



NOVA

University of Newcastle Research Online

nova.newcastle.edu.au

Harris, Margaret; Nilan, Pam; Kirby, Emma "Risk and risk management for Australian sex workers" Qualitative Health Research Vol. 21, Issue 3, p. 386-398 (2011)

Available from: <http://dx.doi.org/10.1177/1049732310385253>

The final, definitive version of this paper has been published in Qualitative Health Research, Vol 21 Issue 3, 2011 by SAGE Publications Ltd. / SAGE Publications, Inc., All rights reserved. ©2011

**Accessed from:** <http://hdl.handle.net/1959.13/1054081>

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

**Abstract**

In this paper we explore some risks, and risk management strategies, of sex workers in various locations in an East Coast city in Australia. Certain risks were commonly mentioned in our indepth, semi-structured interviews with sex workers. They included: mental health issues; client violence; public stigma; substance abuse; and sexual health. We employed intensive analysis of interview transcripts, involving researcher consensus techniques, to derive thematic codes that enabled us to gain a deeper understanding of how the women viewed and managed everyday risk in their practices of sex work. In particular, domain separation between sex work and social life seemed to be an important management strategy for maintaining self-esteem.

**Keywords:** *sex work, risk, interviews, researcher consensus*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

This paper reports on qualitative data collected during a project looking at the health and social impacts of sex work in an urban region of east coast New South Wales, Australia<sup>1</sup>. One objective of that mixed methods study was to document the personal and social costs and benefits from a sex worker perspective. Here we use the interview data from the project to explore some risks and risk management strategies of sex workers in different kinds of work locations, from brothels to the street. The analytical approach entailed intensive scrutiny of interview transcripts using researcher consensus techniques to derive thematic categories and codes. A number of key risks were identified this way. It is concluded that the women use a number of risk-management strategies, such as life domain separation and health monitoring, which enable them to preserve measures of self-esteem.

## Defining Sex Work

In the last twenty years, “the term *sex worker* has gained precedence over the term *prostitute* because people involved in the profession view it as less stigmatising and better descriptive of their work and life experience” (Basu and Dutta, 2008, p. 107, emphasis in original). Sex work can be defined as:

A business transaction understood as such by the parties involved and in the nature of a short-term contract in which one or more people pay an agreed price to one or more other people for helping them attain sexual gratification by various methods (Perkins & Bennett, 1985, p. 4).

---

<sup>1</sup> The project was funded by the New South Wales Department of Health for data collection in 2003 and 2004, and approved by the Human Research Ethics Committee of the University of Newcastle. The original research team comprised: Erica Southgate, Amanda Baker, XXXX and XXXX, with Marilyn Bliss and John Sullivan. Later, the following researchers worked on the project: Jo Piggott, Tiani Hetherington and Steven Bowe. A 2006 confidential booklet: ‘Working Life’ detailed the quantitative data findings supplemented by direct quotes. This was distributed to local sex workers.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Sex work is understood as a commercial transaction. To be considered as a sex worker, “one has to treat the exchange of sexual gratification for an established fee as a business deal” (Perkins and Bennett, 1985, p. 4). These definitions are assumed in this paper.

Although some men are involved, the vast majority of sex workers are women. Early twentieth century accounts of women in sex work were dominated by determinist psychological explanations. For example, Glueck and Glueck (1934) concluded that female prostitutes had less sexual self-control while Kemp (1936) blamed the abnormal personalities of their mothers. Other early explanations assumed that female prostitutes were less stable psychologically and had lesser mental abilities. Psychoanalytical explanations were common in the 1960s and 1970s, for example, Hollender (1961) and Exner *et al.* (1977). A popular explanation employing Freud’s theory of “infantile sexuality” concluded that because some women never learned to appreciate and love themselves in childhood, they became prostitutes as a compensation. Flexner (1914) and Davis (1937) were notable exceptions to the dominant paradigm, emphasising poverty and lack of social mobility as causal factors. However, they nevertheless promoted the functionalist argument that prostitution maintains social order by providing an outlet for men’s sexual desires, thereby preventing divorce.

Accounts of prostitution generated in the late twentieth century tended to favour social psychology approaches (for example Scheier and Newcomb, 1991), which stressed the effects of peer pressure. Feminist accounts (for example Dworkin, 1981) explained prostitution as extreme patriarchal exploitation. Studies that linked sexual abuse as a child and adult prostitution (for example Finkelhor, 1985) gained much media exposure. Pedersen and Hegna (2003) found fault with the construction of the prostitute as a “victim” (see also Zigman, 1999). In feminist analyses the female sex worker was also usually viewed as a victim of male sexuality and patriarchal power (for example Ekberg, 2002). Throughout the 1990s, the “victim” thesis of sex work was refuted in favour of an attribution of agency (Scambler and Scambler, 1997). Sex work could be understood as an alternative form of wage-earning

(Pedersen and Hegna, 2003). Moreover, while some sex workers were “hopeless, anxious, helpless and traumatised”, many were “resilient” (Sterk, 2000, p. 143; Abel and Fitzgerald 2008). In offering an interpretation of our interviews with sex workers, we accept the agentic perspective in relation to resilient coping strategies, but acknowledge that, for street sex workers in particular, the circumstances of their work and life are both unpleasant and dangerous. Street sex work cannot really be described as “an alternative form of wage-earning”, because the women themselves did not seem to see any other way of gaining an income sufficient for their needs, which most often involved drugs.

Where sex work is conducted, and under what conditions, greatly affects the status and experiences of women,

“Call girls” often achieve a higher occupational status than women who work in brothels or sex clubs, who, by comparison, still command more prestige than street prostitutes. Among the latter group, non-drug-using women are accorded higher status than women who use drugs (Sterk, 2000, p. 44).

The interviews here were with women who conducted sex work on the street, in massage parlours, and in bondage and discipline dungeons. The street sex workers reported more drug use, and higher daily risk practices, than those who worked on premises.

## **Risk**

The concept of risk has become a prominent interpretive paradigm in the social sciences, deriving primarily from the work of Ulrich Beck (1992). Beck was not just talking about ordinary threats and challenges. For him the late modern “risk society” is one shaped by perceptions of risk, and by the strategies of individuals to deal with risks that are both discursively and structurally constructed. In

Tulloch and Luptons’s study of risk perceptions in Britain and Australia, informants named negative, disturbing things that might happen to them,

Risk was predominantly represented as an ever-pervasive part of life and also as strongly tied to individuals’ life situations, which were seen to both expose them to certain risks and to influence the ways in which they viewed phenomena as being risks or not (Tulloch & Lupton, 2003, p. 37).

This is important for the discussion below. Women who engage in sex work are compelled to identify and deal with the obvious, immediate threats and challenges (risks) involved in daily commercial transactions of sex for money. Yet at the same time, certain risks are routinely presented to them from outside the work situation as something they need to manage at an individual level. For example, sex workers rather than clients are explicitly constructed as the conduit through which sexually transmitted diseases move into the larger population, so sex workers as individuals must demonstrate that they regularly monitor their sexual health. Moreover, the social construction of sex work in medical, media, religious, and law and order discourses focuses on sex workers as both “at-risk” and posing a risk. The public risk discourse of sex work itself therefore exposes sex workers to further risks, such as hate crime, and must certainly influence the ways in which they view themselves and their work practices as risks to be managed.

**Methodology**

Nine women volunteered to be interviewed for the study. Each had earlier completed the survey (n=70). The advantage of an indepth semi-structured interview is that it can flow flexibly like a conversation. It is a powerful research tool that yields great depth of information and understanding (Babbie, 2004). Our interviews commenced with the question: “Could you just start off by telling me a little bit about yourself and how you got into sex work?” The interview schedule then listed some topics: sex work past and present; peers; violence at work; whether friends and family knew about the woman’s

1  
2  
3 sex work; drug use; safe sex/protection; use of health services. Each interviewee was given a pseudonym.

4  
5 The women were also given a payment for their time in interview so they did not lose income.

6  
7  
8  
9  
10 The following table shows the details of interviews.

11  
12 Insert Table 1 here  
13  
14  
15

16 When it came to analysing the interviews, we followed the qualitative data analysis approach offered by  
17  
18 Ryan and Bernard (2000) of deriving themes through coding, checking and cross-checking transcripts.

19  
20 Researcher consensus (Jones & Hunter, 1995) was used to increase the reliability of interview data  
21  
22 analysis. The researcher consensus strategy requires a number of steps for refining the accuracy of  
23  
24 interpretation. At each step, researchers categorise data independently, then meet to discuss their findings  
25  
26 and reach consensus about thematic coding.  
27  
28  
29  
30

31 In our process of analysis, this went as follows: Firstly, the transcripts were independently read  
32  
33 by the researchers (XXXX and XXXX) to derive potential thematic categories for participant accounts  
34  
35 and comments. Secondly, the researchers met and talked through their own listings until consensus was  
36  
37 reached. Final categories were determined by the same method of independent categorisation and  
38  
39 subsequent discussion until agreement was achieved. Once finally determined, each category was given a  
40  
41 unique code. This generated a code book which could be revised if necessary. The codes were then  
42  
43 independently applied to fresh, unmarked transcripts by each researcher. At the subsequent meeting,  
44  
45 researchers re-checked that the thematic codes were mutually exclusive and exhaustive, and discussed  
46  
47 revisions. Examples of final codes were: Drugs (any reference to drug use); Safety (any reference to  
48  
49 safety concerns or strategies); and Clients (descriptions of the clients seen at work and their  
50  
51 actions/behaviours).  
52  
53  
54  
55  
56  
57  
58  
59  
60

At the next stage, data from all the interviews were arranged into common code files. The code files were then independently examined for emergent themes. For example, under the code of Drugs, each researcher read the code file carefully to explore what aspects of drugs were represented and why. Results were compared between researchers and consensus reached. Links between themes were then collaboratively identified. The thematic headings in this paper represent the outcome of the final stage of analysis, when themes were linked under the interpretive headings of risk and risk/safety management.

**Results: Specific Risks**

*Mental Health*

All but one interviewee mentioned an experience of negative mental health in relation to sex work. According to the survey, 37 out of 70 participants had received treatment for a mental health problem. In her interview, Bobbi spoke of not caring about herself and letting people “walk all over” her, a trait which she said has worsened since entering street sex work. Candy saw her future as “depressing and hard” while Heidi described herself as “anxious”. Frieda had been treated for depression and Edie said her “self esteem has hit rock bottom”. Daphne had “lost a lot of trust in men” and lost a “little bit” of respect for herself too. Gay had been diagnosed with bi-polar disorder, and was mentally abused by a former partner. For some the future seemed grim, for example,

Oh me? I reckon I am going to be dead by the time I am thirty... I don’t really know,  
I’ve got a pretty messed up life ahead of me I suppose (Frieda, 18, parlour worker).

Candy linked street sex work to her drug use and depression, adding “I can’t see any improvement [while] the government make it so hard for people to get on Methodone (...) they make it too hard, you have got to wait too long, by then I could be dead”. Gay made a connection between mental health problems amongst sex workers and the negative attitude of the community and authorities towards sex



workers. She had found both mental illness and sex work were handled poorly by authorities and the community,

You have a mental illness some people will jump back twelve feet so it's like nothing is ever expected of you. 'Oh poor person', taps on the head, you're defective. You are not defective! You get sick occasionally (Gay, 34, B&D).

Gay alludes here to the stigma of mental illness, which presumably adds to the stigma of sex work to constitute a high level of risk for the self-esteem of sex workers.

#### *Public Censure*

One of the ways the women managed the risk posed by sex work to their self-esteem – and thereby their mental health - was to conceal the nature of their work. They had good reason to do so. The street sex workers vividly described encounters of public censure. Since street work is associated so closely with intravenous drug use, probably a “double” stigma is attached to their visual presence (Lawless, Kippax & Crawford, 1996). All had experienced verbal and physical abuse from people passing by, for example,

The looks you get from people. If there is a degrading comment, like if people scream and shout out the [car] window and they throw things like bottles, glass bottles, eggs, water, bottles full of urine. I got shot in the back once with an air rifle and another two girls got shot the other night with them (Bobbi, 25, streetworker).

Like Bobbi, Candy claimed to have been shot by someone in a passing car,

Yeah, yeah big time, horrible, I have been shot in the leg, I have been nearly run over, I have had a beer bottle cut me legs open, I have eggs thrown at me. I am disgusted in the low-life, rich little ponces that have never been hard done by and if they walked a mile in my shoes they wouldn't have enough strength to pity themselves probably (Candy, 40, streetworker).

Frieda said her friends often refer to her as “nothing but a dirty slut” because she works in a parlour. Bobbi says her partner’s friends treat her “like I’m shit, like I’m nothing” because she works on the street. Ida stated she was shocked by the abusive behaviour of some children, sanctioned by their parents,

My daughter would be grounded for a year for [verbal abuse like] that (Ida, 24, streetworker).

B&D mistress Gay resents the hypocrisy of those “do-gooders” who frown upon sex work, then “go and visit a brothel at the weekend”, while Ada was defiant towards people who censure her work,

I have had some people that haven't liked the facts of what I do...if they don't like it, well stiff shit (Ada, 26, parlour worker).

The public stigma of sex work constitutes a major risk, and sometimes leads to physical violence from passers by for street workers. Yet the women do not often report such attacks because they believe the police either share the public prejudice, or will ignore them.

*Co-workers*

1  
2  
3 Fellow sex workers were constructed alternately as a source of risk, and as a means of shoring up  
4 safety and self-esteem. A line was drawn between those co-workers who were “solid” with them, and  
5 those they could not trust. For example,  
6  
7  
8  
9

10  
11 There is one little one out there and we have lunch together. Other than that no I have nothing to do  
12 with them (...) I just say hello, be polite and keep working. That’s it (Daphne, 35, streetworker).  
13  
14  
15  
16

17  
18 There were some positive comments, for example,  
19  
20  
21

22 The girls you meet - some really lovely girls and that. It changes your aspect when you do actually  
23 meet some of the nice working girls. A lot of people think they are all just dead whores and  
24 whatever else, but you do meet some really nice girls and that - good friends (Frieda, 18, parlour  
25 worker).  
26  
27  
28  
29  
30  
31

32  
33 Ada said that her co-workers in the parlour looked out for each other and thereby discouraged client  
34 violence. However, the label “bitch” was also applied to some parlour co-workers,  
35  
36  
37  
38

39 They might yell out something just to be sneaky bitches - things like that, just ‘well at least my  
40 fucking boyfriend or girlfriend doesn’t sleep around!’ And other shit, you know, just stupid yeah  
41 we get into pretty big catty fights (Frieda, 18, parlour worker).  
42  
43  
44  
45  
46  
47

48 Most of the girls out there you ask them a question or advice and they completely lead you up the  
49 garden path so that you fuck yourself up like I will go ‘oh how much do I charge’ and they put a  
50 really high price on it so that I wouldn’t get work or do this or do that. Yeah it would stop me from  
51 getting work (Bobbi, 25 streetworker)  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Judgements seemed to rest on observation of standard practices and prices, and on an implicit moral code of solidarity. Frieda said she “hates girls who steal”, while Candy reflects,

We all understand each other and we should be there for each other, we should help each other and not work against each other. I don’t like spitefulness or back stabbers and trouble makers (Candy, 40, streetworker).

Bobbi shares Candy’s opinion, saying that the street girls should “wake up and work together”, as opposed to undercutting each other’s prices, which she says results in fewer clients being willing to pay the “proper price”,

There should be a rule: no lowering prices, ten dollars sure, but nothing under ten dollars; you know that’s the final word, no more (Bobbi, 25, streetworker).

Ida says that lowering of prices on the street is “getting worse and worse”, undermining safe health practices, particularly condom usage, but she is not sure of the motive:

I don’t know if it is the older girls doing it cheaper and without a condom because they are finding hard to get the jobs, or if it is the younger girls doing it because they are conned into it (Ida, 24, streetworkers).

Unreliable or deceitful behaviour by co-workers posed the greatest risk for street sex workers. Although there seemed to be greater solidarity between parlour workers, several said they kept aloof from fellow workers. These were women who were at pains to conceal the nature of their work. Sex work by definition implies competition between women for paying customers, and this tends not only to work against solidarity and sense of collective practice, but towards increased risks of all kinds.

*STIs (Sexually Transmitted Infections)*

The risk of unsafe sexual practice was always present. Nearly 2/3 of the 70 sex workers reported in the survey that clients had asked - or tried - not to use a condom in the past month, including the majority who worked in parlours. Seven interviewees offered accounts of personal experiences of STI risk. Clients applied pressure on the women to have sex without a condom,

Every five seconds 'take the condom off baby' and just things like that...you are like 'God, we don't do that mate' (Frieda, 18, parlour worker).

Ada was equally disdainful of clients who "try and pull the condoms off", while Ida believed that some street workers must be encouraging clients by engaging in sex without a condom:

A lot of cars pull up and they all want sex for twenty dollars without a condom and stuff. If girls weren't doing it then they wouldn't pull up asking for it (Ida, 24, streetworker).

As Ida indicates, for the women working the streets, co-workers can be a source of infection, for example,

I mean some of them might have cuts or abrasions or ulcers or even cuts down there from having someone who's too large or on their period or whatever and they just don't give a shit. Not all of them, most of them are quite sensible, but some of them don't give a shit they just want the job so they don't say anything (Bobbi, 25, streetworker).

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Frieda says she “knows” many workers do not use condoms. As Heidi says, “the fact that I have condoms break (...) totally throws a new fear into the whole thing”, as protection is “not perfect”. Like many others, Ida and Ada were worried about clients “spreading diseases”,

We might not have diseases because of our check-ups, but there are clients who do have diseases and you are not going to pick them. They might be the cleanest looking fellow on the outside (Ada, 26, parlour worker).

Frieda was anxious about the risk of contracting Hepatitis C from saliva and blood, “anything that can be passed on”. Shared showers and shared clients make her “freak out” she said. Anxiety about the risk of contracting Hepatitis C was not limited to sexual transmission,

I know you don’t have to be a sex worker to get Hep. C. You can get it off a razor, spoon, people handling your food, tattoos, anything dirty in general. You could even buy something from a shop that someone has got Hep. C. They could cut their finger and bleed into it. You wouldn’t know (Candy, 40, streetworker).

Overall, the interviewees seemed well aware of how STIs - including HIV/AIDS and Hepatitis C – can be transmitted. It is possible that as sex workers, they more readily avail themselves of such knowledge than do sexually active members of the general public (Grow & Christopher, 2008). However, several of the streetworkers admitted they had used contaminated needles for injecting intravenous drugs,

1  
2  
3 I asked for a clean needle and these people gave me one of their clean dirties and gave  
4 me Hep. C. They didn't tell me until I realised it was blunt and I was pretty pissed off.  
5  
6 That's how I got Hep. C (Candy, 40, streetworker).  
7  
8  
9

10  
11 Streetworker Bobbi said now she "only shares needles with her partner" (see Sheard  
12 & Tompkins, 2008) to manage risk, because she believes she previously contracted Hepatitis  
13 C from sharing syringes. Parlour worker Frieda said her mother, also a sex worker,  
14 contracted Hepatitis C from shared needles, and that's why she is so much of a  
15 "hypochondriac" about it. Both Frieda and Ida described strategies to manage the  
16 anxiety/risk of STI infection. Whereas Frieda regularly visits the doctor, Ida has taken it  
17 upon herself to distribute clean equipment to fellow streetworkers,  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

29 I always try to have heaps [of clean needles] on me so I can just give them out  
30 to people. Since I started using I have always had extra needles and spoons (Ida,  
31  
32 24, streetworker).  
33  
34  
35  
36  
37

38 As other researchers have noted of some female intravenous drug users, Ida's clean and safe  
39 injecting practice contrasts with "the stereotype of the dirty injecting drug user" (Sheard &  
40 Tompkins, 2008, p. 1543; see also Lawless, Kippax & Crawford, 1996). All the sex workers  
41 in our interviews said they arranged regular health, and sexual health check ups.  
42  
43  
44  
45  
46  
47  
48

#### 49 *Client Violence*

50  
51 In the interviews, more was said about client violence than any other physical risk. The sex  
52 workers we spoke to used a range of measures to protect themselves, for example,  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

If you have a gun or a knife or anything like that you get fined. You can't carry a gun, just pepper [spray]. You just go with your gut instinct and things like that (Heidi, 49, parlour worker).

Mentions of “instinct” as a form of protection were common. Streetworker Bobbi said she relied on her “instincts to get by (...) you have got to have your wits about you”. Frieda said “I can take care of myself”, whereas others like Ada spoke of the sense of safety in numbers in the parlour,

One guy is not going to stuff up when there is about six or eight girls working in the place, you know we are all going look after [each other] (Ada, 26, parlour worker).

In working on the street, Candy said she had used physical force to protect herself from clients, and Bobbi protected herself by being selective with clients: not taking “every job that comes”. Frieda offered a detailed account of the safety measures she takes in parlour sex work,

Keep the doors (open) always, never lock your doors when you go into the room. Make sure they never lock the doors behind you because a lot of them get sneaky like that. I won't let any more than one client in when it is just me and the secretary even if they look friendly (Frieda, 18, parlour worker).

Candy typifies the general awareness of threats to physical safety in street sex work, saying “you put your life at risk every time you go out there”. Even though parlours are generally safer places to work, Heidi had been followed home by a client in a car. Streetworker Ida had been recently raped. She told of other girls being “bashed, stabbed, kidnapped and thrown out of cars”, and believes that a rape or bashing



occurs “every couple of weeks”. Bobbi, Candy and Ida spoke of clients seeking violent “revenge” for being robbed by street sex workers, for example,

A girl robbed a guy, he came back along the strip, found the girl that he thought did it, and organised a job, went over to the park with her and there was five other guys waiting. It wasn’t the right girl, but they all fucked her and bashed her and left her for dead. She ended up in a coma (Bobbi, 25, streetworker).

Streetworker Daphne said “there are some real evil bastards out there, really evil bastards (...) sometimes sex can be deadly”. Client violence was strongly associated with alcohol use. Parlour workers Ada and Frieda said that “drunken guys” showed little respect for sex workers, and posed a real threat. Client violence was not only identified as a significant risk in itself, but intensified sexual health risks.

My biggest fear is the client doing the wrong thing and coming into the parlour knowingly infected and forcefully removing his protection, becoming acutely physically violent (Heidi, 18, parlour worker).

Heidi added “all we can do is limit the risks”. Obviously, street sex work carries the highest risks of client violence.

Candy said that working from home or in a parlour is much safer than the street, where she has “been abducted, robbed, raped, tied up and stabbed”. However, parlours will not knowingly employ drug-abusing women. Ada described work in the parlour as “really good” and “just like a family”. Frieda has never worked “on the street”, nor is she tempted to. Bobbi also thought working on premises was “better” and “safer” than street work. However, risk to income was identified by the streetworkers for sex work on premises. Ida said she disliked parlours because “they take 50 percent off your income”. She can make

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

more money to feed her drug habit on the street. Tellingly, the interviewees least concerned about client violence were the two who worked in B&D dungeons, for example,

Interviewer: Pretty safe in there? Gay: Very much so. You have got them strapped to a frame in shackles. They can't move. They've got a collar on with a chain around their neck. You grab their collar and pull or attack them with a whip (Gay, 34, B&D).

*Police*

Reporting violent crimes against them to police was not a common risk management strategy. The sex workers found the police to be either prejudiced or ineffective, a risk in themselves as far as stress was concerned,

The day [the rape] happened I rang the 131444 police assistance line just to report it because I was pretty shook up about it and they said it is too severe to report it over the telephone. So I rang the police station and they said there was no one there to deal with it at that time. I spoke to the police officer a couple of days later when they pulled me up out of the strip, they said there was nothing they could do (Ida, 24, streetworker).

Ida felt the police did not believe her because she was still engaging in street sex work even though she had been raped. Fellow street worker Daphne also dismissed the idea that the police can help sex workers deal with the risk of client violence. She argued that the risk of violence is present “all the time”, while the police are rarely available. When police do come by, she tries to “stay away from them [police] and keep walking along the street”. Bobbi said she never contacted or approached the police for assistance. However, following a particularly violent crime, Candy did report to the police after she was “abducted,

1  
2  
3 robbed, raped, tied up and stabbed”. She added with satisfaction, “they put the bloke in gaol for eleven  
4  
5 years”.

#### 6 7 8 9 10 *Drug Use*

11  
12 Drug use was identified in nearly all interviews as a highly significant risk that compromised the  
13  
14 safety of sex workers. Drug and alcohol use, whether by clients or by the workers themselves, appears to  
15  
16 compound all the other kinds of risk associated with sex work, including violence and health problems. In  
17  
18 the health literature there is ample evidence that “those who inject heroin often experience multiple,  
19  
20 coexisting social and medical problems alongside their drug use” (Sheard & Tompkins, 2008, p. 1536).  
21  
22 Bobbi said she had seen girls on the street so drug-affected they could “barely stand up let alone do  
23  
24 anything physical”. Bobbi, Candy and Ida were candid about engaging in street sex work to feed their  
25  
26 heroin-injecting habits,  
27  
28  
29  
30

31  
32 I have been using heroin for going on to nine years next year. I started working in the sex industry  
33  
34 due to a need for more money because of my habit increasing (Bobbi, 25, streetworker).  
35  
36  
37

38  
39 Make it spend it, make it spend it, make it spend it. At the end of day you don’t realise that you  
40  
41 have just spent five hundred dollars for nothing and you don’t have enough to buy a meal (Ida, 24,  
42  
43 streetworker).  
44  
45

46  
47 Being “stoned” for them was at certain times constructed as a risk for sex work, and at other times as a  
48  
49 means of making the experience bearable, a kind of management technique. Interviewees who were not  
50  
51 heroin addicts reported a range of drug use practices. For example, Heidi said she found it difficult to do  
52  
53 her shift at the parlour without “a couple of drinks to calm the nerves”. However, she avoided over-using  
54  
55 alcohol at work because she “likes to keep a level head”. She said “I have only gone to work drunk once  
56  
57 and I said ‘not again’”. Most of the women interviewed drank alcohol and used drugs such as marijuana  
58  
59  
60

in their leisure time – “to unwind”, for instance – which is yet again another implicit strategy for managing the stress of the job. For them, the use of drugs and alcohol as a leisure practice appears to mitigate the mental health risk of sex work.

**Discussion: Managing Risk in Sex Work**

In summary, the three most commonly-identified risks of sex work in the interviews were:

- Risks to mental health – including work-related stress, social shame and stigma
- Physical health risks such as STIs and the effects of substance abuse
- Physical violence – rape and assault

The three kinds of risks identified above brought into play a range of relevant risk-management strategies. It was evident that the women themselves had both individually and collectively developed techniques for protecting their physical health and self-esteem. They understood their options and were able to modify the risks of their sex work practice (Basu & Dutta, 2008, p.107). Yet at the same time, a distinct contrast was observed between the accounts of risk given by sex workers according to their place of work and the kinds of transactions they engaged in. The risks were all amplified greatly when women worked on the street. It seemed the safest place for sex work was a bondage and discipline dungeon, because the sex worker had greater control of the situation.

Many previous studies have established that “street-level sex work is much more dangerous” (Dalla, 2006, p. 276; see Sterk, 2000; also Perkins & Bennett, 1985). For example, in their investigation, Valera *et al.* (2001) found that almost two thirds had been physically assaulted and almost half had been raped since entering sex work. Church *et al.* (2001) found that street sex work was associated with much higher levels of violence perpetrated by clients than sex work conducted in closed premises. In our data,

1  
2  
3 the street - a dangerous place in itself - was the site from which Bobbi, Candy, Daphne and Ida negotiated  
4 the service and the price, then with only their “wits” to protect them, climbed into the car of an unknown  
5 man. Since most of the money they made from street sex work went on drugs, they would often be left  
6 “strung out” and with nothing to show when the sun came up. The temptation to make more money from  
7 sex without a condom; the temptation to use a dirty needle rather than find a clean one when the pressing  
8 need for a fix arises: – as desperation increases, so does risk. This concurs with Sterk’s finding that the  
9 more desperate for drugs street sex workers were, the less concerned with “professional standards” they  
10 were, including client selection, avoiding arrest, seeking protection, and charging prices (2000, p. 42).

21  
22 Like the street sex workers studied by Sterk, the street sex workers we interviewed considered  
23 high personal risk and the threat of violence to be unavoidable aspects of their daily work experiences  
24 (2000, p. 122) – that they managed as best they could. A recent USA study indicates street workers often  
25 exhibit “a kind of invincibility toward ‘risk’ factors” (Belcher & Herr, 2005, p. 118; Farley, 2003).  
26 Sanders’ British study concludes that sex workers “construct a continuum of risk which prioritises certain  
27 types of dangers depending on the perceived consequences and the degree of control individuals consider  
28 they have over minimising the likelihood of a risk occurring” (2004, p. 557; see also Jackson *et al.*, 2007,  
29 p. 266).

31  
32 For the most part the findings from our study bear out the claims of previous researchers.  
33 However, we noted that, unlike the parlour and dungeon workers, the boundary between work and other  
34 important aspects of their lives was frequently blurred for street sex workers. This seemed to be a risk in  
35 itself, with possible negative consequences for their mental health. A boyfriend for example, was often  
36 simultaneously a pimp, guarantor of street security, and drug-supplier. A conflict with a boyfriend in the  
37 private domain might well translate into a sudden lack of personal security and drugs in the work domain,  
38 creating a very high level of emotional and physical stress. The importance of domain separation as a  
39 means of maintaining mental health is borne out in principle by a number of risk-management techniques  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

named in the interviews. For example, none of the women used their own names. Sterk (2000) maintains that this enables women to differentiate their role as sex worker and their social roles. It is a technique for achieving distance from clients and co-workers alike, thereby creating an independent discourse of identity to preserve self-esteem and deal with stress. Furthermore, most of the women we talked to attempted to conceal the nature of their work from the public at large (Jackson *et al.*, 2007, p. 266). This also offered them protection from the stress of public censure and abuse.

Domain separation was not the only s survival strategy. The street sex workers: Bobbi, Candy, Daphne and Ida, who dealt with very high levels of physical and mental risk, all mentioned instinct, and using their wits – based on years of experience - as strategies for managing their personal safety. This agrees with Sterk’s (2000, p. 52) finding that “almost all the women agreed that only work experience prepared them for the ‘tricks of the trade’”. Furthermore, all four mentioned their male “mindors”, who waited nearby and with whom they shared income. This finding supports Sterk’s claim that “all streetwalkers ended up working with or for a male partner, whose main role was to protect them from the ‘dangers’ of the street” (2000, p. 47).

Several interviewees mentioned using drugs or alcohol to cope with the stress of sex work, supporting the claim that “many of the women use drugs as a form of self-medication, to soften the stresses associated with their profession” (Sterk, 2000, p. 35; Barry, 1995). Certainly we found the sex workers’ use of alcohol and drugs varied greatly according to where they worked (Abel & Fitzgerald 2008), highlighting complex contexts of substance use that ranged from the compounding of risk on one hand, to the effective management of stress and positive domain separation on the other.

A similar dichotomy seemed to exist relative to co-workers. They either constituted amplification of risk, or increased the sense of safety. In the parlour context, where sex workers bonded together, they constituted a key aspect of personal safety at work for the woman in question. However, for street sex

workers there seemed to be limited solidarity with co-workers. Notably, the women we interviewed never called upon the police except in the most extreme circumstances. As Heidi said, “the attitude of the police to a sex worker is well ‘you are in the game honey, put up with it’”.

We noted that all the women we interviewed showed adequate to excellent health risk awareness and claimed to regularly visit health services and health practitioners. All those workers who engaged in penetrative sex indicated the importance they attached to clients wearing condoms, the importance of screening clients, and general cleanliness. These are crucial strategies for dealing not only with the physical health risks of sex work, but seem to operate reflexively in boosting and maintaining their self-esteem.

Finally, the sex workers we interviewed appeared to survive the risks of their job in part by asserting a positive discourse about themselves as “independent”, or as “free to do as I like”. For example, despite having been abused, having had bottles, eggs, and urine thrown at her, having been shot in the back with an air rifle, Bobbi said that street work was “OK”, adding “you just got to be smart”, implying that she is just that. The two women who worked in B&D dungeons made the most positive statements about themselves in relation to sex work, for example – “it has helped my self-esteem heaps” (Edie) and “my confidence has sky-rocketed which is great - which is a real help for my mental health. I am having fun, I am enjoying life, I have finally got a life” (Gay). Like the other parlour workers, Ada had a lot to say about the negative aspects of her job, but, as she concluded “there’s good money in it and it does pay if you do it safely”. Pride in one’s own competence in effectively managing the high risks associated with sex work was frequently expressed in the interviews.

## Conclusion

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

This paper has used interview data to explore the perceived risks and risk management strategies of sex workers in different kinds of locations in urban Australia. The accounts given by the women of their working lives were complex, and required an intensive period of consensual data analysis before the key themes could be derived and written about. Overall, we concluded that the women represented themselves as competent in their work. They succinctly described the services they offered to clients and explained their income. They drew attention to their regular visits to health clinics and medical practitioners, implicitly constructing themselves as mature people taking responsibility for the personal and public health risks of sex work. They acknowledged they were subject to a variety of significant risks but were keen to suggest to the interviewer that they knew all about these risks and how to deal with them. Public discourse about the risks of sex work focuses on workers, not clients. It is pervasive and morally intense. It does indeed seem to influence the ways in which these sex workers viewed themselves - and their work practices - as risks to be managed.

Tulloch and Lupton (2003, p, 37) found that risk taking was not always seen as negative, but could lead to personal or financial gain, even “to a more exciting life or self-actuation”. Similarly, on some occasions the women we interviewed implied that although they took risks – sometimes very high risks – the rewards of the job were tangible as long as the physical and psychological costs could be managed. We might imagine that every substantial element of risk sits in partial contradiction to the other elements, resulting in a network of individual risk management practices that have both positive and negative outcomes. One of the positive outcomes seemed to be a sense of competence in successfully managing a job that is known to carry very high risks. In that sense, the risks of sex work operate in a reflexive fashion to produce an identity discourse of competent self-management for the women involved. At the same time though, when asked at the end of the interview where they would be in ten years time, none of the women indicated they wished to continue with sex work. They spoke optimistically of the better lives they hoped to create for themselves.



## References

- Abel, G. & Fitzgerald, L. (2008). On a fast-track into adulthood: an exploration of transitions into adulthood for street-based sex workers in New Zealand. *Journal of Youth Studies*, 11(4), 361-376.
- Babbie, E. (2004). *The practice of social research*. New York: Wadsworth.
- Barry, K. (1995). *The prostitution of sexuality*. New York: New York University Press.
- Basu, A. & Dutta, M. (2008). Participatory change in a campaign led by sex workers: connecting resistance to action-oriented agency. *Qualitative Health Research*, 18(1), 106-119.
- Beck, U. (1992). *Risk society*. London: Sage.
- Belcher, J. & Herr, S. (2005). Development of grounded theory: moving towards a theory of the pathways into street prostitution among low-income women. *Journal of Addictions Nursing*, 16(3), 117-124.
- Church, S., Henderson, M., Barnard, M. & Graham, H. (2001). Violence by clients towards female prostitutes in different work settings. *British Medical Journal*, 322, 524-527.
- 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, 276-290.
- Davis, K. (1937). The sociology of prostitution. *American Sociological Review*, 2, 744-755.
- Dworkin, A. (1981). *Pornography: men possessing women*. London: The Women's Press.
- Ekberg, G. S. (2002). The international debate about prostitution and trafficking in women. Stockholm 5-6 November 2002. Retrieved 6 November 2005 from <http://www.qweb.kvinnoforum.se/misc/effectsoflegalizingprostitution.pdf>.
- Exner, J., Wylie, J., Leura A. and Parill, T. (1977). Some psychological characteristics of prostitutes. *Journal of Personality Assessment*, 41, 474-485.
- Farley, M. (2003). Prostitution and the invisibility of harm. *Women and Therapy*, 26(3/4), 247-280.
- Finkelhor, D. (1985). The traumatic impact of child sexual abuse. *Journal of Orthopsychiatry*, 55, 530-541.
- Flexner, A. (1914). *Prostitution in Europe*. New York: Century Books.
- Glueck, S. & Glueck, E. (1934). *Five hundred delinquent women*. New York: Knopf Press.

Grow, J. & Christopher, S. (2008). Breaking the silence surrounding Hepatitis C by promoting self-efficacy: Hepatitis C public service announcements. *Qualitative Health Research*, 18(10), 1401-1412.

Hollender, M. (1961). Prostitution, the body and human relatedness. *International Journal of Psycho-Analysis*. 42, 404-413.

Jackson, L., Bennett, C. & Sowinski, B. (2007). Stress in the sex trade and beyond: women working in the sex trade talk about the emotional stressors in their working and home lives. *Critical Public Health*, 17:3, 257- 271.

Jones, J. and Hunter, D. (1995). Qualitative research: consensus methods for medical and health sciences research. *British Medical Journal*, 311, 376-380.

Kemp, T. (1936). *Prostitution: an investigation of its causes*. Copenhagen: Levin Press.

Lawless, S., Kippax, S., & Crawford, J. (1996). Dirty, diseased and undeserving, the positioning of HIV positive women. *Social Science and Medicine*, 43, 1371-1377.

Pedersen, W. & Hegna. K. (2003). Children and adolescents who sell sex: a community study. *Social Science and Medicine*, 56(1), 135-147.

Perkins, R. & Bennett, G. (1985). *Being a prostitute*. Sydney: George Allen & Unwin.

Ryan, G. & Bernard, H. (2000). Data management and analysis methods. In N. Denzin and Y. Lincoln (Eds.). *Handbook of qualitative research* (2nd ed, pp. 769-802). London: Sage.

Sanders, T. (2004). A continuum of risk? The management of health, physical and emotional risks by female sex workers. *Sociology of Health & Illness* 26(5), 557–574.

Scambler, G. & Scambler, A. (1997). *Rethinking prostitution: purchasing sex in the 1990s*. London: Routledge.

Scheier, L. & Newcomb, M. (1991). Differentiation of early adolescent predictors of drug use versus abuse: a developmental risk-factor model. *Journal of Substance Abuse*, 3, 277-299.

Sheard, C. & Tompkins, C. (2008). Contradictions and misrepresentations: an exploration of injecting practice, cleanliness, risk, and partnership in the lives of women drug users. *Qualitative Health Research*, 18(11), 1536-1547.

Sterk, C. (2000). *Tricking and tripping: prostitution in the era of AIDS*. New York: Social Change Press.

Tulloch, J. & Lupton, D. (2003). *Risk and everyday life*. London: Sage.

Valera, R., Sawyer, R. & Schiraldi, G. (2001). Perceived health needs of innercity prostitutes: a preliminary study. *American Journal of Health Behavior*, 25, 50–61.

Zigman, M. (1999). Under the law – teen prostitution in Kensington. *Critique of Anthropology*, 19, 193-201.

**Table 1. Interviewees**

<b>Name</b>	<b>Age</b>	<b>Sex Work Venue</b>
Ada	26	parlour
Bobbi	25	street
Candy	40	street
Daphne	35	street
Edie	54	Bondage/discipline dungeon (B&D)
Frieda	18	parlour
Gay	34	Bondage/discipline dungeon (B&D)
Heidi	49	parlour
Ida	24	street