector, a managed sector (comprising brothel and escort workers) and a private sector (comprising workers who worked privately on their own or from shared premises or other venues such as bars) (see Table 7.4). This distinction was made to provide for comparisons between sex workers who work under a system of management and those who do not, as the literature proposes that the dynamics of work in the different sectors impacts differentially on the health and safety experiences of sex workers.

Table 7.3: Numbers of survey participants in each sector at each location

Location	Total No. In Survey	Street	Managed Indoor		Private Indoor		
			Brothel	Escort	Private on own	Private shared	Other
Auckland	333	78	178	2	42	31	2
Christchurch	245	92	91	9	27	24	2
Wellington	152	31	54	15	32	12	8
Napier	23	0	15	0	5	1	2
Nelson	19	0	10	3	5	1	0
Total	772	201	348	29	111	69	14

Table 7.4: Location and numbers of street-based, managed and private workers

Location	Total No. In Survey	Street	Managed	Private
Auckland	333	78	180	75
Christchurch	246	92	100	54
Wellington	151	33	70	48
Napier	23	0	15	8
Nelson	19	0	13	6
Total	772	203	378	191

The different sampling strategies within the different geographical locations of the study, as well as the different strategies used to sample different sectors and genders, can produce biased estimates, as discussed in Chapter Six, section 6.8.2. To control for this bias, weights were calculated by dividing the estimated numbers of workers within each gender/sector/city category by the number of survey participants in each category (see Table 7.1).

Calculating weights for each gender category, within each sector, within each city would have resulted in 45 different weights. As there were no street-based workers in Nelson and Napier and no male or transgender workers in the managed sector in all locations with the exception of Auckland, a possible 31 cells were identified for weighting. This was too many for individual weighting. As males in all locations are most likely to work in the private sector (83% of male workers are estimated to be working in the private sector), one weight was calculated for all male workers. There was a poor response rate from male private workers for reasons already mentioned and thus each male participant represents 4.29 male workers. Transgender workers either work in the street-based sector or the private sector, with only three transgender workers estimated to be working in the managed sector in the study locations. Therefore, a weight was calculated for transgender street-based and another combined weight was calculated for transgender managed and private workers. There was one combined weight calculated for Nelson and Napier female private and managed workers as these cities had a very similar distribution of female workers in the managed and private sectors. Because only a portion of the Auckland female private and managed workers were sampled and the response rate was lower than expected, the weights calculated for these cells are large, with each Auckland female private worker representing 8.68 Auckland private workers and each Auckland female managed worker representing 4.6 Auckland managed workers. All subsequent analyses were carried out on the weighted sample.

Table 7.5 gives details of the weighted percentages of participants, with standard errors, within the different sectors in the geographical locations of the study.

Table 7.5: Location and weighted percentages of street-based, managed and private workers[†]

Location	Distribution across locations	Distribution across sectors for each location		
	Total In Survey % (s.e.)	Street % (s.e.)	Managed % (s.e.)	Private % (s.e.)
Auckland	62.6 (1.9)	9.6 (1.3)	55.2 (3.1)	35.2 (3.2)
Christchurch	15.5 (1.1)	26.8 (2.7)	54.4 (3.4)	18.8 (2.9)
Wellington	16.7 (1.4)	11.0 (2.2)	50.7 (4.3)	38.3 (4.3)
Napier	2.9 (0.6)	0	63.2 (10.3)	36.8 (10.3)
Nelson	2.3 (0.5)	0	66.6 (11.1)	33.4 (11.1)
Total	100	12.0 (1.0)	54.8 (2.2)	33.2 (2.2)

[†] Weighted estimates to account for variation in probability of selection and response.

7.2.3 *Personal characteristics of survey participants*

Table 7.6 presents the comparisons across the different sectors of the sex worker population in personal characteristics, including ethnicity, gender, age, age at entry into the sex industry, education, whether or not they had children and whether they were involved in other activities outside of the sex industry.

Ethnicity, gender, age and age of entry into sex work by sector: Overall, half the sample population were New Zealand European, with a further third reporting some Maori ethnicity. The majority of participants were female, between the ages of 22 and 45 years and had entered the sex industry between the ages of 18 and 29 years. There were significant differences between the different sectors. Unlike the other sectors, the managed sector was almost solely female. The street-based participants were more likely than managed or private workers to report some Maori ethnicity. They were also more likely to report being transgender, being under the age of 18 years and over half reported starting sex work before the age of 18 years. Private workers were older than either managed or street-based workers and were more likely than the other sectors to report starting to work in the sex industry after the age of 30 years.

Table 7.6: Personal characteristics of survey participants by sector[†]

	Total N=772 % (s.e.)	Street N=203 % (s.e.)	Managed N=378 % (s.e.)	Private N=191 % (s.e.)	Comparison across sectors
Ethnicity: (N=763)					
Maori	30.6 (1.9)	62.7 (3.9)	27.7 (2.5)	24.1 (3.7)	χ^2 =157.5 df=6 p<0.0001
NZ European	51.6 (2.2)	22.9 (3.2)	54.5 (2.7)	56.9 (4.4)	
Pacific Island	4.9 (0.9)	9.1 (2.3)	5.2 (1.2)	3.0 (1.4)	
Other	12.9 (1.6)	5.3 (1.9)	12.6 (1.9)	16.0 (3.5)	
Gender: (N=772)					
Male	8.6 (1.2)	19.4 (4.5)	1.6 (0.7)	16.2 (2.8)	For % females: χ^2 =358.6 df =2 p<0.0001
Female	86.0 (1.2)	57.3 (4.2)	98.4 (0.7)	76.0 (3.3)	
Transgender	5.4 (0.7)	23.3 (2.8)	0	7.8 (1.8)	
Age at time of study: (N=771)					
< 18 years	1.2 (0.3)	6.5 (1.6)	0.4 (0.3)	0.6 (0.6)	χ^2 =231.3 df=8 p<0.0001
18-21 years	17.4 (1.6)	18.8 (2.9)	22.5 (2.3)	8.4 (2.5)	
22-29 years	33.5 (2.0)	32.0 (4.0)	39.0 (2.7)	25.0 (3.9)	
30-45 years	38.9 (2.1)	32.7 (3.9)	33.5 (2.6)	50.1 (4.4)	
> 45 years	9.0 (1.3)	10.0 (2.5)	4.6 (1.1)	15.9 (3.3)	
Age at entry into sex work: (N=771)					
< 16 years	8.4 (1.0)	29.2 (3.8)	3.9 (1.1)	8.2 (1.9)	χ^2 = 430.6 df=10 p<0.0001
16-17 years	9.0 (1.1)	28.0 (3.9)	5.7 (1.1)	7.6 (2.3)	
18-21 years	35.6 (2.0)	28.7 (3.7)	42.3 (2.7)	27.1 (4.0)	
22-29 years	27.6 (1.9)	9.6 (2.0)	32.3 (2.5)	26.3 (3.9)	
30-45 years	17.1 (1.8)	3.8 (1.4)	14.2 (1.9)	26.8 (4.0)	
>45 years	2.3 (0.7)	0.7 (0.7)	1.6 (0.7)	4.0 (1.7)	
Education: (N=766)					
Primary	2.0 (0.5)	3.3 (1.2)	2.1 (0.8)	1.5 (0.8)	χ^2 =97.7 df=6 p<0.0001
Secondary (1-2 yrs)	19.2 (1.6)	38.2 (4.0)	16.6 (2.0)	16.6 (3.1)	
Secondary (3-5 yrs)	41.0 (2.1)	41.3 (4.0)	39.1 (2.7)	43.9 (4.4)	
Tertiary	37.8 (2.1)	17.2 (3.4)	42.2 (2.7)	38.0 (4.4)	
Children (N=764)					
Yes	46.9 (2.2)	39.4 (4.1)	52.1 (2.7)	41.0 (4.4)	χ^2 =25.6 df=2 p<0.0001
No	53.1 (2.2)	60.6 (4.1)	47.9 (2.7)	59.0 (4.4)	
Activities outside of the sex industry: (multiple possible)					
No other work (N=684)	31.1 (2.1)	51.4 (4.2)	25.9 (2.5)	31.3 (4.3)	χ^2 =55.8; df=2; p<0.0001
Studying (N=709)	28.2 (2.1)	20.1 (3.6)	30.0 (2.6)	28.3 (4.3)	
Paid work part-time (N=711)	27.9 (2.1)	16.5 (3.6)	27.5 (2.6)	32.7 (4.3)	χ^2 = 19.7; df=2; p<0.0001
Paid work full-time (N=694)	9.1 (1.3)	6.2 (2.1)	10.5 (1.8)	8.0 (2.3)	
Training courses (N=698)	11.6 (1.4)	10.9 (3.1)	12.6 (1.9)	10.2 (2.7)	χ^2 =2.1; df=2; p=0.4
Caregiving (N=713)	31.1 (2.0)	22.4 (3.6)	35.3 (2.7)	27.5 (4.1)	
Volunteer work (N=689)	13.9 (1.6)	16.0 (3.5)	12.8 (2.0)	15.1 (3.2)	χ^2 =2.4; df=2; p=0.3

[†] Weighted estimates to account for variation in probability of selection and response.

Education and children by sector: Very few participants reported only a primary school level education, with the majority reporting three to five years of secondary school education or tertiary education⁵². Nearly half of all participants reported having children. Street-based workers were however more likely to report lower levels of education than either managed or private workers. More managed workers than private workers and street-based workers reported having at least one child.

Activities outside of the sex industry by sector: There were many non-responses for the question on activities outside of the sex industry as there were multiple options and interviewers sometimes only ticked the options that participants responded to. Table 7.6 presents the activities questioned on, with the number of valid responses to each option. Less than one third of participants reported no other work outside the sex industry. A quarter of all participants reported working part-time in paid work and a similar proportion reported that they were studying at the time of interview. Street-based workers were more likely than managed or private workers to report not having any other work outside sex work.

Table 7.7 presents the personal characteristics of participants by geographical location of the study. Because comparisons were being made over five geographic areas, data was sparse in some categories. In addition, confidentiality in the smaller cities would be compromised, as in some categories only one or two people were identified. Therefore, data for the cities of Napier and Nelson were combined. As some data was still sparse across the four geographical areas, some variable options with small numbers were combined, such as age at entry into sex work, where 30-45 years and >45 years were combined and education, where primary and secondary (1-2 years) were combined.

⁵² The question on education clarified tertiary education as being university, Waananga or other tertiary level education. Waananga are predominantly Maori institutions, which offer degree-status courses. However, some smaller Waananga offer short courses or workshops, which some participants may have interpreted as tertiary level education.

Table 7.7: Personal characteristics of survey participants by geographic location[†]

	Auckland N=333 % (s.e.)	Christchurch N=246 % (s.e.)	Wellington N=151 % (s.e.)	Napier/Nelson N=42 % (s.e.)	Comparison across cities
Ethnicity: (N=771)					Comparisons for the three cities of Auckland, Christchurch and Wellington presented in the text
Maori	32.3 (2.8)	28.9 (3.1)	27.0 (3.7)	29.5 (7.2)	
NZ European	47.0 (3.1)	63.1 (3.3)	55.0 (4.2)	61.4 (7.6)	
Pacific Island	4.9 (1.2)	3.4 (1.1)	7.8 (2.4)	0	
Other	15.8 (2.3)	4.6 (1.4)	10.2 (2.6)	9.1 (4.3)	
Gender: (N=772)					Comparisons for the three cities of Auckland, Christchurch and Wellington presented in the text
Male	7.2 (1.4)	5.8 (2.5)	15.0 (3.6)	13.7 (5.9)	
Female	88.0 (1.6)	88.8 (2.8)	75.8 (3.8)	86.3 (5.9)	
Transgender	4.8 (0.9)	5.4 (1.5)	9.2 (2.0)	0	
Age at time of study: (N=771)					Comparisons for the three cities of Auckland, Christchurch and Wellington presented in the text
< 18 years					
18-21 years	0.3 (0.2)	4.9 (1.5)	1.7 (1.0)	0	
22-29 years	17.1 (2.2)	22.7 (2.8)	16.8 (3.1)	6.8 (3.8)	
30-45 years	33.9 (2.9)	31.6 (3.3)	34.5 (4.1)	31.8 (7.1)	
> 45 years	39.1 (3.0)	35.5 (3.3)	37.5 (4.2)	51.2 (7.8)	
	9.6 (1.9)	5.3 (1.4)	9.5 (2.5)	10.2 (4.9)	
Age at entry into sex work: (N=771)					
< 16 years	7.6 (1.3)	9.1 (2.0)	11.1 (2.8)	6.8 (3.8)	$\chi^2 = 81.6$
16-17 years	6.9 (1.5)	15.9 (2.5)	11.2 (2.6)	6.8 (3.8)	df=12
18-21 years	35.1 (2.9)	37.0 (3.4)	37.4 (4.1)	31.8 (7.3)	p<0.0001
22-29 years	28.7 (2.8)	25.6 (3.0)	27.4 (3.9)	20.5 (6.1)	
30+ years	21.7 (2.7)	12.4 (2.3)	12.9 (2.8)	34.1 (7.5)	
Education: (N=766)					
Primary / Secondary (1-2 yrs)	17.5 (2.2)	31.4 (3.1)	21.5 (3.6)	34.1 (7.5)	$\chi^2 = 93.2$
Secondary (3-5 yrs)	44.2 (3.1)	41.4 (3.5)	28.5 (3.8)	40.9 (7.7)	df=6
Tertiary	38.3 (3.0)	27.2 (3.2)	50.0 (4.3)	25.0 (6.6)	p<0.0001
Children (N=764)					$\chi^2 = 68.7$
Yes	47.0 (3.1)	54.3 (3.5)	32.6 (4.0)	69.3 (7.2)	df=3
No	53.0 (3.1)	45.7 (3.5)	67.4 (4.0)	30.7 (7.2)	p<0.0001
Activities outside of the sex industry: (multiple possible)					
No other work (N=684)	27.5 (2.9)	44.1 (3.7)	29.7 (4.1)	40.0 (7.9)	$\chi^2 = 38.7$; df=3; p<0.0001
Studying (N=709)	29.3 (3.0)	22.6 (3.0)	32.5 (4.2)	20.4 (6.1)	$\chi^2 = 13.6$; df=3; p=0.004
Paid work part-time (N=711)	29.6 (3.0)	19.5 (2.8)	33.3 (4.3)	17.9 (6.2)	$\chi^2 = 25.8$; df=3; p<0.0001
Paid work full-time (N=694)	9.8 (1.9)	5.9 (1.9)	11.5 (2.9)	4.5 (3.1)	$\chi^2 = 11.2$; df=3; p=0.01
Training courses (N=698)	10.0 (2.0)	14.6 (2.6)	16.0 (3.4)	6.8 (3.8)	$\chi^2 = 15.4$; df=3; p=0.002
Caregiving (N=713)	28.6 (2.9)	40.2 (3.5)	29.9 (4.2)	35.2 (7.4)	$\chi^2 = 19.2$; df=3; p=0.0003
Volunteer work (N=689)	13.5 (2.3)	11.0 (2.3)	20.5 (3.7)	9.1 (4.4)	$\chi^2 = 17.8$; df=3; p=0.0005

[†] Weighted estimates to account for variation in probability of selection and response.

Ethnicity and gender by geographic location: Christchurch had a higher proportion of New Zealand European sex workers than either Auckland or Wellington ($\chi^2=68.3$; $df=6$; $p<0.0001$). There were no Pacific Island and transgender participants in Nelson and Napier and so these cities were excluded from significance tests. There were significant differences between Christchurch, Wellington and Auckland in gender distribution of the sample ($\chi^2=44.7$; $df=4$; $p<0.0001$). The proportion of male and transgender participants was higher in the Wellington sample than either Auckland or Christchurch.

Age and age of entry by geographical location: The age distribution of the sample was also different between the three main cities ($\chi^2=75.8$; $df=8$; $p<0.0001$). The Christchurch participants were slightly younger than the Wellington or Auckland sample. The participants from the smaller cities of Napier and Nelson were more likely to be older than the participants in the larger cities and were also more likely than their city counterparts to report starting sex work after the age of 30 years. Christchurch and Wellington participants were more likely to report starting sex work before the age of 18 years than participants in Auckland or Nelson/Napier.

Education and children by geographic location: Wellington participants were more likely to have had tertiary level education and were also less likely to have children than participants in the other geographical locations.

Activities outside of the sex industry by geographic location: Christchurch participants and participants from the smaller cities of Napier and Nelson were more likely than participants from other locations to not have any other work outside sex work. Wellington participants were overall, more likely than participants in other geographical locations to be involved in activities outside sex work, either in paid part-time work, volunteer work, training courses or paid full time work, although confidence intervals between different locations do overlap.

Length of time in the industry by sector and geographic location: Table 7.8 presents the data for length of time in the sex industry by sector. It is important to recognise that

cross-sectional surveys provide a snapshot in time of a particular population and in the case of this study, the length of time sex workers stay in the sex industry cannot be measured. There is also the potential in sampling within a population such as sex workers, that participants who have been in the sex industry for a reasonably long time may be overrepresented in the final sample. Sex workers who come into the industry and leave within a relatively short time are less likely to be captured in the survey sample. This overrepresentation of long-term workers can introduce some bias to the study. Two thirds of the participants in this study had been in the industry for longer than two years. Street-based workers were the most likely to report being in the industry for longer than 10 years and managed workers were the least likely. Almost three quarters of street-based workers reported having started working prior to the enactment of the PRA in 2003. There was little difference in percentages of participants starting work prior to the PRA between the three main cities (see Table 7.9). Napier/Nelson participants were more likely than the larger city participants to report having worked in the industry for longer than five years and therefore, to have been working prior to decriminalisation of the sex industry.

Table 7.8: Length of time in Sex Work by sector[†]

	Total N=772 % (s.e.)	Street N=203 % (s.e.)	Managed N=378 % (s.e.)	Private N=191 % (s.e.)	Comparison across sectors
Length of time in industry: (N=689)					
< 6 months	11.1 (1.4)	6.1 (1.6)	14.1 (1.9)	8.0 (2.8)	$\chi^2 = 168.1$ df=10 p<0.0001
6 – 11 months	9.1 (1.2)	4.6 (1.7)	12.8 (1.9)	4.5 (1.6)	
12 – 23 months	13.2 (1.6)	5.4 (1.7)	13.8 (2.0)	14.9 (3.4)	
2 – 4 years	23.4 (2.0)	12.5 (2.9)	25.1 (2.5)	24.3 (4.1)	
5 – 9 years	20.2 (1.8)	25.9 (4.0)	19.4 (2.2)	19.5 (3.5)	
10+ years	23.0 (1.9)	45.5 (4.6)	14.8 (2.0)	28.9 (4.0)	
Working prior to PRA: (N=760)					
Yes	57.2 (2.2)	74.5 (3.4)	49.7 (2.7)	63.1 (4.4)	$\chi^2 = 62.1$ df=2
No	42.8 (2.2)	25.5 (3.4)	50.3 (2.7)	36.9 (4.4)	p<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

Table 7.9: Length of time in Sex Work by geographic location[†]

	Auckland N=333 % (s.e.)	Christchurch N=246 % (s.e.)	Wellington N=151 % (s.e.)	Napier/Nelson N=42 % (s.e.)	Comparison across cities
Length of time in industry: (N=689)					
< 6 months	10.8 (2.1)	15.4 (2.6)	10.8 (2.8)	4.6 (3.2)	$\chi^2 = 63.2$ $df = 15$ $p < 0.0001$
6 – 11 months	7.5 (1.6)	10.9 (2.4)	13.4 (3.1)	9.3 (4.5)	
12 – 23 months	14.4 (2.3)	9.5 (2.3)	14.4 (3.3)	7.0 (3.9)	
2 – 4 years	25.8 (2.9)	21.1 (3.0)	17.1 (3.5)	20.9 (6.3)	
5 – 9 years	18.7 (2.4)	22.6 (3.1)	18.3 (3.6)	34.9 (7.6)	
10+ years	22.8 (2.6)	20.5 (2.9)	26.1 (4.1)	23.3 (6.9)	
Working prior to PRA: (N=760)					$\chi^2 = 17.0$
Yes	56.3 (3.1)	55.9 (3.5)	57.1 (4.3)	74.4 (6.7)	$df = 3$
No	43.7 (3.1)	44.1 (3.5)	42.9 (4.3)	25.6 (6.7)	$p = 0.0007$

[†] Weighted estimates to account for variation in probability of selection and response.

Gender, age and education by ethnicity: Table 7.10 provides the data for personal characteristics of the participants by ethnic identification. The majority of New Zealand European workers were female, were between the ages of 22 and 45 years, had started sex work after the age of 18 years and had secondary school level education of at least 3 years or more or some tertiary education. Maori and Pacific participants were significantly more likely than New Zealand European and Other ethnicities to identify as transgender. They were also significantly more likely than New Zealand European and Other ethnic groups to be 18-21 years of age at the time of interview and to have started working prior to the age of 18 years. More than half of participants from Other and Pacific ethnicities reported having tertiary level education, while approximately a third of New Zealand European and Maori participants reported this level of education.

Table 7.10: Demographics by Ethnicity[†]

	Maori N=265 % (s.e.)	NZ European N=384 % (s.e.)	Pacific N=45 % (s.e.)	Other N=76 % (s.e.)	Comparison across ethnicities
Gender: (N=770)					
Female	77.8 (2.8)	90.6 (1.7)	76.1 (6.9)	90.5 (3.1)	$\chi^2 = 99.0$
Male	11.7 (2.4)	7.7 (1.6)	11.0 (6.0)	4.2 (2.4)	df=6
Transgender	10.5 (1.7)	1.7 (0.6)	12.9 (4.1)	5.3 (2.0)	p<0.0001
Age at time of study: (N=771)					
< 18 years	1.5 (0.6)	1.2 (0.5)	1.7 (1.3)	0.7 (0.5)	$\chi^2 = 47.7$
18-21 years	20.7 (2.9)	15.4 (2.1)	24.8 (8.4)	14.4 (4.6)	df=12
22-29 years	32.7 (3.5)	31.7 (2.8)	47.1 (9.0)	37.8 (6.3)	p<0.0001
30-45 years	35.6 (3.6)	41.4 (3.0)	21.5 (7.1)	43.4 (6.6)	
> 45 years	9.5 (2.3)	10.4 (2.1)	4.9 (2.6)	3.7 (2.2)	
Age at entry into sex work: (N=770)					
< 16 years	15.4 (2.3)	4.8 (1.1)	14.8 (5.9)	3.5 (1.9)	$\chi^2 = 120.0$
16-17 years	12.3 (2.1)	6.5 (1.4)	16.5 (5.8)	8.7 (3.7)	df=12
18-21 years	37.7 (3.6)	36.8 (2.8)	34.3 (8.9)	26.7 (6.1)	p<0.0001
22-29 years	21.2 (3.1)	29.6 (2.8)	25.9 (7.9)	34.7 (6.2)	
30+ years	13.4 (2.9)	22.3 (2.7)	8.6 (5.3)	26.4 (5.8)	
Education: (N=766)					
Primary	2.9 (1.1)	1.0 (0.5)	4.7 (3.9)	2.9 (1.9)	$\chi^2 = 103$
Secondary (1-2 yrs)	24.5 (3.0)	19.8 (2.3)	12.2 (4.0)	5.9 (2.7)	df=9
Secondary (3-5 yrs)	42.1 (3.7)	43.5 (3.0)	25.8 (7.8)	33.2 (6.4)	p<0.0001
Tertiary	30.4 (3.5)	35.7 (2.9)	57.3 (8.7)	57.9 (6.6)	

[†] Weighted estimates to account for variation in probability of selection and response.

7.2.4 Comparisons between 2006 Christchurch female participants and the 1999 study participants

As comparisons will be made between this study and the study done in Christchurch prior to decriminalisation, it is necessary to examine the personal characteristics of the two samples. In 1999, the Christchurch study included only female workers and therefore, comparisons will be made between that sample and the participants in this study who

identify as female and working in Christchurch. As similar sampling procedures were carried out in both the 2006 Christchurch study and the 1999 study, and the 1999 sample was not weighted, the analyses comparing the two samples use the unweighted 2006 Christchurch female sample.

Table 7.11: Demographic comparisons between 1999 and 2006

	Christchurch 1999 N=303 N (%)	Christchurch 2006 N=224 N (%)	Comparison
Sector:			
Street-based	78 (25.7)	77 (34.4)	$\chi^2 = 6.53$
Managed	168 (55.4)	100 (44.6)	df=2
Private	57 (18.8)	47 (21.0)	p=0.04
Ethnicity:			
Maori	57 (18.8)	64 (28.6)	$\chi^2 = 10.01$
NZ European	221 (72.9)	142 (63.4)	df=3
Pacific	5 (1.7)	8 (3.6)	p=0.02
Other	20 (6.6)	10 (4.4)	
Age at Interview:			
<22 years	88 (29.0)	68 (30.4)	$\chi^2 = 5.55$
22-29 years	116 (38.3)	65 (29.0)	df=2
30+ years	99 (32.7)	91 (40.6)	p=0.06
Age at start of sex work:			
<22 years	180 (59.4)	134 (60.1)	$\chi^2 = 1.08$
22-29 years	73 (24.1)	59 (26.5)	df=2
30+ years	50 (16.5)	30 (13.4)	p=0.58
Education:			
Primary/Secondary (1-2 yrs)	89 (29.5)	81 (36.3)	$\chi^2 = 2.76$
Secondary (3-5 years)	128 (42.5)	86 (38.6)	df=2
Tertiary	85 (28.1)	56 (25.1)	p=0.25

The samples differed very little between the two studies (see Table 7.11). There were slightly more street-based workers as a proportion of the sample and slightly fewer managed workers in the 2006 study than in the 1999 study. There were also more Maori participants in the 2006 study than in 1999. There was a trend for a higher percentage of

older workers in 2006 than in 1999, but age of entry into sex work and education levels were very similar in both samples.

Table 7.12: Demographic characteristics across each sector in 1999 and 2006 Christchurch female sex worker samples

Christchurch 1999 Sample	Total N=303 %	Street N=78 %	Managed N=168 %	Private N=57 %	Comparison across sectors
Ethnicity:					
Maori	18.8	30.8	16.7	8.8	$\chi^2 = 14.8$ df=4 p=0.005
NZ European	79.9	66.7	72.6	82.5	
Other	8.3	2.6	10.7	8.8	
Age:					
<22 years	29.0	60.3	20.8	10.5	$\chi^2 = 68.1$ df=4 p<0.0001
22 – 29 years	38.3	19.2	50.0	29.8	
30 + years	32.7	20.5	29.2	59.6	
Age at entry:					
<22 years	59.4	84.6	57.1	31.6	$\chi^2 = 43.1$ df=4 p<0.0001
22 – 29 years	24.1	10.3	27.4	33.3	
30 + years	16.5	5.1	15.5	35.1	
Education:					
Primary / secondary (1-2 yrs)	29.4	53.8	21.4	19.6	$\chi^2 = 35.9$ df=4 p<0.0001
Secondary (3-5 yrs)	42.5	37.2	44.6	42.9	
Tertiary	28.1	9.0	33.9	37.5	
Christchurch Female 2006 Sample	Total N=224 %	Street N=77 %	Managed N=100 %	Private N=47 %	Comparison across sectors
Ethnicity:					
Maori	28.6	42.9	22.0	19.2	$\chi^2 = 15.0$ df=4 p=0.005
NZ European	62.9	46.8	69.0	76.6	
Other	8.5	10.3	9.0	4.2	
Age:					
<22 years	30.4	44.2	26.0	17.0	$\chi^2 = 13.9$ df=4 p=0.008
22 – 29 years	29.0	27.3	31.0	27.7	
30 + years	40.6	28.5	43.0	55.3	
Age at entry:					
<22 years	60.1	77.6	57.0	38.3	$\chi^2 = 20.2$ df=4 p=0.0005
22 – 29 years	26.5	17.1	27.0	40.4	
30 + years	13.4	5.3	16.0	21.3	
Education:					
Primary / secondary (1-2 yrs)	36.3	60.5	23.0	25.5	$\chi^2 = 40.9$ df=4 p<0.0001
Secondary (3-5 yrs)	38.6	35.5	38.0	44.7	
Tertiary	25.1	4.0	39.0	29.8	

Table 7.12 provides a demographic breakdown across sectors in the 1999 and 2006 Christchurch female survey populations. As there were few Pacific Island participants in Christchurch, ethnicities were collapsed to include Pacific in the category of Other ethnicities. Compared to the 1999 sample, the 2006 sample is similar in many ways, yet there are some marked differences. In 1999, there were fewer participants on the streets identifying as being from an Other ethnicity, compared to 2006. There was a concurrent decrease in participants from Other ethnicities working in the private sector in 2006 compared to 1999. Another key difference was in age of participants, where more street-based workers and fewer managed workers in 2006 identified as being between the ages of 22 and 29 years than in 1999. There were also more women entering street-based work at the age of 22-29 years in 2006 in proportion to other sectors than in 1999. Education levels differed little between the two samples.

7.2.5 Summary of description of survey sample

Information was collected from 772 sex workers in Christchurch, Auckland, Wellington, Napier and Nelson and the final sample included workers from the diverse sections of the sex industry:

- There were participants from street-based, private and managed sectors.
- There were participants with the gender identifications of male, female and transgender.
- There were participants from both large and small cities.

The majority of participants were New Zealand European, female, between the ages of 22 and 45 years, had entered the industry after the age of 18 years and had education levels of at least three to five years at the secondary school level, with many having tertiary level education. Half of the participants reported having children. Most participants (66%) had been in the industry for longer than two years, with more than half reporting working prior to the implementation of the PRA in 2003. There were, however, significant differences in personal characteristics identified across the different sectors and the different geographical locations of the study:

- Street-based workers were significantly more likely than managed or private workers to report some Maori ethnicity, identify as transgender, have started working in the sex industry before the age of 18 years and to have lower levels of education. They were also more likely than participants in other sectors to have worked in the industry for more than 10 years.
- Managed workers were predominantly female, had mostly attained education levels of at least 3 years of secondary school or higher and had entered the sex industry between the ages of 18 and 29 years.
- Private workers were more likely to be older and also to have entered the industry at an older age than both street-based and managed workers.
- Christchurch participants were more likely than participants in other locations to be younger, of New Zealand European ethnicity and to have no other activities outside the sex industry.
- Wellington participants were less likely than other participants to have children and were more likely to have tertiary education, be involved in study and to work part-time outside the sex industry.
- Participants in the smaller cities were more likely than other participants to be older and to have entered the industry at an older age. They were also more likely than their larger city counterparts to report having worked for more than five years.

In addition, there were differences identified between different ethnic groups, with Maori and Pacific participants more likely than New Zealand European participants to identify as transgender and to have entered the industry before the age of 18 years.

There were few differences between the 2006 sample of Christchurch female sex workers and the 1999 sample. There were slightly more Maori participants and street-based sector participants in 2006 than 1999. There were some differences in ethnic breakdown of the street-based sector between the two samples, with a higher proportion of street-based workers in 2006 identifying as from an Other ethnic group compared to 1999.

7.3 Qualitative sample

Fifty-eight in-depth interviews were carried out in the five locations of the study. Twenty-one in-depth interviews were carried out with sex workers in Christchurch, 14 in Auckland, 15 in Wellington, five in Nelson and three in Napier. The different sectors of the industry were well-represented in the sample with 21 participants reporting their main place of work as being on the street, 17 working primarily in the managed sector and 20 in the private sector. Most participants (n=34) indicated that they had worked in other sectors of the industry at some point in time. The majority of participants (n=47) were female, but nine interviews were conducted with transgender sex workers and two with male sex workers. The age range of all participants was between 18 years and 55 years, with some having worked for as little as five months and the upper range of work experience being 35 years in the sex industry. At least 22 participants had begun working in the sex industry prior to the age of 18 years. Thirty-four participants identified as being New Zealand European, 18 identified as being full or part Maori with the remaining participants reporting their ethnicity as Other.

Names of participants have been changed in reporting the findings of the study to protect their identities.

7.4 Conclusion

This chapter has discussed the personal characteristics of both the quantitative and qualitative samples. In both samples, care was taken to reflect the diversity of sex workers in the five locations of the study. The findings from this study are therefore not reflective of only a portion of the sex industry; a limitation of many studies conducted amongst sex workers (Vanwesenbeeck, 2001; Weitzer, 2005a; Weitzer, 2007a). The following four chapters discuss the findings based on the analyses of these quantitative and qualitative samples and addresses all the research questions posed in Chapter One of this thesis. The first of these chapters examines the notion of choice within the context of entering and remaining in the sex industry. The motivations participants gave for working in this industry are integrated with both the theoretical and extant research literature.

CHAPTER 8: SEX WORK – AN OCCUPATIONAL CHOICE?

I really don't think that there's anything a law change would bring about to reduce the stigma and the attitudes that people in general have about the industry, because most attitudes and opinions about us hookers is based on ignorance, bigotry, intolerance, and jealousy. And until those things change, there really isn't a whole lot more. I mean you can't really pass an amendment to the Act to say that they're not allowed to treat us (like that) any more - they have to say 'hello' – you can't, you know, that's not going to happen. But beyond that, no. I think it's good that we are finally able to do what we've got to do, whether we've got to do it for however long we have to do it, without the fear of being caught, arrested and being plastered around as guilty. For well, you know, at the end of the day all we're trying to do is get by like everybody else. It's just a job.

(Marge, Managed, Female)

8.1 Introduction

This chapter addresses the concept of sex work as a job and whether this is an occupational choice approached any differently in a decriminalised environment⁵³. As discussed in Chapter Five, there were fears by some in New Zealand that decriminalisation would bring many more people into the sex industry, the implication being that the illegality of activities associated with sex work deterred many people from entering the industry. However, the finding that there was little evidence to suggest an influx into sex work following the passing of the Prostitution Reform Act (PRA) was endorsed by the Prostitution Law Review Committee (PLRC). Whether the reasons for entering sex work were any different in a decriminalised environment was not elaborated on in Chapter Five but is explored in this chapter.

⁵³ Unfortunately, comparisons between the data collected in the Christchurch study prior to decriminalisation and the data from this study are difficult to make as the questioning in the two surveys was not identical. A summary of the differences between questions on reasons for entry to the sex industry and benefits of sex work between the two surveys conducted in 1999 and 2006 is provided in Appendix 11.

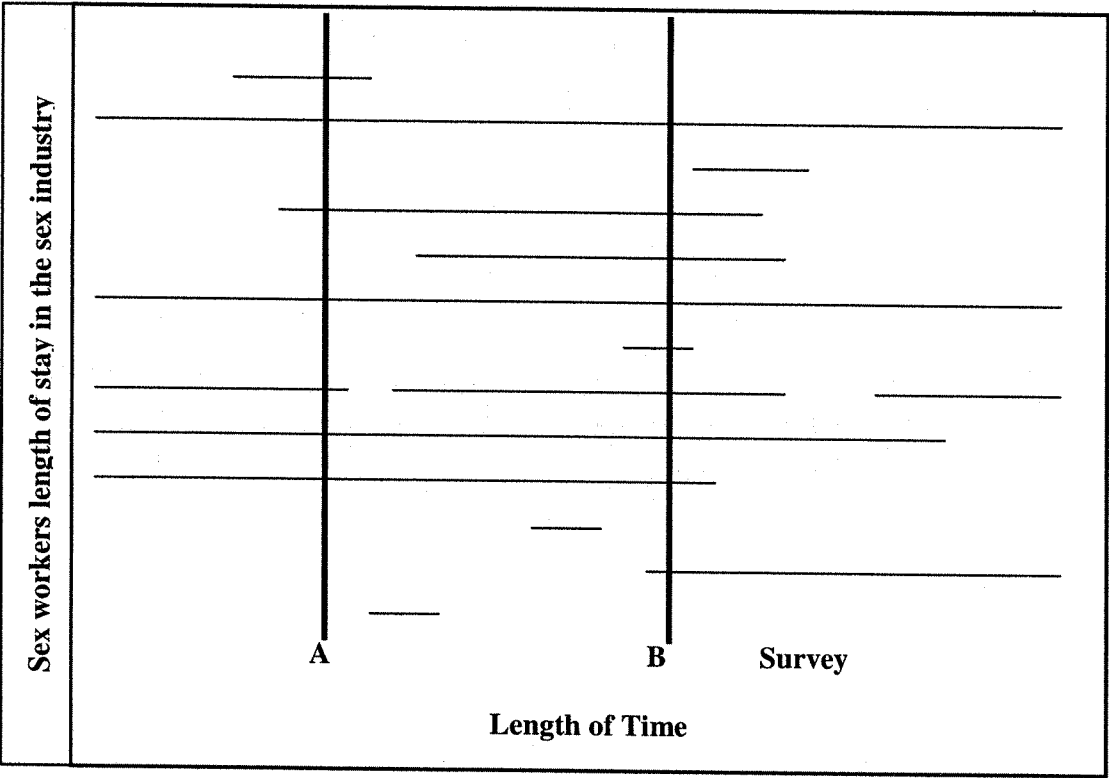
I discuss the role of 'choice' in entering and working in sex work which, as already touched on in Chapter Two, is an issue of debate amongst scholars. The chapter then continues by examining the reasons sex workers give for entering and remaining in the sex industry, looking at financial, social and identity incentives as reported by the participants in the survey and in-depth interviews, as well as the benefits they see as accruing from their work. There are a number of precipitating factors associated with leaving sex work. Many of the participants had left sex work at some stage in their career and then returned. The reasons for these breaks are discussed followed by a section on the timeframe which participants set on their 'career' in sex work.

It is a limitation of cross-sectional studies that they provide a snapshot of a particular situation at one point in time. All the sex workers in this study were current sex workers and two thirds had been working for longer than two years, 23% for longer than 10 years (see Chapter Seven). Only 20% of participants had been working for less than one year. A cross-sectional study would almost invariably capture more long-term than short-term workers. Length bias is a term most often used when looking at screening programmes. It refers to the fact that screening picks up more health states which are slow in development than ones which progress rapidly. This term can be borrowed to illustrate the situation in this study. As depicted in Figure 8.1, a sample of sex workers at time point A and time point B would capture few participants who have only had a short stay in the sex industry.

Having established in Chapter Seven that this study has captured more long-term sex workers, it is likely that some length bias may have been introduced. People who have entered sex work for only a short period may have different motives for working than people who remain in the industry for a long time. Some researchers, such as Vanwesenbeeck (2001), have highlighted concerns with using questionnaire data to investigate motivations for people entering the sex industry. It is not possible to illuminate the context in which this decision is made within such a format. Quantitative methods alone are not suitable to study the complex nature of sex work which requires a move towards interactionist and structural accounts, only made possible through the

employment of qualitative methods (Browne and Minichiello, 1996a). Few studies have investigated in-depth the motivations behind entry into sex work and it is a strength of this study that in-depth interviews have been done in addition to the survey, so that a discussion of the contextual aspects of entry into sex work can accompany the quantitative findings.

Figure 8.1: Illustration of length bias



It is also a limitation of this study that all the participants were currently working in the sex industry; therefore, a discussion on successful exiting strategies is not possible. Many sex workers enter and leave the industry a number of times before finally exiting completely (Benoit and Millar, 2001; Dalla, 2006). Half the participants in this study had exited for a period, yet all had returned. An analogy can be drawn between conducting research on quitting smoking and only sampling current smokers. You can investigate quitting strategies but a study on successful quitting can only be done on ex-smokers who

have not smoked for several years. A longitudinal cohort study, following a group of sex workers over a number of years, potentially from entry through to exit and beyond, would eliminate length bias and would also give information on successful exiting strategies. This study does provide valuable information on entry and exiting of the sex industry through utilising both survey and in-depth interview data but the reader should bear in mind the limitations mentioned.

8.2 Sex work – choice, exploitation or more than just a dichotomy?

‘Choice’ is a word which is contested in the literature when used in the context of individuals’ entry into sex work. The controversy arises over whether sex work is viewed as work like any other form of service work, or whether sex workers are seen as victims, requiring protection and rehabilitation. There is also the third perspective, as highlighted by Benoit and Shaver (2006) which does not see sex work as a dichotomy of ‘exploitation’ or ‘work’. This perspective acknowledges that whilst some sex workers have more resources to draw on and ‘choose’ to work in the sex industry despite a range of alternative choices, others are more limited in their resources and thus ‘choice’. Some sex workers are therefore more vulnerable to exploitation. However, it is argued that this is not unique to sex work but is prevalent amongst other occupational groups (Benoit and Shaver, 2006).

As discussed in Chapter Two, radical feminists on the one hand, argue the case of sex work as abuse, exploitation, a form of male domination, violence against women and a violation of human rights (Barry, 1995; Farley, 2004). They do not acknowledge that in many cases sex workers are not forced or trafficked into sex work but have undertaken this work voluntarily (Weitzer, 2006). They therefore do not agree with the notion of ‘prostitution’ as ‘sex work’ and the people working in the industry as ‘sex workers’. Rather, such ‘prostituted women’⁵⁴ are victims of exploitation and their role in the sex industry is not something that could be chosen (Farley, 2004).

⁵⁴ The focus of radical feminists is on women and people of other gender identifications are ignored.

Sex workers' rights groups and liberal feminists on the other hand, refute this stance and suggest that it would be a violation of human rights to deny the 'choice' of individuals to work in this industry (Csete and Saraswathi Seshu, 2004; Doezema, 1998). These commentators maintain that people make an informed choice about whether to work in the sex industry and that their agency should be acknowledged by viewing the sale of sex as legitimate work (Brewis and Linstead, 2000a; Brewis and Linstead, 2000b; Jenness, 1993; Kempadoo and Doezema, 1998; Kempadoo et al., 2005).

McKeganey is one researcher who argues against the case of sex work as work like any other (McKeganey in Brewis and Linstead, 2002; McKeganey, 2006). His contention is that although a small number of women may indeed exercise freedom of choice when entering sex work, his research would suggest that the majority make the decision under desperate circumstances due to their dependence on drugs (McKeganey in Brewis and Linstead, 2002). He maintains that their drug habit 'forces' them onto the street and therefore it cannot be construed as 'choice' and this lack of choice is one of the factors which differentiates the sex industry from other forms of employment. However, as McKeganey (2006) also points out, his knowledge is limited to a few of the larger cities in Scotland where his study participants are comprised solely of street-based workers, 70-90% of whom are drug users.

Street-based work is acknowledged as more likely than other sectors of the sex work industry to be associated with injecting drug use (Plant, 1997; Plumridge and Abel, 2001; Prostitution Licensing Authority, 2004; Sanders, 2006a; Westmarland, 2006) and links between drug use and subsequent entry into sex work have been suggested (Potterat et al., 1998). Yet this is also the smallest sector of the industry, comprising between 10-20% of all sex workers in most developed countries (Vanwesenbeeck, 2005; Weitzer, 2005a). In this study, 21.4% of survey participants reported supporting alcohol or other drug use as a motivation for entering sex work (see Table 8.1). Just over half of the street-based participants reported this reason, compared to 14.3% of managed workers and 18.8% of private workers. Survey participants who were under the age of 18 years at the time of entering sex work were also more likely than those over the age of 18 years at entry to

report this (see Table 8.2). Yet, even if McKeganey's thesis could be supported, that in the face of addiction individual choice is denied, this would only apply to one fifth of this study's survey participants.

In the qualitative arm of this study, some of the street-based workers acknowledged the role drugs played in their entry into sex work:

Well I had a pretty bad upbringing was pretty unstable, and then I ended up baby-sitting for some people through a friend of mine, who I met on a hairdressing course, who used drugs intravenously. .. And I got curious and asked them, if I came up with the money, if they would buy me a pill so I could try it. And I tried it at 14 and I was hooked. And I had nowhere to live, anything, and yeah, basically I was just getting used to make money to support myself as well as them. .. I was young, naïve and, yeah.

(Sarah, Street, Female)

Male survey participants in particular were more likely than both transgender and female participants to report starting sex work to support their alcohol or drug use (see Table 8.3). Studies have reported a 'high' rate of injecting drug or alcohol use among male sex workers but few have compared their samples to non-sex workers (Browne and Minichiello, 1996a). New Zealand Hepatitis C seroprevalence surveys done in 1997, 1998 and 2004 amongst injecting drug users (IDUs) attending needle exchanges have consistently reported two thirds of their participants as male, a third female and only one percent transgender (Brunton et al., 2005). Given that young men are represented in larger numbers in the IDU population, it is not surprising that male sex workers are more likely than female and transgender workers to report the need to support drug use as a motivation for entering sex work.

Table 8.1: Reasons for entry into sex work in each sector[†]

	Total	Street Workers	Managed Indoor	Private Indoor	Comparison across sectors	
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)	(df=2)	
					χ^2	p
<u>Financial</u>						
Pay household expenses (N=749)	73.3 (2.0)	76.4 (3.3)	76.3 (2.4)	67.1 (4.3)	18.5	<0.0001
Pay for social life/going out/luxuries (N=738)	61.5 (2.1)	68.3 (3.7)	61.4 (2.8)	58.4 (4.5)	7.9	0.02
Saving up (N=734)	58.8 (2.1)	35.7 (4.1)	63.0 (2.7)	62.0 (4.3)	67.8	<0.0001
Pay for education (N=731)	24.1 (1.9)	16.6 (3.4)	27.0 (2.5)	22.7 (3.8)	12.4	0.002
Support children / family (N=729)	38.1 (2.1)	35.4 (4.0)	44.1 (2.8)	29.1 (4.1)	35.6	<0.0001
Unable to get benefit/parental support (N=725)	14.3 (1.4)	28.6 (4.1)	11.1 (1.7)	12.8 (2.7)	57.3	<0.0001
No other Income (N=733)	30.6 (2.0)	49.0 (4.1)	26.3 (2.5)	29.1 (4.0)	53.3	<0.0001
Support gambling use (N=726)	5.3 (0.9)	9.4 (2.6)	4.5 (1.2)	4.9 (1.8)	10.4	0.005
Support alcohol or other drug use (N=728)	21.4 (1.7)	52.3 (4.1)	14.3 (1.9)	18.8 (3.1)	213.2	<0.0001
Money (N=756)	92.8 (1.1)	93.3 (1.9)	92.5 (1.5)	93.1 (2.4)	0.3	0.9
<u>Social</u>						
Made to work by someone (N=728)	3.9 (0.7)	8.1 (2.0)	2.7 (0.8)	3.8 (1.6)	19.9	<0.0001
Friend was doing it (N=732)	31.7 (1.9)	54.1 (4.2)	30.2 (2.5)	23.8 (3.4)	90.4	<0.0001
Minding a friend and was asked to join (N=724)	10.0 (1.2)	21.5 (3.4)	6.7 (1.4)	10.2 (2.4)	59.4	<0.0001
<u>Identity</u>						
Exploring sexuality (N=725)	22.5 (1.8)	31.8 (4.0)	17.8 (2.1)	26.1 (3.8)	31.2	<0.0001
Thought it looked exciting/glamorous (N=725)	26.0 (1.8)	39.1 (4.1)	25.5 (2.4)	20.7 (3.4)	35.4	<0.0001
Sex workers looked fun to be with (N=718)	22.8 (1.7)	43.8 (4.2)	20.0 (2.2)	17.5 (3.1)	90.9	<0.0001
Curiosity (N=732)	49.7 (2.2)	53.3 (4.1)	49.4 (2.8)	48.5 (4.5)	1.8	0.4
<u>Legislative</u>						
Because it's not against the law (N=695)	26.8 (2.0)	30.1 (4.1)	28.1 (2.6)	23.3 (4.0)	5.3	0.07

[†] Weighted estimates to account for variation in probability of selection and response.

Table 8.2: Reasons for entry into sex work by age of entry[†]

	<18 years N=177 % (s.e.)	>18 years N=571 % (s.e.)	Comparison across age of entry (df=2)	
			χ^2	p
Financial				
Pay household expenses (N=748)	65.5 (4.3)	75.0 (2.2)	13.8	0.0002
Pay for social life/going out/luxuries (N=737)	67.5 (4.2)	60.1 (2.4)	7.1	0.008
Saving up (N=733)	38.8 (4.3)	63.2 (2.3)	77.0	<0.0001
Pay for education (N=730)	15.8 (3.1)	26.0 (2.2)	18.6	<0.0001
Support children / family (N=728)	30.3 (4.1)	39.8 (2.4)	11.7	0.0006
Unable to get benefit/parental support (N=724)	35.0 (4.2)	9.5 (1.4)	155.1	<0.0001
No other income (N=732)	52.8 (4.4)	25.4 (2.1)	105.8	<0.0001
Support gambling use (N=725)	8.3 (2.3)	4.7 (1.0)	7.6	0.006
Support alcohol or other drug use (N=727)	43.5 (4.4)	16.4 (1.7)	135.7	<0.0001
Money (N=755)	94.7 (1.9)	92.4 (1.3)	2.8	0.09
Social				
Made to work by someone (N=727)	9.5 (2.2)	2.5 (0.7)	44.7	<0.0001
Friend was doing it (N=731)	44.7 (4.4)	28.7 (2.1)	36.8	<0.0001
Minding a friend and was asked to join (N=723)	19.6 (3.4)	7.7 (1.2)	51.9	<0.0001
Identity				
Exploring sexuality (N=724)	30.3 (4.2)	20.8 (1.9)	15.1	0.0001
Thought it looked exciting/glamorous (N=724)	40.0 (4.4)	22.8 (2.0)	47.9	<0.0001
Sex workers looked fun to be with (N=717)	43.7 (4.4)	18.0 (1.8)	116.3	<0.0001
Curiosity (N=731)	50.7 (4.5)	49.5 (2.5)	0.2	0.7
Legislative				
Because it's not against the law (N=694)	23.2 (3.8)	27.7 (2.3)	3.0	0.08

[†] Weighted estimates to account for variation in probability of selection and response.

Table 8.3 Reasons for entry into sex work by gender[†]

	Female Workers N=631 % (s.e.)	Male Workers N=48 % (s.e.)	Transgender Workers N=93 % (s.e.)	Comparison across genders (df=2)	
				χ^2	p
<u>Financial</u>					
Pay household expenses (N=749)	73.7 (2.2)	79.2 (5.9)	60.4 (5.8)	15.6	0.0004
Pay for social life/going out/luxuries (N=738)	58.5 (2.4)	77.1 (6.1)	78.2 (5.0)	40.1	<0.0001
Saving up (N=734)	61.7 (2.3)	40.4 (7.2)	45.1 (6.0)	44.7	<0.0001
Pay for education (N=731)	24.3 (2.1)	23.9 (6.3)	21.5 (5.2)	0.5	0.8
Support children / family (N=729)	41.4 (2.4)	13.0 (5.0)	28.0 (5.5)	64.7	<0.0001
Unable to get benefit/parental support (N=725)	11.8 (1.4)	34.8 (7.0)	18.1 (4.7)	76.8	<0.0001
No other income (N=733)	27.3 (2.1)	48.9 (7.3)	47.0 (5.0)	58.1	<0.0001
Support gambling use (N=726)	4.6 (1.0)	12.5 (4.8)	5.3 (2.1)	25.6	<0.0001
Support alcohol or other drug use (N=728)	16.6 (1.6)	60.4 (7.1)	29.0 (5.0)	231.9	<0.0001
Money (N=756)	92.1 (1.3)	100.0	92.5 (3.3)		
<u>Social</u>					
Made to work by someone (N=728)	4.3 (0.8)	2.1 (2.1)	0		
Friend was doing it (N=732)	28.2 (2.0)	46.8 (7.3)	57.5 (6.1)	72.9	<0.0001
Minding a friend and was asked to join (N=724)	8.2 (1.2)	21.3 (6.0)	16.6 (4.2)	43.3	<0.0001
<u>Identity</u>					
Exploring sexuality (N=725)	18.4 (1.8)	45.8 (7.2)	42.6 (5.5)	111.0	<0.0001
Thought it looked exciting/glamorous (N=725)	22.0 (1.9)	43.8 (7.2)	54.0 (6.0)	103.0	<0.0001
Sex workers looked fun to be with (N=718)	17.2 (1.7)	54.4 (7.4)	53.8 (6.0)	217.5	<0.0001
Curiosity (N=732)	46.6 (2.4)	66.7 (6.8)	66.5 (5.8)	44.7	<0.0001
<u>Legislative</u>					
Because it's not against the law (N=695)	27.5 (2.2)	22.2 (6.2)	24.6 (5.2)	2.8	0.3

[†] Weighted estimates to account for variation in probability of selection and response.

Weitzer (2007a) comments that much research done with indoor workers has concluded that entry into sex work has been a conscious decision and that such workers do not see themselves as oppressed victims of exploitation. Many indoor workers find that working in sex work provides a source of power and control and do not regret their decision to enter the industry. In this study, a quarter of all survey participants did not want to do any other work (see Table 8.4). Many participants in in-depth interviews made the decision to enter sex work in the face of an array of other choices and possibilities. Some participants had tertiary education which could possibly have opened up several avenues of alternative employment:

I chose this profession. No one chose it for me, and if I didn't like it, I'd walk away. And the fact is I use my degree in Psychology in actually, you know, real living.
(Josie, Private, Female)

Sex workers do not necessarily see themselves as exploited or as victims and most participants in the in-depth interviews strongly denied exploitation and stressed their agency in selecting sex work as a viable job choice.

I'm doing it of free will, it's my decision. I'm grown up, I've got a good head on my shoulders, so no, I don't see it that way [as exploitation] at all. Not at all.
(Dee, Managed, Female)

I've got my goals, I want a house and I want to travel, and in this society you need money to do that. And this job pays a lot better than a lot of other jobs that are out there for women my age or just people my age in general. So you know, why not, I'm a consenting adult of you know, over age. What's the problem? ... You cannot push it under the rug and just pretend it doesn't exist, and you know, women will just stop doing it, because, you know, "Oh everybody can have jobs now, you know, whereas they weren't able to a hundred years ago." Yeah, we can, but this is still the highest paying one there pretty much is, especially when you're younger or maybe you weren't as educated for whatever reason. Or just you maybe had an illness or something, which stopped you from getting further ahead on the career ladder than you might have been able to. And there's so many, so many different reasons.
(Sheila, Managed, Female)

Often sex workers continue to work when other job opportunities present themselves. Ward and Day (2006:416) argue that despite completing training courses, many people

opt to stay in sex work and therefore sex work must be “considered a positive choice, preferable to alternatives”. A description of the survey sample in Chapter Seven showed that 37.8% of all survey participants in this study reported having some tertiary education and a further 41% reported having had 3-5 years of secondary school education (see Table 7.6). For many of the participants in this sample therefore, lack of education was not a limiting factor in their choice of other occupations.

Although it has been argued that personal biographies predispose some people to sex work, many sex workers do exercise a “conscious choice” when entering the sex industry:

The appropriateness of referring to ‘conscious choice’ here might be disputed, but there can be no question that even women confronted with relevant poverty, primed by their personal biographies and with peers in sex work can take conscious decisions to enter or not to enter the sex industry; and some women decide to engage in sex work outside the sway of all such predisposing circumstances (Scambler, 1997:113-114).

As has been discussed in previous chapters, the sex worker population is not homogenous and the sectors are different and “segmented” (Plumridge and Abel, 2001). Motivations for undertaking sex work differ between sectors (Lucas, 2005). The next section will look at the reasons participants provided for entering the sex industry, their motivations for remaining in sex work and the benefits they saw as accruing from their job.

8.3 Reasons for working in the sex work industry

A quarter of survey participants described choosing to enter the sex industry because it was not against the law (see Table 8.1). As some participants had entered the industry subsequent to the enactment of the PRA in 2003, whilst others had been working for a longer time, there were predictable differences in reporting of this between long-term and short-term sex workers. Participants who entered the sex industry within the two years

prior to the date of the survey were significantly more likely (41%) than participants who had been working between two and four years (30%) and participants who had been working for longer than four years (15%) to report entering the sex industry because it was not against the law ($\chi^2=70.3$ d.f=2; $p<0.0001$).

Participants in in-depth interviews who had entered the industry after 2003 did describe how they were aware that sex work was decriminalised and that they had rights but the legislation was not cited as a major reason for entering the industry.

I've worked illegally, you know, in other jobs. You know, I've worked under the table and that sort of thing. So, you know, I guess, I guess I would say I probably would have done it (sex work) anyway. But you know, I certainly felt that because it was legal, it did, yeah, I felt more safer about it, yeah.
(Jenny, Managed, Female)

Instead, participants described financial benefits and the flexibility of the job, as well as social and identity influences as being more pertinent to their entry into sex work. These influences are discussed in the following subsections.

8.3.1 Financial incentives

Many researchers have cited economic need as the important motivator for entry and continued participation in sex work (Benoit and Millar, 2001; Davies and Feldman, 1997; McKeganey, 2006; O'Neill and Campbell, 2006; Perkins and Lovejoy, 2007; Plumridge and Abel, 2000b; Prostitution Licensing Authority, 2004; Svanstrom, 2006; Ward and Day, 2006; Willman-Navarro, 2006). Researchers who approach the study of sex work with the understanding that it is work rather than deviance, have found that entering the industry is often an economically rational decision-making process (Browne and Minichiello, 1996a).

As a sex worker who is frequently interviewed for research and theses, I believe this to be true, because while every interviewer asks me whether I

was sexually abused as a child, none of them have ever asked me a single question about the financial mindset, or even the financial motivation, involved in my decisions to work in the sex industry. No-one has ever asked me if my parents argued about money in front of me, if I got an allowance, if I had a job in high school, if I was raised to value money as a form of status or simply as a means to an end and so on. ... I believe the reason these questions so rarely come up is that people continue to think only about the sex involved, and not about the labour (Weldon, 2006:12).

Weldon's contention that sex work fulfils a unique economic need which provides a strong motivation for working in the sex industry was strongly supported by the findings of both the survey and qualitative data in this study. As Lucas (2005) argues, sex workers choose to work in the industry for the same reasons others choose to work in alternative places of work – to ensure the payment for shelter, food and other expenses.

And it was the end, it was sort of towards the end of my university year and I'd been struggling with money, so it was basically, it was basically about money.
(Jenny, Managed, Female)

I'd just, if I remember correctly, it was like coming up towards Christmas and I lost my job. ... And I'd just been and got a personal loan for a car and blah-de-blah-de-blah, and it was just, yeah, right on Christmas, and yeah, it just, I needed a lot of money fast and this was the only way to do it. Simple.
(Marge, Managed, Female)

While some commentators might acknowledge rational economic reasons for entry into sex work, they sometimes clarify this by asserting that there are other psychological motives behind the decision and that often the money is used to finance frivolous things instead of household necessities (Svanstrom, 2006). Although some participants in this study did report using the money for non-essentials: *"I always have the extra income, you know, for luxury things, cause I like luxury things, you know"* (Dora, Street, Transgender), others required the money for the necessities of life: *"I've got a lot of bills to pay, have to pay them. So working like this is the only quickest way I know how to and my bills are getting paid"* (Meg, Private, Female).

Table 8.4: Reasons for staying in the sex industry in each sector†

	Total	Street Workers	Managed Indoor	Private Indoor	Comparison across sectors (df=2)	
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)	χ^2	p
<u>Financial</u>						
Pay household expenses (N=743)	82.3 (1.7)	90.0 (2.0)	83.9 (2.1)	76.3 (3.9)	30.8	<0.0001
Pay for social life/going out/luxuries (N=730)	67.0 (2.1)	72.4 (3.4)	65.3 (2.7)	67.4 (4.3)	5.0	0.08
Saving up (N=730)	68.4 (2.0)	44.0 (4.2)	72.3 (2.5)	72.9 (3.9)	85.7	<0.0001
Pay for education (N=720)	25.2 (1.9)	13.4 (3.0)	29.4 (2.6)	23.6 (4.0)	27.4	<0.0001
Support children / family (N=724)	40.4 (2.1)	40.6 (4.1)	46.7 (2.8)	29.6 (4.2)	42.2	<0.0001
Unable to get benefit/parental support (N=715)	10.8 (1.2)	16.4 (3.2)	12.4 (1.8)	5.4 (1.5)	37.4	<0.0001
No other income (N=726)	25.8 (1.9)	33.7 (4.1)	26.9 (2.5)	20.5 (3.5)	18.3	<0.0001
Support gambling use (N=717)	3.9 (0.8)	11.3 (2.8)	1.4 (0.6)	4.5 (1.7)	61.6	<0.0001
Support alcohol or other drug use (N=722)	16.7 (1.5)	45.1 (4.2)	10.7 (1.7)	13.5 (2.7)	214.7	<0.0001
Money (N=756)	92.7 (1.2)	98.3 (0.8)	91.9 (1.6)	91.5 (2.5)	17.9	0.0007
Flexible working hours (N=739)	83.3 (1.7)	87.4 (2.6)	81.3 (2.2)	84.6 (3.4)	6.7	0.04
<u>Social</u>						
Made to work by someone (N=715)	1.4 (0.4)	4.6 (1.8)	0.8 (0.4)	0.9 (0.6)	35.4	<0.0001
All my friends do it (N=715)	14.5 (1.4)	43.3 (4.1)	10.5 (1.7)	7.6 (2.1)	231.2	<0.0001
<u>Identity</u>						
Enjoy the sex (N=701)	39.0 (2.2)	50.8 (4.2)	34.8 (2.8)	40.1 (4.5)	22.6	<0.0001
It's exciting and glamorous (N=713)	22.7 (1.8)	39.3 (4.2)	19.7 (2.2)	19.9 (3.4)	52.6	<0.0001
Sex workers are friendly/fun to be with (N=705)	42.2 (2.2)	49.3 (4.2)	48.9 (2.9)	27.3 (4.0)	76.6	<0.0001
<u>Other</u>						
Because it's my job (N=719)	51.3 (2.2)	69.6 (3.5)	46.1 (2.8)	51.4 (4.6)	48.2	<0.0001
Don't want to do anything else (N=705)	23.5 (1.8)	29.7 (3.9)	21.5 (2.3)	23.8 (3.9)	7.9	0.02
Don't know what else to do (N=711)	17.6 (1.6)	30.1 (3.8)	16.4 (2.0)	13.5 (3.0)	37.8	<0.0001
Can't get help to leave (N=710)	6.6 (0.9)	17.8 (3.3)	5.4 (1.2)	3.2 (1.3)	80.1	<0.0001
Don't know how to leave (N=710)	10.4 (1.2)	24.4 (3.6)	8.4 (1.5)	7.0 (2.0)	74.5	<0.0001

† Weighted estimates to account for variation in probability of selection and response.

Over 90% of survey participants in this study reported that they started working for the money, with almost three-quarters indicating that they needed money to pay for household expenses and 61.5% wanting money to pay for their social lives (see Table 8.1). Over half of the survey participants wanted to save, which was significantly more likely to be reported by managed and private workers than street-based workers. Managed workers were more likely than participants in other sectors to need money to support their children or family. Similarly, survey participants in this study reported remaining in the industry principally for financial reasons (see Table 8.4). There were few differences between financial incentives for entry into, and remaining, in the sex industry, although there were slightly more participants reporting needing the money to pay for household expenses and needing to save money as a reason for remaining in the industry than for entering the industry.

There were significant differences in motivations for entry into sex work between female, male and transgender workers (see Table 8.3). Female sex workers in the survey reported entering the sex industry predominantly for financial reasons. They were more likely than both male and transgender workers to report that they wanted to save up for something or support children or families, but less likely to report not having any other source of income at the start of sex work.

The majority of participants in the sex industry are women and women are more likely to be in part-time work and low status, low earning positions (O'Neill, 1997; Scambler and Scambler, 1997b). The rise in single parent families has placed women at an economic disadvantage. In the United Kingdom in the 1990s, it was argued that the increasing feminisation of poverty was brought about by economic, employment and welfare policies, "and the failure of social policies to fundamentally address the needs of the single female head of household" (O'Neill, 1997; Scambler and Scambler, 1997b:4). There continues to be a large gap between the earnings of women and men in many countries, and nine out of ten single parent families are headed by a woman (Westmarland, 2006). In New Zealand, individuals within single parent families have significantly lower net worth than individuals in any other comparison group, including

couple only, couple with child(ren), or individuals not in a family nucleus (Statistics New Zealand, 2007). Many participants in this study highlighted the need for straight jobs with a higher minimum wage and equal opportunities. Greater flexibility in working hours for women with children was also an attraction for working in the sex industry and this flexibility is not common in other forms of employment.

Yeah, after - oh I was buying a home - so after I'd paid everything, I had like \$40 to buy food, petrol, pay for school things, blah blah blah blah. So I had to substitute my income quite a lot. So I said to the children I can either go back to the shearing sheds, which means I'm gone from like dark till dark, or I could do a part-time job like apple-picking or something like that.
(Wendy, Private, Female)

The flexibility of working as a sex worker to subsidise her income was preferable to Wendy to working in most other occupations for which she was qualified. Themes that arose from the qualitative interviews about financial incentives for entering sex work were ones of survival and the dissatisfaction with other career options.

8.3.1.1 Survival

In terms of long term financial security, street-based workers were significantly less likely than managed or private workers to report that, through sex work, they had managed to save, had achieved a better lifestyle, had more assets, had more money, had been able to travel and had paid debts (see Table 8.5). Almost 97% of street-based workers reported survival as a key benefit of working in the sex industry.

Half of the street-based survey participants said that they had no other source of income and nearly one third were unable to access either parental or government support in the form of a benefit when they entered the industry (see Table 8.1). Just under one fifth of participants in the survey reported starting in the sex industry prior to the age of 18 years (see Table 8.6). Street-based workers (56%) were more likely than managed (9.6%) and private (15.9%) workers to have started before this age. Participants who started working in the sex industry prior to the age of 18 years were significantly more likely than sex workers who were over the age of 18 years at the start of sex work to report that they could not get a government benefit or parental support and they had no other source of

income (see Table 8.2). Male survey participants were more likely than both transgender and female participants to report that they were unable to get a benefit or parental support (see Table 8.3).

Table 8.5: Perceived benefits of sex work by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
<u>Financial</u>						
I've been able to save for house, car, etc (N=748)	59.1 (2.1)	30.2 (3.9)	63.1 (2.7)	65.7 (4.2)	112.1	<0.0001
I've got more skills (N=743)	64.7 (2.1)	74.4 (3.4)	60.1 (2.8)	67.9 (4.3)	23.0	0.0002
I've had a better lifestyle (N=731)	73.4 (1.9)	57.0 (4.1)	74.9 (2.5)	78.3 (3.7)	44.8	<0.0001
I've got more assets (N=741)	65.8 (2.0)	51.1 (4.1)	65.1 (2.7)	73.7 (4.0)	42.3	<0.0001
I've got more money (N=752)	86.1 (1.4)	72.6 (3.6)	89.9 (1.6)	85.9 (2.8)	61.3	<0.0001
I've been able to travel / go on holidays (N=748)	60.9 (2.1)	50.9 (4.1)	58.2 (2.7)	69.7 (4.1)	33.9	<0.0001
I've repaid a student loan (N=738)	15.5 (1.6)	6.3 (2.3)	18.9 (2.2)	14.1 (3.2)	24.7	<0.0001
I've finished degree/course/other study (N=733)	15.2 (1.6)	8.4 (2.4)	15.6 (2.0)	17.8 (3.3)	13.2	0.001
I've been able to pay my debts (N=755)	78.7 (1.8)	67.7 (3.7)	82.6 (2.1)	77.4 (3.8)	29.1	<0.0001
I've survived (N=746)	87.9 (1.6)	96.9 (1.0)	87.4 (2.0)	84.8 (3.5)	28.4	<0.0001
Been able to provide for children/family (N=738)	51.4 (2.2)	49.9 (4.1)	56.7 (2.8)	43.0 (4.5)	27.7	<0.0001
<u>Social</u>						
I've made new friends (N=761)	86.1 (1.5)	85.6 (2.7)	89.9 (1.7)	80.0 (3.4)	34.3	<0.0001
I've developed people skills (N=748)	70.2 (2.0)	78.5 (2.8)	66.3 (2.7)	72.8 (4.2)	18.7	<0.0001
I've enjoyed contact with most clients (N=737)	69.9 (2.0)	71.5 (3.4)	67.0 (2.6)	73.9 (4.0)	9.3	0.01
<u>Identity</u>						
I've become more assertive / confident (N=749)	77.7 (1.9)	81.0 (3.1)	77.2 (2.4)	77.3 (4.0)	1.8	0.4
I've enjoyed sex with most of the clients (N=727)	42.4 (2.2)	48.3 (4.2)	34.8 (2.7)	52.3 (4.6)	49.7	<0.0001
There have been no benefits (N=709)	5.9 (1.1)	9.1 (2.8)	5.2 (1.3)	5.5 (2.2)	4.8	0.09

[†] Weighted estimates to account for variation in probability of selection and response.

Table 8.6: Age of entry into sex work of survey participants by sector[†]

	Total	Street	Managed	Private	Comparison across
	N=772	Workers	Indoor	Indoor	sectors
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)	
Age at entry into sex work: (N=771)					
< 16 years	9.0 (1.1)	29.4 (3.8)	3.9 (1.1)	8.3 (1.9)	$\chi^2= 443.2$
16-17 years	9.3 (1.1)	26.6 (3.7)	5.7 (1.1)	7.6 (2.3)	df=10
18-21 years	35.6 (2.0)	29.7 (3.7)	42.3 (2.7)	27.1 (4.0)	p<0.0001
22-29 years	27.1 (1.9)	9.8 (2.2)	32.3 (2.5)	26.3 (3.9)	
30-45 years	16.8 (1.7)	3.6 (1.4)	14.2 (1.9)	26.7 (4.0)	
>45 years	2.2 (0.7)	0.9 (0.9)	1.6 (0.7)	4.0 (1.7)	

[†] Weighted estimates to account for variation in probability of selection and response.

Many of the participants in in-depth interviews who started sex work prior to the age of 18 years had been in foster care, had run away from home or care and had ceased schooling. Altman (2001:112) claims that even in wealthy countries “... sex work is often the most available means of survival for those who are marginalized because of deindustrialization, migration, family breakdowns, the collapse of welfare, and so forth”. Participants in this study articulated the need to survive and their inability to access other forms of income. The only way they saw to ensure survival was through working on the streets. There were few other options available to them that would bring in the money. Yet they did express agency in their decisions to stay on in the sex industry. It was a choice they had made (although within limited circumstances) and, as Hyde (2005) has argued, they were aware that their survival and continued independence was dependent on themselves.

Well at that time I wasn't receiving any income, so one of my friends offered to take me, you know, offered me, there was a way for me to make some money. So yeah, she took me to the street and that's how I found out how to make money so I could survive. ..Yes, look, I was young, but I had, yeah, I didn't have any money, so I had to try and find some way, 'cos I was living

*on the streets at that time. So I needed a way to yeah, to get some money.
(Toni, Street, Female)*

Toni had a baby at the age of 16 and her mother looked after him when she went back to working on the street:

I could have had a choice, but to me that was the only easiest choice. Yeah, at the age of 16, you know, you really haven't got much choice, but yeah, at those circumstances, I really didn't have a choice. (Toni, Street, Female)

Other street-based participants talked of the inadequacy of the benefit:

And then like they were like, "Oh yeah, I'll give you \$200 to suck my dick, blah blah," you know. And within that two hours I made \$450. On the benefit that I was getting, it was like \$150, I think, maximum. I'd pay board. So within two hours getting \$450, it was like, "Wow," you know. ...And it got me hooked from there. Kind of like a drug, it was like addictive. As soon as I got that money, it was like, you know, I knew that I could get it and it was like, "Fuck." (Sally, Street, Female)

*This is my life, this is how I live. You know, benefits, I'm on a sickness benefit, which is only \$165 a week. That doesn't do nothing. It doesn't get you nothing. There are some places that will pay for, you know, your rent or your board or you know, something like that. But that's, that's nothing. So I don't, at the end of the day, I don't care what anybody else says. I'm a worker, you know, and now I can say, you know, I'm proud of it. Nothing to be ashamed of ... It's taken me about 6 years to say that.
(Joyce, Street and Private, Female)*

For the young people coming into sex work there may be a case to argue not for lack of choice but a limited range of choices. In New Zealand, the Independent Youth Benefit is available to young people between the ages of 16-17 years if they can prove that they can no longer live with their parents. To access this money, young people are also required to be enrolled in training or course work for between 30-40 hours per week. For the few participants who could access government support, the amount was insufficient to meet their needs but many of the participants had run away from home at an earlier age and were unable to access this source of income. Age-specific policies are not unique to New Zealand and have been critiqued elsewhere as being insensitive to the variations in youth

(Jones, 2002). They are designed to benefit the majority but many vulnerable youth fall through the cracks (Abel and Fitzgerald, 2008). For such young people, commercial sex work as a means of survival may seem a last resort.

8.3.1.2 Other career opportunities

Many participants equated sex work with any other job. They identified that there were some “downfalls” to their job but they were clear that any occupation had its downside. To them sex work was “normal” and familiar to them:

I've done it for so long now, it's just, it's normal for me. That's how I, that's how I do it now.
(Joyce, Street and Private, Female)

I think that, just like any job or just like any situation, you can get so used to doing a certain thing, you know. It becomes, I guess, normal. You have normality in the sex industry, I guess you do really.
(Trish, Private, Female)

Unlike the young street-based workers, there were other job options available to the majority of participants. It has been argued that most indoor workers do not view sex work as something they do in the face of no other choices but as a career voluntarily embarked on with income potential, autonomy and flexibility prized (Lucas, 2005; Prostitution Licensing Authority, 2004). This avoids all the disadvantages of traditional work. Survey participants in this study valued sex work as a job option because of its flexible working hours with more than 80% of participants reporting this as a reason for staying in the industry (see Table 8.4). Similarly, the participants in in-depth interviews declared their choice to pursue a career in the sex industry was made in relation to the money they could earn in sex work, the flexibility of the hours and the independence afforded by the job.

Yeah, I think I made (.) first night I worked, green as grass, didn't know a thing, made \$660. ..Well working in a factory at the time, full-time, for \$173, I think, a week, so you can imagine what I did the next day. (Laugh) I walked in and quit my job.
(Karen, Managed, Female)

Oh when I was working before, I sometimes thought about quitting and just getting a normal job. But I don't know, I think the flexibility of the situation is what keeps me doing it.
(Lorraine, Private, Female)

I didn't want a full-time job, but I wanted the income that a full-time job provided, and sex work seemed to be a reasonable option as far as that is concerned. So more free time and the same, if not more, money, so yeah.

(Jack, Private, Male)

For some participants, health issues compromised their ability to work in mainstream employment. Pat, who suffers from agoraphobia, described her inability to hold down a job as a social worker, which sparked her return to sex work:

So I did, 'cos that's within my comfort zone. Like I've been diagnosed with agoraphobia, so I needed a place that I could, you know, get a taxi to and be dropped off and picked up, and that wasn't too - I mean I did find it difficult sometimes working with my phobias and that, but overall I felt quite comfortable. ... So that really suited my needs. Like that's a place where I could work. I couldn't, I mean I couldn't really do social work 'cos I wasn't well enough and I knew that.

(Pat, Managed, Female)

Petal had been working in an office but resigned because of discrimination when she became overweight due to a health problem:

I'd had a promising career, but things had gone haywire because they didn't know, but I had a bad thyroid and no one had picked it up, because I didn't have a fat chin or fat ankles... And so I'd kept putting weight on and the boss, who I worked for, didn't think I was right to front his company, 'cos I dealt with overseas clients and buyers and things... So I sort of - they made it too hard for me to stay. They made, kept changing my job description so that if I couldn't do my job, then I got the opportunity to quit.

(Petal, Private, Female)

Similar to Worth's (2000) findings, transgender participants in this study found that they were discriminated against when trying to get employment in mainstream occupations.

I try and get a job and try and get off the street, but you know, it's, for a transgender person, it's hard to a) get a job, and b) be accepted into society for who you are, because you're always going to be discriminated for both those things. Oh I wish I could have. If I could find a really good job, I would leave in a second, that wouldn't, like I said, discriminate me for what I

am and be acceptive of like I am an employee, I'm not a transgendered person who they have to keep looking at funny. Yeah, I'm there to do the work. I will do the work and respect what's been given to me or been told to me. ... But don't just keep looking at me as like, "Oh she's a transgender," you know.
(Terri, Street, Transgender)

Browne and Minichiello (1996a:38) argue that “(e)ntering into sex work as the outcome of a dignified rational choice for financial gain is the only reason cited within the literature that provides an account of the sex worker as a worker who is subject to the same socio-economic forces as any other person and describes sex work as a job, rather than a psychological condition”. This stance was supported by the majority of managed and private participants in this study with often the decision to enter sex work being well thought out, with money being the chief motivator.

8.3.2 Social influences

Although financial incentives may be the most frequently articulated motivation for participation in the sex industry, it is rare that this would be the sole reason for choosing to work in the industry (Petro, 2006). This study's participants reported multiple reasons for entering sex work, including a variety of social influences. Street-based workers in the survey were more likely than participants in other sectors to have been influenced by others in their decision to enter the industry (see Table 8.1) and male and transgender participants were more likely than female participants to report social factors as important in their entry to sex work (see Table 8.3). More than half of the street-based workers in the survey reported that they started working because they had a friend in the industry and a fifth were minding a friend on the street when they were asked to join the industry. These survey findings were supported by the qualitative data:

I ran away from home when I was about 14, 15, and I met up with a couple of people that were working on the streets and had been for a while. I came out with them one night to look, with a couple of guys, to look after one of the girls that was working out there.

(Janine, Street, Female)

All the boys, it was like brothers, you know, we're all brothers together and brothers-in-arms.

(Paul, Street, Male)

Some young street-based workers had close family members working in the industry.

Okay, my mother worked. She's been a sex worker for well ever since I've ever, well, yeah, I think she's always been one, and I didn't find out till I was 14. And I thought well if my mum can do it, it must be okay. So therefore then I started doing it ... (Joan, Street, Female)

I'd seen my little sister having all this money in town one day and I was wondering where she got it from. So I asked her and she wouldn't tell me. She just said for me to meet up with her that night. And on that night met up with a friend's house that she was showing me. At that stage I had no idea there was even such thing called Manchester Street⁵⁵.

(Joyce, Street and Private, Female)

More than 40% of street-based workers in the survey reported remaining in sex work because all their friends were in the industry and nearly half of all managed and street-based workers indicated that sex workers were friendly and fun to be with (see Table 8.4). Friendships made in the industry were valued with 86.1% of survey participants reporting this as a benefit gained from sex work (see Table 8.5).

Young people who run away from home and come onto the streets join other street youth as a means of protection and companionship and also for education on how to survive on the streets (Kipke et al., 1997). Acceptance into the group is of great importance and they develop a shared identity. Street-based workers in the qualitative interviews had forged an identity of belonging or community similar to that articulated by Hollands (2002) in his study of youth cultures in the night-time economy. This is not unique to this study as others have also found that young street people find in their peers a sense of emotional support, safety and camaraderie (Auerswald and Eyre, 2002; Kidd, 2003). Living on the streets becomes a way of life and they form strong allegiances to their street family making it difficult for them to leave (Auerswald and Eyre, 2002).

⁵⁵ Manchester Street is the main venue for street-based sex work in Christchurch.

Meeting different women, I've seen their backgrounds and meeting different friends and the loyal ones, you know. Like most of my loyalest friends are out here. My bestest friend ever come out here. It's like since I've been working and I told her and she's even been out here. But, you know, my truest friends are the ones out here, the ones that will look after you if anything happens. ...And they've got your back and you know there's nothing to worry about. And that if you go missing, you know, everybody will be looking for you. You know, it's like a family, it's a lifestyle. (Sally, Street, Female)

So my family and my friends and you just learn to, you know, I don't get through life without my friends, 'cos you just can't. It's hard to go through working if people that don't understand and don't understand why you do it and how you do it and how go through it. People just don't understand. (Joyce, Street and Private, Female)

As Worth (2000) had found, the non-acceptance in society of transgender people creates a situation where they find acceptance and a family-like atmosphere in street-based work.

It was mainly through friends. It was, it was just, it was excitement, it was something different. We were only young, it was pocket money, you know, yeah. I think it was part of being different, yeah. It was, I mean, yeah, we were just a whole group of us, and sometimes we'd wag school and go and stay at these people's houses for the day or whatever. They'd take us to the beach, that sort of thing, yeah. It was mainly old men. (Dora, Street, Transgender)

There were only a small proportion of street-based workers (8.1%) in the survey who indicated that they had been made to work, yet they were more likely than participants in other sectors to report this (see Table 8.1). There was a significant difference in reporting of being made to work between young and older workers. Participants who were under the age of 18 years when they started sex work were more likely (9.5%) to report being made to work by someone than were participants (2.5%) who were over the age of 18 years at the start of sex work (see Table 8.2). None of the participants in the in-depth interviews said that they had been forced to enter sex work by someone else although one participant did talk of her boyfriend making her go out to work straight after a miscarriage:

I got made to work out in the street, and I was bleeding. It was classed as a life and death situation. I'd just found out that I'd lost my baby, and my ex-partner now, but my partner at the time, got me from the hospital and made

me stand out on the street and work and get money. But yeah, which, which was really stupid because it just made my insides stuff up even more and I can't have children. So yeah, that kind of stuffed it up. I got rushed back to hospital. Yeah, they found me out on the street.

(Joyce, Street and Private, Female)

8.3.3 Identity influences

The image of sex work was also an important reason for entering the industry for many participants. A quarter of survey participants thought that the work looked exciting and glamorous and a fifth also reported that sex workers looked like they were fun to be with (see Table 8.1) and this was reported more often by male and transgender participants than female participants (see Table 8.3). A fifth of all survey participants were also interested in exploring their sexuality when entering sex work. This was especially the case for participants who worked on the streets as well as male and transgender participants. Half of all survey participants were also curious about the industry prior to entering and this was supported by the in-depth interviews.

I got curious. ... I wanted to know what it was like, so I tried it, and because I don't know, it was something I wanted to try.

(Janine, Street, Female)

It was purely out of curiosity cause everyone else that, all my other friends, they did it. I was the only odd ball out at that time.

(Georgia, Street, Transgender)

Sometimes, when women have been in abusive relationships prior to entry into sex work, they provide accounts of gaining greater interpersonal skills and empowerment through their interactions with clients (Lucas, 2005). More than three-quarters of survey participants reported that they had become more assertive or confident through working as a sex worker (see Table 8.5). Some participants in in-depth interviews also spoke of the empowering experience of having control over the clients in their work situation.

I suppose it's sort of an anger thing towards men as well. .. Now I think, you know, when I see them as clients, I have the upper hand. .. It's empowering. You know, like you you can say no to them. You know, they pay to see you, and sometimes I think, oh you know, you know, you think, "Bloody desperate idiots," you know.

(Danni, Private, Female)

Vanwesenbeeck (2001) points to the large amount of literature that cites childhood abuse as a precipitator of entry to the sex industry. However, as she and others point out, most of this literature is based on studies of street-based workers or sex workers in jail and say nothing about the sex worker population as a whole (Shaw and Butler, 1998; Vanwesenbeeck, 2001). Many of these studies are also methodologically and analytically flawed (Nadon et al., 1998; Vanwesenbeeck, 2001; Weitzer, 2005a). Studies which have made use of comparison groups have found little or no difference in the experience of sexual abuse between sex workers and control groups (Nadon et al., 1998; Perkins and Lovejoy, 2007). Some of the participants in in-depth interviews in this study did report that they had been sexually abused as children but denied that this was a determinant of their entry into sex work.

I was sexually abused, but I've met a, I've got, I've met a lot of people that have been sexually abused that are not sex workers. So you know, and I've got um friends that are sex workers that haven't been sexually abused. So I think it covers all areas of society, that, you know, it's not just sex workers that have been sexually abused. There's a lot of people out there and, normal people that are not in our business that have been sexually abused.

(Jan, Managed, Female)

Um as you know, there's a lot of sex workers that are ex victims of sexual abuse. I'm one of those. At 13 I was raped and sodomised by a boarder. Um it took me 3 years of counselling later in my life after I don't know how many dinner sets I used to break, when I used to get so angry. Someone said to me, "Is that because, is that why you're a sex worker?" I go, "Hell, no." But it is in another way, in the fact that I'm not trying to offend you on men, but it gives me power. It gives me the control. This way I have control over sex. When I was a child I did not have that control. Someone took that control from me. And in my own way it helps, each time I do it, it helps me, because I make the choice whether I'm going to have sex or not. Whether I'm going to get this guy, whether I'm going to let this guy actually penetrate me or not. There's other ways of quickly getting them off and not even letting them go near you. And that gives you that control. Sounds a bit strange, but it's true.

(Josie, Private, Female)

As found elsewhere (Brewis and Linstead, 2000b), some participants in this study were initially 'horrified' by the idea of working in the industry but this was rapidly transformed into acceptance at the prospect of the money they could earn.

Yeah, I thought it's horrible. I was, you know, always, "Oh no," you know, and then one day I just thought, "Oh yeah, I'll check it out and see what it's like." And it was great. (Virginia, Managed, Female)

I was, like to be quite honest, I was actually quite disgusted, because I couldn't believe my sister would do that. I never thought that she'd go down and she'd do that kind of thing. But then like after, after trying it out myself, you know, I could understand where she was coming from. (Joyce, Street and Private, Female)

Some participants spoke of a long-time fascination with the sex industry, dating back to their childhood and an almost innate sense that they would eventually work in the sex industry. They spoke of sex work as part of their destiny: "[o]bviously the universe meant me to be doing this, you know" (Lorraine, Private, Female). There is little literature around this phenomenon of destiny. However, there were a number of participants who, unprompted, related such an experience.

There were also many participants in the qualitative cohort who described being interested in sex work as an occupation because it seemed exciting and that it provided them with an occupation in which they could explore their own sexuality. It has been suggested that some individuals drift into sex work through a process that includes juvenile promiscuity and a shift from non-paid to paid sex, allowing them the opportunity to 'normalise the deviant status' (Brewis and Linstead, 2000b). Some participants in this study spoke of being naturally promiscuous and therefore argued that the transition into sex work was unproblematic. They had had casual sex on a regular basis and by entering the industry, they could carry on enjoying sex whilst now being paid for it.

'cos I love doing sex and I always, I've always been sexually active, always. (Liz, Private, Female)

So it just wasn't, but my best friend from when I was 11 onwards and I, we'd always said as soon as we turned 18, we wanted to give it a try, which sounds really horrible, but you know, from the age of about 14, I was just so curious, and I just, I don't know, I had sex with lots of boys.

(Vicky, Managed, Female)

Sex work provided transgender participants with an important connection to their culture and identity.

So they (young transgender people on the street) realise their gender, but they find that they can go out and they can make the money. So they actually do it during the day, and unfortunately I have to say, yeah, a fair percentage of them are in fact run-aways, or ones that have been thrown out of their house and disowned by families. ... It basically comes down to gender identity.... Unfortunately, so but yeah, that's why there's, it's like a tight-knit community, a sense of family and belonging once you get into, right into the transsexual community.

(Val, Street, Transgender)

Transgender street-based workers often leave school and home early as a consequence of their treatment brought on by their gender identity (Worth, 2000). Entering sex work was described as significant for meeting other transgender people and learning and experiencing transgender culture/identity.

8.4 Leaving the sex industry

One of the tasks set out in the PRA for the Review Committee to assess was the 'nature and adequacy of the means available to assist persons to avoid or cease working as sex workers'. As discussed in Chapter Four, section 4.4.2, leaving the sex industry is often a difficult exercise. Studies have identified the difficulty in earning an equivalent amount of money in alternative occupations, the lack of social support for sex workers to make a complete break from the industry and for some, the need to work in sex work to fund an existing drug habit (Benoit and Millar, 2001; Dalla, 2006; Plumridge and Abel, 2000b). When sex workers do leave the industry they often return (Dalla, 2006; Sanders, 2007a). Similarly, in this study, Josie spoke in her in-depth interview of the difficulty for some sex workers to make a complete break from the sex industry.

Look, you make a choice. Okay, some will say, oh it's – I will say one thing, it's an easy game to get into, it's a hard game to get out of, and that's true. For a lot of people that is a hard thing to get out of. The money draws them back and draws them back. Some it draws back for the sex, some it draws back for the excitement of it. But you know, you know yourself, there's other ways out. There's always another choice. You don't have to go back in the business, and if you find yourself in a situation where you're not comfortable, get out, get help. There's only a phone call away and there's a lot of people out there that can help you. (Josie, Private, Female)

As identified by Josie, very few survey participants (6.6%) reported that they could not get help to leave the industry (see Table 8.4). Many participants were content in their jobs. Few survey participants (5.9%) reported that there were no benefits to sex work (see Table 8.5). Half of the survey participants said that they stayed in sex work because it was their job and a quarter had no desire to do any other form of work (see Table 8.4). Street-based workers were however, more likely than managed or private workers to report that they did not know what else to do, that they could not get help to leave and they did not know how to leave (see Table 8.4).

Participants from all sectors in this study spoke of the need for appropriate support in the exit of sex work. Some spoke of retraining to be able to work in other occupations, while others spoke of financial or social support:

Oh well my Case Officer at Income Support, she was going to put me on, start me on a course, a computer course. So I might actually get onto that next year, 'cos you get paid in that as well. It's a correspondence one, a computer course. You can do it at home and get to know how to work your computer and yeah, I actually need to do something else besides what I'm doing now, which is a street worker. Yeah, cause I think I've actually been out there too long. (Toni, Street, Female)

It is very hard to give up for me anyway. I guess having the right connections to support you through it, yeah. (Rebecca, Private, Female)

Kylie did exit sex work for a period of time but then returned. She related an experience with welfare authorities as a positive support when exiting at that time:

And I actually told them why I was getting on the benefit. I told them I was an ex hooker and I'd managed to get out of hooking, rah de rah rah. And they actually, they were, surprise surprise, I had a really good ... Case worker, and she helped me out and two weeks later I was on the benefit.
(Kylie, Managed, Female)

8.4.1 Breaks from the industry

As discussed at the beginning of this chapter, all of the participants were currently working as sex workers at the time of data collection. It is therefore not possible to comment on successful exiting strategies in this study. Exiting the industry is a complex process (Sanders, 2007a) and many of the participants in this study had made previous attempts at leaving sex work and then returned to the industry. Half of the participants in the survey indicated that they had taken a break from the industry at least once since the start of sex work (see Table 8.7). Private workers were more likely to report having had a break than street-based or managed workers. The majority of participants who reported having a break, either stopped for a short time of between one and six months or tended to have a break for longer than two years (see Table 8.8).

Table 8.7: Breaks from sex work in each sector[†]

	Stopped working at least once since start of sex work		Comparison across sectors
	N	% (s.e.)	
Street Workers (N=201)	87	45.4 (4.1)	$\chi^2=23.7$ df=2 p<0.0001
Managed Workers (N=368)	182	48.1 (2.7)	
Private Workers (N=189)	119	59.3 (4.4)	
Total (N=758)	388	51.4 (2.1)	

[†] Weighted estimates to account for variation in probability of selection and response.

Table 8.8: Length of break from sex work taken by workers who reported a break in each sector[†]

	Total	Street Workers N=79	Managed Workers N=181	Private Workers N=115	Comparison across sectors
	% (s.e.)	% (s.e.)	% (s.e.)	% (s.e.)	
Length of break: (N=375)					
<1 month	12.2 (2.0)	5.5 (2.1)	12.1 (2.5)	14.4 (3.9)	$\chi^2=30.3$ df=8 p=0.0002
1-6 months	29.8 (2.8)	35.6 (6.5)	30.4 (3.6)	27.2 (5.1)	
7-12 months	15.0 (2.1)	15.6 (4.7)	18.9 (3.1)	9.6 (3.5)	
13-24 months	15.5 (2.1)	13.1 (4.2)	15.5 (2.9)	16.1 (4.0)	
>2 years	27.5 (2.8)	30.2 (5.9)	23.1 (3.3)	32.7 (5.6)	
Total	100.0	100.0	100.0	100.0	

[†]Weighted estimates to account for variation in probability of selection and response.

Exiting the industry has been described as a process, which often involves numerous exit/re-entry cycles (Benoit and Millar, 2001; Dalla, 2006; Sanders, 2007a). Studies have found around three-quarters of sex workers have had a break from sex work at some stage in their career (Benoit and Millar, 2001; Prostitution Licensing Authority, 2004). It has been argued that people who exit the industry for negative reasons, such as a recent violent attack, often do not remain exited for long because the leaving process was reactionary and not planned and well thought through, with alternative plans in place for bringing in money (Sanders, 2007a).

Most participants in the in-depth interviews in this study had had a break from the industry at some time during their working lives and some had had many breaks.

Oh I will quit again and probably come back again, and quit again, and probably come back again, I don't know... Yeah, I mean, yeah, I'm not, I'm not going to be working all my life. I'll be wanting to retire eventually.

(Susan, Street, Female)

Sanders (2007a:88) argues that many sex workers are “trapped” in the exit-re-entry cycle “because the money they earned could not be directly substituted by a “normal” job in the mainstream labor market”. Indeed, Dee said that it was easier to take breaks from the sex industry than take breaks from straight jobs as the way the work was structured was far more flexible:

If I want to take a break, I can, where in a lot of jobs you have to ask, “When is it a good time for me?” because other people are obviously taking their little breaks. like I know my partner does, and he's got to find out if it's okay, where I can just, well with me, it's, “Okay, when do I want to go?” and I can decide and then I let them know. And they can't say, “I'm sorry, you can't.”

(Dee, Managed, Female)

The predominant reason given by participants for breaks in working was because of a new relationship. Similar findings have been reported elsewhere where sex workers have maintained that they would not be able to work if they were in a steady relationship (Plumridge, 1999a; Sanders, 2007a). Their break with the sex industry could therefore be seen as a “reactionary route” out of sex work (Sanders, 2007a). Consideration of their new partner's feelings was the impetus for leaving, but there were no plans put in place for how to bring in income and in all cases, when the relationship ended, they returned to sex work.

But it's always been because of a partner, that's the only reason that I've ever... thought about not doing it, and that's not, it's not even really, it's sort of a semi-respect thing, but it's generally because they can't handle it. You know, that's generally why I take a break.

(Paul, Street, Male)

My kid's dad, you know, I fell in love with him and so I didn't want to give my body out to anybody else but him.

(Sandy, Street, Female)

Other participants chose to leave when their children were young to focus on motherhood but returned when the children became old enough to leave in somebody's care.

Yes, because after I had my child, I wasn't focused on working. .. I didn't feel it was appropriate for myself to be leaving my child with a sitter and that kind of thing, and I chose not to work, and I had income from another source.
(Diane, Managed, Female)

Many participants in this study spoke of burn-out, relating this to the shift nature of their work and the need to have some down-time. Some also related burn-out to the emotional labour involved in working in the sex industry and this is discussed further in Chapter Eleven. Most did not conceptualise this as a major mental breakdown requiring a permanent break, but a temporary rest.

Overworking, doing too much, putting too much strain on my mind, on my psychological well-being. That was really getting to burning out, just having enough.
(Jack, Private, Male)

I just think I can only handle so much at a time, and it just gets too much every now and then, and just, yeah, I have to have a break.
(Virginia, Managed, Female)

Another reason given by many participants for their break from sex work was getting a job outside of the industry. As mentioned previously, these other jobs did not last long as they could not provide the level of income and flexibility that working in sex work provided.

Oh I've had lots of breaks over the whole time, more than I can remember, yeah, of like just a few months breaks at a time and stuff. But the longest break I ever had would have been '98 until the end of '99, yeah, yeah, and I went and did a teacher aid course and got a job doing that at primary school. I worked at a primary school as a teacher aid for a year or so.
(Kara, Managed, Female)

Yeah, I did have breaks because I got bored with the sex industry, bored with hearing everyone's same sad stories after a few years, and just wanted to do something totally different. So I went back to nursing.
(Becky, Managed, Female)

Having a break from the sex industry was a way of acknowledging the burn-out they experienced and participants emphasised the need to look after themselves.

8.4.2 *Returning to sex work*

There were many factors which kept participants in this study working in sex work and when they did attempt exiting, acted as lures to attract them back. These lures included money, camaraderie and for some, drugs.

Money is the most commonly reported reason given by sex workers for returning to the industry after a break (Benoit and Millar, 2001; Prostitution Licensing Authority, 2004) and was the factor that was cited by most survey and in-depth interview participants as making it difficult to leave the industry. The lack of readily available money was something that 68% of survey participants reported in open-ended questions would make staying away from the industry a challenge. They discussed ways of making it easier to leave, which included the availability of good, well paid jobs, with a higher minimum wage and equal opportunities. Thirty-four percent of participants reported that this would make leaving the sex industry easier with a further 17% citing the need for financial security or a win in the lottery. Most participants in in-depth interviews who had taken a break were attracted back to sex work by the money:

I keep coming back. I mean 'cos I've got no – I mean, I mean 'cos there's no other income for me. I mean I don't get a benefit. ... I could go on a benefit, but I mean I'm just being stubborn. I mean I refuse to.

(Ellen, Street, Transgender)

Because of school holidays, you've got people on holiday, you know, it seems that so dad, you know, has still got to fork out for school uniforms and things like that, you know. So you've got to look at expenses at this time of year, it's just ridiculous.

(Liz, Private and Managed, Female)

Other studies have noted the sense of belonging and feeling of camaraderie some workers experienced from working in the sex industry and the loss of this when exiting the industry can be detrimental to staying out (Benoit and Millar, 2001). As many of the participants in this study discussed, the stigmatisation that they experienced, either

because of their gender identity, or because of being a sex worker, placed them in a position of being an outsider in society. The acceptance, camaraderie and family-like atmosphere they found in the sex industry was seen as an attraction of working in the industry. Diane argued the merits of the companionship of other sex workers:

At least I can go to work and I can talk about whatever, you know. There's like, it's just somewhere else to relax, you know, where you don't, where I don't have to focus about my study or, you know, my child, or my bills or, you know, whatever's going on, what else. (Diane, Managed, Female)

Other participants who had left sex work to be with their families also missed the companionship of their former workmates:

The reason why I keep coming back, oh 6 months is, yeah, just giving me the 6 months with my children and things like that. But the reason why I've come back is because at home it's just me and my two children, and being up here, you're around other females that are in the industry. You know what they're going through, they know what you're going through. You know, it's just like a big family up here, and I love being around adults. Don't get me wrong, I love kids too, but I love being around adults as well. (Hilda, Managed, Female)

Social support is an important determinant of health. Sanders (2006a:110) argues that 'indoor' sex work attracts "high-trusting relationships" characterised by much social support between workers although she also maintains that "pimps, drug use and sporadic customers" engender "low-trusting relationships" among street-based workers. This was not evident from the findings of this study, where street-based workers were just as likely as managed and private workers to report friendships made in sex work (see Section 8.3.2). These perceived gains may make exiting the industry problematic.

Drug addiction may act as a factor to keep people involved in sex work and street-based workers spend considerably more on funding their drug use than workers in other sectors (Westmarland, 2006). Similarly, some participants in this found it difficult to leave the industry as there was no other way to support their drug use.

But every day I think of quitting. Like I hate sex. I don't enjoy it at all. I'm only out here because I have to be, until I can get off these drugs, which hopefully won't be too far away. (Sarah, Street, Female)

I think mainly the reasons I've got back into it is drugs.
(Joan, Street, Female)

Drug use therefore made it difficult for many street-based participants to exit the sex industry. As reported in Chapter Seven, Table 7.8, street-based workers were significantly more likely than managed and private participants to have been in the industry for longer than ten years. Drugs may play a role in this finding.

8.4.3 Expected length of stay in sex work

Survey participants were asked how long they expected to stay in the sex industry. There were significant differences between new entrants and participants who had been in the industry for longer than a year. Only 17.8% of survey participants (N=138) had worked in the industry for less than a year but these participants were more likely than the longer-term participants to report that they expected to stay in the industry for less than a year (see Table 8.9). These 'new' workers were also significantly less likely than 'experienced' workers to report that they would be in the industry for longer than five years. Almost a third of participants were unsure of how long they would be working in the industry, with 'experienced' participants more likely than 'new' participants to indicate that they did not know how much longer they would be working.

Table 8.9: Expected length of stay in the sex industry by years of working in the industry[†].

	Years of working in sex industry			Comparison across years of work
	Total	<1 year	>1 year	
	N=759 % (s.e.)	N=76 % (s.e.)	N=683 % (s.e.)	
Expected length of stay in sex industry:				
<1 year	20.9 (1.7)	41.6 (4.9)	16.4 (1.7)	$\chi^2 = 133.7$ df=4 p<0.0001
1-2 years	21.7 (1.8)	24.6 (4.3)	21.1 (2.0)	
3-5 years	12.7 (1.5)	11.5 (3.5)	13.0 (1.7)	
>5 years	15.0 (1.5)	3.7 (1.9)	17.5 (1.8)	
Don't know	29.7 (1.9)	18.6 (3.3)	32.1 (2.2)	
Total	100.0	100.0	100.0	

[†] Weighted estimates to account for variation in probability of selection and response.

Brewis and Linstead (2000b) suggest that for some people, working in sex work is a chosen profession, while for others it is a way of making money in the short term and is not a long term career choice. Participants in this study’s qualitative interviews gave differing timeframes for their planned length of stay in the industry. Some participants had set certain timeframes for themselves as to when they would leave sex work. They set goals for themselves and maintained that they would leave when they attained these goals, similar to Sanders’ (2007) findings that some sex workers plan a gradual departure from sex work.

Debbie: Yeah, for sure. I don't think I could do this just for a job if I didn't have a goal at the end of it.
Interviewer: So did you have any sort of timeframe at this point?
Debbie: End of next year.
Interviewer: Okay, that's quite a long way away. And you think you intend on staying in the sex work all that time?
Debbie: Yes and no, if I make enough money, then I'd probably go out into the real world again. (Debbie, Managed, Female)

I don't know. I really want to buy my own home, and the only way I'm going to be able to do it, getting a deposit, like a good size deposit, is by working.
(Paula, Private, Transgender)

For many street-based workers, their length of time in the industry was dependent on their acceptance into a drug rehabilitation programme. They acknowledged that they could not leave sex work whilst still using drugs and also could not stay on in sex work once they had ceased to use:

Joan: Yes, and I'm going to quit after Christmas.

Interviewer: Are you?

Joan: Yeah.

Interviewer: How have you come to that decision? What's that about?

Joan: I mean I have a drug problem, but I'm on DHC continuously, which is long-acting codeine, and I usually, well I mean when I can – and at the moment I haven't been back to the doctor, so I haven't had my DHC. So I'm out here and I'm buying morphine. And I don't want to do that. I don't want to have to get up – I've got to that point where I don't want to have to get up and rely on something every day to make myself normal. So I'm going to just, I've rung up Alcohol and Drug Centre and I'm going to, I spoke to them about booking into detox and then going on to a residential programme. So then I will be quitting, because I'm just at that point where I need to turn my life around, and I know I can do it, because I'm just, you know, I've had enough and I want to do it. I want to make changes. I can't do that if I'm still working, you know.

Interviewer: Yeah. So do you think that sex work for you has come hand in hand with your addictions?

Joan: Yes, yes, most certainly.

Interviewer: Yeah. So am I right in saying that if you didn't have that addiction, you don't think you'd be sex working?

Joan: I wouldn't be, no, not at all, because, no, I wouldn't be, because I wouldn't have a habit to support, and I don't think I could come out here and not, I don't think I could come out here straight basically.

(Joan, Street, Female)

Some participants, particularly street-based participants, described their work as a habit or an addiction, but attempted to cut down on the time that they spent on the street and were doing fewer jobs per day. It was difficult, however, to break completely from the habit of going out onto the streets.

I don't know. It just became a habit over the years. I mean as the years got on, it was just I'd been doing it. Nighttime came and I started to get ready, and I just continued doing it, and I'm still doing it. ... It's definitely not because I'm making the money. It would be nice to say that, but it's not. I mean I'm slowly weaning myself off. I don't go out 7 nights a week like I did. The daytime job I'm doing does help at the moment, even though it's not 40 hours a week, it's still something. ... You get so used to that one stage of having money. Like you might have a hundred bucks in your purse and all of a sudden you're panicking 'cos you're broke. It can make you greedy in the sense where there's never enough. That's what I don't like about it. I never have. ... Well I mean you can never have enough of the money, that's what I'm talking about. Not the job or that, but it's just look, you can go away for 2 or 3 years, and I know some girls that have, but they come back. There's just something about it that hooks you in once you're hooked in, and you stay on that line. I mean there are people that get out of it and that, and I suppose if I really wanted to, I probably could. I don't so much, I wouldn't say enjoy it, it's a habit.
(Tina, Street, Transgender)

As Sanders (2007) identified, some participants saw a “natural progression” out of sex work where they came to a natural point in their working career when they acknowledged that it was time to stop. Many who had been in sex work for some time, were setting age limits as to how long they would work:

Yes, well I've been working for, from 16 to 34 now and as I said, it's been like kind of an experience. But now that I'm a mother now, I, you know, and I am 34 now and life is getting on, I really would want to find some other way of like getting a real job, like besides that. (Toni, Street, Female)

I'd probably like to work for about – because I've sort of, I mean I guess age doesn't matter, but I've had a lot of illness problems lately. And I'd probably only go for about another year or so. It's not, it's not plaguing me in any way. I think it's more so my focus is kind of going to be going in another direction where, I don't know, maybe it might not, I don't know. I'll probably just carry on and see what happens really. But I don't want to be doing it forever. I'd like to be able to settle down with, you know, find a nice guy or whatever else, but that's bloody almost impossible sometimes.
(Kylie, Managed, Female)

However, many participants in in-depth interviews, as mirrored in the findings of the survey data (see Table 8.9), described an uncertainty as to how long they would remain in sex work:

I had no idea. I had no idea. I was kind of like, "Well I need money, I'll do this." I've never been a long-term planner though. I hadn't been working for a couple of months, so it was just like, "Okay, well I'll do this and see what happens."
(Virginia, Managed Female)

Over a third of all survey participants (39%) reported that they remained in sex work because they enjoyed the sex and street-based workers were the most likely sector to report this (see Table 8.4). Sex was also highlighted by 42.4% of survey participants as a benefit of sex work, more so for private and street workers than managed workers (see Table 8.5). For many participants in in-depth interviews, their enjoyment of the industry meant that they did not consider leaving.

I've never thought about leaving the industry. I love it too much. I definitely, I would never leave it completely, not yet. I'm not ready for that, and I like it still too much.
(Liz, Private, Female)

If I was given the chance of pure happiness - not just for free sex, 'cos that's what a lot of them are wanting - if I had the chance of having pure happiness with a guy, yeah, I'd leave and just come back and do reception work. Still got to be in the industry, you know, even if it's just doing reception. I've still got to be here, you know, 'cos I love this place too much that I don't want to leave it. But no, if I had the chance, then yeah, I would. I'd leave, you know, going through to the rooms, but I still wouldn't leave the building. I'd still do reception work for the boss. (Laugh) I like my boss, he's cool.
(Hilda, Managed, Female)

One, I'm good at my job, two, I don't know what else I'd do. You hear that often. A lot of girls will say, "Oh it's the money." And for me it's like I know what I'm doing, and I'm in control of what I'm doing when I'm in the room. The money's not too bad now. Could be better, hell, yeah.
(Dee, Managed, Female)

I love it. The day I stop liking it and loving it is the day I walk away. I enjoy doing this job, come on.
(Josie, Private, Female)

There has been a lot of focus on developing programmes to assist people to leave sex work, with the focus on the negative consequences of working in the industry (Mansson and Hedin, 1999). Mansson and Hedin (1999:68) describe how important it is to

investigate why and how people leave sex work so that they can arrest the “downward spiral of people’s life into poverty and/or other social problems”. Although the authors talk of the interplay of various influences in people’s leaving sex work, including structural, interpersonal and individual factors, they argue that successful exiting is the responsibility of the individual and is dependent on their emotional commitment. Contrary to this, Sanders (2007a) argues that her study showed that structural factors were important in exiting sex work and not individual factors. In critiquing Mansson and Hedin, she contends that their view of sex work as exploitative and their framing of sex workers as victims, denies them choice and agency. An individual focus does not consider “how individual resilience is located within a structured and social reality whereby trapping factors restrict movement out of sex work and make permanent removal from the deviant career a complex and lengthy process” (Sanders, 2007a:91).

Like Mansson and Hedin (1999), Hoigard and Finstad (1999) claim that sex work is damaging and that all the women in their sample of 26 Norwegian sex workers had their self-respect and self-image “destroyed” by sex work⁵⁶. Other researchers dispute the claim that sex work is damaging and that participants in sex work all dislike their work. Davies and Feldman (1992) found that most of their participants were indifferent. Conceptualising sex work as a social problem can be problematic given the many benefits those in the industry articulate as arising from their work. Programmes which focus on the negative aspects of sex work as prerequisite for leaving the industry would not be entirely effective as they ignore the positive motivations for remaining in the industry. Not all who wish to leave sex work view their time in the industry as a negative experience as clearly evidenced by many in this study. For this reason, policies emphasising strategies to encourage sex workers to exit the industry are likely to have little impact (Ward and Day, 2006). Different supports are required to assist exiting sex workers (Sanders, 2007a).

⁵⁶ Hoigard and Finstad provide no information on how they recruited their sample but provide an item of information that suggests that their sample was not representative of the sex worker population: all but three had been institutionalised prior to entry into sex work. They view sex work as essentially problematic, taking a radical feminist stance that sex work is inherently damaging, full of ‘strains and hardships’ and that sex workers enter a ‘recovery process’ once breaking away from sex work.

8.5 Conclusion

As this chapter has demonstrated, sex workers are not a homogenous group but are clearly segmented. There are different motivations for working between street-based, managed and private workers and the industry is also segmented along gender lines. The theme of choice ran strongly through the talk of participants. In common with Ward and Day's (2006:417) findings from their study of 130 sex workers in London, it can be stated that for the majority of participants in this study, sex work was a choice and "a route out of poverty rather than a vicious circle of social exclusion". Most participants were adamant in their conviction that their entry into sex work and their remaining in the industry was a personal choice and that it would be their choice when they eventually exited the industry. This is not to deny that for some participants, in particular participants who enter sex work at a young age, the choices available are limited and they may perceive sex work as their only choice in order to ensure their survival.

Street-based workers are more likely to be involved in sex work as a survival option and once they enter, they form strong social networks with like-minded people and experience a sense of community or shared identity which would make breaking away from the industry difficult. They are the sector of the industry most likely to need the income from sex work to support their drug use but they also describe their working (and the money that they make) as their habit or addiction. The two addictions are tightly intertwined.

Yet the street sector is the smallest sector and the majority of sex workers, at least in New Zealand, have other motivations for being involved in sex work. For the women in the private and managed sectors, the flexibility and the better income relative to other 'straight' jobs makes sex work an attractive option and enables many to support and nurture their children. For managed workers, there is the added benefit of companionship and camaraderie which working in brothels provides.

Although financial motivations are also important for male and transgender workers, the social and identity incentives for working in sex work provide an attraction. The

discrimination transgender people face in the mainstream employment market is a disincentive to having a 'straight' job and, similar to young street-based workers, they find a common shared identity by working alongside other transgender people in the sex industry.

The reasons for entering and remaining in sex work and the difficulties expressed around exiting the industry are comparable to research findings from New Zealand prior to decriminalisation as well as from countries which have criminalised legislative systems. The incentives for working in sex work are largely structural and it is therefore unsurprising that there has been little change following decriminalisation. Whilst there are also individual and personal factors involved in the choice to work in this industry, these act as secondary factors. The prime motivation for working in sex work is for economic reasons. Unlike other occupations in New Zealand, when sex workers decide to leave sex work they do not have to have a stand-down period before being eligible for the unemployment benefit. This was built into the Act with the intention of making it easier for people to leave the sex industry if they wished to do so. However, more focus needs to be given to the system of sickness and youth benefits in New Zealand, as well as the availability of well-paid, flexible, equal-opportunity employment possibilities as these have a role to play in the choice of a career in sex work. As many of the street-based workers entered sex work at an early age after running away from home or care, there is the suggestion that Child, Youth and Family Services also need to look at their policies if reducing the rates of survival sex is a priority. Early childhood experiences impact significantly on the lifecourse through youth and adulthood (Jones, 2002; Webster et al., 2006). It is important that there are supportive interventions in childhood with a holistic approach taken in co-ordinating health, family, housing and labour policies to support vulnerable young people (Abel and Fitzgerald, 2008). In addition, the problem of finding low-priced accommodation and provision of emergency hostels and safe houses may be of benefit to homeless youth and prevent their entry into sex work as a survival option (Benson and Matthews, 1995). Such policy initiatives may have a positive role to play in preventing young people entering the industry and also assist many in leaving. However

it is unlikely that the Prostitution Reform Act itself would have any significant impact on entry to and exit from sex work.

CHAPTER 9: RISK AND RISK MANAGEMENT OF VIOLENCE

9.1 Introduction

Although the previous chapter provided an account of motivations to enter the sex industry, this chapter explores why people choose to work in particular sectors. One of the research questions posed in this thesis asks whether decriminalisation has had an impact on sex workers' ability to control and manage their working environment. The different working environments (street, managed and private) are managed very differently. There were three main areas of risk in the work environment identified by participants in this study: risk of violence, risk to sexual health and risk to emotional health. This chapter explores sex workers' understandings of risk of violence within the different sectors of the sex industry. Risks to sexual health and emotional health are discussed in the following two chapters.

Perceptions of risk within each sector vary and while the risk of violence is highly relevant to sex workers in all sectors, violence is more prevalent in some sectors than in others. Yet whether their sector is perceived as particularly vulnerable to violence or not, participants all described strategies particular to their work environment to minimise the risk of violence. These strategies, as discussed in section 9.4, include securing the work location, honing personal skills in interactions with clients and drawing on the support of others, including management and minders. The chapter then explores participants' perceptions of the police and their role in contributing to a safer working environment. It is argued that sex workers are less likely to be able to strategise for, and ensure control of, a safe working environment when they do not have the same rights as people in other occupations. The chapter therefore concludes with a discussion of the perceptions participants in this study had of their rights under the Prostitution Reform Act (PRA) and how these can contribute to minimising the risks particular to their working environments.

9.2 Intersectoral movement in the sex industry

The extant literature on movement between sectors of the sex industry is contradictory. Benson and Matthews (2000) report little movement of sex workers between street and off-street work in the United Kingdom. Day's (2007) research in the United Kingdom, however, indicated much more movement between all sectors, with almost one third of their participants reporting having worked in all sectors and only one fifth reporting having remained in the sector in which they had started working. Their study reported that people who had started working on the street were the most intersectorally mobile. The study of female sex workers in Christchurch in 1999 found that 70% of survey participants had been working only in their current sector in the previous 12 months (Plumridge and Abel, 2000b).

When movement between sectors is discussed it is usually in relation to economics – a downturn in business may require sex workers to diversify and move to working in another sector to supplement their income (Lewis et al., 2005). In such cases, it is usually sex workers in the managed sector who move to working on the street or privately (Lewis et al., 2005). Sometimes however, winter temperatures and in times of high intensity policing in countries where street-based sex work is criminalised, street-based workers may be prompted to move indoors (Lewis et al., 2005).

The estimation of the number of workers in the different sectors of sex work showed a trend in movement from the managed to the private sector in Christchurch between 1999 and 2006 (see Chapter Five). The 2006 survey of sex workers showed that the majority of current street-based workers and managed workers had not moved sectors during the course of their time in the sex industry, with 78.8% of street-based workers starting work on the streets and 92.3% of managed workers starting in the managed sector (see Table 9.1). Half of surveyed private workers had however begun their work in the sex industry in the managed sector. The question on current work sector in the questionnaire only asked in which sector participants *mainly* work and many could have been working in more than one sector. In qualitative interviews, 34 of the 58 participants had worked in more than one sector and several were currently working in two sectors.

Table 9.1: Sector of original employment by sector of current employment in the sex industry[†]

	Street Sector % (s.e.)	Managed Sector % (s.e.)	Started work Private Sector % (s.e.)	Comparison across sectors
Working now:				
Street Workers (N=203)	78.8 (3.6)	18.4 (3.4)	2.8 (1.6)	$\chi^2=1415.1$ df=4 p<0.0001
Managed Workers (N=376)	3.9 (1.0)	92.3 (1.4)	3.8 (1.0)	
Private Workers (N=180)	11.5 (2.3)	49.3 (4.6)	39.2 (4.5)	

[†] Weighted estimates to account for variation in probability of selection and response.

The suggested movement from the managed (and to a lesser extent the street-based sector) to the private sector after the enactment of the PRA, was talked about in the qualitative interviews. Working concurrently in the private and street sectors was reported more frequently since the passing of the PRA. Prior to this, sex workers who wished to advertise in the newspaper were required to provide proof that they were registered with the police. This deterred many from working in the private sector. The law change thus provided street-based workers with the option of working in an environment which they perceived as safer but also allowed them to maximise their earnings. The managed sector however, although acknowledged as being the safest environment in which to work, was still much less popular.

But once law reform went through and it was easier to advertise, a lot of the girls have gone through advertising. I myself have advertised through the paper when I needed to be registered, and then of course the Internet come along. So I do the advertising through the newspapers, over the Internet, and of course I do street work, and I do actually have a normal part-time job, which I attend to throughout the week ... But I always still find time to do the occasional sex work, and see regular clientele, which I've been seeing for about 15 years. ... I've actually heard that quite a few more of the sex workers have gone into private advertising because the lifting of that police restriction or police registration. And they tend to find it more financially rewarding than perhaps attending, getting dressed up and going to a parlour or working on the street. (Val, Street, Transgender)

The move from the street and the managed sector to the private sector was not seen as positive for all participants and some perceived this movement to have been detrimental. There were claims from the managed participants that fewer clients were going to brothels because, as private workers did not have to pay a portion of their income to management, they were undercutting prices.

There's been a huge slump in parlours, like how busy they've been. A year ago, you know, a bad night for a girl was 4 jobs, and now a bad night is nothing at all. And this is in Auckland and in Wellington, both places, and there are girls flying up from the South Island every day going, "We need to find more work." And it's because there are so many more girls working. Well I think it's because there's so many girls, more girls are working private and that they're charging less because they don't have to give a cut to anyone, and that they're just treating their clients better, because they're being treated well, because it's all on their own terms. Girls aren't forced to, you know, at 4 o'clock in the morning after, you know, working since 7 o'clock that night, aren't forced back into the lounge to do one more job. There's nothing like that because girls are working on their own terms. Clients are a hell of a lot more happy about it, getting charged decent rates and don't have to go to a, you know, brothel, 'cos a lot of guys don't like it.
(Vicky, Managed, Female)

The resultant increase in private workers was also seen as increased competition for private workers who had worked in the private sector prior to decriminalisation.

Well when I first started, there was very few girls working privately, and I did really, I was really busy, 'cos there was very few girls. And I see within the short time over 2 years, you know... Yeah, the whole world and the dog, you know, and the grandmother is working (in the Private sector).
(Maureen, Private, Female)

Under clauses 12-15 of the PRA, Territorial Authorities (TAs) were given the power to enact bylaws within their regions to control signage and advertising and location of brothels. Some TAs attempted to restrict all brothels, including small owner-operated brothels (SOOBs) to the city centre, which effectively recriminalised private workers operating from the suburbs. Renting premises in the city centre is not an option for most private workers as this is expensive and in many cases landlords require long-term leases

which makes it difficult for people to leave the sex industry at any point in time (Barnett et al., 2010). In qualitative interviews, private workers did discuss how some TAs had attempted to restrict them to the central business district. They perceived fear on the part of the TAs that by allowing them to operate within the suburbs, they would be putting 'respectable' people at risk. They emphasised that private workers have always, and would still, have a desire to operate discreetly and that fears that lewd and unwelcome signage outside private residences were unfounded. They saw councils' attempts to institute bylaws which recriminalised them for working outside of a designated zone as contravening the intentions of the PRA.

Some of these by-laws sort of I feel are contradicting the aims of the Act. It's sort of like, "Oh yes, we can, we can regulate it. And so, so you have to work in the main street." I mean it's just trying to push the privates out of existence. I mean they might say, "We don't want big gaudy signs of a pink flashing neon sign of a naked woman." Well hang on, if, you know, some mother in the suburbs slips an ad in for 4 hours while her children are at school, I mean that's no big flashy signs in the suburbs. And there probably are quite a few that do that. You see people who advertise 10am till 2pm.

(Brenda, Private, Female)

TAs in Auckland and Christchurch attempted to pass bylaws to restrict SOOBs to the city centre but were taken to court and the bylaws were overturned with the judges in both instances suggesting that such a move was ultra vires and defeated the purposes of the PRA. However TAs in other areas have been successful in enacting similar bylaws.

The passing of the PRA, despite not having an impact on the number of people entering sex work, does appear to have had an impact on movement into a burgeoning private sector. The bulk of this movement has been from the managed sector. It has been recommended that, as the street-based sector is the least safe sector, street-based workers should be encouraged to leave the street for indoor venues (Prostitution Law Review Committee, 2008). Movement into the private sector from the street-based sector could be viewed as a positive outcome of the PRA. However only 11.5% of private workers in the survey reported having started work on the streets (see Table 9.1) and in the qualitative interviews, street-based participants gave accounts of advertising for work

privately in addition to, not instead of, working on the streets. In this way, earnings could be maximised. Leaving the streets to work solely in the private sector was rarely reported. There are different motivations for choice of work sector which go beyond the perceived safety of each sector and sex workers argue that there are trade-offs they make when choosing a sector to work in.

9.3 Conceptualising risk in the different sectors of sex work

Sex workers have been singled out as one of many marginalised groups who have to wear the label of 'at risk' (Lupton, 1999).

The 'at risk' label tends either to position members of those social groups as particularly vulnerable, passive, powerless or weak, or as particularly dangerous to themselves or others. In both cases, special attention is directed at these social groups, positioning them in a network of surveillance, monitoring and intervention (Lupton, 1999:114).

While sex work as an occupation is perceived as risky, sex workers are not a homogenous population (Plumridge and Abel, 2001) and the environments in which they work vary greatly. It has been suggested that this heterogeneity highlights the "importance of structural location in influencing and constructing people's experience of work and their exposure to risk" (Whittaker and Hart, 1996:412). The sectors offer different attractions and sex workers provide various accounts of their motivations for working in their chosen sector(s) and describe different ways for minimising risk within each sector. These accounts are not static however, and motivations shift over time as individuals navigate through different sectors of the industry.

There are a number of theories which have been used to examine risk behaviour (Rhodes, 1997). Some theories are concerned with individual factors as a unit of analysis and suggest that individuals make rational decisions based on weighing up the perceived costs and benefits of an action. These theories however, do not examine the meanings people

give to their actions and how these are (re)produced through social interaction (Rhodes, 1997). Social norms play a key role in informing individual risk perceptions and thus it is through social networks and social interaction that perceptions of risk are consolidated (Abel and Fitzgerald, 2006; Abel and Fitzgerald, 2008; Cotterell, 2007; Douglas, 1986; Rhodes, 1997). Within a hierarchy of risks, some may be seen to be of more immediate importance than others (Abel and Fitzgerald, 2006; Sanders, 2005d) and some behaviours may seem risky for many people, while to others they are not (Lupton, 1999; Rhodes, 1997). Socio-cultural context influences people's attitudes to risk and it has therefore been argued that a contextual approach should be taken to look at risk behaviour, exploring cultural, individual and interactional aspects (Douglas, 1986; Sanders, 2004b). Sanders (2004b:1704) maintains that:

(i)f we are to understand how others interpret their social environments in deciding what is too risky and what is worth the risk, their reactions to the space in which they face the dilemma is an integral part of understanding risk in society. Individuals do not simply engage in risk-taking or risk-averse behaviour as a result of predisposed traits or irrational responses. Sex workers react to their surroundings and, through a complex process of assessing their own biography, skills and experience, decide whether to take or avoid risks.

Physical harm is seen as a considerable risk of working in the sex industry and it is less controllable than some other risks which sex workers face (Sanders, 2005d). Sex workers are subject to violence from clients and the police, as well as the public (Kinnell, 2008; Lewis et al., 2005; Rhodes et al., 2008; Simic and Rhodes, 2009). The potential for violence is a risk for all sex workers, regardless of the sector in which they work, but perceptions of risk and the strategies to protect themselves and control their environment, and their experience of violence within that environment, differ (Kinnell, 2006; Sanders, 2005d; Whittaker and Hart, 1996).

9.3.1 *The street sector*

It has been argued that people who choose to work in the street sector are limited in their choice by personal circumstances, including their youth, homelessness, inexperience and drug use (Pyett and Warr, 1997). Access to material resources plays an important part in framing how people conceptualise risk as well as their capacity to react reflexively to risk (Lupton, 1999). It is likely that street-based workers would experience difficulty in meeting routine requirements of working within rigid regulations and several studies have reported a preference for the flexibility of the street environment as opposed to the controlled environment of the managed sector (Benson and Matthews, 1995; Brewis and Linstead, 2002; Pyett and Warr, 1997; Pyett and Warr, 1999). Similarly, one of the main themes to emerge from the qualitative interviews with street-based workers in this study was autonomy. Autonomy was enhanced on the street as participants were not subject to the rules and regulations they would have to work under in a managed situation and they were free to work the hours they chose.

Yes, I have (thought of working in other sectors), but I didn't want to. I found the street more freely to work, but just it was just dangerous at the same time, but I was more free when I worked out on the, as a street worker than what I would be inside, cause there'll be rules and regulations, yeah, and I'm not really used to rules and regulations and people telling me what to do.

(Toni, Street, Female)

As discussed in the previous chapter, economics is cited as a primary factor for the entry into sex work and for street-based workers, maximising earnings was of central importance. The ability to keep all the earnings made from sex work, instead of having to pay a portion to management, is important for many individuals entering street-based work (Day, 2007; Pyett and Warr, 1999). The discourse of "the money is all mine" made working on the street the preferred choice for all the street-based participants and they were prepared to trade the safer environment of the managed sector for a higher income.

Okay, well for me personally, and this is my individual opinion on this, I prefer working the streets because the money I make on the streets is all mine. When I was working for an escort parlour, I had to give them a cut basically, and at that time they were asking for 30% of whatever my income

was. So, to me, well I suppose they provided a nice, safe establishment and things like that as well, like the bedroom, linen, receptionist and things like that. So, but to me, yeah, paying 30% wasn't really worth that.

(Kyra, Street, Transgender)

In addition, before decriminalisation, sex workers wishing to work in the managed sector were required to pay a bond to management prior to starting work. The bond was usually taken out of the money they made from their first jobs in the establishment. This bond was frequently around \$200 and was supposedly refundable upon leaving the establishment but this was often not the case. Some businesses continue to bond sex workers post-decriminalisation. This is a barrier to working in the managed sector for some people. The outlay for the required standard of dress is seen as another barrier:

Well I think the street's got its advantages in the sense that there's really basically no outlay to start off with. I mean you can just walk out in what you're wearing, you know, as long as you've got a condom on you.

(Dora, Street, Transgender)

As discussed in Chapter Eight, there is more drug use in the street-based sector compared to the managed and private sectors, and the fact that many street-based workers had a drug habit to support, reinforced the “money is all mine” discourse. When funding an expensive drug habit, earnings had to be maximised and thus accepting a lower return for time worked in a managed setting was not an option.

Well I've got a bit of a drug habit, which costs me \$300 or \$400 a day, and I'm not going to make that in a parlour.

(Sarah, Street, Female)

Although safety was of lesser importance than money and autonomy when considering working in the street-based sector, physical safety was the main risk identified by all street-based workers. There are only a small proportion of clients who perpetrate violent acts against sex workers, yet these clients tend to “prey on the marginalized social and situational position of street sex workers” (Lowman and Atchison, 2006:296). Street-based workers are not unaware of the danger of their environment but they are often more

fatalistic in their acceptance of violence as a condition of working. This is especially the case in countries where they are working within a criminalised environment where legal rights for sex workers are compromised (Pyett and Warr, 1999). Many sex workers see violence as a normal part of their job (World Health Organisation, 2005) and even in a decriminalised environment, the street-based workers in this study accepted their susceptibility to violence. Joyce described the danger of working on the street but maintained that there was “nothing much you can do about it”. Working on the street meant having to accept the possibility of violence.

The street's way too dangerous. It's just so easy for people to do anything they want. Like we've lost about, lost two lovely ladies from the street, and you know, just like that, you could just, yeah, just there's nothing you can do about it when you're standing out on a corner or any part of the street, there's nothing much you can do about it. There may be a lot of traffic, but not many people pull over to help. (Joyce, Street and Private, Female)

With the passage of time, a behaviour or activity that was once seen as risky may become habitualised as normal, especially if there has been no traumatic outcome from that activity (Rhodes, 1997). Although street-based workers in this study discussed the danger on the street, they also articulated feelings of comfort and a sense of safety of the known.

Tina: But mainly I've always worked the streets. I tried a parlour once in Brisbane and that didn't work out, so I just hit the streets, yeah, and I always feel comfortable on the streets.

Interviewer: What do you think that, being comfortable, what's that about?

Tina: Maybe, maybe I feel safe.

Interviewer: Yeah.

Tina: Whereas maybe it's because I've always been on the streets. I don't know what the reason is, but it's never interested me to go to parlours. Like I tried one, and it didn't work.

Interviewer: So for you, you feel safer?

Tina: All round in all aspects have been safe. Like in a parlour there are too many doors and too many – well not so much rules, but oh just parlours have never appealed to me. (Tina, Street, Transgender)

The street-based sector is acknowledged as the most susceptible to violence (Benoit and Millar, 2001; Douglas, 1986; Lowman, 2000; O'Neill, 1996; Plumridge and Abel, 2001; Pyett and Warr, 1999; Rhodes et al., 2008; Sanders, 2004b; Valera et al., 2001; Vanwesenbeeck, 2001) and in the qualitative interviews, many street-based participants spoke of violent incidents.

This taxi driver picked me up and he had a couple of Russians, and I knew the taxi driver and so I went over to the boat. There was only two of them on the boat. They paid me, but they wouldn't let me put the money in my bag, and I knew straight away I was, I was having problems. And I was just lucky that the younger guy showed me around the boat. They locked me in the room, and they raped me. I never got my money. And they were just rough as guts, and I just got the impression, because they said they were sailing out that morning, that if I hadn't have got off that boat when I did, they were going to take me with them.
(Joan, Street, Female)

I was on a job a few years ago, and it was, he didn't want to wear the condom, and because I was working on the street, we were just in the car. So it was, and he made it real difficult, 'cos he centrally locked all the doors, the windows, and you know, couldn't really get out. But he grabbed me by the arms and twisted my arms round by my neck, oh the back of my neck under my head. Yeah, he held me down. So when you get into predicaments like that, that's when, you know, you use your knees, you use your legs.
(Joyce, Street and Private, Female)

Survey participants were questioned about whether they had experienced any adverse incidents in the last 12 months, including: refusal of a client to pay; having money stolen by a client; being physically assaulted by a client; threatened by someone with physical violence; held against their will; being raped by a client; or receiving abusive text messages. Street-based workers were significantly more likely than managed and private participants to report *all* of these experiences in the last 12 months, with the exception of abusive text messages (see Table 9.2). In particular, almost one-third of street-based participants reported that they had experienced refusal of a client to pay in the previous 12 months and two-fifths had been threatened with physical violence⁵⁷.

⁵⁷ Information on adverse incidents was collected in the 1999 survey of Christchurch sex workers. However in 1999, data on adverse incidents over all the time working in the industry were collected rather than over the previous 12 months, which makes comparisons impossible. It is therefore not possible to say whether the incidence of violence has increased, decreased or remained the same after the change in legislation.

Table 9.2: Adverse experiences whilst working in the last 12 months by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Experienced refusal by client to pay (N=769)	12.6 (1.3)	31.5 (4.0)	7.5 (1.4)	12.6 (2.6)	122.4	<0.0001
Reported to police	9.1 (3.0)	11.7 (5.0)	4.9 (4.8)	10.0 (5.8)	2.2	0.3
Reported to another person besides police	53.8 (5.7)	46.6 (7.8)	63.9 (10.1)	53.3 (11.3)	4.2	0.1
Had money stolen by a client (N=768)	8.3 (1.0)	24.4 (3.5)	4.2 (1.0)	7.9 (2.1)	134.0	<0.0001
Reported to police	15.5 (5.1)	10.6 (4.7)	19.3 (9.4)	18.3 (12.6)	1.5	0.5
Reported to another person besides police	63.1 (6.6)	64.3 (8.6)	71.7 (11.2)	53.3 (13.9)	2.9	0.2
Been physically assaulted by client (n=770)	9.8 (1.2)	13.4 (2.8)	10.4 (1.6)	7.3 (2.2)	9.0	0.01
Reported to police	19.2 (5.2)	19.2 (8.2)	13.5 (5.5)	32.0 (14.8)	7.0	0.03
Reported to another person besides police	75.9 (6.0)	64.5 (11.9)	86.4 (6.0)	53.9 (17.9)	15.5	0.0004
Threatened with physical violence (N=768)	15.9 (1.5)	39.5 (4.0)	9.3 (1.5)	16.3 (3.1)	158.1	<0.0001
Reported to police	20.0 (3.9)	17.8 (4.5)	14.8 (6.4)	27.0 (8.9)	4.6	0.1
Reported to another person besides police	70.0 (4.9)	72.2 (6.4)	77.3 (7.0)	60.1 (10.9)	5.8	0.06
Held somewhere against their will (N=766)	4.7 (0.8)	10.2 (2.6)	4.2 (1.0)	3.2 (1.1)	30.2	<0.0001
Reported to police	21.1 (6.4)	19.3 (10.0)	30.1 (10.9)	3.5 (3.7)	10.5	0.005
Reported to another person besides police	59.8 (8.8)	40.5 (14.7)	63.4 (13.2)	79.2 (18.2)	5.7	0.06
Been raped by a client (N=769)	3.0 (0.6)	5.3 (1.8)	3.3 (1.0)	1.5 (0.9)	12.8	0.002
Reported to police	32.1 (10.3)	6.0 (6.0)	35.4 (14.1)	62.3 (29.6)	11.0	0.004
Reported to another person besides police	65.0 (10.9)	53.8 (17.6)	71.0 (14.6)	62.3 (29.6)	1.4	0.5
Received abusive text messages from clients (N=771)	17.3 (1.7)	11.0 (2.5)	7.4 (1.4)	36.4 (4.2)	272.2	<0.0001
Reported to police	6.1 (2.4)	11.2 (8.1)	14.2 (7.5)	2.6 (1.9)	19.5	<0.0001
Reported to another person besides police	44.2 (5.7)	42.3 (11.4)	46.4 (10.3)	43.7 (7.7)	0.3	0.9

[†] Weighted estimates to account for variation in probability of selection and response.

There is a greater expectation that women in general modify their behaviours and avoid risk of violence because they are socially constructed as being more vulnerable to violent incidents than men (Malloch, 2004). Female sex workers, in particular, are discredited as they are seen to be placing themselves at risk through their actions and they are therefore often faced with perceptions that they deserve violence (Sanders and Campbell, 2007; Vanwesenbeeck, 2001). Violence is socially constructed as being more or less understandable when it is directed towards some people rather than others:

If people frequent places that are known to be dangerous or they do not follow exactly the rules for precaution then we implicitly hold them responsible for whatever happens to them (Stanko, 1999 in Richardson and May, 1999:312).

Violence is linked with stigma and sex workers are a highly stigmatised population (Vanwesenbeeck, 2001). Stigmatised population groups are typically constructed as being 'at risk' or 'risky' and therefore require more control, surveillance and discipline (Lupton, 1999). Lowman (2000) articulates a 'discourse of disposability', which is most pertinent to street-based workers. The media frequently draw on moral discourses in representing sex workers as 'other', a polluting and threatening invasion of public space (Hubbard, 1998a; Sibley, 1995; Sibley, 1998). Reports on street-based sex work as an unwanted nuisance stereotype and contribute to street-based workers' stigmatisation and creates an environment in which violence against sex workers can flourish (Lowman, 2000). Negative publicity in the media about street-based sex work brings with it a corresponding increase in violence from clients and the public (Kinnell, 2006). The participants in this study spoke of the negative portrayals of street-based sex work in particular which had featured in the media following the enactment of the PRA.

The only thing that disappoints me with the whole media perception is that they give it the bad side. They always focus on the bad side. ... I just think it's wrong. I think it needs to be equal, you know, it doesn't need to be, like, "Oh because prostitution looks so bad, we won't focus on anything good about it. Just wait till something bad happens and then focus on that." That's wrong. ... they should focus on stuff like why girls actually do work

on the street. ... You know, what actually makes them go out there. What are the reasons behind what they do. Not just go, "Oh she's just a working girl. She's been working on the street 11 years. She has drug habits, blah blah blah." Go past that. There could be more to her than what they give to people on TV. That's what I would like to see. 'Cos there are mothers out there who are trying to support their kids. You don't see that on TV. ... Show that, you know. There's people who've been kicked out of home and had nowhere to go and it was the last resort. Show that, you know. We do go through issues that every day people go through, and it's just harder for us, especially being in transgender community, to be, you know, get anywhere in life really.
(Terri, Street, Transgender)

A critical analysis of the print media in New Zealand in the three years following enactment of the PRA found that the most common theme was sex work as a threat to the dominant morality (Fitzgerald and Abel, 2010). The authors argue that it is plausible that the media debate in New Zealand has influenced public opinion and made sex workers more visible. Street-based workers are often susceptible to harassment from the general public (Benoit and Millar, 2001; Kinnell, 2006). In this study they endured abuse from the general public which was often in the form of verbal abuse but also included having objects thrown at them from cars. Participants indicated that the heightened media attention following decriminalisation made them more visible and exacerbated these attacks.

But what they're actually doing now is going round in carfuls and throwing bottles. And that was something that never yeah, that was a rare thing to ever happen. Now it's happening like maybe 4 times a night on the weekends. Cos we're more visible, because of the law. Yes, I think that's what it is. I think that it's like some, some part of society don't want us, don't want to see us at all, so they want to force us back into the shadows where we can't be seen.
(Kyra, Street, Transgender)

In addition to violence from clients and harassment from the general public, participants reported incidents with other sex workers. Other studies have found little camaraderie between street workers with competition and violence between street-based workers is reported commonly (Brewis and Linstead, 2000b; Pyett and Warr, 1997). Although there were strong positive comments from participants in this study of the camaraderie, family-like support and strong social networks amongst street-based workers, there were also contrasting reports of times when there was conflict. These disputes centred on

competition, particularly over locations for attracting business and disputes between transgender workers when they were 'outed' as male to clients by other transgender workers.

I hate to say it, but I initiate a lot of it. I personally do go out and attack a lot of other girls for particular reasons. ... Well 1) they're basically what we call spring, which is when a girl basically tells another guy that you're actually a guy to their clients. (Terri, Street, Transgender)

To compound these issues, when street-based workers are required to make enough money to fund their drugs for the following day, frustrations increase on a quiet night.

People like we could have someone there who likes to cause trouble, or someone there who hasn't had work all day or all night and then gets in a temper when you get a job over them. That's the biggest one, it's the biggest one. We have a lot of girls that are like that. I myself, I get like that too. I get a bit jealous sometimes when I don't get much work. But that's the way business comes. That is how the sex industry is. You can't help how many, how many work you get, how many jobs. That's just how it goes. (Joyce, Street and Private, Female)

However, many street-based workers, especially transgender workers, had worked for a number of years with no experience of violence. Tina and Kyra, who had been working for 35 and 15 years respectively, claimed that they had never experienced violence.

I've never, ever been attacked. Oh beg your pardon, once about maybe 10 years ago. I got a punch in the mouth from one client that thought that I'd taken his money, which I didn't, but anyway he'd had a few drinks, and partly my fault for going with him. But that was the only time in all the years. I've never ever been hassled. I've had the odd drunk one and that, but never abusive. Just one punch in the face. (Tina, Street, Transgender)

I haven't experienced a violent client yet. Well not physically, maybe verbally, but yeah. But I have, yes, I've been there when other girls have been physically assaulted, so to speak. (Kyra, Street, Transgender)

Some also perceived that there was "very, very minimal" (Val, Street, Transgender) violence post-decriminalisation compared to pre-law reform.

9.3.2 *The managed sector*

Brothels are acknowledged as providing a safer working environment than other sectors as they reduce social isolation, are good environments for effective health promotion and provide a better level of security (Brewis and Linstead, 2002). Managed participants in this study valued the ability to socialise with other workers, as well as clients. However the rules and regulations were disliked by many of the participants and the take-home money was much less after management deductions. Nonetheless, in contrast to the street-based participants, the managed participants saw the trade-off between a safer environment and less money and less autonomy as worthwhile.

Well I've never done anything else, yeah, so to me private, street, just doesn't appeal to me, because of the whole security safety issues. You know, I like being in a parlour because it is safe. Yeah, sure, you don't make as much, they take a big cut, but that's the price you pay, you know, for your health and life, yeah. (Virginia, Managed, Female)

The loss of income was also balanced against the benefits of working with others. Liz, who worked in a brothel but also advertised privately, declared the benefits of both sectors and she worked in both to meet both her financial and social needs.

Money-wise working for myself is better. Parlour's better 'cos I get to meet girls, I get to have a bit of a laugh. (Liz, Private and Managed, Female)

Although it is acknowledged that sex work is a dangerous occupation, it is argued that it is not inherently violent and that the majority of commercial sex transactions go without incident (Brewis and Linstead, 2000b; Lowman and Atchison, 2006). The managed sector is regarded as the safest sector and studies have found that few managed sex workers have experienced serious violent incidents while working (Brents and Hausbeck, 2005; Perkins and Lovejoy, 2007; Pyett and Warr, 1997; Pyett and Warr, 1999; Sanders and Campbell, 2007). Similarly, managed participants in the survey reported few adverse incidents in the previous 12 months (see Table 9.2). The most prevalent adverse experience reported by managed workers was physical assault by a client (10.4%), only slightly lower than the frequency reported by street-based workers (13.4%). In the

qualitative interviews, the risk of violence was downplayed and was not perceived as being as pertinent to managed workers as street-based workers. Some participants did talk of being physically assaulted but they reported these as being minor events:

Oh I have felt intimidated, but then I'll try to move myself off the bed and stand up and once I'm standing I feel okay. But the place where I work, the clients are generally all right. I had one bite me when I was sitting on top of him, and just instant reaction pulled my hand back and smacked him on the side of the head and hit him on an ear. (Becky, Managed, Female)

Only with that one guy that I booted out - that was the last time round. But it really wasn't that bad, but it was bad enough that I, you know, just basically grabbing me by the hair and shoving my face down into his groin and telling me I was a stupid, useless whore. ... I soon got out of that and got him out the room. I wasn't prepared to take it. (Marge, Managed, Female)

Most managed participants however, reported never experiencing violence.

I mean certainly, you know, after maybe half an hour of constant sex you're like, "Oh God." But having said that, it is your job. I mean I'm sure many transcript peoples have been sitting there typing away like for 4 hours and they go, "God, do I really want to keep typing," but that's their job, you know. So but as in threaten of violence or anything like that, never, never. In fact I usually threaten them, you know. (Sheila, Managed, Female)

I've never had any problems with violence in the room from a client. But I have had clients who I've sort of you know, I don't know whether it's instinct or something, but you feel that there's the potential that things could go very, very wrong if you I don't know, if you rock the boat or something. So you just smile sweetly. (Cathy, Managed, Female)

9.3.3 The private sector

Like street-based work, the private sector also provides autonomy and the money to be made in this sector is considerably more than in the managed sector as they do not have to give a cut to management.

I've always worked privately, so I'm advertising through newspapers, and that's my primary source of income. I've never, never bothered changing. I would never do this working for somebody else. If I'm going to do it, I want all the money myself. (Jack, Private, Male)

Yeah, I mean private at least is a lot better because you don't feel like you've got a boss keeping tabs on you. (Philippa, Private, Female)

Income was less than in the street-based sector as there were fewer clients and more time was spent with individual clients but the private sector was perceived to be safer than the street sector. Sometimes the decision to work in the private sector was made out of necessity when, through sickness, weight gain or advanced age, they were no longer attracting the number of clients they had grown accustomed to in the managed sector. To retire completely from the industry was sometimes a step that they were not ready for and to work privately from home with a few regulars was a preferable option. Such staged retirement has been found in other studies (Rickard, 2001; Sanders, 2007a). Working privately was described by many however, as an isolating experience and they missed the camaraderie of working with other workers.

'Cos (in the managed sector) you've got the support and you've got that I guess companionship with other girls. Which I don't get. I'm on my own and it is very, very, very hard if you're on your own. You haven't got that you know, somebody to talk to if something goes wrong or, you know. But no, but I would I prefer working on my own. It's more private. It's better, discrete. (Kate, Private, Female)

Even though working in the private sector can be isolating, most studies report that private workers seldom report violence (Perkins and Lovejoy, 2007; Sanders, 2005d). Some of this can be attributed to their active strategising to reduce risk in their working environment (Sanders, 2005d). Few participants in the survey who worked in the private sector reported experiences of violence in the previous 12 months (see Table 9.2) and most of the private participants in the in-depth interviews reported not having experienced violence in their working lives. Many said that this was because they attracted a different sort of client to those that frequented brothels or the street.

No, never experienced verbal or physical violence. No, I've been so fortunate in that respect. I think you treat people in a certain way and they will treat you that way back. And like I say, working during the day you get the tradesmen, salesmen, businessmen. You're not getting the low lifes, you're not getting the walk-ins off the street. (Lorraine, Private, Female)

Those who did report some violence emphasised that this was minimal and they had been able to handle the situation with little trouble.

I suppose the odd client just getting a bit stroppy because you know, they might have been drinking or something, which I didn't pick that up over the phone, and they might not be able to get it up, and they're not happy. But of course it's not my fault. You know, they get a bit aggro and mmm, you know, 'cos their time's sort of finished. (Rebecca, Private, Female)

In the survey, over one third of private participants reported having received abusive text messages in the previous 12 months, significantly more than managed and street-based participants (see Table 9.2). This is not unexpected as sex workers in the private sector have to advertise their telephone numbers in order to attract business. In qualitative interviews, Kate spoke of two separate text incidents:

Well I've had two incidents where I've had to – the first time this guy - he was a client of mine apparently, the police told me - and he kept texting me for 2 months non - he bombarded my phone with texts. If I were if I were out, I'd get 8 or 9 all at once, one after the other. Oh he was being really, really, really disgusting. ... So one day I'd had enough. I couldn't handle it any more, so I drove down to the police station, went in there, asked to speak to a police officer. He came out and I told him what was going on. He took my phone, rang the guy, warned him that if he did it again, he would get, he wouldn't get let off. But he had to come into the police station apparently. And this year I had this young guy, he was at (a local school). I think he was only about 13 or 14. He was texting me hard out. And the things he used to say to me, you know, it would make your hair curl. And oh I just got sick of it. I mean to say I didn't respond to them in any way. And you know, this happened for another 2 months as well, and I thought, "No, buggar this, I don't have to put up with this crap." So I rang up the Telecom. And apparently - well I had to keep a note of all the texts and I had to read them all out them and it was horrible. I kept all these

texts, but they were the same drivel over and over and over. They took his phone off him. He's not allowed to have a phone. (Kate, Private, Female)

Brenda was one of the few private workers who talked of a serious violent incident whilst working privately. She had seen a client who had been high on drugs and who forced her to smoke the drug herself, despite her protestations:

Brenda: And then I tried to leave and he was quicker than me and he jumped in front of me and got to the door and he wouldn't let me out. And he had this evil glint in his eye and he said, "If you don't, you will be sorry." And I had absolutely no doubt that I would be extremely sorry, be more sorry for not smoking it than I would be for smoking it.... This was, this was after the law change. Um so I had to inhale some of the stuff through a rolled up \$20 note. I was actually inhaling air through my partly closed lips, but um he didn't realise that. And then when I was...

Interviewer: So he forced you to smoke?

Brenda: To smoke P, it was P. It's awful stuff. And then he raped me, took all my money and buggered off. (Brenda, Private, Female)

Brenda continued to talk about how she was forced to smoke the drug, depicting this as the most upsetting part of the incident. Her casual mention of her rape as a consequence of this was portrayed as expected and common-place and may indicate a desensitisation by some sex workers to violence. Brents and Hausbeck (2005:290) have argued that the "potential for danger in every interaction" lead many sex workers to think like a victim and some may even blame themselves and their lapse in vigilance for the violence. It is accepted as commonsense that that they should have avoided the situation (Richardson and May, 1999). Trish elaborated in her in-depth interview that "*people who have a violent tendency take advantage of prostitution.*"

I don't choose to do sex work and believe that I'm basically advertising myself to be raped and beaten up by a man or a woman or, you know, by a client. But I can see that because it is an easy target, well an easy enough target could be seen as, yeah, setting herself up for trouble. But I mean it's the same thing as if you hop in a car, you know, you're possibly going to be in a car crash, so, you know, you're setting yourself up for it.

(Trish, Private, Female)

Similar to street-based workers, there was a fatalistic accepting that violence came hand in hand with sex work and it was left to the sex worker to devise strategies to avoid such events. Personal accountability was assumed in some cases for failure to take adequate steps, or for having a lapse in concentration or control. It has been argued that it is important to maintain a sense of control to “protect against violations to dignity and the body” and any loss of control “can lead to an acceptance of risk, even subservience” (Simic and Rhodes, 2009:5). The following sections discuss how participants in the street, managed and private sectors strategise to control for violence in their working environments.

9.4 Controlling for violence in the working environment

Sex workers respond to the risks they face with well thought through strategies to control their environment and ensure that in the majority of cases, there is no experience of violence (Sanders, 2005d). The strategies used by the participants in this study to control for violence in their working environment included securing the location of work, employing personal skills in their interactions with clients and having support of others.

9.4.1 Securing the location

Securing the location within which they worked was important for participants in the street, managed and private sectors. For managed workers, the key motivation for working in their chosen sector was the secure environment it provided. A few of the established businesses had a security guard and many had installed panic buttons and security cameras.

We've got alarm bell, what do you call it, safety buttons, security buttons and all that kind of stuff. So if you get in that really, really bad spot at night time there's security. (Virginia, Managed, Female)

In some cases, managed workers were required to do outcalls, which were considered to be more risky than seeing clients at a brothel. Different precautions had to be taken to

ensure the security of an unfamiliar location. Most times this involved informing others of where they were going.

Yeah, for out-calls we have a policy that they reach the - like they phone us, we only do them to hotels, or for a very regular client type thing. Like they're only to hotels in the 4 avenues. They phone us, we get their name and number. We then hang up and phone them back to reception to make sure that they're at the hotel and they've given their proper names. And then once the girl goes to them - they only do out-calls if they want to. There's certainly no, "You have to do out-calls." Once they get to the hotel, they phone in and let us know that they're there. So that's sort of the safety we have around them. I usually don't do out-calls. (Pat, Managed, Female)

Some brothels will blacklist clients if they have been violent on a previous visit. A list of clients deemed to be dangerous was kept in some brothels and was available for access to the people working in that establishment.

Well for that particular guy. I mean he's considered a regular, which means he books out-calls all the time with us. Now if we have real bad customers, there's a book with, you know, duds and things like that, or a customer who's really bad. We have a list or a book there and it says his address and his name of where not to send girls out, 'cos you're going to get new receptionists that don't know. So there's a book there and that's for security. (Dee, Managed, Female)

Sex workers who work privately often take precautionary steps to reduce the likelihood of violence by making sure that the money was taken in advance and hidden outside of the room and only allowing clients into certain rooms in the home (Sanders, 2006a). Private workers in this study who worked from home made efforts to keep as much of their home as private as possible. They made clear distinctions between their private and their work lives.

Just like put a curtain up so they can only see the bedroom and the bathroom. 'Cos I don't want them looking in my house at photos and seeing my personal stuff, and you know, they could take something. I don't know, but no, it's my house. Oh when they say, when they say, "Do you live here?" I'm like, "No, I just work from here." 'Cos I could get people stalking me. (Caroline, Private, Female)

Well the door's out the back here. They come to the back door. They don't come through my lounge. That's why that's normally locked out there. They come to the back door, so they come through the kitchen. Curtains here pulled. And they go straight into the workroom. (Petal, Private, Female)

The familiar environment of working from their own premises and the precautions that could be taken there to ensure safety were recognised by the private participants. Clients were at a disadvantage as the environment was unfamiliar to them. Some private workers refused to do outcalls as they were considered more dangerous than working in-house due to the unfamiliar environment.

Yes, I don't go to private houses. I'm telling fibs here. If I've seen someone at the apartment who's become a regular and they're all good, I'll go to their house, that's no problem. I've got two, I've got two that I'll do that to. (Delia, Private, Female)

However, some private workers said that they would do outcalls if the client was a regular or if the outcall was to a hotel. A hotel was considered a safer environment than a client's private home as the proximity of other people and the possibility of checking whether the client was registered at the hotel by phoning back, provided some insurance. Friends or family members were also made aware of the address to which they were going.

I do out-calls only to hotels. I always tell someone where I'm going. Even if it's just to like, even if it's to someone like one of my mates or something. Always text them, "I'm about to go to a hotel, blah blah blah." (Caroline, Private, Female)

Other studies have reported that in many cases, escorts or private workers doing out-calls will take along a chaperone as insurance for their safety (Sanders, 2004a; Trotter, 2007). This strategy was also reported by many of this study's participants.

When I have an out-call I don't like my driver to go anywhere. I like them to not, I like them to walk me to the door, take the money, it's all out, nothing's there then. And I like them to knock 10 minutes before the hour is up, so the client knows that he is out there. (Wendy, Private, Female)

Private workers would also not do outcalls if they suspected that there was more than one person at the venue.

I won't go to a place if there's more than 1 person. I had to turn a lot of jobs down like that, 'cos you can hear people in the background and there's no way I'm going to, you know. (Kate, Private, Female)

Because of the unfamiliar location in which private workers found themselves on an outcall, they consciously familiarised themselves with the environment on arrival, assessing whether there were dangerous weapons that could be used against them present in the house, searching for possible props they could use for self-protection and ensuring that they could navigate an escape route if the need arose.

Maybe I'm just very protective of myself. ... Aware of everything in the house. From the moment - like walking up to the house: what does the house look like; what sort of vehicle is parked outside; are the gardens being looked after; how high are the fences; if their dog's there; what does the house look like; are there any doors open; and where are the cupboards; are there knives out; is there anything that he could hit me with; is there anything that I could use as a weapon if he just, if he decided to hit me; everything. (Jack, Private, Male)

A familiar location for each stage of the transaction, i.e. pick-up, negotiation and sexual act(s), is important in keeping street-based workers safe (Pyett and Warr, 1999; Sanders, 2005d). Research typically reports strategies street-based workers use to enhance their safety, including meeting clients in designated, visible areas and not travelling too far to complete the sexual transaction (Barnard, 1993; Dalla, 2002). It is argued that the more control sex workers have over the location in which they have sex with the client, the less likely they are to experience violence from the client (Trotter, 2007). Because street-based workers have less knowledge, and thus control, of this location than managed or private workers, typically having sex in the client's car, they are at greater risk of violence (Trotter, 2007). Once in a car, sex workers have little control over where they are taken, little chance to assess whether there are weapons hidden in the car, and central locking may inhibit a quick escape (Kinnell, 2006). Street-based participants in this study

spoke of preparedness. They ensured their environment was safe through controlling where they stood and being alert to all eventualities.

There's always, that's why we use car-parks in the street, there's always someone around. Just always stand within the 4 aves (avenues⁵⁸). I learnt that from the first night I started working to always stand within the 4 aves. It's so much more safer. Because if you go out, out of the 4 avenues, and then you go into another area, you're thinking about how am I going to get back, and whether I'm going to be able to get away from this guy, and would I be able to get help if I need help. You're just going to have all of that. If you're in the 4 avenues and, you know, and something goes wrong, you can yell, you can scream, you can make heaps of noise, and someone is bound to turn up.
(Joyce, Street and Private, Female)

Well I've been on my corner for 7 years, so I'm aware of my surroundings. Basically it's, you've just got to keep an observation. You know, you have to be aware of every single little thing that's happening around you. Unfortunately it doesn't happen when you're sort of drugged off your face, but I'm always aware of what's going on. I pay attention to like how often the vehicles drive up and down, and whether they, you know, look suspicious or not, which is really hard to say. But I mean if there's a guy driving from 9 o'clock and he's still there at 1 o'clock in the morning, it makes you wonder what the heck he's doing out there for that long without even pulling over to one girl.
(Terri, Street, Transgender)

Securing the location of work was thus important for participants in all sectors of the sex industry in this study. Also of importance in controlling violence was the employment of a range of personal skills.

9.4.2 Personal skills for ensuring safety

Managed workers ensured their safety by making it clear to clients prior to going into the room, what they could expect in the transaction. This was something that was not possible prior to decriminalisation for fear of entrapment on soliciting charges. Studies have reported that misunderstandings by clients of what can be expected with regard to

⁵⁸ In Christchurch, the CBD is bound by four avenues forming a square around the city centre. Street work in Christchurch is mainly located in one street, Manchester Street, and a few of its side streets. This street runs from north to south through the centre of the area bound by the Four Avenues.

sexual acts can lead to violent attacks on the sex worker (Kinnell, 2008). For the participants in this study, being able to explicitly state what services they were prepared to provide avoided the problem of unmet expectations leading to volatile situations. Assertiveness in what would or would not be provided was something participants claimed protected them from unpleasant situations.

You know, whereas now, 'cos I like being very upfront and honest, I can say in the lounge, "Look, X, Y and Z because of X, Y and Z," and it's all upfront. Everybody knows what's going on, there's no innuendo, you're not going to get as many, I would expect, problems in the room, because you sorted everything out beforehand, 'cos you can be open and honest as to what's going on. And then once you get in the room, you can just have fun and be relaxed, rather than, you know, if you haven't discussed things in the room, and then you get – I mean in the lounge – and then you get into the room and they're expecting certain things, then that can get a little bit awkward.
(Sheila, Managed, Female)

In common with managed workers, private workers claimed that assertiveness with clients defused some potential volatile situations. A number of private workers also reported that they had been proactive in enrolling in self-defence courses so that they could protect themselves if the need arose.

But I guess if you, if you're confident and you always say 'no' and you are prepared. I always recommend do a self-defence course is really good, as you know how to protect yourself. You try and do as much as you can to avoid anything bad, and that's all you really can do, apart from getting out of the industry completely.
(Trish, Private, Female)

Oh I'm just really firm and say, "Sorry, these are the rules. You know, if you don't like it, sorry."
(Philippa, Private, Female)

It has been argued that private sex workers usually have strict screening strategies, including assessing clients face-to-face, through closed circuit cameras and over the phone before making a decision whether to proceed with the transaction (Sanders, 2005d; Sanders, 2006a). Clients are often assessed in terms of a number of characteristics including age, ethnicity, dress, accent and appearance (Sanders, 2004a; Whittaker and

Hart, 1996). While few surveyed participants in this study reported that they preferred not to do clients with disabilities, almost one-third of private workers refused to do clients of particular ethnic groups (see Table 9.3). This was supported by the data from the qualitative interviews.

Do have problems with Indians though. They're very rude, the older Indian guys can be quite rude, but you just need to put them in their place and they're fine. ... I know a lot of private girls won't see Indian guys any more, 'cos of the way they muck around. I won't see an Indian guy after 6 o'clock at night. (Liz, Private and Managed, Female)

Over half of private workers surveyed reported that they used gut instinct when it came to refusing a client (see Table 9.3) and this was also discussed extensively in qualitative interviews.

I rely a lot on my gut instinct, which a lot of people ignore. So talking to someone on the phone, if I don't feel comfortable talking to that person, then I'm not going to book them. ... Well they don't know it's that reason, do they, because, no, because if they, if I'm talking to them and they will give me their contact phone number and I'm thinking, "No, I don't want to see this person," for some reason—it could be just it's something in what they say, that I can take another meaning from or the tone of their voice. I think people who have lack of respect aren't really, don't really care about your welfare. And then I'll just ring them back and I'll just go, "My mother-in-law's just turned up. I can't come. Don't come round, my mother-in-law's just turned up." And then I'll put their name and number in my phone and I put it on—I have two rings, so 'Irish Eyes' for me, and I have it on a flicker, and the people I don't want to answer the phone to, it rings as a flicker, and I just never answer that flicker. (Petal, Private, Female)

One of the arguments street-based participants advanced as an advantage of working on the streets was the ability to assess clients prior to agreeing to going with them, something they argued was not possible in indoor situations. This, they argued, presented fewer surprises in their later dealings with clients.

But with me I find the streets are more safer to work, because if you get the paper, you don't know who's coming over. At least if you're out on the, working out at night and you see the person, well I'm usually good at picking people out. If I see they're a bit rough and I think, "Oh well, no, keep going." (Tania, Street, Transgender)

Table 9.3: Reasons for refusing clients in last 12 months by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Client didn't have enough money (N=711)	54.4 (2.2)	80.1 (3.4)	38.8 (2.8)	67.5 (4.4)	199.0	<0.0001
Violence (N=695)	22.9 (1.7)	41.2 (4.1)	22.3 (2.4)	15.1 (3.0)	77.4	<0.0001
Client was drunk and/or on drugs (N=706)	48.7 (2.2)	65.3 (3.8)	49.5 (2.9)	39.0 (4.4)	55.0	<0.0001
Dirtiness (N=697)	46.6 (2.2)	72.5 (3.5)	43.9 (2.9)	38.2 (4.4)	100.2	<0.0001
Client wanted unprotected sex (N=711)	66.8 (2.1)	75.8 (3.3)	64.2 (2.7)	66.7 (4.4)	13.3	0.001
Verbal abuse (N=691)	27.0 (1.9)	43.0 (4.1)	24.5 (2.4)	23.5 (3.8)	43.0	<0.0001
Previous bad experience with that client (N=701)	40.2 (2.1)	39.0 (4.1)	43.7 (2.8)	34.5 (4.3)	12.3	0.002
Client being rude(N=693)	41.3 (2.2)	55.4 (4.1)	36.8 (2.8)	42.1 (4.6)	29.8	<0.0001
Prefer not to do clients of particular ethnic groups(N=698)	25.2 (1.9)	38.6 (4.0)	17.6 (2.2)	31.3 (4.1)	68.3	<0.0001
Gut instinct (N=699)	50.2 (2.2)	81.7 (3.0)	38.0 (2.8)	54.5 (4.7)	169.3	<0.0001
Prefer not to do clients with disabilities (N=683)	13.3 (1.4)	16.9 (3.3)	14.3 (2.0)	9.9 (2.3)	10.6	0.005
Know client in private life (N=694)	32.8 (2.1)	32.1 (3.9)	34.8 (2.7)	29.9 (4.2)	3.8	0.2
Didn't like the look of him (N=694)	29.3 (1.9)	58.5 (4.2)	22.4 (2.4)	26.2 (3.8)	142.1	<0.0001
Didn't feel like it (N=690)	28.1 (1.9)	59.4 (4.0)	21.4 (2.3)	24.2 (3.6)	169.6	<0.0001
Couldn't be bothered (N=694)	25.1 (1.8)	52.2 (4.1)	17.1 (2.1)	25.0 (3.8)	144.5	<0.0001
Had made enough money (N=695)	26.0 (1.9)	46.6 (4.1)	18.3 (2.2)	28.6 (4.1)	91.8	<0.0001
Heard he was a dangerous client (N=696)	27.1 (1.9)	48.2 (4.1)	26.3 (2.5)	17.9 (3.2)	94.3	<0.0001
Don't do the service he wanted (N=703)	58.9 (2.2)	59.1 (4.1)	55.1 (2.9)	65.0 (4.4)	14.0	0.0009

[†]Weighted estimates to account for variation in probability of selection and response.

Table 9.4: Ability to refuse clients in last 12 months by sector†

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Felt that they had to accept a client when they didn't want to in last 12 months (N=768)	35.3 (2.0)	41.7 (4.0)	37.5 (2.6)	29.1 (3.9)	18.6	<0.0001
Refused to do a client within the last 12 months (N=768)	69.8 (2.0)	85.5 (2.9)	61.3 (2.7)	77.1 (3.9)	78.7	<0.0001
Participants who had refused to do a client in last 12 months and who were penalised (N=540)	10.5 (1.4)	9.5 (2.6)	12.4 (2.2)	8.3 (2.4)	6.0	0.05
More able to refuse to do a client since law change (N=493*)	64.8 (2.5)	61.9 (4.8)	67.3 (3.3)	62.7 (5.1)	3.3	0.2

† Weighted estimates to account for variation in probability of selection and response.

* Includes only participants who had been working prior to enactment of PRA

Street-based participants were more likely than managed or private workers to report that they felt they had to accept a client in the last 12 months when they had not wanted to (see Table 9.4). This may be because of a need to fund their drug use, making turning down potential clients problematic. However, surveyed street-based participants were also more likely than managed or private participants to report that they had refused a client in the last 12 months (see Table 9.4). Street-based participants were more likely than managed or private participants to report refusing to do a client because they did not feel like it, could not be bothered, had made enough money, the client was dirty, and they heard that the client was dangerous (see Table 9.3). Other studies have found that street-based workers frequently make a decision on whether to accept a client based on appearance, body language and gut instinct (Pyett and Warr, 1999). Gut-instinct was reported by most street-based workers (81.7%) who participated in the survey in this study as a reason for refusing a client in the previous 12 months (see Table 9.3). Over half (58.5%) also reported refusing a client if they did not like the look of him. This was supported by all the street-based participants in the qualitative interviews:

I've been really lucky in that way. You know, touch wood that, but I mean I do feel that and I do listen to my intuition. Like if I'm not feeling safe or comfortable, well I'll go home, because I just, it just doesn't feel right.
(Dora, Street, Transgender)

I go with my gut all the time. It's better to go with it and be safe than sorry.
(Sarah, Street, Female)

However, there was an acknowledgement that intuition or the way a client looked was not always a good indication.

Well I mean I just think, you know, client-wise, it's just being you know, knowing and sensing whether they're going to be okay. But in saying that, I mean you can sense that everything's okay, and you can get there and it's not, you know. (Joan, Street, Female)

Two-thirds of street-based survey participants reported refusing a client in the previous 12 months because he was drunk or on drugs (see Table 9.3). Similarly, in qualitative interviews, street-based participants maintained that assessing the client to see if he was sober/straight was an important way of enhancing safety.

As in, like I'm always conscious of everyone I go with. I stopped a few years ago going with anyone that's been drinking. Their brain wants everything to happen, but it doesn't, so it saves a lot of problems, so I don't go with anyone that's quite drunk. I won't go with anyone that's drinking and driving. I don't care if I've got no money at all, I won't risk it. My life's worth more than a job. (Tina, Street, Transgender)

Whilst securing the location and honing personal skills were important strategies in controlling violence in the work environment, a third strategy, support from other people in the form of fellow workers, managers, minders or friends, was relevant to many participants.

9.4.3 Role of others

Another strategy to minimise the likelihood of violence was to rely on others as back-up. Managed workers value the camaraderie of working with others in the managed sector, but the presence of others was also a key aid in enhancing security.

And there's the safety of having other girls doing the same job in the same place. (Kara, Managed, Female)

Private workers had to compensate for the lack of safety in numbers in their working environment. It has been found in other studies that private workers will often work in pairs or ensure that there is another person in the house when a client visits their home or place of business (Sanders, 2004a; Whittaker and Hart, 1996). Participants in this study who did not work with someone else went to some effort to encourage clients to think that there were others on the premises.

The fact that I'm not alone, I tell people I do have flat-mates. And because my house, I'm lucky with my house, I can break off my bedrooms from my lounge area, so they don't know if I'm lying or not about my flat-mates. Because it's all separate, they can't see anybody. I always make sure the TV's on in the lounge. There's something, just make sure there's noise.
(Liz, Private and Managed, Female)

When young street-based workers first come on the street, they usually make use of friends who act as minders to enhance their safety (see Chapter Eight). However, as they become more experienced, they tend to negate the usefulness of this precaution, resorting to the 'money is all mine' discourse.

On the streets I had safe sex 'cos I had people looking after me on the streets. It just got too much because they'd expect their money and stuff off me and I wasn't, I wasn't working for them to give them money, because the money that I got had to go to them. So I didn't.
(Janine, Street and Private, Female)

Yet Janine maintained that other sex workers who were working the street would be aware of her comings and goings and that there was an element of safety in that.

You know, I have only two spots that I go to. And you know, if there's other girls standing where I am, they always know where I've gone. And you know, so we look after one another out there, you know.
(Janine, Street and Private, Female)

In the survey, almost three quarters of managed participants reported management as an important source of information on bad clients (see Table 9.5) and 89.9% reported confiding in management about bad experiences (see Table 9.6). Management were also

identified as an important source of support to ensure safe working conditions in the qualitative interviews.

I had one instance when we went into the room and I said, “Look, I’m sorry but you can’t go down on me.” And he said, “Okay, I want to cancel the booking.” So I said, “Okay, that’s fine.” Took him out; that was not an issue at the desk. You know, if I didn’t want to do something, I didn’t have to do it, because what I’m expected to give is a hand-job, a blow-job with a condom, and sex with a condom, vaginal sex. If I don’t want to do anything else, that’s fine, you know, and I’m not at all expected in any shape or form whatsoever to put myself and my health at risk. (Sheila, Managed, Female)

Table 9.5: Sources of information on bad clients by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Sources of information on bad clients:						
Management (N=718)	46.1 (2.2)	8.7 (2.6)	73.1 (2.5)	15.7 (3.4)	590.1	<0.0001
Other sex workers (N=751)	88.3 (1.5)	92.0 (2.6)	95.7 (1.2)	74.0 (4.0)	173.2	<0.0001
Friends/family (non-sex workers) (N=703)	6.5 (1.1)	16.0 (3.5)	4.0 (1.1)	6.3 (2.1)	47.2	<0.0001
Police (N=694)	10.6 (1.3)	26.2 (3.4)	6.8 (1.5)	9.4 (2.6)	83.7	<0.0001
NZPC (N=715)	50.6 (2.2)	76.7 (3.4)	40.0 (2.8)	55.1 (4.6)	121.9	<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

Table 9.6: Confidants for bad experiences with clients by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors	
Partner or family member (N=728)	33.7 (2.0)	50.9 (4.2)	29.6 (2.5)	32.6 (4.1)	$\chi^2 = 45.9$; df = 2; p<0.0001	
Fellow workers (N=745)	84.5 (1.6)	82.9 (3.4)	88.8 (1.8)	78.1 (3.7)	$\chi^2 = 32.1$; df = 2; p<0.0001	
Friend (N=739)	62.1 (2.2)	87.3 (2.8)	55.5 (2.8)	61.1 (4.5)	$\chi^2 = 89.7$; df = 2; p<0.0001	
NZPC (N=729)	72.9 (1.9)	77.8 (3.3)	66.8 (2.7)	80.8 (3.5)	$\chi^2 = 40.8$; df = 2; p<0.0001	
Driver (N=707)	24.2 (1.9)	13.8 (2.9)	29.9 (2.6)	19.7 (3.6)	$\chi^2 = 139.2$; df = 4; p<0.0001	
Manager / receptionist (N=737)	57.8 (2.2)	8.6 (2.6)	89.9 (1.7)	22.9 (3.8)	$\chi^2 = 1062.9$; df = 4; p<0.0001	
Social worker (N=715)	8.1 (1.1)	12.9 (2.8)	7.1 (1.4)	7.6 (2.2)	$\chi^2 = 10.7$; df = 2; p=0.005	
Counsellor (N=716)	19.6 (1.7)	29.0 (3.9)	15.5 (1.9)	22.0 (3.7)	$\chi^2 = 28.0$; df = 2; p<0.0001	
GP or nurse (N=710)	30.9 (2.0)	38.8 (4.2)	30.3 (2.6)	28.3 (4.0)	$\chi^2 = 9.7$; df = 2; p=0.008	
Doctor or nurse at NZPC (N=722)	43.6 (2.2)	48.1 (4.2)	41.3 (2.7)	45.6 (4.5)	$\chi^2 = 5.3$; df = 2; p=0.07	
Youth organisation (N=703)	4.1 (0.7)	14.5 (2.4)	1.8 (0.8)	3.1 (1.5)	$\chi^2 = 86.4$; df = 2; p<0.0001	
Pimp / minder (N=711)	8.2 (1.1)	17.8 (2.9)	8.2 (1.6)	3.7 (1.5)	$\chi^2 = 65.7$; df = 4; p<0.0001	
OSH or Medical Officer of Health (N=706)	9.3 (1.2)	13.4 (3.0)	10.0 (1.7)	6.5 (2.1)	$\chi^2 = 11.4$; df = 2; p=0.003	
Nobody (N=670)	3.8 (0.9)	8.1 (2.4)	1.4 (0.7)	5.9 (2.5)	$\chi^2 = 28.5$; df = 2; p<0.0001	

[†] Weighted estimates to account for variation in probability of selection and response.

Table 9.7: Ability to refuse clients in last 12 months for Christchurch female 1999 and 2006 samples

	Christchurch 1999 %	Christchurch 2006 %	Comparison across samples (df=2)	
			χ^2	p
Felt that they had to accept a client when they didn't want to in last 12 months				
Street Workers	53	44	1.3	0.3
Managed Workers	58	45	4.0	0.05
Private Workers	63	38	6.0	0.01
Refused to do a client within the last 12 months				
Street Workers	85	82	0.3	0.6
Managed Workers	47	68	11.1	0.0009
Private Workers	77	77	0.01	0.9

Only one tenth of all participants who reported refusing to do a client said that they had been penalised for this in the last 12 months and this differed little between sectors (see Table 9.4). Around two thirds of participants who had been working prior to decriminalisation reported that it was easier to refuse to have sex with a client since the law had changed. Significantly fewer private and managed female Christchurch workers reported having to accept a client when they did not want to in 2006 than in 1999 (see Table 9.7). Managed workers were also significantly more likely to have reported refusing to do a client in the last 12 months in 2006 than in 1999. This provides some evidence that there may be an improvement in management practices following the PRA. This was supported by the qualitative interviews.

Interviewer: So before the law changed, with those sorts of clients, would you have gone to get your boss?

Hilda: Yes, I would have, and I would not, I would have refused the job. I would have got in trouble and probably been fined, but I still wouldn't do the job without the protection.

Interviewer: So the boss used to fine, the bosses used to fine...

Hilda: Yeah, we used to get fined all the time.

Interviewer: Yeah, tell me about that. Has that changed?

Hilda: Oh that's totally changed up here. I don't know if it's changed anywhere else, but up here it has totally changed. We don't get fined or anything like that now. It's, you know, it's, if we don't want to do a job, we don't have to do it.

Interviewer: And that's changed since the law changed?

Hilda: That has changed, yeah, because before we had to always do it, no matter what, how we felt, we still had to do the job. Because he's paid for your time, you've got to give him that time, and it's like, "But I don't want to use, you know." "I'm not going to do it without protection." And you know, back then it was like, "Mate, you're just going to do, you know, as you're told," sort of thing. But since it's become legal and since I've been working up here, we don't, if we don't want to do the job, we don't do it, just like that.

(Hilda, Managed, Female)

People who work in the managed and private sectors tend to be better educated than street-based workers (see Chapter Seven) and often have a higher social and economic status. This may have an impact on their ability to effectively strategise to control safety in their working environment. It has been argued that security within the managed sector is enhanced by supportive management, the proximity of other workers and other security features, such as alarms and security cameras (Benoit and Millar, 2001; Perkins and Lovejoy, 2007; Pyett and Warr, 1997; Pyett and Warr, 1999; Sanders, 2006a; Sanders and Campbell, 2007), and the use of interpersonal skills, such as humour, placation or assertiveness to defuse a tense situation (Sanders and Campbell, 2007). Private workers use a number of the same strategies utilised by managed workers to control for safety in their environment but because of the isolated nature of their work, they use other strategies as well. These strategies set indoor sex workers apart from street-based workers who work alone, have sex in isolated places and in many countries, are pressured to avoid police (Sanders and Campbell, 2007).

9.5 The role of police in controlling violence

Much of the violence sex workers experience in criminalised environments is not reported to the police (Lowman, 2000; Pyett and Warr, 1997) most commonly because they believe that they will not be taken seriously by the police and the courts because of their occupation (Campbell and Kinnell, 2000/2001; Lewis and Maticka-Tyndale, 2000b), they perceive that police think that sex workers get what they deserve when they are attacked (Lewis and Maticka-Tyndale, 2000b), fear of their occupation being made

public (Campbell and Kinnell, 2000/2001), fear of reprisal from perpetrators (Campbell and Kinnell, 2000/2001) and fear of arrest for sex worker-related offences (Campbell and Kinnell, 2000/2001; Pyett and Warr, 1997). Although sex work was decriminalised in New Zealand, few survey participants in this study indicated that they reported adverse incidents to the police, but most reported that they did tell some other person instead of the police (see Table 9.2). There was little difference between sectors in reporting of adverse incidents, although street-based workers who had been raped were significantly less likely than participants in other sectors who had been raped to indicate that they had reported this to the police (see Table 9.2). In-depth interviews with street-based workers who had experienced rape whilst working found perceptions of police disinterest as a reason for non-report.

I never reported it (her rape). I thought what was the point. Yeah, they would have been gone, you know, so I thought, “No.” But I stopped work for a while after that. Yeah, I think half of it is, you know, the police, whether they’re going to believe you, you know, because you’re a sex worker. Or and plus I have convictions and I’ve been to jail, you know, yeah.
(Joan, Street, Female)

Table 9.8: Sex worker perceptions of police attitudes and policing by sector of work[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Police care for safety of sex workers: (N=657)					
Most concerned	17.2 (1.7)	23.7 (3.5)	16.4 (2.3)	15.1 (3.2)	$\chi^2=17.1$
Some concerned	60.0 (2.3)	50.7 (4.2)	63.1 (3.0)	59.1 (4.7)	df=4
None concerned	23.0 (2.0)	25.4 (4.1)	20.5 (2.5)	25.8 (4.2)	p=0.002
Police attitudes changed for better following PRA (N=417*)	57.3 (2.8)	65.8 (4.6)	48.8 (4.0)	64.2 (5.5)	$\chi^2=27.5$ df=2 p<0.0001
Visitation of police to workplace in last year: (N=693)	31.3 (1.9)	74.5 (3.6)	32.8 (2.8)	9.9 (2.3)	$\chi^2=422.0$ df=2 p<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.
 * Includes only participants who had been working prior to enactment of PRA

Overall, the majority of survey participants thought that only some police were concerned about their safety (see Table 9.8). Street-based workers were slightly more likely than managed or private workers to report that most police cared about their safety. More than half of survey participants who had been working prior to the implementation of the PRA thought that police attitudes had changed for the better since the law had changed (see Table 9.8). Street-based workers and private workers were significantly more likely than managed workers to report this. Some participants in in-depth interviews were still concerned that police did not care about their safety. Some argued that even under a decriminalised system, sex workers were still not regarded as a police priority. There were contrasting reports across geographical locations. Participants spoke of individual police in different cities who had varying attitudes to sex workers and this was reflected in their attitudes towards the police. Street-based participants in Wellington and Auckland were less positive about their interactions with police compared to participants in Christchurch. For example, Rebecca in Wellington described her lack of faith in the police:

I don't have a lot of faith in the police. I know that they are getting educated, but I think that they still have a long way to go. ... Perhaps it's just a particular police station I work out of. They do have a reputation of being lazy, you know. (Rebecca, Private, Female)

Paula, on the other hand, described a particular policeman in Christchurch as "lovely" and "nice":

Yeah, since the law changed, and (X), he's a detective. I find him, he's a lovely guy. I don't find he looks down on you. I actually find him actually quite nice. (Paula, Private, Transgender)

Transgender workers in Auckland and Wellington claimed that police discriminated against them because of their gender identity. Bullying of transgender street-based workers by police has been cited in the literature as a common occurrence with police often involved in the public 'outing' of transgender workers as male (Lewis et al., 2005; Rhodes et al., 2008). Participants in this study described similar incidents:

They would like go past and, you know, put on their loudspeakers and go, "Good morning, John," or, "Good morning, Mathew," you know, all transgender here were standing there in dresses. But they thought it was funny, but to us it wasn't very funny, but what can you do.

(Kyra, Street, Transgender)

A common perception by transgender workers is that if they reported any adverse incident to the police, they would be less likely than if they were a woman to be taken seriously:

With the police, well the police, I mean to say for example ... say if I was to be raped by a client and you went to, went and talked to the police, they wouldn't, no, they wouldn't believe you. Wouldn't take it as seriously as they were, as they would a woman. I mean that's terrible. I mean, yeah, I mean today I still, I mean I still won't go to the police about anything.

(Ellen, Street, Transgender)

Sanders (2004) found that some of the street-based workers in her study were compliant and co-operative with police as they saw this as a way of avoiding trouble with them. Similarly, many of the street-based participants in this study held the opinion that police would treat them with respect if they treated police with respect.

No, I've generally always got along with them. I mean lots of people say they're not interested, because if something happens to one of the girls, because you're a prostitute they just don't give a fuck. But generally I think, you don't cause them trouble, then they're not going to cause trouble for you. I can't say that I've actually been involved with them enough to find out whether they do give a shit or not, yeah, but I know that they were really good when my friend got murdered out there. (Sarah, Street, Female)

A third of all survey participants reported that the police had visited their workplace in the last year (see Table 9.8). Street-based workers were the most likely to report this. The majority of street-based workers said that the police were just 'cruising' or passing by to check on things. This increased contact was talked about by many street-based workers in the qualitative interviews and the majority talked of more toleration shown by the police since law reform.

But now for the last couple of years, the police have been really good, really onto it. So we've been having more patrol cars going down the street and then hangouts. So that's real good. Yeah, yeah, now they actually care. Before (law change) they just didn't care. You know, if a girl, if a worker gets raped or, you know, anything like that, there wasn't much, then there wasn't much they could do. But now that the law's changed, it's changed the whole thing.
(Joyce, Street and Private, Female)

In contrast, surveyed private workers were significantly less likely than managed and street-based workers to report that police had visited their workplace in the last year (see Table 9.8). Many private workers in the in-depth interviews spoke of a non-existent relationship with the police:

I'm very pleased to say I do not have a relationship with the police. (Laugh) The police, I think they're there to do a job. I know that they can come across as being a bit jumped up sometimes and a bit arrogant and that they have, they are a bit of a problem. But at the end of the day they're there to do a job and that's what, that's all there is to it, that they are there to do a job. It's not illegal any more. So they need to do their job to the best of their ability.
(Jack, Private, Male)

On the whole, most participants in the qualitative interviews reported a good relationship with police.

I think they're awesome, I really do. I've always thought they were awesome, but I was still scared of them to start with. But since it's been legalised, I like them even more now. (Laugh) 'Cos I know they're there for me.
(Hilda, Managed, Female)

Despite this reportedly good relationship, there still was reluctance from some to report incidents to the police. As has been reported elsewhere (Lowman, 2000; Sanders, 2005d), this was not out of fear of being treated indifferently by the police but a concern about their occupation being publicised. The stigma associated with their occupation created an obstacle to accessing the police. Although some participants in this study openly disclosed their occupation to family and friends, others were more guarded about those to whom they revealed this information and strove to maintain their privacy (see Chapter Eleven). The possibility of being 'outed' in the media was a risk some were not prepared

to take. As Sanders (2005) found, the stigma associated with a sex worker's name and occupation being made public was not only a risk to their personal identity but held the potential to interfere with their personal relationships.

I think now it's more easier to actually go to the police, but I don't think I would. It depends what happens. I mean, God forbid, nothing. You know, yeah, but like I said, it depends what the bad thing is, you know. So far I've been lucky. And would it be a hassle? If it's a hassle of having to, and would it work out, and would it go my way, and would it be in the newspapers for start, you know. Would I have name suppression? If my name's in the newspaper, I'd feel so stink. So...Because, you know, people might think, "Oh, I know her. I know that name," you know, and then like I said, not a lot of people know what I do, and then the others might say, "See, I knew, I heard right, see, I knew she was a hooker." (Dee, Managed, Female)

However, many participants maintained that they would not hesitate to report any adverse incidents to the police.

I think now I would be more happy to go and talk to them now, whereas before the law changed, I definitely wouldn't have. From what I hear now from a lot of girls saying things, they're much more friendlier. (Delia, Private, Female)

Violation of sex workers' human rights is conceptualised as violence and it is suggested that this can only be addressed through the decriminalisation of sex work (Brooks-Gordon, 2008). Sanders and Campbell (2007) argue that placing the responsibility on sex workers to ensure their own safety is a victim-centred approach where the state does not take responsibility for ensuring the safety of sex workers. Encouraging sex workers to report attacks is a reactive approach to violence, rather than a proactive preventive strategy. In this way, women are blamed for putting themselves in the position of being attacked, "rather than the cause and subsequently the prevention of violence located with the perpetrator" (Sanders and Campbell, 2007:13). They argue that the position of sex workers being responsible for their own safety holds more legitimacy in a legal environment which enables equal rights to protection, labour rights and full citizenship.

9.6 Rights under the PRA

It is theorised that under a decriminalised system, with human rights for sex workers realised, set standards for working environments would enhance the health and safety of sex workers (Brewis and Linstead, 2002; Brooks-Gordon, 2008; Overs and Druce, 1994). Survey participants in this study indicated that they had rights under the PRA although significantly more street-based workers (18.8%) than managed (6.4%) and private (7.0%) workers reported that they had no rights (see Table 9.9)⁵⁹.

Table 9.9: Sex workers’ perceptions of rights under the Act and knowledge of health and safety publications by sector†

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
We have no rights (N=739)	8.4 (1.1)	18.8 (3.3)	6.4 (1.3)	7.0 (2.2)	45.5	<0.0001
We have employment rights (N=681)	92.0 (1.1)	89.9 (2.3)	91.9 (1.6)	93.4 (1.9)	3.7	0.2
We have legal rights (N=729)	95.9 (0.8)	96.3 (1.6)	96.1 (1.1)	95.5 (1.5)	0.5	0.8

† Weighted estimates to account for variation in probability of selection and response.

In qualitative interviews, knowledge of the PRA itself was very limited amongst workers in all sectors and the main theme identified with the passing of the legislation was that they now did not have to fear arrest.

All I know is that I'm not, the Police aren't going to come in here and bust us basically. So no, I really don't know that much about it. Don't know all the nitty gritty of it, I don't know the details. All I know is I'm not breaking the laws by being here. (Marge, Managed, Female)

⁵⁹ The questionnaire asked participants to answer true or false to a number of statements about their rights under the PRA. These statements included: “we have no rights”; “we have employment rights”; “we have OSH health and safety rights”; “we have legal rights”. Although some participants answered “true” to the statement “we have no rights”, they then went on to answer “true” to one or more of the other statements. Therefore, totals of the sum of those who indicate no rights and those who indicate employment, OSH or legal rights exceed 100%.

However, most spoke of the empowerment that they felt because of the increased human rights they now enjoyed following the decriminalisation of the industry.

Well it definitely makes me feel like, if anything were to go wrong, then it's much more easier for me to get my voice heard. And I also, I also feel like it's some kind of hope that there's slowly going to be more tolerance perhaps of you know, what it is to be a sex worker. And it affects my work, I think, because when I'm in a room with a client, I feel like I'm, like I feel like I am deserving of more respect because I'm not doing something that's illegal. So I guess it gives me a lot more confidence with a client because, you know, I'm doing something that's legal, and there's no way that they can, you know, dispute that. And you know, I feel like if I'm in a room with a client, then it's safer, because, you know, maybe if it wasn't legal, then, you know, he could use that against me or threaten me with something, or you know. But now that it's legal, they can't do that. (Jenny, Managed, Female)

Under decriminalised or legalised conditions, the right to legal protection is also a feature which enhances perceptions of safety (Pyett and Warr, 1997). Almost all (95.9%) of surveyed workers knew that they had legal rights under the PRA and this differed little across sectors (see Table 9.9). In qualitative interviews participants from all sectors reported that legal rights had improved since the PRA had been enacted.

So say just the power it's given us as the professionals, that we have the law behind us and we can say, "Look if you do this, we can prosecute you," like any other place where they break, you know, the law. (Sheila, Managed, Female)

It surely must give us rights. We're not invisible people. We are human beings, and if we're being attacked, we have the right also to the same protection as anyone else. I must say when the law changed, it did turn, it did make it even easier because you could just ring the police and just say, you know, and they'd be up there like a shot. (Josie, Private, Female)

Prior to decriminalisation, sex workers in the managed sector in New Zealand were vulnerable to exploitation from management. In many cases they did not have much choice over which clients they accepted, were subject to fines as well as bonds, which

were often not repaid when they left the establishment, and had to pay a large proportion of their takings from each client over to management. In some cases, participants provided accounts of continuing exploitation, with brothel owners attempting to cover themselves through the use of different terminology. For instance, the term 'bonds' was replaced in favour of the term 'indemnity fees'.

The fines I thought would be out. I thought that working after it became decriminalised, I thought there would be big changes, but I don't see any changes, apart from apparently now bond has been changed to .. indemnity fee. Which means, it's stupid. Okay, I thought, "Yay, we're not going to be bonds any more." Oh no, but the parlours were very clever and they, and they set up their own rules. I don't know how that came about, I don't know how that came about to them having those rights. All I know, I found out, oh no, now it's changed to indemnity fees.

(Dee, Managed, Females)

It has been argued that the conditions of work in brothels which run under a legalised or decriminalised system provide the safest working environment for sex workers, and under such conditions, sex work is not inherently dangerous and risks can be minimised and sex workers more empowered (Weitzer, 2007a). Following decriminalisation, there was a perception by many of the managed participants interviewed, that there had been an improvement in their employment rights. The majority of managed participants (91.9%) reported that they had employment rights under the PRA (see Table 9.9). Even when management were resistant to change, some participants talked of the knowledge of their rights and what they could insist on.

It also (criminalisation) made the owners absolutely awful because you had no rights as such, as in like you worked 14-hour shifts, they fined you, they bonded you; just all these real small things that made the sex industry quite unpleasant. But some, the majority of the places that I had worked at, the bosses were really good to their staff and that was before the law reform. But I have friends that worked for other places that were brothels, massage parlours then, rap parlours, and they were treated like dogs. Made to work ungodly hours, weren't allowed to leave, their money was fined off them. So they could earn like \$600 a shift and go home with \$200, because \$400 of that was lost in fines. And I think with the PRA it's made it easier for people from say NZPC, also from the health sector, as in Auckland Sexual Health etc, easier for them to get into the premises to see the workers, because the PRA has a provision in there that the Medical Officer of Health is allowed

to come in. They also have OSH or the Labour Department that can come in and inspect the premises and make sure that it's up to scratch with the health and safety aspects. Some places I have heard of and actually been there but not worked there, they don't launder their towels properly, and with that you're liable to end up with skin infections and many other little nasty things. And it's made them appreciate their staff because without the staff, well, you know, they really don't have a business unless they're going to do it themselves. (Laugh) (Becky, Managed, Female)

As Becky suggested, decriminalisation could possibly mean that brothel owners would need to run their establishments using sound and ethical business practices if they hope to keep their businesses well staffed. There have been some signs that many practices have changed following the enactment of the PRA (2003) and it is likely that this positive trend may continue. More managed workers may find the attractions of working in the private sector outweigh the security of the managed sector, especially as awareness of employment rights under the PRA continues to grow. Human rights, granted through the decriminalisation of the sex industry, has empowered New Zealand sex workers by making alternative sectors of work more viable.

9.7 Conclusion

The justifications participants provided for their choice of sector revolved around money, autonomy and safety, with participants in each sector placing a different emphasis on each factor. Managed workers were prepared to trade less autonomy and less money for the security of working with others in a safe location: safety was therefore of prime importance. Private and street-based participants were not prepared to make this trade-off but private workers still tried to ensure a safer environment through working indoors with a more select clientele. Street-based workers strategised to maximise their earnings by working in a more visible location, which afforded them the opportunity of less contact time per client but the likelihood of more clients within each work shift. Although the streets were acknowledged as dangerous, potential earnings was the factor that overrode all others. These findings demonstrate the relativity of risk perception amongst the participants in this study. Different weights were attached to safety versus other possible risks such as less money and less autonomy. These findings also highlight that it is

extremely unlikely that the street-based sector could be eliminated in a decriminalised environment which makes it easier to work indoors. There are motivations to work on the street and different perceptions of risk that will ensure that the size of this sector is unlikely to change significantly.

To reduce risk, all participants provided accounts first and foremost of making the location of work secure. Managed workers rely on management to provide this security whereas private and street-based workers have to ensure this themselves. Private workers are better placed to achieve this than street-based workers because of the familiar environments of their work. Street-based workers are able to provide accounts of familiar environments where they stand and wait for business but once in a car, their environment changes to an unfamiliar one with an attendant higher risk. Many street-based workers do not have a suitable place to take their clients and sex often takes place in the car or in a deserted location. Their assessment of the client therefore plays a large role in whether street-based workers are more likely to avert possible violence. Participants from both the private and the street-based sector provided similar accounts of assessing clients and much of this was reliant on gut instinct. There was also the recognition that the presence of others was an added insurance against the likelihood of violence. Managed workers were most able to achieve this security and private workers, if working alone, created the illusion of having others in the near vicinity. Street-based workers wait for business in a public area and in the company of other workers but once in a car, they can be driven to remote and isolated locations. The longer they worked, the less likely they were to pay a minder as a way of ensuring safety. This may be because, as Rhodes (1997) argues, over time behaviours which were once deemed risky, become habitualised as normal and the behaviour is then perceived to have less risk than benefit. The benefit of maximising earnings through not paying a third party then outweighs the risk of violence.

The police were perceived as playing a minor role in strategies to control violence, especially in the managed and private sectors. There were reports of a growing confidence in police by participants in the street-based sector and an increased, helpful presence of police on the street was seen as a positive outcome of the PRA. Although

most participants reported increased legal rights and gave accounts of empowerment in a decriminalised environment, there was still little reporting of adverse events to the police. For the most part this was because of the continuing perceptions of stigmatisation related to their occupation and this may have been exacerbated by negative reporting in the media. The fear of disclosure of their occupation made many participants unsure of reporting things to the police as there were concerns that name suppression would not be ensured.

The knowledge of employment rights amongst managed workers was high and there were reports of improved management practices as a result of the law change. However, there were also reports of continuing exploitative practices in some establishments. The introduction of mobile phones saw an emergence of a private sector in the 1990s. This trend of movement from the managed to the private sector has been supported by the new law and there has been a decrease in the number of managed workers. This may mean that individuals electing to stay in the managed sector would have more scope to 'shop around' and find suitable premises to work from. The knowledge of the employment conditions to which they are entitled would possibly encourage brothel owners to change their practice as they faced the possibility of not being able to attract enough workers.

It is likely to take more time before sex workers become more confident in asserting their legal and employment rights. Sex workers from all sectors provided accounts of how they strategised to control violence within their working environment but violence was not the only perceived risk of their occupation. Other risks identified by participants were risks to their sexual health and this will be discussed in the following chapter.

CHAPTER 10: MANAGEMENT OF RISK TO SEXUAL HEALTH

10.1 Introduction

The previous chapter explored risk to safety, a risk especially emphasised by participants who worked in the street-based sector. Yet there are other risks which sex workers have to contend with. This chapter addresses the third research question posed in this thesis by exploring the risks to sex workers' sexual health. In doing so, I challenge the assumptions of many public health specialists who perceive sexual health to be the major issue facing sex workers. As this chapter argues, condom use with clients amongst sex workers in this study was high, especially for penetrative sexual acts. Some clients continue to request unprotected sex, particularly oral sex, from sex workers but few participants in this study indicated that they provided this. Most sex workers also reported that they regularly had sexual health check-ups with the majority indicating that they went to their General Practitioner (GP) for this service. Several participants however, did not disclose to their GP that they were working in the sex industry. The participants articulated that sexual health was one area in sex work that they were particularly adept at managing and the legal rights gained through decriminalisation further enhanced their ability to effectively negotiate condom use.

10.2 Safe sex

As discussed in Chapter Four, public health researchers have focussed on sexual health when exploring the health and safety of sex workers. There continues to be a lack of recognition of the broader determinants of sexual health, the underlying factors which contribute to how sex workers understand and negotiate their sexual health needs. It is argued that the continued focus on STI prevalence amongst sex worker populations ignores other dimensions of their lives which are identified as posing a far greater risk to their health (Alexander, 1999). Risks to sexual health are viewed as minor risks by sex

workers (Sanders, 2004a). Most sex workers have well-maintained strategies to ensure condom use and this is viewed as a controllable feature of their work (Sanders, 2004a).

10.2.1 Condom use

Sex workers are acknowledged in all developed countries to be knowledgeable on safe sex issues and to report high levels of condom use (Benoit and Millar, 2001; Fox et al., 2006; McKeganey and Barnard, 1992; Plumridge and Abel, 2001; Ward and Day, 1997; Ward et al., 1999). Over three-quarters (77.8%) of all survey participants in this study reported that they always used a condom for vaginal, anal and oral sex, with only small differences between sectors (see Table 10.1). There were few reports of unprotected sex in the last 12 months for vaginal or anal sex.

Table 10.1: Condom use by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Always use a condom for vaginal, anal and oral sex (N=704)	77.8 (1.9)	71.4 (3.9)	80.5 (2.3)	75.8 (4.1)	$\chi^2 = 10.5$; df=2; p=0.005
Unprotected vaginal sex in last 12 months (N=747)	5.5 (0.9)	12.1 (2.8)	4.1 (1.1)	5.1 (1.9)	$\chi^2 = 26.0$; df=2; p<0.0001
Unprotected anal sex in last 12 months (N=744)	2.1 (0.5)	5.1 (1.9)	0.6 (0.4)	3.5 (1.3)	$\chi^2 = 33.2$; df=2; p<0.0001
Unprotected blow jobs in last 12 months (N=745)	11.0 (1.3)	20.5 (3.3)	5.3 (1.2)	16.1 (3.1)	$\chi^2 = 80.0$; df=2; p<0.0001
Unprotected going down in last 12 months (N=739)	13.2 (1.5)	15.7 (3.3)	9.9 (1.6)	17.9 (3.4)	$\chi^2 = 22.5$; df=2; p<0.0001
Services 'OK' to do without condom:					
Vaginal sex (N=761)	1.4 (0.5)	3.7 (1.8)	0.4 (0.4)	2.0 (1.0)	$\chi^2 = 83.5$; df=4; p<0.0001
Anal sex (N=758)	1.4 (0.5)	5.1 (2.3)	0.4 (0.4)	1.4 (0.8)	$\chi^2 = 51.8$; df=4; p<0.0001
Hand jobs (N=760)	60.0 (2.1)	52.1 (4.1)	53.8 (2.7)	74.1 (3.9)	$\chi^2 = 102.4$; df=4; p<0.0001
Sex toys (N=753)	7.6 (1.1)	13.0 (3.1)	5.2 (1.2)	9.1 (2.4)	$\chi^2 = 31.4$; df=4; p<0.0001
Oral/blow jobs (N=759)	8.0 (1.1)	20.2 (3.6)	2.6 (0.9)	11.6 (2.6)	$\chi^2 = 140.1$; df=4; p<0.0001
Trick sex (N=709)	8.0 (1.1)	17.8 (3.5)	3.2 (1.0)	11.7 (2.7)	$\chi^2 = 88.0$; df=4; p<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

The literature suggests that the working environment has a part to play in the use of condoms in commercial sex encounters (Vanwesenbeeck, 2001). Managed participants in

this study were the most likely to report using protection for all sexual activities, a finding comparable to other studies (May and Hunter, 2006; Vanwesenbeeck, 2001) and there may be several reasons for this. Possibly the influence of management could make the use of condoms an imperative but also the amount of control sex workers have over their environment would play an influential role. As discussed in Chapter Nine, street-based workers have a much quicker encounter with clients than indoor workers, with less control over where the encounter takes place. It has been reported that some clients resort to violence if sex workers insist on condom use and the more isolated location of the encounter for street-based workers makes it more likely that clients will be violent (Campbell, 2000; Vanwesenbeeck, 2001). Notwithstanding this, street-based workers in this study gave accounts of vigilantly ensuring safer sex. For Sarah, even the risk of losing a job through having to go and search for a condom did not outweigh the risk to sexual health.

Like the other morning, at 7 o'clock in the morning, I'd been standing out there for about 3 or 4 hours without a job, and I finally get a hundred-dollar job. Head down to the room and I'd dropped my last condom somewhere on the way. I just walked, you know, ten minutes to get to the room to find out that there was no condom in the house or anything. So I walked all the way back to town, you know - risking that maybe I could of lost that job, just to get condoms - to walk all the way back, which is like half an hour or something of time. And yeah, I didn't end up losing the job, but, you know, I could have lost a hundred-dollar job, which I desperately needed. And I just will not do it without a condom. It's not worth it. (Sarah, Street, Female)

There were no accounts given by participants in any sector of deliberate decisions not to use a condom for vaginal or anal sex. However, more than one tenth of survey participants indicated that they had not used protection with a client in the last 12 months for oral sex; both oral sex performed on the clients (blow jobs) and oral sex which the client had performed on them (going down) (see Table 10.1). It was not the lack of knowledge of the risks associated with unprotected oral sex but for some, these risks were weighed up and seen as less than unprotected penetrative sex.

I shouldn't do it (give oral sex without a condom), but sometimes I do. Oh I know you can get gonorrhoea of the throat and I know that would be hideously horrible. And yeah. Also I don't like the knobbly bit on the end of the condom getting in the back of your throat, 'cos they all try to shove it down your throat. Basically I just don't like doing oral sex, but that's what they all want. (Brenda, Private, Female)

Table 10.2: Condom use by gender[†]

	Female % (s.e.)	Male % (s.e.)	Transgender % (s.e.)	Comparison across gender
Always use a condom for vaginal, anal and oral sex (N=704)	80.3 (2.0)	58.5 (7.7)	69.6 (5.7)	$\chi^2=46.9$; df=2; p<0.0001
Unprotected anal sex in last 12 months (N=744)	0.7 (0.3)	10.6 (4.5)	10.0 (3.5)	$\chi^2=144.7$; df =2; p<0.0001
Unprotected blow jobs in last 12 months (N=745)	7.2 (1.2)	36.2 (7.0)	26.2 (5.1)	$\chi^2=185.8$; df =2; p<0.0001
Unprotected going down in last 12 months (N=739)	11.7 (1.5)	31.1 (6.9)	10.1 (3.6)	$\chi^2=57.3$; df=2; p<0.0001
Services 'OK' to do without condom:				
Vaginal sex (N=761)	0.6 (0.3)	6.5 (3.6)	4.4 (3.0)	$\chi^2=16.4$; df =4; p=0.0002
Anal sex (N=758)	0.4 (0.3)	8.5 (4.1)	4.3 (3.0)	$\chi^2=113.1$; df =4; p<0.0001
Hand jobs (N=760)	58.8 (2.3)	74.5 (6.4)	56.9 (5.7)	$\chi^2=56.9$; df =4; p<0.0001
Sex toys (N=753)	5.5 (1.0)	24.4 (6.4)	12.6 (4.3)	$\chi^2=97.1$; df =4; p<0.0001
Oral/blow jobs (N=759)	4.3 (0.9)	36.2 (7.0)	19.3 (5.0)	$\chi^2=59.5$; df =4; p<0.0001
Trick sex (N=709)	3.6 (0.9)	39.1 (7.2)	21.1 (4.9)	$\chi^2=394.5$; df =4; p<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

Female survey participants, on the whole, reported more 'safer sex' practices than both male and transgender participants (see Table 10.2). Male survey participants were less likely than both female and transgender participants to report always using a condom. Around one third of the male participants reported unprotected oral sex, both performed on the client and performed on them, in the last 12 months and one tenth reported unprotected anal sex. It has been argued that male workers are particularly likely to not use condoms when they are attracted to their male clients (Vanwesenbeeck, 2001). Jack expressed the difficulty in decision-making when faced with a client he may be attracted to:

I'm pretty good. On oral sex often I won't use a condom, but then I think that that's pretty common actually. .. I don't think it's unusual for people not to use a condom doing oral sex. I do sometimes, but I don't sometimes. Probably 50/50, no, 60% of the time I don't, and the other 40% I do. I want to be naughty here and say, I mean if you've got this really nice looking guy in front of you, the last thing you want to do is stick a piece of rubber on. (Laugh) Yeah, so anyway, but I must also say that I've never caught anything. Oh the only thing I've ever caught is crabs once, so, yeah, once or twice, and that's all I've caught since I've been working. So that's not bad for 8 years.
(Jack, Private, Male)

Although vigilantly ensuring condom use for penetrative sex, most participants discussed how many clients continued to request sex without a condom.

10.2.2 *Dealing with 'no condom' requests*

Similar to the study done in Christchurch in 1999 (Plumridge and Abel, 2001), this study found little discussion of condom use with clients. Over half of all surveyed sex workers reported that they did not enter into a discussion about condoms with their clients; they just used them (see Table 10.3). As found elsewhere (Cusick, 1998; Sanders, 2005d), the commercial sexual transaction is routinised which increases the predictability of the encounter. Safe sex can be treated as a natural and unquestioned aspect of sex requiring little or no discussion (Browne and Minichiello, 1995) and participants in this study said that they simply produced the condom and put it on the client. They were confident in their ability to ensure safe sex.

I just put it on. Yeah. Don't pay any attention to what he says about it. ... Yeah, just do it. Never ever sit there paying attention to what they have to say about it, cause if they don't like it, then obviously they know where the door is, cause they came through it. *(Joyce, Street and Private, Female)*

Like I said before, there is no argument, there is no discussion about it any more. The condom is a given. We're both aware of that and it's, it just, we don't even acknowledge the fact that it's going on. It's part of the routine, if you like. And um that's just not an issue. It happens, end of story.

(Marge, Managed, Female)

Table 10.3: Negotiation of condoms by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Frequency clients request sex without a condom (N=754)					
All the time or often	16.2 (1.5)	27.4 (3.7)	16.4 (2.1)	10.8 (2.6)	$\chi^2 = 60.4$ $df = 4$ $p < 0.0001$
Sometimes	28.4 (1.9)	35.1 (4.0)	28.1 (2.5)	26.2 (4.0)	
Seldom or never	55.4 (2.1)	37.5 (3.9)	55.5 (2.7)	63.0 (4.3)	
Strategies used with clients who want to have sex without a condom:					
Tell them it's the law (N=723)	62.5 (2.1)	32.6 (3.9)	72.5 (2.5)	58.7 (4.5)	$\chi^2 = 147.6$; $df = 2$; $p < 0.0001$
Tell them owner/manager says they have to (N=689)	29.1 (2.0)	13.2 (3.1)	39.4 (2.8)	18.6 (3.7)	$\chi^2 = 100.8$; $df = 2$; $p < 0.0001$
Threaten to call someone (N=690)	17.4 (1.6)	10.7 (2.5)	23.1 (2.4)	10.7 (2.9)	$\chi^2 = 46.7$; $df = 2$; $p < 0.0001$
Tell them explicitly beforehand (N=698)	33.6 (2.1)	37.0 (4.1)	30.2 (2.6)	38.0 (4.5)	$\chi^2 = 11.2$; $df = 2$; $p = 0.004$
Just do oral (N=687)	5.9 (1.0)	13.9 (2.9)	3.1 (1.0)	6.9 (2.2)	$\chi^2 = 45.3$; $df = 2$; $p < 0.0001$
Just do a hand job (N=693)	41.1 (2.2)	34.5 (4.1)	41.6 (2.8)	43.2 (4.7)	$\chi^2 = 5.6$; $df = 2$; $p = 0.06$
Refuse to do job (N=713)	60.1 (2.2)	66.7 (3.9)	56.6 (2.9)	62.8 (4.5)	$\chi^2 = 11.1$; $df = 2$; $p = 0.004$
Charge more (N=682)	5.6 (1.0)	15.3 (3.2)	2.5 (0.9)	6.3 (2.1)	$\chi^2 = 60.9$; $df = 2$; $p < 0.0001$
When negotiating condoms with a client: (N=762)					
Discuss and explain to clients why they use condoms	21.4 (1.7)	33.3 (3.9)	19.2 (2.2)	19.9 (3.5)	$\chi^2 = 44.8$; $df = 4$; $p < 0.0001$
Don't say anything, just use them	56.4 (2.1)	38.8 (4.0)	58.3 (2.7)	60.7 (4.3)	
Tell clients they have to use condoms	22.3 (1.7)	27.9 (3.7)	22.5 (2.3)	19.5 (3.4)	
Reasons why condom not used for vaginal, anal and oral sex:					
Not required because activity safe (N=641)	8.1 (1.2)	17.0 (3.8)	5.7 (1.4)	8.4 (2.6)	$\chi^2 = 29.4$; $df = 2$; $p < 0.0001$
Couldn't be bothered (N=638)	1.5 (0.5)	8.1 (3.0)	0	1.2 (0.9)	$\chi^2 = 4.1$; $df = 2$; $p = 0.04^+$
I chose not to (N=642)	8.8 (1.4)	12.7 (3.1)	3.6 (1.2)	15.8 (3.6)	$\chi^2 = 65.5$; $df = 2$; $p < 0.0001$
No condom available (N=639)	2.9 (0.7)	15.4 (3.4)	0	2.5 (1.6)	$\chi^2 = 17.2$; $df = 2$; $p < 0.0001^+$
Client won't use (N=639)	5.0 (1.0)	13.3 (3.5)	1.3 (0.7)	7.9 (2.5)	$\chi^2 = 60.5$; $df = 2$; $p < 0.0001$
Client prefers not to use (N=640)	5.6 (1.1)	10.5 (3.2)	2.0 (0.9)	9.6 (2.8)	$\chi^2 = 44.5$; $df = 2$; $p < 0.0001$
Know the client really well (N=639)	8.3 (1.4)	15.4 (3.5)	3.0 (1.1)	14.2 (3.4)	$\chi^2 = 68.0$; $df = 2$; $p < 0.0001$
Offered more money (N=640)	6.6 (1.2)	18.1 (3.7)	3.0 (1.1)	7.6 (2.6)	$\chi^2 = 60.6$; $df = 2$; $p < 0.0001$

[†] Weighted estimates to account for variation in probability of selection and response.

‡ Comparison for Street and private workers

Safer sex requirements assume great importance in the lives of sex workers and client requests for sex without a condom is viewed as violence, a threat to their livelihood and to their own and their client's life (Browne and Minichiello, 1995). Similarly, ensuring

safe sex was vital for all sex workers in this study as they identified that it was not only the risk to sexual health but also the risk to their livelihood.

Well I can take it back to the point as, "Well if you don't use a condom with me, who else haven't you used a condom with?" "And who have you been with?" I don't want to get sick. I don't put it to the fact that they're going to make me unwell, that I'm going to make them unwell. I put it to the fact that they're going to make me unwell and then if I'm unwell I can't work.

(Petal, Private, Female)

It's like I say, it's like using a shared needle, you know. I value my life, I've survived too much to risk it now. I'd have to be an idiot, and I'm not prepared to go there. It's as easy as that, you know. ... Yeah, that's it, I have survived too much. I'm not going to risk it all for, you know, half an hour flash in the pan sort of thing, you know, that's ridiculous.

(Paul, Street, Male)

Sixteen percent of all survey participants reported that clients always or often requested sex without a condom (see Table 10.3). This was more commonly reported by street-based workers. Male and transgender participants reported more frequent requests by clients for unprotected sex than female participants (see Table 10.4). Participants in in-depth interviews talked about frequency of requests for sex without condoms. In particular, clients frequently asked for oral sex without a condom.

Yeah, it is quite often, you know, there's a lot of client that, you know, want oral sex with, you know, without a condom. And then they get nasty when...Mmm, yeah, and then 'cos we won't do it without a condom, they'll go and find someone else. Yeah. ...Mmm, I just walk away, I just get out of the car and walk away, you know, wherever I am.

(Ellen, Street, Transgender)

I would say about once a week for me personally. I'll get guys who go, "Oh do you have to use a condom?" For blow-jobs. (Vicky, Managed, Female)

Table 10.4: Negotiation of condoms by gender[†]

	Female Workers % (s.e.)	Male Workers % (s.e.)	Transgender Workers % (s.e.)	Comparison across genders
Frequency clients request sex without a condom (N=556)				
All the time or often	15.2 (1.6)	21.7 (6.1)	21.1 (4.5)	$\chi^2 = 13.4$ df = 4 p=0.009
Sometimes	28.0 (2.1)	30.5 (6.8)	32.8 (5.5)	
Seldom or never	56.8 (2.3)	47.8 (7.4)	46.1 (5.9)	
Strategies used with clients who want to have sex without a condom:				
Tell them it's the law (N=723)	67.7 (2.2)	30.2 (7.0)	32.2 (5.4)	$\chi^2 = 159.3$; df = 2; p<0.0001
Tell them owner/manager says must (N=689)	31.4 (2.2)	20.0 (6.3)	9.7 (3.4)	
Threaten to call someone (N=690)	19.0 (1.8)	9.3 (4.4)	7.0 (3.1)	$\chi^2 = 21.2$; df = 2; p<0.0001
Tell them explicitly beforehand (N=698)	31.4 (2.3)	44.4 (7.4)	47.9 (6.2)	$\chi^2 = 25.2$; df = 2; p<0.001
Just do oral (N=687)	3.4 (0.8)	25.0 (6.5)	12.8 (3.8)	$\chi^2 = 162.0$; df = 2; p<0.0001
Just do a hand job (N=693)	41.0 (2.4)	45.5 (7.5)	35.6 (5.9)	$\chi^2 = 3.1$; df = 2; p=0.2
Refuse to do job (N=713)	59.8 (2.4)	55.6 (7.4)	71.0 (5.4)	$\chi^2 = 8.5$; df = 2; p=0.01
Charge more (N=682)	3.1 (0.8)	23.8 (6.6)	14.0 (4.2)	$\chi^2 = 151.2$; df = 2; p<0.0001
When negotiating condoms with a client: (N=762)				
Discuss and explain to clients why they use condoms	19.8 (1.9)	25.5 (6.4)	37.7 (5.6)	$\chi^2 = 33.8$; df = 4; p<0.0001
Don't say anything, just use them	58.3 (2.3)	48.9 (7.3)	39.6 (5.7)	
Tell clients they have to use condoms	21.9 (1.9)	25.5 (6.4)	22.7 (5.0)	
Reasons why condom not used for vaginal, anal and oral sex:				
Not required because activity safe (N=641)	6.1 (1.2)	26.3 (7.2)	10.6 (4.0)	$\chi^2 = 79.2$; df = 2; p<0.0001
Couldn't be bothered (N=638)	0.3 (0.2)	10.3 (4.9)	5.3 (2.9)	$\chi^2 = 137.3$; df = 2; p<0.0001
I chose not to (N=642)	6.4 (1.4)	31.7 (7.3)	8.4 (2.8)	$\chi^2 = 127.1$; df = 2; p<0.0001
No condom available (N=639)	1.9 (0.6)	9.8 (4.6)	6.5 (2.4)	$\chi^2 = 44.8$; df = 2; p<0.0001
Client won't use (N=639)	2.9 (0.9)	26.8 (6.9)	2.8 (1.6)	$\chi^2 = 205.5$; df = 2; p<0.0001
Client prefers not to use (N=640)	3.9 (1.1)	22.0 (6.5)	4.7 (2.1)	$\chi^2 = 101.3$; df = 2; p<0.0001
Know the client really well (N=639)	6.1 (1.4)	27.5 (7.1)	11.9 (3.7)	$\chi^2 = 91.6$; df = 2; p<0.0001
Offered more money (N=640)	4.9 (1.2)	19.5 (6.2)	10.0 (3.5)	$\chi^2 = 56.8$; df = 2; p<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

Some studies have reported that sex workers are less likely to use condoms with regular clients (Day, 2007) but others have found that simply being a regular is not sufficient to secure unsafe sex (Cusick, 1998; Jackson et al., 2005). Sometimes condoms are not used when the relationship between the sex worker and the client reaches a different level, such as sole client, sugar daddy or boyfriend (Cusick, 1998). Private and street-based

survey participants in this study were significantly more likely than managed participants to provide unprotected sex if they knew the client well (see Table 10.3). However, few participants in in-depth interviews indicated that they would be prepared to do this and some were angered by clients' presumptions.

This would have been two weeks ago, and he was actually a regular. He was a really good client, and, yeah, we went to go and do business and he wanted me to give him a blow-job without no condom. And um, yeah, I was quite angry. I turned around and I said to him, "Look, I'm..." – 'cos as I said, he's been a regular for years, and I was quite shocked and I just actually turned around and just said to him, you know, "No way, I'm not going to do it with, you know, with no protection." And that's with sex, blow-jobs or hand-jobs, because to me, you know, we are at more risk, the street workers, than anything else, and yeah, it's just not right for somebody that, you know, you've met out on the street to ask you for unprotected, you know, sex in any way. Oh yeah, I just actually said to him, you know, "F... off, you know, or someone will punch your head open." That's what I said because at that time I was quite angry with him because I had known him for, you know, for years, and then all of a sudden he turned around and asked me this. He asked me specifically if I would give him a blow-job without no condom.

(Toni, Street, Female)

Regular clients would frequently insist that they were clean, having only had sex before with their wives. Participants did not accept this argument.

I massage their back first and then turn them over, and by the time they've rolled over, they've got a hard on, and just pop the condom on, and there's never really been any argument about it. Like one of them I've seen for a couple of years now, he did try, and he went, "Oh, I've been seeing you for a long time now and I know you have your health checks, and I only have a wife, and you know," you know. And I just pulled the book out and said, "Oh," and then reminded him that he was married and how would he know if I did that for him, how many other people would I do it for, and that it wasn't an option, and if he didn't like it, he could put his clothes on and bugger off. He put the condom on instead.

(Becky, Managed, Female)

One of the strategies sex workers use when clients request unprotected sex is to challenge the client by making them consider the risks to themselves (Browne and Minichiello,

1995). Participants in this study would confront clients asking how they knew that they were not providing unsafe sex to numerous other clients.

You know, I don't have any tolerance for people who ask for sex without a condom, you know. With my regulars I say, ... "How would you feel if how would you feel about seeing me if I was offering sex to all my clients without a condom?" That's, I put it back onto them. (Danni, Private, Female)

Survey participants provided reasons for why they might not use a condom for vaginal, anal or oral sex (see Table 10.3 and 10.4). Street-based workers were more likely than managed and private participants, and male participants were more likely than female and transgender participants, to report that they would provide unprotected sex if they were offered more money, if they had no condom available, if the client refused to use a condom and if they considered that the activity was safe. Other studies have reported that street-based workers are more likely to engage in unprotected sex with clients if offered economic incentives (May and Hunter, 2006). However, many participants interviewed in-depth in this study spoke of prioritising their personal health and were offended by requests for no condom. They placed a high value on their own life and money was not sufficient compensation for that.

"No", I just go, "No, sorry, honey, it's my health at risk and you're not worth it." And they'll be like, "Oh I'll give you a couple of hundred." "No." ... If they want to keep trying, it's not going to happen. So they can either keep trying and waste their time, or have sex with a condom and get the hell out. (Debbie, Managed, Female)

Oh shit, at least once a month (request for sex without a condom), that's what I can say, because I don't really come out a lot. I mean, yeah, at least once a month, and I mean I've even had ones that have been so difficult that I've kept their money and just hopped out the car, you know, because I'm just not prepared to do it without a condom. You know, you even get them offering you \$50 extra. I mean my health's more important than \$50.

(Joan, Street, Female)

Another strategy which has been reported to be used when clients request sex without a condom is to provide other options to penetrative sex (Browne and Minichiello, 1995).

The majority of survey participants in this study did not report that they thought it was “OK” to provide vaginal and anal sex without a condom but 60% of all participants reported that it was acceptable to provide hand jobs without a condom (see Table 10.1). Most participants reported refusing to do the job if a client requested no condom although a number (41.1%) did report just doing hand jobs (see Table 10.3). This was echoed in in-depth interviews.

No, the bulk are pretty good, but now, but you'll get a few clients that have never used them, you know, what I mean, like married men or whatever, that can't handle them. If I have a regular like that, I try and get around it by using ultra durex, ultra thin ones, yeah, or if I can't do that, well then I find another way of relieving them, you know what I mean. And try and do it in a safe manner, like I've got big boobs, so I put those to good use, and I might just do a tit fuck, you know what I mean, and finish off with a hand-job. So I try and make it, I try and satisfy them.
(Jan, Managed, Female)

In this study, there were few scenarios that participants described as being particularly risky to their sexual health. Participants in in-depth interviews identified only two issues over which they had less control when it came to ensuring safe sex. Participants from all sectors identified the risk that the client could remove a condom during the transaction and force unprotected sex. In particular, it was considered a potential risk when doing ‘doggy style’ as sex workers had their back to the client which gave the client opportunity to remove the condom without being noticed.

The majority of them are pretty good. As I say, usually doggy-style's – 'cos I do anal too – I've got to be careful cause my back's, my back's turned on them. That's one to be careful. That's one, believe it or not, if I'm doing doggy-style or anal at my house, I have a mirror set up and I make sure where I am in the room, I can see. And then when I go privately I have a problem. When I go out to escorts and stuff, I have a problem there. I try not to do doggy-style too much then.
(Liz, Managed and Private, Female)

The other risk to safe sex identified by most participants was the possibility of the condom breaking. As reported elsewhere, breakages of condoms is universally met with disgust and instant check-ups (Cusick, 1998; McVerry and Lindop, 2005). Similarly, this was articulated by the participants in this study.

Yeah, I've had a couple broken on me and when they have broken on me, I've gone in straight away and had a check up. Yeah, 'cos when a condom breaks on you and you're having sex, it's like a big worry on your shoulder, because, you know, as I said, they're complete strangers to you, you know. 'Cos at the end of the day you don't know, they don't know you from a bar of soap and you don't know them. So it's quite scary in a way to have a condom break on you, and you don't really, you don't really feel relieved until after the doctors give you, you know, give you the all clear, to make sure that you are all right and you haven't caught any diseases or anything like that, infections.

(Toni, Street, Female)

Brewis and Linstead (2000a:89) argue that because sex workers are selling something which is not fully commodified and usually limited to the private sphere, they need to manage the place where sex work happens successfully to accredit themselves as “not being stereotypically fallen women”. All participants in this study provided accounts of managing situations which may place their sexual health at risk responsibly and maintaining control, actively strategising to prevent further mishaps. They emphasised that safe sex was very important to them and tried to accredit themselves as professional in their approach. Sheila provided a particularly detailed account of her safer sex routine:

So I always use a condom for a blow-job and I will always change it before sex, because lip balm or lipstick is oil-based, and it does tend to break down the condoms. But I find for blow-jobs it seems to be fine for that little while, but I'll never use it for sex again, for sex after that. So I'll always change it. Using it for a blow-job gives me time to sort of see if I've got the right fit. So I have 5 different sizes, so I'm using the proper fit for the client, which increases the safety, 'cos then you don't have it too tight or too big. And it's nicer for them as well, and it's nicer for me cause then I know I'm more protected. I don't mind giving hand-jobs without a condom, but, or touching them, but I'll always note which hand it is and not touch myself with that hand. And I will wash my hands as soon as possible afterwards with my anti-bacterial hand-wash and then put the gel, what is it called, the anti-bacterial gel thing over it. So I'm sort of rather maybe over the top, but I've never had any problems, so I keep going with my little system. And I always wash thoroughly after every client, lots of soap, you know, with it, wash my hands maybe 3 or 4 times in that hour. And I always have a huge supply of condoms, so if I feel that I need to change them, I'll not worry that um I'm running out or anything like that. ... I just, you know, just try and keep fluids

to a minimum, you know, and use lots of lube, but not too much, 'cos that can also be bad, so that, you know, there's, the condom doesn't dry out too much, 'cos latex does dry out. So I've got my preferred lube and I stick to that, and what else do I do? I have mouthwash, so I use that throughout the night. I always am a bit careful before I go in and when I come back not to brush my teeth too hard, so that my gums won't have any abrasions or anything in them too much. So again mouthwash comes in handy for that. And yeah, pretty thorough. Like I said, 4 years of research, you know.

(Sheila, Managed, Female)

Equally there were accounts provided by private and street-based workers of responsibility with regards to safe sex.

I would never ever not wear protection. I'm very conscious of protection; it's uppermost in my mind. Hygiene and protection are the things that I put first with regard to the service.

(Lorraine, Private, Female)

Always, always use protection, always, even if it's for hand relief, always use it. Just don't know what you're going to get. No matter what way you do it or how you do it, you've just got to make sure you use your protection. That even includes, like some of the girls, even though they use condoms, they also have 'morning after' pills and injections. You know, we get tests every time, all the time, so we always make sure we're clean and we're safe. Protection is the main thing. *(Joyce, Street and Private, Female)*

There is a tendency by all people to present an idealised version of themselves which incorporates accredited values of society (Goffman, 1959). It has been argued that sex workers, in striving to be identified as part of the "normal world", seek respect from outsiders by presenting a "self as having moral integrity" (Simic and Rhodes, 2009:9). As Lupton (1999:119) argues, "people who are thought to be 'clean' ... are treated as less risky, while those who are symbolically 'dirty' ... are designated and treated as posing a threat to oneself, as contaminating". Public discourses frequently frame sex workers as 'dirty', 'irresponsible' and 'vectors of disease' and to counteract these discourses, they provide persuasive accounts of the lengths they go to to be 'clean' (Simic and Rhodes, 2009). Participants from all sectors stressed how hygienic their practices were and how this reduced any risk to sexual health.

10.2.3 Sexual health rights under decriminalisation

When sex work is illegal, sex workers have no legal recourse when clients refuse to use condoms or remove them. In addition, prior to decriminalisation in New Zealand, if sex workers were stopped by police and they had condoms in their possession, these could be used as evidence to pursue charges of prostitution related offences. Most surveyed participants (93.8%) were aware that under the PRA they now had occupational safety and health rights (see Table 10.5). However, only 40.7% had seen the Occupational Safety and Health (OSH) Manual published by the Department of Labour⁶⁰. Two-thirds of surveyed participants had seen the Ministry of Health (MoH) pamphlets giving information on the safer sex requirements stipulated under the PRA.⁶¹ The participants in the managed sector were significantly more likely than participants in the other sectors to have seen both publications. Only a quarter of surveyed street-based participants had seen the OSH manual and just over one-third had seen the MoH pamphlets.

Table 10.5: Sex workers' perceptions of occupational safety and health rights under the Act by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
We have OSH health and safety rights (N=645)	93.8 (1.0)	90.9 (2.1)	95.0 (1.3)	92.9 (2.2)	7.8	0.02
Have seen the OSH manual (N=766)	40.7 (2.1)	26.6 (3.7)	46.3 (2.7)	38.0 (4.3)	38.2	<0.0001
Have seen the MoH pamphlets (N=761)	67.1 (2.0)	38.2 (4.1)	80.2 (2.1)	58.5 (4.4)	207.2	<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

Managed and private participants referred to the OSH manual and MoH pamphlets as being valuable tools in their negotiation of safe sex with clients and reinforced their knowledge of their rights regarding safe sex.

⁶⁰ Website to download this publication: <http://www.osh.dol.govt.nz/order/catalogue/235.shtml>

⁶¹ Website to download this publication: <http://www.healthed.govt.nz/resources/healthandsafetyinformationforsexwo.aspx>

The one thing that I refer to all the time that I use in like pretty much every day thing is that, you know, it's illegal to have unsafe sex, or especially oral. That's the one, 'cos guys want to go down on you, you know. It's illegal nowadays and it's actually in that blue book. I think it's got a fine between 2 and 10 thousand dollars or something written in it. Yeah, so once or twice I've gone and got the blue book and shown them.
(Kara, Managed, Female)

We always have those pamphlets out in places where they're pretty obvious, so the clients see them. ... They're always right by our products, right by the side of the table on the side of the bed. There are times where - I haven't as yet had to basically tell them 'no' and hand them the pamphlet - but I have referred to the pamphlet and referred to the information on the pamphlet if ever they have suggested unprotected sex. Usually it's a 'no' straight away, and if they bug me, then I refer to that, and usually then they shut up quite fast. But I've been lucky enough not to have anyone that wants to push the subject any further.
(Trish, Private, Female)

The majority of participants (62.5%) told clients who requested sex without a condom that it was the law to use condoms (see Table 10.3). Nearly three-quarters of managed participants reported this strategy for getting clients to use a condom. The street sector were the least likely to use this strategy, with only a third reporting this. Females utilised the legal argument as a strategy to get clients to use a condom more than male and transgender participants (see Table 10.4). Decriminalisation has enabled sex workers to insist on condom use, something that has been argued would improve working conditions (Overs and Druce, 1994). Street-based participants maintained that they had always been good users of condoms but the law had made it far easier for them to negotiate with clients on their use.

You cannot do a job without using protection. The law has changed so much. It's made people think a lot more. (Joyce, Street and Private, Female)

It's always been my own sort of morals. Like I have morals out there. I won't do sex without protection, I won't put myself in jeopardy or, you know, like that. And it's the law now, which is really good and I say that to them and they can't - yeah, they might get offended and be like, "Oh well I don't want you," sort of thing and go somewhere else. But at least I know

I'm safe, and I know, you know, I've given them a reasonable explanation and that it's the truth. (Sally, Street, Female)

As has already been discussed, sex workers are acknowledged as highly skilled in safe sex and many use this knowledge in educating others, including clients, in safe sex (Brewis and Linstead, 2000b; Browne and Minichiello, 1995; Cusick, 1998; McVerry and Lindop, 2005; Sanders, 2005d; Sanders, 2006b). The role of sexual educator lends legitimacy to their work, emphasising social responsibility (Brewis and Linstead, 2000a). Sanders (2006b) argues that the relationship between the sex worker and the client places the sex worker in an ideal position as educator because the information they are imparting is sensitive. However, she concedes that often this is only possible if the client is a regular one and that it was dependent on each individual encounter. The managed and private participants in this study did see a role for themselves as educator of clients. They not only informed their clients on the need for safe sex but also took the responsibility for educating their clients on their rights under the PRA.

They don't, they say, "Ooh, really?" "Yes, remember it's now law. It's part of the law. It's not just the fact it's been made law so you can safely come and see us and you won't get prosecuted coming to see us. You know, other things have changed as well when it comes to wearing condoms and not wearing condoms and how you treat a woman. You can't rough her up any more and you know, she's not going to go to the cop station and not nark on you."
(Liz, Private and Managed, Female)

I think it's fantastic (the OSH book). I think it's really good. I don't know that you could improve it. I actually, I really like it. It's great for clients to see as well. It's very handy. It gives you, as a worker, it makes you official almost. Like, "Hang on, this is, you know, this is the Occupational and Safety and Health Manual. This is how it works. So, you know, I'm sorry, I have to work within these guidelines." I like it, it works well. It's always handy having one lying around, because it, people still think of it as, you know, being a bit dodgy. But to have something like that, yeah, it puts it into that category of respectable almost.
(Jack, Private, Male)

Increased legal rights with regards to safe sex was seen by all participants as empowering and afforded some legitimacy to their occupation. It was a way of regaining some credibility and respectability and could be used as a counter to the stigma attached to sex

work. Although all participants gave accounts of being responsible in ensuring safe sex prior to decriminalisation, legislative change provided a powerful stage from which to negotiate.

10.3 Access to sexual health services

Having established that the majority of sex workers in this study were accomplished in practising safe sex, it is important to explore whether they managed other areas of their sexual health in an equally effective way. There is no provision under the PRA for compulsory periodic sexual health check-ups which are a requirement in many countries, especially those which have legalised sex work (Ward and Day, 1997). Yet most sex workers in this study stressed their social responsibility in ensuring that they did have regular sexual health checks.

I tend to do my STD and blood tests at the NZPC just 'cos I like catching up with the people and coming in to see, you know, the nurse and saying 'hi'. You know, because it's just a comfortable environment to be in. The people don't judge you and that sort of thing. Ever since I've been sexually active, I've always made sure I've had regular tests, STD and blood tests. Obviously since I started working I make sure I get it every 3 months, whereas before that it might have been from 6 to 9 months.

(Sheila, Managed, Female)

Health-wise, I go and have a check up once a month at, you know, at the doctor's and I have all tests and all that. You know, I mean especially if a condom has broke, you know, so I mean I certainly look after myself, because, you know, I value my life and my health. (Joan, Street, Female)

Few survey participants reported that they did not go for sexual health check-ups, with managed workers the least likely of all participants to report this (see Table 10.6). Most participants indicated that they accessed their GP for their general health needs as well as their sexual health needs. There were no significant differences in access to services between the Christchurch females in the sample in 2006 and the Christchurch female sex workers in the 1999 study.

Table 10.6: Participants' access to health services by sector†

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Participants having a regular doctor (N=767)	86.9 (1.4)	80.9 (3.1)	88.1 (1.8)	87.6 (3.0)	$\chi^2 = 10.1$ df=2 p=0.006
Participants who have a regular doctor informing doctor of occupation (N=653)	53.9 (2.3)	69.2 (4.3)	49.7 (2.9)	54.6 (4.8)	$\chi^2 = 27.9$ df=2 p<0.0001
Services accessed for general health needs:					
Own GP (N=753)	91.8 (1.2)	85.4 (2.8)	93.8 (1.4)	91.4 (2.6)	$\chi^2 = 19.3$; df =2; p<0.0001
NZPC (N=696)	17.7 (1.6)	31.8 (4.2)	14.8 (2.0)	16.2 (3.3)	$\chi^2 = 41.3$; df =2; p<0.0001
Youth organisation (N=680)	1.5 (0.4)	5.8 (1.5)	0.8 (0.4)	0.9 (0.7)	$\chi^2 = 49.8$; df =2; p<0.0001
Social worker (N=686)	3.0 (0.6)	9.1 (2.6)	2.0 (0.8)	1.9 (0.9)	$\chi^2 = 47.1$; df =2; p<0.0001
Counsellor (N=687)	9.1 (1.2)	14.9 (3.1)	7.9 (1.4)	8.6 (2.2)	$\chi^2 = 14.3$; df =2; p=0.0008
Physiotherapist (N=686)	8.1 (1.3)	6.2 (2.5)	5.9 (1.3)	12.7 (3.1)	$\chi^2 = 22.1$; df =2; p<0.0001
Chiropractor (N=685)	5.8 (1.0)	5.5 (2.2)	5.0 (1.2)	7.4 (2.0)	$\chi^2 = 4.2$; df =2; p=0.1
Podiatrist (N=684)	2.3 (0.6)	2.9 (1.6)	2.0 (0.8)	2.4 (1.1)	$\chi^2 = 1.0$; df =2; p=0.6
Complementary practitioner* (N=685)	12.8 (1.5)	7.3 (2.6)	10.4 (1.7)	19.1 (3.6)	$\chi^2 = 30.8$; df =2; p<0.0001
Mental health worker** (N=690)	8.9 (1.2)	12.0 (2.9)	7.7 (1.4)	9.5 (2.3)	$\chi^2 = 5.7$; df =2; p=0.06
Nowhere (N=626)	4.2 (1.0)	8.1 (2.1)	3.5 (1.2)	3.7 (2.0)	$\chi^2 = 8.9$; df =2; p=0.01
Services accessed for sexual health needs: (N=769)					
Own GP	41.3 (2.1)	47.4 (4.1)	40.6 (2.7)	39.8 (4.3)	$\chi^2 = 91.0$ df =14 p<0.0001
Another GP	3.0 (0.7)	3.4 (1.6)	3.1 (0.9)	2.5 (1.3)	
NZPC	15.5 (1.5)	12.8 (2.6)	14.6 (1.8)	18.1 (3.3)	
Family Planning	9.7 (1.3)	8.0 (2.5)	12.4 (1.8)	6.0 (2.2)	
Sexual Health Centre	25.2 (1.9)	17.1 (3.1)	26.6 (2.5)	26.3 (4.0)	
Youth Health Centre	1.2 (0.3)	3.8 (1.1)	0.6 (0.3)	1.2 (0.7)	
Other	0.4 (0.2)	0.3 (0.3)	0.2 (0.2)	0.8 (0.6)	
Don't go for sexual health check-ups	3.7 (0.9)	7.1 (1.9)	1.8 (0.7)	5.5 (2.2)	
Access NZPC drop-in services: (N=755)					$\chi^2 = 47.7$ df =2 p<0.0001
Yes	64.9 (2.1)	74.9 (3.1)	58.0 (2.7)	71.7 (4.1)	
No	35.1 (2.1)	25.1 (3.1)	42.0 (2.7)	28.3 (4.1)	

† Weighted estimates to account for variation in probability of selection and response.

* Complementary health practitioner e.g. naturopath, homeopath, therapeutic masseur

** Mental health worker e.g. psychologist, psychiatrist

It has been argued that health services run from sex workers' organisations would be more acceptable to sex workers (Alexander, 1999; O'Neill, 1997; Pitcher, 2006). Only 15.5% of the survey participants in this study attended NZPC for their sexual health check-ups (see Table 10.6). There was however, a significant difference between numbers of people attending NZPC services for their sexual health needs in the different cities. Sex workers in the smaller centres do not have the option of attending a NZPC clinic. In Auckland, 11.7% of participants reported accessing NZPC for sexual health check-ups, 13.9% in Christchurch and 36.0% in Wellington (χ^2 54.6, 2df, $p < 0.0001$). Clinics are held at NZPC offices for 3 hours once a week in Christchurch and Auckland, and twice a week in Wellington⁶². The fact that sex workers in Wellington had six hours a week, as opposed to three hours in the other big cities, to access these services could explain the difference in attendance. Many participants in in-depth interviews did access NZPC for their sexual health check-ups and these participants were clear that they found the services less judgemental than that provided by other health professionals, they were more comfortable talking over intimate issues and there was a greater level of trust.

Jack: My GP is not aware of the fact that I work. I deal with (X) here at NZPC, and any issues surrounding, or around my sexuality, my sex work, she deals with those, and that's actually really good. It makes it a lot easier because the two, it's almost like I've compartmentalised my life. My GP has all of my history, you know, from right from zero to whenever to now. And (X), I trust her on a different level with my information, so yeah.

Interviewer: So it comes down to a level of trust in having that information?

Jack: Yeah, absolutely, and I trust her more than I do my GP. I trust my GP will look after my health, but I trust (X), because of her, that's there, she's in the environment, you know, of looking after people that are sexually active, sexual health and those sort of things, so.
(Jack, Private Male)

Two-thirds (64.9%) of survey participants reported that they accessed NZPC's drop-in service: street-based and private sector workers were significantly more likely to report

⁶² In Christchurch, a doctor, a nurse and a counsellor run the weekly clinic; a doctor runs the clinic in Wellington and a nurse runs the clinic in Auckland.

this than participants in the managed sector. In in-depth interviews, some street-based workers gave accounts of how NZPC were vital in ensuring their sexual health through their provision of condoms at a subsidised rate. Some indicated that without that service they might not personally go and buy condoms.

I mean if it wasn't for them, you know, I couldn't really basically - well I wouldn't actually go out and buy the condoms. It's not something I do, you know, go out and purchase condoms just, you know, even though it's for my safety. Yet it's comfortable to go to the NZPC or the condom ladies to basically give them to you, because it's normal and it's just like much better and you feel comfortable taking condoms off them. And it's not in a store where they'll have to, you know, say, you know, "Can I have a price check on such and such condoms," you know. (Terri, Street, Transgender)

Other participants valued the information they received from NZPC about bad clients, what to expect when they were new to the job as well as information on their rights.

I'm aware that we do have rights, and that's what NZPC helps a lot, 'cos if it wasn't for NZPC and the YCD ones, yeah, none of us would be here now, because, you know, if it wasn't for them being able to take time out of their own personal time, sit down, have a chat with us. They get a nurse around - we've got our own, you know, nurse that helps us with everything. Like makes sure we're clean, does our tests and everything, you know. If it wasn't for these people, we'd be all, we'd probably all be 6 feet under. (Joyce, Street and Private, Female)

I went in there (NZPC) before I started working, and they gave me a whole lot of information about what the, what my rights were. And yeah, so they sort of told me what was expected in the room and what wasn't. You know, what you're allowed to ask for more money was, or you know, for and that sort of thing. (Jenny, Managed, Female)

The 1999 survey of Christchurch female sex workers found that large numbers did not disclose their occupation to the GP (Plumridge and Abel, 2000a). The time period between 1999 and 2006 when the current survey was conducted, showed little change. The majority of survey participants reported having their own GP (see Table 10.6). However, only half of the participants who reported having a GP indicated that they told

him/her that they were sex workers. Street-based workers were the most likely sector to report their occupation to their GPs with managed workers the least likely. Some of the participants in in-depth interviews said they informed their doctor of their occupation. They ensured that by disclosing this information that they were seen as being responsible and getting comprehensive check-ups.

I'm totally open with health professionals. It's like I'm speaking with you, they can ask me something and I'm totally honest with them. You know, what's the point in going to a doctor if you're not going to be real with them. They can't possibly do anything for you if you're not honest, you know.
(Paul, Street, Male)

Because I'm quite an open talkative person, doctors and Family Planning, you think like they, they're not allowed to say anything, and it's better if they know, 'cos then they can help you out. Whereas if they don't know, they just think I'm just having sex with a boyfriend or, you know, or a couple of guys, and not knowing the full extent of it, and they don't, they can't understand me.
(Debbie, Managed, Female)

However, there were many participants who did not see the need to disclose their occupation to their doctor.

Obviously I haven't mentioned to them that I'm a sex worker. I don't really see the need. You know, it's not, it doesn't seem to be an issue.
(Lorraine, Private, Female)

I think because of my prescription, and I just think that maybe he would stop my prescription if he knew I was back out working. Yeah. He used to be my methadone doctor when I was on methadone. And then I've given him quite a bit of bullshit in the past, so, you know, I just, yeah, there's just some things your doctor doesn't need to know. (Joan, Street, Female)

The stigma attached to sex work prevented many from disclosing their occupation and this has implications for the sexual health of sex workers. Similar to informing family and partners about where they worked (see Chapter Eleven), there were fears of negative reactions, judgementalism and *"I think you'd be (.) labelled"* (Delia, Private, Female).

Yes, see, I think it just depends on the medical worker. Most medical workers who've been working for a certain amount of time, they are sweet with it, you know, 'cos they've heard everything, they've seen everything, and they don't mind. I find it's usually like religious nurses that I've come across and they're like, "Oh, oh, you do that, do you?" And I'm just, "Well fuck, you know, what do you want me to tell you? Yes, I do that, yes, I'm a very happy person, don't try to commit suicide on a weekly basis," you know. And it's usually the same stigma of it and it's just, it's a fucking joke, especially in this day and age, but you can't change some people.

(Vicky, Managed, Female)

Another concern for many participants was that their GP was not only their doctor but was also the family GP. If they did not disclose their occupation to their family, they perceived a danger in disclosing to somebody like a GP who had a relationship with their family. In some cases, the GP had known them since childhood and disclosing to him/her held risk for altering the relationship.

It's too close to home and the fact that my mum and my brother and myself and my daughters are all with the same doctor, I feel he sees us as this nice family unit, and I'm certainly not going to break it.

(Ann, Managed, Female)

Yeah, 'cos it's quite like changed now 'cos like some of them don't think it's really good for you to work when you've got children, 'cos they're thinking of the children, hey. I understand where they're coming from, like they're thinking more of the children. But as long as they know that the children's been taken care of, you know, and the reason why you're doing it is to survive, you know, and you're a solo mother, then it's, you know, it should be pretty much all right. But no.

(Toni, Street, Female)

For many participants, stigma was behind their unwillingness to disclose their occupation to health professionals. It was also influential in whether they disclosed to family and friends. Stigma will be explored in more depth in the following chapter.

10.4 Conclusion

The participants in this study identified that working in the sex industry does pose risks to sexual health especially given the fact that condoms are not fail-proof and some clients do make attempts to circumvent their use. Clients do continue to try to negotiate not using a condom with sex workers, even though it is clearly stated in the PRA that they (as well as sex workers) have to ensure that protection is used in all commercial sexual contacts. Sex workers have to be skilled and draw on many resources to ensure their sexual health. All of the participants in this study argued that they felt confident in their ability to manage this situation and with the passing of the PRA, the backing of the law increased their ability to ensure safe sex.

Although it has been widely reported that street-based sex workers are less likely to report always using condoms with clients (eg: May and Hunter, 2006; Plumridge and Abel, 2001; Pyett and Warr, 1999; Vanwesenbeeck, 2001), in this study's in-depth interviews, participants from all sectors gave consistent accounts of their control in determining condom use. Indeed, this may be because in presenting a version of themselves to the interviewer, they gave accounts of their actions tailored to suit what would be seen as acceptable (Goffman, 1959; Simic and Rhodes, 2009). If they disclosed a discreditable action, it could cast doubt in the interviewer's mind about other areas of activity (Goffman, 1959). They all provided descriptions of good hygienic practices whilst working to counteract prevailing public discourses of sex workers as dirty and disease-ridden.

The majority of participants emphasised themselves as responsible in regularly attending a health service provider to have sexual health check-ups. However, the stigma which continues to be attached to sex work meant that many did not disclose to that provider that they were working in the sex industry. Although many argued that the rights that they now had under the PRA had given them some legitimacy and respectability, perceptions of stigmatisation meant that they were uneasy about disclosing their

occupation because of the possible repercussions which could impact on their emotional health.

As Simic and Rhodes (2009:4) assert, sex workers have to “juggl(e) competing risks” to protect themselves from physical harm, threats to their sexual health as well as emotional harm. Having examined the risks of violence and risk to sexual health in this and the previous chapter, the following (and last of the findings’ chapters) examines stigma in greater detail and its relationship to sex workers’ emotional health.

CHAPTER 11: SEPARATING 'THAT PERSON' FROM 'ME'

11.1 Introduction

This chapter addresses the final research question posed in this thesis by looking at sex workers' perceptions of their emotional health in a decriminalised environment. The stigma associated with sex work poses a risk to the emotional and mental health of those who work in this industry. This is also a risk which is least amenable to change through legislative measures. Survey participants in this study were asked about their perceptions of their mental health and findings were compared to the general population of New Zealand. They perceived lower levels of mental health than that reported by the general population and discussed, in in-depth interviews, how the shift nature of the work and the stigma associated with working in the sex industry contributed to experiences of burn-out and stress.

In this chapter I critically discuss stigma as theorised by Goffman (1990) and provide new ways of thinking about his concepts of felt, courtesy and enacted stigma. Participants in this study constructed different roles or identities within the public and the private spheres which allowed them to distance themselves to protect against the emotional risks of their jobs. They articulated separating private and public roles and thereby managing emotional risks through establishing mental boundaries between work and private relationships, maintaining a professional image and for some, using drugs. The heterogeneous nature of the sex industry means that some participants were more able to maintain the separation of public and private roles and manage the emotional risks of their job than others.

11.2 Perceptions of health

In qualitative interviews, participants generally reported that they enjoyed good health overall but many identified the emotional and mental strains of working in the sex industry. In Chapter Eight, I discussed burn-out as one of the factors many participants in this study cited for taking a break from the industry. The shift nature of the work played a large part in the experience of stress and burn-out.

Like one of the big things for me that like made me really struggle with it was the length of the shifts. You know, that they make you work like 11 hour shifts. And it's, for me, like to lose a whole night's sleep like that, you know, like coming home at 7 or 8 in the morning, and then having a few hours sleep during the day, and then, you know, trying to catch up, you know, leave me like really, really tired for quite a few days after that. You know, and they never let you go home early. And not eating properly as well, and you know, having to like drink lots of coffee just to keep awake. And I think that really, really affected my health.

(Jenny, Managed, Female)

Inability to predict or control pace of work causes stress as well. A sex worker may wait all night and fail to attract a client. But in the time of waiting, there is no possibility of switching off as they have to remain vigilant.

I just get a bit stressed out when I don't get any work, you know. I just get a bit down in the dumps and that's where girls in an agency don't have that. They've got each other to talk to and, you know, I don't have anybody. I just, you know, well fall apart sometimes.

(Kate, Private, Female)

Burn-out is not unique to sex work and has been found in other occupations which involve shift-work. Several studies which have looked at nursing shortages have found that many nurses report emotional exhaustion and burn-out as a reason for leaving, or intending to leave, their profession (Aiken et al., 2001; Aiken et al., 2002; Finlayson et al., 2007). Some studies have sought to draw comparisons between the mental health of the sex worker population and the general population. In British Columbia, Canada, this differed considerably (Benoit and Millar, 2001). Around half of sex workers reported

depression compared to less than 6% of the general population. The authors reported that participants in their study attributed a large part of their poor mental health to the way sex work was depicted in society.

In Queensland, Australia, the SF-36 scale, which assesses self-rated perceptions of health, was used to assess sex workers' mental health (Prostitution Licensing Authority, 2004). They reported that (illegal) street-based workers experienced significantly poorer mental health than (legal) brothel and private workers. Sex workers overall experienced significantly poorer mental health than the general population. In contrast to these arguments of poorer mental health among sex workers, were findings from a small study of sex workers in two cities of New Zealand which reported that sex workers did not experience poorer physical or mental health, lower self-esteem or impaired social relationships compared to the participants from the general population who completed the Otago Women's Health Survey (Romans et al., 2001).

Survey participants in the research conducted for this thesis completed questions on general health, mental health and energy and vitality from the SF-36 scale. There was little difference in perceptions of health in all three areas between street-based, managed and private workers, although private workers were slightly more likely than street-based workers to perceive higher levels of general health (see Table 11.1). This difference was significant with 95% confidence intervals not overlapping⁶³. Comparisons of crude rates were made between male and female workers in this study and the general population of New Zealand using data collected in the New Zealand Health Survey (Public Health Intelligence, 2004). This survey also made use of the SF-36 scale which made comparisons possible. With regards to general health and energy and vitality, there were no significant differences between either males or females in the sex worker survey and the general population (see Table 11.2). There were significant differences however, in

⁶³ The reporting of perceived general health, energy and vitality and mental health is presented with confidence intervals instead of standard errors for this analysis. As comparisons were being made with data reported for the general population (Public Health Intelligence, 2004), which utilised 95% CIs, the same procedures were adopted in this study.

perceptions of mental health, with both males and females in this study reporting lower perceived levels of mental health than the general population.

Table 11.1: Self rated perceptions of health by sector[†]

	Total Mean (95%CI)	Street Workers Mean (95%CI)	Managed Workers Mean (95%CI)	Private Workers Mean (95%CI)
General Health (N=743)	74.5 (72.7-76.4)	69.2 (65.5-72.9)	74.4 (72.1-76.6)	77.2 (73.2-81.1)
Mental Health (N=742)	72.6 (71.0-74.1)	69.5 (66.4-72.6)	73.0 (70.9-75.0)	73.3 (70.1-76.5)
Energy and Vitality (N=744)	64.0 (62.5-65.6)	60.7 (57.3-64.1)	64.2 (62.1-66.2)	65.4 (62.3-68.5)

[†] Weighted estimates to account for variation in probability of selection and response.

Table 11.2: Self rated perceptions of health for sex worker and general populations by gender[†]

	Total Female Sex Workers Mean (95% CI)	General Population Females [‡] Mean (95% CI)	Total Male Sex Workers Mean (95% CI)	General Population Males [‡] Mean (95% CI)
General Health	74.3 (72.3-76.3)	75.4 (74.7-76.2)	75.5 (69.0-82.0)	75.6 (74.8-76.4)
Mental Health	72.3 (70.6-74.1)	82.1 (81.5-82.6)	74.8 (69.8-79.8)	84.6 (84.0-85.2)
Energy and Vitality	63.5 (61.8-65.3)	62.8 (62.1-63.4)	67.0 (62.3-71.7)	67.6 (66.8-68.5)

[†] Weighted estimates to account for variation in probability of selection and response.

[‡] Ministry of Health, 2004.

It was not possible to compare age-adjusted estimates directly as different age bands were collected across the two studies⁶⁴. Table 11.3 presents self-rated perceptions of health from the New Zealand Health Survey for the age groups they used in their analysis and Table 11.4 presents the data for this study. There is a discernible gradient in perceptions of mental health across age bands in the general population and the sex worker population, with self-rated mental health improving with age in both populations. Even though age bands do not align well, differences between the populations hold across age bands. Although differences between age bands amongst the sex worker population were

⁶⁴ When designing the questionnaire, there was discussion on the collection of age between researchers and NZPC research partners. Representatives from NZPC indicated that asking age would elicit some resistance from respondents, but asking in age categories would be more acceptable to them. As discussed in Chapter Six, when carrying out community-based participatory research, compromises need to be made at all stages of the research.

not significant, younger female sex workers perceived lower levels of mental health than older female sex workers.

Table 11.3: Self rated perceptions of health for the general population by age*

	15-24yrs	25-34yrs	35-44yrs	45-54yrs	55-64yrs	65-74yrs	75+yrs
Females							
General Health	71.6 (69.6-73.7)	77.1 (75.5-78.6)	78.9 (77.5-80.3)	77.2 (75.6-78.7)	74.8 (73-76.6)	72.0 (69.8-74.1)	71.4 (69.4-73.3)
Mental Health	78.2 (76.7-79.7)	81.7 (80.6-82.8)	81.7 (80.8-82.7)	83.0 (82-84.1)	84.0 (82.8-85.2)	84.0 (82.5-85.5)	85.1 (83.6-86.6)
Energy and Vitality	61.4 (59.5-63.3)	62.4 (60.8-63.9)	62.8 (61.4-64.2)	64.2 (62.5-65.8)	65.0 (63.2-66.9)	63.2 (61.1-65.3)	59.3 (56.9-61.6)
Males							
General Health	78.5 (76.6-80.4)	78.3 (76.7-79.9)	77.0 (75.3-78.7)	75.7 (73.8-77.7)	73.0 (70.6-75.3)	69.9 (67.2-72.5)	67.0 (64.1-69.9)
Mental Health	83.1 (81.5-84.7)	83.5 (82.2-84.7)	84.2 (83-85.5)	84.8 (83.6-85.9)	86.0 (84.6-87.4)	87.0 (85.3-88.7)	87.2 (85.3-89.1)
Energy and Vitality	70.5 (68.4-72.7)	67.6 (65.8-69.4)	68.0 (66.4-69.6)	67.4 (65.5-69.3)	67.6 (65.2-70)	66.5 (64-69)	59.9 (56.7-63.1)

* Ministry of Health, 2004.

Table 11.4: Self rated perceptions of health for the sex worker populations by age[†]

	<18yrs	18-21yrs	22-29yrs	30-45yrs	>45yrs
Females					
General Health	63.2 (52.3-74.1)	70.0 (66.4-73.7)	73.3 (69.6-77)	77.5 (74.1-80.8)	75.4 (67.6-83.2)
Mental Health	63.5 (53.8-73.2)	69.4 (65.4-73.4)	71.3 (68.1-74.6)	73.8 (71.1-76.4)	77.8 (72.6-83)
Energy and Vitality	41.3 (31.7-50.9)	64.0 (60.2-77.7)	62.2 (59-65.4)	64.4 (61.8-67)	67.8 (60.7-74.9)
Males					
General Health		71.8 (66.2-77.5)	71.0 (63.9-78)	75.6 (70.2-81)	89.0 (76.4-100)
Mental Health		74.4 (68.7-80.1)	70.3 (63.6-76.9)	71.8 (66.8-76.8)	83.5 (69.1-97.9)
Energy and Vitality		65.1 (59.2-71.1)	59.9 (52.5-67.2)	59.4 (54.3-64.5)	66.1 (44.1-88.1)

Some studies have found that older workers are more able to cope with their work and exhibit lower levels of emotional exhaustion than younger workers (Vanwesenbeeck, 2001). This appears to be supported by the findings of this study. The majority of younger workers in this study worked in the street sector and most were poorly educated and had poor family connections (see Chapters Seven and Eight). Although they articulated managing safe sex competently, they were exposed to greater risks in their work environment in the form of violence than participants in other sectors (see Chapter Nine).

It has been suggested that although the work environment and the shift nature of the work are important contributors to mental and emotional exhaustion, the stigma attached to sex work also has an important part to play in the mental health of sex workers (Day and Ward, 2007; McKeganey, 2006). Studies carried out looking at the stigma experienced by sex workers have suggested associations between stigma and mental health problems (Day and Ward, 2007; McKeganey, 2006), including increased levels of burn-out

(Vanwesenbeeck, 2005), post-traumatic stress disorder (Farley and Barkan, 1998; Valera et al., 2001) and depression (Benoit and Millar, 2001).

Stigma has been a common theme through all of the previous chapters discussing the findings of this study. In Chapter Eight, I discussed stigma as a factor sex workers had to deal with on exiting the industry. The stigma associated with having worked in the industry was a barrier to gaining work and acceptance in another occupation. In Chapter Nine, I discussed how the stigmatisation of sex workers placed them in the position of being seen as a “disposable population” which creates an environment where violence can flourish (Lowman, 2000). Stigmatisation meant that accessing police was impeded for fear of being named in media reporting of court proceedings. In Chapter Ten, stigma played a role in the accessing of health services and whether occupation was revealed to health professionals. With stigma featuring as a common thread through this study, it is important to enter into a more comprehensive examination of stigma and the impact this had on the health of the sex workers in this study. This chapter goes on to engage in a theoretical discussion of stigma and participants’ experiences.

11.3 Stigma

Experiences of stigmatisation prevail amongst sex workers, brought about through negative social reactions to their occupation (Vanwesenbeeck, 2001). Moral discourses place sex workers in the category of ‘deviant’, not conforming to the norms of society. It has been argued that sexuality is capable of causing moral panics because it is fundamental to the general population’s worldview (Sibley, 1995). Sex workers, and most especially female sex workers, do not conform to ideals of ‘normal’ sexuality with its accompanying presumptions of female passivity in the sexual domain. They are therefore, as Sibley (1995) has termed, ‘othered’ – different from ‘normal’ decent citizens, framed as ‘deviant’ and generally stereotyped as involved in drug use, gang activity, crime, spread of STIs and with threatening the moral fabric of society. Identifying norms and labelling difference, stereotyping and connecting the labelled to undesirable traits and separating them into ‘others’ – different from ‘us’ – are all part of

the process in which stigma is generated (Link and Phelan, 2006). This process has been used world-wide in attempts to exclude sex workers from society, leading to loss of status and the reproduction of inequalities (Link and Phelan, 2006). It is within this milieu that sex workers must justify their actions.

Goffman, in his seminal work on stigma dating back to the early 1960s, defined stigma as the fear that one may be disrespected because of one's actions, which then translates into insecurity in contacts with other people.

It can be assumed that a necessary condition for social life is the sharing of a single set of normative expectations by all participants Failure or success at maintaining such norms has a very direct effect on the psychological integrity of an individual" (1990:152).

If an individual fails to maintain norms, it has an impact on the defaulter's acceptability in social situations. Such difference or 'deviance' leads to feelings of shame which create a 'spoiled identity'; stigma being 'mapped' onto people resulting in their being devalued by society (Goffman, 1990). However in recent years, Goffman has been critiqued as providing an analysis of stigma which is too individualised and fails to account for the structural conditions which lead to the reproduction of inequality and exclusion (Link and Phelan, 2001; Parker and Aggleton, 2003; Riessman, 2000; Scambler, 2007; Scambler and Paoli, 2008). Parker and Aggleton (2003:15) proposed that Goffman's theorising suggests that stigma is a "static attribute" rather than a "constantly changing (and often resisted) social process". Scholars have argued that power and control are essential in the production of stigma (Bayer, 2008a; Link and Phelan, 2001; Link and Phelan, 2006; Parker and Aggleton, 2003). Within the hierarchical structure of society, those in positions of power have greater ability to dominate and impose stigma on those who are relatively powerless and already socially vulnerable, reinforcing inequalities (Bayer, 2008a; Parker and Aggleton, 2003; Phelan et al., 2008). Parker and Aggleton (2003:18) therefore argue that rather than thinking of stigma as happening in some "abstract

manner” as Goffman suggests, it is instead “part of complex struggles for power that lie at the heart of social life”.

Stigmatisation and discrimination are considered to be important contributors to health disparities (Stuber and Meyer, 2008). The link between stigmatisation and public health came to the fore in the context of the AIDS epidemic in the 1980s (Bayer, 2008a). Early interventions to try to prevent the spread of AIDS were ineffective, as a social-psychological or individualised perspective of stigma dominated over a social-structural perspective and its broader notions of power and domination (Bayer, 2008a; Parker and Aggleton, 2003). Moral judgements and hostility towards gay men, who were initially identified as most vulnerable to contracting AIDS, and also all people who contracted the disease, affected the choices people made as to whether they were tested for the disease, disclosed the disease to others or sought help for their physical, psychological and social needs (Herek and Glunt, 1988). The exercise of power and reinforcing of inequalities has very clear implications for public health. The discrimination identified by participants in this study had a direct impact on their broader determinants of health; most notably on their employment options outside the industry, their ability to both rent and purchase houses, their access of health and other essential services and for many, especially street-based workers, social networks, which were constricted and mostly comprised of other sex workers.

Sheila, like others, spoke of the discrimination that she thought she would experience if she was exposed as having worked in the sex industry and how this would limit her chances of gaining employment outside of the sex industry.

Mmm, and like I said before, because it's a society, that does sort of, could impact on my career choices in the corporate environment, and ironically shut me back into the world, you know, into the prostitutes' world, of which they, you know, they don't want you in there, but because they know you were there, you're kind of stuck there 'cos now they won't let you out. Which is really, really stupid, but it's the way it is.

(Sheila, Managed, Female)

Wendy spoke of how the body corporate who oversaw her apartment complex tried to evict her and threatened to call the police, even though she was legally permitted to work in the industry post-decriminalisation.

And because the apartments that I lived in, my landlady rang me up and said, you know, if I – she wasn't saying that I was - but if I was in prostitution, that you know, to stop because the whole complex was not happy about it.
(Wendy, Private, Female)

Many participants highlighted these and other forms of discrimination they endured as a consequence of being 'othered' by society. A rights-based approach to reducing stigmatisation and discrimination in which such practices would no longer be tolerated is argued as the only viable option (Parker and Aggleton, 2003), yet clearly the participants in this study continued to experience stigmatisation in a decriminalised environment. As Goffman (1990) provided the first insight into the concept of stigmatisation, it may be useful to critically examine this study's findings using the various types of stigma which he described. Felt stigma, he argued, is the negative image individuals' internalise as a result of their stigmatisation; courtesy stigma is the fear that others, by their association with the stigmatised individual, may then experience stigma by association; and enacted stigma is how information is managed to avoid public censure. These three types of stigma are placed within the context of participants' experiences as well as more recent arguments within the literature.

11.3.1 'Felt' stigma

The change to a decriminalised system in New Zealand did not bring with it social acceptance of sex workers by all in society. The participants in in-depth interviews recognised this and reluctantly accepted that possibly there would never be a time when they would be on an equal footing with workers in other occupations. They were cognisant of the fact that laws had little or no impact on social perceptions of their job:

Stigma's a very funny thing because it's actually only pushed along by about 5% of the population, but it's like this tarred and feathered thing. If you stand next to someone who smells, everybody else thinks you smell. So it's like people don't feel bad about going to escorts and they want to go to them, but they don't want to be seen as going to them because they think

that everybody thinks that it's bad. Yeah, and no laws can change stigma. No laws have the power to do that. The people have to change.
(Petal, Private, Female)

I usually have quite a positive feeling towards it (decriminalisation) 'cos I know what these girls are working for. But it's more when I bring it up with friends or family, who haven't worked, and they go, "I don't understand how those women can do that, and then think that they have rights." And, you know, people that just have no idea, who don't know that I work, trying to tell me what a horrible job it must be and how these women, you know, are all going to be dead before they hit 40 'cos they're all going to top themselves or whatever. And I just, you know, and like because it's a very hard topic of conversation to bring up with people. So I see it on the news and I think, "Oh fuck, good on them," and you know, I'm really glad for New Zealand that they're pressing their way forward with these issues and realising that, you know, human rights is an issue even if you are a prostitute. But it's still the general view of everyone that, you know, prostitutes should keep to the streets and, you know, out of the way of everyone else, 'cos they're embarrassing. (Vicky, Managed, Female)

Goffman (1990) suggested that stigmatised individuals internalised their negative image and feared being discriminated against on the grounds of their social unacceptability, a concept he termed 'felt stigma'. Felt stigma however, has been contested by other scholars who argue that Goffman neglected to explicate how individuals may resist stigmatisation (Anspach, 1979; Bayer, 2008a; Crocker and Major, 1989; Link and Phelan, 2001; Parker and Aggleton, 2003; Riessman, 2000; Scambler and Paoli, 2008). Scambler and Paoli (2008:1851) suggest that far from internalising shame and blame, stigmatised people often form positive strategies and tactics to avoid 'enacted stigma' (discussed later) without succumbing to 'felt stigma', something they term "project stigma".

Participants in this study accepted that they operated outside the norms of society and acknowledged that they were therefore stigmatised by society. But most participants did not internalise shame and were angry at the perceived injustice and contravention of their human rights to be able to choose and work within an industry without discrimination. Some, like Trish, would not accept the representations people had of her. She voiced her indignation at a local mayor who she perceived as implying that sex workers were

“dogs”, “pieces of shit” and “not human”, instead of “real people” who “deserve to be treated with respect”.

You know, you're just trying to make a living just like anyone else. But recently I have seen a news article, not news article, something on television where, you know, they were tying little ribbons on lines to support escorts that have been hurt or abused. And I think being able to actually put it out there and say that, you know, they're real women, these sex workers are actually real people, real women, and regardless of what job they do, they deserve to be treated with respect just like anyone else. So I really quite liked that option as well that's out there. Otherwise, and actually I was a bit disgusted. There was, oh the mayor of Manukau had an interview on the radio and was talking about, pretty much talking about how disgusted he was with prostitution in Manukau. How, you know, street hookers especially, even though he never referred to street hookers, he was talking, I think he was talking about how, you know, how dirty they are, because they leave their condoms all over the place. And the way that he was talking about them, like they were just dogs, you know, they were just pieces of shit, you know, they were not human, they're not a woman, they're not nothing. That outraged me, because, you know, I am an escort and I am educated, and I am a businesswoman, and I'm professional. And I have my good days and bad, but I'm not a piece of shit, and I'm not a dog, and I should not have to have some stranger make assumptions of other, certain people's actions as a collective idea of what we are or what we do or, yeah. So, you know, I mean there's the good and the bad, I guess. I mean there's always going to be people who support and the people who don't. So flinging shit's a natural thing really.
(Trish, Private, Female)

Resistance to stigma meant not internalising the stereotypical labels but speaking out against those who tried to stigmatise, turning their discourses around to lay blame on the stigmatiser (Riessman, 2000). Contrary to Goffman's depiction of 'felt stigma', shame was not internalised but redefined as ignorance (Buseh and Stevens, 2007).

Sex workers provide strong justifications for the importance of their role in society (Sanders, 2005d). The justifications they provide function as a counter to the stigmatisation they experience from their occupation. Many of the participants in this study turned what Riessman (2000:128) termed a 'flaw' into an 'attribute' by arguing that their role in society meant that there would be fewer violent attacks on other women. In addition, men who through disability, illness or personal characteristics had no other

outlet for their sexual needs were catered for in a caring way. It was also argued that many marriages remained intact when husbands used the services of a sex worker as opposed to finding a mistress.

Yeah, we're doing a service, we're doing, we're actually doing a service. We're keeping the rapists off the street, and the married men married, and the single guys from 18 years of maintenance. That's how I feel about it.

(Philippa, Private, Female)

It's not about me. It's about what's best for everyone. You know, if it makes someone, who has like a, like a disease, Parkinson's or a mental illness, feel free and able to come and see me, well then that's good. If a rapist or something like that can come and see me rather than commit that crime, that's good, yeah. If it's going to benefit other people with it being legal, I'm down with that, man.

(Wendy, Private, Female)

These participants presented thus, a benevolent discourse of being useful and productive members of society in opposition to the dominant public discourse of 'pariah' and 'moral deviant'. Goffman (1990:29) proposed that some stigmatised individuals may approach situations with 'hostile bravado' whilst others may vacillate between 'cowering and bravado'. Yet some participants in this study were vocal in their resistance to societal stigmatisation by articulating being open and unashamed about their occupation.

I mean I'm not, I'm not ashamed of being a sex worker. You know, I figure people either accept me for who I am or what I am or they can just go and get stuffed, because I like myself. I don't have a problem with myself. I have no self-confident issues or stuff like that. So I'm just, yeah, I don't care what people think of me. It's what I think of me that counts, yeah.

(Joan, Street, Female)

I think people will only stigmatise you if you stigmatise yourself. I mean I'm proud of what I do. I'm very good at what I do. I make a lot of money at what I do. And so why do I need to be ashamed of it? I'm one of the best people in New Zealand at my profession, so why should I be ashamed of it. Because if I was a lawyer, I'd be singing it from the rooftops. If I was a doctor, I'd be, you know, singing it from the rooftops, so why should I be any different. And so if I go into a pub and someone says, "Hi, (Cathy), how are you?" I go, "Hi, I'm good, thanks. How are you?" And if I run away and hide and go, "Don't look at me, don't look at me," and sit there like I'm all embarrassed about suddenly being seen out in public, then they're going to think, "Well she's really ashamed of what she does, so I'm going to treat

you like you should be ashamed of what you do. If you don't behave like you're ashamed of what you do, then people aren't going to treat you like you should be.
(Cathy, Managed, Female)

Although Cathy strongly asserted that she did not allow anyone to stigmatise her and that she was unashamed and open about her profession, she went on to describe how, under certain circumstances, she would not offer information about her occupation as a form of respect for her husband. In addition, she did not disclose out of respect for herself because she did not want to be "their entertainer".

But if, I mean if I'm just like, oh if it's a work dinner or something with my husband and we were all sitting there having dinner and someone said, "What do you do?" I'll just say, "Nothing." Because they really don't need to know. And I don't really feel like being anyone's entertainment at a work dinner. We're having a little drink and, "Oh guess what, we've got a hooker here." (Laugh) I won't be their entertainer. And then I kind of think it's quite disrespectful to my husband too. I mean he doesn't want to go to work and have all the guys go, "Oh so, your missus is a working girl." "So oh undo the trousers," you know. He doesn't – and I mean not that he would get that, 'cos he doesn't give away that persona either. But it's kind of, it's up to us to tell people, and how and when and who we tell is our business as well.
(Cathy, Managed, Female)

Although Cathy argued resistance to being personally stigmatised by society and was not ashamed of what she did, through concern for her husband, she was less forthcoming about her occupation in certain situations to protect him from stigma by association.

11.3.2 'Courtesy' stigma

Goffman (1990) proposed that stigma by association, or 'courtesy stigma', occurs when relatives, friends or associates are obliged to share some of the discredit of a stigmatised person. Being linked by some relationship to a sex worker may impact on that person's standing in society with accompanying negative consequences.

Karen worked in a brothel and also played an active role in the horse-riding club where her daughter had riding lessons. One of the members of the club had been drinking in town one night and on a dare from her friends, had come into the brothel and seen Karen.

Relationships within the club changed after that incident, with only a few members continuing to treat her with respect. But for Karen, her primary concern was how the club's knowledge of her occupation would impact on her daughter.

Karen: Yeah, recently probably, oh about 18 months ago, a friend's .. yeah, involved with horses and horse community and none of them knew what I did for a job. But all absolutely loved how I cared for my animals and you know, with the things and the feed and the gear that I had. And then unfortunately on an evening when people were going around town, on a dare one of the women toddled down the stairs and I opened the front window, and...

Interviewer: This is one of the people that are at your horse club?

Karen: Yeah, and she didn't even say hello. She just took off up the stairs screaming. And yeah, within the week everybody knew. It wasn't so much as awful for me, but the worry for my daughter of her finding out or being what's the word I'm looking for – discriminated against, because of what I did.

Karen: I still associate with– there's probably about 3 people (at the riding club) that I'm close to now, and they've openly admitted to me that had they known what I did before they'd met me, they would not have even bothered to get to know me. But they also hadn't even set foot in a massage parlour and they would not have known anything. They knew nothing, you know, very close-minded.

She did not stand up for herself at the club because:

I didn't want to rock the boat. I think I should have sort of stood up for myself a little bit more, but I didn't want to rock the boat for my daughter. If I hadn't have had her, I would have probably stood up and made a grand old speech. (Karen, Managed, Female)

The realisation that they were unlikely to be accepted and the likelihood that they would be judged and categorised as “whores” and “dirty” and that, by association, this would impact on not only them but those close to them, reinforced the bonds of secrecy amongst participants in this study.

Well put it this way, I know that if I was a prostitute and that got out, I'd get a name for myself straight away, “Oh she's a whore.” You know, “Because, well she fucks people all day.” Or you know, it's like, oh well I can see the way they look at it, because it's the way that I used to look at it. ... I mean this is maybe a big city, but I've lived here for two years and I know far too many people, and I know people that know other people that I know. And

it's still a small place. None of my friends know. .. it's something that I would love to be able to tell them, especially my close friends. If I didn't think that there'd be a repercussion off it, I mean a carry back. Yeah, but I can't, and not just for me, but if I leaked it out to someone and it got around, it would affect my friend as well and then she had nothing to do with it.
(Debbie, Managed, Female)

Because all sex workers in this study acknowledged that they were members of a stigmatised population, they were then faced with the dilemma of how to manage this and still present as credible individuals. It has been suggested that stigma is managed through controlling information (Goffman, 1990; McVerry and Lindop, 2005; Sanders, 2005c; Sanders, 2005d) and that this is an important tool for psychological survival (McKeganey, 2006; McVerry and Lindop, 2005). Sex workers have to carefully conceal their occupation from some people, while systematically exposing themselves to others, such as clients. When they have to keep their stigma secret, it impacts on intimate relationships with others and may lead to admission of occupation to the intimate or feelings of guilt for not doing so. The possibility of disclosure could potentially lead to personal and emotional loss and this risk can be seen as less controllable than all other risks that sex workers face (Sanders, 2004a). Sanders (2005c) describes her participants controlling information on a 'need-to-know basis'. This was similar to many participants in this study, who selectively chose who they would take into their confidence and who they would leave in ignorance.

But just the stigma that is attached to it nowadays, which I think is starting to go a little bit, 'cos most of my friends know, and they don't have an issue with it. But having said that, I wouldn't tell my mum, mainly cause she's of an older generation and I don't think she'd react to it in that way, rather than actually, you know, sitting down with me and talking about why I decided to do this and why I'm still doing it. She'd just go, "Oh my God," you know, and all the horror stories again that the media loves to pander is the first thing that's going to come into their mind.
(Sheila, Managed, Female)

As in other studies (Plumridge, 1999a; Pyett and Warr, 1997; Pyett and Warr, 1999; Vanwesenbeeck, 2001), fewer than half the survey participants in this study told family members and partners of their occupation (see Table 11.5). Street-based survey

participants were more likely than managed and private participants to report that they told others of their occupation. Transgender participants in particular were more likely to reveal their occupation to family members, close friends and health workers than either male or female participants (see Table 11.6). This may be because they were already members of a stigmatised population because of their gender identity and this ‘otherness’ was clearly evident.

Table 11.5: Sex workers’ confidants by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors (df=2)	
					χ^2	p
Who do you tell that you work in the sex industry (N=746)						
Any family member	46.0 (2.1)	63.6 (3.4)	40.3 (2.7)	47.5 (4.5)	48.9	<0.0001
Any close friend	72.4 (2.0)	84.5 (3.1)	67.9 (2.6)	74.4 (4.2)	28.7	<0.0001
Partner	46.8 (2.1)	50.5 (4.2)	46.0 (2.8)	46.5 (4.5)	9.7	0.05
Health workers	66.2 (2.1)	70.1 (3.6)	62.3 (2.7)	70.7 (4.2)	14.0	0.0009

[†] Weighted estimates to account for variation in probability of selection and response.

Table 11.2: Sex workers’ confidants by gender[†]

	Female workers % (s.e.)	Male workers % (s.e.)	Transgender workers % (s.e.)	Comparison across gender (df=2)	
				χ^2	p
Who do you tell that you work in the sex industry (N=746)					
Any family member	43.2 (2.4)	52.1 (7.2)	75.1 (5.1)	57.3	<0.0001
Any close friend	69.9 (2.3)	83.3 (5.4)	91.3 (3.1)	46.9	<0.0001
Partner	46.0 (2.4)	57.5 (7.2)	42.4 (6.0)	38.3	<0.0001
Health workers	63.7 (2.3)	77.1 (6.1)	84.3 (3.9)	39.4	<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

In in-depth interviews, the majority of participants of all genders and all sectors described careful concealment of their occupation. The participants who were in private relationships had to make the decision on whether to disclose their occupation to their partners or keep it a secret. Regardless of the choice they made, they had to contend with the emotional consequences of this decision. Some participants elected to keep their

occupation secret because they were scared that the disclosure would result in the end of the relationship.

I don't want to lose him. I mean I've known him for that long, but I've got feelings for him. Yeah, we just started recently going out about two weeks ago. But saying anything, it's so, so not funny. It's a drag. But that's okay, I don't mind, good things take time, I say. (Sandy, Street, Female)

Sally knew that the knowledge that she was working on the street would be distressing for her partner

I care about him heaps and that, but in that time I've had to lie to him about working. I'd be like coming out every now and then with my ex-girlfriend's first cousin, that's (Vera). Like come out with her if I need money. It's like I love him, but I'm not in love with him, and I care about him, and I don't want to hurt him, and I want – we've been trying for a baby. That's what like really hits me emotionally for the last 7 months and it just hasn't happened. (Sally, Street, Female)

Other participants were more open with their partners but they worried about the psychological hurt they were inflicting on their partners by working. Vicky had conflicting emotions with regard to sex work. She maintained that she was proud of what she did when speaking about it with friends who knew of her occupation but in the presence of her partner, who was also aware that she was a sex worker, she had to change demeanour and not talk about it in positive terms in order to protect him.

Yeah, it's hard, it's hard to explain. I'm very proud of what I do, and I'm proud of how I handle myself, and I'm proud of what I've done in regard with other girls in teaching other girls to not be ashamed of what they are or to stick up for themselves, because it's always what I've done. But in the same regards it's like I'm not openly happy about the fact that I work with my partner, because he would be upset about it. You know, so with certain people I don't talk about it, but with my girlfriends, who know or girlfriends, who work, you know, it's like we're free and open about it. And we'll talk about it in public, you know, in a café, and you know, if anyone hears and looks at us like, "Huh," then we just look at them going, "Well why are you eavesdropping?" (Vicky, Managed, Female)

There is no guarantee of complete anonymity regarding social identity as there is always the chance that someone (a client) may greet the sex worker in a social situation, leading to the possibility of disclosure (Goffman, 1990). Sometimes somebody from the private life enters the domain of the working life, as had happened to Karen when an acquaintance from the horse riding club saw her at work. Alternatively sex workers may be in the realm of the private life when they meet a client from the working life. Most often a pact of secrecy is entered into as both stand to lose from any disclosure (Sanders, 2005d). In the smaller cities, ensuring anonymity is even more difficult. The possibility of meeting a client in a social situation is higher than for those living in larger cities. To avoid situations where she would need to confront stigma, Mandy often terminated social evenings early when she spotted a client.

I find it probably more in a social situation if I'm at the pub. I do freak out a bit because it's a small town. I think, mmm, 'cos I see a lot of my clients around. Like I'd be out just having a few beers sitting outside a sharp club in the smoking part. So I'd be sitting there and it would be like 4 clients may walk past and I'm like, "Oh, I hope," 'cos I think, "Ooh." And I actually end up going home early 'cos I think, "Ooh, after a few, you know, a bit of alcohol, are they going to start, are they going to start, you know – 'cos they're with guys - are they going to start mouthing off, 'Oh yeah, she's a....' 'Oh yeah, I've, done her.'" It does worry me a little bit because I'm yeah, it's just that it worries me a little bit 'cos I don't want my friends to be embarrassed. I don't want to be embarrassed, or I just think I don't want people to get the wrong impression of me. (Mandy, Private, Female)

In addition to 'felt' and 'courtesy' stigma, there is also the risk that disclosure as a sex worker could bring with it repercussions, a concept termed 'enacted' stigma.

11.3.3 'Enacted' stigma

Sex workers fall into what Goffman (1990) has described as a 'discreditable' group not a 'discredited' group, the difference being that their stigma is not obviously apparent⁶⁵. He therefore argues that the issue is not about managing tension through social contacts with

⁶⁵ Goffman argues that people with observable characteristics, such as physical or mental disabilities, comprise members of a 'discredited' group. Their difference is clearly evident and in social contacts the issue for such people is to manage tension generated because of their 'failing'.

'normals', but about managing the information of their 'failing'. He described 'enacted stigma' as a fear of being subject to abuse because of not conforming to societal norms. The possible reaction of others to the revealing of their occupation was always a concern to participants in this study and governed whether this information was divulged or not.

Jenny, a young woman in her mid-twenties, who was a university student and mother, epitomised society's ideal of 'normal'. However, she was aware that her occupation was seen as a 'failing' and having to admit her 'inferior status' as sex worker raised risks of discrediting herself and incurring discrimination. She therefore chose to conceal her 'failing' in dealings with certain people.

So after, yeah, after I'd been talking to this woman about everything, that I was studying at university, and that I was a parent, and you know, all the things I was involved in, I just felt like it was too hard for me to say that I was a sex worker, because I just felt like it was going to discredit everything, you know, all the other wonderful things that I was doing in my life. And you know, you always have that fear that they're going to feel sorry for you and, you know, I don't want to be felt sorry for. Yeah.

(Jenny, Managed, Female)

Being judged and providing for the amusement of others was not something Jack relished, which meant he too went to efforts to conceal his occupation. Yet conversely, he maintained that he was not ashamed of what he did for a living.

I have a few friends that know that I work. But once again I also have - the majority of people, because people do make a moral judgment, I tend not to tell people. I tend to keep it pretty much to myself. But I'm not ashamed of it. If people find out, they find out and I'll acknowledge it. But it is the reaction that you get from people, and I don't want to be somebody's - what's the word I'm looking for? - I don't want to be somebody's entertainment during a party, because you know, "(Jack) is a hooker." So you know, it's cool if they're genuinely interested, but not for their own amuse, I don't want to be somebody's amusement.

(Jack, Private, Male)

Shame is experienced when people perceive that they are different and do not possess the attributes of the 'normal' (Goffman, 1990; Sanders, 2005d). They feel guilt and shame, not because they are causing harm to anyone but because they believe that the behaviour

is wrong (Sanders, 2005d). Virginia talked of not being accepted by “normal people” and in so doing implied that she herself was abnormal. She expressed fear of being judged and exposed to shame.

Personally I'd rather people not know, just because I think a lot of people, who aren't in the industry, just don't understand. And I was like that before I, before I was working as well. They look at it as grotty and as dirty and as, mmm, this whole bad thing. It's not as accepted, I guess, you know, by normal people out there and all that kind of stuff. So I think that's why I choose not to tell people is because they judge, immediately judge when they don't know about it, yeah.
(Virginia, Managed, Female)

Danni knew that her occupation would not be accepted in her private life. She came from a strict upbringing and was embedded within the local Indian community. She expressed fear of expulsion from both the family and community should her occupation be revealed.

Oh yeah, I would probably be totally ostracised. I'd probably be killed by my parents if they knew. ... You know, that's why I don't see any Indians. I keep away from the, I keep away from the Indian community, you know, just cause it's such a small community, that, you know, it's not worth the risk.
(Danni, Private, Female)

Participants in this study did acknowledge that they fell outside of the norms of society, but most provided discourses of active resistance to their stigmatisation. Although few internalised shame, most were concerned to protect family and friends from consequences of their actions (courtesy stigma) and feared reprisals in the form of abuse and being judged by others through exposure of their occupation (enacted stigma). Goffman (1990:84) suggested that “(t)he stigma and the effort to conceal it or remedy it become ‘fixed’ as part of personal identity”. Yet Scambler (2007) argues that people construct multiple selves and in the case of sex workers, stigma is only confined to one set of identities. In his study, he found that the sex workers he met:

were and were not in the trade, so the felt stigma they experienced was and was not at the core of their self identities. They were able to sign in and out

of petit narratives with a degree of equanimity (Scambler, 2007:1091 - original emphasis).

But leading a double life and managing double lives is stressful with adverse consequences for wellbeing (Sanders, 2006a; Scambler, 2007; Vanwesenbeeck, 2001). Emotional consequences of the discovery of their occupation prevails amongst sex workers (Sanders, 2004a; Sanders, 2005d). The double life that they endured through keeping their work and their private life separate was an emotional stress to most of the participants interviewed in this study. They identified that this posed a risk to their mental and physical health and required the adoption of different roles. This is examined in the following section.

11.4 Sex work as performance

*All the world's a stage,
And all the men and women merely players:
They have their exits and their entrances;
And one man in his time plays many parts,
(William Shakespeare: As You Like It, 1600)*

Jaques, in his monologue from As You Like It, compared the world to a stage and people to actors. Jaques went on to conceptualise seven stages of life, from infancy to senility, as different roles people had to play. What Jaques stopped short of however, was to muse on how within each stage of life itself, a person plays a number of different roles, each played for a specific audience and requiring a different performance.

It has been argued that people present themselves in multiple ways, defined by context with constantly shifting boundaries (Kondo, 1990). Whilst Kondo suggests that people are “decentered, multiple selves, whose lives are shot through with contradictions and creative tensions” (Kondo, 1990:224), Goffman (1959) proposes that people actively construct preferred ways of being viewed by others and convey these through verbal and

performative cues. His argument is that people switch between roles when changing settings unconsciously, convinced that the reality that they are presenting is 'real' (Goffman, 1959). However, when one of the roles a person plays is antithetical to societal values and carries with it a stigma, it may not be as easy to switch unconsciously between roles.

11.4.1 *Constructing a public and private role*

Studies have highlighted the different roles sex workers adopt within the public and private environments (Browne and Minichiello, 1995; Day, 2007; Day and Ward, 2007; McKeganey, 2006; McVerry and Lindop, 2005; Warr and Pyett, 1999). While in the public environment, the sex worker takes on the role of 'other' but in the private realm, most sex workers actively construct an identity of 'normality' that fits the accredited values of society (Goffman, 1959).

Day (2007:43) described sex workers in her study as articulating "two bodies that lay inside and outside the person, oriented to different activities and relationships, endowed with distinctive attributes and values". Similar to Day's (2007) findings, participants in this study sometimes spoke of themselves as two different people. Some participants talked of their public role using their working name, emphasising like Sally, that this was a "totally different person" from the person presenting in the private domain.

*The person I turn into (at work), I'm a totally different person. I'm not me.
I'm different, I'm (Sally), I'm a different woman. (Sally, Street, Female)*

Sheila accomplished throwing the switch between roles through the use of routine. Routine acts in one setting were distinctly different from those used in the other setting, which enabled her to accomplish the change in persona from "that person" to "me".

And I definitely have my little routine at work that before I go into work, I have my little routine. So, you know, I set up to go to the personality of that person, and then when I get home I have my little routine to wind down. I don't think it's too dissimilar from a lot of other jobs. You know, people will come home, they'll put their bag down, they might take off their shoes and change out of their work clothes, have a glass of wine. It's that sort of shifting from work to home mentally. (Sheila, Managed, Female)

In constructing a public identity, sex workers most frequently take on a working name and a fictitious background (McKeganey, 2006; McVerry and Lindop, 2005; Sanders, 2005c). This provides some form of protection for their family life but also acts as a prop in acting their role and maintaining a barrier between public and private identities (Sanders, 2005c; Sanders, 2005d).

Wherever an occupation carries with it a change in name, recorded or not, one can be sure that an important breach is involved between the individual and his (sic) old world (Goffman, 1990:76).

In Sanders' (2005a; 2005c) study, all participants used pseudonyms but for some there came a time where identities started to merge which caused some anxiety. It has been argued that attempts to construct a boundary between private and public life can sometimes create difficulties in reconciling the two (Hubbard, 2002b) and that inevitably sex work becomes the entire life (Brewis and Linstead, 2000a). This may apply to the most vulnerable of sex workers as found in this study but for the majority there were strategies used to distance self from role as sex worker.

11.4.2 Separation of self from public role

Hochschild (1983) argued that people are able to effectively separate self from the role they play at work. Some occupations require individuals to display emotions which may conflict with internal feelings. People working in such occupations have been referred to as engaged in 'emotional labour' (Hochschild, 1979; Hochschild, 1983). The management of emotions can be viewed as a dramatic performance in which individuals' behaviour is understood as either 'surface acting' or 'deep acting'. Surface acting requires individuals to act in a way known to be false in an effort to delude others; to create a display or an illusion of self. Emotional *expressions* are regulated in surface acting. In deep acting, individuals make use of remembered emotions to provide a convincing performance, where pretending is unnecessary. In other words, it involves a transformation of feelings and a need to disassociate from self.

Some researchers have drawn on Hochschild's concepts of deep and surface acting to examine emotional labour amongst sex workers (Brewis and Linstead, 2000a; Browne and Minichiello, 1995; Plumridge, 1999b; Sanders, 2005c; Sanders, 2005d; Shaver, 1994; Vanwesenbeeck, 2005). Plumridge (1999b), in her unpublished report, states that arguably for sex workers, the threats and risks to selfhood are greater than for any other worker engaged in emotional labour. In using Hochschild's (1983) argument that those engaged in emotional labour have to deal with managing the estrangement between self and feeling, and self and display, Plumridge argues that sex workers have to face the challenge of deep acting, using and transmuting private experiences for use in the work environment, and yet maintain a sense of selfhood outside of the job. They have to maintain a sense of honour in work where the potential for disrespect and dishonour is greater than in any other form of emotional labour.

Many professions require individuals to take on a role in which they distance themselves emotionally from their work (Vanwesenbeeck, 2001). In caring professions (eg: nurses, doctors, social workers), professional distancing is used as emotional protection (Grandey, 2000; Shaver, 1994; Vanwesenbeeck, 2001). Such professions require workers to distance themselves from the bodies and the private lives of their clients (Shaver, 1994).

Some participants in this study recognised the parallels with other occupations which required professional distancing. Sheila acknowledged that it took a special type of person to achieve this:

I mean there is a few mental boundaries that you need to put up because you are so close physically to a person. And that doesn't happen too much in other jobs apart from say nursing, or maybe working as a mortician, you know. And I'm sure those people, you know, nurses get attached to their patients, and it is especially I'd say working with children can be extremely difficult. So they would also need to put up their mental boundaries and say, "Look, this is work. You know, I'm going to have to, this kid's screaming in pain, but I still need to inject whatever it is into them because that's your job."
(Sheila, Managed, Female)

The ability to construct identity is dependent on specific circumstances, including the biography of the individual and the location of work (Brewis and Linstead, 2000a; Sanders, 2005c). Multiple identities, or different selves, can be more easily sustained if “role and audience segregation are well managed” (Goffman, 1990:81). Trish described the challenge of sustaining a separation of her role as sex worker from her other roles as she saw clients privately in her own home. There was no longer the clear demarcation of the different ‘stage’ or setting on which to assume the role of sex worker. She spoke of the difficulties she had in preventing the merging of identities.

I guess when you're working in a normal job, you know, you're performing for someone else. You are doing a particular job where you get to keep some of yourself away from the work. And I think in the industry, in the sex industry, as much as can close a part of yourself down and you create maybe an alter ego or alternative sort of person, I think that there is so much more emotional and psychological connections that sex work can get to that in employment can't. You know what I...Yes, I can, I can go to work and have a good day and be said, “You've done a good job,” and, “Have you done this, have you done that?” and I can go home and then be myself as well. But a sex worker, I found doing privately, especially if there's a, if these clients are coming into my home, it's very, very hard to decipher between your working name and you, apart from just... I mean just your name, you know, like I found that me and (Trish) were different. But because of what we do, because of the intimacy, and because of the connection, and because of the touching, because of the yeah, that sometimes we blend. Where at work I can be different, and in a normal job I can be a certain role. I can be a manager or something, and then I come home and then I'm me. It's very hard to, I think that's one of the challenges, to be able to separate without losing yourself completely.

(Trish, Private, Female)

As Sanders (2005a) and Brewis and Linstead (2000a) argue, location plays a part in how successful sex workers are in maintaining a separation of roles. For some private workers this may be more difficult because the act of going to another location could provide the impetus for the mental switch between roles. In this study, most managed and private workers emphasised the compartmentalised nature of their work and argued the multifaceted nature of their lives. They actively constructed a private self which included

“normal” activities. For these participants, the role of sex worker was seen as separate from their other roles which included being a partner, friend, parent, student and child.

I enjoy dancing and I enjoy traveling, and the night work has definitely aided my traveling. It's been lots of fun. Keeping fit and healthy is definitely a very big thing in my life, and my potato salad. So, you know, go to the gym at least 3 or 4 times a week, and my yoga practice, Pilates practice, my dancing, and my boyfriend, just you know, normal every day things, trying to relax when I can. So yeah, just normal things, I guess. Reading, love reading.
(Sheila, Managed, Female)

I play darts. I have my friends. At the moment I'm going back to the gym and things like that, so I make sure there's some other things in my life other than sex. I get out of the house. Something I've learnt, 'cos when I first started at a place, it's the one I had a lady working with me. But when I was by myself for about a year, I found I used to get so stagnated and I was doing nothing, putting a lot of weight on, being miserable, that I had to get out. And so you have to. You can not just do this job 24/7, it's just not worth your health. So yes, I play, I play my darts, I have friends, I go out and I sometimes go to the pictures. I go round to see people for coffee and things like that.
(Liz, Private and Managed, Female)

Male street-based workers are possibly more adept at maintaining a distinction between their private and public roles than female street-based workers. Paul provided an account of the numerous “normal” social events he took part in in his private life but also noted that sometimes his roles did merge when he met another man in the realm of his private life who ended up in the realm of the public life.

Music's hugely important to me. So much of my spare time at home is spent on the piano. I just love it, absolutely love it, and I sing. And away from work, I also like to have like a social life with neighbours and stuff. Like I do have my mates that I've developed where I live, you know, and we do get together and take the table and chairs outside on the deck, and you know, have a few drinks and sort of chips and dips and things like that. You know, just have a normal social occasion, so to speak, you know. I love swimming. Absolutely love swimming. I love gymnastics, but because of the skeletal stuff, I had to give that up. I love dancing, although I'm over night-clubs, absolutely over night-clubs. I love hitch-hiking through the country. It's amazing who you can meet hitch-hiking, it really is. I've had some awesome adventures hitch-hiking. I've met a couple of clients hitch-hiking. I pretty

well love everything. I love life. You know, I'm so lucky to be alive and I'm so pleased to be alive, you know, and I just think life's fabulous.

(Paul, Street, Male)

However, maintaining a separation of public and private roles was problematic for street-based workers who were working to fund their drug use. They had no ability to craft an identity which did not include drugs and sex work. Joan found the interviewers' questioning about other aspects of her life that were important to her extremely difficult to answer.

Joan: That's a hard question because I don't do anything else. I think a hard question. No, it really is a hard question because I don't do anything. I mean I have no goals. Well the only goal I have at the moment is detox, because I mean I'm just, I'm ready to do that now, you know, but I don't do anything. I mean I just laze around at home, and so, yeah. That's a very hard, that's one of the hardest questions you've asked me.

Interviewer: So do you see your life as, you know, do you see yourself, what do you see yourself as? What, what do you - you see yourself as a sex worker, you see yourself - what else do you see yourself as? What do you say you are?

Joan: Oh shit, I don't know. I mean even that's a hard question because I mean, yeah, I see myself as a person that has a drug problem, and I come out to work to support it, and I don't want to do that any more. But yeah, I don't know, even that's a hard question.

Interviewer: So okay then, so when you go into detox soon, next year, whenever you want to do that, what do you hope to see yourself as?

Joan: I hope to see myself as a person that can wake up, and this is what I've been dreaming of is to wake up on a hot summer's morning and get up out of bed and not rely on one pill to make myself feel better, you know.

Interviewer: Cool, that's a cool goal. So you do have goals.

Joan: Yeah, I do, and I mean and not to work. And I mean if I do work, I mean all my money would be going in the bank. You know, it wouldn't be just going on drugs. I mean I want to, I want to be clean. I mean I don't want to - you know, it's only in the last 4 months that I've been seeing my mother and I don't want to be where she is at 51.

(Joan, Street, Female)

Others provided similar accounts.

My life is really just sex work, because all I do is go to work, get my drugs and I'm well, sleep during the day, and then get ready, go to work again. It's the same shit every day. (Sarah, Street, Female)

Radical feminists argue that separation of self from the sex worker role is inherently damaging and creates a false sense of control:

There are not separate parts of a self that can be taken as separate from the self. Some body parts, some physical acts cannot be relegated for sale while others are protected. Yet that is what is done and is why and how violation to the self occurs. When the self is segmented, which it cannot be, it is separated and its parts are used as separate fragments. Separation of the self is distortion and produces dehumanization (Barry, 1995:32).

Yet it is disputable whether separation of self from role (distancing) is damaging or whether it is in fact an effective strategy to manage emotions. Opposing arguments have been made conceptualising sex work as role play and distancing self from role as less an act of denial than a valuable strategy or tool for managing emotional risk (Chapkis, 1997; McVerry and Lindop, 2005; Sanders, 2005a; Sanders, 2005d). Chapkis (1997) argues that the danger lies not in the separation of self from role but in identifying too closely with the role. Most participants in this study were able to achieve this separation. The conceptualisation of themselves as providing a performance in their work life, is a psychological safeguard to provide a strict separation of home and work life (McVerry and Lindop, 2005).

11.5 Maintaining a psychological distance

It has been suggested that to adequately manage emotions, a psychological distance needs to be maintained from the commercial sexual encounter (Brewis and Linstead, 2000a). Participants in this study articulated managing the emotional risk of identifying too closely with their public role through various distancing strategies: distinguishing

between public and private relationships, maintaining a professional image and for some, making use of substances.

11.5.1 *Public and private relationships*

Some sex workers cannot conceive of having a relationship whilst working as they articulate feelings of guilt that they would be selling to strangers what should be reserved for their partner. This is used as a strategy to manage the emotional risks of their job (Plumridge, 1999a; Sanders, 2004a; Sanders, 2005d). But for those who do choose to enter relationships in their private lives, there is a need to strategise to effectively manage the emotions involved in maintaining a distinction between sexual intercourse within their dual roles. Some female sex workers only engage in sex with other females in their private life, ensuring that sex with men (clients) belongs only to the public role and does not intrude into private identity (Brewis and Linstead, 2000a). A few of the female participants in this study identified with this strategy.

'Cos my partner is predominantly a lesbian, and I'm choosing to live that lifestyle.
(Trish, Private, Female)

Several studies have reported that although sex workers use condoms consistently in their commercial sexual transactions, they are less likely to use them in their private relationships (Albert et al., 1998; Benoit and Millar, 2001; Cusick, 1998; Cwikel et al., 2003; Davies and Feldman, 1997; Davis, 1997; Nemoto et al., 2004; Pauw and Brener, 2003; Plant, 1997; Pyett and Warr, 1997; Ward et al., 1999). Similar to other studies (Pyett and Warr, 1997; Sanders, 2004a; Sanders, 2005d), the participants in this study who engaged in private relationships attached separate meanings to sex at work and sex at home. Condoms carry strong associations with work and have been conceptualised as symbolising a barrier between self and client (Benoit and Millar, 2001; Pyett and Warr, 1997; Sanders, 2005d; Warr and Pyett, 1999). The condom demarcates public from private sex with the underlying meaning that the 'true self' is not shared (Browne and Minichiello, 1995). Likewise, participants in this study saw sex with partners as different from sex with clients, with the condom seen as the symbol which differentiated the two.

It's not hard to pull a condom out your pocket and put it on, whether you're in a car or wherever, you know, if you're working. If it's your partner then that's different, but if you're working there's no excuse for not using a condom.

(Kara, Managed, Female)

I knew girls that regardless will always use dental dams, condoms with clients, but at home, because they associate condoms with work, they refuse to use condoms with partners. You know, whether you personally agree with that or not, it's their way of dealing with work and home.

(Vicky, Managed, Female)

There is a substantial literature that suggests that women in general find the carrying of condoms a threat to sexual identity as there is the perception that this indicates sexual availability and promiscuity, leading to labels such as 'slut' and 'slag' (Abel and Fitzgerald, 2006; Coleman and Ingham, 1999; Lear, 1997; Lees, 1993; Thomson and Holland, 1998; Warr and Pyett, 1999). Warr and Pyett (1999) argue that sex workers already incur disrespect because of their occupation and therefore not using condoms in private relationships may be an attempt to regain some respectability. Whereas sex workers provide accounts of being in control of the sexual transaction in their commercial sex encounters, they enact more passive roles in their private sexual encounters. Toni did not have a regular partner but had casual sex in her private life with people she met socially. She provided an account of being meticulous in ensuring safe sex at work but would not consider using protection in her casual sexual encounters.

Toni: Oh I haven't used any protection when yeah, as I said, you know, it's been quite different to actually go out and meet someone like that than what it is out on the street. 'Cos out on the street it's more professional, and out, when you're going out with your friends and that and you actually meet somebody, it's different. Yeah, it's heaps different.

Interviewer: Are they strangers, you know, like if you meet someone, are they strangers?

Toni: Yeah. But I have chosen not to wear one with them because yeah. Yeah, I just yeah, it's just different, yeah, than what it would be to not use them out working. 'Cos I'm thinking, oh I'm thinking now, but I've always just felt like that, hey. But I've never ever caught any transmissions, you know, any infections or anything like that when I've had unprotected sex like that like when I've gone out and I've met someone. The last time I met somebody, I fell pregnant, so really I should actually just use protection regardless, you know, if I'm out on

the street or else if I'm out partying and I meet somebody. Yes. 'Cos you could either catch an infection, 'cos, you know, there's always something, hey, or else you'll fall pregnant. Yeah, but at least I know that I would have fell pregnant to someone that I'd met than I would out on the street. You know, it would be more, I would say it's been more hurtful for people to know that. Like I think it's better that you pick someone up from the pub or something, 'cos that's more traditional, you know, than what you would out on the street and to be and to get pregnant to a client. Oh no, I could not have that. I would feel much more better if it was someone that I had met like at a pub or something like that.

Interviewer: So have you caught anything ever from a client?

Toni: Well I've caught, I mean I've caught, I've always used protection out there, always. I've never ever in my entire life when I've worked, have not used any protection, and that's with sex, blow-jobs, and hand-jobs. I even wear them when they, when I give them hand-jobs, and I'll wear a glove, 'cos I'm quite a clean person, so yeah. And as I've said, you know, you don't know what you're going to pick up. I mean especially out there, and that's how I feel that it's different than when you pick somebody up at a pub. You know, you feel a good thing with them, you know, yeah, than what you would out there.
(Toni, Street, Female)

It has been suggested that the risk posed to emotional health by sex work is managed by consistently applying meanings to the sex act and the condom is an essential tool for creating emotional distance (Sanders, 2002). Toni spoke of sex as being “different” in her casual encounters and the possibility that she could get pregnant as a result (which had happened previously) was far more favourable than if she conceived to a client. Emotionally she separated the two different types of encounter. Although in both cases she had no knowledge of the man, because one encounter was not commercial, it was preferable and held more legitimacy than the work-based encounter.

11.5.2 Maintaining a professional image

Not only did sex workers in this study provide accounts of a clear distinction between sex in their private relationships and sex in commercial transactions, they also maintained a professional image by not providing certain services and demarcating items which were private and those which were work related. Sheila would not share the same towels with clients, despite the fact that they had been laundered.

And always note which is my towel and which is theirs. They have the white ones, I have the green one.
(Sheila, Managed, Female)

Private workers discussed how they would often make a clear distinction in their home between what was work-related and what was reserved only for private use. Caroline would not use the same bed or linen with clients as she did when her home was not being used for commercial purposes.

Yeah, 'cos I wouldn't want people on my bed 'cos that's like my bed. It's gross, and like my friend uses hers 'cos she's only got a one-bedroom place, uses her room. And like you know, all her nice blankets and shit, you know, and them coming in and into her lounge. It's like, "Don't think so."
(Caroline, Private, Female)

Table 11.7: Sexual services provided by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
Vaginal sex (N=754)	88.2 (1.3)	69.6 (3.7)	97.4 (0.9)	80.9 (3.1)	$\chi^2 = 212.6$; df=2; p<0.0001
Hand jobs (N=766)	96.6 (0.7)	93.0 (2.0)	97.8 (0.8)	96.0 (1.5)	$\chi^2 = 18.3$; df=2; p<0.0001
Anal sex (N=747)	29.3 (1.9)	48.9 (4.1)	19.9 (2.2)	35.9 (4.2)	$\chi^2 = 108.2$; df=2; p<0.0001
Kissing (N=741)	40.0 (2.2)	37.8 (4.1)	37.2 (2.7)	45.3 (4.5)	$\chi^2 = 11.0$; df=2; p=0.004
Blow jobs/oral (N=766)	94.4 (1.0)	96.4 (1.6)	93.9 (1.3)	94.3 (2.2)	$\chi^2 = 2.2$; df=2; p=0.3
Going down (N=741)	60.8 (2.1)	48.9 (4.2)	61.1 (2.7)	65.5 (4.3)	$\chi^2 = 21.6$; df=2; p<0.0001
Bi-doubles (N=750)	55.9 (2.1)	47.0 (4.1)	62.0 (2.7)	50.0 (4.5)	$\chi^2 = 32.4$; df=2; p<0.0001
Parties/orgies/group sex (N=730)	24.9 (1.9)	22.1 (3.9)	28.4 (2.5)	20.7 (3.6)	$\chi^2 = 12.5$; df=2; p=0.002

[†] Weighted estimates to account for variation in probability of selection and response.

Table 11.8: Sexual services provided by gender[†]

	Female % (s.e.)	Male % (s.e.)	Transgender % (s.e.)	Comparison across gender
Vaginal sex (N=754)	97.4 (0.8)	36.6 (7.5)	15.4 (4.6)	$\chi^2 = 1046.6$; df=2; p<0.0001
Hand jobs (N=766)	97.2 (0.8)	97.9 (2.1)	85.4 (4.2)	$\chi^2 = 53.9$; df=2; p<0.0001
Anal sex (N=747)	20.2 (1.9)	77.1 (6.1)	83.7 (4.3)	$\chi^2 = 488.6$; df=2; p<0.0001
Kissing (N=741)	39.5 (2.4)	42.6 (7.2)	42.3 (6.0)	$\chi^2 = 1.0$; df=2; p=0.6
Blow jobs/oral (N=766)	93.7 (1.2)	97.9 (2.1)	99.2 (0.8)	$\chi^2 = 15.2$; df=2; p=0.0005
Going down (N=741)	59.7 (2.3)	79.1 (6.2)	52.0 (6.1)	$\chi^2 = 30.8$; df=2; p<0.0001
Bi-doubles (N=750)	56.4 (2.4)	68.1 (6.8)	32.6 (5.6)	$\chi^2 = 42.8$; df=2; p<0.0001
Parties/orgies/group sex (N=730)	22.9 (2.0)	48.9 (7.3)	17.4 (4.7)	$\chi^2 = 67.6$; df=2; p<0.0001

[†] Weighted estimates to account for variation in probability of selection and response.

Research has highlighted how sex workers create body exclusion zones by placing restrictions on what services they will provide (Sanders, 2005d). They articulate clear boundaries as to what is available for purchase and what is not (Sanders, 2004a; Sanders, 2005d). There were significant differences between sectors with regards to what services survey participants in this study were willing to provide (see Table 11.7). Some of these differences may be confounded by gender as more male and transgender workers are represented in the street-based sector than in the managed and the private sector. For instance, anal sex was significantly more likely to be reported as a provided service by street-based workers than managed or private workers. However, an analysis of gender differences showed that over three-quarters of male participants and 83.7% of transgender participants provided this service compared to only a fifth of female participants (see Table 11.8). The finding that transgender sex workers are more likely to provide receptive anal sex than non-transgender is supported by the findings of other studies (Vanwesenbeeck, 2001). Males in this study were more likely to report allowing clients to give them oral sex (going down) than female and transgender participants and were also most likely to provide a bi-double service and participate in group sex. Almost all females reported that they offered vaginal sex, oral sex on the client and hand jobs. More personal services like allowing the client to perform oral sex on them (going down) and kissing were reported by fewer participants. Kissing is seldom offered as it is associated with genuine feelings developed in private relationships (Brewis and Linstead, 2000a). Similar accounts were provided by female participants in the in-depth interviews.

I think you do need to differentiate between the job and what you have in your private life with your own special partner, friend, lover, whatever, because they are different, not only because of the feelings involved, but also because of the safe sex aspect. Like I would never kiss a client, never let him go down on me. Whereas with my lover, that's not an issue.
(Sheila, Managed, Female)

Most female participants refused to provide anal sex.

"I don't want to fuck up the arse." Yeah, I have made it, that's mine, I only do what I want, and I'm like that on the phone, "I'm sorry, mate, I only do what I want."
(Maureen, Private, Female)

Paul, a male street-based worker, would provide anal sex although he did not wish to. Economic imperatives were behind his decision to offer this service.

Oh I've been sodomized a couple of times, and it's really not my buzz at all. I went through with it but wasn't happy with it, but needed the money.
(Paul, Street, Male)

Economic incentives may prompt some sex workers to provide a service to clients which they would not ordinarily provide. However, in this study there were few participants like Paul who reported being prepared to compromise their rules on services.

11.5.3 Substance use

It has been argued that for some sex workers, strategies to manage their emotions are not totally effective and they resort to drugs and alcohol to cope (Brewis and Linstead, 2000a; Sanders, 2005d). Work roles may be separated from private roles through the use of substances to create a personality change and distance oneself from reality (Brewis and Linstead, 2000a; Day, 2007).

In this study, there were differences among sex workers in the use of drugs before or during work time. While in total, 60.4% of survey participants reported that they never took drugs whilst working, there were differences between sectors (see Table 11.9) and gender (see Table 11.10). Street-based participants were more likely than managed and private workers to report drug use while working – only a quarter reported not using drugs compared to around two-thirds of participants in other sectors. Male and transgender participants were more likely than female participants to work and use drugs concurrently.

Table 11.9: Substance use by sector[†]

	Total % (s.e.)	Street Workers % (s.e.)	Managed Indoor % (s.e.)	Private Indoor % (s.e.)	Comparison across sectors
How often taken drugs before or during work in previous 2 weeks; (N=764)					
Never	60.5 (2.0)	24.0 (3.3)	66.6 (2.6)	67.0 (4.0)	$\chi^2 = 279.8$ df = 8 p<0.0001
Rarely	10.8 (1.3)	10.0 (2.2)	10.3 (1.6)	12.1 (2.8)	
Sometimes	14.9 (1.4)	30.6 (3.9)	12.7 (1.8)	11.5 (2.6)	
Most times	9.1 (1.1)	21.4 (3.5)	7.3 (1.4)	6.4 (1.7)	
Every time	4.7 (0.8)	14.0 (2.8)	3.1 (0.9)	3.0 (1.2)	
When drugs have been taken before or during work: what is the reason: (N=342)					
It helps you get through work	24.6 (2.5)	30.8 (4.2)	26.8 (4.1)	14.5 (4.3)	$\chi^2 = 55.9$ df = 10 p<0.0001
You like the feeling	24.7 (2.8)	23.7 (4.1)	20.3 (3.8)	33.5 (6.9)	
It's part of your social life	21.3 (2.6)	16.0 (3.6)	26.1 (4.1)	18.6 (5.6)	
To socialise with the client	10.1 (2.0)	11.8 (3.7)	5.2 (2.1)	16.6 (5.1)	
To stay awake through the night	9.4 (1.8)	8.4 (2.8)	13.0 (3.1)	4.5 (2.4)	
Other	9.9 (1.9)	9.4 (2.8)	8.6 (2.6)	12.4 (4.5)	

[†] Weighted estimates to account for variation in probability of selection and response.

Table 11.10: Substance use by gender[†]

	Female workers % (s.e.)	Male workers % (s.e.)	Transgender workers % (s.e.)	Comparison across gender
How often taken drugs before or during work in previous 2 weeks: (N=764)				
Never	66.6 (2.1)	23.4 (6.2)	28.3 (5.3)	$\chi^2 = 292.6$ df = 8 p<0.0001
Rarely	9.9 (1.4)	12.8 (4.9)	21.1 (5.1)	
Sometimes	12.9 (1.5)	27.7 (6.5)	25.6 (5.0)	
Most times	6.1 (0.9)	31.9 (6.8)	18.0 (4.2)	
Every time	4.5 (0.8)	4.3 (3.0)	7.0 (2.8)	
When drugs have been taken before or during work: what is the reason: (N=342)				
It helps you get through work	25.4 (3.1)	19.4 (6.6)	27.2 (5.6)	$\chi^2 = 74.0$ df = 10 p<0.0001
You like the feeling	23.7 (3.4)	27.8 (7.5)	26.8 (5.8)	
It's part of your social life	24.1 (3.2)	13.9 (5.8)	14.2 (4.9)	
To socialise with the client	5.0 (1.8)	25.0 (7.2)	20.8 (6.6)	
To stay awake through the night	10.6 (2.2)	5.6 (3.8)	7.7 (3.7)	
Other	11.2 (2.3)	8.3 (4.6)	3.4 (2.0)	

[†] Weighted estimates to account for variation in probability of selection and response.

Sex workers who work out of indoor venues may be less likely to use drugs because of management restrictions (Plant, 1997; Sanders, 2006a). Perhaps, as Sanders (2005c) claims, the emotion-management strategies sex workers use are most effective for women who have entered sex work in the face of an array of other possibilities, but have freely chosen sex work as their career option. As discussed in Chapter Eight, street-based workers on the whole did not have the array of alternative choices of occupation that many managed and private workers had available. Many had existing drug use at the time of entry into sex work and started sex work to fund their drug use. It has been argued that demographic characteristics such as being young, unmarried, poorly educated and from working class backgrounds are factors which are associated with alcohol and illicit drug use and these are characteristics also associated with most street-based workers (Plant, 1997).

There were some street-based workers who spoke of the cycle of having to work to pay for their drugs in order to numb their emotions to work.

Toni: Yeah, as I said, some of the girls, you know, actually all of them, I would say, prefer to be out of it. The simple reason is because, you know, you feel more relaxed and it's 'cos of what you're doing for a job. I mean yeah.

Interviewer: Do you go out there straight sometimes?

Toni: Sometimes I have and like it sucks because I'm thinking, you know, "I really want to have something, but like I've got to get the money first to actually get something." (Toni, Street, Female)

Interviews with Christchurch sex workers in the study done prior to decriminalisation, revealed that street-based workers had few strategies other than the use of drugs as a way of emotionally managing their work (Plumridge, 1999b). The use of drugs to provide a psychological distancing is more common amongst street-based workers than indoor workers and it can compromise the ability to effectively negotiate safe sex with the client (Brewis and Linstead, 2000a; Pyett and Warr, 1997; Sanders, 2007b). Cusick (1998) however, reported that none in her study admitted to not using condoms due to loss of control through substance use. There were mixed reports about the use of drugs whilst

working in this study. Joyce maintained that she did not drink or take drugs whilst working to maintain control of the work environment.

Yeah, so like the way, I don't, because I don't do any drugs, I don't drink while I work, I like to be completely straight. So I, I myself can be in control of everything, so I know if anything bad does happen, I can do something about it. So it's just how you - like everyone goes through a bad time with working, everyone does, so you've got to be able to handle it.
(Joyce, Street and Private, Female)

Table 11.11: Drug types by sector[†]

	Total % (s.e.) N=640	Street Workers % (s.e.) N=162	Managed Indoor % (s.e.) N=320	Private Indoor % (s.e.) N=158	Comparison across sectors
I don't use drugs	60.3 (2.2)	29.0 (4.0)	65.1 (2.8)	64.9 (4.3)	$\chi^2 = 113.4$; df =2; p<0.0001
Drugs taken whilst working during the previous 2 weeks (for those who do use drugs whilst working):	Total % (s.e.) N=299	Street Workers % (s.e.) N=113	Managed Indoor % (s.e.) N=118	Private Indoor % (s.e.) N=68	Comparison across sectors
Party pills / Herbals / BZP (N=434)	33.0 (3.0)	37.5 (5.0)	33.6 (4.4)	28.1 (6.3)	$\chi^2 = 3.7$; df =2; p=0.2
P / Amphetamines / Speed / Ritalin (N=353)	50.9 (3.1)	58.0 (4.9)	47.0 (4.5)	51.1 (6.6)	$\chi^2 = 5.9$; df =2; p=0.05
Morphine / Methadone / Other opiates / Homebake (N=334)	12.0 (1.9)	17.2 (3.6)	10.6 (3.0)	9.8 (3.6)	$\chi^2 = 6.9$; df =2; p=0.03
Marijuana (N=353)	77.0 (2.6)	79.1 (4.0)	75.8 (3.8)	77.1 (5.9)	$\chi^2 = 0.7$; df =2; p=0.7
Glue / Inhalants (N=336)	5.8 (1.5)	13.1 (3.8)	1.0 (1.0)	7.3 (3.2)	$\chi^2 = 29.3$; df =2; p<0.0001
Ecstasy (N=342)	16.4 (2.3)	14.7 (3.7)	15.2 (3.2)	20.0 (5.3)	$\chi^2 = 2.7$; df =2; p=0.3
Hallucinogens (N=336)	8.3 (1.7)	7.2 (2.8)	8.3 (2.5)	9.3 (3.7)	$\chi^2 = 0.6$; df =2; p=0.8
Benzodiazepams (N=334)	10.2 (1.7)	13.2 (2.7)	6.3 (2.1)	14.2 (4.4)	$\chi^2 = 13.3$; df =2; p=0.001

[†] Weighted estimates to account for variation in probability of selection and response.

Survey participants reported the predominant reasons for using drugs whilst working were to help get them through work, because they liked the feeling and it was part of their social life (see Table 11.9). Over three-quarters of the participants who reported using drugs smoked marijuana (see Table 11.11). The next most prevalent set of drugs was amphetamines, including P, speed and Ritalin. Party pills, herbals and BZP were used by around a third of drug-using participants. Mandy talked of using an array of drugs to block out what she was doing.

Yeah, well I used to take a lot of drugs to do the job. So I mean, when I think about it now, how it's quite horrendous. But a lot of the time I was going through with these men, I actually can't remember, because I was so... There was a big pill scene in Christchurch - you know, barbiturate scene, downers, moggies and valium. Anything to block out basically what you were doing. And then the alcohol on top. (Mandy, Private, Female)

Managed workers in particular talked of the use of party pills to cope with the long shifts and having to stay awake for an extended period of time. They did not see themselves as 'drug addicts', it was merely an aid used in much the same way as others used caffeine.

Speed, I enjoyed it. I always I used to call that 'mother's little helper.' Because when you're working nights and you have a pre-schooler, it was a lot easier to do everything. But it wasn't used to get wasted. It was, "I'll have that and then I'll be up and we'll be fine and I'll get everything done and I'll get the housework done." "I'll get the lawns done, I'll get this done and this done and get the shopping done and then I'll pick her up from school and then I'll come home and I'll go to sleep." So it wasn't used as you know, as an addict, you know, craving. You know, like I said I got it for 'mother's little helper'. (Karen, Managed, Female)

But I use party pills if I, you know, if I'm working days and all of a sudden I have to do 2 nights. I can't physically sleep during the day, so I'll try, you know, I'll even take sleeping pills. But at night to keep me awake, I'll use caffeine pill or I use party pill, you know. Does that mean that I'm using drugs? Or some girls just drink ridiculous amounts of coffee to the same effect. Some illegal substances are always going to be there, but they're definitely not encouraged, and girls that are caught with it are fired or fined. (Vicky, Managed, Female)

Many street-based workers in this study utilised drugs as a strategy to numb their emotions and perform the role of sex worker. As discussed in this chapter, they were also less able than their indoor counterparts to maintain the separation of their public and private identities and for many, sex work (and drugs) became their entire life and they could not define themselves as anything other than 'sex worker'. Although a few managed and private workers did utilise drugs whilst working, they did this for a different purpose. The long shifts required them to stay awake for extended times and

although drugs were sometimes used to do this, they did not require the drugs to manage their emotions. The other strategies they had at their disposal were more relevant.

11.6 Conclusion

Although there were no differences in self-rated perceptions of general health and energy and vitality between survey participants in this study and the general population, sex workers' perceptions of their mental health were significantly lower than that of the general population. Burn-out due to the shift-nature of their work could account for some of this difference, but the stigma attached to their occupation was regarded by most participants in the in-depth interviews as being detrimental to their emotional health. Participants in all sectors were cognisant of the fact that they were a stigmatised population and thus regarded by society as 'inferior', yet managed and private participants were better able to manage the emotional risks posed by their stigmatisation than street-based participants, through the adoption of various strategies.

Most participants provided accounts of managing stigma through controlling information about their occupation, being selective about whom they disclosed this information to. They constructed different roles within the public and private domains of their lives and most distanced themselves from the sex worker role they played. In referring to themselves in this role, they often spoke of 'that person' as being distinctly different from 'me'. They maintained this separation and managed emotional risk by constructing sex as different in the sex worker role as they used condoms and did not provide personal services. Unprotected sex and kissing and other intimate activities were reserved only for their private lives; for 'me'.

Some, predominantly female, street-based workers were unable to maintain this separation of roles. For these participants, substances were used in an attempt to distance themselves from the sex worker role. However, they described a cycle of drug-taking and work which left little space to separate the 'me' from the sex worker role and they could not construct an identity which did not include sex work.

Although separation of self from the sex worker role has been argued as being damaging (Barry, 1995), for the majority of participants in this study, it was an effective protective strategy. By disassociating themselves from that role and conceptualising it as a part they played, much as an actor in a theatre production, they could then construct a private role which fulfilled all the ideals and values held by mainstream society. In other words, they were then able to identify as 'normal'. In doing so they could actively resist the stigma attached to their occupation.

This chapter highlighted the ongoing issues of stigmatisation in sex work post-PRA. The following chapter brings the findings of this thesis together and draws conclusions as to whether decriminalisation has been an effective policy approach to minimising harm and increasing human rights in sex work.

CHAPTER 12: CONCLUSION

Sex work was decriminalised in New Zealand in 2003 when the Prostitution Reform Act (PRA) was passed in Parliament by a narrow margin of 60 votes to 59 with one abstention. Although one state in Australia (New South Wales) had previously decriminalised the sex industry, New Zealand was the first country to have gone down this route, placing it at the centre of international interest. The purposes of the PRA were underpinned by a harm minimisation and human rights approach. Human rights are denied to sex workers working under a criminalised regulatory system and this serves to place this population at risk of violence, exploitation and coercion (Scambler and Scambler, 1997a). It has been suggested that decriminalisation is the only way to minimise these risks (Pyett and Warr, 1999; Scambler and Scambler, 1997a; West, 2000). This thesis set out to explore whether decriminalisation of sex work in New Zealand had had the intended impact of minimising the harms associated with this industry and in this chapter I address all the research questions posed in Chapter One.

I took a community-based participatory approach to the research as it is understood that this approach is an ethical and inclusive one when doing research with the sex worker population (Beaglehole et al., 2004; Benoit et al., 2005; Brooks-Gordon, 2008; Lewis and Maticka-Tyndale, 2000a; Shaver, 2005). I worked in partnership with New Zealand Prostitutes' Collective (NZPC) through all stages of this mixed methods study, with their perspectives included in the development of the research questions and the development of both the questionnaire which was used to survey 772 sex workers and the in-depth interview guide which was used in face-to-face interviews with 58 sex workers. Peer interviewers were trained to collect data for both the qualitative and quantitative components of the study in Auckland, Wellington, Christchurch, Napier and Nelson. Estimations done of the size and shape of the sex industry in these areas enabled sampling of participants which reflected the diversity of the sex industry within each sample, with male, female and transgender, as well as street-based, private and managed

sector workers represented. This is a strength of this study as many other studies done worldwide tend to concentrate on a specific sector of the industry. In keeping with a participatory approach, I also provided NZPC with copies of my data analysis and their perspectives were incorporated in the writing up of this thesis. In the following section, I give an account of the relevance of the contribution of this thesis to public health in the field of sex work research.

12.1 Contribution of this thesis to public health research

As stated in Chapter One, this thesis is firmly located in public health but I have applied a sociological lens by placing the findings in the context of structural opportunities and constraints faced by sex workers (Giddens, 1986; Lin, 2002). As highlighted, the danger of doing research within the sex industry if taking a decontextualised individual behaviour approach, such as is taken in more traditional public health epidemiological research, is to perpetuate stereotypes and exacerbate the stigmatisation experienced by sex workers (Richmond and Germov, 2005). I therefore wanted to understand and explore how societal factors impacted on the risks associated with sex work and I have drawn to a certain extent on theories of social exclusion through looking at geographies of social exclusion (Hubbard, 1999; Sibley, 1995; Sibley, 1998) in exploring how sex workers experience stigma in society. To a much greater extent, I have explored the concept of stigma in this thesis (Anspach, 1979; Bayer, 2008a; Bayer, 2008b; Crocker and Major, 1989; Goffman, 1959; Goffman, 1990; Link and Phelan, 2001; Link and Phelan, 2006; Parker and Aggleton, 2003; Riessman, 2000; Scambler, 2007; Scambler and Paoli, 2008). Such theories have examined how some populations or individuals in society, such as sex workers, are 'othered', seen as deviant and demonised. Their presence in society often engenders moral panics and attempts are made to exclude them and in the case of sex work, punitive laws are used in attempts to control and restrict their activities (Hubbard, 2002b; O'Neill et al., 2008). I have also examined radical feminist theories of sex worker as victim, which denies sex workers' agency in working in the sex industry (Barry, 1995; Farley, 2004; Jeffreys, 1997; MacKinnon, 2001; Sullivan, 2007).

This theoretical position has also been influential in attempts to exclude sex workers from society, not through criminalising their activities but those of their clients.

A public health discourse is one of three discourses which underpin calls for decriminalisation of sex work; the others being a liberal feminist perspective and a sex workers' rights perspective. The public health philosophy of harm minimisation framed public policy on HIV/AIDS control in New Zealand, and the establishment of a needle and syringe exchange programme was a prime example of harm minimisation. New Zealand was one of the first countries to adopt this public health approach. It is argued that in addition to a harm minimisation approach to the sex industry, structural and political issues need to be taken into account. A human rights approach should be taken in conjunction with harm minimisation, which would require that sex work be decriminalised (Chan and Reidpath, 2003; Frieden et al., 2005; Scambler and Scambler, 1997c). Public health researchers worldwide have thus called for decriminalisation of sex work as a harm minimisation and human rights issue (Chan and Reidpath, 2003; Harcourt et al., 2005; Kinnell, 2008; Pyett and Warr, 1999).

Given that New Zealand is the first country to have decriminalised sex work and no evaluation has been done in New South Wales on the impact of decriminalisation on sex workers' overall health and wellbeing in that state, this thesis provides an extremely valuable addition to the extant literature on sex work. In theory, decriminalisation of sex work makes good sense if one is looking to minimise harm and enhance the human rights of sex workers. The lack of evidence to support this theory however, could be behind the reluctance in some countries to take such a step. Notwithstanding this, there are some other powerful discourses in society that counter the more pragmatic public health one. Radical feminist and moral discourses have been particularly successful in several countries in keeping decriminalisation off government agendas. Some of the evidence provided in this thesis may provide weight to counter some of those arguments. In examining whether decriminalisation of sex work in New Zealand can be regarded as a success in terms of harm minimisation, I have looked at the impact of the PRA on the

size and shape of the sex industry, the ability of sex workers to control both their environment and their safer sex negotiation and the influence on their emotional health.

12.2 Entry into sex work: structure or decriminalisation?

One area of interest in this thesis was to explore whether the PRA had had any impact on entry into sex work. Dire predictions by many that decriminalisation would bring a flood of people into the sex industry have not been realised. Although it cannot be claimed that decriminalisation will be experienced in the same way in other countries, decriminalisation of sex work in New Zealand has not created the unwanted and unintended consequence of increasing either the overall number of sex workers or the size of the street-based sector, as evidenced in Chapter Five. This is not surprising, as research done in many countries with different legislative systems regulating sex work indicates that people enter the sex industry primarily for economic reasons (Benoit and Millar, 2001; Browne and Minichiello, 1996a; Davies and Feldman, 1997; McKeganey, 2006; Perkins and Lovejoy, 2007; Plumridge and Abel, 2000a; Prostitution Licensing Authority, 2004; Svanstrom, 2006; Vanwesenbeeck, 2001; Ward and Day, 2006). This was also the case in New Zealand post-decriminalisation. As discussed in Chapter Eight, the over-riding motivation for entering sex work by those in all sectors, of all genders and of all ages was economics. This thesis reinforced the understanding of the heterogeneous and segmented nature of the sex industry. Although all participants reported financial reasons for entering sex work, there were different needs identified for this money which ranged from survival to the more mundane requirements for household expenses.

People under 18 years of age did work on the street prior to decriminalisation (Plumridge and Abel, 2000b) and there continues to be a portion of the street-based sector which includes underage workers. Many young people leave home without resources and despite the risk of homelessness, because they need to gain independence from their parents (Jones, 2002). Most do not have school-leaving certificates and therefore cannot obtain any alternative form of employment. There is also a shortage of emergency housing in New Zealand for young people who find their way onto the streets. There is

little in the way of government financial support for young people who are not at the age of majority (legal adulthood), yet are independent of their parents or caregivers.

Economic restructuring in New Zealand in the late 1980s and early 1990s saw the scrapping of financial support to all people under the age of majority, which in New Zealand is 18 years and young people who were living independently from their parents were forced to fend for themselves. More recent changes have seen the unemployment benefit offered to people 16-17 years of age only if they are living with a partner and children who they are supporting. The Independent Youth Benefit is available to 16-17 year old young people without children if they can prove they are unable to live with their parents. However, to be eligible for the \$158.65 (net)⁶⁶ per week, they must sign a contract to take part in activities such as education, training or preparing for work and be involved in this for between 30 and 40 hours per week. Yet another stumbling block is that many do not have any form of identification necessary to open a bank account, which is a prerequisite for obtaining the benefit. Such material and structural constraints are not recognised in New Zealand policy. This policy approach assumes that individuals are “able to negotiate and transcend obstacles in their path by exploiting opportunities, developing skills and managing risk” (Gillies, 2005). Some young people who are unable to overcome the bureaucratic obstacles resort to marginalised activities, such as commercial sex work as a survival strategy.

Transgender people enter the sex industry for economic as well as social and identity reasons. They find it difficult to obtain employment in mainstream occupations as they are frequently discriminated against because of their gender identity. They find acceptance in working with people similar to themselves, most frequently on the street where they can explore their sexuality as well as earn a living. Male sex workers in this study were more likely than transgender and female sex workers to enter sex work to obtain money to support their drug use. Female sex workers frequently are single parents and enter sex work to support their children and to pay household expenses. New Zealand is not unique in that single parent families are at the bottom end of the scale in earnings

⁶⁶ This rate was current as at 1 April 2009.

and overall assets (O'Neill, 1997; Scambler and Scambler, 1997a; Statistics New Zealand, 2007; Westmarland, 2006). The women in this study were able to provide a more comfortable lifestyle for their children with more money than they could earn in other occupations which required no qualifications and had more time available to spend with their children through more flexible working hours. Female, male and transgender sex workers all maintained that they entered the sex industry by choice. Economic hardship may have limited the choice for some, especially young people coming into sex work as a survival strategy, yet there were clearly many choices available to others. There is a sliding scale of choice on entry into sex work but all vehemently rejected the label of victim.

There has thus been little impact on the number of people entering sex work. Despite a change from a criminalised to a decriminalised system in New Zealand, the incentives to enter the industry remain unchanged. In any country, structural and personal factors like health, family, housing, welfare and labour policies play a more important role in the decision individuals make to enter sex work than its legal status (Abel and Fitzgerald, 2008).

12.3 The changing shape of the sectors of sex work

There appears to have been a shift to a burgeoning private sector under decriminalisation. As highlighted in Chapter Nine, there has been a trend in movement, from the managed sector in particular, to work in the private sector as police control over the ability of sex workers to advertise in local newspapers has come to an end. Prior to decriminalisation, private workers in many cities had to register with police before they were able to advertise which deterred many from working in this sector. With this deterrent removed, the attractions of working privately, which include not having to forego a portion of earnings to management and also being more flexible in the times and days of working, have overridden the perceived safety of the managed sector.

There have been some street-based workers who have indicated that they are also now advertising and working privately but most do this in addition to working on the street. Many street-based workers have to fund expensive drug habits and they are able to attract more clients on the streets, spend less time with them than they would in either a private or a managed setting and are then able to be back on the street available for another client. When they advertise privately, they can then attract different sorts of clients – ones that they would not have reached from the street. They could therefore maximise the amount of money earned. It would be idealistic to imagine that merely decriminalising or legalising sex work would mean that fewer people would operate from the streets. The streets are particularly attractive to a certain sub-group of people and they would elect to work in this sector whether it was illegal or not. However, in a criminalised setting they would have to operate in a more clandestine manner and thus would be subject to many of the dangers that decriminalisation aims to avoid.

In Manukau City, concerns were generated by the community about the perceived increase in the number of street workers in that area. In Chapter Five, I discussed how anecdotal accounts of this purported increase led to intense media coverage (Burt, 2006; New Zealand Press Association, 2005; The New Zealand Herald, 2005, 10 December). There was a concerted effort by the Manukau City Council to prohibit street-based sex work and in 2005, they developed the Manukau City Council (Control of Street Prostitution) Bill. The Local Government and Environment Committee advised that the Bill was contrary to the intentions of the PRA and would have a number of adverse effects. The Bill was voted down as a consequence. However, this issue re-emerges periodically and it is possible that sometime in the future there may be enough support to recriminalise street-based work, which would negate many of the gains made from decriminalisation.

It should be regarded as a positive outcome of the PRA that more sex workers are opting to work in the private sector where they are less vulnerable to exploitation by others. Yet some Territorial Authorities (TAs) in New Zealand have placed barriers in the path of many wishing to work in this sector through enacting bylaws to restrict them to a defined

area of the city. Hamilton and Upper Hutt have effectively recriminalised sex workers who work privately from their own homes through enforcing bylaws which restrict all sex work to the city centre. In general however, the courts have been successful in upholding the intentions of the PRA and restricting TAs from enacting bylaws which are not in line with the purposes of the Act.

12.4 Managing a decriminalised work environment

Another reason why movement to the private sector could be seen as a positive outcome of the PRA is that in the private environment, sex workers are arguably more able to personally control their environment. This could be viewed as a controversial statement given that the managed sector is seen as the safest sector because of the close proximity of management and other sex workers (Brents and Hausbeck, 2005; Perkins and Lovejoy, 2007; Pyett and Warr, 1997; Pyett and Warr, 1999; Sanders and Campbell, 2007). The illegality of sex work prior to 2003 allowed exploitative practices to flourish within the managed sector (Prostitution Law Review Committee, 2008). Safety in the managed sector has been enhanced through decriminalisation with sex workers now able to negotiate what they will provide for the client's money, reducing the likelihood of a client resorting to violence because of unmet expectations. Managed workers in this study also indicated that they were more able to refuse certain clients without repercussions from management. Therefore, decriminalisation has seen a minimisation of harm for many in the managed sector. However, not all brothels are operating on sound business practices and some continue to require bonds from sex workers despite the requirement under the PRA that this practice desist. Managed workers are aware of their employment rights but do not exercise these rights to their full extent. Risks to safety are seen as most pertinent to those continuing to work in the managed sector and this overrides monetary and autonomy advantages to working in the private sector.

Street-based workers are not prepared to make this trade-off and acknowledge that in doing so they are vulnerable to violence. However, the realisation of legal rights under decriminalisation has seen an improved relationship between most street-based workers

and the police which many perceived as having made this sector much safer. Police street patrols are welcomed in many areas as enhancing safety rather than in a criminalised environment where this would be seen as threat. However, many street-based workers do not report incidents to the police for fear that identity will be disclosed.

Risk to safety was seen as important in sex workers' overall conceptualisation of the risks attached to their occupation. They strategised, some more effectively than others, to manage this risk. Few managed and private sector workers reported any violence since the industry has been decriminalised and, although still acknowledged as being more vulnerable to violence, many street-based workers also reported that they have had no adverse experiences. However, from the passing of the PRA (2003) until August 2009, there have been three murders committed of street-based sex workers in Christchurch and a murder of a Thai private sex worker in Auckland. Some in New Zealand have claimed that the murders have shown that the PRA has failed to reduce violence in the sex industry. These claims lack justification however, as the realisation of employment and legal rights has given many sex workers confidence to avert or react to situations which hold the potential for violence. Decriminalisation cannot prevent murder and people working in sex work, in particular street-based work, continue to constitute a vulnerable population. Other occupational groups such as taxi drivers and security guards are also vulnerable to violence and so vulnerability cannot be argued as a case for criminalisation. Such arguments would be solely based on moral grounds which are transcended by the purposes of the PRA. What decriminalisation has provided for the sex worker population are human rights, which has enabled them to assume more responsibility for their own safety.

12.5 Taking control of safer sex negotiations

Decriminalisation has reinforced sex workers' ability to ensure safe sex. The PRA makes provisions under sections 8 and 9 for financial penalties to be applied for failure to use adequate protection to prevent the transmission of sexually transmitted infections (STIs). Section 9 was specifically aimed at sex workers and clients and NZPC initially opposed

this section as they were concerned that it might be implemented in much the same way as 100% condom use programmes promoted by UNAIDS (2000). Such programmes involve government informing brothels that sex workers have to use a condom with all clients and that sex workers need to be registered and attend STI clinics for regular sexual health check-ups where they receive a stamp in their book indicating that they do not have any STIs. Brothels are inspected and failure to comply with these regulations result in the brothel being closed down. It is argued that such programmes violate sex workers' human rights (Network of Sex Work Projects, 2003). Mandatory STI testing gives impetus to client demands for unsafe sex as it engenders perceptions that the sex worker is 'clean'. It is also difficult to police condom use in the room and it may lead to false claims made by clients against sex workers with the fear being that brothel owners and authorities may be more inclined to believe the client. Nevertheless, NZPC eventually acquiesced to the incorporation of section 9 into the PRA.

Section 9 of the PRA has not been implemented in line with 100% condom programmes. Sexual health check-ups are not mandatory yet most sex workers do report that they have regular check-ups. It would be beneficial to sex workers if they were able to make better use of NZPC for these checkups as many do not disclose their occupation to their GP, to whom they most frequently go to for their check-up. Sexual health check-ups done at NZPC would thus be more comprehensive as disclosure is not an issue. However, clinics are only held on NZPC premises in the three main cities and these clinics do not provide adequate consultation hours. The clinic at NZPC in Wellington opens for twice the length of time each week (six hours) as those in Auckland and Christchurch and has proportionally three times the number of sex workers accessing this service. If consultation hours were increased in all centres, it is likely that a greater proportion of sex workers would utilise this service.

Legal and occupational safety and health rights have reinforced the ability to ensure safe sex. The pamphlets produced by the Ministry of Health giving details of section 8 and 9 and the occupational safety and health guidelines produced by the Department of Labour have been powerful tools in the negotiation of safe sex, particularly in the managed

sector. These publications have removed the onus for safe sex from the sex worker and placed it firmly within the legal realm.

12.6 Emotional health

The emotional risks attached to sex work have not lessened to the extent as other risks in a decriminalised environment. Emotional risks, unlike risks of violence and health-related risks, are not left behind in the working environment but follow sex workers into the private realm, where they are vulnerable to having their public role exposed with sometimes dire consequences (Sanders, 2006a). Disclosure of occupation still remains an issue for sex workers post-decriminalisation. Many do not disclose to health professionals, family and friends and the fear of having their occupation disclosed prevents many from reporting adverse experiences to the police. They have to guard against disclosure in social settings where the possibility that they may meet a client could precipitate this. In work settings, there is always the possibility that someone from their social world could step into the work world. The strain of the double lives they lead is often detrimental to emotional health and indeed, the participants in this study reported lower levels of mental health compared to the general population.

The emotional risks posed by their work have to be constantly guarded against and the participants in this study did strategise to manage these risks through assigning different meanings to sex in their private and public lives, maintaining a professional image and for some, utilising substances. Poor education, drug use, lack of access to material resources and coercive relationships constrain some sex workers, rendering them more vulnerable to occupational risks (Sanders, 2005c). How sex workers see their future makes a difference to the constructions they present of themselves and the ability they have to be reflexive in their everyday lives (Brewis and Linstead, 2000b). In this study, as has been found elsewhere (Pyett and Warr, 1997), non-street-based workers were more engaged in community life than street-based workers. However, because occupation is not disclosed and is hidden from private life, it becomes easier to confine socialising to other workers, resulting in a world tightly circumscribed by the occupation (Brewis and

Linstead, 2000a). This was particularly evident amongst female street-based workers in this study, who, as discussed in Chapter Eight, had strong social networks with others on the street but little in the way of supportive networks outside of the industry.

Sex workers in New Zealand do recognise their increased rights under the PRA but in some cases, stigmatisation has impeded the achievement of their rights. Social perceptions are slow to change and it would possibly be many years before there is any perceptible change in the stigmatisation experienced by sex workers. The messages sex workers get from society, such as how they are presented in the media, how the requirements of the PRA are implemented and how their human and civil rights are attended to, will play a role in reinforcing or lessening their stigma.

The decisions individuals make about their health are constrained by their environmental and socioeconomic circumstances which leaves governments and communities with an obligation “to protect and improve the health of all their citizens ... based on the assumption that all lives are of equal worth” (Beaglehole et al., 2004:2084). Beaglehole et.al (2004:2086) argue that strengthening public health “on an explicit ethical basis and a sound evidence base” will aid in building democracy worldwide. The authors argue that global health challenges need to be responded to: collaboratively across sectors, using a multidisciplinary approach with an understanding of underlying determinants of health, by engaging politically in the development of public health policy and in partnership with the community. Beaglehole et. al’s argument is echoed in the quote from O’Neill (2001) presented at the beginning of Chapter One of this thesis. She suggested that any response to sex work should begin with the perspectives of those who work in this industry and all should take a collective responsibility in intervening through harm minimisation practices and policies. The PRA can be held up as an example of effective public health policy which was developed collaboratively, with NZPC engaging with organisations and politicians across the political and ideological spectrum. The public health philosophy of harm minimisation was always at the heart of regulatory change in New Zealand and the sex worker community ensured that human rights were also high on the agenda.

The findings from this thesis lend support to the argument that decriminalisation does minimise the harm associated with the sex industry. Sex workers in New Zealand now have greater control over their working environment and are able to utilise the law to more readily negotiate condom use. The sex industry has also not grown in size with a change to decriminalisation. In time, it is possible that there will also be an improvement in the emotional health of sex workers and this highlights the need for further research to explore whether stigma changes over time. The realisation of their human rights has enabled sex workers in New Zealand to claim legitimacy in an occupation often conceptualised as unlawful, immoral and unethical. In so doing, the PRA has facilitated the evolution of 'prostitution' into 'sex work' in New Zealand.

REFERENCES

- Prostitution Reform Act, 2003,
<http://www.legislation.govt.nz/act/public/2003/0028/latest/DLM197815.html>.
- Abel, G. and Fitzgerald, L. (2006), "'When you come to it you feel like a dork asking a guy to put a condom on': is sex education addressing young people's understandings of risk?' *Sex Education*, 6: 2, 105-119.
- Abel, G. and Fitzgerald, L. (2008), 'On a fast-track into adulthood: An exploration of transitions into adulthood for sex workers in New Zealand', *Journal of Youth Studies*, 11: 4, 361-376.
- Abel, G., Fitzgerald, L. and Brunton, C. (2007), 'The impact of the Prostitution Reform Act on the health and safety practices of sex workers: Report to the Prostitution Law Review Committee, Christchurch, University of Otago
<http://www.justice.govt.nz/policy-and-consultation/legislation/prostitution-law-review-committee/publications/impact-health-safety/prostitution-law-review-committee/?searchterm=prostitution> university otago.
- Abel, G., Fitzgerald, L. and Brunton, C. (2009), 'The impact of decriminalisation on the number of sex workers in New Zealand', *Journal of Social Policy*, 38: 3, 515-531.
- Abel, G., Fitzgerald, L., Healy, C. and Taylor, A. (eds.) (2010), *Taking the crime out of sex work: New Zealand sex workers' fight for decriminalisation*, Policy Press, Bristol.
- Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Busse, R., Clarke, H., Giovannetti, P., Hunt, J., Rafferty, A. and Shamian, J. (2001), 'Nurses' reports on hospital care in five countries', *Health Affairs*, 20: 3, 43-53.
- Aiken, L., Clarke, S., Sloane, D., Sochalski, J. and Silber, J. (2002), 'Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction', *JAMA*, 288: 16, 1987-1993.
- Alary, M., Worm, A. and Kvinesdal, B. (1994), 'Risk behaviours for HIV infection and STDs among female sex workers from Copenhagen', *International Journal of STD and AIDS*, 5, 365-367.
- Albert, A., Warner, D. and Hatcher, R. (1998), 'Facilitating condom use with clients during commercial sex in Nevada's legal brothels', *American Journal of Public Health*, 88: 4, 643-646.
- Alexander, P. (1997), 'Feminism, sex workers, and human rights', in Nagle, J. (ed.), *Whores and other feminists*, New York: Routledge.
- Alexander, P. (1999), 'Health Care for sex workers should go beyond STD care', *Research for Sex Work*, 2, 14-15.
- Allison, K. and Rootman, I. (1996), 'Scientific rigor and community participation in health promotion research: are they compatible?' *Health Promotion International*, 11: 4, 333-340.
- Altman, D. (2001), *Global sex*, Chicago: University of Chicago Press.

- Anspach, R. (1979), 'From stigma to identity politics: Political activism among the physically disabled and former mental patients', *Social Science and Medicine*, 13, 765-773.
- Arnot, A. (2002), 'Legalisation of the sex industry in the State of Victoria, Australia: The impact of prostitution law reform on the working and private lives of women in the legal Victorian sex industry', Department of Criminology, University of Melbourne
- Aronson, J. (1994), 'A pragmatic view of thematic analysis', *The Qualitative Report*, 2: 1.
- Attride-Stirling, J. (2001), 'Thematic networks: An analytic tool for qualitative research', *Qualitative Research*, 1: 3, 385-405.
- Auerswald, C. and Eyre, S. (2002), 'Youth homelessness in San Francisco: A life cycle approach', *Social Science and Medicine*, 54, 1497-1512.
- Barnard, M. (1993), 'Violence and vulnerability: conditions of work for streetworking prostitutes', *Sociology of Health and Illness*, 15: 5, 683-705.
- Barnett, T. (2000), Prostitution Reform Bill - First Reading Speech, 11 October 2000, http://www.labour.org.nz/labour_team/mps/mps/tim_barnett/Speeches/speech29/index.html.
- Barnett, T. (2003), Prostitution Reform Bill - Second Reading Speech, http://www.labour.org.nz/labour_team/mps/mps/tim_barnett/Speeches/speech18/index.html.
- Barnett, T., Healy, C., Bennachie, C. and Reed, A. (2010), 'Lobbying for decriminalisation', in Abel, G., Fitzgerald, L., Healy, C. and with Taylor, A. (eds.), *Taking the crime out of sex work: New Zealand sex workers' fight for decriminalisation*, Bristol: Policy Press.
- Barry, K. (1995), *The prostitution of sexuality: the global exploitation of women*, New York and London: New York University Press.
- Baum, F. (1995), 'Researching public health: Behind the qualitative-quantitative methodological debate', *Social Science and Medicine*, 40: 4, 459-468.
- Bayer, R. (2008a), 'Stigma and the ethics of public health: Not can we but should we', *Social Science and Medicine*, 67, 463-472.
- Bayer, R. (2008b), 'What means this thing called stigma? A response to Burris', *Social Science and Medicine*, 67, 476-477.
- Beaglehole, R., Bonita, R., Horton, R., Adams, O. and McKee, M. (2004), 'Public health in the new era: Improving health through collective action', *The Lancet*, 363, 2084-2086.
- Beiser, M. and Stewart, M. (2005), 'Reducing health disparities: A priority for Canada', *Canadian Journal of Public Health*, 96: Supplement 2, S4-S7.
- Benoit, C., Jansson, M., Millar, A. and Phillips, R. (2005), 'Community-Academic Research on Hard-to-Reach Populations: Benefits and Challenges', *Qualitative Health Research*, 15: 2, 263-282.
- Benoit, C. and Millar, A. (2001), Dispelling myths and understanding realities: working conditions, health status, and exiting experiences of sex workers, British Columbia, University of Victoria.
- Benoit, C. and Shaver, F. (2006), 'Critical issues and new directions in sex work research', *The Canadian Review of Sociology and Anthropology*, 43: 3, 243-252.

- Benson, C. and Matthews, R. (1995), 'Street prostitution: ten facts in search of a policy', *International Journal of the Sociology of Law*, 23, 395-415.
- Benson, C. and Matthews, R. (2000), 'Police and prostitution: vice squads in Britain', in Weitzer, R. (ed.), *Sex for sale: prostitution, pornography, and the sex industry*, New York: Routledge.
- Berg, B. (2004), *Qualitative research methods for the social sciences*, Boston: Pearson.
- Berg, J. (1999), 'Gaining access to underresearched populations in women's health research', *Health Care for Women International*, 20, 237-243.
- Bindman, J. (1998), 'An international perspective on slavery in the sex industry', in Kempadoo, K. and Doezema, J. (eds.), *Global sex workers: Rights, resistance, and redefinition*, New York: Routledge.
- Bloor, M., Frankland, J., Thomas, M. and Robson, K. (2001), *Focus groups in social research*, London, Thousand Oaks, New Delhi: Sage.
- Bondi, L. (1998), 'Sexing the city', in Fincher, R. and Jacobs, J. (eds.), *Cities of difference*, New York: Guilford Press.
- Boynton, P. (2002), 'Life on the streets: the experiences of community researchers in a study of prostitution', *Journal of Community and Applied Social Psychology*, 12, 1-12.
- Boynton, P. and Cusick, L. (2006), 'Sex workers to pay the price: UK plans to cut street prostitution will threaten sex workers' health', *British Medical Journal*, 332, 190-191.
- Bradbury, H. and Reason, P. (2003), 'Issues and choice points for improving the quality of action research', in Minkler, M. and Wallerstein, N. (eds.), *Community-based participatory research for health*, San Francisco: Jossey-Bass.
- Brannen, J. (2005), *Mixed methods research: A discussion paper*, London, ESRC National Centre for Research Methods.
- Braun, V. and Clarke, V. (2006), 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, 77-101.
- Brents, B. and Hausbeck, K. (2005), 'Violence and legalized brothel prostitution in Nevada: Examining safety, risk, and prostitution policy', *Journal of Interpersonal Violence*, 20: 3, 270-295.
- Brewis, J. and Linstead, S. (2000a), 'The worst thing is the screwing' (1): Consumption and the management of identity in sex work', *Gender, Work and Organization*, 7: 2, 84-97.
- Brewis, J. and Linstead, S. (2000b), 'The worst thing is the screwing' (2): Context and career in sex work', *Gender, Work and Organization*, 7: 3, 168-180
<http://web.ebscohost.com/ehost/pdf?vid=3&hid=112&sid=d4d02f66-0e6c-475e-8bb0-9bf62bc8dd7c%40sessionmgr104>.
- Brewis, J. and Linstead, S. (2002), 'Managing the sex industry', *Culture and Organization*, 8: 4, 307-326.
- Britten, N. (1995), 'Qualitative interviews in medical research', *British Medical Journal*, 311, 251-253.
- Brooks-Gordon, B. (2008), 'State violence towards sex workers: Police power should be reduced and sex workers' autonomy and status raised', *British Medical Journal*, 337, a908.

- Browne, J. and Minichiello, V. (1995), 'The social meanings behind male sex work: Implications for sexual interactions', *British Journal of Sociology*, 46: 4, 598-622.
- Browne, J. and Minichiello, V. (1996a), 'Research direction in male sex work', *Journal of Homosexuality*, 31: 4, 29-56.
- Browne, J. and Minichiello, V. (1996b), 'The social and work context of commercial sex between men: a research note', *Australian and New Zealand Journal of Sociology*, 32: 1, 86-92.
- Brunton, C., Mackay, K. and Henderson, C. (2005), Report of the National Needle Exchange Blood-borne Virus Seroprevalence Survey, Wellington, Ministry of Health.
- Burt, M. (2006), 'Sex worker concern over bid to curb street prostitution', *The Star*, Christchurch, 3.3. 06.
- Burwood Weather Station (2006), Weather data from Burwood, Christchurch, New Zealand, <http://www.zl3gp.co.nz/climatedata2006.php>.
- Buseh, A. and Stevens, P. (2007), 'Constrained but not determined by stigma: Resistance by African-American women living with HIV', *Women and Health*, 44: 3, 1-18.
- Cabezas, A. (1998), 'Discourses of prostitution: The case of Cuba', in Kempadoo, K. and Doezema, J. (eds.), *Global sex workers: Rights, resistance, and redefinition*, New York: Routledge.
- Campbell, C. (2000), 'Selling sex in the time of AIDS: the psycho-social context of condom use by sex workers on a Southern African mine', *Social Science and Medicine*, 50, 479-494.
- Campbell, R. and Kinnell, H. (2000/2001), '"We shouldn't have to put up with this": Street sex work and violence', *Criminal Justice Matters*, 42, 12-13.
- Canadian HIV/AIDS Legal Network (2005), Sex, work, rights: Reforming Canadian criminal laws on prostitution, Toronto.
- Cancian, F. (1992), 'Feminist Science: methodologies that challenge inequality', *Gender and Society*, 6: 4, 623-642.
- Chan, K. and Reidpath, D. (2003), '"Typhoid Mary" and "HIV Jane": responsibility, agency and disease prevention', *Reproductive Health Matters*, 11: 22, 40-50.
- Chapkis, W. (1997), *Live sex acts: Women performing erotic labor*, New York: Routledge.
- Chapple, I. (2007), 'Fine clients to get hookers off the street: United Future plans sex industry revamp', *Sunday Star Times*, Auckland
- Cockerham, W. (2005), 'Health lifestyle theory and the convergence of agency and structure', *Journal of Health and Social Behavior*, 46: 1, 51-67.
- Coleman, L. and Ingham, R. (1999), 'Exploring young people's difficulties in talking about contraception: how can we encourage more discussion between partners', *Health Education Research*, 14: 6, 741-750.
- Cotterell, J. (2007), *Social networks in youth and adolescence*, New York: Routledge.
- Creswell, J. (2009), *Research design: Qualitative, quantitative, and mixed methods approaches*, Thousand Oaks: Sage.
- Crime and Justice Research Centre (2005), Evaluation framework for the review of the Prostitution Reform Act 2003, Wellington, University of Victoria.
- Crocker, J. and Major, B. (1989), 'Social stigma and self-esteem: The self-protective properties of stigma', *Psychological Review*, 96, 608-630.

- Csete, J. and Saraswathi Seshu, M. (2004), 'Still underground: searching for progress in realizing the human rights of women in prostitution', *Canadian HIV/AIDS Policy and Law Review*, 9: 3, 7-13.
- Cusick, L. (1998), 'Non-use of condoms by prostitute women', *AIDS Care*, 10: 2, 133-146.
- Cusick, L. (2006), 'Widening the harm reduction agenda: From drug use to sex work', *International Journal of Drug Policy*, 17, 3-11.
- Cusick, L., Kinnell, H., Brooks-Gordon, B. and Campbell, R. (2009), 'Wild guesses and conflated meanings? Estimating the size of the sex worker population in Britain', *Critical Social Policy*, 29: 4, 703-719.
- Cwikel, J., Ilan, K. and Chudakov, B. (2003), 'Women brothel workers and occupational health risks', *Journal of the Epidemiology of Community Health*, 57, 809-815.
- Dalla, R. (2002), 'Night moves: A qualitative investigation of street-level sex work', *Psychology of Women Quarterly*, 26, 63-73.
- Dalla, R. (2006), "'You can't hustle all your life": An exploratory investigation of the exit process among street-level prostituted women', *Psychology of Women Quarterly*, 30: 3, 276-290.
- Daly, J., Kellehear, A. and Gliksman, M. (1997), *The Public Health Researcher*, Melbourne, Oxford, Auckland, New York: Oxford University Press.
- Davies, N. (2009), 'Victims who never existed', *The Guardian Weekly*, 6-12 November.
- Davies, P. and Feldman, R. (1997), 'Prostitute men now', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London, New York: Routledge.
- Davis, K. (ed.) (1997), *Embodied Practices*, Sage, London, Thousand Oaks, New Delhi.
- Davis, P. and Lichtenstein, B. (1996), 'Introduction: AIDS, sexuality and the social order in New Zealand', in Davis, P. (ed.), *Intimate details and vital statistics: AIDS, sexuality and social order in New Zealand*, Auckland: Auckland University Press.
- Davis, S. and Shaffer, M. (1994), *Prostitution in Canada: The invisible menace or the menace of invisibility?*, Vancouver, Commercial Sex Information Service <http://www.walnet.org/csis/papers/sdavis.html>.
- Day, S. (2007), *On the game: Women and sex work*, London: Pluto Press.
- Day, S. and Ward, H. (1997), 'Sex workers and the control of sexually transmitted disease', *Genitourinary Medicine*, 73, 161-168.
- Day, S. and Ward, H. (2007), 'British policy makes sex workers vulnerable', *British Medical Journal*, 334, 187.
- Demers, A., Kairouz, S., Adlaf, E., Glickman, L., Newton-Taylor, B. and Marchand, A. (2002), 'Multilevel analysis of situational drinking among Canadian undergraduates', *Social Science and Medicine*, 55, 415-424.
- Denner, J., Cooper, C., Lopez, E. and Dunbar, N. (1999), 'Beyond "Giving Science Away": How University-Community Partnerships Inform Youth Programs, Research and Policy', *Social Policy Report: Society for Research in Child Development*, 13: 1, 1-20.
- Department of Labour (2004), *A Guide to Occupational Health and Safety in the New Zealand Sex Industry*, Wellington, Department of Labour.
- Department of Statistics New Zealand (1992), *A guide to good survey design*, Wellington, Department of Statistics.

- Ditmore, M. (2005), 'Trafficking in lives: How ideology shapes policy', in Kempadoo, K., Sanghera, J. and Pattanaik, B. (eds.), *Trafficking and prostitution reconsidered: New perspectives on migration, sex work, and human rights*, London: Paradigm Publishers.
- Ditmore, M. and Saunders, P. (1998), 'Sex work and sex trafficking', *Sexual Health Exchange*, 1, 15.
- Doezema, J. (1998), 'Forced to choose: beyond the voluntary v. forced prostitution dichotomy', in Kempadoo, K. and Doezema, J. (eds.), *Global sex workers: rights, resistance, and redefinition*, New York and London: Routledge.
- Donovan, B. and Harcourt, C. (1996), 'Prostitution: to decriminalise or to legalise', *The Lancet*, 348, 962.
- Donovan, B., Harcourt, C., O'Connor, J., Wand, H., Lu, H. and McNulty, A. (2008), Sex work in a decriminalised and unlicensed environment: A 15-year study in Sydney, *Sexual Health Congress*, Perth, Australia.
- Douglas, M. (1986), *Risk acceptability according to the social sciences*, London: Routledge and Kegan Hall.
- Duncan, G. (2007), *Society and politics: New Zealand social policy*, Auckland: Pearson Education New Zealand.
- Edler, D. (2000), A Guide to Best Practice: Occupational Health and Safety in the Australian Sex Industry.
- Edwards, S. (1997), 'The legal regulation of prostitution: A human rights issue', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London: Routledge.
- English Collective of Prostitutes (1997), 'Campaigning for legal change', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London, New York: Routledge.
- Espiner, C. (2005), 'Number of prostitutes rises 40%', The Christchurch Press, Christchurch, 19.04.05.
- Fadem, P., Minkler, M., Perry, M., Blum, K., Moore, L. and Rogers, J. (2003), 'Ethical challenges in community based participatory research: A case study from the San Francisco Bay area disability community', in Minkler, M. and Wallerstein, N. (eds.), *Community-based participatory research for health*, San Francisco: Jossey-Bass.
- Farley, M. (2004), '"Bad for the body, bad for the heart": prostitution harms women even if legalized or decriminalized', *Violence Against Women*, 10: 10, 1087-1125.
- Farley, M. and Barkan, H. (1998), 'Prostitution, violence, and posttraumatic stress disorder', *Women and Health*, 27: 3, 37-49.
- Faugier, J. and Sargeant, M. (1997), 'Boyfriends, 'pimps' and clients', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London: Routledge.
- Fawkes, J. (2005), 'Sex working feminists and the politics of exclusion', *Social Alternatives*, 24: 2, 22-23.
- Finlayson, M., Aiken, L. and Nakarada-Kordic, I. (2007), 'New Zealand nurses' reports on hospital care: An international comparison', *Nursing Praxis in New Zealand*, 23: 1, 17-28.

- Fitzgerald, L. and Abel, G. (2010), 'The media and the PRA', in Abel, G., Fitzgerald, L., Healy, C. and with Taylor, A. (eds.), *Taking the crime out of sex work: New Zealand sex workers' fight for decriminalisation*, Bristol: Policy Press.
- Fitzharris, P. (2005), 'Sex figures uncertain', The Christchurch Press, Christchurch, 4.06.05.
- Foucault, M. (1990), *The history of sexuality*, New York: Vintage Books.
- Fox, J., Tideman, R., Gilmour, S., Marks, C., Van Beek, I. and Mindel, A. (2006), 'Sex work practices and condom use in female sex workers in Sydney', *International Journal of STD and AIDS*, 17, 319-323.
- Frances, R. and Gray, A. (2007), 'Unsatisfactory, discriminatory, unjust and inviting corruption: Feminists and the decriminalisation of street prostitution in New South Wales', *Australian Feminist Studies*, 22: 53, 307-324.
- Frieden, T., Das-Douglas, M., Kellerman, S. and Henning, K. (2005), 'Applying public health principles to the HIV epidemic', *The New England Journal of Medicine*, 353: 22, 2397-2402.
- Frohlich, K., Corin, E. and Potvin, L. (2001), 'A theoretical proposal for the relationship between context and disease', *Sociology of Health and Illness*, 23: 6, 776-797.
- Germov, J. (2005), 'Imagining health problems as social issues', in Germov, J. (ed.), *Second opinion: An introduction to health sociology*, Melbourne: Oxford University Press.
- Giddens, A. (1986), *Sociology: A brief but critical introduction*, London: Macmillan.
- Gillies, V. (2005), 'Meeting parents needs? Discourses of 'support' and 'inclusion' in family policy', *Critical Social Policy*, 25, 70-90.
- Goffman, E. (1959), *The presentation of self in everyday life*, London: Anchor Books.
- Goffman, E. (1990), *Stigma: Notes on the management of spoiled identity*, London: Penguin Books.
- Goodrick, D. and Emmerson, G. (2008), Mixed methods: From analysis to publication, in Workshop, N.Z.S.S.N. (ed.).
- Goodyear, M. (2007), 'Protection of sex workers: Decriminalisation could restore public health priorities and human rights', *British Medical Journal*, 334, 52-53.
- Gould, A. (2001), 'The criminalisation of buying sex: The politics of prostitution in Sweden', *Journal of Social Policy*, 30: 3, 437-456.
- Grandey, A. (2000), 'Emotion regulation in the workplace: A new way to conceptualise emotional labor', *Journal of Occupational Health Psychology*, 5: 1, 95-110.
- Green, J. and Thorogood, N. (2005), *Qualitative methods for health research*, London: Sage.
- Guba, E. (ed.) (1990), *The paradigm dialog*, Sage, Newbury Park, California.
- Hancock, L. (1991), Legal regulation of prostitution: What or who is being controlled?, in Gerull, S.-A. and Halstead, B. (eds.), *Sex Industry and Public Policy Conference*, Canberra, Australian Institute of Criminology.
- Hansen, E. (2006), *Successful qualitative health research: A practical introduction*, Crows Nest, Australia: Allen and Unwin.
- Harcourt, C. (1994), 'Prostitution and public health in the era of AIDS', in Perkins, R., Prestage, G., Sharp, R. and Lovejoy, F. (eds.), *Sex work and sex workers in Australia*, Sydney: University of New South Wales Press Ltd.

- Harcourt, C., Egger, S. and Donovan, B. (2005), 'Sex work and the law', *Sexual Health*, 2, 121-128.
- Healy, C., Bennachie, C. and Reed, A. (2010), 'History of New Zealand Prostitutes' Collective', in Abel, G., Fitzgerald, L., Healy, C. and With Taylor, A. (eds.), *Taking the crime out of sex work: New Zealand sex workers' fight for decriminalisation*, Bristol: Policy Press.
- Heckathorn, D., Broadhead, R. and Sergeyev, B. (2001), 'A methodology for reducing respondent duplication and impersonation in samples of hidden populations', *Journal of Drug Issues*, 31: 2, 543-564.
- Herek, G. and Glunt, E. (1988), 'An epidemic of stigma: A psychologist's perspective', *American Psychologist*, 43, 886-891.
- Hochschild, A. (1979), 'Emotion work, feeling rules and social structure', *American Journal of Sociology*, 85: 3, 551-575.
- Hochschild, A. (1983), *The managed heart: Commercialization of human feeling*, Berkeley: University of California Press.
- Hoigard, C. and Finstad, L. (1992), *Backstreets: Prostitution, Money, and Love*, University Park, Pennsylvania: Pennsylvania State University Press.
- Hollands, R. (2002), 'Divisions in the dark: Youth cultures, transitions and segmented consumption spaces in the night-time economy', *Journal of Youth Studies*, 5: 2, 153-171.
- Holloway, I. and Todres, L. (2003), 'The status of method: Flexibility, consistency and coherence', *Qualitative Research*, 3, 345-357.
- Home Office (2004), *Paying the Price: a consultation paper on prostitution*, London, Home Office.
- Home Office (2006), *A Coordinated Prostitution Strategy and a summary of responses to Paying the Price*, London.
- Home Office (2008), *Walk in a punter. Walk out a rapist.* <http://www.crimereduction.homeoffice.gov.uk/humantrafficking003.htm>.
- Home Office (2009), *Prostitution*, www.homeoffice.gov.uk/crime-victims/reducing-crime/prostitution/
- Hubbard, P. (1998a), 'Community action and the displacement of street prostitution: evidence from British cities', *Geoforum*, 29: 3, 269-286.
- Hubbard, P. (1998b), 'Sexuality, immorality and the city: red-light districts and the marginalisation of female street prostitutes', *Gender, Place and Culture*, 5: 1, 55-72.
- Hubbard, P. (1999), *Sex and the city: geographies of prostitution in the urban West*, Aldershot, Brookfield USA, Singapore, Sydney: Ashgate.
- Hubbard, P. (2000), 'Desire/disgust: mapping the moral contours of heterosexuality', *Progress in Human Geography*, 24: 2, 191-217.
- Hubbard, P. (2002a), 'Maintaining family values? Cleansing the streets of sex advertising', *Area*, 34: 4, 353-360.
- Hubbard, P. (2002b), 'Sexing the self: Geographies of engagement and encounter', *Social and Cultural Geography*, 3: 4, 365-381.
- Hubbard, P. (2004), 'Cleansing the metropolis: Sex work and the politics of zero tolerance', *Urban Studies*, 41: 9, 1687-1702.

- Hunter, A. (1991), The development of theoretical approaches to sex work in Australian sex-worker rights groups, in Gerull, S.-A. and Halstead, B. (eds.), *Sex Industry and Public Policy Conference*, Canberra, Australian Institute of Criminology.
- Hyde, J. (2005), 'From home to street: Understanding young people's transitions into homelessness', *Journal of Adolescence*, 28, 171-183.
- Israel, B., Schulz, A., Parker, E. and Becker, A. (1998), 'Review of community-based research: Assessing partnership approaches to improve public health', *Annual Review of Public Health*, 19, 173-202.
- Israel, B., Schulz, A., Parker, E., Becker, A., Allen, A. and Guzman, J. (2003), 'Critical issues in developing and following community based participatory research principles', in Minkler, M. and Wallerstein, N. (eds.), *Community-based participatory research for health*, San Francisco: Jossey-Bass.
- Jackson, L., Sowinski, B., Bennett, C. and Ryan, D. (2005), 'Female sex trade workers, condoms and the public-private divide', *Journal of Psychology and Human Sexuality*, 17: 1, 83-105.
- Jeffreys, S. (1997), *The idea of prostitution*, Melbourne: Spinifex Press.
- Jenness, V. (1993), *Making it work: the prostitutes' rights movement in perspective*, New York: Aldine de Gruyter.
- Johnson, R. and Onwuegbuzie, A. (2004), 'Mixed methods research: A research paradigm whose time has come', *Educational Researcher*, 33: 7, 14-26.
- Jones, G. (2002), *The youth divide: Diverging paths to adulthood*, Layerthorpe, York, Joseph Rowntree Foundation.
- Jordan, J. (1991), Sex, law and social control: The sex industry in New Zealand today, in Gerull, S.-A. and Halstead, B. (eds.), *Sex Industry and Public Policy Conference*, Canberra, Australian Institute of Criminology.
- Jordan, J. (2005), The sex industry in New Zealand: a literature review, Wellington, Ministry of Justice <http://www.justice.govt.nz/pubs/reports/2005/sex-industry-in-nz-literature-review/index.html>.
- Juliet (2006), 'Prostitution shake-up: one sex worker's view', *British Medical Journal*, 332, 245.
- Kalton, G. (1983), *Introduction to Survey Sampling*, Newbury Park: Sage.
- Kantola, J. and Squires, J. (2004a), 'Discourses surrounding prostitution policies in the UK', *European Journal of Women's Studies*, 11: 1, 77-101.
- Kantola, J. and Squires, J. (2004b), 'Prostitution policies in Britain, 1982-2002', in Outshoorn, J. (ed.), *The politics of prostitution: Women's movements, democratic states and the globalisation of sex commerce*, Cambridge: Cambridge University Press.
- Kemp, R. (1996), 'From a bang to a whimper: policy responses to injecting drug use and viral infection', in Davis, P. (ed.), *Intimate details and vital statistics: AIDS, sexuality and the social order in New Zealand*, Auckland: Auckland University Press.
- Kempadoo, K. and Doezema, J. (eds.) (1998), *Global sex workers: Rights, resistance and redefinition*, Routledge, New York, London.
- Kempadoo, K., Sanghera, J. and Pattanaik, B. (eds.) (2005), *Trafficking and prostitution reconsidered: New perspectives on migration, sex work, and human rights*, Paradigm Publishers.

- Kidd, S. (2003), 'Street youth: Coping and interventions', *Child and Adolescent Social Work Journal*, 20: 4, 235-261.
- Kilvington, J., Day, S. and Ward, H. (2001), 'Prostitution policy in Europe: A time of change?' *Feminist Review*, 67, 78-93.
- Kinnell, H. (2006), 'Murder made easy: The final solution to prostitution?' in Campbell, R. and O'Neill, M. (eds.), *Sex work now*, Cullompton, Devon: Willan.
- Kinnell, H. (2008), *Violence and sex work in Britain*, Cullompton, Devon: Willan Publishing.
- Kipke, M., Unger, J., O'Connor, S., Palmer, R. and La France, S. (1997), 'Street youth, their peer group affiliation and differences according to residential status, subsistence patterns, and use of services', *Adolescence*, 32: 127, 655-669.
- Kirkwood, B. (1988), *Essentials of medical statistics*, Oxford: Blackwell Scientific Publications.
- Kish, L. (1965), *Survey sampling*, New York: John Wiley & Sons.
- Kondo, D. (1990), *Crafting selves: Power, gender, and discourses of identity in a Japanese workplace*, Chicago: University of Chicago Press.
- Kulick, D. (2003), 'Sex in the new Europe: the criminalization of clients and Swedish fear of penetration', *Anthropological Theory*, 3: 2, 199-218.
- Lear, D. (1997), *Sex and sexuality: risk and relationships in the age of AIDS*, Thousand Oaks, London, New Delhi: Sage.
- Lees, S. (1993), *Sugar and Spice: sexuality and adolescent girls*, London, New York: Penguin.
- Lenton, S. and Single, E. (1998), 'The definition of harm reduction', *Drug and Alcohol Review*, 17: 2, 213-220.
- Leung, M., Yen, I. and Minkler, M. (2004), 'Community-based participatory research: A promising approach for increasing epidemiology's relevance in the 21st century', *International Journal of Epidemiology*, 33, 499-506.
- Lewis, J. and Maticka-Tyndale, E. (2000a), Escort services in a border town: transmission dynamics of STDs within and between communities. Methodological challenges conducting research related to sex work, Windsor, Ontario, University of Windsor.
- Lewis, J. and Maticka-Tyndale, E. (2000b), 'Licensing sex work: Public policy and women's lives', *Canadian Public Policy - Analyse de Politiques*, 26: 4, 437-449.
- Lewis, J., Maticka-Tyndale, E., Shaver, F. and Schramm, H. (2005), 'Managing risk and safety on the job', *Journal of Psychology and Human Sexuality*, 17: 1, 147-167.
- Liamputtong, P. (2007), *Researching the vulnerable: A guide to sensitive research methods*, London: Sage.
- Lichtenstein, B. (1999), 'Reframing "Eve" in the AIDS era: The pursuit of legitimacy by New Zealand sex workers', *Sex Work and Sex Workers*, 37-59.
- Lin, N. (2002), *Social capital: a theory of social structure and action*, Cambridge: Cambridge University Press.
- Link, B. and Phelan, J. (1995), 'Social conditions as fundamental causes of disease', *Journal of Health and Social Behavior*, 35: Extra Issue, 80-94.
- Link, B. and Phelan, J. (2001), 'Conceptualizing stigma', *Annual Review of Sociology*, 27, 363-385.

- Link, B. and Phelan, J. (2006), 'Stigma and its public health implications', *The Lancet*, 367: 9509, 528-529.
- Lowman, J. (1998), Prostitution Law Reform in Canada, <http://mypage.uniserve.ca/~lowman/>.
- Lowman, J. (2000), 'Violence and the outlaw status of (street) prostitution in Canada', *Violence Against Women*, 6: 9, 987-1011.
- Lowman, J. and Atchison, C. (2006), 'Men who buy sex: A survey in the Greater Vancouver Regional District', *The Canadian Review of Sociology and Anthropology*, 43: 3, 281-296.
- Lucas, A. (2005), 'The work of sex work: Elite prostitutes' vocational orientations and experiences', *Deviant Behaviour*, 26, 513-546.
- Lupton, D. (1999), *Risk*, New York: Routledge.
- MacKinnon, C. (2001), *Sex inequality*, New York: Foundation Press.
- Malloch, M. (2004), 'Risky' women, sexual consent and criminal 'justice', in Cowling, M. and Reynolds, P. (eds.), *Making sense of sexual consent*, Aldershot: Ashgate.
- Mansson, S.-A. and Hedin, U.-C. (1999), 'Breaking the Matthew effect - on women leaving prostitution', *International Journal of Social Welfare*, 8: 1, 67-77.
- Manukau City Council (2005), Manukau City Council (Control of Street Prostitution) Bill.
- May, T. and Hunter, G. (2006), 'Sex work and problem drug use in the UK: The links, problems and possible solutions', in Campbell, R. and O'Neill, M. (eds.), *Sex work now*, Cullompton, Devon: Willan.
- McKeganey, N. (2006), 'Street prostitution in Scotland: The views of working women', *Drugs: education, prevention and policy*, 13: 2, 151-166.
- McKeganey, N. and Barnard, M. (1992), 'Selling sex: female street prostitution and HIV risk behaviour in Glasgow', *AIDS Care*, 4: 4, 395-407.
- McKeganey, N., Barnard, M., Leyland, A., Coote, I. and Follet, E. (1992), 'Female streetworking prostitution and HIV infection in Glasgow', *British Medical Journal*, 305, 801-804.
- McKenzie-McLean, J. (2006), 'Prostitution law change 'a disaster'', The Christchurch Press, Christchurch, 19.04.06.
- McVerry, S. and Lindop, E. (2005), 'Negotiating risk: how women working in massage parlours preserve their sexual and psychological health', *Health Care for Women International*, 26, 108-117.
- Metzenrath, S. (1999), 'To test or not to test?' *Social Alternatives*, 18: 3, 25-30.
- Minichiello, V., Marino, R. and Browne, J. (2001), 'Knowledge, risk perceptions and condom usage in male sex workers from three Australian cities', *AIDS Care*, 13: 3, 387-402.
- Minkler, M. and Wallerstein, N. (2003), 'Introduction to Community Based Participatory Research', in Minkler, M. and Wallerstein, N. (eds.), *Community-based Participatory Research for Health*, San Francisco: Jossey-Bass.
- Moser, C. and Kalton, G. (1972), *Survey methods in social investigation*, London: Heinemann Educational Books Limited.
- Mulhall, A. (2001), 'Epidemiology', in Naidoo, J. and Wills, J. (eds.), *Health Studies: An introduction*, New York: Palgrave.

- Nadon, S., Koverola, C. and Schludermann, E. (1998), 'Antecedents to prostitution: childhood victimisation', *Journal of Interpersonal Violence*, 13: 2, 206-221.
- Nagle, J. (1997), 'Introduction', in Nagle, J. (ed.), *Whores and other feminists*, New York: Routledge.
- Naidoo, J. and Wills, J. (2001), 'Health promotion', in Naidoo, J. and Wills, J. (eds.), *Health studies: An introduction*, New York: Palgrave.
- National Health Committee (1998a), The social, cultural and economic determinants of health in New Zealand, Wellington, New Zealand.
- National Health Committee (1998b), The social, cultural and economic determinants of health in New Zealand: action to improve health, Wellington, National Advisory Committee on Health and Disability.
- Neilsen, G. (1999), 'Why health services should work with the sex industry', *IPPF Medical Bulletin*, 33: 6, 1-2.
- Nemoto, T., Operario, D., Keatley, J. and Villegas, D. (2004), 'Social context of HIV risk behaviours among male to female transgenders of colour', *AIDS Care*, 16: 15, 724-735.
- Network of Sex Work Projects (2003), The 100% Condom Use Policy: a Sex Workers' Rights Perspective <http://www.nswp.org/safety/100percent.html>.
- New Zealand Police (2001), The vice scene in New Zealand, Wellington.
- New Zealand Press Association (2005), 7.12.2005.
- O'Connell Davidson, J. (1998), *Prostitution, power and freedom*, Cambridge: Polity Press.
- O'Connell Davidson, J. (2006), 'Will the real sex slave please stand up?' *Feminist Review*, 83, 4-22.
- O'Connor, C., Berry, G., Rohrsheim, R. and Donovan, B. (1996), 'Sexual health and use of condoms among local and international sex workers in Sydney', *Genitourinary Medicine*, 72: 1, 47-51.
- O'Neill, M. (1996), 'Researching prostitution and violence: towards a feminist praxis', in Hester, M., Kelly, L. and Radford, J. (eds.), *Women, violence and male power: feminist activism, research and practice*, Buckingham and Philadelphia: Open University Press.
- O'Neill, M. (1997), 'Prostitute women now', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: purchasing sex in the 1990s*, London and New York: Routledge.
- O'Neill, M. (2001), *Prostitution and Feminism: Towards a politics of feeling*, Cambridge: Polity Press.
- O'Neill, M. and Campbell, R. (2006), 'Street sex work and local communities: Creating discursive spaces for genuine consultation and inclusion', in Campbell, R. and O'Neill, M. (eds.), *Sex work now*, Cullompton, Devon: Willan.
- O'Neill, M., Campbell, R., Hubbard, P., Pitcher, J. and Scoular, J. (2008), 'Living with the other: Street sex work, contingent communities and degrees of tolerance', *Crime, Media, Culture*, 4: 1, 73-93.
- Open Society Institute (2001), What is harm reduction?, http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/articles/wh_at_20010101.

- Ostergren, P. (2006), Sex workers critique of Swedish prostitution policy, <http://www.petraostergren.com/content/view/44/38/>.
- Outshoorn, J. (2001), 'Debating prostitution in parliament: A feminist analysis', *European Journal of Women's Studies*, 8: 4, 472-490.
- Overall, C. (1992), 'What's wrong with prostitution? Evaluating sex work', *SIGNS*, Summer, 705-724.
- Overs, C. and Druce, N. (1994), 'Sex work, HIV and the State: An interview with Nel Druce', *Feminist Review*, 48, 114-121.
- Parker, R. and Aggleton, P. (2003), 'HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action', *Social Science and Medicine*, 57, 13-24.
- Pascoe, N., Fitzgerald, L., Abel, G. and Brunton, C. (2007), A critical media analysis of print media reporting on the implementation of the Prostitution Reform Act, 2003-2006, Christchurch, University of Otago, Christchurch.
- Pateman, C. (1988), *The sexual contract*, Cambridge: Polity Press.
- Paterson, R. (1996), 'Softly, softly': New Zealand law responds to AIDS', in Davis, P. (ed.), *Intimate details and vital statistics: AIDS, sexuality and the social order in New Zealand*, Auckland: Auckland University Press.
- Patton, M. (1990), *Qualitative evaluation and research methods*, Newbury Park, London, New Delhi: Sage.
- Pauw, I. and Brener, L. (2003), 'You are just whores - you can't be raped': barriers to safer sex practices among women street workers in Cape Town', *Culture, Health and Sexuality*, 5: 6, 465-481.
- Pearce, J. (2006), 'Finding the "I" in sexual exploitation: Young people's voices within policy and practice', in Campbell, R. and O'Neill, M. (eds.), *Sex work now*, Cullompton, Devon: Willan.
- Perkins, R. and Lovejoy, F. (2007), *Call girls: Private sex workers in Australia*, Crawley: University of Western Australia Press.
- Petro, M. (2006), '"I did it ... for the money": Sex work as a means to socio-economic opportunity', *Research for Sex Work*, 9, 25-28.
- Phelan, J., Link, B. and Dovidio, J. (2008), 'Stigma and prejudice: One animal or two?' *Social Science and Medicine*, 67, 358-367.
- Pitcher, J. (2006), 'Support services for women working in the sex industry', in Campbell, R. and O'Neill, M. (eds.), *Sex work now*, Cullompton, Devon: Willan.
- Plant, M. (1997), 'Alcohol, drugs and social milieu', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London, New York: Routledge.
- Plumridge, E. (1999a), Making prostitution thinkable: transgression of romantic love or instrumental sex?, Christchurch School of Medicine and Health Sciences.
- Plumridge, E. (1999b), Making sex work doable: emotional labour, Christchurch School of Medicine and Health Sciences.
- Plumridge, E. and Abel, G. (2000a), 'Services and information utilised by female sex workers for sexual and physical safety', *New Zealand Medical Journal*, 113: 1117, 370-372.

- Plumridge, L. and Abel, G. (2000b), Safer Sex in the Christchurch Sex Industry. Study 2: Survey of Christchurch Sex Workers, Christchurch, Christchurch School of Medicine and Health Sciences, University of Otago.
- Plumridge, L. and Abel, G. (2001), 'A 'segmented' sex industry in New Zealand: sexual and personal safety of female sex workers', *Australian and New Zealand Journal of Public Health*, 25: 1, 78-83.
- Potterat, J., Brewer, D., Muth, S., Rothenberg, R., Woodhouse, D., Muth, J., Stites, H. and Brody, S. (2004), 'Mortality in a long-term open cohort of prostitute women', *American Journal of Epidemiology*, 159: 8, 778-785.
- Potterat, J., Rothenberg, R., Muth, S., Darrow, W. and Phillips-Plummer, L. (1998), 'Pathways to prostitution: the chronology of sexual and drug abuse milestones', *The Journal of Sex Research*, 35: 4, 333-340.
- Prostitution Law Review Committee (2005), The nature and extent of the sex industry in New Zealand: an estimation, Wellington, Ministry of Justice <http://www.justice.govt.nz/pubs/reports/2005/nature-extent-sex-industry-in-nz-estimation/index.html>.
- Prostitution Law Review Committee (2008), Report of the Prostitution Law Review Committee on the Operation of the Prostitution Reform Act 2003, Wellington, Ministry of Justice <http://www.justice.govt.nz/prostitution-law-review-committee/publications/plrc-report/index.html>.
- Prostitution Licensing Authority (2004), Selling sex in Queensland 2003, Brisbane.
- Public Health Intelligence (2004), A portrait of health: Key results from the New Zealand Health Survey 2002/2003, Wellington, Ministry of Health.
- Pyett, P. and Warr, D. (1997), 'Vulnerability on the streets: female sex workers and HIV risk', *AIDS Care*, 9: 5, 539-547.
- Pyett, P. and Warr, D. (1999), 'Women at risk in sex work: strategies for survival', *Journal of Sociology*, 35: 2, 183-197.
- Raymond, J. (1998), 'Prostitution as violence against women: NGO stonewalling in Beijing and elsewhere', *Women's Studies International Forum*, 21: 1, 1-9.
- Rekart, M. (2005), 'Sex-work harm reduction', *The Lancet*, 366, 2123-2134.
- Rhodes, T. (1997), 'Risk theory in epidemic times: Sex, drugs and the social organisation of 'risk behaviour'', *Sociology of Health and Illness*, 19: 2, 208-227.
- Rhodes, T., Simic, M., Baros, S., Platt, L. and Zikic, B. (2008), 'Police violence and sexual risk among female and transvestite sex workers in Serbia: qualitative study', *British Medical Journal*, 337, a811.
- Rice, P. and Ezzy, D. (1999), *Qualitative Research Methods*, New York: Oxford University Press.
- Richardson, D. and May, H. (1999), 'Deserving victims?: Sexual status and the social construction of violence', *The Sociological Review*, 47, 308-331.
- Richmond, K. and Germov, J. (2005), 'Health promotion dilemmas', in Germov, J. (ed.), *Second opinion: An introduction to health sociology*, Melbourne: Oxford University Press.
- Rickard, W. (2001), 'Been there, seen it, done it, I've got the T-shirt', *Feminist Review*, 67, 111-132.
- Riessman, C. (2000), 'Stigma and everyday resistance practices: Childless women in South India', *Gender and Society*, 14: 1, 111-135.

- Roe, G. (2005), 'Harm reduction as paradigm: Is better than bad good enough? The origins of harm reduction.' *Critical Public Health*, 15: 3, 243-250.
- Romans, S., Potter, K., Martin, J. and Herbison, P. (2001), 'The mental and physical health of female sex workers: a comparative study', *Australian and New Zealand Journal of Psychiatry*, 35, 75-80.
- Romero, M., Rodriguez, E., Durand-Smith, A. and Aguilera, R. (2003), 'Twenty five years of qualitative research on mental health and addictions with hidden populations. First part', *Salud Mental*, 26: 6, 76-83.
- Rubin, G. (1984), 'Thinking sex: Notes for a radical theory of the politics of sexuality', in Vance, C. (ed.), *Pleasure and danger: Exploring female sexuality*, Boston, London, Melbourne and Henley: Routledge and Kegan Paul.
- Sale, J., Lohfeld, L. and K, B. (2002), 'Revisiting the quantitative- qualitative debate: Implications for mixed-methods research', *Quality and Quantity*, 36, 43-53.
- Sanders, T. (2002), 'The condom as psychological barrier: Female sex workers and emotional management', *Feminism and Psychology*, 12: 4, 561-566.
- Sanders, T. (2004a), 'A continuum of risk? The management of health, physical and emotional risks by female sex workers', *Sociology of Health and Illness*, 26: 5, 557-574.
- Sanders, T. (2004b), 'The risks of street prostitution: Punters, police and protesters', *Urban Studies*, 41: 9, 1703-1717.
- Sanders, T. (2005a), 'Blinded by morality? Prostitution policy in the UK', *Capital and Class*, 86, 9-15.
- Sanders, T. (2005b), 'The impact of new UK legislation on street-based sex workers: anti social behaviour orders', *Research for Sex Work*, 8, 23-24.
- Sanders, T. (2005c), 'It's just acting': Sex workers' strategies for capitalizing on sexuality', *Gender, Work and Organization*, 12: 4, 319-342.
- Sanders, T. (2005d), *Sex work: A risky business*, Cullompton, Devon: Willan.
- Sanders, T. (2006a), 'Behind the personal ads: The indoor sex markets in Britain', in Campbell, R. and O'Neill, M. (eds.), *Sex work now*, Cullompton, Devon: Willan.
- Sanders, T. (2006b), 'Female sex workers as health educators with men who buy sex: Utilising narratives of rationalisations', *Social Science and Medicine*, 62, 2434-2444.
- Sanders, T. (2007a), 'Becoming an ex-sex worker: Making transitions out of a deviant career', *Feminist Criminology*, 2: 1, 74-95.
- Sanders, T. (2007b), 'Protecting the health and safety of female sex workers: The responsibility of all', *BJOG An International Journal of Obstetrics and Gynaecology*, 114, 791-793.
- Sanders, T. and Campbell, R. (2007), 'Designing out vulnerability, building in respect: Violence, safety and sex work policy', *The British Journal of Sociology*, 58: 1, 1-19.
- Sanghera, J. (2005), 'Unpacking the trafficking discourse', in Kempadoo, K., Sanghera, J. and Pattanaik, B. (eds.), *Trafficking and prostitution reconsidered: New perspectives on migration, sex work, and human rights* London: Paradigm Publishers.

- Scambler, G. (1997), 'Conspicuous and inconspicuous sex work: The neglect of the ordinary and mundane', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London, New York: Routledge.
- Scambler, G. (2007), 'Sex work stigma: Opportunist migrants in London', *Sociology*, 41: 6, 1079-1096.
- Scambler, G. and Paoli, F. (2008), 'Health work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions', *Social Science and Medicine*, 66, 1848-1862.
- Scambler, G. and Scambler, A. (1995), 'Social change and health promotion among women sex workers in London', *Health Promotion International*, 10: 1, 17-24.
- Scambler, G. and Scambler, A. (1997a), 'Afterword', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London, New York: Routledge.
- Scambler, G. and Scambler, A. (1997b), 'Foreword: Understanding prostitution', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: purchasing sex in the 1990s*, London and New York: Routledge.
- Scambler, G. and Scambler, S. (eds.) (1997c), *Rethinking prostitution: purchasing sex in the 1990s*, London, Routledge.
- Scott, J. (2003), 'Prostitution and public health in New South Wales', *Culture, Health and Sexuality*, 5: 3, 277-293.
- Scoular, J. (2004), 'The 'subject' of prostitution: Interpreting the discursive, symbolic and material position of sex/work in feminist theory', *Feminist Theory*, 5: 3, 343-355.
- Shannon, K., Kerr, T., Strathdee, S., Shoveller, J., Montaner, J. and Tyndall, M. (2009), 'Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers', *British Medical Journal*, 339: 113, b2939.
- Shaver, F. (1994), 'The regulation of prostitution: avoiding the morality traps', *Canadian Journal of Law and Society*, 9: 1, 123-145.
- Shaver, F. (2005), 'Sex work research: methodological and ethical challenges', *Journal of Interpersonal Violence*, 20: 3, 296-319.
- Shaw, I. and Butler, I. (1998), 'Understanding young people and prostitution: a foundation for practice?' *British Journal of Social Work*, 28, 177-196.
- Sibley, D. (1995), *Geographies of exclusion: society and difference in the west*, London: Routledge.
- Sibley, D. (1998), 'The problematic nature of exclusion', *Geoforum*, 29: 2, 119-121.
- Simic, M. and Rhodes, T. (2009), 'Violence, dignity and HIV vulnerability: Street sex work in Serbia', *Sociology of Health and Illness*, 31: 1, 1-16.
- Simmons, M. (1999), 'Theorizing prostitution: The question of agency', in Dank, B. and Refinetti, R. (eds.), *Sex Work and Sex Workers: Sexuality and Culture*, London: Transaction Publishers.
- Statistics New Zealand (2006), Subnational population estimates, <http://www.stats.govt.nz/tables/subnat-pop-estimates-tables.htm>.
- Statistics New Zealand (2007), Wealth disparities in New Zealand, Auckland.
- Stuber, J. and Meyer, I. (2008), 'Stigma, prejudice, discrimination and health', *Social Science and Medicine*, 67, 351-357.

- Sullivan, B. (1991), Feminist approaches to the sex industry, in Gerull, S.-A. and Halstead, B. (eds.), *Sex Industry and Public Policy*, Canberra, Australian Institute of Criminology.
- Sullivan, B. (1999), 'Prostitution law reform in Australia: A preliminary evaluation', *Social Alternatives*, 18: 3, 9-14.
- Sullivan, B. (2004a), 'Prostitution and consent: Beyond the liberal dichotomy of 'free or forced'', in Cowling, M. and Reynolds, P. (eds.), *Making sense of sexual consent*, Aldershot: Ashgate.
- Sullivan, B. (2004b), 'The women's movement and prostitution politics in Australia', in Outshoorn, J. (ed.), *The politics of prostitution: Women's movements, democratic states and the globalisation of sex commerce*, Cambridge: Cambridge University Press.
- Sullivan, M. (2007), *Making sex work: A failed experiment with legalised prostitution*, Melbourne: Spinifex.
- Svanstrom, Y. (2006), 'Prostitution in Sweden: debates and policies 1980-2004', in Gangoli, G. and Westmarland, N. (eds.), *International approaches to prostitution: Law and policy in Europe and Asia*, Bristol: Policy Press.
- SWOP (2003), Unfinished business: Achieving effective regulation of the NSW sex industry, Chippendale, Australia, Sex Workers Outreach Project.
- The New Zealand Herald (2005, 10 December), 'Manukau right on prostitution', 10.12.05.
- Thomson, R. and Holland, J. (1998), 'Sexual relationships, negotiation and decision making', in Coleman, J. and Roker, D. (eds.), *Teenage sexuality: health, risk and education*, Amsterdam: Harwood Academic Publishers.
- Trotter, H. (2007), 'Navigating risk: Lessons from the dockside sex trade for reducing violence in South Africa's prostitution industry', *Sexuality Research and Social Policy: Journal of NSRC*, 4: 4, 106-119.
- Tuhiwai Smith, L. (1999), *Decolonizing methodologies: Research and indigenous people*, New York: St Martins Press.
- UNAIDS (2000), Evaluation of the 100% condom programme in Thailand, *UNAIDS Case Study*, Geneva http://data.unaids.org/Publications/IRC-pub01/JC275-100pCondom_en.pdf.
- United Nations (2004), United Nations Convention against Transnational Organized Crime and the Protocols Thereto, New York [http://www.ungift.org/docs/ungift/pdf/knowledge/Conv Trans Orga Crime.pdf](http://www.ungift.org/docs/ungift/pdf/knowledge/Conv%20Trans%20Orga%20Crime.pdf).
- Valera, R., Sawyer, R. and Schiraldi, G. (2001), 'Perceived health needs of inner-city street prostitutes: A preliminary study', *Journal of Health Behavior*, 25: 1.
- van Haastrecht, H., Iennema, J. and Coutinho, R. (1993), 'HIV prevalence and risk behaviour among prostitutes and clients in Amsterdam: migrants at increased risk for HIV infection', *Genitourinary Medicine*, 69, 251-256.
- Vanwesenbeeck, I. (2001), 'Another decade of social scientific work on sex work: A review of research 1990-2000', *Annual Review of Sex Research*, 12, 242-289.
- Vanwesenbeeck, I. (2005), 'Burnout among female indoor sex workers', *Archives of Sexual Behavior*, 34: 6, 627-639.
- Vaughn, S., Shay Schumm, J. and Sinagub, J. (1996), *Focus Group Interviews in Psychology and Education*, Thousand Oaks: Sage.

- Wallerstein, N. and Duran, B. (2003), 'The conceptual, historical, and practice roots of community based participatory research and related participatory traditions', in Minkler, M. and Wallerstein, N. (eds.), *Community-based participatory research for health*, San Francisco: Jossey-Bass.
- Ward, H. and Day, S. (1997), 'Health care and regulation: New perspectives', in Scambler, G. and Scambler, A. (eds.), *Rethinking prostitution: Purchasing sex in the 1990s*, London, New York: Routledge.
- Ward, H. and Day, S. (2006), 'What happens to women who sell sex? Report of a unique occupational cohort', *Sexually Transmitted Infections*, 82: 5, 413-417.
- Ward, H., Day, S. and Weber, J. (1999), 'Risky business: health and safety in the sex industry over a 9 year period', *Sexually Transmitted Infections*, 75, 340-343.
- Warr, D. and Pyett, P. (1999), 'Difficult relations: Sex work, love and intimacy', *Sociology of Health and Illness*, 21: 3, 290-309.
- Webster, C., MacDonald, R., Shildrick, T. and Simpson, M. (2006), Social exclusion, young adults and extended youth transitions, <http://www.bctrust.org.uk/pdf/social-exclusion-young-adults.pdf>.
- Weir, T. (2007), 'The implementation of occupational health and safety in the New Zealand brothel sector since decriminalisation', Public Health and General Practice, University of Otago
- Weir, T., Abel, G., Fitzgerald, L. and Brunton, C. (2006), The impact of the Prostitution Reform Act on the health and safety practices of sex workers. Report 1: Key informant interviews, Christchurch, Christchurch School of Medicine, University of Otago.
- Weitzer, R. (2005a), 'Flawed theory and method in studies of prostitution', *Violence Against Women*, 11: 7, 934-949.
- Weitzer, R. (2005b), 'New directions in research on prostitution', *Crime, Law and Social Change*, 43, 211-235.
- Weitzer, R. (2006), 'Moral crusades against prostitution', *Society*, March/April, 33-38.
- Weitzer, R. (2007a), 'Prostitution: Facts and fiction', *Contexts*, 6: 4, 28-33.
- Weitzer, R. (2007b), 'The social construction of sex trafficking: Ideology and institutionalization of a moral crusade', *Politics and Society*, 35: 3, 447-475.
- Weitzer, R. (2009), 'Sociology of sex work', *Annual Review of Sociology*, 35, 213-234.
- Weldon, J. (2006), 'Show me the money: A sex worker reflects on research into the sex industry', *Research for Sex Work*, 9, 12-15.
- West, J. (2000), 'Prostitution: collectives and the politics of regulation', *Gender, Work and Organization*, 7: 2, 106-118.
- Westmarland, N. (2006), 'From the personal to the political: shifting perspectives on street prostitution in England and Wales', in Gangoli, G. and Westmarland, N. (eds.), *International approaches to prostitution: Law and policy in Europe and Asia*, Bristol: The Policy Press.
- Whittaker, D. and Hart, G. (1996), 'Research note: Managing risks: the social organisation of indoor sex work', *Sociology of Health and Illness*, 18: 3, 399-414.
- Williams, G. (2003), 'The determinants of health: structure, context and agency', *Sociology of Health and Illness*, 25: 3, 131-154.
- Willman-Navarro, A. (2006), 'Money and sex: What economics should be doing for sex work research', *Research for Sex Work*, 9, 18-21.

- Wolfe, R. and Hanley, J. (2002), 'If we're so different, why do we keep overlapping? When 1 plus 1 doesn't make 2', *Canadian Medical Association Journal*, 166: 1, 65-66.
- Wolffers, I. (2004), 'Editorial: Sex workers health, HIV/AIDS and ethical issues in care and research', *Research for Sex Work*, 7, 1-2.
- Wolffers, I. and van Beelen, N. (2003), 'Public health and the human rights of sex workers', *The Lancet*, 361, 1981.
- World Health Organisation (2005), Violence against sex workers and HIV prevention, *Violence against women and HIV/AIDS: Critical intersections*, Geneva, Department of Gender, Women and Health.
- World Health Organization (2005), Violence against women and HIV/AIDS: Critical intersections, *Information Bulletin Series, Number 3*, Geneva.
- World Health Organization (2007), Women's health and human rights: Monitoring the implementation of CEDAW, Geneva.
- Worth, H. (2000), 'Up on K Road on a Saturday night: sex, gender and sex work in Auckland', *Venereology*, 13, 15-24.

APPENDIX 1: MAIN FINDINGS OF CHRISTCHURCH 1999 STUDY

Estimated number of sex workers in Christchurch in 1999	375	
Street Workers	106	28%
Parlour workers	218	58%
Private workers	51	14%
Number of participants in survey in Christchurch in 1999	303	
Street Workers	78	26%
Parlour workers ⁶⁷	143	47%
Private workers	82	27%

⁶⁷ Parlour and private workers are combined in analyses and the term ‘indoor’ workers is used.

Table 1: Personal circumstances of street and indoor workers				
	Street %	Indoor %	χ^2	p value
Ethnicity:				
Maori	31	15		
Non-Maori	69	85	9.8	0.002
Children	42	57	5.24	0.02
Current partners	35	46	2.81	0.09
Education:				
Primary or secondary (1-2 yrs)	54	21	29.96	0.0001
Secondary (3-5 yrs)	37	44	1.16	0.3
Tertiary	9	35	19.05	0.0001
Age at start of sex work:				
<18 years	62	20	46.8	0.0001
18-21 years	23	31	1.62	0.2
22-29 years	10	29	10.96	0.0009
30-45 years	5	19	8.6	0.003
>45 years	0	1	1.05	0.3
Age of participants at time of study:				
<18 years	11	1	15.81	0.00007
18-21 years	49	17	31.12	0.0001
22-29 years	19	45	16.09	0.00006
30-45 years	21	32	3.44	0.06
>45 years	0	5	4.32	0.04
Use of money on entry into sex work:				
Household expenses	33	43	2.29	0.1
Drugs	38	7	44.06	0.0000001
Debts	2.5	14	7.48	0.006
Reported benefits from sex work:				
No benefits	13	7	2.9	0.09
Been able to save for house/holidays etc	10	19	2.97	0.08
Made new friends	12	31	11.51	0.0007
Become more assertive/confident	13	37	15.77	0.0007
Got more skills	4	12	4.66	0.03
Better lifestyle	10	24	6.72	0.009
More assets	15	24	2.52	0.11
More money	55	54	0.02	0.9
Personal skills	18	32	5.63	0.017

Table 2: Sexual health of street and indoor workers				
	Street %	Indoor %	χ^2	p value
Unprotected sex in previous 12 months:				
Vaginal sex	54	58	0.41	0.5
Hand jobs	33	36	0.14	0.7
Anal sex	4	3	0.27	0.6
Oral sex	35	41	1.29	0.3
Services which are OK to offer without a condom:				
Vaginal sex	0	0	0	1.0
Hand jobs	40	67	18.43	0.0002
Anal sex	0	0	0	1.0
Oral sex	4	4	0	1.0
Sexual health services accessed:				
Do not go for sexual health check-ups	5	4	0.37	0.5
Go to own GP	46	44	0.09	0.8
Sexual Health Clinic	6	19	6.68	0.01
NZPC	9	17	2.9	0.09
Family Planning	1	5	1.99	0.2
Another GP	5	8	0.54	0.5
Youth Health Centre	26	4	33.39	0.00000 01
Sex workers who use the GP informing the GP of their occupation:	41	62	0.06	0.8

Table 3: Substance use				
	Street %	Indoor %	χ^2	p value
Consumption of alcohol whilst working	38	49	2.41	0.1
Reasons for drinking alcohol while working:				
Helps to get through work	50	7	30.78	0.0000001
Like the feeling	13	16	0.09	0.8
Part of social life	27	40	1.87	0.2
To socialise with the client	7	28	5.73	0.02
Use of drugs whilst working	76	33	41.52	0.0000001
Reasons for using drugs whilst working:				
Helps to get through work	49	21	11.37	0.0007
Like the feeling	22	29	0.90	0.3
Part of social life	14	29	4.69	0.03
To socialise with the client	0	3	1.59	0.2

Table 4: Bad experiences in sex work				
	Street %	Indoor %	χ^2	p value
Adverse experiences in sex work:				
Refusal to pay (after service given)	54	46	1.34	0.3
Had money stolen by client	42	25	7.97	0.005
Been physically assaulted	41	21	11.52	0.0007
Threatened with physical violence	65	26	39.32	0.0000001
Held somewhere against their will	23	13	4.11	0.04
Verbal abuse	82	52	22.26	0.000002
Raped	27	8	19.74	0.000009
Client threatened to complain	33	41	1.23	0.3
Forced to have unprotected sex	21	9	7.45	0.006
Reasons for not reporting adverse experiences to the police:				
Not serious enough	38	68	17.27	0.00003
Didn't believe police would help	25	19	1.31	0.3
Didn't want to reveal occupation	21	8	6.6	0.01
Police always think it's the sex worker's fault	8	7	0.13	0.7
Fear of being busted for prostitution	5	5	0	1.0
Didn't want the hassle of court	8	5	0.52	0.5
Opinions of police concern for sex workers:				
Most care	18	18	0	1.0
Some care	65	67	0.06	0.8
None care	17	15	0.13	0.7
Confidants for bad experiences in sex work:				
Nobody	8	4	1.9	0.2
Fellow workers	62	78	6.99	0.008
Friend	55	29	15.01	0.0001
Partner or family member	29	24	0.69	0.4
Driver	0	9	7.02	0.008
Manager or receptionist	7	51	42.3	0.0000001
Social worker	6	1	4.16	0.04
Counsellor	14	6	4.53	0.03
GP or Nurse	11	5	2.8	0.09
Doctor or Nurse at NZPC	3	0	4.87	0.03
NZPC staff	19	10	4.34	0.04
Anyone else	4	2	0.65	0.4
Refusal to see a client in the previous 12 months	85	55	22.06	0.000003
Reasons for refusing to see a client in the previous 12 months:				
Violence	21	10	4.05	0.04
Drunkenness	48	34	3.85	0.05
Dirtiness	48	18	19.91	0.000008
Unprotected sex requested	36	15	10.83	0.001
Verbal abuse	29	18	3.09	0.08
Previous bad experience with that client	27	49	8.48	0.004
Client being disrespectful	45	45	0	1.0

APPENDIX 2: MAIN FINDINGS OF 1999 BRITISH COLUMBIA, CANADA STUDY

Number of participants in survey in Canadian Study in 1999	201
Active sex workers	147
Exited sex workers	54

Table 1: Personal circumstances of street and indoor workers	
Current or last place of work in sex trade:	
On-street	38.8%
Agency	28.4%
Home-based	16.4%
Other indoor (hotel/motel/bar/strip club/peep show/massage parlour)	16.4%
Ethnicity:	
Visible Minority	6.5%
Aboriginal	14.9%
Other	78.6%
Gender:	
Male	18%
Female	79%
Transgender	3%
Age of participants at time of study:	17-60 yrs 32 yrs mean
Education:	
Less than high school (<grade 10)	27.5%
Some high school (completed grade 10 and/or grade 11)	33.5%
Completed high school (grade 12)	39%
Dependent Children:	
Current workers	18.4%
Exited workers	42.6%
Current partners:	
Males	46.3%
Females	60.1%
Reasons for entry into sex work:	
Enticement	34.5%
Economic duress	28.5%
Drugs and alcohol	17.5%
Forced involvement	12.5%
Runaway/Isolation	4%
Other	3%

APPENDIX 3: FOCUS GROUP INTERVIEW GUIDE

The impact of the PRA on the health and safety practices of sex workers

Choice of pseudonym

Round of introductions for transcriber

1. Who watched the documentary on prostitution after the PRA on Expose?
What do you think of it?
Was it a realistic portrayal?
2. What do you think are the issues for sex workers since decriminalisation?
3. **Brothels:**
Management practices
Employment contracts etc
OSH
Dealings with regulatory officers
More brothels?
More sex workers?
More underage sex workers?
Have the sort of sex workers that they employ changed?
Safer sexual practices?
Are the clients aware of their responsibilities?
4. **Street workers:**
Has there been an impact?
5. **Escorts:**
Has there been an impact?
6. **SOOB workers:**
What has been the impact of the bylaws?
7. **Issues of violence and coercion**
8. **Police:**
Are you more comfortable reporting to police?
Have relationships changed?

9. **Health services**

Where do you go?

Are you to more open about your profession to health professionals?

10. **Social:**

Are you more open socially – within family and friendship circles – about your profession since decriminalisation?

Do you think that decriminalisation has legitimated your profession?

Do you think that decriminalisation has been successful? – If not, what else needs to be done?

APPENDIX 4: FOCUS GROUP INFORMATION SHEET

The impact of the Prostitution Reform Act on the health and safety practices of sex workers

Phase 1: Focus groups with NZPC staff and Associates

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NZPC National Office:

Catherine Healey
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Wellington
Ph (04) 382-8791
Email: nzpc@nzpc.org.nz

This study is being carried out by researchers in the Christchurch School of Medicine in collaboration with the New Zealand Prostitutes' Collective (NZPC).

Introduction

We are carrying out a study to look at whether the decriminalisation of sex work has had any impact on the health and safety practices of sex workers. You are invited to take part in this study. You can make up your mind about whether to take part over the next two weeks, and you do not have to take part if you don't want to.

About the study

What are the aims of the study?

We want to find out about the health and safety practices of sex workers following the law change and see if these practices are different from what sex workers did before the law change. We are interested in your experiences. This phase of the study consists of four focus groups with NZPC staff and outreach workers in different areas of New Zealand. This phase of the study will help inform the development of a survey to be carried out amongst sex workers and will also inform the development of an interview guide to be used in in-depth interviews with sex workers.

Where will the study take place?

The study will be based in Christchurch, Auckland, Wellington, Nelson and the Hawkes Bay.

How much of my time will it take?

We will be doing the focus group interviews between August and October 2005. Each focus group will take up to two hours. Two researchers will facilitate the focus groups. No-one will be able to be identified from the results of the study.

Your identity will not be revealed in any reports based on this study.

All original research material will be kept at the Department of Public Health and General Practice at the Christchurch School of Medicine. The final results of this study will be published in the form of reports and academic papers without any identifying material. These academic publications can attract media attention.

What are the benefits of the study?

The study will provide valuable information for the review of the Prostitution Reform Act, which has to take place within five years and will provide some evidence as to whether the legislation has achieved its goals.

Participation

Your participation is entirely voluntary (your choice). You do not have to take part in this study.

You do not have to answer all questions and you may leave the focus group at any time.

If you have any queries or concerns about your rights as a participant in this study you may wish to contact a Health and Disability Advocate, telephone

Mid and lower North Island	0800 42 36 38 (4 ADNET)
South Island except Christchurch	0800 377 766
Christchurch	03 377 7501

The results of the research will be made available in SIREN. A more detailed report will be made available to New Zealand Prostitutes Collective and can be provided to you if you wish. There will be a delay however, between collection of data and the production of the report. This report won't be available until July 2007.

More information about the study is available from:

Gillian Abel
Department of Public Health and General Practice
Christchurch School of Medicine
Ph 364-3619

This study has received ethical approval from the Multi-region Ethics Committee which reviews national and multi-regional studies.

Please feel free to contact the researcher if you have any questions about this study.

Consent Form

The impact of the Prostitution Reform Act on the health and safety practices of sex workers

Phase 1: Focus groups with NZPC staff and Associates

Principal Investigator:

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Research Fellow
Department of Public Health and
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Email: nzpc@nzpc.org.nz

This study is being carried out by researchers in the Christchurch School of Medicine in collaboration with the New Zealand Prostitutes' Collective (NZPC).

I have read and understand the information sheet dated for volunteers taking part in the study designed to look at whether the decriminalisation of sex work has had any impact on the health and safety practices of sex workers. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.

I have had the opportunity to use whanau support or a friend to help me ask questions and I understand the study.

I understand that taking part in the study is voluntary (my choice) and that I may withdraw from the study at any time.

I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.

I have had time to consider whether to take part.

I know who to contact if I have any questions about the study.

I wish to receive a copy of the results of this study: Yes/No

I consent to take part in this study.

In my opinion, consent was freely given and the participant understands what is involved in this study.

Witness's signature:

Date:

Witness is to be a person of the participant's choice.

Consent was taken by (where appropriate)

Name:

Position/qualification:

I have discussed the aims and procedures involved in this study and record the participant's verbal consent.

Signature:

Date:

APPENDIX 5: DEVELOPMENT OF QUESTIONNAIRE

Thirty three questions from the 1999 survey were utilised, some questions were reproduced exactly and others had some form of modification, which ranged from the addition of further options to a reconfiguration of the way the question was posed. All demographic information on age (Q1), age at start of sex work (Q10), ethnicity (Q2), education (Q4), children (Q11) and length of time in the industry (Q5) remained unchanged. Questions on expected length of stay in the industry (Q8), sector worked in both presently (Q12) and at the start of working (Q13) were also identical. Reasons for entering the industry (Q16) and reasons for staying in the industry (Q17) were identically worded, yet further options were supplied. This also applied to substance use, where the frequency of both alcohol (Q25a) and drug use (Q26a) questions remained unchanged, yet reasons for drug use (Q26b) contained a further option not supplied in 1999. The question on whether they had refused a client in the last 12 months (Q39a) remained unchanged, yet the reasons for refusal (Q41) had additional options in the 2006 survey. Services supplied to clients (Q44) also provided a more comprehensive list than in 1999 and the question asking what activities it was “OK” to do without a condom (Q45) had the addition of “trick sex” in 2006. The question on condom negotiation (Q47) was unchanged. The question on services in which no condom was used in the last 12 months (Q50) received additional options, yet this question is not comparable to the 1999 question. In 1999, no differentiation was made between sex with a client and sex within a personal relationship. The 2006 survey asked about “unprotected sex with a client”. The questions on adverse incidents and reporting of these incidents (Q51-57) were framed within a different format and therefore any direct comparisons between 1999 and 2006 would be problematic. The question on whether police care about their safety (Q59) remained unchanged as well as whether participants had their own doctor (Q35a), whether they revealed to that doctor that they were sex workers (Q35b), where they went for sexual health check-ups (Q37) and whether they had enough information at the start of sex work to keep themselves safe (Q66). The questions on access to information on

bad clients (Q58), where advice was sought on how to deal with bad clients at the start of sex work (Q65) and the benefits of sex work (Q68) received additional options to those provided in 1999.

APPENDIX 6: SEX WORKER QUESTIONNAIRE

May-August 2006

Day and Date:
Time:
City:.....
What suburb does participant work in:

Place of Interview:	
Street	1
Parlour/Brothel	2
Home	3
NZPC	4
YCD	5
Other (write in)	7

Interviewer:

Interviewer Instructions:
Read out only the parts in bold type.
Some questions have showcards. In such cases, show participant the relevant showcard, read out the options and ask the participant to indicate the options which apply to them. Mark these on the questionnaire.

If you need to talk to someone please contact NZPC at one of the following numbers:
Auckland: Patricia Morgan (09) 366-6106
Christchurch: Anna Reed (03) 365-2595
Wellington: Catherine Healy (04) 382-8791

First of all we would like to ask some basic background questions.

1. Within what age range are you now? (*Showcard 1*)

Under 16 years		1
16-17 years		2
18-21 years		3
22-29 years		4
30-45 years		5
Over 45 years		6
Didn't answer		9

2. Which ethnic group do you belong to? Mark the space or spaces which apply to you. (*Showcard 2*)

NZ European		1
Maori		2
Samoan		3
Cook Island Maori		4
Tongan		5
Niuean		6
Chinese		7
Indian		8
Other (<i>such as Dutch, Japanese, Tokelauan etc</i>)		97
Please state: b)		

3. Are you: (*Tick one only*)

Female		1
Male		2
Transgender		3
Other.		7
Please state: b)		
Didn't answer		9

4. What education have you had? (*Showcard 3*) (*Tick highest level attended*)

Primary school		1
Secondary school (1-2 years)		2
Secondary school (3 years or more)		3
University, Waananga or other tertiary		4
Don't know		8
Didn't answer		9

5. How long in total have you been working in the sex industry?

.....

6. Were you working in the sex industry before June 2003 when the law changed?

Yes		1
No		2
Don't know		8
Didn't answer		9

7a. Have you been working in the sex industry continuously since you started?

Yes (go to 8)		1
No (go to 7b)		2
Don't know		8
Didn't answer		9

7b. When you last stopped working or had a break from the sex industry, how long did you stop for?

Less than one month		1
1-6 months		2
7-12 months		3
13-24 months		4
More than 2 years		5
Don't know		8
Didn't answer		9

7c. When you last stopped working or had a break from the sex industry, why did you stop?

.....
.....

7d. Why did you come back to work in the sex industry?

.....
.....

7e. What things (if any) did you miss about working in the sex industry?

.....

.....

7f. What might make it difficult for someone to leave the sex industry?

.....

.....

7g. What would make it easier to leave the sex industry?

.....

.....

8. How long do you think that you will stay in sex work?

Less than 1 year		1
1-2 years		2
3-5 years		3
More than 5 years		4
Don't know		8
Didn't answer		9

9. At present, are you doing any of the following activities outside of the sex industry? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) No other work	1	2	8	9
b) Studying	1	2	8	9
c) Paid work part-time	1	2	8	9
d) Paid work full-time	1	2	8	9
e) Training courses	1	2	8	9
f) Caregiving (parents, children, other family)	1	2	8	9
g) Volunteer work	1	2	8	9

10. Within what age range were you when you started working? (Showcard 4)

Under 16 years		1
16-17 years		2
18-21 years		3
22-29 years		4
30-45 years		5
Over 45 years		6
Didn't answer		9

11a. Do you have any children?

Yes (go to 11b)		1
No (go to 12)		2
Don't know		8
Didn't answer		9

11b. How many children at the moment depend on you financially?

.....

Now we'd like to ask you about your sex work.

12. Where do you mainly work at the moment? (Showcard 5) (Tick one only)

Streets		1
Parlour/Brothel		2
Escort agency		3
Private from home or somewhere else (on your own)		4
Private shared flat or place / working with others		5
Bars		6
Other – write in: b)		7
Don't know		8
Didn't answer		9

13. When you first started working, what was your main place of work? (Showcard 6) (Tick one only)

Streets		1
Parlour/Brothel		2
Escort agency		3
Private from home or somewhere else (on your own)		4
Private shared flat or place / working with others		5
Bars		6
Other – write in:		7
Don't know		8
Didn't answer		9

14. If you have moved from one place to another (i.e from one brothel to another or from brothel to private or street), what was your reason for doing so?
(Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) I am still in the same place of work as when I started working (Circle Yes and go to 15)	1	2	8	9
b) Thought that I could earn more in new place	1	2	8	9
c) More control over work practices and/or choice of client in new place	1	2	8	9
d) Safer environment in new place	1	2	8	9
e) More or better clients in new place	1	2	8	9
f) Friends in new place	1	2	8	9
g) Invited to work elsewhere	1	2	8	9
h) Other – write in:	1	2	8	9
i)				

15. Do you tell any of the following people that you work in the sex industry?
(Circle a response for each option)

	Yes	No	Not applicable	Don't know	Didn't answer
a) Any family member	1	2		8	9
b) Any close friend	1	2		8	9
c) Partner	1	2	3	8	9
d) Health workers	1	2		8	9
e) Youth workers	1	2		8	9

16. What are the MAIN reasons you entered the sex industry? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) To pay household expenses (<i>bills / food / rent</i>)	1	2	8	9
b) To pay for social life / going out / luxuries	1	2	8	9
c) Saving up	1	2	8	9
d) Pay for my education	1	2	8	9
e) To support my kids/family	1	2	8	9
f) Made to work by someone	1	2	8	9
g) Exploring sexuality	1	2	8	9
h) Unable to get benefit or parental support	1	2	8	9
i) No other income	1	2	8	9
j) Friend was doing it	1	2	8	9
k) Minding a friend in the industry and got asked to join too	1	2	8	9
l) Thought it looked exciting and glamorous	1	2	8	9
m) Thought sex workers looked like they were fun to be with	1	2	8	9
n) Curiosity	1	2	8	9
o) Support gambling use	1	2	8	9
p) Support for alcohol or other drug use	1	2	8	9
q) Money	1	2	8	9
r) Because it's not against the law	1	2	8	9
s) Other (<i>what?</i>) t)	1	2	8	9

17. For what reasons do you stay working in the sex industry? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) To pay household expenses (<i>bills / food / rent</i>)	1	2	8	9
b) To pay for social life / going out / luxuries	1	2	8	9
c) Saving up	1	2	8	9
d) Pay for my education	1	2	8	9
e) Support my kids/family	1	2	8	9
f) Made to work by someone	1	2	8	9
g) Enjoy the sex	1	2	8	9
h) Unable to get benefit or parental support	1	2	8	9
i) No other income	1	2	8	9
j) All my friends do it	1	2	8	9
k) It's exciting and glamorous	1	2	8	9
l) Other sex workers are friendly and fun to be with	1	2	8	9
m) Support gambling use	1	2	8	9
n) Support for alcohol or other drug use	1	2	8	9
o) Money	1	2	8	9
p) Flexible working hours	1	2	8	9
q) Because it's my job	1	2	8	9
r) Don't want to do anything else	1	2	8	9
s) Don't know what else to do	1	2	8	9
t) Can't get help to leave	1	2	8	9
u) Don't know how to leave	1	2	8	9
v) Other (<i>what?</i>)	1	2	8	9
w)				

18. In a typical week, how many nights, days or shifts would you work?

19. How many hours in a typical night, day or shift would you work?
 hours

The next set of questions are a bit more personal and relate to your general health. Some of these questions have been asked in the National Health Survey which is delivered to a sample of the general population in New Zealand. We have kept the wording of the questions the same so that we can make comparisons.

20. In general, how would you say your health is? (Showcard 7) (Tick one)

Excellent	<input type="checkbox"/>	1
Very good	<input type="checkbox"/>	2
Good	<input type="checkbox"/>	3
Fair	<input type="checkbox"/>	4
Poor	<input type="checkbox"/>	5
Don't know	<input type="checkbox"/>	8
Didn't answer	<input type="checkbox"/>	9

21. Compared to one year ago, how would you rate your health in general now? (Showcard 8) (Tick one)

Much better than one year ago	<input type="checkbox"/>	1
Somewhat better than one year ago	<input type="checkbox"/>	2
About the same as one year ago	<input type="checkbox"/>	3
Somewhat worse than one year ago	<input type="checkbox"/>	4
Much worse than one year ago	<input type="checkbox"/>	5
Don't know	<input type="checkbox"/>	8
Didn't answer	<input type="checkbox"/>	9

22. How much time in the last 4 weeks: (*Showcard 9*) (Circle one response for each question.)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	Don't know	Didn't answer
a) Did you feel full of life?	1	2	3	4	5	6	8	9
b) Have you been a very nervous person?	1	2	3	4	5	6	8	9
c) Have you felt so down in the dumps that nothing would cheer you up?	1	2	3	4	5	6	8	9
d) Have you felt calm and peaceful?	1	2	3	4	5	6	8	9
e) Did you have a lot of energy?	1	2	3	4	5	6	8	9
f) Have you felt down?	1	2	3	4	5	6	8	9
g) Have you felt worn out?	1	2	3	4	5	6	8	9
h) Have you been a happy person?	1	2	3	4	5	6	8	9
i) Did you feel tired?	1	2	3	4	5	6	8	9

23. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting friends and relatives? (*Showcard 9*) (Tick one)

All of the time		1
Most of the time		2
A good bit of the time		3
Some of the time		4
A little bit of the time		5
None of the time		6
Don't know		8
Didn't answer		9

24. How true or false is each of the following statements for you? (Circle an answer for each statement.) (*Showcard 10*)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	Didn't answer
a) I seem to get sick a little easier than other people.	1	2	3	4	5	9
b) I am as healthy as anybody I know.	1	2	3	4	5	9
c) I expect my health to get worse.	1	2	3	4	5	9
d) My health is excellent.	1	2	3	4	5	9

25a. In the last 2 weeks, how often have you drunk alcohol just before or during work? (*Showcard 11*) (Tick one only)

Never / Don't drink (go to 26)		1
Rarely		2
Sometimes		3
Most times		4
Every time		5
Don't know		8
Didn't answer		9

25b. When you have drunk alcohol just before or during work, what is the main reason? (*Showcard 12*) (Tick one only)

It helps you get through work		1
You like the feeling		2
It's part of your social life		3
To socialise with the client		4
Other: (state)		7
c)		
Don't know		8
Didn't answer		9

26a. In the last 2 weeks, how often have you taken drugs just before or during work? (*Showcard 13*) (Tick one only)

Never (go to 27)		1
Rarely		2
Sometimes		3
Most times		4

Every time		5
Don't know		8
Didn't answer		9

26b. When you have taken drugs just before or during work, what is the main reason? (*Showcard 14*) (*Tick one only*)

It helps you get through work		1
You like the feeling		2
It's part of your social life		3
To socialise with the client		4
To stay awake through the night		5
Other: (state)		7
Don't know		8
Didn't answer		9

27. Which of these drugs have you taken just before or during work in the last 2 weeks? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) I don't use drugs (Circle Yes and go to 28)	1	2	8	9
b) Party pills / Herbals / BZP	1	2	8	9
c) P / Amphetamines / Speed / Ritalin	1	2	8	9
d) Morphine / Methadone (other opiates) / Homebake	1	2	8	9
e) Marijuana	1	2	8	9
f) Glue or other inhalants	1	2	8	9
g) Ecstasy	1	2	8	9
h) Hallucinogens	1	2	8	9
i) Benzos	1	2	8	9
j) Any other – write in:	1	2	8	9
k)				

28a. Have you seen the Occupational Safety and Health (OSH) manual for the sex industry? (*Show a copy of the manual*)

Yes		1
No (Go to 29)		2
Don't know		8
Refused to answer		9

28b. Have you read it?

Yes		1
No (Go to 29)		2
Don't know		8
Didn't answer		9

28c. If you have read it, did you find it: (Showcard 15) (Tick one only)

Very useful and informative		1
Made me more aware of my rights		2
Was difficult to understand		3
Too long and wordy		4
Not relevant to my work		5
English is my second language and I could not therefore understand it		6
Other options – write in: d)		7
Don't know		8
Didn't answer		9

29a. Have you seen the Ministry of Health pamphlets and posters about clients and sex workers being required to use condoms? (Show some examples)

Yes		1
No (Go to 30)		2
Don't know		8
Didn't answer		9

29b. What do you think of these pamphlets and posters? (Showcard 15) (Tick one only)

Very useful and informative		1
Made me more aware of my rights		2
Difficult to understand		3
Too long and wordy		4
Not relevant to my work		5
English is my second language and I could not therefore understand them		6
Other options – write in: c)		7
Don't know		8
Didn't answer		9

30a. Have you ever experienced a work-related injury or had an accident while doing sex work where you were physically injured?

Yes		1
No (go to 31)		2
Don't know		8
Didn't answer		9

30b. What was this injury?

.....

30c. Did you report this injury to anyone?

Yes		1
No		2
Don't know		8
Didn't answer		9

31. Where would you go to get help for a sex work-related injury? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Manager / receptionist / owner of workplace	1	2	8	9
b) NZPC / Prostitutes' Collective	1	2	8	9
c) YCD or Youth organisation	1	2	8	9
d) A GP	1	2	8	9
e) OSH	1	2	8	9
f) A sexual health clinic	1	2	8	9
g) Other – write in:	1	2	8	9
h)				

32. The following statements are about rights that you are aware that you have under the new law. Answer true or false for each of the statements.

	True	False	Don't know	Didn't answer
a) We have no rights.	1	2	8	9
b) We have employment rights	1	2	8	9
c) We have OSH health and safety rights	1	2	8	9
d) We have legal rights	1	2	8	9
e) Other: please state	1	2	8	9
f)				

33. Where would you get information about your employment rights? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Manager / receptionist / owner of workplace	1	2	8	9
b) NZPC / Prostitutes' Collective	1	2	8	9
c) YCD or Youth organisation	1	2	8	9
d) Friends in the sex industry	1	2	8	9
e) Other sex workers	1	2	8	9
f) OSH	1	2	8	9
g) Other – write in:	1	2	8	9
h)				

34a. Has your local council made a bylaw about where you are able to do sex work?

Yes		1
No (Go to 35)		2
Don't know		8
Didn't answer		9

34b. If yes, has this bylaw affected your ability to do sex work?

Yes		1
No (Go to 35)		2
Don't know (Go to 35)		8
Didn't answer (Go to 35)		9

34c. In what way has this affected your ability to do sex work?

.....

.....

.....

35a. Do you have a regular doctor?

Yes		1
No (go to 36)		2
Don't know		8
Didn't answer		9

35b. Do you tell him/her you are a sex worker?

Yes		1
No		2
Don't know		8
Didn't answer		9

36. Where do you go for your general health needs (not sexual health)?
(Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) To your GP	1	2	8	9
b) To the NZPC	1	2	8	9
c) To YCD or other youth organisation	1	2	8	9
d) Social worker	1	2	8	9
e) Counsellor	1	2	8	9
f) Physiotherapist	1	2	8	9
g) Chiropractor	1	2	8	9
h) Podiatrist	1	2	8	9
i) Complementary practitioner eg Naturopath, Homeopath, Therapeutic masseur etc	1	2	8	9
j) Mental health worker eg psychologist, psychiatrist etc	1	2	8	9
k) Nowhere	1	2	8	9
l) Other (specify):	1	2	8	9
m)				

37. Where do you usually go for sexual health check-ups? (*Showcard 16*)
(Tick one)

Don't go for sexual health check-ups		1
To your GP		2
To another GP		3
To the NZPC		4
To Family Planning		5
To the Sexual Health Centre		6
To a youth health centre		7
Other (specify):		97

Now I'd like to ask about your experiences at work.

Firstly about pressure that may or may not be put on you at work.

38. In the last 12 months, have you ever felt you had to accept a client when you didn't want to?

Yes		1
No		2
Don't know		8
Didn't answer		9

39a. Have you refused to do a client in the last 12 months?

Yes		1
No (go to 40)		2
Don't know		8
Didn't answer		9

39b. If yes, were you penalised for refusing?

Yes		1
No		2
Don't know		8
Didn't answer		9

40. Do you feel more able to refuse to do a client since the law changed?

Yes		1
No		2
Was not working before law change		3
Don't know		8
Didn't answer		9

41. In your main place of work now, for what reason(s) have you refused to do a client in the last 12 months? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Client didn't have enough money	1	2	8	9
b) Violence	1	2	8	9
c) Client was drunk and/or on drugs	1	2	8	9
d) Dirtiness	1	2	8	9
e) Client wanted unprotected sex	1	2	8	9
f) Verbal abuse	1	2	8	9
g) Previous bad experience with that client	1	2	8	9
h) Client being rude	1	2	8	9
i) I prefer not to do clients of particular ethnic groups	1	2	8	9
j) Gut instinct	1	2	8	9
k) I prefer not to do clients with disabilities	1	2	8	9
l) Because I know the client from my private life	1	2	8	9
m) Didn't like the look of him	1	2	8	9
n) Didn't feel like it	1	2	8	9
o) Couldn't be bothered	1	2	8	9
p) Had made enough money	1	2	8	9
q) I heard he was a dangerous client	1	2	8	9
r) I don't do the service they want	1	2	8	9
s) Other: (state)	1	2	8	9
t)				

42a. Do you check your clients for STIs?

Yes		1
No		2
Don't know		8
Didn't answer		9

42b. Can you always tell if a client has an STI by examining him?

Yes		1
No		2
Don't know		8
Didn't answer		9

43. Does a condom protect you from every STI?

Yes		1
No		2
Don't know		8
Didn't answer		9

44. What services do most of your clients request which you are willing to provide? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Vaginal sex	1	2	8	9
b) Hand jobs	1	2	8	9
c) B&D	1	2	8	9
d) Anal sex	1	2	8	9
e) Sex toys (self)	1	2	8	9
f) Sex toys (client)	1	2	8	9
g) Kissing	1	2	8	9
h) Blow jobs/oral	1	2	8	9
i) Going down	1	2	8	9
j) Golden showers	1	2	8	9
k) Docking (male-to-male)	1	2	8	9
l) Rimming	1	2	8	9
m) Body slides	1	2	8	9
n) Spanish (breast sex) and pearl necklaces	1	2	8	9
o) Fisting	1	2	8	9
p) Bi-doubles	1	2	8	9
p) Parties / orgies / group sex	1	2	8	9
q) Other: (state)	1	2	8	9
r)				

45. Is it OK, in your opinion, to do the following services at work without condoms? (Circle a response for each option)

	Yes	No	Don't offer this service	Don't know	Didn't answer
a) Vaginal sex	1	2	3	8	9
b) Anal sex	1	2	3	8	9
c) Hand jobs	1	2	3	8	9
d) Sex toys	1	2	3	8	9
e) Oral / Blow jobs	1	2	3	8	9
f) Trick sex	1	2	3	8	9

45g. Are there any other activities which you do at work which are OK to do without a condom?

46. If you don't use a condom with a client for vaginal, anal or oral sex, is it because ... (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Not required because the activity is safe	1	2	8	9
b) Couldn't be bothered	1	2	8	9
c) I chose not to	1	2	8	9
d) No condom available	1	2	8	9
e) Client won't use	1	2	8	9
f) Client prefers not to use	1	2	8	9
g) Know the client really well	1	2	8	9
h) Offered more money	1	2	8	9
i) Always use condoms	1	2	8	9
j) Other:	1	2	8	9
k) (state).....				

47. When you use condoms with clients, do you usually: (Showcard 17) (Tick one)

Discuss and explain to clients why you use condoms		1
Don't say anything, just use them		2
Tell clients they have to use condoms		3
Don't know		8
Didn't answer		9

48. In the last 2 weeks, how many times has a client asked if they can have sex without a condom? (Showcard 18) (Tick one only)

All the time		1
Often		2
Sometimes		3
Seldom		4
Never		5
Don't know		8
Didn't answer		9

49. If a client asks for sex without a condom, what strategies do you use to get around this? (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Tell them that it's the law	1	2	8	9
b) Tell them that the owner/manager says you have to	1	2	8	9
c) Threaten to call somebody	1	2	8	9
d) Tell them explicitly before they get in the room	1	2	8	9
e) Just do oral	1	2	8	9
f) Just do a hand job	1	2	8	9
g) Refuse to do job	1	2	8	9
h) Charge more	1	2	8	9
i) Other:	1	2	8	9
j)				

50. In the last 12 months, have you had unprotected sex with a client when doing: (Circle a response for each option)

	Yes	No	Don't know	Didn't answer
a) Vaginal sex	1	2	8	9
b) Anal sex	1	2	8	9
c) Fisting	1	2	8	9
d) Blow jobs	1	2	8	9
e) Going down	1	2	8	9
e) Bi-doubles / parties / orgies	1	2	8	9
f) Other: (state)	1	2	8	9
g)				

The next set of questions are about any bad experiences you may have had while working.

51a. In the last 12 months, have you experienced refusal to pay (after service given)?

Yes		1
No (Go to 52a)		2
Don't know		8
Didn't answer		9

51b. Did you report this to the police?

Yes (Go to 51e)		1
No		2
Don't know		8
Didn't answer		9

51c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

51e. Did you report this to any other person besides the police?

Yes (Go to 52a)		1
No		2
Don't know		8
Didn't answer		9

51f. If you didn't do so, what was the main reason for not doing so?
(Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

52a. In the last 12 months, have you had money stolen by client?

Yes		1
No (Go to 53a)		2
Don't know		8
Didn't answer		9

52b. Did you report this to the police?

Yes (Go to 52e)		1
No		2
Don't know		8
Didn't answer		9

52c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

52e. Did you report this to any other person besides the police?

Yes (Go to 53a)		1
No		2
Don't know		8
Didn't answer		9

52f. If you didn't do so, what was the main reason for not doing so?
(Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

53a. In the last 12 months, have you been physically assaulted by a client while you were at work?

Yes		1
No (Go to 54a)		2
Don't know		8
Didn't answer		9

53b. Did you report this to the police?

Yes (Go to 53e)		1
No		2
Don't know		8
Didn't answer		9

53c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

53e. Did you report this to any other person besides the police?

Yes (Go to 54a)		1
No		2
Don't know		8
Didn't answer		9

53f. If you didn't do so, what was the main reason for not doing so? (Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

54a. In the last 12 months, have you been threatened by anyone with physical violence while working?

Yes		1
No (Go to 55a)		2
Don't know		8
Didn't answer		9

54b. Did you report this to the police?

Yes (Go to 54e)		1
No		2
Don't know		8
Didn't answer		9

54c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d).....		97
Don't know		98
Didn't answer		99

54e. Did you report this to any other person besides the police?

Yes (Go to 55a)		1
No		2
Don't know		8
Didn't answer		9

54f. If you didn't do so, what was the main reason for not doing so? (Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g).....		7
Don't know		8
Didn't answer		9

55a. In the last 12 months, have you been held somewhere against your will by a client?

Yes		1
No (Go to 56a)		2
Don't know		8
Didn't answer		9

55b. Did you report this to the police?

Yes (Go to 55e)		1
No		2
Don't know		8
Didn't answer		9

55c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in:		97
d)		
Don't know		98
Didn't answer		99

55e. Did you report this to any other person besides the police?

Yes (Go to 56a)		1
No		2
Don't know		8
Didn't answer		9

55f. If you didn't do so, what was the main reason for not doing so?
(Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

56a. In the last 12 months, have you been raped by a client?

Yes		1
No (Go to 57a)		2
Don't know		8
Didn't answer		9

56b. Did you report this to the police?

Yes (Go to 56e)		1
No		2
Don't know		8
Didn't answer		9

56c. If you didn't report it to the police, what was the main reason for not doing so?
(Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

56e. Did you report this to any other person besides the police?

Yes (Go to 57a)		1
No		2
Don't know		8
Didn't answer		9

56f. If you didn't do so, what was the main reason for not doing so?
(Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

57a. In the last 12 months, have you received abusive text messages from clients?

Yes		1
No (Go to 58a)		2
Don't know		8
Didn't answer		9

57b. Did you report this to the police?

Yes (Go to 57e)		1
No		2
Don't know		8
Didn't answer		9

57c. If you didn't report it to the police, what was the main reason for not doing so? (Showcard 19) (Tick one only)

Not serious enough		1
Didn't believe police would help		2
Didn't want to reveal I was a sex worker		3
Police will blame me because I'm a sex worker		4
Fear of being busted for prostitution		5
Didn't want the hassle of court etc		6
Too much hassle		7
Fear of repercussions		8
Manager advised not to		9
Anything else – write in: d)		97
Don't know		98
Didn't answer		99

57e. Did you report this to any other person besides the police?

Yes (Go to 58a)		1
No		2
Don't know		8
Didn't answer		9

57f. If you didn't do so, what was the main reason for not doing so? (Showcard 20) (Tick one only)

Not serious enough		1
Didn't believe they would help		2
Didn't want to reveal I was a sex worker		3
They always think it's my fault because I'm a sex worker		4
Fear of repercussions		5
Anything else – write in: g)		7
Don't know		8
Didn't answer		9

58. Who would you tell about a bad experience with a client? (Circle a response for each option)

	Yes	No	Not applicable	Don't know	Didn't answer
a) Partner or family member	1	2		8	9
b) Fellow workers	1	2		8	9
c) Friend	1	2		8	9
d) NZPC staff / Prostitutes' Collective	1	2		8	9
e) Driver	1	2	3	8	9
f) Manager or receptionist	1	2	3	8	9
g) Social worker	1	2		8	9
h) Counsellor	1	2		8	9
i) General Practitioner or Nurse	1	2		8	9
j) Doctor or nurse at NZPC	1	2		8	9
k) YCD or other youth organisation	1	2		8	9
l) Pimp / Minder	1	2	3	8	9
m) OSH worker or Medical Officer of Health	1	2		8	9
n) Nobody	1	2		8	9
o) Anyone else (write in):	1	2		8	9
p)					

59. Do you think the police care about your safety as a sex worker? (Showcard 21)

Most are concerned		1
Some are concerned		2
None are concerned		3
Don't know		8
Didn't answer		9

60. Do you think police attitudes to sex workers have changed for the better since the law changed?

Yes		1
No		2
I was not working before the law changed		3
Don't know		8
Didn't answer		9

61a. Have the police visited your workplace in the last year?

Yes (Go to 61b)		1
No (Go to 62)		2
Don't know		8
Didn't answer		9

61b. If yes, what was the purpose of their last visit?

.....

62. Where do you get information about bad clients? (Circle a response for each option)

	Yes	No	Don't know	Refused to answer
a) Management	1	2	8	9
b) Other sex workers	1	2	8	9
c) Friends/family (non-sex workers)	1	2	8	9
d) Police	1	2	8	9
e) NZPC / Prostitutes' Collective	1	2	8	9
f) Somewhere else:	1	2	8	9
g) (write in).....				

63. Are you encouraged to share information about bad clients in your workplace?

Yes		1
No		2
Don't know		8
Didn't answer		9

64a. Do you go into the NZPC (Prostitutes' Collective) drop-in centre for any reason?

Yes (go to 65)		1
No (go to 64b)		2
Don't know		8
Didn't answer		9

64b. If no, what are your reasons for not going to NZPC?

.....
.....
.....

65. When you first started sex work, who gave you useful advice and information about work? *(Circle a response for each option)*

	Yes	No	Don't know	Didn't answer
a) Nobody (Go to 66)	1	2	8	9
b) Client	1	2	8	9
c) Co-workers	1	2	8	9
d) Films/books etc	1	2	8	9
e) Friends/family	1	2	8	9
f) Employer	1	2	8	9
g) Receptionist/Manager	1	2	8	9
h) NZPC / Prostitutes' Collective	1	2	8	9
i) Internet	1	2	8	9
j) Someone else: (write in)	1	2	8	9
k)				

66. Looking back now, did you have enough advice and information when you first started sex work to keep yourself safe?

Yes		1
No		2
Don't know		8
Didn't answer		9

67. How do you get paid for your work? *(Circle a response for each option)*

	Yes	No	Don't know	Didn't answer
a) Money	1	2	8	9
b) Food	1	2	8	9
c) Alcohol	1	2	8	9
d) Drugs (This includes marijuana, herbals, party pills etc)	1	2	8	9
e) Place to stay/shelter	1	2	8	9
f) Paying off debt	1	2	8	9
g) Barter	1	2	8	9
h) Other	1	2	8	9
i)				

68. Would you say the following statements are true or false about the benefits of sex work? *(Circle a response for each option)*

	True	False	Don't know	Didn't answer
a) I've been able to save for house, car etc	1	2	8	9
b) I've made new friends	1	2	8	9
c) I've become more assertive/confident	1	2	8	9
d) I've got more skills	1	2	8	9
e) I've had a better lifestyle	1	2	8	9
f) I've got more assets	1	2	8	9
g) I've got more money	1	2	8	9
h) I've been able to travel/go on holidays	1	2	8	9
i) I've repaid a student loan	1	2	8	9
j) I've finished my degree/course/other study	1	2	8	9
k) Developed people skills	1	2	8	9
l) I've enjoyed contact with most of the clients	1	2	8	9
l) I've enjoyed sex with most of the clients	1	2	8	9
m) I've been able to pay my debts	1	2	8	9
n) I've survived	1	2	8	9
o) Been able to provide for my children/family	1	2	8	9
p) There have been no benefits	1	2	8	9
q) Other: (State)	1	2	8	9
r)				

Thank you very much for taking the time to answer the questions. We value the information you have given us.

Do you have any other brief comments you'd like to make?

.....

.....

.....

APPENDIX 7: QUESTIONNAIRE INFORMATION SHEET

The impact of the Prostitution Reform Act on the health and safety practices of sex workers

Phase 2: Survey of sex workers

Principal Investigator:

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This study is being carried out by researchers in the Christchurch School of Medicine in collaboration with the New Zealand Prostitutes' Collective (NZPC).

Introduction

We are carrying out a study to look at whether the decriminalisation of sex work has had any impact on the health and safety practices of sex workers. You are invited to take part in this study. You can make up your mind about whether to take part and you do not have to take part if you don't want to.

About the study

What are the aims of the study?

We want to find out about the health and safety practices of sex workers following the law change and see if these practices are different from what sex workers did before the law change. We are interested in your experiences. The study consists of interviews with as many sex workers as possible who are currently working in the sex industry. We will first ask people who come to NZPC if they would like to take part and then ask those people to refer friends or acquaintances working in the sex industry to us.

Where will the study take place?

The study will be based in Christchurch, Wellington, Auckland, Nelson and the Hawkes Bay.

How much of my time will it take?

We will be doing interviews over a four month period, from May to September 2006. An interview takes about 30 minutes. An interviewer, who has been associated with the sex

industry, will ask you a number of questions from a questionnaire. No-one will be able to be identified from the results of the study.

Your identity will not be revealed in any reports based on this study.

All original research material will be kept at the Department of Public Health and General Practice at the Christchurch School of Medicine. The final results of this study will be published in the form of reports and academic papers without any identifying material. These academic publications can attract media attention.

Will I receive any reimbursement of expenses?

We will give you \$15 to cover your costs and your time.

What are the benefits of the study?

The study will provide valuable information for the review of the Prostitution Reform Act, which has to take place by 2008 and will provide some evidence as to whether the legislation has achieved its goals.

Participation

Your participation is entirely voluntary (your choice). You do not have to take part in this study.

You do not have to answer all questions and you may stop the interview at any time.

If you have any queries or concerns about your rights as a participant in this study you may wish to contact a Health and Disability Advocate, telephone

Mid and lower North Island 0800 42 36 38 (4 ADNET)

South Island except Christchurch 0800 377 766

Christchurch 03 377 7501

The results of the research will be made available in SIREN. A more detailed report will be made available to New Zealand Prostitutes Collective and can be provided to you if you wish. There will be a delay however, between collection of data and the production of the report. This report won't be available until July 2007.

More information about the study is available from:

Gillian Abel

Department of Public Health and General Practice

Christchurch School of Medicine

Ph 364-3619

This study has received ethical approval from the Multi-region Ethics Committee which reviews national and multi-regional studies.

Please feel free to contact the researcher if you have any questions about this study.

APPENDIX 8: MISSING DATA

Number of participants in sample = 772

Missing Data for non-text variables with no skip options

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
Q1. Age	1	
Q2. Ethnicity	1	
Q3. Gender	4	
Q4. Education	6	
Q5. Length of time in industry	4	
Q6. Working prior to 2003	12	
Q7a. Worked continuously	14	
Q8. How long plan to stay in industry	13	
<i>Q9. At present are you doing any of the following activities outside of the sex industry?</i>		
Q9a. No other work	88	Many did not answer this question for an unknown reason.
Q9b studying	63	
Q9c. Part-time work	61	
Q9d. Full time work	78	
Q9e. Training course	74	
Q9f. Caregiving	59	
Q9g. Volunteer	83	
Q10. Age at start of work	1	
Q11a. Children	8	
Q12. Sector	5	
Q13. Original sector	13	
Q.14a. Have not moved	87	The question asked “If you have moved from one place to another, what was your reason for doing

so?” Some interviewers may have skipped this question if people answered that they had not moved. This was an option in 14a, with reasons for moving from 14b-14h. However, the question was poorly worded.

Q15. Do you tell any of the following people that you work in the sex industry?

Q15a. Family member	26	Some interviewers circled only the applicable yes responses.
Q15b. Close friend	13	
Q15c. Partner	29	
Q15d. Health workers	29	
Q15e. Youth workers	84	

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
<i>Q16. What are the main reasons for entering the sex industry?</i>		
Q16a. Household expenses	23	Some interviewers circled only the applicable yes responses.
Q16b. Social life	34	
Q16c. Saving	38	
Q16d. Education	41	
Q16e. Support family	43	
Q16f. Made to work	44	
Q16g. Exploring sexuality	47	
Q16h. No benefit	47	
Q16i. No other income	39	
Q16j. Friend doing it	40	
Q16k. Minding a friend	48	
Q16l. Exciting	47	
Q16m. Sex workers fun	54	
Q16n. Curiosity	40	
Q16o. Gambling	46	
Q16p. Alcohol/drugs	44	
Q16q. Money	16	
Q16r. Not against law	77	
<i>Q17. What are the reasons for staying in the sex industry?</i>		
Q17a. Household expenses	29	Some interviewers circled only the applicable yes responses.
Q17b. Social life	42	
Q17c. Saving	42	
Q17d. Education	52	
Q17e. Support family	48	

Q17f. Made to work	57
Q17g. Enjoy sex	71
Q17h. No benefit	57
Q17i. No other income	46
Q17j. Friend doing it	57
Q17k. Exciting	59
Q17l. Sex workers fun	67
Q17m. Gambling	55
Q17n. Alcohol/drugs	50
Q17o. Money	16
Q17p. Flexible hours	33
Q17q. My job	53
Q17r. Don't want to do anything else	67
Q17s. Don't know what else to do	61
Q17t. Can't get help to leave	62
Q17u. Don't know how to leave	62

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
Q20. General health	3	
Q21. Health compared to a year ago	6	
<i>Q22. How many times in the last 4 weeks have you felt:</i>		
Q22a. Full of life	6	
Q22b. Nervous	12	
Q22c. Down in the dumps	12	
Q22d. Calm	13	
Q22e. Energy	9	
Q22f. Down	16	
Q22g. Worn out	18	
Q22h. Happy	12	
Q22i. Tired	14	
Q23. Physical and emotional problems interfered with social activities	13	
<i>Q24. How true or false are the following statements:</i>		
Q24a. Sicker than other people	12	
Q24b. Healthy as anybody	12	
Q24c. Expect health to get worse	21	
Q24d. Health excellent	12	
Q25a. Drunk alcohol	2	
Q26a. Taken drugs	8	
<i>Q27. Which drugs have been taken before or during work in the last 2 weeks?</i>		
Q27a. Don't use drugs	132	Some interviewers who had participants who used drugs did not circle the "no" option but went on to circle the drug options in Q27b-j.

Q28a. Seen OSH guidelines	6
Q29a. Seen MoH pamphlets	11
Q30a. Experienced work-related injury	4

Q31. Where would you get help for a sex work-related injury?

Q31a. Manager	69	This question was poorly answered possibly because many participants had not experienced a work-related injury.
Q31b. NZPC	49	
Q31c. YCD	99	
Q31d. GP	80	
Q31e. OSH	104	
Q31f. Sexual health clinic	72	

Q32. What rights do you have under the new law?

Q32a. No rights	33	This question was poorly answered possibly because many sex workers are not aware of their rights.
Q32b. Employment rights	91	
Q32c. OSH rights	127	
Q32d. Legal rights	43	

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
<i>Q33. Where would you get information on employment rights?</i>		
Q33a. Manager	75	This question was poorly answered possibly because many sex workers are not aware of their rights.
Q33b. NZPC	27	
Q33c. YCD	103	
Q33d. Friends	67	
Q33e. Other sex workers	71	
Q33f. OSH	99	
Q34a. Has council made a bylaw	314	Many participants were unsure whether their local council had made a bylaw or not.
Q35a. Regular GP	5	
<i>Q36. Where do you go for your general health needs?</i>		
Q36a. GP	19	Some interviewers circled only the applicable yes responses.
Q36b. NZPC	76	
Q36c. YCD	92	
Q36d. Social worker	86	
Q36e. Counsellor	85	
Q36f. Physiotherapist	86	
Q36g. Chiropractor	87	
Q36h. Podiatrist	88	
Q36i. Complementary practitioner	87	
Q36j. Mental health worker	82	
Q36k. Nowhere	146	
Q37 Where do you go for sexual health check-ups	3	
Q38. Had to accept client against will	4	

Q39a. Refused client last 12 months	4	
Q40. More able to refuse client since law change	85	Many did not answer this question for an unknown reason.

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
<i>Q41. What reasons have you refused a client in the last 12 months?</i>		
Q41a. Not enough money	61	Some interviewers circled only the applicable yes responses.
Q41b. Violence	77	
Q41c. Client drunk	66	
Q41d. Dirtiness	75	
Q41e. Client wanted unprotected sex	61	
Q41f. Verbal abuse	81	
Q41g. Previous bad experience	71	
Q41h. Client rude	79	
Q41i. Clients ethnic group	74	
Q41j. Gut instinct	73	
Q41k. Client with disabilities	89	
Q41l. Know client	78	
Q41m. Didn't like look of him	78	
Q41n. Didn't feel like it	82	
Q41o. Couldn't be bothered	78	
Q41p. Made enough money	77	
Q41q. Dangerous client	76	
Q41r. Don't do service	69	
Q42a. Check clients for STIs	41	Many did not answer this question for an unknown reason.
Q42b. Can you tell if they have an STI	64	Many did not answer this question for an unknown reason.
Q43. Does condom protect	70	Many did not answer this question for an unknown reason.

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
<i>Q44. What services do your clients request that you are willing to provide?</i>		
Q44a. Vaginal sex	18	Some interviewers circled only the applicable yes responses.
Q44b. Hand jobs	6	
Q44c. B&D	34	
Q44d. Anal	25	
Q44e. Sex toys (self)	23	
Q44f. Sex toys (client)	25	
Q44g. Kissing	31	
Q44h. Blow jobs	6	
Q44i. Going down	31	
Q44j. Golden showers	18	
Q44k. Docking	93	
Q44l. Rimming	52	
Q44m. Body slides	23	
Q44n. Spanish	24	
Q44o. Fisting	41	
Q44p. Bi-doubles	22	
Q44p2. Parties	42	
<i>Q45. What services are OK to do without a condom?</i>		
Q45a. Vaginal	11	Some participants may have been unaware of what trick sex was.
Q45b. Anal	14	
Q45c. Hand jobs	12	
Q45d. Sex toys	19	
Q45e. Oral	13	
Q45f. Trick sex	63	

Q46. If you don't use a condom for vaginal, anal or oral sex, is it because:

Q46a. Activity safe	131	Some participants became resistant to answering more questions on condom use and the interviewers merely ticked "always use condoms".
Q46b. Couldn't be bothered	134	
Q46c. Chose not to	130	
Q46d. No condom	133	
Q46e. Client won't use	133	
Q46f. Client prefers not to	132	
Q46g. Know client well	133	
Q46h. Offered more money	132	
Q46i. Always use	68	
Q47. Negotiate condoms	10	
Q48. How many requests for no condom	18	

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
<i>Q49. Strategies used when client requests sex without a condom:</i>		
Q49a. It's the law	49	Some interviewers circled only the applicable yes responses.
Q49b. Manager insists	83	
Q49c. Threaten to call someone	82	
Q49d. Tell them explicitly	74	
Q49e. Do oral	85	
Q49f. Do hand job	79	
Q49g. Refuse to do job	59	
Q49h. Charge more	90	
<i>Q50. In the last 12 months, have you had unprotected sex with a client when doing:</i>		
Q50a. Vaginal	25	Some interviewers circled only the applicable yes responses.
Q50b. Anal	28	
Q50c. Fisting	38	
Q50d. Blow jobs	27	
Q50e. Going down	33	
Q50f. Bi-doubles	38	
<i>Q51-57. In the last 12 months have you:</i>		
Q51a. Experienced refusal to pay	3	
Q52a. Had money stolen	4	
Q53a. Been physically assaulted	2	
Q54a. Been threatened with violence	4	
Q55a. Been held against will	6	
Q56a. Been raped by a client	3	
Q57a. Received abusive texts	1	
<i>Q58. Who would you tell about a bad experience with a client:</i>		

Q58a. Partner or family	44	Some interviewers circled only the applicable yes responses.
Q58b. Fellow workers	27	
Q58c. Friend	33	
Q58d. NZPC staff	43	
Q58e. Driver	65	
Q58f. Manager	35	
Q58g. Social worker	57	
Q58h. Counsellor	56	
Q58i. GP	62	
Q58j. NZPC doctor/nurse	50	
Q58k. YCD	69	
Q58l. Pimp	61	
Q58m. OSH	66	
Q58n. Nobody	102	

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
Q59. Do police care about your safety	115	Many did not answer this question for an unknown reason.
Q60. Have police attitudes changed	159	Many did not answer this question for an unknown reason.
Q61a. Have police visited workplace	79	Many did not answer this question for an unknown reason.

Q62. Where do you get information about bad clients?

Q62a. Management	54	Some interviewers circled only the applicable yes responses.
Q62b. Other sex workers	21	
Q62c. Friends/family	69	
Q62d. Police	78	
Q62e. NZPC	57	
Q63. Are you encouraged to share information in your workplace	76	Many did not answer this question for an unknown reason.
Q64a. Do you access NZPC	17	
Q65a. Nobody gave advice on starting sex work	152	This question went on to ask participants to circle who had given useful advice. Many interviewers failed to circle the “no” option for this question but went on to circle the appropriate “yes” responses to Q65b-j.
Q66. Did you get enough advice at start	30	

Q67. How do you get paid for your work?

Q67a. Money	8	Most interviewers circled the “Yes” option for Q67a and then failed to circle the “no” options for 67b-g.
Q67b. Food	71	
Q67c. Alcohol	71	
Q67d. Drugs	65	
Q67e. Place to stay	72	

Q67f. Paying debt	71
Q67g. Barter	72

Question Number	Missing variables	Possible Explanation for variables with over 20 missing
<i>Q68. What are the benefits of sex work?</i>		
Q68a. Save	24	Some interviewers circled only the applicable yes responses.
Q68b. New friends	11	
Q68c. More assertive	23	
Q68d. More skills	29	
Q68e. Better lifestyle	41	
Q68f. More assets	31	
Q68g. More money	20	
Q68h. Travel	24	
Q68i. Student loan	34	
Q68j. Finished study	39	
Q68k. Developed people skills	24	
Q68l. Enjoyed client contact	35	
Q68l2. Enjoyed sex	45	
Q68m. Pay debts	17	
Q68n. Survived	26	
Q68o. Provide for family	34	
Q68p. No benefits	63	

APPENDIX 9: INTERVIEW SCHEDULE

Introduction

- Introduce the study:
 - ❖ This is a study that is looking at the impact of the PRA (the decriminalisation of sex work) on the health and safety practices of sex workers in their everyday lives
 - ❖ It's a really big study across the country. We are talking with all different types of sex workers around the country
 - ❖ The PRA has to be reviewed (to see if it's worked or not) and this study is really important as it's going to help the politicians to see how it's worked.
 - ❖ We are really interested in what you have to say as you're the experts about the realities of sex work- it's so important that we get to hear about your thoughts and experiences
 - ❖ This study will also be really important for helping improve the health and safety of sex workers
 - ❖ This is totally confidential- we take this seriously! Even though we tape the interview no names will be used to identify you. You don't have to answer any question you don't want to and you can withdraw at any time.

(Remember go through information sheet and get participants to fill out consent form and give them their money)

1. Background

-We're really interested in your experiences of working in the sex industry. Can you tell me a bit about how long you've worked and where you've worked and what you think about your job?

(prompts- draw out what was happening for them at the time)

- How long have you worked in the sex industry?
- Where have you worked? (cities, sectors etc)
- What prompted you to get into sex work?
- Did you have any breaks? Why? What was going on in your life at the time?
- What do you think about sex work as a job? What are the good things/ bad things about it?
- Are some sectors better than others to work? Why?
- In any job people get sick of it and think about leaving. Have you ever thought about quitting? Why/Why not?

2. What do you know/ think about the PRA?

- We are keen to find out about what you know of and think about the PRA, the decriminalisation of sex work and what effects this has had on your work and other aspects of your life

(prompts)

- What do you know about the PRA?
- Has it had any effect(s) on you and your work? How? In what ways? Can you describe how? Give me some examples?
- Has it had any effect(s) on other parts of your life? How? Examples?
- Have there been any by-laws where you work? Have they had any effect on your work? How? In what ways?
- Have you seen or read the OSH guidelines or MOH pamphlets? What do you think about them? How could they be improved? Has it had any impact on how you work? Has your manager done anything about the guidelines? What /How?
- There's been a lot of stuff on TV and in the newspapers about sex work recently- what do think about this? Has it affected you in any way? How?

3. Health and Safety

- We are interested in your health and safety as a sex worker, what helps to keep you safe and healthy and what things could be improved

Firstly I'm going to ask about your experiences of doing safe sex
(prompts)

- Has the new law impacted on how you do safer sex? How?
- Do your clients know about the new law? What do they know; can you give me an example of a client who knew about it and what they did?
- Tell me about the last client you had where you used a condom, how did you get him/her to do safe sex?
- Have you had any clients that were difficult? Can you give me some examples? What did you do about it?
- Can you tell me what other things might make it difficult to do safe sex?
 - managers/minders?
 - where you do it?
 - getting condoms?

- *We've talked about safe sex, what about other health and safety issues for you?*

(prompts)

- What about violence?
- Being made to do something you don't want to do?
- What about other work injuries?
- What makes a workplace safe for you?
- What do you do to make it safe?
- How do you get on with the police? Examples?

Parlour: Tell me about the parlour you work in and what they do for health and safety? Does management look after you? How?

Streets: What health and safety issues are important to you? If you have a minder how do they help to make it safe for you?

Privates/ Escorts: How do you stay safe? What things do you do?

4. Health Services

- Are there any health issues important to you that we haven't discussed?
- Do health professionals, (doctors, nurses) give you the care you want? Do you tell them you work? Why/Why not? What about other people in your life (friends, family) do you tell them you're a sex worker? Why/why not?

5. Is there anything we've missed/ not thought about that's important to you?

APPENDIX 10: IN-DEPTH INTERVIEW INFORMATION SHEET

The impact of the Prostitution Reform Act on the health and safety practices of sex workers

Phase 3: In-depth interviews with sex workers

Principal Investigator:

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This study is being carried out by researchers in the Christchurch School of Medicine in collaboration with the New Zealand Prostitutes' Collective (NZPC).
Introduction

We are carrying out a study to look at whether the decriminalisation of sex work has had any impact on the health and safety practices of sex workers. You are invited to take part in this study. You can make up your mind about whether to take part over the next two weeks, and you do not have to take part.

About the study

What are the aims of the study?

The study aims explore the health and safety practices of sex workers following the law change and assess whether these practices have changed from those in use before the law change. We are interested in your experiences. The study consists of interviews lasting from 1-2 hours with 40 sex workers who are currently working in the sex industry. We will first ask people who come to NZPC if they would like to take part and then ask those people to refer friends or acquaintances working in the sex industry to us.

Where will the study take place?

The study will be based in Christchurch, Wellington, Auckland, Nelson and the Hawkes Bay.

How much of my time will it take?

We will be doing interviews over a four month period, from July to December 2006. An interview takes between one and two hours. An interviewer, who has been associated with the sex industry as well as a researcher from the Christchurch School of Medicine will be at the interview. No-one will be able to be identified from the results of the study.

Your identity will not be revealed in any reports based on this study.

All original research material will be kept at the Department of Public Health and General Practice at the Christchurch School of Medicine. The final results of this study will be published in the form of reports and academic papers without any identifying material. These academic publications can attract media attention.

Will I receive any reimbursement of expenses?

We will give you a \$30 to cover your costs and your time.

What are the benefits of the study?

The study will provide valuable information for the review of the Prostitution Reform Act, which has to take place within five years and will provide some evidence as to whether the legislation has achieved its goals.

Participation

Your participation is entirely voluntary (your choice). You do not have to take part in this study.

You do not have to answer all questions and you may stop the interview at any time.

If you have any queries or concerns about your rights as a participant in this study you may wish to contact a Health and Disability Advocate, telephone

Mid and lower North Island 0800 42 36 38 (4 ADNET)

South Island except Christchurch 0800 377 766

Christchurch 03 377 7501

The results of the research will be made available in SIREN. A more detailed report will be made available to New Zealand Prostitutes Collective and can be provided to you if you wish. There will be a delay however, between collection of data and the production of the report. This report will not be available until July 2007.

More information about the study is available from:

Anna Reed

NZPC

144A Lichfield Street

Christchurch

Ph: (03) 365-2595

This study has received ethical approval from the Multi-region Ethics Committee which reviews national and multi-regional studies.

Please feel free to contact the researcher if you have any questions about this study.

Consent Form

The impact of the Prostitution Reform Act on the health and safety practices of sex workers

Phase 3: In-depth interviews with sex workers

Principal Investigator:

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This study is being carried out by researchers in the Christchurch School of Medicine in collaboration with the New Zealand Prostitutes' Collective (NZPC).

I have read and understand the information sheet dated for volunteers taking part in the study designed to look at whether the decriminalisation of sex work has had any impact on the health and safety practices of sex workers. I have had the opportunity to discuss this study. I am satisfied with the answers I have been given.

I have had the opportunity to use whanau support or a friend to help me ask questions and I understand the study.

I understand that taking part in the study is voluntary (my choice) and that I may withdraw from the study at any time.

I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.

I have had time to consider whether to take part.

I know who to contact if I have any questions about the study.

I wish to receive a copy of the results of this study: Yes/No

I consent to take part in this study.

In my opinion, consent was freely given and the participant understands what is involved in this study.

Witness's signature: _____ Date: _____
Witness is to be a person of the participant's choice.

Consent was taken by (where appropriate)

Name:

Position/qualification:

I have discussed the aims and procedures involved in this study and record the participant's verbal consent.

Signature: _____ Date: _____

APPENDIX 11: COMPARISON OF 1999 AND 2006 QUESTIONS ON ENTRY TO, AND BENEFITS OF, SEX WORK

The questionnaire used in the 1999 Christchurch study asked about use of money on entering the sex industry instead of reasons for entry, and also gave fewer options than the 2006 study. The only options provided in 1999 were: household expenses, social life/going out/luxuries, saving up, education, kids, made to work by somebody and to support drug use. The assumption was made in 1999 that individuals entered sex work principally for financial reasons and no information was collected on the social and identity factors which influenced entry into the industry. In addition, participants in 1999 were only required to tick one option, whereas in 2006, multiple options could be selected. The most commonly reported response made by participants in 1999 for the main use of their money on entry into sex work was for paying household expenses (43% of managed and private workers and 33% of street-based workers). More Christchurch female sex workers in 2006 were likely to report entering the sex industry to pay household expenses (81% of managed and private workers and 71% of street-based workers) but a similar proportion of street-based workers in 2006 (34%) and 1999 (38%) reported needing the money to pay for drugs. Percentages for all options would be higher in 2006 than in 1999 with the option of multiple responses in the later survey. However, most participants in both surveys indicated that everyday household expenses were their main financial motivation for working as sex workers. This was similar for reasons for remaining in the industry.

In both the 1999 and 2006 surveys, participants were asked what they saw as the benefits of sex work. The same options provided in 1999 were included in 2006 but additional options were also added in 2006. The wording of the questions was however, slightly different which means that comparison of results needs to be interpreted with caution. Participants in 1999 were not prompted with the options but were simply asked what they saw as the benefits of working. Christchurch female participants in 2006 were more

likely than the 1999 participants to report all the benefits asked about in the questionnaire and fewer participants in 2006 reported that there were no benefits associated with sex work (see Table 13).

Both surveys asked the same question on the length of time participants expected to remain in sex work. There were no significant differences between Christchurch female sex workers in 1999 and 2006. Both surveys also asked whether participants had taken a break from sex work at any stage. There were no significant differences between the managed and private sectors in reporting of breaks across the two time periods but Christchurch female street-based sex workers in 2006 (35%) were significantly less likely to report taking a break than street-based participants in 1999 (73%: $\chi^2=21.21$; $p<0.0001$).

Table 13: Perceived benefits of sex work for Christchurch female sex workers by in 1999 and 2006

	Total 1999	Total 2006	Comparison across years	
	N=303 N (%)	N=224 N (%)	χ^2	p
<i>Financial</i>				
I've been able to save for house, car, etc	50 (17)	114 (51)	70.8	<0.0001
I've got more skills	31 (10)	152 (69)	191.5	<0.0001
I've had a better lifestyle	62 (21)	132 (60)	84.6	<0.0001
I've got more assets	66 (22)	123 (55)	60.7	<0.0001
I've got more money	165 (55)	173 (78)	29.8	<0.0001
<i>Social</i>				
I've made new friends (N=761)	79 (26)	186 (83)	168.9	<0.0001
<i>Identity</i>				
I've become more assertive / confident (N=749)	93 (31)	170 (77)	106.1	<0.0001
There have been no benefits (N=709)	25 (8)	6 (3)	6.1	0.01